

CRITICAL CARE INVENTORY CHANGE REQUEST FORM

This change request form is for changes being made to an **EXISTING** unit in the Critical Care Information System (CCIS).

- We appreciate receiving requests 6-8 weeks in advance of changes being made.
- Addition of temporary/short term (six months or less) capacity is **not** adjusted in CCIS e.g. temporary relocation for construction, seasonal expansion, etc.

Please complete **ONE** Change Request Form per unit.

INSTRUCTIONS

1. Complete the applicable section(s) pertaining to the type of change request being made.
 - Bed capacity/inventory [Section 1]
 - Unit/Site/Corporation name [Section 2]
 - Level of care [Section 3]
 - Type of unit [Section 4]
 2. Email completed form to CCSO info@ccso.ca
Form is complete once signed by hospital CEO **and** Critical Care Clinical Lead for the Ontario Health sub-region (see Appendix).
 3. Save a copy for internal records.
 4. Change request submission will be reviewed by CCSO upon receipt.
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UNIT ADMINISTRATOR/LEADERSHIP

(Contact person(s) regarding queries about this submission):

CONTACT #1

NAME: _____

ROLE/TITLE: _____

TELEPHONE: _____

EMAIL: _____

CONTACT #2

NAME: _____

ROLE/TITLE: _____

TELEPHONE: _____

EMAIL: _____

HOSPITAL INFORMATION

SUB-REGION NAME:

HOSPITAL CORPORATION NAME:

SITE NAME:

UNIT NAME:

(Please use the unit name as listed in the Critical Care Information System – CCIS)

UNIT LEVEL OF CARE:

TYPE OF CHANGE REQUEST

PLEASE SELECT TYPE(S) OF REQUEST:

- ☐ Change to critical care bed capacity/inventory (including vented beds)
 - Bed Increase *[complete section 1.1]*
 - Bed Decrease *[complete section 1.2]*
- ☐ Change unit name and/or site name and/or corporation name *[complete Section 2]*
- ☐ Change in level of care *[complete Section 3]*
- ☐ Change in type of unit *[complete Section 4]*

SECTION 1 – BED CAPACITY/INVENTORY CHANGE

Reminder: addition of temporary/short term (6 months or less) capacity is **not** adjusted in CCIS
e.g. temporary relocation for construction, seasonal expansion, etc.

1.1 BED INCREASE

Increase in the total number of critical care beds **from** **to** beds

Increase in the total number of beds capable of mechanical ventilation **from** **to** beds

FUNDING SOURCE: (check all that apply)

☐ System Capacity Investment via Ontario Health / Critical Care Services Ontario / Ministry of Health

 Date on the Funding Letter (dd-mmm-yyyy):

☐ Capital expansion through the Ministry of Health Capital Branch (Post-Construction Operating Plan - PCOP)

☐ Internal reallocation of beds / resources – please specify:

☐ Other – please specify:

1.2 BED DECREASE

Decrease in the total number of critical care beds **from** **to** beds

Decrease in the total number of beds capable of mechanical ventilation **from** **to** beds

REASON FOR THE BED DECREASE: (check all that apply)

- ☐ Insufficient internal hospital budget
- ☐ Current capacity not required due to patient volume
- ☐ Redistribution of critical care beds from one unit to another unit
- ☐ Other – please specify:

Please note: In efforts to support critical care capacity or access to critical services, this request will be evaluated based on previous Ontario Health / Critical Care Services Ontario / Ministry of Health funding received by the hospital/unit to support their critical care capacity and services (*e.g. Critical Care Capacity Funding; Critical Care Nurse Training Funding; Critical Care Response Team (CCRT) Funding; Post-Construction Operating Plan (PCOP), etc.*).

SECTION 2 – UNIT/SITE/CORPORATION NAME CHANGE

NEW UNIT NAME:

NEW SITE NAME:

NEW HOSPITAL CORPORATION NAME:

SECTION 3 – LEVEL OF CARE CHANGE

Please note: CCSO reserves the right to follow-up on the requested level of care for additional information.

Adult Critical Care Levels of Care [Guidance Document](#) (November 2020)

Neonatal Intensive Care Unit (NICU) Levels of Care [Guidance Document](#) (March 2021)

3.1 LEVEL OF CARE INCREASE

Indicate the new functional level of care for the unit:

Specify the reason(s) for the change in the level of care:

3.2 LEVEL OF CARE DECREASE

Indicate the new functional level of care for the unit:

Specify the reason(s) for the change in the level of care:

Please note: In efforts to support critical care capacity or access to critical services, this request will be evaluated based on previous Ontario Health / Critical Care Services Ontario / Ministry of Health funding received by the hospital/unit to support their critical care capacity and services (*e.g. Critical Care Capacity Funding; Critical Care Nurse Training Funding; Critical Care Response Team (CCRT) Funding; Post-Construction Operating Plan (PCOP), etc.*).

SECTION 4 – UNIT TYPE CHANGE

Applicable to **Adult** Critical Care **ONLY**.

Please indicate unit classification as captured on the Functional Centre List of Accounts for the Ontario Healthcare Reporting Standards (OHRS) (see Appendix).

Unit Type for Paediatric Critical Care and Neonatal Critical Care is automatically Paediatric and Neonatal, respectively.

- ☐ Burn ☐ Cardiac (surgical) ☐ Coronary Care (med)
☐ Medical/Surgical ☐ Neurosurgery ☐ Transplant ☐ Trauma

UNIT PHYSICIAN MODEL

The MRP (most responsible physician) is a(n):

- ☐ Intensivist ☐ Internist ☐ Cardiologist ☐ Paediatrician ☐ Neonatologist
☐ Other, please explain:

Is this unit a **closed** unit? ☐ Yes ☐ No

Additional comments with respect to the unit's Physician Model:

An **intensivist** is defined as any of the following:

- A physician who has been trained and certified in a primary specialty – for example, internal medicine, surgery, anesthesiology, or emergency medicine – who, subsequently completes specialty training in critical care medicine certified by Royal College of Physicians and Surgeons of Canada (RCPSC) (or equivalent certification from other jurisdictions); or
- A physician with specialty training who has completed equivalent critical care medicine training prior to the recognition of critical care as a formal specialty by the RCPSC; or
- A specialty physician with extensive and ongoing clinical experience practicing critical care medicine, for example:
 - Has provided at least six weeks annually of full time (clinical duties) in critical care medicine over several years, usually since prior to availability of focused critical care medicine training
 - Over many years has devoted greater than 50% of professional time to the clinical practice to critical care medicine.

A **closed unit** is defined as an intensive care unit (ICU) where patients are admitted under the full responsibility of one trained MRP (most responsible for overall patient care).

AUTHORIZATION

I/WE HAVE REVIEWED THE CRITICAL CARE INFORMATION SYSTEM CAPACITY CHANGE REQUEST FORM AND CONFIRM THAT IT ACCURATELY REFLECTS THE INTENDED ADJUSTMENT TO THE SITE'S CRITICAL CARE CAPACITY.

HOSPITAL CEO NAME:

HOSPITAL CEO SIGNATURE:

DATE SIGNED (dd-mmm-yyyy):

SUB-REGIONAL CRITICAL CARE CLINICAL LEAD NAME:

SUB-REGIONAL CRITICAL CARE CLINICAL LEAD SIGNATURE:

DATE SIGNED (dd-mmm-yyyy):

NEXT STEPS

- Email completed form with CEO and Critical Care Regional Clinical Lead signature to CCSO info@ccso.ca.

Upon receipt, submission will be reviewed. CCSO will confirm receipt and contact the Unit Administrator upon decision of this request.

APPENDIX

FUNCTIONAL CENTRE LIST OF ACCOUNTS FOR THE ONTARIO HEALTHCARE REPORTING STANDARDS (OHRS)

Ministry of Health and Long-Term Care
Health System Information Management Division
Health Data Branch, Data Standards Unit

OHRS Appendix A
Full Functional Centre List of Accounts

MOHLTC	ONT	ACCOUNT NUMBER	ACCOUNT NAME ***** Important: Do Not Report Header (H) accounts *****	COMMENTS
H		7* 2 40	IP INTENSIVE CARE UNIT (ICU)	Use only if advanced technology is used
MOHLTC		7* 2 40 10	IP ICU – Medical	
MOHLTC		7* 2 40 20	IP ICU – Surgical	
MOHLTC	ON	7* 2 40 28	IP ICU – Trauma	
MOHLTC		7* 2 40 30	IP ICU – Combined Med/Surgical	Used by hospitals with single ICU
MOHLTC	ON	7* 2 40 35	IP ICU – Burn	
MOHLTC	ON	7* 2 40 42	IP ICU – Cardiac (Surgical)	
MOHLTC		7* 2 40 44	IP ICU – Coronary Care (Med.)	
MOHLTC		7* 2 40 50	IP ICU – Neonatal Level III Nursery	Must be reported if receiving Level III funding
MOHLTC	ON	7* 2 40 61	IP ICU – Neurosurgery	
MOHLTC		7* 2 40 70	IP ICU – Pediatric	
MOHLTC		7* 2 40 80	IP ICU – Respiriology	
MOHLTC	ON	7* 2 40 92	IP ICU – Transplant	
H		7* 2 42	IP CARDIAC MONITORED CARE	

OHRS Version 11.0, 2019/20
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SUB-REGIONAL CRITICAL CARE CLINICAL LEADS

SUB-REGION	CORPORATIONS	CRITICAL CARE REGIONAL CLINICAL LEAD
Erie St. Clair	Bluewater Health Chatham-Kent Health Alliance Erie Shores Healthcare Windsor Regional Hospital	DR. ELI MALUS
South West	Alexandra Hospital Alexandra Marine and General Hospital Grey Bruce Health Services London Health Sciences Centre St. Thomas Elgin General Hospital Stratford General Hospital Strathroy Middlesex General Hospital Tillsonburg District Memorial Hospital Woodstock General Hospital	DR. IAN BALL
Waterloo-Wellington	Cambridge Memorial Hospital Grand River Hospital Corporation Guelph General Hospital St. Mary's General Hospital	DR. FRANCIS REINDERS
Hamilton Niagara Haldimand Brant	Brant Community Healthcare System Hamilton Health Sciences Centre Joseph Brant Hospital Niagara Health System Norfolk General Hospital St. Joseph's Healthcare System	DR. DWIGHT PRODGER
Central West	Headwaters Healthcare Centre William Osler Health Centre	DR. ANDREW HEALEY
Mississauga Halton	Halton Healthcare Services Trillium Health Partners	DR. ANDREW HEALEY
Toronto Central	Humber River Hospital North York General Hospital Scarborough Health Network Sinai Health System Sunnybrook Health Sciences Centre The Hospital for Sick Children Toronto East Health Network Unity Health Toronto University Health Network	DR. DAMON SCALES
Central	Mackenzie Health Oak Valley Health Southlake Regional Health Centre Stevenson Memorial Hospital	DR. SUBARNA THIRUGNANAM
Central East	Lakeridge Health Corporation Northumberland Hills Hospital Peterborough Regional Health Centre Ross Memorial Hospital	DR. RANDY WAX

South East	Brockville General Hospital Kingston Health Sciences Centre Lennox and Addington County General Hospital Perth and Smith Falls District Hospital Quinte Health Corporation	DR. JOHN MUSCEDERE
Champlain	Children's Hospital of Eastern Ontario Cornwall Community Hospital Hawkesbury and District General Hospital Hospital Montfort Pembroke Regional Hospital Inc Queensway-Carleton Hospital Renfrew Victoria Hospital The Ottawa Hospital University of Ottawa Heart Institute	DR. DAVID NEILPOVITZ
North Simcoe Muskoka	Collingwood General and Marine Hospital Georgian Bay General Hospital Muskoka Algonquin Healthcare Orillia Soldiers Memorial Hospital Royal Victoria Regional Health Centre	DR. MARK BAILEY
North East	Blanche River Health (Kirkland & District) Health Sciences North North Bay Regional Health Centre Sault Area Hospital Sensenbrenner Hospital St. Joseph's General Hospital (Elliot Lake) Temiskaming Hospital Timmings and District General Hospital West Parry Sound Health Centre	DR. JOSÉE THÉRIAULT
North West	Lake-of-the-Woods District Hospital Thunder Bay Regional Health Sciences Centre	DR. MICHAEL SCOTT