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District Services Board

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Report To:	Program Planning Committee
From:	Michael MacIsaac Chief of EMS
Date:	May 25, 2011
Re:	Non-Urgent Patient Transfers

RECOMMENDATION

That the Program Planning Committee accept this report as a means of providing information on the topic of non-urgent patient transfers from the EMS Department. At the end of this report recommendations will be presented as a starting point for deeper investigation into this critical matter.

Historical Significance

Historically, non-urgent patient transfers have been completed by Ambulance Services. In the somewhat distant past when private operators ran the service for the Ministry of Health & Long Term Care (MOHLTC), completing non-urgent transfers was a normal occurrence. For many services in rural Northern Ontario, post municipal download in 2000, it is still the case.

Regardless, this issue is not new and was quoted as an issue in the 1991 Emergency Medical Services Review "Swimmer Report". Noted within was a 40% increase in non-urgent transfers in the 1980's. Additionally noted was the inappropriateness and inefficiency of local Ambulances services to provide this service.

In 1997 a document was produced by the MOHLTC entitled, "*Guide to Choosing Appropriate Patient Transportation"*. This hospital guide specifies that an ambulance should be used if:

1. It is an emergency situation
2. If the patient has been judged by a physician or a health care provider designated by a physician, to be: unstable; in need of a nurse, other primary care provider, emergency medical attendant or paramedic enroute; and in need of a stretcher. The conditions must apply concurrently.
3. An ambulance is the only available means of transportation.

In 1999 the OHA produced a position paper calling on the MOHLTC to take action on 8 issues with the impending Ambulance download. One of said recommendations was that "the MOHLTC should designate non-emergency inter-facility transfers as part of the ambulance service system and that continuum of care and the costs of these transfers should be funded accordingly".

In 2002 the MOHLTC commissioned a study by the IBI Group on behalf of the Land Ambulance Implementation Steering Committee to investigate "*Non-Emergency Inter-Facility Patient Transfers"*. Once received, the final report was not released to the public by the MOHLTC. It was through a Freedom of Information Request that the study was made public. The results of the report revealed 4 major points:

1. Patient Transfer Arrangements Need to be Improved
2. Mode Choice Should Reflect Patient Care Needs
3. Ambulances Should be Used Predominantly for Emergencies
4. MTS Operations need to be regulated.

In 2004 the OHA drafted a paper entitled, "*Non-Emergency Ambulance Transfer Issues for Ontario's Hospitals".* Within that paper, the OHA produced results of a survey of hospitals on their current experiences with local ambulance services in relation to non-urgent transfers. 84 surveys were returned and 91% of respondents indicated that they had experienced delays or difficulties with non-urgent EMS Transfers, 97% cited delayed departures, and 87% cited this as an inefficient use of resources due to missed/delayed departure and late/missed appointments.

In 2005 the *"Annual Report of the Office of the Auditor General of Ontario"* reported on this issue. Stating an increase in requests for EMS resources to perform non-urgent transfers the report found that the MOHLTC was somewhat ignoring the issue stating;

> *"The Ministry did not track or analyze the total number of scheduled transfers to institutions done by private medical transport services; the number that could safely be done by medical transport services but were actually being done by ambulances; or the number that should have been done by ambulances but were done by medical transport services."*

In failure to analyze the data, the MOHLTC was failing to evaluate whether this was the most cost effective solution. It was recommended that;

> *"The Ministry should work jointly with municipalities and the hospital community to:*
> - *develop and put in place standards for non-ambulance medical transport services to address passenger safety; and*
> - *take steps that will encourage the use of the most cost-effective resources for the scheduled transfer of non-emergency patients."*

The MOHLTC submitted a response indicating that a working group had been established to look into the matter. In the *2007 Annual Report of the Office of the*

Auditor General of Ontario, an update was provided to the Auditor General whereby the MOHLTC concluded that the issue on non-ambulance medical transportation fell within the realm of the Ministry of Transportation.

More recently documents and studies have looked at this topic and there continues to be not one that indicates the burden on current EMS to be appropriate.

Legislation

To fully understand this topic it is important to understand logistics in Ambulance services. All EMS in Ontario is governed by strict MOHLTC directed legislation. Additionally, there are other acts relating to the operation of an ambulance service with the preeminent document being the "*Ambulance Act*".

While the Ambulance Act does not outright prohibit the use of Ambulances for non-urgent transfers (it does not prohibit the use of an Ambulance for any purpose), it does define ambulance to be "a conveyance used or intended to be used for the transportation of persons who;

a) have suffered a trauma or an acute onset of illness, either of which could endanger their life, limb or function;

b) have been judged by a physician or a health care provider designated by a physician to be in an unstable medical condition and to require, while being transported, the care of a physician, nurse, other health care provider, emergency medical attendant or paramedic, and the use of a stretcher."

Many patients being transferred by Manitoulin-Sudbury EMS from one facility to another do not fall within the criteria as listed above.

A small section of the Ambulance Act deals with payment for services. Part VI, S 20.1 states;

"that no person shall charge a fee or a co-payment for or in connection with the provision of ambulance services unless:

a) the fee or co-payment is a co-payment authorized under the Health Insurance Act

b) or a fee under the Ambulance Act."

The Ontario Health Insurance Act actually specifies a co-payment of $45.00 for Ontario residents with a valid Ontario Health card, when they take an ambulance. The Act further has stipulations as to when this fee is not charged. One such occasion is when the person is being transferred from one health care facility to another for insured medically necessary treatment. Understanding this, there is no provision to charge for inter-facility non-urgent transfers.

In the realm of governing legislation it is also important to note that The Highway Traffic Act and Municipal Act also have applications relating to medical transportation services.

Current Issues

This whole issue can be summarized in one sentence.

> **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.**

After many, many years of banter there appears to now be a concerted effort on many fronts to find a resolution on this matter, but there appears to be some confusion over whose issue this is. A CBC radio report by freelance reporter *Tina Pittaway* has begun to shed light on the non-urgent transfer "business" more commonly referred to as private Medical Transportation Services (MTS). It is the issue of the MTS which appears to be muddying the waters when it comes to the issue in Northern Ontario. There are very few MTS in Northern Ontario mostly due to the vast geographic distances and the inability of smaller rural healthcare systems to find room within their operating budgets to fund the costs of such. To put it realistically, if there was profitable business opportunity in Northern Ontario, the private, for profit MTS would be prominent in this area of the province.

Arising from the above mentioned report is an "*Ontario Ombudsman Investigation*". This investigation was launched in January of this year. The findings of the investigation should be made available shortly as the Special Ombudsman Response Team was to have their investigation completed 90 days after the announcement on January 11, 2011. The focus of the report is on whether the MOHLTC and MTO are ensuring adequate measures to protect the public when it comes to non-emergency transportation services. It is expected that arising from the report will be clear direction on who is responsible for this system. Once the report becomes public we will provide the findings to the Board.

Position papers were created by both *NOMA* and *NOSDA* in 2010 to deal with this issue. Then in April of this year, President of AMEMSO, *Norm Gale* spoke at the NOSDA AGM on the topic. Many issues were detailed including:

1. Increased demands on EMS – emergency call volumes are rising as indicated previously mainly due to an aging population not due to increased population levels

2. Providing a service not within the legislated mandate – Ambulances are meant for emergency use. When considering usage for transfers the person should have been judged by a physician to be in an unstable medical condition ***and*** to require while being transported, the care of a physician, nurse, other health care provider, emergency medical attendant or paramedic ***and*** the use of a stretcher. Often times none of

these factors are met and performing these non-legislated requests hinders our ability to meet our legislated demands.

3. Inefficient, ineffective – cannot guarantee that EMS will be on time, cannot guarantee that EMS can bring the patient or nurse escorts back, paying highly trained well paid professionals for something that does not require their skills.

4. Comes at the expense of emergency coverage (the legislated demand) – when an ambulance is out of the rural community emergency coverage is almost always sacrificed. Crews sit on standby to balance the issue.

This presentation was followed up by another from Senior Emergency Health Services (EHS) Manager, Dr. Tony Campeau. During that presentation it was mentioned that it would be hoped that the Ombudsman Report would shed light on this topic and that MTS regulatory measures could be produced. This representative from the MOHLTC EHS Branch stated that this issue is not one for the MOHLTC, rather it is one for the Local Health Integration Network's (LHIN's) and Ministry of Transportation (MTO). It was also further noted that the MOHLTC is already paying for non-urgent transportation at a rate of 50% based upon EMS operating costs. Additionally, it was mentioned that if we were to increase staffing compliment to cover our communities emergency needs due to non-urgent transfers, the MOHLTC would consider those costs at 50% funding as well.

What Our Neighbours are doing?

There are 3 Northern Municipalities that have the benefit of MTS; Thunder Bay, Sault Ste. Marie and Sudbury. Most relevant is the one in Sudbury by the name of Platinum Patient Transfer Service. Platinum is working for the Hôpital Régional de Sudbury Regional Hospital (HRSRH) on a contract basis. The hospital has found a way to work within the confines of their budget to hire this company to alleviate the transfers out of their facility. Although the realm of hospital funding is beyond the familiarity of this organization, we do understand that a portion of the HRSRH budget is affected by the number of specific surgeries that can be performed at their facility. Annually the MOHLTC will focus special funding for specific surgeries in order to reduce wait times (e.g. knee and hip replacements). If they do not have a bed for the surgical recovery, they cannot perform the surgery and do not maximize their funding. It is therefore in the best interest of the hospital to ensure that there are available beds. Finding ways to pay an MTS to move patients, thereby emptying beds is an economic benefit. They are spending money to maximize specific funding. It is partially due to this reason that an MTS can operate in Sudbury.

It must also be noted that in Sudbury there is an emerging problem with Ambulance Offload Delays (AOD). AOD's are a plague in Southern Ontario and now Sudbury whereby an Ambulance can't release their patient into the care of a nurse or Doctor because of lack of beds in the Emergency Department (ED). The lack of space in the ED is a direct result of a lack of space in different wards of the hospitals due to many factors including an aging, sicker population, lack of staffing, and lack of long term care (LTC) options for patients requiring care in the form of a home for the aged or

nursing home. This backlog eventually spills into the ED, and then inevitably onto the streets. Paramedics are standing in the halls of the ED with a patient on their stretcher caring for them for upwards of many hours while the hospital tries to find beds. When this occurs a Paramedic (Ambulance) is out of service; they cannot unload their patient and cannot attend to emergency calls within the community. Further compounding this predicament, Paramedics, who we know are being relied on to transfer non-urgent patients, cannot transfer those patients out of the hospitals because they cannot clear their stretcher of their original patient. It becomes a vicious circle. It is also partially due to this, that the HRSRH finds ways to fund the MTS. Currently, rural hospitals do not have the same flexibility to creatively find room in their budget to fund MTS. Furthermore rural hospitals have not yet experienced the AOD issue in any great numbers.

Nipissing DSB recently embarked on a pilot project with their regional hospital whereby they donated a used Ambulance to the hospital for use as a non-urgent patient transfer vehicle. The hospital has hired employees to staff this vehicle. It is unknown at this point whether this collaborative approach will work or not.

During the week of May 9th the Association of Municipal Emergency Medical Services of Ontario (AMEMSO) met in Toronto for its annual Education and Business seminar. The topic of non-urgent patient transfers was discussed at the Northern EMS Directors/Chiefs Zone meeting. At this meeting there were many different approaches being evaluated on this issue but not a unified one as each service has its own thoughts and performance issues.

We have heard reports of a somewhat unique approach to this issue. The suggestion is to start a 2 tiered system without the blessing of the MOHLTC. Initially, funding will be 100% municipal, while subsequently seeking approval (funding) from the MOHLTC. The specific details of this initiative are not yet known.

Sault Ste. Marie is starting to see issues with AOD's and has an MTS available for non-urgent transfers. A recent meeting with the Sault Ste. Marie Central Ambulance Communication Centre (CACC) revealed that there have been many recent circumstances whereby the AOD's and lack of hospital beds has necessitated the use of the neighbouring EMS (Algoma) to provide emergency coverage. This is despite the use of the MTS.

What the rest of Ontario is doing?

Most of Southern Ontario is well positioned with MTS; consequently the issue is not as large as in the North. The hospitals and LHIN's in the South realize the issue and are looking at managing it.

The South West LHIN has engaged stakeholders in a project aiming to look at the non-urgent patient transportation issue. Their *Project Charter* summarizes their goals and different phases for implementation. They realize the issue and are actively pursuing a resolution with the best interests of the patients in mind.

The Central East LHIN commissioned a *study by the IBI Group* on the issue in 2010. Amongst its finding it indicated that EMS is performing 18% of the transfers between their facilities with the other 82% being completed by MTS. Interestingly they note the 18% as a *"relatively heavy reliance on land ambulances for backup"*.

The North West LHIN commissioned a *study by KPMG* which focused on the Regional Emergency Department. Many high priority recommendations deal with medical transportation one of which involved establishing a governance committee to focus on the issue of non-urgent patient transportation. The study noted the inefficiencies of utilizing EMS to perform non-urgent transfers. It also found that EMS are performing 53% of the patient transfers.

It is evident by the reports, studies, and projects as listed above that other areas of the province realize non-urgent patient transportation as a major issue within the hospital system.

Statistics

As mentioned throughout previous reports and presentations, call volumes are on the rise. The following table details call volume differences over the past 10 years.

YEAR	1	2	3	4	8	Total
2001	1042	524	786	2211	2614	7177
2002	942	438	807	2169	2500	6856
2003	911	430	755	2083	2648	6827
2004	876	546	778	2499	3361	8060
2005	813	561	842	2462	3611	8289
2006	856	647	791	3059	4058	9411
2007	1091	627	768	3608	5292	11386
2008	974	515	963	3489	4458	10399
2009	1088	558	1389	3466	5384	11885
2010	1133	492	1574	3310	6016	12525
Difference	**91**	**-32**	**788**	**1099**	**3402**	**5348**
% Change	***9%***	***-6%***	***100%***	***50%***	***130%***	***75%***

While you will note that the traditional non-urgent transfer code 2's have remained fairly consistent you will also note an increase to code 1 calls. Most often code 1's are really unplanned non-urgent transfers. Additionally, you will note in the statistics a considerable increase to code 3 calls, many of which are actually so called "urgent" transfers. Appropriately noted, there is an increase in overall emergency calls (codes 3, 4 & 8) of 94%. Emergency calls are on the rise, while it appears that non-urgent calls remain fairly static.

A further breakdown of patient transfers from 2010 reveals the following. Of the 12,525 calls in 2010, 2,251 of them were considered patient transfers. That equates to 18% of our overall call volume. It can be suggested that this volume represents a very high percentage of the overall patient transfer volume from the healthcare facilities, since we know that we do not directly have a MTS in our area. Some of the

noted patient transfers were provided from a patient's home, and some from a Long Term Care facility, but most originated out of the Hospitals.

The following table reveals the highest number of pickups considering patient transfers.

Rank	Pick-up Location	Number of Transfers
1	Manitoulin Health Centre – Little Current	473
2	Espanola General Hospital	468
3	Hôpital Régional de Sudbury Regional Hospital	408
4	Manitoulin Health Centre – Mindemoya	273
5	Chapleau General Hospital	104
6	St Joseph Health Centre - Sudbury	103

Within the mix of transfers listed are all types of transfers. Not all of the above listed transfers can be described as non-urgent.

Options

Arising from research into this issue and based on options presented by different parties at different points in time, please see the following options for your consideration.

1. **Do Nothing** – We can continue to provide for non-urgent transfers under the current system. We can wait to see if anything arises out of the Ombudsman Report and wait to see how other LHIN's find resolution on this matter, and see if our LHIN or the MOHLTC will move on the issue.

2. **Look to the NOSDA Report for guidance** – The NOSDA report provided 3 recommendations:

    i. Wide distribution of the NOSDA paper to all stakeholders (this option was pretty well fulfilled by engaging the Premier on Ontario and other political bodies).
    ii. Consider treating non-urgent transfers as "special events" and charge the hospitals when transportation of patients does not fall within deployment plan guidelines.
    iii. Give notice that we will not up-staff and demand medical escorts for non-urgent patient transfers to encourage the Hospitals, LHINS, and MOHLTC to look at this issue closer.

3. **Look to the NOMA Report for guidance** – The NOMA report provided 4 options to consider, all of which encompass a system of providing non-urgent transportation in an alternate fashion :
    i. A provincial patient transportation system.
    ii. EMS Agencies to Provide the Service
    iii. The Private sector to provide the service
    iv. Transfer Bus

4. **Consultation & Political Movement** – This process has begun. The CAO and Chief of EMS met once with the CEO of Manitoulin Health Centre to discuss this topic. The discussion was cordial and the issue was brought to light. A follow up meeting would be in order as well as initial meetings with leaders at Espanola General Hospital and Chapleau General Hospital (the two other Hospitals in our area). Furthermore, consultation with the LHIN would be essential in attempting to educate on our particular issues surrounding non-urgent patient transportation.

5. **More Study** – There are many studies and reports already in varying degrees of completion. LHIN's, Political Associations, Hospitals, the MOHLTC, and the private sector have all studied this topic with varying results. We could, from our perspective add to these studies with one of our own drawing on our particular circumstances and statistics.

6. **Definitive Action** – Immediately do what we can to make this issue a main issue to all stakeholders involved. Pushing the boundaries of legislation we could take an aggressive approach in drastically cutting our ability to perform non-urgent patient transfers. Essentially, this would be a radical approach to the matter and one not seen to date in other areas.

Understand that this is not an EMS issue; however EMS has carried the burden for many years simply out of historical perspective and an unwillingness for anyone else to assume proper responsibility for it. The MOHLTC is indicating that this is an issue for the LHIN's and the MTO. The Hospitals who are funded from the LHIN's are in a tough financial position and appear unwilling to go to the LHIN for funding on this issue when they need funding for patient care.

Recommendation

While there are many possible approaches to this matter, it appears that no one option can be as successful as a combination thereof. It is with this in mind that a concerted plan consisting of action items and a wait and see approach is essential. The timing of this is crucial. A Provincial election is on the horizon, the Ombudsman Report should be available shortly, other LHIN's are actively investigating this matter, and political groups have gained an understanding on this issue. An approach as laid out below should be effective in gaining progress.

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 to 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.

Conclusion

The issue of non-urgent patient transfers had been going on a long time. As pressures mount on EMS to respond to an increasing number of emergency calls the ability of EMS to continue with its historical assistance in hospital transportation is decreased. At present time EMS is ineffective and inefficient in providing this unlegislated service. Areas in Southern Ontario where the free market reigns don't have as great an issue with non-urgent transfers due to the abundance of MTS. While the MTS is unregulated and presently under scrutiny, it does allow for EMS to concentrate on its core mandate, emergency services. Northern Ontario is like any other EMS in the province dealing with an aging population and increased demands in the emergency side of things; however there appears to be no current solution in place. There needs to be creative thinking and approaches to this matter in the North. It is the focus of this report to draw attention to the matter and to present real solutions to this problem.

Finally, it is asked that the Board approve of the recommendations provide in this report and direct staff to proceed with implementation.