



RESOLUTION 11-45

DATE: May 26, 2011

MOVED BY: B. Killah

SECONDED BY: L. Addison

WHEREAS historically, non-urgent patient transfers have been completed by Ambulance Services; and

WHEREAS the Ministry of Health & Long Term Care (MOHLTC) Emergency Medical Services Branch stated at the NOSDA Annual General Meeting that this issue of non-urgent patient transfers is not the responsibility of the MOHLTC but rather the responsibility of the Local Health Integration Network's (LHIN's) and Ministry of Transportation (MTO); and

WHEREAS the Manitoulin-Sudbury Emergency Medical Services are providing a service beyond their core legislated mandate, being funded 50% by the municipalities, which comes at the expense of true medical emergencies, and through no fault of their own, are doing so in an ineffective, inefficient manner;

THEREFORE BE IT RESOLVED THAT the Manitoulin-Sudbury DSB approve the [Non-Urgent Patient Transfer Issue Report](#) prepared by staff; and

FURTHER BE IT RESOLVED THAT staff be directed to implement the recommendations contained in the report which state:

1. **Consult with stakeholders.** Visit each hospital leader and engage the North East LHIN on this matter. Bring forth EMS concerns and possible solutions. Consult with other EMS in the area. Find commonality on the issue and bring forth that perspective on a joint effort.
2. **Redevelop our Deployment Plan.** Adjust the Deployment Plan to place some pressure on the decision makers. Allowing fewer vehicles to provide non-urgent transportation will make it harder for the hospitals to rely on our services. Place guidelines within the plan that dictate the process for delaying a non-urgent transfer and provide same to Hospital Administrators. With this in mind we will need to develop a tool for our front line staff to utilize when the inevitable "up-coding" of patients occurs. This will need to involve EMS Management as there could be some resistance from the hospitals and we should look to engage the North East Ontario Pre-hospital Care Program (NEOPCP) in evaluating cases of "up-coding". Allowing the NEOPCP Medical

Director to review potential “up-coding” of transfers will validate or dismiss the perception on what is actually occurring.

3. **Present a business case to the MOHLTC.** In the North, the most realistic option to this matter may be a two tiered EMS system that encompasses both emergency and non-urgent transportation; the latter being 100% funded from the Province. To this end we should bring forth the solution to the MOHLTC EHS Branch Field Office. Preparing a detailed business case on this matter will show that this organization is forward thinking and willing to bring forth real solutions to real problems.

4. **Monitor the situation.** Evaluate as we progress through the recommendations and see the results of the Ombudsman Report and the provincial election. Also look at how others are progressing through this issue.

FURTHER BE IT RESOLVED THAT this resolution be forwarded to AMO, NOSDA, FONOM, NOMA, AMEMSO, NE LHIN, MOHLTC, MTO and CMSM/DSSAB’s.

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