

Strategy Highlights:

Sharing strategies for success

In late February, the Critical Care Strategy hosted a two-day retreat for more than 80 members of Ontario's 27 adult intensivist-led Critical Care Response Teams (CCRTs). The two-day event was designed to allow CCRT physicians, nurses and respiratory therapists the opportunity to focus, share and reflect on the impact of their site's CCRT and as a provincial initiative and resource.

Robert McKay, Manager, Critical Care Secretariat provided a presentation on how Ontario's CCRTs support the strategy's "systems-focus" and how the strategy components fit into and support Ontario's broader access to care agenda.

The agenda included three breakout sessions involving multidisciplinary groups who discussed specific topics and shared practices regarding team functioning, work patterns, educational needs and strategies for meeting patient and team needs. Participants assessed the organizational, process and staff components of their teams using Great Britain's National Health System's sustainability model and guide. This enabled participants to identify areas of focus that may help to improve the sustainability of their CCRT initiative.

A highlight of the event was a series of presentations by seven of the hospital sites highlighting local initiatives and sharing findings that could be of benefit to the broader group. A role-playing simulation demonstration designed by **Dr. Randy Wax** and **Dr. Alison Fox-Robichaud** and supported by **Angele Landriault, RN**, from the Canadian Resuscitation Institute, provided a chance to see physicians in the role of nurses and respiratory therapists. The feedback from all disciplines was that the sharing among sites and the strategies learned from colleagues across the province were incredibly valuable.

CritiCall Ontario announces two new leaders

Kris Bailey, Executive Director, CritiCall Ontario, has announced the appointment of **Dr. Avery Nathens** to the position of Medical Transition Team Lead. Dr. Nathens is currently the Division Head in General Surgery and Director of Trauma at St. Michael's Hospital, and an Associate Professor of Surgery at the University of Toronto. He is also a member of CritiCall's Strategic Planning and Advisory Committee.

Dr. Nathens is a practicing trauma surgeon and epidemiologist with a focus on trauma system design. He is an active member of the Provincial Trauma Network, and the National Trauma Registry Advisory Committee and holds a Canada Research Chair in Systems of Trauma Care. He also chairs the National Trauma Databank Committee and sits on several subcommittees of the American College of Surgeons Committee on Trauma (ACS COT) including the Trauma Systems Consultation Subcommittee and the Outcomes Subcommittee.

Dr. Nathens will lead CritiCall's medical transition team as they work to ensure greater emphasis on the development of systems to improve critical care throughout the province. The priorities of the transition medical team include establishing definitions for urgent and emergency patient transfers; developing inter-facility transfer protocols by Local Health Integration Networks (LHIN) or within clusters of LHINs; and drafting policies and procedures to guide transfers and the repatriation of patients across provincial borders. Membership of the multidisciplinary medical transition team is currently being confirmed.

CritiCall Ontario and Ontario's broader critical care community, extend sincere appreciation to **Dr. Frank Baillie**, Medical Director for his years of service and commitment to both the CritiCall organization and critically ill patients and their families across Ontario. Dr. Baillie retired from CritiCall on February 1st.

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CritiCall Ontario is also pleased to announce the appointment of **Peter Varga** to the position of Client Service Director. Peter comes to CritiCall from Humber River Regional Hospital where he is the Program Director for Critical Care, Cardiology, Respiriology, Cardio / Respiratory Diagnostics and Oncology Services. Peter will join CritiCall Ontario at the end of March.

Collaborative evaluation of nursing education programs now complete

In March 2007, Ontario's nursing and critical care secretariats commissioned researchers at McMaster University's Nursing and Health Services Research Unit (NHSRU) to evaluate selected Ontario hospital and college-based critical care nursing education programs against the recently released care nursing education programs against the [Standards of Critical Care Nursing Practice \[PDF\]](#). The results of that study and the NHSRU's eight specific recommendations for further enhancement of the Critical Care Nursing Standards can be found in [A Collaborative Evaluation of College and Hospital Critical Care Nursing Programs in Ontario- \[PDF\]](#).

Critical care resources and tools available online

Since its inception, the Critical Care Strategy has been supporting and facilitating the development of innovative resources and information created by hospitals across the province to assist providers, patients and families in understanding critical care and caring for people who are critically ill. To share this valuable work and experience with the broader critical care community, many hospitals have agreed to provide tools, documents and presentations relative to their experience with the Critical Care Strategy. These documents are available for download on the ministry website at www.health.gov.on.ca/criticalcare.

Many of these resources have been created at the local level and are customized to meet the needs and circumstances of an individual critical care unit or

hospital. While credit is given to the original authors and organizations, it is important to evaluate the content in the context of your organization and your critical care unit to ensure that it complies with your organization's individual policies, procedures and clinical practice. Contact information is provided on most of the resources for users wishing to access further support in interpretation, modification and implementation. Please feel free to contact the appropriate parties as indicated on the respective resources. While some of the information is available to a general audience, most of it is intended for use by health care providers and for that reason, is password protected. Please contact **Heidi Wenzel** at Heidi.Wenzel@uhn.on.ca to obtain a password.

Appreciation is expressed to all hospitals and critical care providers for sharing their knowledge and best practices with their health care partners and for working together to improve access to, and the quality of critical care in Ontario.

Beginning this month, at the end of each issue, we will be featuring examples of Ontario's Critical Care Strategy in action and showcasing the impact its various components are having on access to care, safety and quality of care and the patient experience in Ontario hospitals. Our first story is an interview with participants in the Critical Care Strategy's Surge Management Demonstration Project currently underway in the Champlain LHIN. Read on...

For More Information

Please visit us on the web:
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Strategy in Action:

This month the Critical Care Strategy spoke with staff from Pembroke Regional Hospital and Cornwall Community Hospital about their experiences with the Strategy's Surge Management Demonstration Project currently underway in the Champlain LHIN.

Pembroke's capacity management focus – a natural fit for surge planning

Day-to-day operation of Pembroke Regional Hospital's busy ER/ICU Program is led by Clinical Director, Eleanor Wright, and overseen by the Hospital's Vice President, Patient Services and Chief Nursing Officer, Sandra Keon. Both agree that the implementation of the Surge Planning Program has been a real catalyst for the organization to take a good look at itself and its approach to capacity management.

"It's been a great process and has really forced us to look at our capacity management issues and opportunities," Sandra reports, "We've recognized that the program has transferable applicability to other areas of the hospital and many of the approaches and tactics add value to, and are supporting capacity management in other departments."

Eleanor adds that the flow mapping component of the program is having a real and positive impact on emergency department utilization, where most of the hospital's ICU patients originate. "Aspects of the program are very translatable and bring to light the interconnectivity and responsibility of all of the patient care areas in managing capacity," she noted.

They both acknowledge that one of the key factors in the success of the surge program implementation, has been the openness with which hospital staff have approached the process. "It was great to see that everyone was willing to work as a team, across the organization, and across the LHIN, to make this work. Borders and territory never came into play," added Sandra.

Surge management – key component of Cornwall's integrated ICU planning

To the critical care unit (CCU) staff at Cornwall Community Hospital which operates 12 Level 3 CCU beds within a facility that runs an average acute care occupancy rate of between 110-120 per cent, thinking ahead is second nature – making the Critical Care Strategy's Surge Management Program an ideal opportunity to put these anticipatory skills to the test.

According to Paula Sleeman, RN., BScN., Director, Placement Services and Community Liaison, CCU staff as well as staff from other areas of the hospital, are passing that test with flying colours. "The Surge Management Program has everyone thinking well ahead of time and anticipating and planning for admissions, discharges and transfers, across all areas of the hospital," says Paula.

Paula reports that openness and receptiveness to thinking about and changing how things may have been done in the past is a key success factor of the program and one that the staff at the hospital has enthusiastically endorsed.

According to Paula, one of the challenges they have is that their CCU is not a closed unit. This means that the admission, discharge and transfer processes on the unit can be more complicated and require more communications amongst the multi-disciplinary care teams. She noted that the surge program is a natural extension and key component of the work they are doing to improve the overall utilization of their CCU to ensure that they can manage capacity and meet patient demand.

Paula notes both the challenges and benefits to staff and notes that they are making a real contribution to how care is planned for and delivered to their broader provider community within the LHIN. "We are working together to plan for and manage moderate and major surges in demand for critical care," acknowledged Paula. "Most importantly, this will benefit our patients, who will be able to get better access to care when and where they need it."