

ANNUAL REPORT 2004

Healthcare is always evolving and the same was true for CritiCall in 2004.

MANY EXCITING DEVELOPMENTS OCCURRED within CritiCall from new staff to innovative initiatives and programs all designed to help meet the needs of our healthcare partners.

At the start of the fiscal year, regional project managers were appointed to work with our stakeholder groups and spread the word about CritiCall and the services we provide. Each region of Ontario – Toronto/GTA; Central South and Central West; Northwest; Northeast; Southwest and East – now has a full-time CritiCall point person to conduct local education sessions, support data collection and analysis for our health care partners as well answer questions about the program's processes.

We also announced Dr. David Creery, medical director of the PICU at Children's Hospital of Eastern Ontario, is CritiCall's provincial pediatric medical director. Dr. Creery joined an already impressive group of physicians who devote time to CritiCall as medical directors. As well, Dr. Peter Kraus chief, Critical Care Medicine, Hamilton Health Sciences, is now the Central South and Central West medical director with Dr. Frank Baillie focusing on the provincial medical director responsibilities.

Karen Candy was promoted to lead the day-to-day call centre operations. She also manages the administration and direction of our referral program that has call volumes nearing 10,000 a year. Karen heads a group of knowledgeable, helpful people who are always there at the end of the line when you call. Our specially trained Call Takers are there 24 hours-a-day, seven days a week to help you find the best care for your patients.

We are supported by a truly fantastic group of people.

Other updates include a new emergency referral database which tracks better data for reports and information (see page 4) and a new public website www.criticall.com.

Having up-to-date information from hospitals is vital to CritiCall and we continued to move full steam ahead with the Admit/Discharge/Transfer (ADT) automated interfaces project which is demonstrating the value of interfacing the Ontario Bed and Resource Registry with hospital ADT systems. We are beginning phase two with 20 additional hospitals.

Another project we're piloting is an ambulance offloading data collection project with Hamilton Emergency Medical Services (EMS), Hamilton Central Ambulance Communications Centre, the Hamilton Emergency Services Network and Hamilton Emergency departments (see page 4). The data collected from this project illustrates where offload challenges are occurring within the EDs.

Despite all the changes, updates and new faces, there is one constant for us and that's the patient. The patient is our number one priority. Assisting physicians, who need to access the appropriate care for their patients, wherever it's needed in Ontario, is the core of what we do.

As we continue to look for ways to help make a difference in healthcare in Ontario, we thank you for your continued support.



Shelley Moneta
Ontario CritiCall Program Director



Dr. Frank Baillie
Ontario CritiCall Program Provincial Medical Director

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Ontario CritiCall Program

Dr. Frank Baillie
Provincial Medical Director

Shelley Moneta
Program Director

Karen Candy
Operations Manager

Tammy Johnston
Program Secretary

Wendi MacKay
Project and Marketing Specialist

Regional Project Managers and Medical Directors

Trish Simmons and Dr. Peter Kraus
Central South and Central West

Malcolm Ross and Dr. Jim Worthington
East

Andrea de Laforest and Dr. Paul Dupuis
Northwest

Susan Sarvas and Dr. Andrew Caruso
Northeast

Joan Hill and Dr. Frank Rutledge
Southwest

Dr. David Creery
CritiCall Provincial Pediatric Medical Director

**Karen Bachynski, Dr. Wilfred Demajo,
Dr. Fred Brenneman
and Dr. Andrew Shennan**
Toronto and GTA

Call Takers

Anna Carte, Barb Wroclawski,
Heather Graham, Jim Burden,
Julie Mulholland, Lisa Llewellyn,
Lori Ciotti, Marg Johnson, Marie LePre,
Nora Trudgian, Stephenie Lazier-Peters,
Vicki Westall, Katie Lamarre, Leanne Yonev,
Melanie Fleck and Brie Tigani.

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fastfact

Physicians respond to CriteCall pages in eight minutes, 90 percent of the time.

CriteCall's mission

We are committed to ensuring timely and appropriate access to care for patients by facilitating integrated communications across the healthcare continuum.

CriteCall's vision

Through innovation, we will continue to lead the development of a provincial communications framework by:

- Anticipating future healthcare needs and developing the technological resources to address those needs.
- Working with healthcare stakeholders to seamlessly integrate disparate systems.
- Maintaining a commitment to client needs in each of our software development priorities.

We will liaise with our healthcare stakeholders to provide qualitative and quantitative information to develop problem-solving solutions to healthcare challenges.

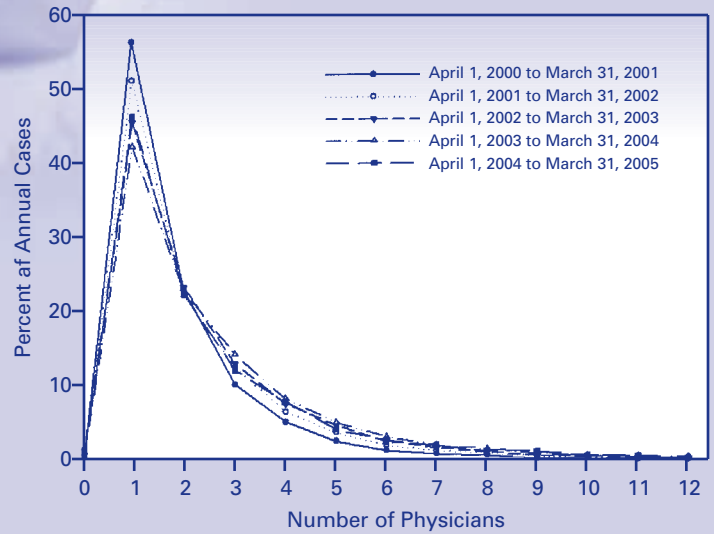
We will instruct and educate our healthcare stakeholders in relation to our Program.

We will work with our stakeholders to optimize access to healthcare resources.



Number of Physicians Involved in Calls

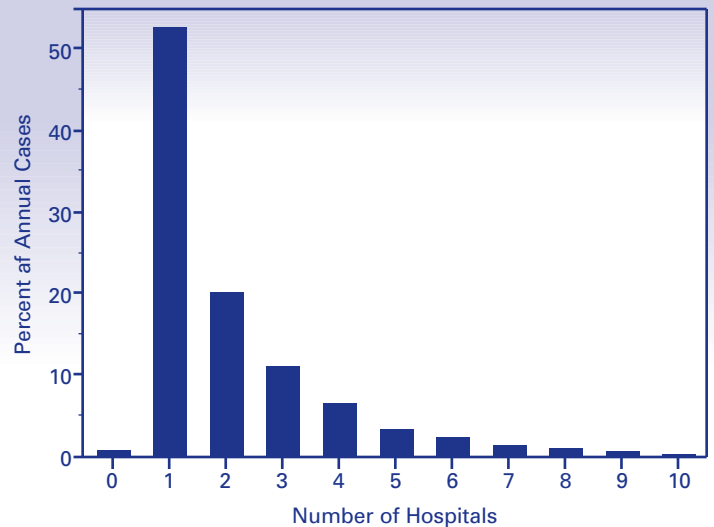
April 1, 2000 - March 31, 2005, By Fiscal Year



This graph shows the percentage of cases that involved one or more doctors from 2000 to 2005. For 2004-2005, 46 percent of the cases involved one physician. ('0' notes call consults and/or call cancellations.)

Number of Hospitals Involved in Calls

April 1, 2004 - March 31, 2005



Illustrated in this graph are the number of hospitals that are involved in each of the calls CriteCall receives. 53 percent of the calls were completed with the involvement of only one hospital.

Regional Distribution of Patients' Destinations

* patient distribution is based on 9,234 calls received from April 1, 2004, to March 31, 2005

** entries have been rounded to the nearest whole number

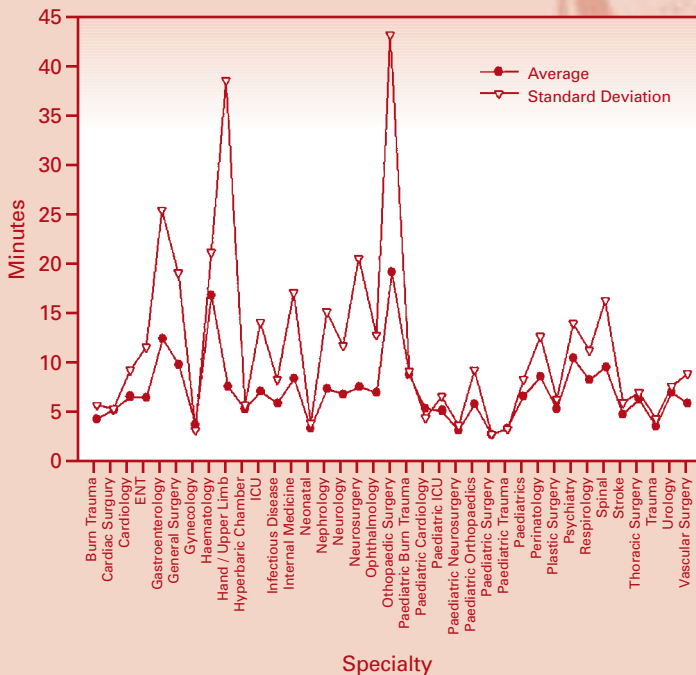
Destination Region	Toronto	Central East	Central South	Central West	South west	East
Sending Region						
Toronto	60%	2%	3%	2%	1%	1%
Central East	60%	7%	2%	2%	1%	2%
Central South	4%		65%	3%	5%	
Central West	32%		28%	9%	6%	
Southwest	7%		7%	4%	63%	
East	3%	1%				76%
Northeast	22%		2%	1%	4%	11%
Northwest	5%		1%		2%	1%
Grand Total	32%	2%	17%	3%	4%	12%

fastfact

The day that received the most calls in 2004 was Saturday with 1,476 calls followed by Friday with 1,461 calls.

Time From Call Start to Connection with a Specialist

April 1, 2004 - March 31, 2005



This graph summarizes the time it took for a Call Taker to connect with a specialist once a call was received. In 77 percent of the calls, Call Takers were able to connect with a specialist in 10 minutes or less.

*Standard deviation – The standard deviation is a measure of the spread of values in a data set. It communicates how tightly the values are clustered around the mean.

Enhancements for Phase II of ADT project

Since the CritiCall Program embarked on the Admit/Discharge/Transfer (ADT) project last year, more than 20 hospitals have signed on to participate in the automatic data transfer project.

With phase one winding down, phase two is about to begin with approximately 20 more hospitals. The second phase will include a discharge-planning module that will roll out to hospitals that are currently participating in the project.

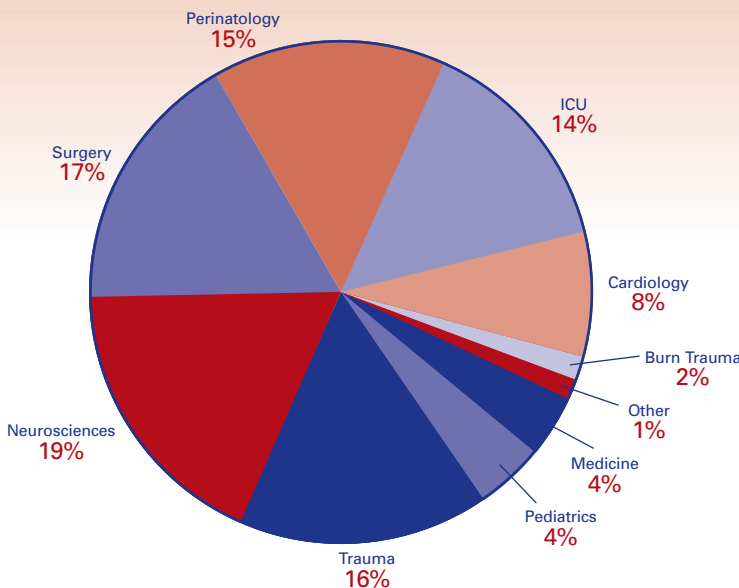
The discharge-planning module will be an on-line request to assist in repatriating patients who are ready to return to their community hospital. The hospital where the patient is currently located will register the demographics of the patient's needs – for instance what type of bed is required and the hospital location needed – on the Ontario Bed and Resource Registry. The 'home' hospital will receive an alert via the Bed and Resource Registry outlining the patient's requirements.

"This enhancement to the ADT project will help facilitate and streamline the communication process between hospitals when a patient is ready to return to their home community," said Shelley Moneta, provincial director of the Ontario CritiCall Program. "It also illustrates how dynamic the ADT system can be for hospitals who already utilize the system."

For more information about the CritiCall ADT project, contact your Regional Project Manager.

Referrals by Specialty

April 1, 2004 - March 31, 2005



Of the 9,234 calls CritiCall received, neurosciences-related calls topped the list with 1,698.

North east	North west	Consultation	Cancelled Listed or Placed Internally	Quebec	Manitoba	USA
		13%	18%			
		17%	9%			
		13%	10%			
		14%	11%			
		10%	7%			2%
		9%	10%	1%		
17%	1%	35%	7%			
7%	40%	17%	9%		16%	2%
1%	2%	15%	11%	0%	0%	1%

Pilot project for EMS offloading includes CritiCall Program

The Ontario CritiCall Program is working with the Hamilton Emergency Medical Services, the Hamilton Emergency Services Network, Hamilton Central Ambulance Communications Centre, St. Joseph's Hamilton and Hamilton Health Sciences Emergency departments to develop electronic tools to track the arrival and departure of ambulances in the Emergency departments.

The new screens, which will be integrated with the CritiCall Bed and Resource Registry, will support paramedics and hospitals in capturing ambulance arrival, triage, offloading and vehicle departure times. Automated alerts will also notify hospital and EMS stakeholders when delays occur.

Paramedics arriving in Emergency departments will swipe a magnetic card upon arrival. The card is swiped four times for a single patient- at arrival, when the patient is triaged, when a bed is assigned and when the patient is offloaded to the Emergency department. The system will provide a real-time view of where each ambulance is in the process of transferring the care of the patient to the hospital.

A variety of reports will be generated for the hospitals and for EMS. In addition, the system will generate automated alerts to notify EMS supervisors and ED managers when ambulance availability is compromised in the city.

"The goal is to ensure access to accurate, timely data and to continue to work collaboratively with our partners to make sure the best needs of our clients are met within available resources," said Isabel Hayward, interim director for Emergency and Pre-Hospital Services, St. Joseph's Health Care and Hamilton Health Sciences. "This pilot project alone will not solve offloading issues, but rather will provide all stakeholders with data points that will assist in determining strategies and resources that need to be addressed."

Currently the program is in test phase, with a target implementation date of October 2005.

Robust database captures call information, provides important hospital stats

CRITICALL'S HARDWORKING EMERGENCY referral database just got a complete makeover to capture a wide array of information for each call. The new database is tracking better data for reports and information.

The new emergency referral database has been integrated into the provincial Bed and Resource Registry system, leveraging its substantial infrastructure. "Our initial emergency referral database was a standalone system. It adequately collected the information we needed, but it was time for us to create a more up-to-date, robust system to meet the needs of the Program and our increasing call volume," said Karen Candy, operations manager for the Ontario CritiCall Program.

The new database went live April 1.

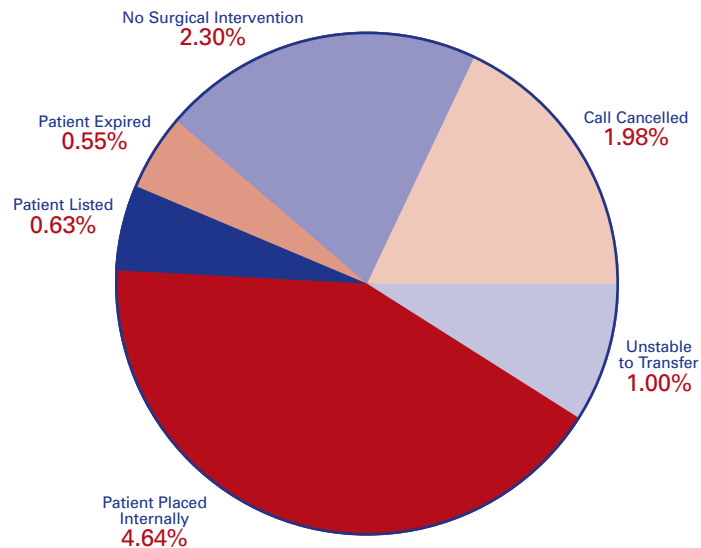
When CritiCall receives a call, a CritiCall Call Taker stays on the line to document the call. During the course of the call, the Call Taker starts a call record and inputs all the necessary information about the patient's condition, physician contact information, and the steps taken during each call – which physicians were paged, general information about the physician consultations and the outcomes of the call.

"The new database is faster, more efficient and easier for the Call Takers to use as there is less typing for them," said Karen. "As well, our Regional Project Managers can now tailor-design the reports they compile for their region's hospitals and the reports are easy-to-read."

"Because there is less typing for the Call Takers, the call statistics are generated from the information gained from each call, meaning more statistics will be available," added Karen. In April 1, 2005, to May 1, 2005, there were 1,500 calls and 15,000 pieces of data were collected and could be reported on. Eventually the database will allow hospital leaders to access their own hospital's sending and receiving information while keeping specific patient information confidential.

Rincon Technologies, Inc., a recognized leader in the field of health care resource management systems, created the new database.

Calls cancelled, listed or placed internally
April 1, 2004 - March 31, 2005



Of the 9,234 calls CritiCall received in 2004-2005, there were 1,026 cases that did not result in patient transfers. Although CritiCall received the calls and began placing the patients, the placement process was halted for various reasons. This graph depicts those reasons as a percentage of the total number of calls this year.