

# CRITICAL CARE STRATEGIC CLINICAL NETWORK



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## Welcome to the Critical Care Strategic Clinical Network

The Critical Care Strategic Clinical Network (SCN) is designed to be a mechanism to empower and support critical care physician, operational and clinical leads to develop and implement evidence-informed, clinician-led, team delivered health improvement strategies across Alberta. The ability to establish a **Critical Care Community of Practice** that engages key stakeholders—including patients and families and the clinical workforce—provides value to drive our initiatives, priorities and services.



***One of our mandates is to LEAD and SUPPORT evidence-informed critical care improvements in team-delivered prevention and in clinical performance to achieve the highest quality and best outcomes at the lowest reasonable costs.***

### Defining KEY PERFORMANCE METRICS Supports Care Delivery

On March 19, 2014 the Critical Care SCN will host a full-day retreat with members of Alberta's Critical Care community to begin the development of a provincial set of clinical, operational and quality performance indicators and measurement standards to inform the practice of Critical Care across Alberta. The goals of the retreat are to:

- Engage clinicians, administrators and stakeholders to discuss and agree upon quality key performance indicators (KPIs) and methodologies for collecting and reporting data;
- Promote consistency in the delivery and measurement of Critical Care Services in Alberta; and
- Develop strategies and methods to monitor quality of care and patient outcomes, ensure appropriate staffing levels and mix, and share data more effectively.

*How have you benefitted being a core committee member of the CC SCN? “Culture of continuous improvement, maintaining evidence-based best practice, research focused and operational impacts are always considered” ...”*

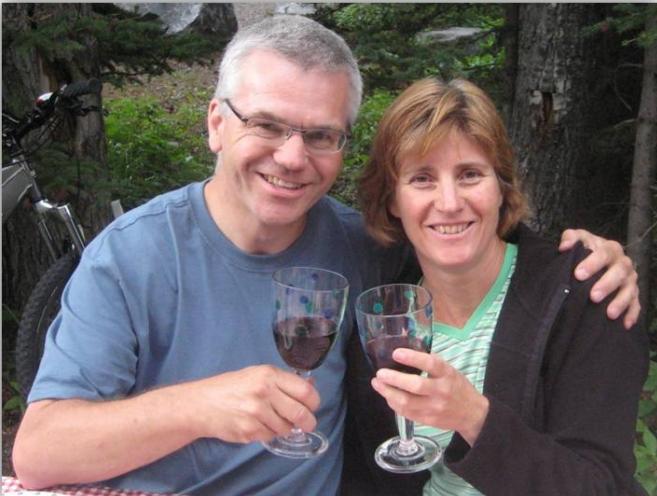
*Describe the culture of the CC SCN core committee? “Very collaborative, innovative, future thinking, committed to excellence in patient and family centred care, results orientated” ...”*

—Quotes from CC SCN Core Committee membership.—

## In This Issue

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- Research Collaborations of the Critical Care SCN
- Partnership for Research and Innovation in the Health System (PRIHS)  
*2013—Both Competitions Successful!*  
*2014—New Competition Now Open!*
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- Palliative and End of Life Care (PEOLC) and Alberta Critical Care

# Meet Our Family Advisors: Patients and Families have a VOICE in the Critical Care SCN



*"My involvement with Alberta's health-care system revolves around my wife's journey which resulted in her dying in Intensive Care. I became a Family Advisor with the Critical Care Network. I am inspired to help others by sharing Barb and my story, and understanding and using the collective voice of patients and their families."*

- Peter Oxland, Family Advisor



*"I live in a world where children die. My voice of Pediatrics on the Critical Care Strategic Clinical Network ensures that our children have a voice. I'm an Advisor, an Advocate and a Parent 24/7. It is my job to secure our future, to give families hope and to give our children the very best chance."*

- Lia Lousier, Family Advisor



*"In terms of the role of **Family Advisors** on the Critical Care SCN they are vital to create a partnership to transform healthcare delivery where their voice is front and center to everything we do whether it is planning, priorities, working groups, research and engagement. Without understanding their perspective and hearing their voice there is silence and our role is to allow them to feel empowered to speak and be part of our journey to build the networks together. As our most valuable stakeholder we are doing the right thing to move our agenda's forward in partnership, collaboration and caring environment that supports our patients and families to be involved and engaged in a meaningful way."*

Patty Wickson  
Executive Director, CC SCN

## Did You Know?

- The Orientation Program for Adult Critical Care in Alberta (OPACCA):
  - Was developed and is supported by the **Education Team** consisting of 17 members through the CC SCN
  - Started first provincial orientation session **Sept 2011**
  - Orientated a total of **707 RN's** since the program started
  - Will run program #**21** this March 2014
  - Have approximately **12 Clinical Nurse Educator's and Instructor's** teaching the program each month across the province by Telehealth
  - Awarded the **CACCN Spacelabs Innovative Project Award** in 2011

## Our Recent Tweets#

- |   |
|---|
| Giving patients and families a VOICE to support AB ICUs @IPFCC<br>#AHSCriticalCareNetwork <a href="http://bit.ly/1hyXljB">bit.ly/1hyXljB</a>                                      |
| "As a group, we're stronger!" Linking AB ICU RNs to improve care for patients<br>#AHSCriticalCareNetwork<br>#ICUNurseEducation <a href="http://bit.ly/1kHpAXn">bit.ly/1kHpAXn</a> |
| Implementing blood transfusion best practices - SCNs working together #scn<br><a href="http://bit.ly/1mhVS9y">bit.ly/1mhVS9y</a>  |
| Making sure patient care meets best evidence practice in AB ICUs improves patient care @ABInnovates<br>#AHSCriticalCareNetwork <a href="http://bit.ly/1fGi0de">bit.ly/1fGi0de</a> |
| When patients & families are involved, we can provide patient and family centered care #AHSCriticalCareNetwork<br><a href="http://bit.ly/19lrwdn">http://bit.ly/19lrwdn</a> #scn  |

## ARE YOU *ALWAYS READY?*

**Medication Reconciliation is a Required Organizational Practice (ROP). Our next Alberta Critical Care Accreditation Survey is May 2015...**

***Meeting Accreditation Standards isn't a one-time event...it is about daily practice requirements.***

## **What Does Medication Reconciliation Mean for Physicians and AHS Staff?**

### ***What is Medication Reconciliation?***

Medication Reconciliation is a structured process in which health care providers communicate with patients and their family/caregiver to obtain a Best Possible Medication History (BPMH); a complete and accurate, up-to-date list of the patient's medications at time of admission. The list is used to verify and validate admission, transfer, and discharge orders to reduce medication errors and adverse drug events at all interfaces of care.

### ***When is Medication Reconciliation Done?***

- At transition points of care such as admission and transfer or referral from one care setting to another and every time medication therapy is initiated or changed;
- In the Emergency Department when a decision to admit has been made;
- Across the continuum of care when medication management is a component of care.

**Please turn to the last page of our newsletter to find out more about some Key Elements of Medication Reconciliation...**

# Research Collaborations of the Critical Care SCN

Our research team, led by our Scientific Director Dr. Tom Stelfox, has a mandate to develop a focused provincial critical care research program in collaboration with academic partners and to create new critical care knowledge and translate it into measurably improved health and health care for Albertans.



Photo of ASICM Meeting—Training Abstract/Presentation Competition

Back Row: Derek Roberts, Nathan Deis, Bryan Wells, Paul Campsall.

Front Row: Jessalyn Holodinsky, Amanda Roze de Ordons, Erika MacIntyre, Kimberly Macala, Niklas Bobrovitz

The Alberta Society of Intensive Care Medicine and the Critical Care Strategic Clinical Network, Alberta Health Services jointly held a very successful trainee abstract/presentation competition on January 25<sup>th</sup>, 2014 in Lake Louise. Ten trainees were shortlisted through the abstract competition to present their research to members of the Alberta Society of Intensive Care Medicine and a panel of judges.

**Congratulations to Dr. Kimberly Macala for delivering the top abstract/presentation titled:  
“Fatty Emulsion: Rats Survive Clonidine and Propranolol Overdose”.**

## We have launched a NEW investigator seed funding Grant Competition:

The Scientific Portfolio of the Critical Care SCN is pleased to announce a competition for research proposals by investigators within the first five years of their careers to help launch biomedical, clinical, population health or health services research programs that will provide critically ill patients with better care and better health. This competition is designed to advance the Critical Care SCN's long-term research goals:

- To increase capacity for scientific work within the Alberta critical care community;
- To enhance the culture of science and innovation within the Alberta critical care community;
- To improve the health and health care delivered to critically ill patients through knowledge creation and knowledge translation.

Please contact us if you have any questions or are interested in becoming involved in the research portfolio of the CC SCN.

*Sincerely, Drs. Tom Stelfox and Melissa Potestio, Scientific and Assistant Scientific Directors, Critical Care SCN*

# Partnership for Research and Innovation in the Health System (PRIHS)



## Critical Care SCN Research Project: *Identifying and Evaluating Intensive Care Unit Capacity Strain in Alberta*

The Critical Care Strategic Clinical Network is pleased to announce that we have been successful in our application for funding through [The Partnership for Research and Innovation in the Health System \(PRIHS\)](#) from Alberta Innovates Health Solutions.

This three-year project will improve the quality of care patients receive by reducing the strain on intensive care capacity across Alberta.

### Project Description

The growing population of Alberta is projected to have a sustained increase in the demand for health services, especially in service areas with limited resources such as intensive care units (ICUs). Currently, ICUs in Alberta routinely operate at or near full capacity and have a limited ability to accommodate the next critically sick patient. Accordingly, the demand for access to ICU services is high; however, the supply remains limited. This mismatch in demand and supply creates enormous strain on our health care system.

In response to this growing problem, we plan to investigate the causes of strain on ICU capacity in Alberta.

The goal of our project is to improve the access to ICU services, and therefore improve the quality care and outcomes for patients in need of ICU services in Alberta.

To accomplish this, this project will:

Ask health care providers, decision-makers, patients and families to help us identify and understand the causes of ICU capacity.

Work to understand the how the strain on ICU capacity impacts patient care and the quality of care ICUs are able to delivery in Alberta.

Work to identify aspects of ICU care where we may be able to improve access and efficiency to enable a reduction in the strain experienced by ICUs in Alberta.



## Critical Care SCN Research Project: *Reassessing Practices in the Daily Care of Critically Ill Patients: Building Capacity and Methodology to Identify and Close Evidence Care Gaps*

The Critical Care Strategic Clinical Network is pleased to announce they we have been successful in our application for funding through [The Partnership for Research and Innovation in the Health System \(PRIHS\)](#) from Alberta Innovates Health Solutions.

This three-year project will work toward ensuring that critically ill patients receive the best care possible.

### Project Description

A core function of acute care hospitals is to care for patients with life-threatening illnesses. Patients in the Intensive Care Unit (ICU) have complex medical problems that require urgent treatment with life support technologies. Sometimes patients don't receive the best care possible because health care systems are not making the best use of scientific evidence. This is referred to as an evidence-care gap. Reducing evidence-care gaps in critical care can be done and will improve the quality of care patients receive.

To improve the quality of care critically ill patients receive, this project will:

1. Ask patients, families, doctors, and nurses to identify and prioritize areas of patient care that can be improved.
2. Review the top areas of patient care that can be improved to understand why the care did not meet expectations.
3. Develop a solution to fix one area of patient care that is in greatest need of improvement.
4. Evaluate if the solution worked.

Using this approach to develop solutions to reduce evidence-care gaps will ensure that critically ill Albertans receive the best care possible.

## PRIHS Competition #2 is Coming!

Please start thinking about ideas for programs of research.

# Critical Care SCN Leadership Team

David Zygun	Senior Medical Director
Barbara Sonnenberg	Provincial Lead
Patty Wickson	Executive Director
Michelle Salesse	Manager
Tom Stelfox	Scientific Director
Melissa Potestio	Assistant Scientific Director
Arlene Providence	Administrative Assistant
Holly Dahl	Administrative Assistant
Kimberly McGrann	Administrative Assistant

## Palliative and End of Life Care

The provincial Palliative and End of Life Care (PEOLC) conceptual framework is the result of collaboration between the Cancer SCN, Seniors SCN and the provincial Seniors Health Team. Bringing the Critical Care SCN and all other SCNs into the collaborative partnership, the framework will now shift from concept to implementation, as multiple initiatives will soon be underway to address five areas of focus aimed at enhancing the quality, accessibility and sustainability of PEOLC services across the province:

- Practice and Standards
- Education and Awareness
- Program Development
- Partnerships and Innovation
- Improving Communication

The successes and lessons learned among Edmonton and Calgary Zones in delivering multi-sector palliative care will be leveraged and incorporated within the initiative's activities to bring appropriate and equitable care to communities, while enhancing access and reducing barriers to service.

## Advance Care Planning / Goals of Care Designation (ACP/GCD)

The ACP/GCD project aims to establish and implement standardized provincial processes for advance care planning and the determination of goals of care with patients across the care continuum. The provincial ACP/GCD policy will go into effect on April 1<sup>st</sup>, 2014 and it is meant for all Albertans, patients and health professionals alike, to be aware of and engaged with.

For more information about the ACP/GCD initiative, visit [www.conversationsmatter.ca](http://www.conversationsmatter.ca) to see what information is available for health professionals and patients and families.

**Medication Reconciliation is a Required Organizational Practice (ROP). Our next Alberta Critical Care Accreditation Survey is May 2015...**

Meeting Accreditation Standards isn't a one-time event...it is about daily practice requirements.

### ***What are Some Key Elements of Medication Reconciliation?***

- Patients and their safety are at the centre of the process and approach.
- It is a Required Organizational Practice (ROP) that is reviewed annually by Accreditation Canada.
- Facilitation of a process whereby medications are intentionally continued, discontinued, or modified in a timely manner at each point in which the Patient moves through the various levels of the health care continuum.
- Vocal and visible support for implementation from Senior Leaders: with follow up where the ability to carry out Medication Reconciliation (MedRec) is an issue.
- Early engagement of health care practitioners with a particular focus on physician engagement: involvement in both developing and refining local implementation approaches.
- Early engagement of the provincial regulatory bodies for Physicians, Nurses and Pharmacists.
- Implementation consists of a phased approach with focus on urban Emergency Departments during the first phase of roll out.
- Flexible, local implementation MedRec processes
- Local processes tailored to fit the culture and clinical workflows of the care setting to achieve defined outcomes.

## More Information

Your comments, questions, and concerns are important to us. We value your ideas too!

If you wish to learn more, or become involved, please contact :

Michelle Salesse (Manager, Critical Care SCN) @ [michelle.salesse@albertahealthservices.ca](mailto:michelle.salesse@albertahealthservices.ca)