

# CRITICAL CARE INVENTORY

## NEW UNIT REQUEST FORM

This change request form is for creating/activating a **NEW** unit in the Critical Care Information System (CCIS).

- Implementation of new units takes approximately 6 to 8 weeks to complete in CCIS upon approval of request.
- Addition of temporary/short term (six months or less) capacity is **not** adjusted in CCIS e.g. temporary relocation for construction, seasonal expansion, etc.

### **INSTRUCTIONS**

1. Complete this form in its entirety.
  2. Email completed form to CCSO [info@ccso.ca](mailto: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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Please indicate the date you would like to request the **new unit** to be reflected in CCIS (dd-mmm-yyyy):

## 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:

## NEW UNIT INFORMATION

NEW UNIT NAME:

NEW UNIT LEVEL OF CARE:

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)

Paediatric Levels of Care [Guidance Document](#) (October 2023)

NEW UNIT TYPE (applicable to **Adult** Critical Care **ONLY**): (choose one)

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 will automatically be Paediatric and Neonatal, respectively.*

- |   |   |  |                                 |
|---|---|--|---------------------------------|
| <input type="checkbox"/> Burn             | <input type="checkbox"/> Cardiac (surgical) | <input type="checkbox"/> Coronary Care (med) |                                 |
| <input type="checkbox"/> Medical/Surgical | <input type="checkbox"/> Neurosurgery       | <input type="checkbox"/> Transplant          | <input type="checkbox"/> Trauma |

## NEW UNIT PHYSICIAN MODEL

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

- Intensivist                      Paediatric Intensivist                      Internist                      Cardiologist  
 Paediatrician                      Neonatologist

Other, please  
explain:

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.

Will the new unit be a **closed** unit?                       Yes                       No

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).

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

## CRITICAL CARE BED CAPACITY INFORMATION

Indicate the **total number of beds** to be added to the new unit:

# CRITICAL CARE BEDS (i.e. non-vented + vented beds):

# BEDS CAPABLE OF MECHANICAL VENTILATION (i.e. vented 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:

## **AUTHORIZATION**

I/WE HAVE REVIEWED THE CRITICAL CARE INFORMATION SYSTEM NEW UNIT REQUEST FORM AND CONFIRM THAT IT ACCURATELY REFLECTS THE INTENDED ADDITION OF NEW 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 Sub-Regional Clinical Lead signature to CCSO [info@ccso.ca](mailto:info@ccso.ca).

Upon receipt, submission will be reviewed. CCSO will confirm receipt and contact the Unit Administrator upon decision of this request. Implementation of new units takes approximately 6 to 8 weeks upon approval of 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
<b>H</b>		<b>7* 2 40</b>	<b>IP INTENSIVE CARE UNIT (ICU)</b>	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 – Respirology	
MOHLTC	ON	7* 2 40 92	IP ICU – Transplant	
<b>H</b>		<b>7* 2 42</b>	<b>IP CARDIAC MONITORED CARE</b>	

OHRS Version 11.0, 2019/20  
Updated: April 1, 2019

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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 Brightshores Health System 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 Health 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	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 Timmins 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