Residents responded to 144 legitimate HaliCAT calls over a 12-month period. The mean age of patients on whom HaliCATs were called was 68 years (SD=15, range 28-100 years) and 47% (N=68) were female.

<table>
<thead>
<tr>
<th>Reason for HaliCAT Alert</th>
<th>%, N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Symptoms</td>
<td>39% (56)</td>
</tr>
<tr>
<td>Cardiovascular Symptoms</td>
<td>37% (54)</td>
</tr>
<tr>
<td>Neurological Symptoms</td>
<td>15% (22)</td>
</tr>
<tr>
<td>Other</td>
<td>5% (7)</td>
</tr>
<tr>
<td>Infection</td>
<td>4% (5)</td>
</tr>
</tbody>
</table>

In responding to the HaliCAT alert, residents ordered for transfer to higher level of care in 53% (N=76) of cases.

Subsequently, 89% of these patients (68/76) were transferred to an Intensive Care Unit, 5% (4/76) to an Intermediate Care Unit, 4% (3/76) to a Medical/Surgical unit and 2% (1/76) to another unit (e.g. ED).

Aim

To examine the frequency of calls and outcomes for resident-led HaliCAT responses over a 1-year period.

Analyses included:
- The frequency and indication for the HaliCAT alert.
- Subsequent transfer of the patient to a higher level of care.
- Code Blue calls over the same time period and whether a HaliCAT preceded the Code Blue.

Methods

Following conclusion of the HaliCAT call, the responding physician documents a “HaliCAT note” in the electronic medical record (EMR) which includes the assessment and plan.

All HaliCATs that were led by Family Medicine residents were retrieved from December 2015 – December 2016.

Each case was reviewed by an MD and data were extracted using a specifically designed tool.

Data were entered into a specifically designed database for analysis.

Conclusions / Lessons Learned

- Conclusion: The majority of HaliCAT alerts were for patients experiencing Respiratory or Cardiovascular symptoms. Over half of cases were subsequently transferred to a higher level of care, most commonly an Intensive Care Unit, indicating the severity of the cases.
- Sustainability: Several processes are in place to ensure continued sustainability. Each case is reviewed, longitudinal curricula have been developed to ensure HaliCAT exposure throughout the duration of residency.
- Limitations: Issues with the alerting system for physician involvement, variability in documentation by medical providers.
- Next steps: Identifying technologies to streamline the alerting system and reviewing opportunities for decreasing the number of Code Blue calls through examination of HaliCATs for CV and Respiratory symptoms.
- Promoted Success: Constant review, Intensivist and Hospitalist Support & Multidisciplinary Collaboration.
- Based on the outcomes and documentation, it was evident that the entire team of healthcare professionals worked together to identify changes in clinical status, manage patients and improve outcomes.
- Barriers: Alerting system issues, transitioning to new format, variations in adhering to new procedures.
- Reflections: Demonstrated the value of teamwork but also how to handle conflict resolution in order to place patient safety as the top priority. Residents responding to urgent and uncertain clinical situations forces a strong reliance on physical and clinical skills to make rapid treatment decisions. This is critical to their education in a world of over-utilization and heavy reliance on diagnostic testing.

References: