

# ANNUAL REPORT 2008/09





## A message from Dr. Bernard Lawless

PROVINCIAL LEAD: CRITICAL CARE AND TRAUMA



### Provincial perspective key to CritiCall's success

Since its inception, CritiCall has pioneered a systems approach to critical care. By adopting a provincial perspective on the availability of critical care resources, CritiCall is able to draw upon the entire network of services to help physicians access the support they need for their patients. The value of this approach is indisputable, particularly in a province such as Ontario where geography and distance can create real challenges to patient care delivery.

As an innovator within Ontario's health care system, CritiCall regularly collaborates and contributes to pilot projects and initiatives designed to improve access to care. CritiCall continues to play an integral role in the ongoing support of the Critical Care Information System in hospital critical care units and is a key partner in the Ministry of Health and Long-Term Care's surge capacity management project as it relates to moderate and major increases in demand and availability of hospital services.

We know that working together is the best way to maximize health care resources. By providing a service that enables physicians and hospitals to work together efficiently and effectively, CritiCall functions as a vital unifier and supports the improved integration of Ontario's critical care resources.

# A message from Kris Bailey

EXECUTIVE DIRECTOR



## Focused on making meaningful progress

As I look back on the past year at CritiCall Ontario, I am very proud of all we've accomplished. We set out with some ambitious goals and we've made some impressive progress. And while I do enjoy reflecting and sharing some of the highlights of our past work, I am even more excited about what lies ahead as we continue to strive to provide the very best possible service to our clients and their patients.

But before we jump ahead, here's a snapshot of a few of the areas where CritiCall has made some recent gains that are making a difference for physicians and patient care:

- Our call volume is up by 8 per cent over this time last year which means we are supporting more physicians.
- Time to accept is down in almost all specialties, which means physicians are working together through CritiCall to manage patients more quickly.
- In January, CritiCall began accepting calls from physician designates to allow physicians to spend less time on the phone and more time with their patients.
- In May, we implemented new technology into our Call Centre to structure and standardize calls for more efficient processing and more accurate documentation and data reporting.
- We partnered with the Ministry of Health and Long-Term Care on a number of initiatives, including incorporating access to CT scans into neurosurgical consultations through ENITS.
- We conducted a pilot project in LHINs 10 and 11 to establish critical care referral frameworks for the region by documenting hospital services by site and operating hours. This information was then embedded into our Call Centre protocols to help secure access to critical care as close to home as possible. This pilot was very successful and we are now partnering with the Ministry of Health and Long-Term Care's Surge Capacity Management Program to collect information for all hospitals in Ontario so the same approach can be applied province-wide.
- We are also piloting a consultation, referral and psychiatric capacity resource tool in LHIN 11 and 7 to assist in the management of mental health patients; and partnering with the Ontario Telemedicine Network (OTN) and Sudbury Regional Hospital on the use of virtual critical care in rural settings where geography may separate physicians and their patients from the physical resources available in a larger health centre.
- CritiCall also provides education, training and decision support for the Critical Care Information System which is up and running in more than 200 critical care units in Ontario.

As we continue on our journey, we will be looking at how our services, systems and expertise can be used to fill existing voids. For example, we plan to focus new energy on enhancing and augmenting our bed registry so we can create a more dynamic resource capacity tool that will have real utility for provincial health care providers. We will also continue to look to our partners so we can work together to make the most of the resources we have in our collective toolkits and add real value to the health care system.

Most importantly, we will continue to strive to make progress that is meaningful not only in our eyes, but in the eyes of the physicians and patients we are here to serve and support.

# A message from Dr. Avery Nathens

MEDICAL DIRECTOR



## Quality counts in delivery of critical care

Quality assurance needs to be front and centre in the delivery of health care and health-related services, but what is quality when it comes to what we do? Quite simply, it is the assurance that every interaction we have with our consulting and referring providers meets the highest standard of professionalism. It is assuring that each patient achieves timely and appropriate access to care when minutes count, and that the system works to achieve this end.

With that in mind, CritiCall Ontario has been working diligently internally and exploring opportunities with its many health care partners to develop processes and protocols to ensure quality is a top priority for everyone when CritiCall is used to facilitate consultations and referrals for critically ill patients.

CritiCall has taken a number of steps to make certain the organization is able to honour this commitment and direction. The addition of new technology into the Call Centre is an important step in this process since it allows for comprehensive documentation of all information exchanged during telephone conversations. It also contributes to overall data collection that can be used to more fully understand how patients are being referred within their Local Health Integration Networks and throughout the province. All of this information is helpful in terms of identifying challenges and ideally, devising strategies to address them.

In keeping with that, physicians have a very important role to play in CritiCall's service. When physicians use CritiCall to access support for their patients, they are contributing to this ongoing information collection and helping to entrench a firm process for accessing and delivering critical care regardless of geography and resource challenges. By providing consultations through CritiCall, specialists are also bridging a crucial gap that can mean the difference between life and death for some Ontario patients.

While we recognize the process is far from perfect, through our quality assurance initiatives, we are taking a more formalized approach to using the information we have to make enhancements that will make important differences for Ontario's critical care and specialist physicians and more importantly, for the patients that rely on them when the stakes are at their highest.

As Medical Director for CritiCall Ontario, I want to thank physicians and all of our health care partners for their ongoing commitment and dedication to making this service a success. I also encourage you to stay engaged and share your ideas so that we can continue to work together to deliver high quality critical care to Ontarians.



#### COORDINATING CARE

As a Call Agent for CritiCall Ontario, Julie Gordon-Daniels brings physicians together to help care for critically ill or injured patients across Ontario.

## Making critical connections all in a day's work

When Julie Gordon-Daniels began working as a Call Agent for CritiCall Ontario four years ago, she had no idea what she was getting into. As a former court reporter, with background in records & information management, and medical transcription, she was looking for a change of pace. She never expected to hit her stride.

"I'd seen posters for CritiCall when I worked at West Haldimand General Hospital but I really had no idea what it was," said Julie.

She decided to apply for a job as an occasional part-time Call Agent in CritiCall's Call Centre. She soon found herself putting her background in medical transcription to good use facilitating calls from physicians who needed support caring for their critically ill patients. Her background working in both a small and larger hospital served her in good stead as a Call Agent and gave her a strong understanding of how CritiCall plays a key role in helping physicians when resources are tight.

"The biggest challenge for everyone is always resources," said Julie, "but I try never to lose sight of the fact that there is a patient who needs help. It could be my mom or dad and I would want them to go to the best place to receive the care they needed."

CritiCall's process for helping to ensure this happens has changed a lot since Julie joined the team. The ringing telephones and information binders have since been replaced by state-of-the-art technology that integrates CritiCall's phone system with software that allows Call Agents to access and collect all of the information they need electronically. From selecting physicians to contact for urgent consultations to documenting care decisions made during the call, the software provides Agents with the tools they need to connect the province's critical care resources efficiently and effectively.

While new technology and processes have translated into big changes for CritiCall staff, Julie enjoys the challenges and opportunities that are part of change. She also plays a key role in championing these changes and supporting the ongoing work of the Call Centre in her role as a Team Lead. In this capacity she offers guidance and advice to her colleagues when they are making decisions about how best to manage their calls to ensure processes are followed and quality service is provided.

Although Julie admits the job can be stressful at times, she enjoys working with physicians from across Ontario and appreciates how hard they are working to care for their patients.

"They really do bend over backwards to help these patients," Julie said. "We really appreciate that."

And from where she sits, Julie takes pride in the fact that the work she does touches people's lives in an important and meaningful way.

"I'm sure most of these patients never even know that CritiCall was called, but I just hope that in my role, I am able to make a difference."

# Medical Directors work behind the scenes to help CritiCall service run smoothly

Dr. Howard Clasky knows he's doing important work. As one of CritiCall's seven Associate Medical Directors, Dr. Clasky recognizes the role CritiCall plays in supporting physicians as they do their best to care for critically ill patients. He also feels passionately about doing his part to make sure all of the pieces come together so the system works as well as it possibly can.

"CritiCall really is a 'go to' service for physicians who are worried about their patients," said Dr. Clasky, who is also the Director of The Scarborough Hospital's Critical Care Unit. "It plays a real-time, front-line role in helping patients get the care they need and helping hospitals streamline their own processes."

Dr. Clasky was officially appointed to his role as Associate Medical Director for LHINs 8, 9 and 12 almost two years ago. He has been helping CritiCall broker the process of bringing physicians together to expedite patient care for approximately nine years. In fact, it was one of his own mentors and long-standing CritiCall Associate Medical Directors, Dr. Wilfred Demajo, who helped spark Dr. Clasky's interest in CritiCall.

"I graduated from the University of Toronto's Critical Care Medicine program in 1999 and Wilf (Demajo) was one of my mentors and teachers," said Dr. Clasky. "He would talk about his work with CritiCall and I would support him in this role when he was away. Over the years I gained an appreciation of how important CritiCall is to front-line care and I wanted to be involved."

CritiCall's Associate Medical Directors are aligned with Local Health Integration Networks and provide assistance in managing patient care issues that affect physicians and hospitals in their areas. While Call Agents in CritiCall's Call Centre work directly with physicians who call for assistance and others who offer direction, Medical Directors are contacted if more than an hour has passed and there is no clear course of action for the patient. They are also contacted to help manage issues when consensus can't be reached or medical guidance is required.

As the Critical Care Leader for the Central East LHIN and a practicing critical care physician, Dr. Clasky sees CritiCall as an integral piece of the provincial critical care picture, referring to it as the "mortar" that holds the various components together. He is also very excited and supportive of CritiCall's ongoing leadership in moving forward with projects and initiatives geared towards coordinating Ontario's critical care resources so that hospitals can function as a community of care providers rather than individual institutions.

"One of the most important challenges we all have is to bring all of the pieces together. It's hard work to make this process and this structure work," said Dr. Clasky, "but when this is done well, lives are saved. And I believe CritiCall negotiates this process very well."

CritiCall's Medical Director and Associate Medical Directors play an integral role in helping physicians who rely on and consult through CritiCall access resources and support for patients who require critical care. The following physicians work with CritiCall Ontario in this capacity:

#### **CritiCall Ontario Medical Director**

- Dr. Avery Nathens

#### **Associate Medical Directors**

- Dr. Peter Kraus – LHINs 1, 2, 3 and 4
- Dr. Wilfred Demajo – LHINs 5, 6 and 7
- Dr. Howard Clasky – LHINs 8, 9 and 12
- Dr. Sean Moore – LHINs 10 and 11
- Dr. Andrew Caruso – LHINs 13 and 14
- Dr. Andrew Shennan – Perinatal
- Dr. David Creery – Paediatrics

## 'A remarkable 15 years' for Dr. Jim Worthington and CritiCall

After 15 years as an Associate Medical Director for CritiCall Ontario, Dr. Jim Worthington is hanging up his hat (and turning in his pager). And while he won't miss the late night and weekend calls for assistance, he is quick to acknowledge his time with CritiCall has been both memorable and productive.

Dr. Worthington joined CritiCall in 1994. As an Emergency physician at The Ottawa Hospital, Dr. Worthington was keenly aware of the issues and challenges facing physicians as they balanced patient care needs with critical care resources. He quickly became an ambassador for the program, helping to increase awareness of the service as "one-number-to-call" for physicians in need of support caring for their critically ill patients.

"When I began, the program was much more local," he said. "In our region, it was 'The one number to call' and we had our own policies and protocols."

With other similar programs in place throughout the province, the Ministry of Health and Long-Term Care recognized the concept's merit and in 1996, CritiCall was adopted as Ontario's sole provider of this unique service.

"The real journey began when we started putting provincial standards and protocols together," said Dr. Worthington, adding that while there is much more structure in place today, there is still a very strong role for hospitals at the local and regional level when it comes to helping patients receive the care they need as close to home as possible. "There is an expectation that we should look after our own community and I've always been proud that this region has looked after its patients."

During his tenure with CritiCall, Dr. Worthington continually looked to the broader health care issues and needs of the Ottawa region in an attempt to find solutions to ongoing challenges. For example, he played an integral role in establishing the Assured Access Agreement for psychiatric emergency referrals in LHIN 11 so hospitals could use their regional resources and CritiCall to address a pronounced need among patients and physicians. This partnership has been so successful that it was recently expanded as a pilot project including LHIN 7 in Toronto and an enhanced capacity management tool available through CritiCall.

In the last year, Dr. Worthington began chairing the Orthopaedic Regional Planning Committee in LHIN 11 and set up the Champlain LHIN Patient Flow Policy. Dr. Worthington's other noteworthy achievements in his time with CritiCall include working on the Patient Referral Pilot Project in LHIN 10 and 11 and establishing the Maternal Transfer Protocol for the Ottawa Hospital.

Throughout his time with CritiCall, Dr. Worthington has built on his successful career as an Emergency physician and is currently Senior Vice-President, Medical Affairs, Quality and Patient Safety at The Ottawa Hospital – Civic. From this vantage point, he sees clearly that physicians and administrators need to work together to achieve a more integrated and supportive system for patients and that CritiCall will continue to play a strong role.

"I've derived a lot of satisfaction from helping to solve some of the problems and hopefully, make things better," said Dr. Worthington. "It's been a remarkable 15 years."



CritiCall Ontario would like to thank Dr. Worthington for his unwavering commitment and stellar contribution to helping physicians and their critically ill patients.

# Provincial partnerships designed to improve access to critical care resources

Finding new solutions to ongoing health care challenges is a key focus for CritiCall Ontario. In keeping with that, CritiCall is currently partnering with a number of different organizations on the following projects and initiatives with the goal of improving access to critical care resources for physicians and patients across Ontario.

## ENITS

Last fall, as part of Ontario's Wait Time Strategy, CritiCall Ontario began collaborating with the Ministry of Health and Long-Term Care's Neurosurgery Expert Panel and hospitals in LHINS 1 and 2 on the use of the Emergency Neurosurgery Image Transfer System (ENITS) to help improve access to neurosurgical consultations and access to this type of highly specialized care. ENITS enables CT images to be viewed remotely anywhere in the province by neurosurgeons for the purposes of consultation with the overall goal of ensuring neurosurgical resources are being used as effectively as possible. By providing more comprehensive and timely consultations, the number of unnecessary patient transfers is being reduced. ENITS is currently up and running in all CT-equipped hospitals in LHINS 1, 2, 3, and 4 will be expanded provincially. To date, ENITS has been used in more than 270 neurosurgical consultations facilitated through CritiCall and as a result, many patients who would have been transferred in the past have been able to remain in their community for treatment.

## Patient Referral Framework

As a provincial resource for physicians caring for critically ill patients, CritiCall Ontario's service relies on having comprehensive and up-to-date information on Ontario's critical care resources. In keeping with this, CritiCall Ontario is creating a patient referral framework for all of Ontario. The framework captures detailed information about the critical care services available at each hospital site, as well as the hours of operation for these services, which is then used by Call Agents to find hospital locations with the required services as close as possible to the patient's home.

CritiCall is currently working in partnership with the Ministry of Health and Long-Term Care's Surge Capacity Management Program to collect this information. In addition to informing the day-to-day business of CritiCall, this information will also be invaluable in the management of moderate and major surges or disasters where extensive and coordinated patient movement is required through CritiCall.

## CritiCall welcomes Dr. Sean Moore

Dr. Sean Moore has joined CritiCall as Associate Medical Director for LHIN 10 and LHIN 11.

With an extensive and varied background in health care, Dr. Moore brings a wealth of experience to his position. He is currently the Consultant Attending Physician for Ottawa Hospital's Department of Emergency Medicine (Civic and General campuses) and Medical Director for ORNGE. He has also held positions as Chief of Staff, Chief of Emergency Services and Medical Director for Telehealth.

Fluent in both English and French, Dr. Moore is committed to mentoring future generations of health care providers and is an Assistant Professor in the Faculty of Medicine at Lakehead University, Laurentian University and the Northern Ontario School of Medicine.

Dr. Moore officially joined CritiCall on June 29, 2009, and is replacing Dr. Jim Worthington.



#### PARTNERS IN CARE

Kris Bailey, Executive Director of CritiCall Ontario, and Dr. David Boyle, Critical Care Lead for the Northeast Local Health Integration Network, are two of the partners involved in a pilot project that uses technology to bring critical care support to rural hospitals.

## Virtual Critical Care

CritiCall Ontario, the Ontario Telemedicine Network (OTN), the Northeast Local Health Integration Network, Sudbury Regional Hospital, Temiskaming Hospital and Kirkland Lake District Hospital have joined forces to pilot Ontario's first *Virtual Critical Care*. The *Virtual Critical Care* bridges geographical barriers by using technology to provide physicians in smaller hospitals with immediate access to intensive care support, 24 hours a day, seven days a week.

The Ontario model is based on collaboration and resource coordination. Essentially, Sudbury Regional Hospital serves as the lead site and provides support to Kirkland Lake District Hospital and Temiskaming Hospital through a dedicated intensivist, CritiCall Ontario and OTN. For example, if a physician at Temiskaming Hospital or Kirkland Lake District Hospital is treating a patient who requires a higher level of intensive care than they are able to provide, the physician can call CritiCall Ontario. CritiCall Ontario will connect the physician directly to an intensivist at Sudbury Regional Hospital. Once the appropriate physicians are in touch by telephone, they can use OTN to expand their consultation.

CritiCall is tracking all data related to the pilot so that it can be properly assessed with an eye to possibly expanding the project to other parts of the province in partnership with OTN.



#### HANDS-ON WITH THE CCIS

Andrea de Laforest, CitiCall Account Manager (centre standing), joins Carolyn Freitag, ICU Manager (left), Courtney Kelly, Unit Clerk, and Edie Davidson, Charge Nurse, (seated) at Thunder Bay Regional Health Sciences Centre to provide ongoing training and education related to Ontario's Critical Care Information System.

*Photo courtesy of Pat Opaski, Thunder Bay Regional Health Sciences Centre*

## Critical Care Information System (CCIS)

Ontario's Critical Care Information System (CCIS) has been redefining the way hospitals track and manage their critical care resources. The CCIS is a key initiative of the provincial Critical Care Strategy and a real-time performance measurement system that supports resource utilization management for critical care units and Critical Care Response Teams. Since the launch of the CCIS in February 2007, CitiCall Ontario Account Managers have played an integral role in the training and ongoing education of critical care staff to ensure the system is being used as efficiently as possible.

Last year, CitiCall Account Manager Susan Sarvas took on the role of Provincial Manager of Training and Quality for the CCIS and continues to work alongside a team comprised of CitiCall staff and the CCIS Provincial Team. These teams completed the implementation of more than 200 critical care units to the CCIS and the completion of system enhancements. The CCIS Training Team provides users with opportunities to continue learning about the system through training/education webinar sessions. To date, 134 expert user training sessions have been conducted leading to the successful training of over 966 expert users across the province.

The number of available beds entered in the CCIS Bed Availability Tool is sent directly to CitiCall's provincial Bed Registry, providing CitiCall's Call Agents with the number of critical care beds available within Ontario at any given time. This information can be useful when Agents are assisting physicians with the referral of critically ill patients to a higher level of care and is particularly valuable in the management of moderate or major surges or disasters where extensive and coordinated movement of patients is required.

## Transforming access to critical care for children in Ontario



An “impressive transformation” is how Dr. Desmond Bohn characterizes what has been happening at CritiCall Ontario for the last two years. As Chief of Critical Care Medicine for The Hospital for Sick Children in Toronto, Dr. Bohn is an advocate for changes that improve access to paediatric care and believes CritiCall’s recent work in this particular area is helping to set the pace for the province.

The introduction of the Extramural Paediatric Critical Care Response Team (PCCRT) in 2007 marked a major milestone in the evolution of critical care for children in Ontario. As part of the provincial Critical Care Strategy, the PCCRT allows physicians right across Ontario to access a paediatric intensivist 24 hours a day, seven days a week by calling CritiCall. Telephone consultations are provided by intensivists at Academic Health Science Centres with Level III paediatric critical care resources.

“The uptake on this has been really quite spectacular. Having one number to call that puts community physicians in direct touch with a paediatric intensivist who can provide rapid advice on stabilization is very effective,” said Dr. Bohn.

Since its inception, the PCCRT has helped physicians get the support they need to care for their paediatric patients more quickly. In fact, the average time to have a patient accepted into a tertiary paediatric centre has dropped from 58 to 38 minutes. It is also worth noting that of the 1034 calls received last year, 901 resulted in transfers to a higher level of care and every call resulted in consultation and treatment advice for a child in need.

While ensuring children have access to high quality critical care is vitally important, Dr. Bohn also sees potential and value in creating similar networks of support and access for physicians seeking any type of specialist consultation for a sick child. He also believes CritiCall is a key partner in creating systems of care that work beyond hospital and geographic borders.

“I believe CritiCall has become a very effective organization,” said Dr. Bohn, “and I’m confident it will only continue to get better.”



## Mental Health

CritiCall is using its resources to help improve access to care for patients with emergent mental health needs. This spring, CritiCall launched a Mental Health Bed Management /Capacity Assessment tool specifically for hospitals and mental health and addictions facilities in LHINs 7 (Toronto) and 11 (Champlain). This is part of a pilot project during which CritiCall is facilitating the transfer of Form 1 patients within these LHINs with the goal of providing the right emergency mental health and addiction care, in the right place, at the right time in a respectful, client-centred manner.

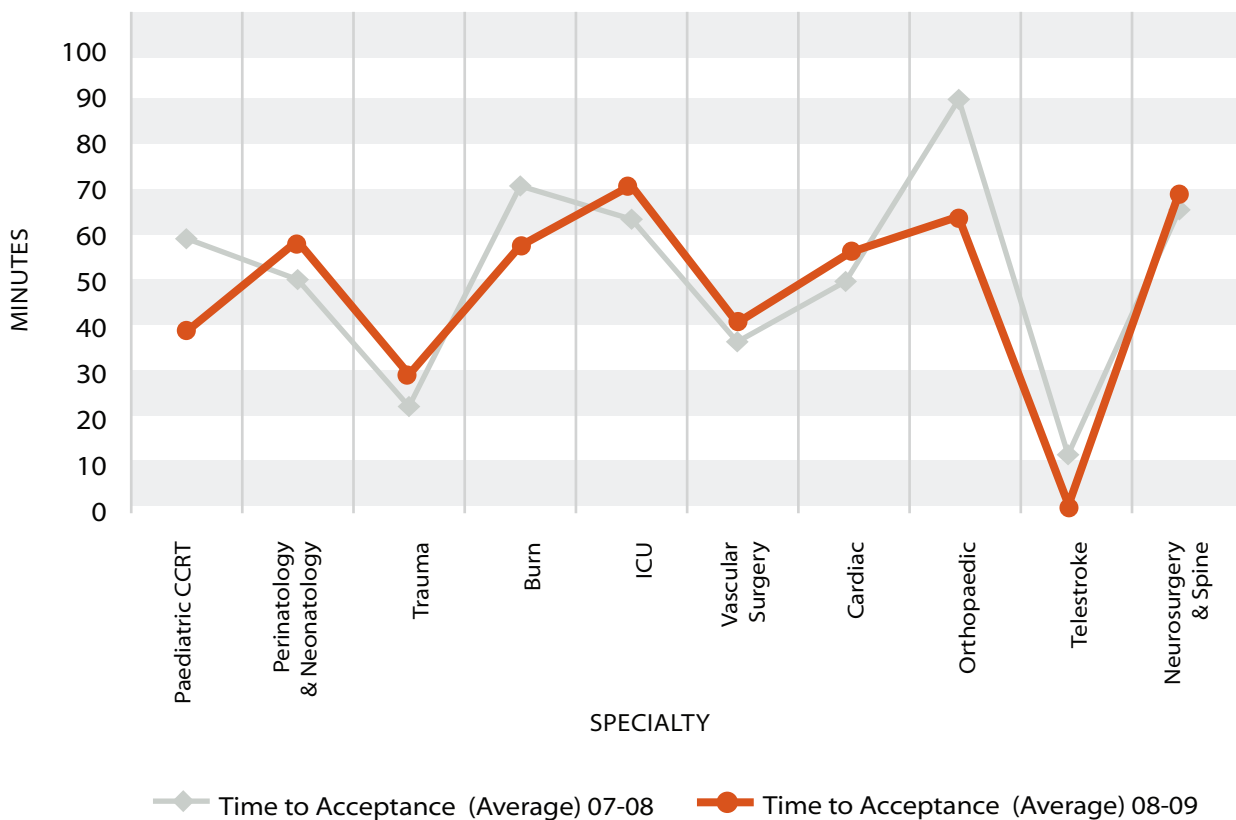
The capacity assessment tool is available to participating facilities which in turn, update this online resource at least four times each day (and when status changes) to provide an accurate picture of the availability of all mental health beds, by specific type, at their facilities. This information is then used by CritiCall to help coordinate and expedite referrals of Form 1 mental health and addictions patients so they can be cared for in the most appropriate environment.

CritiCall is also collecting and analyzing data related to this project to determine the feasibility of extending it to other parts of Ontario in the future.

# CritiCall By The Numbers

CritiCall Ontario	2008-2009	2007-2008
Number of cases	15,319	14,246
Number of patients transferred (adult & paediatric)	9,548	8,897
Number of patients not transferred	5,771	5,349
Average time to first physician response (in minutes)	12	14
Average time to patient acceptance (in minutes)	55	55
Average number of physicians contacted per case	2	2
Average number of calls made per case	10.7	10.4

## AVERAGE TIME TO PATIENT ACCEPTANCE FOR SELECT SPECIALTIES



**Time to accept:** the total time from the first call to CritiCall to when a hospital with the required resources accepts the patient on referral.

# 10 reasons why using CritiCall makes sense

Funded by the Ministry of Health and Long-Term Care, CritiCall Ontario is a resource for physicians in Ontario. Whether you call CritiCall for help, or we contact you for assistance on behalf of another physician, there are many reasons why using CritiCall makes sense. Here are 10 of the best:

## 1. It won't work without you

CritiCall is a physician-to-physician resource that only functions because of physician participation.

## 2. Consultations are key

Consultations provide very valuable information about immediate and ongoing patient management. By providing a consultation through CritiCall, you may be helping to eliminate the need for a patient transfer. In fact, last year, 38 percent of the calls we facilitated did not result in a transfer.

## 3. Measuring to manage

CritiCall collects information on all calls received and initiated. This information is compiled into reports that provide detail about how patients are being moved within LHINS and throughout Ontario as well as the types of services they require. All of this can be used to assist in health care planning at the hospital, LHIN and provincial level.

## 4. Save time by putting us to work for you

CritiCall will make multiple calls on behalf of the calling physician which means physicians can spend more time caring for their patients while still accessing the support they need. When you call us first, it also helps prevent duplication of effort should we try to contact someone you've already called.

## 5. Documentation

When you consult through CritiCall, the call is recorded and all information exchanged is documented.

## 6. Maximization of resources

CritiCall has access to critical care resources right across Ontario so hospitals are not limited to the resources available within their own walls or even their own communities. CritiCall can also help facilitate care as close to home as possible.

## 7. We're invested

Over the course of the past two years, CritiCall has made significant investments in its technology and infrastructure in an effort to provide the best possible service to its clients. Our goal is always to translate our investments into tangible benefits for our clients.

## 8. Working with you is our priority

Whether you call us for assistance or we contact you on behalf of another physician, we understand and appreciate how hard physicians are working within Ontario's health care system. We strive to work closely with our clients, through our Call Centre and our Account Managers, so that we understand the current health care environment and can act on feedback to improve, develop or adapt our service to better meet the needs of physicians.

## 9. Patients

Helping patients access the care they need is CritiCall's top priority and we are committed to supporting physicians right across the province so all patients receive the care they need, when they need it.

## 10. Collaboration

By working together, we can make the best possible use of the resources we have.



#### WINNING COMBINATION

TELUS' Barry Rivelis, Randy Rattansingh and Glenn Lanteigne were joined by CriteCall Ontario's Tam Nguyen (centre with certificate) and Kris Bailey (far right) at the 2008 Information Technology Association of Canada's annual award ceremony where TELUS received the 2008 Health Company of the Year Award. CriteCall Ontario nominated TELUS for the award.

## CriteCall Ontario partnering for success

Innovation and partnership are at the centre of much of CriteCall Ontario's activity and over the course of this past year, these values translated into several awards for the organization and its health care partners.

### TELUS NAMED 2008 HEALTH COMPANY OF THE YEAR

On November 21, 2008, TELUS received the 2008 Health Company of the Year Award from the Information Technology Association of Canada (ITAC). ITAC is the voice of the Canadian information and communications technologies industry, with a community of companies that account for more than 70 per cent of Canada's 572,000 information technology related jobs. CriteCall Ontario nominated TELUS for this award after partnering with the company on the implementation of new technology in CriteCall's new Hamilton office at 1725 Upper James Street. This technology includes Call Centre Anywhere and TELUS iScheduler, both of which are streamlining and improving service delivery at CriteCall Ontario's 24-hour Call Centre. Telus also provided CriteCall with a complete network, infrastructure and applications environment.

## CCIS TEAM RECEIVES CANADIAN PROJECT EXCELLENCE AWARD IN LEADERSHIP EXCELLENCE

Last fall, CritiCall Ontario was also recognized for its collaborative role in the design and implementation of the Critical Care Information System (CCIS) when the CCIS team received the Canadian Project Excellence Award in Leadership Excellence. CCIS is a province-wide information system that enables Ontario hospitals and health planners to monitor and track the operation and utilization of critical care resources. CCIS has been implemented at an unprecedented pace over the course of the last two years and is now up and running in more than 200 critical care units.

## PCCRT COLLABORATIVE POSTER CAPTURES TOP HONOURS

CritiCall Ontario and the Extramural Paediatric Critical Care Response Team were honoured in 2008 with the best Clinical Quality Improvement Award (collaborative poster) at the Critical Care Canada Forum. The Extramural Paediatric Critical Care Response Team united CritiCall Ontario and Academic Health Sciences Centres with level three paediatric critical care resources in an effort to ensure children across Ontario have access to critical care resources, regardless of where they live or may be when they require this type of care. This team has been in place since October 2007.

## ITAC AWARD RECOGNIZES IMPACT OF ENITS

In June, The Information Technology Association of Canada (ITAC) honoured GE Healthcare IT with the 2009 Corporate IT Hero Award for its deployment of the Emergency Neuro Image Transfer System (ENITS). GE Healthcare IT worked with eHealth Ontario and London Health Sciences Centre to build ENITS to allow the transfer and storage of CT head scans for patients with urgent neurosurgical issues. These images are transferred and stored in a central site and accessible through CritiCall Ontario to neurosurgeons across Ontario, for the purposes of consultation. By providing more comprehensive and timely consultations, the number of unnecessary patient transfers is being reduced.

ITAC award winners were determined by a panel of judges who assessed the nominees and their projects for innovation and creativity, as well as initiative and leadership, positive and measurable impact on Canadians, and effectiveness, efficiency and sustainability.

## The CritiCall Ontario Team

CritiCall Ontario is jointly accountable to the Ministry of Health and Long-Term Care through the Critical Care Secretariat and Hamilton Health Sciences. Based in Hamilton, Ontario, CritiCall also has regional offices in Thunder Bay, Ottawa, Sudbury and London.

### Administrative Staff

**Kris Bailey** – Executive Director  
**Dr. Avery Nathens** – Medical Director  
**Donna Perkins** – Administrative Assistant  
**Christine Moon** – Senior Public Relations Specialist  
**Patrick Legault** – Quality Management

### Call Centre Management

**Marie Lepre** – Call Centre Manager/Provincial Disaster Liaison  
**Leanne Yonev** – Call Centre Supervisor  
**Tammy Johnston** – Administrative Assistant

### Technology and Decision Support

**Joe Savino** – Manager, Technology and Information Systems  
**Tam Nguyen** – Technical Lead, Communications & Technology  
**Karen Bachynski** – Senior Consultant Applications Technology/Disaster Management Liaison  
**Stephanie Peters** – Decision Support Specialist  
**Edwin Betancur** – Decision Support Specialist  
**Tom Bailey** – Intern, Technology and Information Systems

### Call Agents

<b>David Bailey</b>	<b>Lara Blanchard</b>	<b>Connie Cumpson</b>	<b>Adrienne Fowler</b>
<b>Julie Gordon-Daniels</b>	<b>Heather Graham-Novak</b>	<b>Lori Hill</b>	<b>Erin Hodgson</b>
<b>Janice James</b>	<b>Lydia Lee</b>	<b>Dawn Levesque</b>	<b>Cheryle May</b>
<b>Holly McGilvery</b>	<b>Julie Mulholland</b>	<b>Carol Ann Parkin</b>	<b>Danielle Ridout</b>
<b>Laura Sinkins</b>	<b>Nora Trudgian</b>	<b>Jennifer Visser</b>	<b>Vicki Westall</b>

### Provincial Contacts

**Wendi MacKay** – Provincial Account Manager, LHINs 3, 4, 5 & 6  
**Vanessa Alexis** – Account Manager, LHINs 8 & 12  
**Andrea de Laforest** – Account Manager, LHINs 13 and 14  
**Patrick Legault** – Account Manager, LHIN 7, Quality Management  
**Steve Pancino** – Account Manager, LHINs 1 & 2  
**Claudine Wathier-Doucet** – Account Manager, LHINs 9, 10 & 11

### Critical Care Information System

**Joan Hill** – Critical Care Information System Educator  
**Susan Sarvas** – Provincial Manager, Critical Care Information System (CCIS), Education & Quality

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