Patient flow and Critical Care: Ontario’s Life or Limb Policy
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What is a Life or Limb Policy?

- 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
- Patients that will be repatriated within a best effort window of 48 hours once medically stable and suitable for transfer
What is a 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
Why a Life and Limb Policy?

• Office of the Chief Coroner - Patient Safety Review Committee previously 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

• Recommendation for the development and implementation of a provincial “no refusal” policy when critical injuries or conditions of life or limb are involved
Overview of the Critical Care Strategy

Critical Care Information System
Critical Care Response Teams
System-Level Training Initiatives
Performance Improvement Collaborative
Ethical Issues of Access
Health Human Resource Investments
Surge Planning and Capacity Management

Improve Access
Improve Quality
System Integration
Evolution of the Critical Care Strategy

1. Neurosurgery
2. Critical Care Services
3. Trauma and Burns
4. Partnerships (Ministry/CritiCall/LHINs/Hospitals/Physicians)
Why a Life or Limb Policy?

Patient Case:

- 52 year old male, presented by ambulance to a community hospital located in large urban centre

- Expected that the patient would be transferred to a tertiary care teaching centre for an intervention, and would return to the community hospital

- No ICU bed was available at the tertiary care teaching centre and the community hospital was asked to contact CritiCall Ontario for alternative arrangements

- Patient died after remaining in the Emergency Department at the community hospital for two days while awaiting transfer
Why a Life or Limb Policy?

Patient Case:
- 80 year old man, presented at a community teaching hospital located in large urban centre

- CritiCall Ontario made **65 telephone calls** while trying to facilitate a consultation and transfer

- Responses to calls included:
  - Inability of hospitals to identify or contact the on-call physician
  - Lack of coordination between on-call physician and the ICU with regards to making decisions on accepting the patient
  - Lack of willingness to accept patient with life-threatening condition

- Surgeon and ICU bed obtained at a hospital located 135km away from the hospital that the patient presented

- Upon arrival, it was determined that there was no possibility of success and patient received compassionate care
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
Population Density in Ontario

Population density, 2006 by Dissemination Area (DA)

- Persons per km²:
  - ≥ 50
  - 10 to < 50
  - 1 to = 10
  - 0.4 to < 1
  - Sparsely populated
  - 10 km from shores of the Great Lakes
Hospital sites with level 2 / 3 ICU
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
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
**Patient Repatriation Process**

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

- **Can Patient be discharged directly home with CCAC support?**
  - **Yes**
    - Sending Hospital and CCAC arrange discharge
  - **No**
    - If CCAC has not been involved to date do they need to be contacted?
      - **Yes**
        - Sending H-enters patient details in the online Repatriation Tool (hosted by CritiCall Ontario)
      - **No**
        - Sending H-completes referral form/Discharge Summary

- **Receiving hospital** identifies bed availability
  - **Receiving hospital identifies bed availability (Repatriation Tool is monitored by all hospitals as per established agreements)**
    - **Appropriate bed Available**
      - Receiving-H MRP identified through Repatriation Tool and accepts patient. MD to MD conversation occurs
      - Bed Managers/Flow Coordinators arrange patient transfer
    - **No appropriate bed Available**
      - Sending H-enters patient details in the online Repatriation Tool for other appropriate alternate hospital

- **Sending hospital** arranges for most appropriate mode of transportation e.g., Ornge, EMS, private and patient accompaniment as appropriate

**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.

The “Status of the Transfer Request” is continuously updated in the Repatriation Tool throughout the patient repatriation process. The “Status” is monitored by the bed managers/flow coordinators.

Sending H to Receiving H Nurse-to-Nurse Transfer of Accountability occurs.

*Version 12.0*
CritiCall Ontario - Repatriation Tool

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”
## Repatriation Request Details

### Incoming Request Details

**Request**
- **Bed Type**: Ward
- **Requested Transfer Date**: Mar 29, 2013
- **Hospital**: WOHC - Brampton Civic
- **Status**: Active
- **Response**: None

**History**
- **Creation Date**: Mar 28, 2013
- **Sending Hospital**: Sunnybrook HSC

### Contact Information

**Patient**
- **Sending Specialty**: Neonatal
- **Patient Chart No. (MRN)**: 12333339083
- **Ward**: West Wing 2nd E
- **Patient Gender**: Female
- **Patient Age**: 32+ wks – 35 wks
- **Home Hospital**: WOHC - Brampton Civic

**Initial Precaution Status**: Not Applicable
- **Initial Patient Medical Info**: None

**Current Precaution Status**

**Current Patient Medical Info**
Next steps

• Performance management
  – Monitoring and reporting
• Training users for Repatriation Tool
• Ensure alignment / leverage with other provincial initiatives
  – Enhancing Emergency Services Ontario Committee
• Continue to identify potential gaps / data collection
Questions

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