H-SAA Reports Guide

Last Updated August 31, 2017

Table of Contents

Overview

These reports are designed to assist LHINs and hospitals with H-SAA requirements related to CritiCall Ontario.

Some of the information is new and identifies opportunities for improvement of data quality for both hospitals and CritiCall. These initial reports should be viewed with a focus on data quality rather than as a measurement of performance.

There are two reports. The 'H-SAA Data Entry Compliance Report' has a focus on Data Entry regarding bed availability. This is crucial information for CritiCall when facilitating Life or Limb (emergent) cases and when assisting in disaster situations. It is also helpful when assisting with urgent cases requiring a higher level of care. The 'H-SAA Service Response Compliance Report' has a focus on service responsiveness and availability. Both are important when timely access to service is required for Life or Limb (emergent) patients.

The reports include information related to all acute care hospitals in the province and are sorted by LHIN and by hospital. Summary information is provided for corporations with multiple sites and for each LHIN.

In the future, the reports will be enhanced to provide comparative information and trends over time.

The H-SAA Data Entry Compliance Report

This report is focused on compliance with data entry. Information from CritiCall's systems, CCIS and PHRS, is included in this report.

Critical Care Information System (CCIS)

CCIS data entry has been mandatory since the 2008 H-SAA however there will be more of a focus on the timeliness of data entry in this report. Dedicated CritiCall CCIS Educators provided in-depth education sessions when the system was implemented and have continued to offer regular education sessions via webinar and are available for on-site education if requested. A 'train the trainer' process was implemented and each hospital should have a designated Expert User to provide education to new staff when hired to a critical care inpatient unit.

The CCIS database contains information on critical care patients in all critical care units, in all hospitals, in the province of Ontario. Data is entered into this web-based system by critical care staff at the time of admission and discharge and each day during their ICU stay. Information on the completeness of data entry is currently provided in the CCIS quarterly reports which will be pulled from the Bed Availability Tool (BAT). The focus of this report is the timeliness of admission and discharge data entry to the BAT. This indicator has not been reported on in the past.

The Bed Availability Tool (BAT) provides information about hospital bed availability, ventilator capacity, and reasons for no bed availability to the Provincial CCIS dashboard. This information is used by CritiCall Ontario call agents to efficiently provide referral services for the emergent and urgent care of patients in Ontario. Data within the BAT assists in the movement of patients during times of surge and disaster.

Bed numbers within the BAT will automatically whenever data is entered in the following sections:

1. Add New ICU Patient
2. Discharge From ICU
3. Reverse Patient Discharge.
4. Add Reserved Patient
5. Cancel Reserved Patient

Please note: The unit is responsible to manually update the BAT if there is a situation where beds are not available for admission to the ICU. The reason for a bed not being available must be selected from a list provided in the screen (e.g. Not Staffed, Shortage of Equipment etc.). This manual update must be completed whenever the reason for the beds not being available for admission changes or at a minimum of once every 24 hours. This is to ensure the bed availability information is accurate and up to date.

Timeliness is important as CritiCall Agents use bed information to support decisions during routine case facilitation of emergent and urgent cases, as well as Critical Care Moderate Surge, pandemic and disaster situations.

Calculations

$$\% \text{ Update Submission Rate} = \frac{\text{Total Real Time Admissions \& Discharges entered into CCIS within 2 hours of Admissions \& Discharge}}{\text{Total \# of Admissions and Discharges}} \text{ x } 100$$

Assumption: Every Admission and Discharge should be entered into CCIS in real-time.

Reading the Report

- A **Gray** cell means the hospital does not have level 2 or 3 ICU.
- A **Blank** cell means the hospital exists in CCIS and is considered active but did not submit any data during this quarter

Provincial Hospital Resource System (PHRS)

PHRS data entry has been mandatory since the 2012 H-SAA. CritiCall LHIN-based Client Relations Managers provided in-depth education sessions when the system was implemented and continue to be available for webinar or on-site education sessions.

1) Critical Care Bed Availability

Critical care bed information is fed from the CCIS to the PHRS every ten minutes, therefore no data entry in PHRS is required on the Medical/Surgical, Cardiac or PCCU Resource Boards. The CCIS system will only record accurate data if the patients are entered into the CCIS. All inpatients who are occupying a critical care bed must be added to the ICU Active Patient list in to CCIS. Patient admission data (including time) should be added as soon as the patient is being cared for by the critical care physicians or nursing staff regardless of their location within the hospital site.

2) Non-Critical Care, Maternal, Adult Mental Health & Addiction, Child & Adolescent Mental Health & Addiction, Neonatal Bed Availability

The data on non-critical beds is entered manually by hospital staff. Each hospital can determine the best process for ensuring data accuracy. However, it is recommended that Admitting staff enter the non- critical care data as more than one unit may be combined in the entry. If each unit enters their own data, one unit could potentially override another. Updates should take less than 5 minutes to enter. Note: At this time, compliance for other resource boards is not included for one of two reasons:

1. Use of the resource board has not been adopted province-wide e.g, Emergency, CACC OR
2. The resource board is not essential for the facilitation of CritiCall cases e.g. On-Call screen.

Hospital compliance can be monitored by viewing the daily/weekly compliance dashboards located in the Reports tab of PHRS or the monthly compliance reports located in the Library tab of PHRS. These online reports show compliance as updates within 1 hour before and after the specified times of 0800, 1200, 1600 and 2400. The compliance rates shown in the quarterly H-SAA Data Entry Compliance Report could potentially be higher than the daily/weekly/monthly compliance as we have expanded the compliance time range to capture a larger number of updates as shown in the table below.

0800	0600-0959
1200	1000-1359
1600	1400-1759
2400	1800-0559

Reading the Report

Non-Critical Care column

A **Gray** cell will occur in the Non-Critical Care column only for hospitals that have both pediatric and adult services as the services are entered on one resource board. Includes: London, Hamilton and Kingston.

Maternal, Adult Mental Health & Addiction, Child & Adolescent Mental Health & Addiction, and Neonatal columns

A **Gray** cell will occur when hospitals do not provide the service
For Non-Critical Care, Maternal, Adult Mental Health & Addiction, Child & Adolescent Mental Health & Addiction, and Neonatal columns

0% means the hospital did not submit data during the quarter

Calculations

For each of the following resource boards: Non-Critical Care, Maternal, Adult Mental Health & Addiction, Child & Adolescent Mental Health & Addiction, Neonatal 2 and Neonatal 3

$$\text{Compliance (\%)} = \frac{\text{Number of Updates Provided}}{\text{4 times per day} * \text{number of days in quarter}} \text{ x } 100$$

H-SAA Service Response Compliance Report

This report is focused on the actions of service providers and the data is provided by both the Provincial Hospital Resource System (PHRS) and CritiCall's online documentation system - iScheduler.

This report displays the acceptance and consult provided rates as well as the total number of times no physician on-call for a service provided by the hospital. The information is summarized by LHIN, hospital and specialty.

Only hospitals who have been contacted by CritiCall will be shown in this report.

Historically, physician response and participation in the CritiCall Program has been voluntary. This changed in 2012 with the introduction of item number 1 into the H-SAA, which directed hospitals to use the CritiCall Program for all emergent Out of Country and Neurosurgical cases. This resulted in increased utilization of CritiCall Ontario for these cases with pronounced increases in some LHINs. Although CritiCall Ontario is only able to capture data for the cases it facilitates, variation in utilization data from across all LHINs indicates a significant number of hospitals may not be using CritiCall Ontario for all Neurosurgical cases.

With the introduction of H-SAA accountabilities and the provincial Life or Limb policy, the accountability for provision of consultation and acceptance of transfers will be more clearly defined.

Online Documentation System (iScheduler)

This system is used to record the case facilitation process. It is fully integrated with the telephone system, Call Center Anywhere, and every call is automatically time stamped. Each interaction is recorded and the outcome of each interaction is documented by the CritiCall Agent. Information on case facilitation and definitions for each action and outcome is already provided to LHINs and hospitals in the monthly detailed and summary Referral, Hospital and Specialty reports.

Provincial Hospital Resource System (PHRS)

The PHRS is a web-based system containing several categories of information. The PHRS contains an inventory of services by specialty for each hospital and additional information on specific resources. For example, Neurosurgery is a specialty and Coiling is a resource. Not all Neurosurgical centres have coiling in their inventory. The PHRSHospital Service Inventory is updated annually after the inventory is reviewed and validated by all acute care hospitals.

Reading the Report

A **Gray** row means that an acceptance or consultation was provided by a hospital for a service that was not listed in the PHRS service inventory for this hospital. This suggests that PHRS may need to be updated. It is important for hospitals to notify CritiCall of changes to service inventory as they occur.

Acceptance Rate (%)

This column is based on the final speciality of the case. The 'No Beds' outcomes used in the Acceptance Rate is attached to the Final Specialty of the case.

A **Blank** cell means the hospital was not asked to accept a transfer of a patient for this specialty during this quarter.

A single case could reflect contact with more than one hospital. For example requested and declined at one and requested and accepted at another.

Consult Provided Rate (%)

This column is based on the speciality of the physician contacted.

A **Blank** cell means the hospital was not asked to provide a consultation for this specialty during this quarter

A single case could be recorded for more than one hospital or more than one speciality. For example requested and declined at one hospital or by one speciality and requested and accepted at another hospital or another speciality at the same or another hospital.

Total 'No MD on Call ' Outcomes

This column records the number of occasions that a hospital was called for a speciality that the PHRS service inventory indicates they provide and the switchboard indicated there was no one on call at that time.

A **Blank** means they had the service available when contacted.

Calculations

Note all definitions are included in the CritiCall Ontario Report Guide

$$\text{Rate of Acceptance (\%)} = \frac{\text{Total Accepted Cases}}{\text{Total Accepted Cases} + \text{Total Number of 'No Bed' outcomes}} \text{ x } 100$$

$$Total\ Requests\ = Total\ Accepted\ Cases + Total\ Number\ of\ 'No\ Bed'\ outcome$$

Total No Beds outcomes include: 'Consult/No Beds',' Consult Declined/No Beds',' Prior Consult/No Beds' and 'Transfer Req. Declined/No Beds'.

$$\text{Consult Provided Rate (\%)} = \frac{\text{Total Consults Provided}}{\text{Total Consults Provided} + \text{Total Consults Declined}} \text{ x } 100$$

$$\text{Total Consult Requests } = \text{Total Consults Provided} + \text{Total Consults Declined}$$

Total Consults Declined Excludes: 'Consults Declined / Referred Other Physician' and 'Consult Declined / Referred Other Specialty' outcomes

Total 'No MD on Call' Outcomes
= number of Times that no physician was oncall for a service provided by the hospital

Notes:
This column refers to the PHRS service inventory to determine whether the speciality is provided at that hospital.