



ONTARIO CRITICAL CARE PLAN

2018-2021

CCSO Critical Care Services Ontario

December 19, 2018

The Honourable Christine Elliott
Minister of Health and Long-Term Care
Government of Ontario
Toronto, Ontario

Ms. Helen Angus
Deputy Minister of Health and Long-Term Care
Government of Ontario
Toronto, Ontario

Dear Minister Elliott and Ms. Angus,

We are pleased to submit the Ontario Critical Care Plan 2018-2021. This plan is anchored in the principles of patient and family partnerships, with a relentless focus on advancing access, quality, integration, and value for critical care services provided to Ontarians.

Over the past year, we have engaged over 700 critical care system partners, including patients and their families, to set strategic directions that will enhance quality critical care for Ontarians of all ages. The new strategic plan builds on these consultations and identifies the following priorities for action:

1. Advance patient and family partnerships to help deliver care that matters most to those who receive it.
2. Lead care innovation and data-informed improvement.
3. Enhance systems of care to deliver seamless and timely care across the continuum.
4. Facilitate timely access to critical care and improved patient flow.
5. Promote people strength by focusing on skills and capacities for *future-ready* clinicians.

Over the next three years, these priorities will inform the work that Critical Care Services Ontario will lead, in collaboration with clinical and health system partners, to enhance critical care for the citizens of Ontario.

We look forward to working with the critical care partners, Local Health Integration Networks, and ministry colleagues to implement this plan.

Sincerely,



Bernard Lawless MD, MHSc, CHE, FRCSC
Provincial Lead
Critical Care Services Ontario



Linda Kostrzewa RN, BAS Hons., MHSc
Senior Director Strategy and System Transformation
Critical Care Services Ontario



"Exceptional care
made the difference."

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ONTARIO CRITICAL CARE PLAN 2018-2021

Critical care in Ontario has evolved to become a provincial system that works in partnership with LHINs and other partners to deliver high quality, integrated, and accessible critical care for Ontario citizens. Ontarians expect and deserve a high-performing critical care system reflecting the needs of its users, including patients, families, and critical care providers.

CCSO's commitment to deliver on its mission is grounded in collaborative clinical and field-based partnerships, with an uncompromising focus on improving capacity and capabilities of the provincial critical care system to meet the needs of Ontario citizens.

During the last strategic planning cycle, CCSO facilitated foundational work on ways to engage patients and families in the planning and delivery of critical care. In shaping the Ontario Critical Care Plan 2018-2021, specific emphasis was placed on ensuring that feedback from patients and families was sought and included in the planning process.





Key planning considerations for the 2018-2021 strategic cycle focused on the following:

1. Engaging patients and families in the planning process.
2. Addressing system needs within the parameters of a comprehensive critical care quality framework and standards.
3. A renewed emphasis on information management strategies to support a learning critical care system.
4. SMART metrics to underpin the evaluation of strategic performance.

The 2017 CCSO LHIN Town Halls served as a launch pad for a series of strategic planning consultations, where each LHIN, and their respective hospitals, were represented. Over 600 town hall participants, including patients, families, critical care clinicians, system leaders, and partners that shape the flow and form of critical care delivery, participated in this consultation process. Input from an additional 100 participants was received through advisory forums where physicians, nurses, and inter-professional leaders provided system level advice to advance access, quality and system integration within critical care and associated programs.

The insights and feedback received from these consultations helped formulate the Ontario Critical Care Plan 2018-2021. This plan will guide the work that CCSO leads to advance a critical care system that is accessible, integrated, and delivers high quality care outcomes.

ONTARIO CRITICAL CARE STRATEGY SUMMARY 2018-2021

GOALS	 <h3>Patient & Family Partnerships</h3> <p>Advance patient and family partnerships to improve patient centred, team-based care.</p>	 <h3>Care Innovation</h3> <p>Lead the adoption of care innovation involving industry-leading practices and enabling technology and tools to progress safe and quality care.</p>	 <h3>Systems of Care</h3> <p>Build community partnerships, increase shared decision-making and improve transitions across the system.</p>	 <h3>Access & Flow</h3> <p>Improve fair access to critical care and associated services for all Ontarians.</p>	 <h3>People Strength</h3> <p>Lead a future-ready people strategy to deepen skills in collaborative change management and team-based care.</p>
	OBJECTIVES	<ul style="list-style-type: none"> • Lead the development and adoption of a system framework for patient and family partnerships. • Disseminate leading practices to move beyond patient and family involvement to achieve partnerships. • Implement mechanisms for measuring and evaluating patient and family satisfaction. 	<ul style="list-style-type: none"> • Enhance the Critical Care Information System to advance data-informed improvement. • Facilitate a provincial approach for the early identification of deteriorating patients. • Expand tele-monitoring and remote critical care services. 	<ul style="list-style-type: none"> • Support LHINs in establishing regional critical care systems and performance accountability. • Implement minimum quality standards to enhance care quality and outcomes for patients. • Develop partnerships to improve care for patients transitioning across the care continuum. 	<ul style="list-style-type: none"> • Use data and best evidence to understand existing health disparities, and factors that impact health outcomes. • Increase critical care capacity and capabilities to improve flow and access.

VALUES Patient-Focus • Collaboration • Leadership • Credibility • Results • Innovation • Knowledge Based Improvement • Transparency



"I need family.
Let them help."

ONTARIO CRITICAL CARE GOALS 2018-2021

MISSION To identify critical care system needs and collaborate with healthcare partners to improve access, quality and integration for patients.

VISION CCSO leading improvements and system innovation in Ontario's Critical Care System.

VALUES Patient-Focus • Collaboration • Leadership • Credibility • Results • Innovation • Knowledge Based Improvement • Transparency

Care Innovation

Lead the adoption of care innovation involving industry-leading practices and enabling technology and tools to progress safe and quality care.

Access & Flow

Improve fair access to critical care and associated services for all Ontarians.



Patient & Family Partnerships

Advance patient and family partnerships to improve patient centred team-based care.

Systems of Care

Build community partnerships, increase shared decision-making and improve transitions across the system.

People Strength

Lead a future-ready people strategy to deepen skills in collaborative change management and team-based care.



Advance patient and family partnerships to improve patient centred team-based care.

PATIENT & FAMILY PARTNERSHIPS

WHY IS IT IMPORTANT?

“Meaningful planning can exist, invite us!”, and “I need family, let them help!”, are the two distinct themes that critical care patients and families have shared with us during our consultation sessions. These stories highlight the need for actively partnering with patients and their families in health care system design, decision-making, and delivery of critical care.

The need for a systematic, locally appropriate, and standardized approach to patient and family involvement was clearly identified by the critical care system. Engagement that is based on equity, transparency, respect, and responsiveness contributes towards a better culture, that enhances patient experiences and outcomes. Moving forward, an increased emphasis on leadership for patient and family engagement and supporting the structures, roles, and environments that enable these values and relationships will be crucial.

WHAT WE HEARD

“Be open, include us, remain caring”; “Disclose fully, I can handle it!”; and “As I slept, my family mattered!” are some direct patient and family insights that were received from various engagement activities completed in the last two years. In addition, the following needs were also highlighted through patient, family, and clinical engagements:

- Develop guidelines and a systematic approach for patient and family involvement and feedback.
- Develop and disseminate navigation tools and resources to support patient transitions and the patient journey.
- Implement mechanisms for the adoption of communication bundles and checklists.
- Develop strategies to enable a collaborative approach for managing patient expectations and satisfaction.

STRATEGIC OBJECTIVES

1. Lead the development and adoption of a system framework and standards for developing patient and family partnerships in critical care.
2. Identify and disseminate leading practices, processes, and tools to support teams to move beyond patient and family involvement and achieve partnerships.
3. Implement mechanisms for continuously measuring, monitoring, and evaluating patient and family satisfaction with care by utilizing a provincial framework and tool.

WHY IS IT IMPORTANT?

Multiple factors are associated with the delivery of safe, competent, and high quality care in the ICU environment. Clinical and technological innovations serve as powerful tools to enhance the quality and timeliness of patient assessment, care planning, and treatment delivered in critical care. The importance of performance management supported through performance indicators and actionable insights, and the need to leverage both technologies and data linkages were strongly noted during system consultations. To further support high quality and timely critical care, specific clinical, technological, and data-informed innovation will be identified to improve seamless access to quality care that enables the best patient outcomes and system value.

WHAT WE HEARD

- Analyze and leverage existing and new approaches for timely access to care, care coordination, and system-wide communication, by focusing on increased and appropriate use of available technologies. For example, the Ontario Telemedicine Network (OTN), robotics, common electronic medical records, remote monitoring, and simulation in clinical learning.
- Determine data needs and improve access and linkages to data including the enhancement of the existing provincial Critical Care Information System (CCIS) and various performance indicators.

STRATEGIC OBJECTIVES

1. Pursue opportunities to further enhance the provincial Critical Care Information System (CCIS) to provide more robust and accessible mechanisms for data informed improvement in critical care.
2. Advance mechanisms for early identification of deteriorating patients by facilitating a province-wide approach for *Early Warning Systems*.
3. Identify maximum scope and utility for expanded tele-monitoring and remote critical care services, and identify a strategy to address immediate priorities to support technology assisted remote care.



Lead the adoption of care innovation involving industry-leading practices and enabling technology and tools to progress safety & quality care.

CARE INNOVATION



Build community partnerships, increase shared decision-making and improve transitions across the system.

SYSTEMS OF CARE

WHY IS IT IMPORTANT?

Patients who require critical care services expect high quality care that is seamless and easy to navigate across acute and community care boundaries. Working in collaboration with each LHIN, the provincial critical care system as a whole is committed to a care delivery system that responds to the needs of patients and families in each region of Ontario. Guided by a provincial framework for quality and performance management, critical care leaders have consistently emphasized the need to address regional system gaps in care delivery across and beyond critical care and acute care. Extending beyond the physical walls of a critical care unit, there is a clear need for multi-sector collaboration across the care continuum. This cross-sectoral planning will support a system of seamless care and safe transitions for patients and their families. The Ontario Critical Care Plan 2018-2021 will have a distinct strategic focus to build upon regional and multi-sector partnerships to deliver critical care and to improve care transitions within and beyond acute care boundaries.

WHAT WE HEARD

- Identify strategies to improve multi-sector collaboration (e.g: long-term ventilation; advanced care planning across the care continuum; inter-disciplinary care).
- Improve system capacity and planning in Level 2 and Level 3 critical care units (e.g. standards for levels of care, bed inventory).
- Improve repatriation rates and inherent factors that impact patient flow.
- Strengthen emergency preparedness and critical care surge management protocols across the system.
- Standardize communication tools and education strategies to improve system accountability and adherence to policies.
- Strengthen system performance tools and metrics for quality improvement initiatives and knowledge sharing.

STRATEGIC OBJECTIVES

1. Identify needs and opportunities to support LHINs in establishing regional critical care systems and performance accountability and monitoring processes.
2. Implement quality standards to enhance care quality and outcomes for patients receiving critical care and related services.
3. Identify and build necessary partnerships that will improve care for patients transitioning across the care continuum.

WHY IS IT IMPORTANT?

Ontarians expect access to expert and timely care when they need it. Both patients and providers identified the need for care closer to home, reduced disparities in access and healthcare outcomes for the northern and remote regions, and culturally appropriate care. Those in remote geographical regions and those impacted by the social determinants of health, continue to experience barriers accessing required healthcare services and disparities in health outcomes. Through the 2018-2021 strategic cycle, CCSO will lead the system discussion to identify gaps in access to critical care and will facilitate potential solutions, and partnerships that will also be required to improve fair access.

WHAT WE HEARD

- Improve sub-specialist access particularly in areas such as paediatrics and neonatal intensive care.
- Undertake capacity and capability planning and the identification of system gaps and variation analysis to develop regional solutions.
- Identify and mitigate service gaps, reduce barriers to access, improve flow, and quality care.
- Strengthen surge management plans for medical/surgical units to strengthen critical care access and flow.
- Collaborate with transport partners to ensure timely and appropriate care closer to home.
- Ensure equitable care for all citizens, that is culturally appropriate and standardized.

STRATEGIC OBJECTIVES

1. Identify and secure data and best evidence to understand existing health disparities and other factors that impact health access and outcomes.
2. Identify opportunities to optimize the location, structure, capacity, and capability of critical care units across the province to improve flow and reduce inequities in access and care.



Improve fair access to critical care and associated services for all Ontarians.



Lead a future-ready people strategy to deepen skills in collaborative change management and team-based care.

WHY IS IT IMPORTANT?

In order to meet the emerging demands and anticipated challenges for the delivery of critical care services, a renewed focus on all aspects of the care team development is necessary. This includes attention to inter-professional collaboration, use of allied health care providers and human resources planning for the efficient provision of critical care services. There is a strong need to develop strategies that address satisfaction and promote the well-being of critical care providers. CCSO will continue to provide strategic leadership to ensure ongoing health human resources planning that considers an adequate supply of inter-professional providers that are well supported to provide exceptional care for Ontarians that require critical care.

WHAT WE HEARD

- Develop strategies that support education, training, utilization, and best practices to achieve staff satisfaction.
- Identify and develop recruitment and retention strategies (including education, training, nursing curriculum, prediction-based staffing).
- Strengthen training and outreach to inter-professional teams and optimize use of allied health care providers especially when this can positively impact repatriation and patient flow.
- Identify the impact on patient flow of the current staff mix of health human resources accountable for critical care transport.

STRATEGIC OBJECTIVES

1. Identify highly impactful health human resources strategies to ensure adequate supply and skill mix of inter-professional critical care providers in Ontario.
2. Develop a framework to support the needs and priorities of providers in critical care and implement tools to improve inter-professional staff engagement, satisfaction and wellness.
3. Develop and provide resources and tools for leadership and teams to promote and support quality as an operating system.

Courtesy of Sunnybrook Health Sciences Centre



"Whatever it took,
staff made it happen."

CRITICAL CARE PROGRAM AREAS

The five system goals laid out in the preceding segment will guide the strategic priorities for Ontario's critical care and associated programs for the 2018-2021 strategic cycle.

CCSO provides leadership in facilitating the provincial alignment and system change to advance critical care with an overarching focus on adult critical care, and a programmatic focus on Paediatric and Neonatal Critical Care, Neurosurgery, Trauma and Burns, and Life or Limb.





ADULT CRITICAL CARE

Since the inception of Ontario's Critical Care Strategy, improving access, quality and system integration are the principles that have guided the transformation of the Ontario Critical Care system. Adult critical care was identified as a primary area of need and hence served as the focus for conceptualizing, developing and implementing initiatives. These initiatives include the Critical Care Information System (CCIS), the critical care surge capacity management program, human resource strategies to support critical care nursing, Critical Care Response Teams (CCRT), performance management scorecards and more recently, policies such as Life or Limb. Today many of the initial core initiatives have been implemented and are in a continuous cycle of evaluation to help ensure that the intended impacts and benefits are being realized. This process has also led to applying the frameworks of these strategies to other programs now supported by CCSO.

The work initiated in the last strategic cycle to advance structures for quality, patient voice, and LHIN-based networks will continue to impact the full spectrum of critical care and the associated programs through the Ontario Critical Care Plan 2018-2021. As such, the system leadership work will specifically focus on ensuring the following:

1. Develop critical care specific principles and frameworks that will advance fair access to critical care and the associated programs.
2. Sponsor strategic tactics that will measurably move the system's capabilities planning to effectively and efficiently deliver accessible, integrated, and high quality critical care rooted in patient and family voice.
3. Provide leadership for the spread and adoption of the Quality Framework and PREF (Provincial Roll-out of Electronic FSICU) initiatives within programmatic areas as appropriate.

"You loved him...
Today he thrives."



Courtesy of Kingston Health Sciences Centre



PAEDIATRIC CRITICAL CARE

MANDATE

- Assess current state system preparedness for future demand.
- Improve unit-level efficiencies and quality for collective provincial-level impact.
- Enhance opportunities for education and outreach.

PROGRAM OBJECTIVES

In alignment with the broader system goals of the Ontario Critical Care Plan 2018-2021, the objectives for the Paediatric Critical Care Program are:

1. Identify the regional solutions and the means needed to address system challenges which impact paediatric critical care patients and families.
2. Advance the reach of paediatric critical care beyond the academic and tertiary centres by supporting methods of anchoring activities across the levels and continuum of paediatric care in Ontario.
3. Enhance system planning to best support capacity building and implementation efforts such as surge management protocols for the paediatric critical care system.



NEONATAL INTENSIVE CARE

MANDATE

In October 2017, the Ministry of Health and Long-Term Care expanded CCSO's mandate to include Neonatal Intensive Care, providing CCSO the oversight for NICU capacity planning and guiding improvements across the NICU system to ensure that Ontario's youngest patients have access to the NICU services they need, where and when they need them.

PROGRAM OBJECTIVES

In alignment with the broader system goals of the Ontario Critical Care Plan 2018-2021, the strategic objectives for the NICU system are:

1. Assess the needs of Ontario's NICU system, identifying system gaps and opportunities for improvement.
2. Develop a system-level approach to NICU capacity planning informed by near real-time data captured in CCIS. This will include expanding the CCIS to include NICUs.
3. Collaborate with NICU system partners to develop NICU surge plans to enable a consistent and coordinated response to surge management.
4. Enhance existing structures and processes for repatriation of neonatal patients to improve patient flow.
5. Develop a provincial scorecard to enable system level monitoring of NICU capacity utilization and patient outcomes.

NEUROSURGERY

MANDATE

- Provide timely access to appropriate, high-quality, patient-centred care for all Ontarians requiring neurosurgery and spine care.
- Support neurosurgery system improvements through system capacity monitoring and performance indicators focused on quality, access, and responsiveness.

PROGRAM OBJECTIVES

In alignment with the broader critical care system goals, the objectives for Ontario's neurosurgery system for the 2018-2021 strategic cycle are:

1. Advance patient and family partnerships by identifying neurosurgery-specific techniques, such as virtual reality tools and shared decision-making, to incorporate into engagement frameworks.
2. Develop strategies to access and link hospital-level, LHIN-level, provincial, national, and international data to inform quality improvement in neurosurgery in Ontario.
3. Improve neurosurgery transitions across the patient care continuum by developing multidisciplinary approaches to care and facilitating partnerships between and among neurosurgeons, orthopaedic surgeons, spine surgeons, neuro-rehabilitation specialists, and neurosurgery education and outreach experts.
4. Improve access to neurosurgery services by monitoring system capacity and identifying opportunities to address pressures and gaps and explore factors that may impact equity in neurosurgery care for Ontarians.
5. Establish strategies to promote a system perspective among neurosurgery care providers to encourage optimal utilization of neurosurgery health human resources.

TRAUMA AND BURNS

MANDATE

- Develop an integrated, accessible, inclusive and sustainable provincial trauma system.
- Collaborate with system partners to reduce death and disability related to injury.

PROGRAM OBJECTIVES

In alignment with the broader critical care system goals, the objectives for Ontario's trauma system for the 2018-2021 strategic cycle are:

1. Advance and integrate Regional Trauma Networks to support the progress towards an inclusive trauma system that aligns and works in partnership with programs in the health care system to improve transitions in trauma and burn care.
2. Advance trauma system capacity and capability planning to ensure resources are allocated and utilized efficiently to improve access to care.
3. Enhance data access and linkages across the continuum of care to inform trauma and burn system quality improvement initiatives.
4. Develop strategies, in collaboration with patients and families, to strengthen partnerships related to injury prevention and integrate access to psychosocial and rehabilitation services to improve the quality of life and patient experience of trauma and burns survivors.

Courtesy of London Health Sciences Centre



"Staff gave – they had it to give."



LIFE OR LIMB

MANDATE

- Ensure that patients who are life or limb threatened will have timely access to a definitive level of care within a 4-hour window, and these patients will not be refused care if the appropriate services required are available at the consulting hospital.
- Support the life or limb patient journey from acute care to more appropriate levels of care through efficient transition, transfer, and repatriation strategies to improve care and patient flow.
- Repatriate patients who are deemed medically stable and suitable for transfer within 48 hours.

PROGRAM OBJECTIVES

In alignment with the broader critical care system goals for the 2018-2021 strategic cycle, the objectives of the Life or Limb Program are:

1. Understand the evolving needs of Life or Limb and Repatriation patients from the lens of the patient and family, and integrate these insights into program analysis and design.
2. Identify tools and resources that contribute to consistent data definitions and standardization among transport providers, hospitals and system planners by investing in collaboratives to improve patient transfers.
3. Analyze the impact and opportunities of leveraging integrated technologies such as telemedicine and telemonitoring to improve point of care access for the Life or Limb patient.
4. Measure, monitor and report on the progress of health system partners, with respect to improving repatriation, transfer and overall patient flow.
5. Identify communication and education strategies to highlight and clarify the roles of multi-sector system partners to address regional variations in the application of the Life or Limb Policy.

Courtesy of Sunnybrook Health Sciences Centre



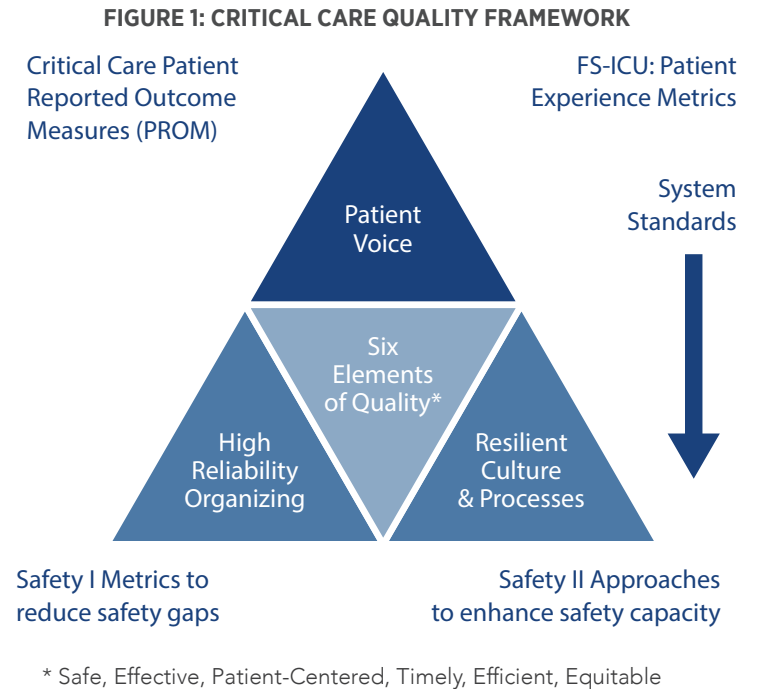
Courtesy of Thunder Bay Regional Health Sciences Centre



"You cared.
It showed.
It mattered."

CCSO is known for its quality and performance management approach whereby a balanced focus on system capacity, capabilities, and performance commitments drive system improvements. CCSO continues to lead a full circle quality and performance management approach rooted in expert advice, local collaboration, and keen attention to performance metrics and targets. The CCSO-led provincial critical care and program scorecards serve as one of the key tools that enable data informed critical care monitoring at the local and provincial levels.

In the last strategic cycle, the Critical Care Quality Framework (Figure 1) was renewed to emphasize quality that is highly reliable, safe, and rooted in the patient voice.



- The High Reliability domain calls for metrics that will reduce gaps and variations in care.
- The Resilience domain encourages approaches and investments needed to enhance the capacity and capabilities for safe care.
- The central domain focuses on metrics to ensure safe, effective, patient-centered, timely, efficient, and equitable care.
- The apex of the framework emphasizes the need for rooting all improvement in patient (and family) voice.

LOCAL LEADERSHIP FOR CRITICAL CARE QUALITY

Many of the critical care improvement initiatives are fueled by local efforts at the individual ICU level, as well as through the LHIN Critical Care Network, a LHIN-based local forum that serves as a key improvement hub for Ontario ICUs. Some of CCSO's most successful initiatives, such as implementation of the Life or Limb, have been inspired by promising local improvement endeavours. Table 1 presents some of the highlights of the local work where LHIN Critical Care networks are enabling cross-sectoral and intra-LHIN collaboration for system wide engagement to improve the timeliness and experience of care within and beyond critical care.

TABLE 1: LOCAL PARTNERSHIPS FOR QUALITY IMPROVEMENT

GTA TRI-LHIN (TORONTO CENTRAL, CENTRAL, AND CENTRAL EAST): The repatriation process has been improved significantly in the Toronto Central, Central, and Central East LHINs through the implementation of a series of tri-LHIN Critical Care Network meetings focused on trust-building and sharing perspectives. Health professionals involved in repatriation have reported that the tone and quality of the dialogue as well as the environment of collaboration has improved significantly.

SOUTH EAST LHIN: To improve patient flow, Quinte Health Care implemented a revised ICU-to-ward transfer process through a suite of improvements, including transfer order sheet, medication re-order process, assigned MRP, standard work, and visual cues. The new process resulted in reducing its ICU-to-ward transfer time from 10+ hours to 3.5 hours.

NORTH WEST LHIN: The Regional Critical Care Response (RCCR) team at Thunder Bay Regional Health Sciences has significantly reduced unnecessary transfers in the past 3 years by implementing regional initiatives focused on video consultations, regional education, and management. As a result, the number of patients meeting the 4-hour timeline for Life or Limb transfers has improved for the last three years, from the baseline of 11.1% in 2014-2015 to 20% in 2015-2016 and finally 39.1% in 2016-2017. Given the transportation challenges the Northern geography poses, this was a significant improvement supported through clinical partnerships across the North West LHIN, including Ornge.

CHAMPLAIN LHIN: The utilization of a dedicated vehicle for neonatal transport, coupled with enhanced teamwork between the Children's Hospital of Eastern Ontario (CHEO) and the Ottawa Paramedic Services, resulted in a 16% reduction in response time and a 13% reduction in total transport time.

SOUTH WEST LHIN: The South West LHIN Critical Care Network has demonstrated that a well-designed regional structure plays a crucial role in advancing patient and family engagement at the critical care unit levels. In a recent Provincial Rollout of the Electronic FS-ICU pilot implemented in 18 Ontario ICUs, London Health Sciences, a South West ICU pilot site was able to achieve one of the highest family survey participation and satisfaction rates, made possible through regional and unit level efforts.

NORTH EAST LHIN: Hospitals from this LHIN partnered to implement a LHIN-wide agreement to improve repatriation rates within 48 hours. As a result, the rates for sending sites increased from 79.7% (2016-2017) to 85.8% (2017-2018), and the receiving sites improved from 78.7% to 83.5%.

Method: Implementation. *Qualitative:* Key informant interviews.

Data Analyses: (i) Descriptive analyses; and, (ii) more.

Variables:

- Total transfer time within 4 Hours (Yes/No), Time to minutes (Yes/No), and Accept time to admit within 3 hours (Yes/No)
- (i) time trend; (ii) demographics: age and gender; (iii) patient.

RESULTS

Figure 1: 11662

Figure 2: Confirmed LoRL cases timely access to

es in the 1st year is 11662. 44.9% of declared cases were

e. In transfer time for male and female LoRL patients (n=0.70)

tribution of LoRL patient transfers within 4 hours by specialty

red within 4 hours (81.2%); the 2nd largest specialty was a

ients met the policy target of transfer within 4 hours.

is from month to month with no clear trend (Figure 3). The o

Figure 4 shows patients are transferred (Sending - X=108

pared LHINs with populations spread over greater geographic

Number transferred and % transferred

Figure 4: Percentage

CONCLUSIONS/ RECO

cases were transferred within the policy target of 4 hours. This

ke specialty of care needed by LoRL patients. Future analysis co

3 receiving LoRL patients varies between LHINs, likely attribut

ACKNOWLEDG

Critical Care Services Ontario and Critical Care Ontario for

critical care services in Ontario.

QUALITY SHOWCASE

LHIN-BASED

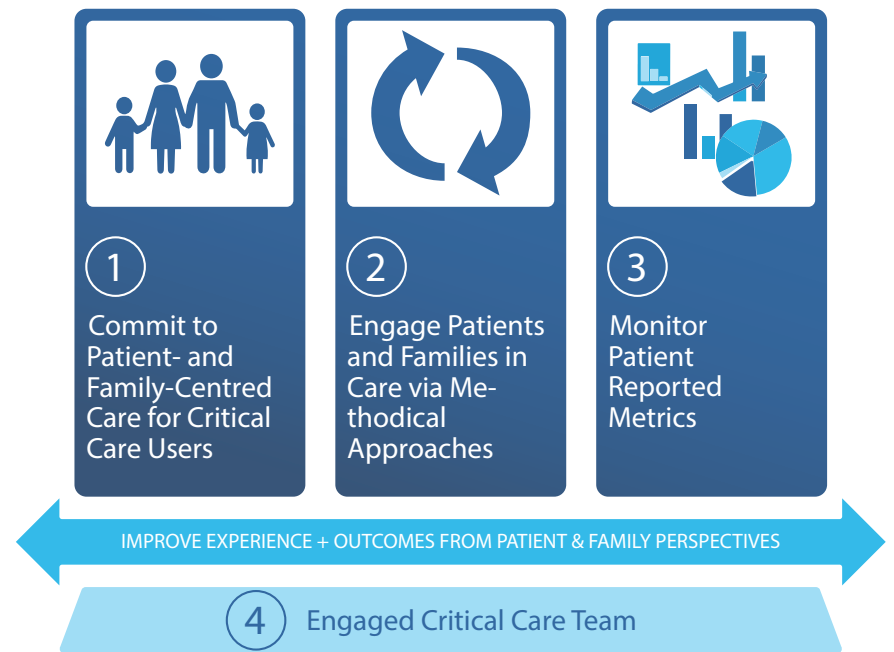
Following the articulation of the Critical Care Quality Framework, the Patient Voice domain was further supported by the Critical Care Experience Improvement Framework (Figure 2). The goal of this experience framework was to help ensure a comprehensive strategy that is built on the principles of patient and family partnerships through four key domains of interventions, as highlighted in Figure 2. This framework has been instrumental in prioritizing specific strategic initiatives to focus the system’s attention on critical care experience improvement.

The “Patient Voice” initiative, a qualitative exploration of “what matters most” to patients and families in critical care, helped highlight key themes for improving critical care from a patient and family perspective. This initiative was crucial in shaping the Ontario Critical Care Plan 2018-2021 and in refining the quality standards for critical care.

CCSO, in partnership with The Ottawa Hospital, is also leading the Provincial Roll-out of Electronic FS-ICU (PREF) in all critical care units across Ontario. This initiative will enable the collection of real-time provincial data to improve family satisfaction and experiences in Ontario ICUs, using a valid and reliable survey, the FS-ICU.

At the local level, there is a progressive increase in uptake of initiatives to enhance patient and family partnerships to improve care from a patient and family lens. Many of the LHIN-based networks are providing focused leadership to ensure that ICUs within their regions are aligning their efforts in providing opportunities for patient and family input and participation.

FIGURE 2: CRITICAL CARE EXPERIENCE IMPROVEMENT FRAMEWORK





"I asked,
you listened,
we understood."

The Ontario Critical Care Plan 2018-2021 will serve as a guide post for the collaborative work that CCSO will lead to enhance Ontario's critical care system over the next three years. The strategic directions outlined in this document reflect the needs and priorities of Ontarians, including patients, families, and critical care clinicians, leaders, and system partners. This plan highlights a set of five key commitments that CCSO has made to Ontarians who may need to use the critical care system.

CCSO will enable these commitments by continuing to engage clinician leaders and system partners through established forums at the provincial and local levels. The provincial and program advisory committees at the provincial levels, and LHIN Critical Care Network and Hospital Leadership at the local levels will play a significant role in communicating and implementing the plan within their respective jurisdictions.

The local implementation of the plan will be guided by a comprehensive approach, including a LHIN-based local annual plan. This plan will include one to three annual local goals and associated metrics which will be regularly monitored at LHIN Critical Care Networks, provincial meetings, and advisory committees. In addition to supporting local tests of improvement, the local implementation efforts may also inform system-wide improvements through renewed policies and practices.

The key enablers of success (Table 2) that will underpin the plan will include our continued commitment to patient and family partnerships, LHIN-based and program-based engagements; robust performance management, and knowledge exchange mechanisms. We will know that the plan has been successful when:

1. Patients and families tell us through the PREF survey that their satisfaction with care has increased.
2. The care innovation focuses on enhancing outcomes for people we serve.
3. The flow and repatriation data will point to improvement in the timeliness of care for patients and families.
4. There is evidence of effort to improve access and flow, regardless of social circumstances.
5. Workforce data highlights improvement in capacity and capability indicators for delivering exemplary care.

TABLE 2: KEY ENABLERS OF SUCCESS

People Engagement

- **Patient and family partnership** supported at the *unit level* through knowledge transfer, policy, and quality oversight mechanisms. The structures and processes are in place to consistently engage and involve patients and their families as partners in critical care at the *planning level*.
- **Engagement of staff** by way of education, improvement and change leadership opportunities to help drive successful adoption of the Ontario Critical Care Plan 2018-2021.

- Local adoption of the Ontario Critical Care Plan 2018-2021 enabled through the LHIN-based Critical Care Network (LCCN), a forum co-led by the critical care LHIN physician lead and a hospital clinical executive, and with representation from the medical, nursing and inter-professional leaders of all local critical care units.

LHIN-Based Engagements

- The development, implementation, and dissemination of policies, guidelines, and protocols to support effective, efficient, and equitable care that meets the needs of critical care users.
- The distribution of educational tools and knowledge transfer approaches to socialize concepts and processes to enable a high-quality learning critical care system.

Knowledge Transfer & Exchange

Achieving a high performing and sustainable critical care system through:

- Timely and accurate data capture through the Critical Care Information System.
- Provincial, local, and program level monitoring of standards informed indicators and targets, supported through quarterly scorecards.
- Distributed monitoring with an emphasis on local and system-wide improvements to support a learning critical care system.

Performance Management Mechanisms

The clinical and administrative leaders who work within the critical care system and associated programs continue to advance the collaborative system leadership agenda that CCSO has fostered since its inception. CCSO has evolved in its core mandate of delivering on strategic commitments by progressively following the key principles of a learning critical care system to affect system change based on evidence, informatics, policy leadership, and clinical partnerships. This comprehensive approach to system improvement has garnered the attention of system leaders and has resulted in many additional opportunities for CCSO to assist ministry and clinical colleagues in leading the system review and strategy formulation for Transplant, Rare Diseases, Epilepsy, and for the development and implementation of Non-Emergent Spine QBP (Quality-based pathways).

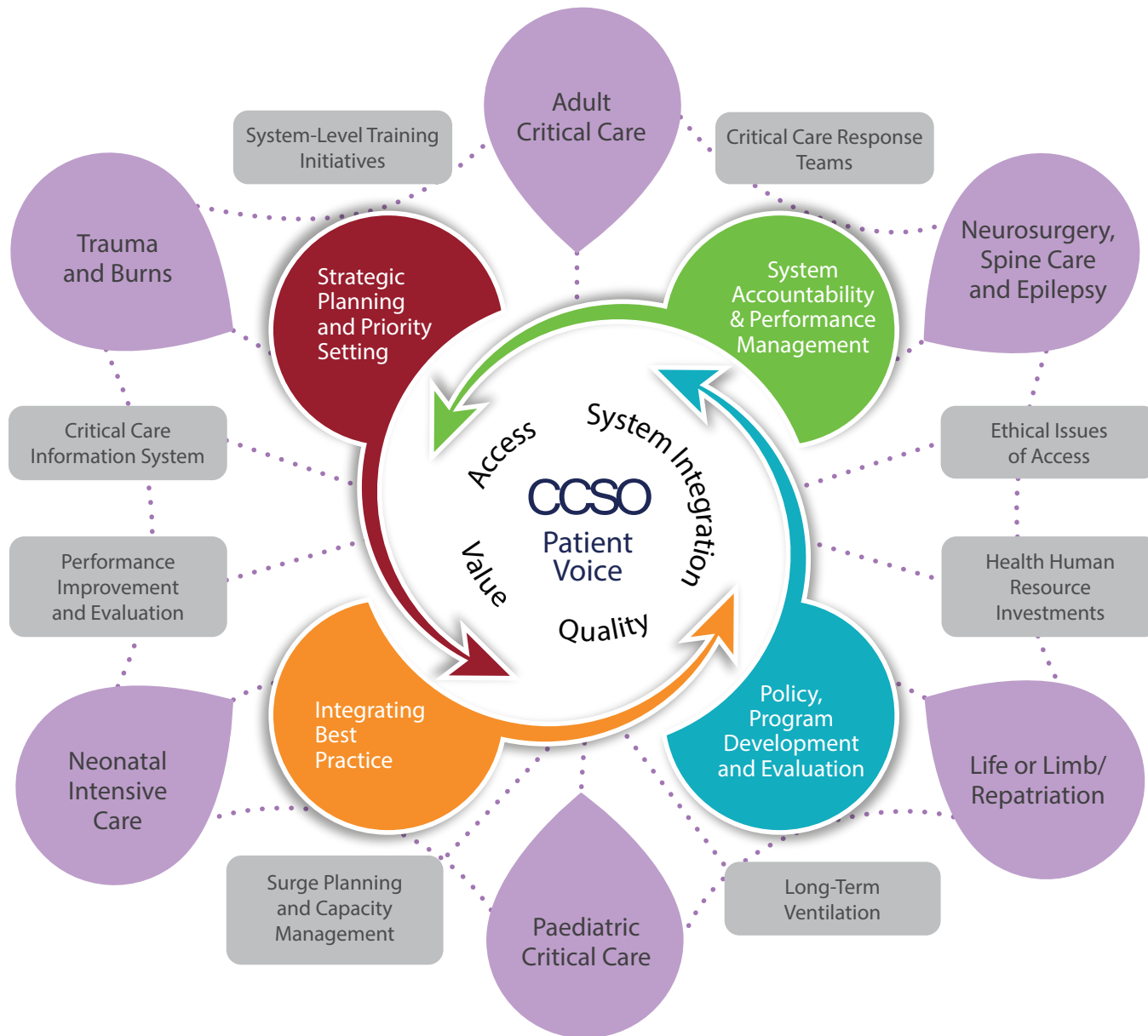
With the rising impetus for citizen and patient involvement to deliver superb care and experiences, CCSO is leading a system-wide effort to advance meaningful engagement and partnerships with critical care patients and their families, within and beyond critical care.

Guided by its core mission, CCSO continues to partner with critical care leaders to identify emerging system needs pertaining to access, quality, integration, and value of critical care provided to patients and families. CCSO delivers on this mandate through the key functions defined below:

- To strategically plan, envision, and set priorities for an integrated critical care system for Ontario.
- To strengthen system accountability through performance management and data transparency, rooted in the patient voice.
- To integrate best practices across the critical care system.
- To advance policy and program development, implementation, and evaluation initiatives.

The above highlighted key functions are at the core of system change that CCSO leads (see Figure 3 on opposite page) to improve Ontario's critical care and associated programs. Working through various provincial leadership and advisory committees, CCSO facilitates real-time policy, performance and system capacity and capability input from clinical and policy leaders clinically active within their fields. The CCSO Coordinating Committee serves as a guiding body to ensure alignment between various advisory committees, within the framework of the agreed upon critical care strategic priorities. As the Ontario Critical Care Plan 2018-2021 enhances a strategic focus on system partnerships across the patient journey, the Coordinating Committee will be renewed to ensure representation from partners across the care continuum, as well as patient and family partners.

FIGURE 3: CCSO LEADING SYSTEM WIDE CHANGE





Heather Stewart
Heather Stewart
Heather Stewart

HEATHER STEWART
Heather Stewart
Heather Stewart

ACKNOWLEDGEMENTS

On behalf of Critical Care Services Ontario (CCSO), we would like to thank our valued partners, including patient and family representatives, clinical leaders, as well as critical care and broader system partners for their active commitment and leadership in shaping and developing the Ontario Critical Care Plan 2018-2021. In developing this plan, we received direct and valuable feedback from over 700 representatives, including critical care leaders and clinicians (physicians, nurses, and inter-professional team members), as well as quality improvement and patient safety leaders, senior hospital and Local Health Integration Network (LHIN) administrators, regional partners, and most importantly patients and their families. This input was facilitated through CCSO Town Halls as well as various advisory forums.

The stories and experiences of critical care patients and their families serve as a key component in defining the future priorities for Ontario's critical care system. Input received from patients and families participating in strategic consultations provided valuable insight into the issues that matter most to them. Some of these important issues include a heightened focus on family inclusion and greater individualized care that is safe and accessible. The process also highlighted the need for improvements in communication from health care staff, and families' access to, and participation in, the care of their loved ones.

We are grateful for the immeasurable amount of time and energy CCSO system partners have contributed to mapping these system priorities. We remain committed to maintaining strong ongoing partnerships with clinical and system leaders, as well as patients and families, to advance an integrated critical care system that delivers on being accessible and providing quality care to all Ontarians.

THANK YOU FOR WORKING TOGETHER TO MAKE A DIFFERENCE

PATIENT AND FAMILY REPRESENTATIVES

Lucio Baracoli
Jeff Brown
Mary Brown
Brenda Brunelle
Don Brunelle
Nina Caleffi
Gary Cooper
Patrick Dickey
Rob Fleming
Susan Gibb

Mary Ellen Henderson
Greg Hug
Linda Hutchinson
Paulette Lalancette
Elisabeth Linton
Corry O'Neil
Karen Palmer
Donna Perin
Shannon Reaume
Beccy Roden

CRITICAL CARE LHIN LEADS

Dr. Mark Bailey
Dr. Ian Ball
Dr. John Drover
Dr. Niall Ferguson
Dr. Andrew Healey
Dr. Peter Kraus
Dr. Eli Malus
Dr. Yuri Moltyaner

Dr. David Neilipovitz
Dr. Janos Pataki
Dr. Frank Reinders
Dr. Mike Scott
Dr. Mike Sullivan
Dr. Josée Thériault
Dr. Randy Wax

PROVINCIAL CRITICAL CARE EXECUTIVE COMMITTEE

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Sonya Canzian
Kiki Ferrari
Francois Lemaire
Dr. Treva
McCumber-Doehn
David McNeil

Karen Riddell
Carol Smith Romeril
Teresa Smith
Angela Stanley
Leslie Starr
Barbara Steed
Carol Young-Ritchie

† committee co-chair

*patient partner

PROVINCIAL LIFE OR LIMB ADVISORY COMMITTEE

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Isabel Hayward
Carrie Jeffreys
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Dr. Andy Smith

Andrew Tickner
Dr. Homer Tien
Tarmo Uukkivi
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Linda Calhoun
Dr. Doug Campbell
Isabel Hayward
Karen Kinnear

Rosemary Petrakos
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Ru Taggar
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Dr. Christopher Wallace

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Jackie Schleifer-Taylor
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Jackie Hubbert

Shelley Hynes
Chris Jones
Cecile Marville-Williams
Rebecca Ramsden
Karen Smith
Lisa Smith
Heather Stewart
Dawna Van Boxmeer

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Kerime Arisan
Sarah Botros
Iris Chan
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Marion DeLand
Heather Elwell
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Nancy Fram
Meiyin Gao
Bushra Ghaffar
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Cherryl Koylass
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Tanya Mohan

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Sherin Ramprashad
Oksana Rewa
Marlene Rodrigues
Benu Sethi
Dilpreet Sidhu
Ramona Sijore
Skeeta Sobrian-Couroux
Cindy VandeVyvere
Naushin Vasta
Nisha Walibhai
Lynn Ward
Andrew Wincen
Nancy Xisto

† committee co-chair

*patient partner



CRITICAL CARE SERVICES ONTARIO

700 Bay Street, Suite 1400
Toronto, ON M5G 1Z6
www.criticalcareontario.ca
T: (416) 340-4800 Ext. 5577
E: info@ccso.ca