Implementing Life or Limb Policy
Context

• The Office of the Chief Coroner (OCC) recommended the development and implementation of a provincial “no refusal” policy when critical injuries or conditions of life or limb are involved.

• The OCC’s Patient Safety Review Committee has reviewed cases in which delays in identifying a hospital willing to accept a patient with a life or limb threatening condition contributed directly to the patient’s death.
Process

• The Ministry of Health and Long-Term Care requested the Critical Care Services Ontario (CCSO) to lead the stakeholder consultation, policy development process and implementation of a Life or Limb Policy

• The principles for the provincial policy build on the Life or Limb Policy developed and implemented in the South West and North East Local Health Integration Networks (LHINs)

• CCSO collaborated with key critical care stakeholders including LHIN Chief Executive Officers, Critical Care LHIN Leaders, Emergency Department LHIN Leaders, CritiCall Ontario, hospitals and transport services through the policy development process
Guiding Principles

• Life or Limb Policy is in effect when a patient is life or limb threatened and therapeutic options exist, which are needed within 4 hours

• A patient’s life or limb threatening condition is a priority and the identification of beds is a secondary consideration

• No patient with a life or limb threatening condition will be refused care

• LHIN geographic boundaries will not limit a patient’s access to appropriate care in another LHIN

• Repatriation within a best effort window of 48 hours once a patient is deemed medically stable and suitable for transfer is key to ensuring ongoing access for patients with life or limb threatening conditions (applies to both transfers within Ontario, and out-of-country transfers)
Objective

- To enable the development of standardized procedures for all health care providers within and across LHINs to ensure that patients with life or limb threatening conditions receive timely and appropriate care
What is a Life or Limb Patient?

- Population of patients that are the sickest and require the most immediate care
- Patients that are at risk of losing their life or limb
- Require access to acute care services within 4 hours
About the Life or Limb Policy

• Patient-centred philosophy for the sickest, most vulnerable critically ill patients to ensure they receive the right care at the right time at the right clinical setting

• Promotes accountability for hospitals to provide care to patients who are life or limb threatened based on the clinical services available at their hospital

• Supports hospitals that are not able to care for the critically ill due to the nature of the care the patient requires and/or the complexity and severity of their condition

• Reinforces the use of CritiCall Ontario to facilitate communication between referring physician and most appropriate consulting physician/service

• Facilitates collection of data to inform where additional system planning is required and opportunities for system improvements
Scope

- Life or Limb Policy applies to all hospitals in Ontario

- Paediatric patients (under the age of 18) with life or limb threatening conditions will continue to have timely access to tertiary level critical care resources through the extramural Paediatric Critical Care Response Team service

- For clinical conditions with existing procedures for medical consultation, patient transfer and/or repatriation (e.g., Ontario Stroke Network, Primary Percutaneous Coronary Intervention STEMI Program), established processes and timelines must be adhered to

  - Life or Limb Policy is designed to work in tandem with established policies and/or processes upon adoption
Provincial Life or Limb Diagnoses List

- Is not meant to replace the clinical judgment of physicians involved in managing life or limb cases. Triage decisions shall be based on patient condition, severity and progression.

- Includes medical conditions that, within a spectrum of severity, could be considered life or limb threatening.

- Intended as a tool for CritiCall Ontario to facilitate medical consultation for patients who are life or limb threatened.

- Will contribute to streamlining patient referrals and transfers, and will facilitate the collection of data related to where the most critically ill are being referred to and from.
CritiCall Ontario

Provides Support for Life or Limb Case Facilitation

Donna Thomson
Executive Director, CritiCall Ontario
Life or Limb Case Facilitation

- Most life or limb cases will be facilitated by CritiCall Ontario
- Exceptions are where established processes are already in place (e.g. Ontario Stroke Network, Primary Percutaneous Coronary Intervention STEMI Program)

  - **Referring Physicians**: Responsible for getting an internal consultation and clearly communicating to the Call Agent that the case is life or limb and can’t be cared for at their organization

  - **CritiCall Ontario**: Responsible for initiating the Life or Limb Case Facilitation Algorithm and following the escalation process

  - **Hospitals**: Responsible for establishing a process to inform physicians of a life or limb call and for establishing a surge process

  - **Consulting Physicians**: Expected to respond quickly, provide a consultation regardless of bed status, confirm life or limb status, surge to accept if confirmed and transfer is required (Note: CritiCall Ontario does not provide consultations)

  - **Referring Physicians**: Responsible for transport arrangements. CritiCall Ontario can patch referring hospital to Ornge
Who to Call? The type of consulting physician is determined by

- CritiCall’s iScheduler documentation system that provides a default specialty based on the diagnosis provided by the referring physician; or
- Specific request of the referring physician

Where to Call? Patients will be transferred to the closest, appropriate hospital regardless of LHIN boundaries

- CritiCall’s Provincial Hospital Resource System (PHRS) provides information on service availability for each hospital
  - Referral pattern - if defined by specialty groups (trauma, neurosurgery, pediatrics) or LHINs)
  - Proximity – closest within LHIN, outside LHIN, outside province
- The Critical Care Information System (CCIS) feeds critical care bed occupancy to the PHRS every 10 minutes
- Hospitals provide neonatal, maternal and non critical bed availability to PHRS several times throughout the day
CritiCall Ontario will escalate to CritiCall Ontario Medical Directors for the following reasons:

- The referring and consulting physicians cannot agree on whether the case is life or limb.
- If consultation is provided and acceptance is refused for a reason other than lack of available bed, the Medical Director will arbitrate discussion with the referring and consulting physicians.
- If after consultation with the intensivist at the consulting hospital, acceptance is refused due to the lack of an available bed, the Medical Director will contact the hospital Administrator on Call.
CritiCall Ontario

Provides Support for Monitoring of Life or Limb Policy

Donna Thomson
Executive Director, CritiCall Ontario
Life or Limb Monitoring

- The implementation and ongoing execution of the Life or Limb Policy will be monitored closely in order to provide hospitals, physicians and LHINs with information that can be acted upon to make improvements.

- CritiCall Ontario will collect and report on data related to all life or limb cases and generate the following reports:
  - Follow-Up letters for defined cases within 2 business days
  - Weekly Life or Limb Reports
    - Hospital Performance
    - System Response Reports
  - Monthly Life or Limb Summary Reports
  - Repatriation Reports
Initial Follow up

CritiCall Ontario Medical Director will follow up directly with the Chief of Staff of hospital(s) via email (copy to Critical Care LHIN Lead) when it has been necessary to contact more than one hospital with the clinical services available to provide care for a patients with a life or limb threatening condition

- There was **no response** from the on-call physician after 2 pages (within 20 minutes) by CritiCall Ontario
- The physician responded but **no consultation** was provided for a provisional life or limb case
- The on-call physician provided a consultation, but was **unable to accept the patient transfer**
- There was **no physician on call** at a hospital that is shown in PHRS to have the specialty required

- Contact by the CritiCall Ontario Medical Director or delegate will occur within 2 business days of the closure of the case
Weekly Performance Monitoring

CritiCall will provide weekly reports to the Critical Care and Emergency Department LHIN Leads, Hospital Chief Executive Officers (CEOs) and Chiefs of Staff (COS)

**Potential System Performance Indicators:**

- Total number of life or limb cases - by referral hospital, by specialty, by LHIN
- Number/Percentage of declared life or limb cases that are confirmed
- Number/Percentage of life or limb cases transferred
- Frequency/Percentage of consults/accepts/transfers within expected timelines

**Potential Hospital Performance Indicators:**

- Total number of life or limb cases - by contacted hospital, by specialty, by LHIN
- Number/Percentage of response times within expected timelines
- Number/Percentage of consults provided and transfers accepted
- Reasons for refusal (based on decline outcomes)
CritiCall will provide monthly reports to the LHIN CEO, Life or Limb Policy LHIN Representative, LHIN Critical Care and Emergency Department Leads, hospital CEO, Chief of Staff and Vice President Clinical

**Potential Monthly Performance Indicators:**

- Aggregate of weekly report data and indicators
- Distribution and patient flow between hospitals
- Comparisons across hospitals and LHINs
- Trends over time
Repatriation
Repatriation

• CCSO has established the Provincial Patient Repatriation Advisory Committee, which will inform the development of a Repatriation Framework and Process Guide

• The purpose of the Repatriation Framework is to:
  • Identify important guiding principles related to the repatriation process
  • Incorporate CritiCall Ontario’s Repatriation Tool (currently in pilot phase)
  • Identify key areas where there are issues/barriers experienced when repatriating patients
  • Propose solutions and tools to address barriers
Repatriation

• The Repatriation Framework will include:
  • Guiding Principles
  • Repatriation Algorithm
  • Recommendations that enable system-wide implementation, sustainability and quality assurance
  • Review and consider best practices and accountability mechanisms currently in use in LHINs, hospitals and major programs in Ontario

• CCSO will also collaborate with CritiCall Ontario, Emergency Medical Services, Ornge, and LHINs to monitor and evaluate the use of CritiCall Ontario’s Repatriation Tool in order to identify opportunities for system-level improvement
**Patient Repatriation Process**

**Sending H-MRP** determines patient is medically stable and deemed ready for repatriation

- **Yes**
  - Receiving hospital identifies bed availability (Repatriation Tool is monitored by all hospitals as per established agreements)
  - Receiving H MRP identified through Repatriation Tool and accepts patient. MD to MD conversation occurs
  - Bed Managers/Flow Coordinators arrange patient transfer
  - Sending H completes referral form/Discharge Summary - use standard patient transfer forms and pertinent patient information
  - Sending hospital arranges for most appropriate mode of transportation e.g., Ornge, EMS, private and patient accompaniment as appropriate
  - Sending H to Receiving H Nurse-to-Nurse Transfer of Accountability occurs

- **No**
  - Sending H enters patient details in the online Repatriation Tool (hosted by CritiCall Ontario)
  - Receiving hospital identifies bed availability (Repatriation Tool is monitored by all hospitals as per established agreements)
  - Receiving H MRP identified through Repatriation Tool and accepts patient. MD to MD conversation occurs
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**LEGEND:**

CCAC: Community Care Access Centre  
H: Hospital  
MD: Medical Doctor  
MRP: Most Responsible Physician  
RN: Registered Nurse

Hospitals will ensure current and up to date “gridlock” policies and surge protocols are in place. These policies/protocols will be evoked when patient repatriation is delayed beyond 48 hour timeline.

If CCAC has not been involved to date do they need to be contacted?

Can Patient be discharged directly home with CCAC support?

Sending Hospital and CCAC arrange discharge

No appropriate bed Available

No
CritiCall Ontario

Provides Support for Ontario Hospital Repatriation Process

Donna Thomson
Executive Director, CritiCall Ontario
The Repatriation Tool:

- Resides on the CritiCall Ontario’s PHRS
- Provides a common system to electronically submit, receive and document repatriation requests
- Is available to all Ontario acute care hospitals
- Captures volumes, repatriation flow between hospitals, reasons for actions and performance indicators
- Supports monitoring of the repatriation component of the Life or Limb Policy

“all patients, irrespective of if they are life or limb cases, will be repatriated within 48 hours once deemed medically stable and suitable for transfer”
Supporting the Repatriation Tool

**CritiCall Ontario will:**

- Provide hospitals with access to the Repatriation Documentation Tool
- Provide a 24/7 Help Desk – requests by the hospital’s designated PHRS Registration Authority (usernames and passwords) and respond to user questions regarding technology
- Provide training, education and information on how to use the tool
- Provide reports related to repatriation activity based on the data entered by hospitals using the tool
- Work with stakeholders to revise the tool and the reports to meet information needs

**Note:**

- CritiCall Ontario is not actively involved in the repatriation process between Ontario hospitals
- CritiCall Ontario call agents only facilitate the repatriation of patients sent out of country by CritiCall Ontario
Implementing the Repatriation Tool

LHINs Role:

• Set expectations related to repatriation agreements and use of the tool among acute care hospitals

• Assist with establishment of a process for the development of formal agreements between hospitals

• Define terms and conditions related to utilization and monitoring of repatriation activity and outcomes

• Review reports and assist hospitals with issues and challenges related to repatriation

Please note: the tool does not replace the need for hospitals to verbally confirm requests and transfer arrangements

LHINs/specialty groups are responsible for creating the terms of utilization for acute care hospitals within the LHIN or group and monitoring compliance
Using the Repatriation Tool

Hospitals will need to:

• Enter into and honor repatriation agreements

• Assign appropriate staff to use the tool and receive training from CritiCall Ontario

• Establish processes to receive patients, regardless of day of week and occupancy

• Establish a process to ensure physician acceptance and transfer arrangements are made

• Repatriate patients within 48 hours of request for acceptance

• Accurately document requests, acceptances and reasons for acceptance refusal or delays

• Review reports and work with the LHINs to address any issues or challenges
Quick View of the Repatriation Tool

Click to access the Repatriation Tool
IMPLEMENTING LIFE OR LIMB POLICY
Life or Limb – No Refusal Policy

“Patient First – Bed Second”

Provincial Approach Recommendations

Dr. Michael Sharpe – South West LHIN Critical Care Lead/Project Leader
Carrie Jeffreys System Design and Integration Lead, South West LHIN
Benefits of having a policy…

• Acts as a guiding document to provide hospitals with a common language to expedite the referral and transfer of critically ill patients to the closest hospital that is capable of taking care of that patient

• Is a protocol that can be used as a basis to collect data about where the most critically ill are being referred to (and from) in the South West LHIN, the province, out of province and to the United States

• Provides a platform to change the historical trend of refusal of critically ill patients based on bed status
What this policy is NOT...

- **Punitive**
  - the policy does *NOT* state that patients *cannot* be refused ---

- If a patient is refused because a hospital is not capable of taking care of that patient at that time, despite having an ‘empty’ ICU bed, due to resource constraints, (e.g. inadequate nursing), it is the responsibility of the receiving ICU consultant/team to make that determination. It is important for us to determine reasons for refusal to assess resource inadequacies
Hospitals’ role in implementation…

• Adoption of Life or Limb Policy as a philosophy of care and a way of caring for the critically ill across the region

• Reinforcing the language used in the policy to create a common understanding amongst both front line clinical staff, bed management staff and administration that ‘No Refusal’ is what we believe is the best care for our patients

• Raising lessons learned and challenges/insights to the Critical Care LHIN Lead, during the implementation and how to achieve success in the implementation

• Share the impact of this policy within their hospital to understand/measure implications on hospital activity
Critical Care – 3 Integrated Processes

A number of processes and mechanisms for communication enabled the successful implementation of the Life or Limb Policy in the South West LHIN.
• The policy itself is only one part of the puzzle of improving patient acceptance and transfer to high levels of care – the processes and mechanisms for communication are critical for effective implementation and the partnership with CritiCall Ontario is essential.

• One year post implementation in the South West LHIN a quality improvement project was funded to improve acceptance and communication mechanisms for life or limb calls – Adult Extramural CCRT physicians take life or limb calls that resulted in decreased acceptance times and better consultative support to small sites across the region.

• On call coverage in certain specialty areas continues to be challenging but through the policy a number of critical conversations have been driven to improve these circumstance.
LHIN Administration

• Ensure all hospital CEOs/COS have adopted Life or Limb Policy

• Form a working group with Accepting Hospital Chiefs of Staff/Critical Care Lead/Emergency Lead to review system challenges

• Monitor repatriation compliance

• Develop intra-LHIN no refusal agreements for specialties that cannot be covered within the LHIN
Critical Care LHIN Leader

- Ensure LHIN ICU physicians are aware/educated on Life or Limb Policy
- Review daily/weekly reports and liaise with Chief of Staff at identified hospitals
- Review monthly reports with LHIN Administration to identify system problems
Emergency Department LHIN Leader

- Ensure LHIN ER physicians are aware/educated on Life or Limb Policy
- Review difficult cases at request of Critical Care LHIN lead that identify “life or limb request” issues
Hospital Administration

• Develop/revise local admission/repatriation protocols to reflect Life or Limb Policy requirements

• Ensure local bed flow administration are educated/aware of protocol

• Liaise with LHIN administration/local COS regarding system issues and refusal reports
Lessons Learned

1. Formal policy adoption – is essential
2. Expert Project Management – is essential
3. Effective and thorough communication, building consensus and understanding among physicians and hospital teams takes time and is required for success
4. Constant education and re-education required (never done)
5. Tools at fingertips for community hospitals (ie. Life or Limb Policy/appendices on desktop – linked to central LHIN document)
6. Consider impact on distribution of patients– ‘closest, most appropriate’ rather than just closest hospital; an Adult Extramural process can help
7. Coroner’s cases/burning platform are effective at supporting change
Recommendations

1. Formal Project Management from onset – environmental scan, phased implementation approach, realistic timelines (not too aggressive/not too slow), dedicated team if possible

2. Collaboration and solution building through CritiCall Ontario from onset

3. Establishment of policy through MAC governance, senior hospital administration

4. Robust communication plan and stakeholder engagement

5. Foundational call/contact strategy to support ("One Number") to speed access to right person at any given receiving hospital

6. Adult Extramural process for decision support/distribution of patients

7. Include sustainability plan, including worker level resources for ongoing support, maintenance, monitoring, unforeseen action and triggers for adjustment over time
Contact Information

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Carrie Jeffreys
System Design and Integration Lead
South West LHIN
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Life or Limb Policy
LHIN Presentations

Dr. Derek Manchuk
North East LHIN Critical Care Lead
NELHIN Context

- Large geographic area with small population
- Many small hospitals with 4 “Hubs”
- Limited specialty coverage outside of Hubs
NELHIN Rollout

LHIN

• Ensured all hospital CEO’s had signed onto agreement

• Coordinated initial education/timeline

• Tracked weekly cases and identified barriers

• Liaised with hospital Chiefs of Staff to work on individual cases/education gaps
NELHIN Rollout

Hospitals

- CEOs/Chiefs of Staff engaged local physicians. ER Chiefs educated local physicians as well

- Chiefs of Staff engaged local Medical Advisory Committee membership

- Chiefs of Staff at Hub hospitals involved in individual problem cases after LHIN notification

- Hospital Administration developed/enforced bed management policies
NELHIN Outcomes

• Improved Patient Flow

• Referring physician/hospital satisfaction high

• Accepting hospitals – not as bad as they thought, looking forward to repatriation improvements!
NELHIN Challenges

• Education!
  • Multiple ERs/specialist groups/locums etc.
  • A significant culture change!
  • Constant need for re-education

• Hospital Bed Flow
  • A significant culture change as well
  • Need to update surge/flow processes

• Repatriation

• Knowledge of CritiCall Ontario’s Role
NELHIN Key Success Factors

• It is the right thing to do – all CEOs signed on

• Communication – need strong links between the LHIN and the hospital Chiefs of Staff

• Patience and Persistence
Contact Information

Dr. Derek Manchuck
Critical Care LHIN Lead
North East LHIN
dmanchuk@nosm.ca
PREPARING FOR IMPLEMENTATION
Considerations for LHINs and Hospitals

Planning for the implementation of the Life or Limb Policy will require a systematic approach:

i. **Understand the Life or Limb Policy**

ii. **Ensure Institutional Leadership**

iii. **Identify Implementation Challenges and Discuss Mitigation Strategies**

iv. **Develop Policies and Agreements to Support the Life or Limb Policy**

v. **Communication and Engagement**

vi. **Ongoing Monitoring**
Understand the Life or Limb Policy

- LHINs and hospitals should review the Life or Limb Policy to understand:
  - Purpose
  - Objective
  - Scope
  - Implications for administrative processes
  - Implications for clinical practice

- Contact your Life or Limb Policy LHIN Representative or CCSO with questions about the Life or Limb Policy

- Contact CritiCall Ontario with questions about the Provincial Hospital Resource System, Repatriation Tool, and related processes
Ensure Institutional Leadership

• LHIN administrators should ensure that all hospital CEOs within the LHIN are aware of and have committed to adopting the Life or Limb Policy at their hospital
  • This may be formalized through a Memorandum of Understanding signed by all hospital CEOs

• Life or Limb Policy LHIN Representatives, Critical Care LHIN Leaders, and Emergency Department LHIN Leaders are instrumental to supporting implementation, specifically in reviewing reports from CritiCall Ontario to identify on-going system level challenges

• LHINs may consider forming a working group comprised of Accepting Hospital Chiefs of Staff and Critical Care and Emergency Department LHIN Leaders to review system challenges

• Hospitals may consider establishing a dedicated project team that will provide leadership and will support local implementation of the Life or Limb Policy
## Identify Challenges and Discuss Mitigation Strategies

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Support Available</th>
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</table>
| Repatriation                                                              | • Development of a Repatriation Framework and Process Guide  
• CritiCall Ontario’s Repatriation Tool                                      |
| Transport time                                                            | • Engagement with Emergency Medical Services to attain support for Life or Limb Policy and discuss opportunities for collaboration  
• Tracking transport time to gauge performance and serve as an impetus for timelier service if necessary |
| Lack of centralized knowledge about site resource availability and capability | CritiCall Ontario’s PHRS provides up-to-date information on bed and resource availability within the province (as informed by hospitals) |
| Attaining support from hospitals and physicians that do not normally provide consultations/care via CritiCall Ontario | • Broad communication and education strategies  
• Performance measurement and reporting and monitoring process will support accountability and further education |
Develop Policies and Agreements to Support Life or Limb Policy

• Hospital administrators should incorporate the Life or Limb Policy into hospital policies, procedures and/or Bed Capacity Management Protocols to ensure the responsibilities related to acceptance of life or limb patients are well-supported throughout the hospital
  • Hospitals will develop a process for paging physicians that will identify provisional life or limb pages separately from other pages and informs the physician to contact CritiCall Ontario directly

  • Physicians contacted by CritiCall Ontario regarding a provisional life or limb case will respond to pages from CritiCall Ontario within 10 minutes

• Hospital administrators and Chief of Staff should ensure that the hospital has a defined Critical Care Surge Capacity Management Plan and that administrators and clinical staff are aware of this protocol

• Admission algorithms should also be refined to reflect prioritization of patients with life or limb threatening conditions

• LHIN administrators should consider developing intra-LHIN no refusal agreements for specialties that cannot be covered within the LHIN
Communication and Engagement

• LHIN and hospital administrators should identify relevant groups within their organizations for communication and engagement in order to promote awareness and understanding of the Life or Limb Policy, and the message that ‘this matters’

• This communication should include clear definition and articulation of the roles and responsibilities for those involved, and changes to hospital processes and clinical practice

• Key hospital stakeholders include:
  • Hospital Chief Executive Officer
  • Medical Advisory Committee
  • Medical Chiefs of Staff
  • Surgical Department Chairs
  • Medical Directors of Critical Care Departments
  • Medical Directors of Emergency Departments
  • Critical Care Physicians, Nurses and Staff
  • Emergency Department Physicians, Nurses and Staff
  • Physicians, Nurses and Staff in Sub-Speciality Areas
  • Patient Access and Flow Department
  • Repatriation Coordinators
Ongoing Monitoring

- Ongoing reporting and monitoring will:
  - Provide an opportunity to review life or limb cases
  - Identify opportunities to improve access to acute care services and hospital performance
  - Utilize lessons learned during implementation to support education and to course correct

- Reports generated from CritiCall Ontario will provide timely, accurate and consistent status reporting

- The Data Review and Feedback Mechanism outlines a process to review performance data and encompasses LHIN and hospital administrators and clinical leadership in this process

- Hospitals are encouraged to build on the Data Review and Feedback Mechanism to establish a process for ongoing review of data received in order to monitor hospital performance and support integration of the Life or Limb Policy into hospital culture
# Reporting and Monitoring

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<thead>
<tr>
<th>Scenario</th>
<th>Source</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases in which CritiCall Ontario contacts more than one hospital with the clinical services available to provide care to patients with life or limb threatening conditions</td>
<td>CritiCall Ontario’s Case Records</td>
<td>i. CritiCall Ontario’s Medical Director will follow-up with the Chief of Staff at the involved hospital(s) within two business days to discuss the life or limb case and barriers to care. The Critical Care LHIN Leader(s) from the involved LHIN(s) will be copied on this communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ii. Chief of Staff is required to follow-up with the involved physician(s) within their hospital to discuss the life or limb case, course of action, and areas for improvement</td>
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<td>iii. Chief of Staff will submit a response summarizing the outcomes of the follow-up to CritiCall Ontario’s Medical Director and the Critical Care LHIN Leader within five business days</td>
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# Reporting and Monitoring

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<tr>
<td>Delays in access to acute care services (Greater than 4 hours)</td>
<td>CritiCall Ontario’s Weekly Life or Limb Hospital and System Response Report</td>
<td>i. Weekly Life or Limb Hospital and System Response Report to: Critical Care LHIN Leader, Emergency Department LHIN Leader (for each LHIN), Hospital Chief Executive Officer, Vice President of Clinical Services (or equivalent) and Chief of Staff at the involved hospital(s)</td>
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## Reporting and Monitoring

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<tr>
<td>Ongoing system challenges related to the implementation of Life or Limb Policy</td>
<td>CritiCall Ontario’s Monthly Life or Limb Summary Data Report</td>
<td>i. Life or Limb Summary Data Report to: LHIN Chief Executive Officer, Life or Limb Policy LHIN Representative, Critical Care LHIN Leader, Emergency Department LHIN Leader (for each LHIN) and Hospital Chief Executive Officer</td>
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<tr>
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<td>ii. Life or Limb Policy LHIN Representative is required to review Life or Limb Summary Data Report to monitor hospital responsibility as detailed in the Life or Limb Policy</td>
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<td></td>
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<td>iii. Life or Limb Policy LHIN Representative will meet with Critical Care LHIN Leader and Emergency Department LHIN Leader to discuss system challenges requiring further discussion with the LHIN Chief Executive Officer and when necessary, hospital Chief Executive Officer</td>
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PROGRAM HIGHLIGHTS
Surge Capacity Management Plan – Three Types of Surges

**Minor Surge**
- An acute increase in demand for critical care services, up to 15% beyond the normal capacity (<115%), where response is localized to an individual hospital

**Moderate Surge**
- A larger increase in demand for critical services that impacts on a LHIN level (≥115%), where an organized response at the LHIN/regional network level is required

**Major Surge**
- An unusually high increase in demand that overwhelms the health care resources of individual hospitals and regions for an extended period of time, where an organized response at the provincial or national level is required
Escalation Process for Moderate Surge Response

Minor Surge Activation
- Minor surge plan activated when capacity >100%, and <115%

When internal resources have been exhausted and capacity ≥ 115% – trigger Moderate Surge

CritiCall
- Call CritiCall: 1-877-ONT-SURGE
- CritiCall sets up preamble call with Critical Care LHIN Lead, LHIN CEO, and Index Hospital’s CEO, Medical and Nursing Directors
- Preamble call lead by CC LHIN Lead – call participants to decide whether necessary to declare a Moderate Surge
- Index Hospital completes the SBAR Form

Moderate Surge Response
- If fan-out response is required, CritiCall will notify appropriate LHIN hospitals, and all other partners (ORNGE, MOHLTC) of situation
- LHIN teleconference organized to discuss mitigation strategies to address Moderate Surge Event
- Follow Up teleconference(s) arranged until surge event is over
Ontario Ventilator Stockpile

- Established to mitigate the potential needs for mechanical ventilator support at any time

- Comprised of 216 mechanical ventilators strategically located in Host Hospitals in each LHIN

- Process in place for accessing the ventilators from the Provincial Stockpile

- See *Ontario’s Critical Care Ventilator Stockpile Guidance Document* available on CCSO website for more information