EXTRAMURAL PILOT PROJECT: DESIGNATED ON-CALL INTENSIVIST IN TERTIARY CARE CENTRE IMPROVES ACCESS TO CRITICAL CARE CONSULTATION AND REFERRAL
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Introduction: Access to timely consultation with an intensivist is paramount in providing early, appropriate therapy for the critically ill in our community hospitals. Usually the intensivist receiving these referrals is also responsible for on-call responsibilities in their respective ICU’s thus impeding their ability to respond in a timely manner. This project determined whether designating the Critical Care Response Team (CCRT) ICU physician as the call taker for all referrals to the ICU, instead of the ICU physician on call in the ICU, would enhance access to critical care services. Hypothesis: The Extramural response team will provide improve 24/7 access to an intensivist for physicians who need consultation, management strategies and/or transfer of a Life or Limb patient.

Objectives: Not applicable

Methods: The CCRT physician was designated as the receiver of all referrals regarding Life or Limb patients from the community, instead of the first call ICU physician. There was a 3 month pre-implementation period, followed by a four month protocol implementation period, and finally a 3 month post-implementation period. The following data were collected comparing the pre and post-implementation periods:; total number of calls (consult only or transfer of patient), origin of referrals, response time of extramural physician to Criticall (Ontario’s central critical care resource management system), time to first consult with referring physician, time to acceptance of referred patient and success of adaptation of extramural process.

Results: The volume of calls were was comparable between pre and post implementation (172 vs 203). The average response time (from Criticall’s first call and physician’s response) decreased from 16 to 9.8 minutes and the average time to first consult from referring physician decreased from 30.4 to 19.7 minutes. Time to accept patient to appropriate institution also decreased from 50.5 to 32.5 minutes. Although some physician to physician transfers continue to occur, there is an overall increase in percent of patient transfers coordinated through Criticall (pre 59% vs 74% post).