

# Together we can

## Critical Care Program

The Critical Care Program at Kingston General Hospital (KGH) includes a 21-bed intensive care unit (ICU) and an 18-bed enhanced care unit that provide acute care services for the sickest patients in our region. The ICU cares for patients with life-threatening illness and injuries including stroke, cardiac arrest, traumatic brain or spine injury, and renal failure.

Patients are admitted to the ICU from other areas of the hospital, other hospitals in Southeastern Ontario and occasionally from hospitals in other provinces or countries. Care is provided by a multidisciplinary team made up of intensivists (intensive care doctors), residents, nurses, respiratory therapists, pharmacists, social workers, dietitians, physiotherapists, and spiritual care providers.

### Redevelopment

KGH's plan is to increase the size of the ICU and add 12 new beds to the current 21-bed unit and 7 beds to the ECU.

Expansion of the critical care program at KGH will improve patients' access to life saving surgery.



Patients who come to KGH are more acutely ill than ever before. Nowhere is that fact



*The new KGH ICU*

more evident today than in the hospital's ICU, which is operating up to 120 percent capacity.

Demand for critical care beds is above and beyond what the units can handle, which means KGH cannot provide the service it is mandated to provide. The need for intensive care has grown substantially over the last few years due largely to the increased number of elderly with multiple co-morbidities or illnesses in our area. The units are often full requiring the hospital to look after patients needing the high level care offered there in the Emergency Department or other areas until a bed becomes available.

The lack of critical care beds means that more and more patients who should be cared for at KGH have to go elsewhere,

far from their homes and families. It also means that sometimes surgeries are delayed for cancer or cardiac patients because an appropriate enhanced care space is not available for their recovery. A multi-vehicle, fatal pileup on Highway 401 could easily overwhelm existing resources that are already overextended.

### Naming Opportunities

- ICU Unit: \$3.2 million
- Family Lounges: \$200,000 - \$250,000
- Family Waiting Rooms: \$100,000 - \$150,000
- Procedure Room: \$75,000 - \$100,000
- Patient Rooms: \$50,000 - \$100,000

Government doesn't pay for all of our hospitals' equipment, research and education needs.



# Together we can Critical Care

That's why local support for our hospitals is critical if we want our community to have the very best health care services.

## Equipment

Critical care equipment is some of the most expensive equipment in a hospital, from ventilators that help patients breathe (\$66,500) to monitors that measure heart rate, blood pressure and oxygen saturation (\$48,000). At the same time, some pieces of equipment are less expensive but just as critical to our patients, including IV pumps that deliver medication, sedation, and antibiotics (\$16,500) and feeding pumps (\$800). Because government doesn't pay for all of the hospitals' equipment needs, community support is required to purchase equipment that is crucial to care for critical care patients.

## Education

Critical care nurses are some of the most highly skilled nurses in the hospital and deal with some of the most difficult care situations including end-of-life care. This means they are often the most difficult to recruit and retain. The hospital needs to provide them with the very best educational opportunities.

Nurses require an eight week orientation and training to work in these highly complex units and new nursing grads require even more training. The province does not provide funding for this training, nor do they provide funding for mid-career nurses who need access

to the latest developments in critical care. These nurses care for patients with a wide variety of critical illnesses and injuries. The treatment and equipment used for each patient can be very different. Depending on the composition of patients, some nurses may not use some procedures or equipment for weeks at a time. It is only through educational opportunities that nurses are able practice the highly complex skills and maintain their expertise.

Support for nursing education ensures that our staff is always ready to care for any patient that arrives at our hospital in need of critical care. A fund to provide relief time for nursing education, for example, will enable the program to retain on-call nursing staff to care for patients when scheduled team members are at a conference.

## Research

Research is one of the strengths of the Critical Care Program, with internationally recognized research in decision-making in the critically ill and end-of-life care, resuscitation techniques, ventilator associated pneumonia, family satisfaction with ICU, and health resources utilization and scheduling.

For example, Dr. Daren Heyland, a critical care doctor, spearheaded an international study which found that ventilator associated pneumonia - a hospital acquired infection - significantly contributes to serious complications and increases in

mortality in critically-ill patients. The study also found that this burden may be reduced by appropriate use of antibiotics and the use of invasive diagnostic techniques.

Members of the critical care team have also been principle or co-investigators studying the effect of various interventions to prevent infectious complications, blood clots and organ failure.

While these projects have received government funding, many other important research questions cannot be addressed because the Critical Care Program lacks research funds. For example, support for nursing research would enable nursing investigators to address important questions related to the moral distress nurses face daily in critical care that contributes to burnout and turn-over.

## Opportunities for giving

- Unrestricted gifts to help the program, *no minimum*
- Patient care equipment (list available)  
\$1,000 - \$175,000
- Send a nurse to a conference or training session \$500 - \$3,000
- Support on-site training session for clinical staff  
\$2,000 - \$5,000
- Invest in local hospital research, *no minimum*