

November 4, 2019

To: Brock Wright, Chief Executive Officer and Provincial lead of Health Services
Real Cloutier, Chief Executive Officer, WRHA

Cc: Dr. Perry Gray, Chief Medical Officer, Shared Health
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Dr. Ross Feldman, Head, Department of Cardiac Sciences
Theresa Oswald, CEO, Doctors Manitoba

As Winnipeg's critical care physicians, we are responsible for overseeing the care of critically ill patients within Manitoba, North-western Ontario and Nunavut. Unfortunately, the unintended consequences of consolidation have placed significant limitations on our ability to meet this important patient care mandate.

Over the past 2 years, three WRHA adult intensive care units were closed to support the 3 acute care hospital plan. The proposed ICU bed base decrease (from 72 to 63) was justified partly with the expectation of improved efficiencies in other parts of our healthcare system. Unfortunately, these efficiencies have yet to be realized.

Furthermore, the consolidation process has precipitated a severe shortage of qualified ICU nurses. This human resource crisis has resulted in the inability to staff even the proposed, shrunken ICU bed base. Today Winnipeg has only 58 open ICU beds; and opening of the remaining funded ICU beds at Health Sciences Centre is being forced to delay until at least February 2020 due to lack of qualified nursing staff.

Nursing shortages are not easy to solve. It is imperative however that this human resource challenge be addressed prior to February 2020. The care of a critically ill patient is complex, and requires admission to an intensive care unit that is staffed with a specialized multidisciplinary critical care team.

The inadequacies of both the ICU bed base and ICU nurse recruitment/retention have precipitated a wider crisis within our health care system in recent months. This fall, there has frequently been insufficient ICU capacity despite only normal variation in the volume of critically ill patients. As a consequence, the overflow of critically ill patients into Emergency Departments and Post-Anesthesia Units has led to disruptions of patient flow in the Emergency and Surgical Programs.

Using prediction models based on historical WRHA data, we anticipate that the current bed base (58 beds) will result in over-capacity issues for our Critical Care Program 50% of the time. Based on similar historical data and our current patient volumes, we estimate our region requires 64 to 68 ICU beds to adequately manage routine variations of patient needs.

Over-capacity ICU's will undoubtedly result in delays of optimal care provision for critically ill adults. It is well established that early resuscitation and admission to a multi-disciplinary, appropriately staffed ICU improves survival in critical illness. As intensive care physicians, we are gravely concerned that current ICU bed and nursing crises will contribute to significant and avoidable patient morbidity and mortality. With inadequate ICU beds, a severe flu season will be catastrophic with no ability to deal with surge demands for critically ill patients.

The extent to which consolidation has altered workflow within the three acute care sites is under-recognized. The new reality is that critical care physician resources are increasingly required outside of the ICU. Our proposal for a hospital-based critical care outreach physician will serve as an attempt to better match medical resources with patient needs. This role will provide support at each of Winnipeg's acute care hospitals by improving the timeliness of access to critical care consultations and interventions for critically ill patients. It is important to note that a critical care outreach physician is NOT a specific solution meant to address the insufficient bed base and it is not a substitution for appropriate ICU bed expansion.

A comprehensive description of the current situation, foreseeable consequences, and our proposed solutions was submitted to Shared Health representatives in the summer of 2019. This document included an evidence-based plea for expansion of the ICU bed base as well as the creation of a critical care outreach physician service. We believe both of these proposals are necessary to continue to provide safe care to our critically ill patients.

We await your response as we all work towards ensuring safe, high quality critical care delivery.

Sincerely,

Winnipeg Critical Care Physicians



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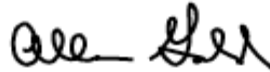
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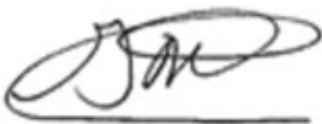
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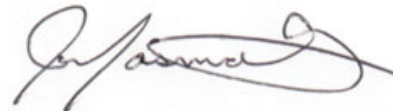
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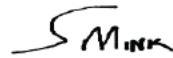
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