



Extramural Paediatric Models CCRT Common Questions and Answers

Q: What is the Extramural Paediatric Critical Care Response Team?

A: In addition to providing on-site care, physicians who are part of the PCCRT program will also be on-call to physicians in other hospitals who are caring for critically ill children – children who have become or are threatening to become physiologically unstable.

If a physician feels the need to consult with a paediatric Intensivist about care decisions or possible patient transport to a paediatric tertiary centre, they can reach a paediatric Intensivist through CritiCall 24 hours a day, seven days a week by calling 1-800-668-4357.

This new service will ensure that a paediatric Intensivist is always available to coach and guide physicians who face the challenge of treating critically ill children.

Q: Is this service available to all hospitals?

A: Any hospital physician that is caring for a critically ill child in Ontario may access this service through CritiCall.

Q: Who am I likely to speak to when I call?

A: CritiCall will connect you to the paediatric Intensivist assigned to the extramural PCCRT service at the Academic Health Science Centre (AHSC) to which hospitals in your LHIN refer.

Q: Do I have to place the call through CritiCall? Couldn't I just place the call directly to a colleague at another hospital?

A: CritiCall is the best way to be directed to the hospital with the paediatric Intensivist committed to supporting physicians in your LHIN who need urgent or emergent management advice for a critically ill child, or physicians who need to discuss transfer of the critically ill child.

Q: What type of services will the PCCRT be able to offer?

A: This service is to support physicians who are caring for critically ill children and feel they need to speak to a paediatric Intensivist regarding management or, potentially, a patient transfer.

Q: How long will they remain on the line?

A: The paediatric Intensivist will offer advice as needed and while it may make sense to end the phone call, the paediatric Intensivist will be available for further consultation until the situation has been managed. If transfer is to occur and the original physician is not able to receive the child they will still be available to offer management advice until an accepting physician has been found and a three way verbal hand over has taken place.

Q: If a transfer is required, who will arrange it?

A: If air ambulance is required, CritiCall will make the initial contact with ORNGE. For site specific transport teams, the accepting physician will contact his or her hospital's transport coordinator to arrange a team. Land ambulance transfers will be arranged by the sending hospital as they are aware of whom their local ambulance providers are.

Q: Who are the partners in this program?

A: The Ministry of Health and Long-Term Care funds the initiative and other partners include the Ontario CritiCall Program and four Academic Health Science Centres: SickKids; Children's Hospital of Eastern Ontario (CHEO); Children's Hospital of Western Ontario (CHWO) and McMaster Children's Hospital.

Q: Are there any conditions or exceptions that fall outside of the PCCRT program?

A: In the specific cases of neonates, neonatal and paediatric cardiac disease, current practice will not be changed:

1. All neonatal (<28 day) infants are currently transferred by neonatal transport teams and currently go to neonatal units. This falls outside the Extramural CCRT programme.
2. Within the SickKids catchments neonates that are diagnosed with congenital heart disease are transferred by the neonatal transport team to the cardiac critical care unit at SickKids. The calls will come from SickKids' transport team to SickKids' conference bridge and will be answered by the staff physician and the cardiac critical care admit fellow.
3. Neonates and older children with congenital and acquired heart disease are frequently transferred from the other four tertiary care centres to SickKids cardiac unit for surgery or diagnostic work up. These referral calls frequently go from cardiologist in the tertiary centre to a SickKids' cardiologist.

Q: What if I want to speak to another physician regarding a patient that is not emergent or urgent or is not likely to result in a patient transfer?

A: If an urgent or emergent referral is not required, CritiCall does not need to be involved. Calls can be placed directly to another hospital.

Q: How long will the PCCRT program be available? Is this a pilot or a permanent program?

A: At this point it is a pilot program. It must be clear that much of this activity has been occurring informally and this initiative will clarify and expedite the process for physicians who are managing a critically ill child.

Q: How is the PCCRT funded?

A: The MOHLTC is funding this demonstration extramural PCCRT as part of Ontario's Critical Care Strategy.