

Process Objectives:

- Ensure Patients receive the right care at the right place at the right time
- Decrease access time to Specialists for referring Physicians requiring help
- Improve the distribution of care for ICU Patients throughout the region

ExACCRT Triggers:

- All life or limb cases requiring a level 3 ICU bed
- Direct referral to an LHSC ICU
- No response from receiving community Physician in 20 minutes
- Receiving community hospital not able to accept transfer of a Patient
- Refusal or no response from Subspecialty for all life or limb cases
- LHSC One Number requires consultation

Key Principles:

- CritiCall is the single point of contact for all Critically Ill, Life or Limb, or transfer of a non-urgent ICU Patient to another ICU
- Optimize critical care resources within SW Ontario
- CritiCall will contact all requested parties and ExACCRT Consultant (via LHSC One Number) when triggered

Scenario's:

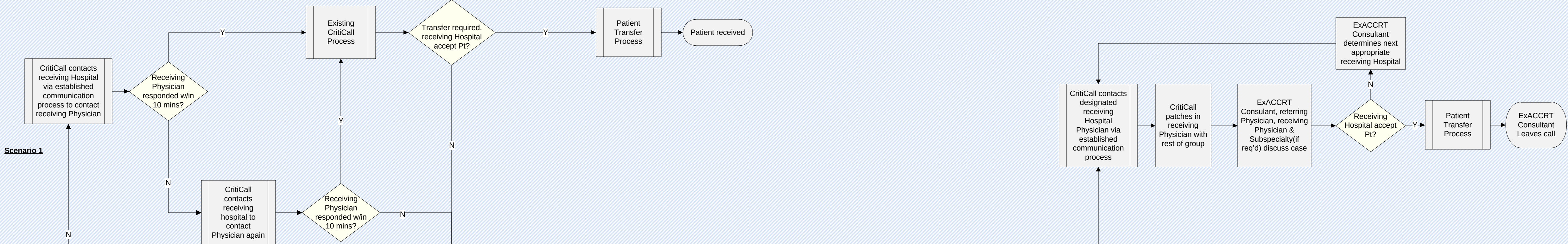
- #1: Community hospital referring directly to community level 2/3 ICU for consultation and/or transfer of critically ill patient
- #2: Community hospital referring directly to LHSC ICU for consultation and/or transfer of critically ill patient
- #3: Community hospital referring directly to LHSC sub-specialty service (e.g. Neurosurgery)
- #4: Community hospital calls Hospital "One Number" directly and asks for direct referral to sub-specialty

Definitions:

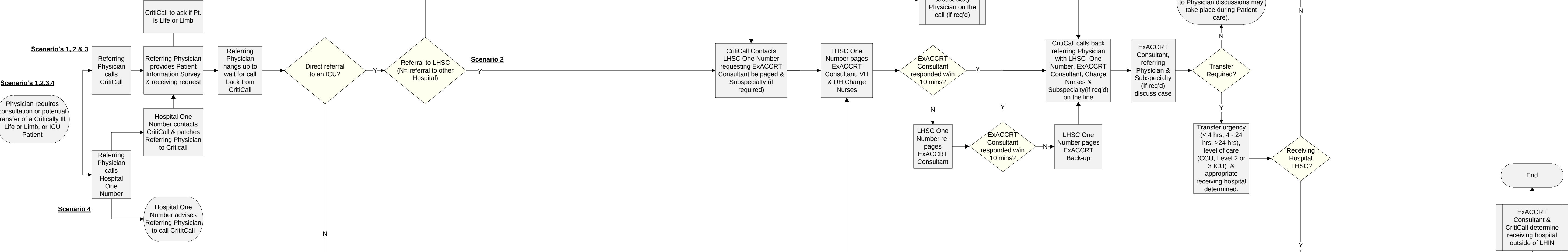
Critically Ill – Patient requires care within 4 hours
Life or Limb – Patient is at risk of losing a limb or life
ExACCRT Consultant – Adult Extramural Consultant, that is an LHSC Intensivist



Receiving Hospital - Community



Receiving Hospital - Not Determined



Receiving Hospital - LHSC

