



**Policy framework on the
Future of paramedicine in Ontario:
Charting a new course for paramedic
services to do more for healthcare**

July 2021

Charting a new course for paramedic services to do more for healthcare

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**The Ontario Association of
Paramedic Chiefs Mission Statement:**

**As the voice of paramedic
leadership in Ontario,
OAPC promotes a culture
of change surrounding
paramedicine that is
guided by evidence-based
decision making and
seeks best practices in the
provision of service.**

Introduction



A seamless healthcare system that puts patients first.

This is the vision of the Ontario Association of Paramedic Chiefs. The discussion and the recommendations presented in this paper focus on finding answers and offering solutions to two fundamental questions:

What is best for a patient in Ontario?

How can we better harness paramedicine to get there?

As we consider the changing and more complex health needs of communities across Ontario, the pressures on our system, as well as the lessons we are learning through the COVID-19 pandemic, healthcare professionals and governments at all levels know that more needs to be done to create a seamless healthcare system. Discussions have been going on for decades about how to deliver a more modern system, with greater integration among healthcare providers to provide more coordinated and connected care. Across the sector, there is a recognized need to strengthen services to make it easier for patients to navigate the system and transition among healthcare providers.

The need for meaningful change in patient and community care has become critical. We need professionals in homes and offering mobile, flexible services to reach people where they are and get them the care they need in a way that takes pressure off hospitals, long-term care and more. Care that puts patients first.

The Ontario Association of Paramedic Chiefs (OAPC) and our members are ready to take action. We are unique partners because paramedics sit at the centre of health care, public health, public safety and caring for an aging population. Plus, we are highly adaptable. As such, we can play an important role in delivering what is best for the patient in Ontario. As we've been able to show through the pandemic, paramedics are change makers and our efforts are already resulting in positive, lasting impacts.

We help reduce calls to 911, offset high costs of hospital use, keep people at home longer, improve an individual's quality of life and provide health education to prevent injury and teach CPR.

Our profession has evolved over time from our humble roots as “ambulance drivers”. In every community across the province, we now provide a much more complex and distinctive role in society as healthcare professionals.

We are trusted in the communities we serve, and there is more we can do for Ontarians.

This paper is about taking action for paramedic services to leverage opportunities, open the door to further flexibility and evolution. It's about improving oversight and finding ways to remove system barriers to ensure patients come first. It starts by describing our current context, identifying challenges and opportunities, and ends with recommended solutions to bring our sector together toward more seamless care.

This policy framework lays out a vision for the future of paramedicine in Ontario. It is about leveraging what exists now and using it more wisely to achieve the outcomes we all want for our communities. It's about evolving to meet the present and prepare for the future.

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■ Discussion paper purpose

The purpose of this paper is to present the OAPC's vision for the future of paramedicine in Ontario and to inform advocacy efforts of the Board of Directors. It is also intended to help chiefs in each of their communities speak with one voice to influence change. While we recognize the different healthcare needs and challenges across Ontario's communities, chiefs can have the most impact by speaking with a unified voice for a consistent approach to our many shared challenges.

■ OAPC Principles

Advocacy is best when rooted in clear driving principles. The OAPC's Board and Membership have identified the following five:

1. All decisions are informed by evidence and seek to improve patient outcomes and quality of life.
2. Paramedic leadership will continue to work as sector partners and collaborate to provide seamless, equitable and inclusive care across the system.
3. The OAPC will strengthen our healthcare and provincial partners' confidence in paramedicine and its value.
4. Together, we will achieve more efficient paramedic service delivery that is consistent across all communities, including First Nations.
5. Paramedic chiefs are solution oriented and willing to adapt to what is best for the patient.

■ The Need

The healthcare system is evolving. Most immediately, the COVID-19 pandemic is shining a light on where there are gaps and opportunities to improve patient care and enhance public health measures. Paramedics are on the frontlines, playing a pivotal role in keeping communities safe and protected. The opportunity is now to continue leveraging our expertise in paramedic practice and community care to do more for Ontarians and the system as a whole.

As policies are reviewed, it is imperative that population needs are reflected and that increased pressures on health care are addressed in a systemic way. These pressures include the following:

- growing mental health needs
- the opioid crisis
- an aging population
- long-term care waitlists / alternate level of care (ALC) pressures
- increasing homelessness
- interrupted access to primary care / acute care health services
- emerging infectious diseases
- disparities with First Nations communities

These pressing challenges are creating pressures on hospitals and the broader healthcare system, paramedic services and most importantly, people. Gaps in the healthcare system result in inconsistent access to healthcare, increased health crises for individuals, more costly care and potentially poorer impacts for patients.

The gaps are impacting paramedic services, driving ever increasing call volumes and impacting resource availability. As well, First Nations services face their own unique challenges, and it is incumbent upon us to ensure equitable and inclusive services.

There is a strong shared interest for patients, paramedics and the broader health system to create a stronger, more integrated paramedic system in Ontario that leverages the skills of paramedics from acute/emergency on-scene response to preventative care in mobile, community-based settings that can be an extension of primary and long-term care.

Delivering high quality, patient-centred care across the continuum of healthcare services will serve people and communities better and deliver what's best for a patient in Ontario.

PARAMEDICS ARE CHANGE MAKERS

Paramedic services are taking action and being part of the solution to improving Ontario's healthcare system. Their actions are:

- helping reduce calls to 911
- offsetting high costs of hospital use
- keeping people at home longer
- improving quality of life
- providing health education to prevent injury and teach CPR.

■ Paramedicine and the OAPC

The Ontario Association of Paramedic Chiefs is the voice of paramedic leadership in Ontario. The OAPC's vision is based not just on the first-hand experience of more than 50 municipal paramedic services and six First Nations paramedic services across the province. It is also steeped in clinical research and detailed studies conducted over the past five decades in Ontario and across Canada.

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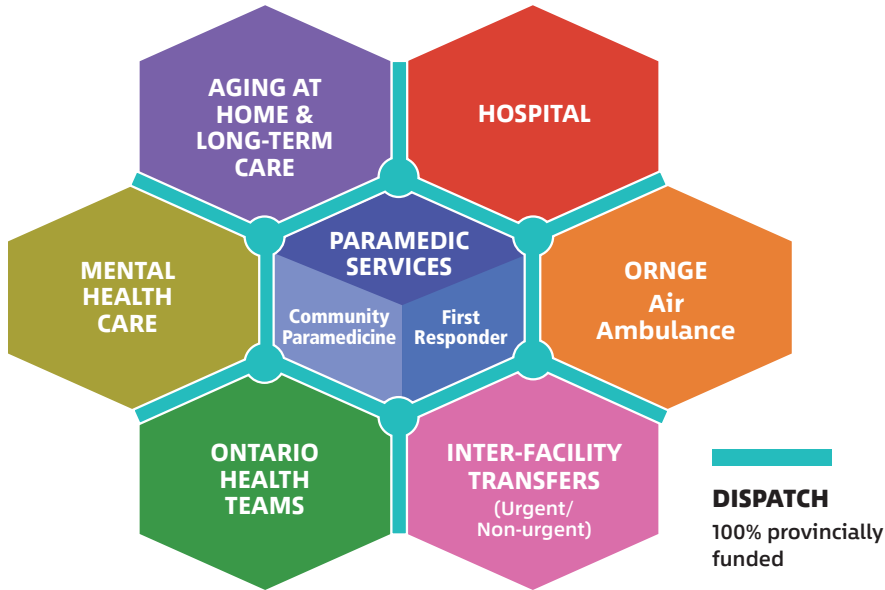
Over the years, the OAPC has worked with numerous provincial governments to advance paramedic practice and services. In the recent past, paramedic services have been a key stakeholder or conducted studies that have resulted in many efficiencies or improvements to patient care. Some highlights include:

- improved resuscitation outcomes;
- validation of medications and new clinical guidelines for trauma and cardiac arrest through the Resuscitation Outcomes Consortium and the Canadian Resuscitation Outcomes Consortium;
- provincial bypass protocols for STEMI, Stroke and Trauma patients;
- demonstrated reduction in broader healthcare system costs through introduction and evolution of community paramedicine activities.
- Integration with Ontario Health Teams

The OAPC focuses improvements on moving toward a more patient-centred system that works for all Ontarians. However, despite ample research and review, ad hoc solutions have propelled us forward to this point. COVID-19 testing, COVID vaccine clinics, long-term care support are examples of solutions that arose in the moment of need. This demonstrates that too often, we, as a system, have been reactive in our approach, meeting needs in different communities in times of crisis, based on available resources or relationships with other healthcare partners. This has resulted in unequal levels of service across the province where some paramedic services are able to deliver more value and help more individuals than others. Imagine what a strategic, system-level approach to addressing health service challenges collaboratively, with paramedics at the table, could accomplish for the people of Ontario.

Time and again, paramedics have risen to the challenge to meet the needs of Ontarians with more advanced and sophisticated services. The health system needs to catch up. Improved dispatch processes, objectives and alignment, better governance and funding structures and a stronger professional education and regulatory framework can pave the way to a system that uses limited resources to better serve the people of Ontario.

Paramedicine Today



Paramedics are healthcare professionals. We have a broad scope of skills to deliver quality care at the scene through to the transfer of care as well as in the community, outside of emergency care. We are on the front lines with patients during their most vulnerable moments. We are in long-term care homes, post-hospital visits and in the community extending the reach of primary care and public health. We are also often the gateway to the broader health system.

Paramedic services and the role of paramedics has evolved organically – starting as rudimentary transportation for patients in the late 19th and early 20th centuries and becoming more sophisticated in training and regulation over the past 60 years. Paramedics now provide a range of pre-hospital services, including advanced life support, as well as an extension of primary care/public health services.

Paramedic services across Ontario have been innovative and have created strong local partnerships that help serve the community better.

Today in Ontario, there are 50 upper tier or single-tier municipalities or District Social Services Administration Board (DSSAB) operated paramedic services, the six First Nations paramedic services and Ornge. Paramedic chiefs, acting on behalf of their respective municipalities or boards, interact with physicians and others to oversee the delivery of care by more than 9,400 primary, advanced, and critical care paramedics in a broad range of settings.

■ Funding

Most paramedic services are funded through a cost-sharing arrangement¹ between the Government of Ontario and municipalities/DSSABs, that roughly splits costs 50/50. The Ministry provides 100% funding for dispatch services, including 22 ambulance communications centres across the province. They also fund 100% of air ambulance and critical care land ambulance services.

All six First Nations paramedic services are 100% dependent on provincial funding. Municipal/DSSABs services can sometimes rely on municipal property taxes for additional help beyond the “50/50” cost share. First Nations services do not have a tax base to help bridge gaps. Faced with the unique challenges of serving remote communities, this results in disparities in services.

The split funding model, created through the downloading of responsibility for land ambulance service delivery from the Province more than 20 years ago, speaks, in some sense, to how paramedics straddle the worlds of provincial health care and municipal first response. In recent years, there has been increasing recognition that paramedic services can also help fill critical gaps in primary care. In a community paramedicine model, trained paramedics can be deployed throughout the community to help elderly or chronically ill people better manage their symptoms, or to support someone after they have left hospital, to prevent emergent crises and or readmission to hospital. This is particularly useful where primary care services are lacking or limited.

Prior to the pandemic, the province funded some community paramedicine pilot programs. As community paramedics continue to play an integral role in pandemic response in many communities across Ontario, the province has provided further dedicated funding for community paramedicine, primarily to support patients on the long-term care waiting list, but only to those services that had existing programs. As these are an extension of primary care services and outside of the provision of emergency care, they are appropriately funded by the province. The OAPC, as the subject matter expert, is working collaboratively with Association of Municipalities of Ontario (AMO) on a funding model and policy framework for community paramedicine. A key objective of this effort is ensuring equity across Ontario in access to these programs, enabled by legislation and funded fully by provincial healthcare dollars.

■ Legislation, Regulatory Framework and Education

There are several Provincial Acts that are relevant to the role of the paramedic and to paramedic service delivery and oversight.

The most prominent is the *Ambulance Act*, which was introduced in 1966 and received Royal assent in 1970. Under this Act, the Ministry of Health regulates paramedic services. It is the Ministry's responsibility to ensure “the existence throughout Ontario of a balanced and integrated system of ambulance services and communication services used in dispatching ambulances.”

¹ https://health.gov.on.ca/en/pro/programs/phehs_consultations/docs/dp_emergency_health_services_modernization.pdf

The Ministry uses a number of key performance indicators to measure, track and monitor ambulance and dispatch services. This includes setting response time targets for different types of calls using the Canadian Triage Acuity Scale. It also looks at mortality rates for the most urgent calls (CTAS1 and CTAS2) in which patients are emergent or in need of resuscitation.

Every three years, Ambulance Service Providers undergo an Ambulance Service Review to maintain certification. This review is conducted by the Ministry and assesses management, operations and patient care delivery, looking at vehicle and equipment files, HR files, policies and staff qualifications, and also at call reports and responses as indicated above.

Amendments to the *Ambulance Act* have come in bits and pieces over the years. The most significant occurred when paramedic service delivery was downloaded to municipalities. Most recently, in 2019, changes were introduced that would allow paramedics to transport patients to community-based care settings that were not a hospital emergency department. This legislation was the starting point to enable alternate models of care that would help provide patients with more appropriate care while relieving the load on hospital emergency departments.²

These amendments begin to recognize how much paramedics are an integrated and integral part of our healthcare system. We collaborate broadly with other healthcare professionals, with base hospital, hospital emergency departments, long-term care facilities, increasingly in primary care, and in some cases social services and mental health agencies.

These partnerships are having a positive impact on the system, which is why the 911 models of care are changing and treatment options by trained paramedics are expanding. Further expansion is still needed, especially related to Treat and Release protocols. We look forward to further progress.

Oversight and Educational Requirements

The Ministry of Health Emergency Health Services Division provides direct oversight of paramedic services, including inspection, certification and investigation. It also sets credential standards for entry to paramedic practice through the provincial exam process.

Medical guidance and support are provided by the Ontario Base Hospital Group, which is comprised of eight regional base hospitals. Base hospitals are responsible for providing medical direction and guidance for delegated medical acts, as well as training, quality assurance and continuing education to paramedics.

Currently, to enter paramedic practice at a primary care paramedic level, a person must complete an approved program or alternate process and pass a provincial certification exam. Once employed with a paramedic service, they must complete a certification with a local base hospital physician. This allows the paramedic to perform medical services under the doctor's authority. Through a collaborative and consultative paramedic / physician relationship, patients benefit from the extension of physician-led care through paramedics.

² <https://www.blg.com/en/insights/2019/12/recent-amendments-to-ontarios-ambulance-act>

This is regulated by the *Delegation of Controlled Acts*, a policy under the College of Physicians and Surgeons of Ontario. Paramedics must regularly re-certify with the local base hospital who are responsible to work with their ambulance service. This local certification is not transferrable across the province.

After becoming a primary care paramedic, paramedics may become an advanced care paramedic or a critical care paramedic by completing additional training which typically takes one additional year of further training. This training involves both clinical and classroom training and requires passing a second provincial certification exam.

Most of our peers in health care – about two dozen healthcare professions, ranging from nurses to pharmacists and massage therapists – are governed by the *Regulated Health Professionals Act*. This legislation establishes regulatory colleges to ensure that services are provided in a safe, professional and ethical manner. The colleges establish and enforce standards of practice for the profession, investigate complaints and administer quality assurance programs. They also collect and share statistical information to ensure everyone benefits from high-quality healthcare.

Paramedics – although we are healthcare professionals – do not currently fall under this Act.

Because paramedicine has evolved to provide more sophisticated clinical interventions on-scene, as well as providing complimentary support to primary care/Ontario Health teams services under a community paramedic model, there is a strong need to revisit the regulatory framework that currently oversees the profession.

■ Dispatch

Currently, there are 22 Central Ambulance Communications Centres (CACC) in Ontario responsible for dispatching land ambulance services. These centres operate in a hybrid model:

11 are operated directly by the Ministry of Health

SIX by hospitals

four by municipalities

one is private

CACCs communicate with 56 Paramedic Services providers across the province (50 Upper-tier Municipal services plus six First Nations services). Air ambulance and critical care land ambulance services, as provided by Ornge, are dispatched using their own communications officers.

Computer Aided Dispatch (CAD) technology is used at all CACCs and Orange dispatch centres to answer and triage calls and dispatch services. However, varying versions of this technology are used across different centres. Medical Priority Dispatch System (MPDS) is used to triage patients in Niagara and Toronto CACCs. All other CACCs currently use the Ministry of Health designed Dispatch Priority Card Index (DPCI) II to inform prioritization of patient needs.

It has been recognized for nearly two decades, since conclusion of the 2001 IBI Report commissioned by the Province, that Ontario's dispatch needs reform. The need for reform was further supported by the 2013 Auditor General Report that made several recommendations regarding ambulance dispatch. The Association of Municipalities of Ontario requested changes to the Ministry in 2014, as did the OAPC at that time. Recommendations included taking steps to address governance and operational issues such as real time management and oversight, access to accurate and timely system data, improving quality of performance against international benchmarks, as well as adopting technology for better prioritization of calls. Many of these recommendations are still needed today in most jurisdictions across Ontario.

Further, in 2017, the Province of Ontario commissioned Deloitte to conduct a comprehensive review of the Ontario ambulance communication delivery model, which identified five key priorities including:

- enhancing relevant benchmarks,
- setting clear expectations and accountability,
- rolling out improved, integrated technology and information management practices,
- greater focus on HR for staff retention, improved policies,
- better health system integration and collaboration to support the patient journey.

As call volumes increase and community needs change, dispatch centres play a critical role in bringing the healthcare system together. Evolving centres into system navigators will ensure that patients get the right care for their needs and will take pressure of hospitals. Real-time data sharing will also improve patient care. Increasing accountability with integrated quality assurance mechanisms and connected, cutting edge technology will result in a modern system that uses resources efficiently and effectively and deliver what is best for the patient in Ontario.

■ Community Paramedicine

Community paramedicine is a model of health care that has been implemented around the world since approximately 2005. This is where paramedics use their training and expertise in non-emergency care roles. In Ontario, these programs are appropriately funded 100% by the Province. This started with an initial \$6 million annual investment by the Ontario Ministry of Health (MOH) in 2014. This was to support the development of 30 Community Paramedicine (CP) Demonstration Projects across the province.

In 2017, at the conclusion of a successful three-year demonstration period, the MOH provided its 14 Local Health Integration Networks (LHINs) with base funding to continue the development of community paramedicine programs across every region of Ontario. They also transferred over the oversight. Since then, CP programs have become a proven, cost-effective choice for the delivery of episodic care and continuing community-based health care in Ontario.

These programs are innovative and agile by design to meet evolving community needs. They are flexible and their scope and scale can be adapted to address health system pressures. The success of each CP program is tied to local needs, services, and partnerships. They are working and are demonstrating evidence-based patient- and system-level benefits and savings, such as:

- ✓ reducing repeated emergency calls
- ✓ reducing emergency transports
- ✓ reducing emergency department visits
- ✓ reducing hospital admissions and readmissions
- ✓ improving patient quality of life and the patient experience when they transition from acute care settings back into the community.

Positive impact of Community Paramedicine during the pandemic

Community Paramedicine programs have been integral during the pandemic response. They have established mobile, pop-up assessment and testing centres for those showing symptoms of COVID-19 and delivered COVID-19 vaccines to Ontario's most vulnerable populations. They have provided staff in assessment centres and vaccine clinics, provided care and palliative care in outbreak congregate care settings and continue to ensure rural, urban and remote communities across Ontario have timely access to care throughout the pandemic as access to institutional health continues to be challenged.

Based on their success, in November 2020, the Province announced an additional \$15 million to expand the Community Paramedicine Long-Term Care program in five communities with existing community paramedicine programs. Following this pilot, in March 2021, as part of the Provincial Budget, the Province announced that it would invest an additional \$160 million over three years to support the program in 33 communities. The intention is to help more seniors on long-term care waitlists stay safe while living longer in the comfort of their own homes. Equitable access to this program funding by all paramedic services would benefit seniors across Ontario.

It is important to note that current CP programs are still considered pilots, operating outside of the *Ambulance Act*. However, Community Paramedicine programs are clearly needed in every community to help address many of the current healthcare challenges, which have exponentially increased in complexity due to the global pandemic. These programs are scalable and sustainable. They bridge identified gaps in care, and, by definition, address the opportunities at the intersection of public health, public safety and health care.

The OAPC is now working with Ontario Health and AMO to develop a permanent framework, which is a positive and important step forward. To ensure CP programs deliver the greatest success for the long term, clear and coordinated funding and formal legislation to guide these programs will be needed as well.

■ Collaborating with healthcare partners

Executive members of the OAPC's board have been invited onto various decision-making tables over the years. The OAPC is a contributing group that participates in the Provincial Medical Advisory Committee and the Ontario Base Hospital Group. We have also long sat on the Association of Municipalities of Ontario Health Taskforce. The majority of paramedic services across Ontario – although not all – are part of Ontario Health Teams. These continue to be important places where we work in collaboration and consultation with physicians, other healthcare professionals and decision makers to find new ways to come together in the interest of our communities.

As the value of paramedics in health care is more widely recognized, our voice is getting stronger. Our partners are noticing gaps when paramedic leaders are missing from key tables, and we are being engaged more. For example, although not initial participants, we are now part of the Public Service Radio Network (PSRN) and Next Generation 911 tables.

A stronger voice during the pandemic

During the pandemic, there has been greater recognition of the important contributions the OAPC and paramedic chiefs can make when we have a seat at the table. We have played a growing role, with a stronger voice, at COVID decision-making tables. We have been part of meaningful and regular engagement with decision makers and our healthcare partners. These have included weekly Town Halls with the Assistant Deputy Minister and both directors at the Ministry of Health's Emergency Health Services Division. We have been participating in working groups with the Medical Advisory Committee and the Ontario Base Hospital Group as part of the Health Collaboration Table to influence regulations, standards and guidance documents. The Ministry of the Solicitor General also recently recognized the need for a dedicated mental health table for paramedic services.

This participation has made a difference and has resulted in concrete progress, such as:

- ✓ stronger collaboration and recognition that by working together across the sector we can better meet community needs;
- ✓ increased understanding of the value of paramedics and our expertise in paramedic practice/emergency care, as healthcare professionals;
- ✓ opened doors to opportunities to help solve system challenges and be an extension of primary care;
- ✓ greater influence on decisions that impact paramedic services, such as surge capacity transfers.

While the voice of paramedic leaders is getting stronger, there remain opportunities where our presence from the outset would result in stronger solutions and greater system efficiencies. As well, it is important the paramedic chiefs have a voice at tables where decisions are being made that directly impact our services.

To achieve what's best for a patient in Ontario, ensuring paramedic leaders are engaged and consulted in meaningful ways, alongside our healthcare partners and policy makers, is the best way forward to more seamless care.

A Vision and Road Map for the Future



The OAPC's vision for the future is rooted in evidence, best practice, membership feedback, lessons learned from the COVID-19 pandemic and our ongoing commitment and culture to continuous improvement.

Our vision begins to answer our core questions: "What is best for a patient in Ontario?" and "How can we better harness paramedicine to get there?" It looks to change the conversation about the value and scope of practice paramedics can bring into the healthcare system as "health force multipliers." It seeks to find opportunities to offer equitable service to all Ontarians regardless of where they call home or their level of income. It focuses on building a flexible, modern and coordinated system that puts patients first.

Our vision leverages paramedics as health service providers in every community and positions us to have a greater impact for the sector and those we serve. It demonstrates how we are a critical part of the healthcare continuum and how we are positioned like no other in health care to improve efficiency and address challenges in the system to help deliver "what's best."

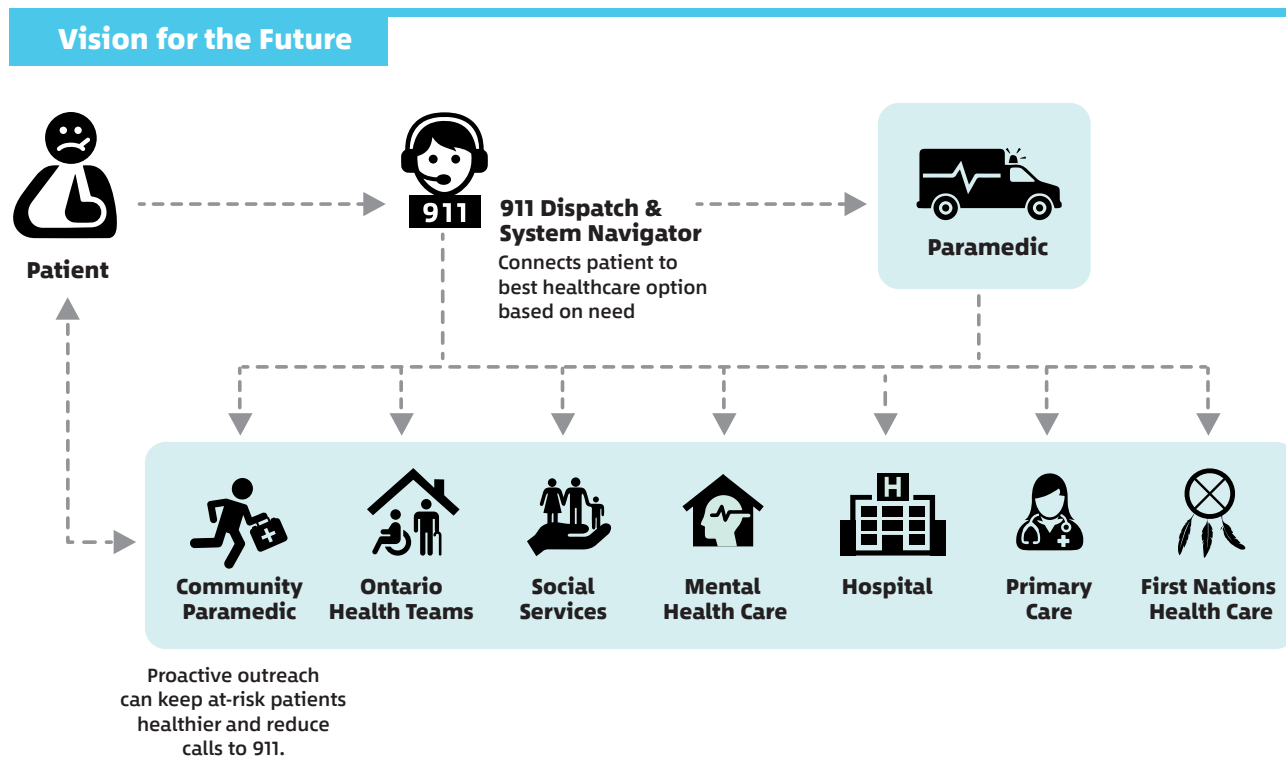
The following presents the vision, shares lessons learned from the COVID-19 pandemic, and offers recommendations under each of the five areas of focus to begin creating the road map to success:

- Funding
- Regulatory Framework
- Dispatch
- Community Paramedicine
- Inter-disciplinary collaboration
- First Nations

No one area outweighs another. To achieve our goals, changes, improvements and/or expansion are needed in each.

A seamless patient journey

To best understand the Vision and Road Map forward, we need to first visualize the seamless system that delivers what's best for the patient. It starts with the patient's need. It provides options for care. It takes the load off hospitals to provide care and support where possible **before** a health-related need becomes an emergency.



Under the current system, 911 is typically an emergent patient's access to the healthcare system. The heavy reliance on 911 means all patients are taken to the hospital emergency department (with some exceptions in pilot areas where alternative models of care are being tested). This results in backlogs and delays.

However, when we put patients at the centre of solutions, opportunities arise to better meet patient needs and reduce pressure on the whole system. For example, we can strengthen dispatch as system navigator, and standardize and implement alternative response models across the province. We can improve preventative care and coordination across health care to prevent costly, emergent/acute healthcare needs.

Importantly we must recognize disparities impacting First Nations paramedic services and ensure that our work advances equitable access across the province.

To achieve the vision, ongoing partnerships and collaboration between paramedic services, health agencies and the Ministry of Health continue to be key. No partner can do this alone.

Paramedic services are ready to do our part.

■ Opportunities from the COVID-19 pandemic

Learn from experience. Keep and build on what works.

As we consider this vision for the future, we don't have to look too far for the opportunities. Through the pandemic, paramedics didn't hesitate to address needs, and quickly. Given our unique ability to offer flexible, mobile, quality care, we have been able to respond in innovative ways to address challenges as they arose.

The COVID-19 crisis continues to strain our healthcare system. However, paramedics continue to make a difference to lighten the load from hospitals, long-term care homes, public health.

Pandemic challenge	How paramedics stepped up
<ul style="list-style-type: none"> Overloaded emergency rooms 	<ul style="list-style-type: none"> Community Paramedic programs offer proactive patient support and testing to address needs and keep people out of emergency rooms.
<ul style="list-style-type: none"> The most vulnerable experiencing the greatest risk, increasing the need to eliminate social inequities in our communities 	<ul style="list-style-type: none"> Paramedics have been in the field and meet people where they are. We offer mobile vaccine clinics, deliver service in long-term care homes, have mobile units to get to those experiencing homelessness. We have been offering individualized vaccinations to those who are homebound.
<ul style="list-style-type: none"> Healthcare resources stretched beyond capacity, demonstrating the importance of greater collaboration and ability to leverage every healthcare professional 	<ul style="list-style-type: none"> We are supporting public health through testing and vaccine delivery.
<ul style="list-style-type: none"> High demand for testing and vaccines, where hospitals and other couldn't meet needs in a timely fashion – particularly in long-term care homes where the first phase of the pandemic was most deadly 	<ul style="list-style-type: none"> Paramedics served at pop-up mobile testing sites and provided testing in long-term care facilities. Paramedics are supporting vaccine clinics and vaccinating those who cannot get to clinics.
<ul style="list-style-type: none"> Significant mental health impacts that will be felt for years to come 	<ul style="list-style-type: none"> The OAPC is actively advocating and talking about mental health at key tables in recognition that the pandemic is having significant mental health impacts that will carry forward for years to come, post pandemic.
<ul style="list-style-type: none"> An exacerbated opioid crisis, putting more strain on the system 	<ul style="list-style-type: none"> Paramedic services are responding to increasing call volumes related to opioid overdoses. The OAPC is now part of Ontario's Opioid Strategy and the Naloxone Program to get kits to those who need them.
<ul style="list-style-type: none"> An increased need for a system that can respond and adapt quickly (especially as the virus mutates) 	<ul style="list-style-type: none"> Paramedics have quickly set up pop-up assessment clinics where needed to meet demand and reduce pressure on public health. Paramedics set up mobile vaccine clinics to help those who can't get to clinics. We are supporting vaccination centres and working in congregate care settings. We have worked with public health on outbreak investigations. We have conducted IMS transfers.

Our efforts have been recognized by leaders across the sector and government, including the Premier, several ministers, and Ontario Health's CEO.



We want to roll this out right across the province. They are absolute champions."

- Premier Ford

September 22, 2020, referring to the success of community paramedicine programs



Ontario Health looks forward to working alongside the OAPC to advance community paramedicine to improve health system capacity and connect people to health care services across the continuum of care."

- Matthew Anderson

President & CEO, Ontario Health

Opportunities for greater impact

Although paramedics have had a stronger presence, we could offer more through improved engagement and consultation.

For example, there have been two important pandemic-planning tables that could have leveraged the OAPC's unique expertise to help determine effective solutions to address community challenges: the Health Command Table and the Local Ontario Health Incident Management System tables. At these tables, for example, the OAPC could have provided valuable insight related to non-emergency transfers. Many communities were facing transfer delays. Including the OAPC would have helped reduce scheduling conflicts, ensure effective use of resources and the ability to complete all transfers.

Paramedic chiefs can bring our subject matter expertise to system-level planning and scientific tables. So, as we map our way forward, we need to take what we've learned, where we've had success, and retain and sustain many of the improved practices and processes. We also need to retain the mindset of collaboration to deliver what is best for Ontarians.

The recommendations found in each of the areas of focus take into consideration the opportunities that have arisen during the pandemic.

■ Funding

We need models that reflect service delivery, improve equity and encourage solutions.

Paramedics are first responders and an integral part of provincial health care. As such, paramedic services must remain municipally or DSSAB operated with appropriate provincial funding that reflects patient needs and respects municipal taxpayers.

The current 50/50 cost-sharing formula should be maintained as a minimum level in all communities. However, alternatives are needed that go beyond “50/50” for rural, remote, and northern communities, where there are challenges in terms of equitable access and where the costs of serving great distances over small populations outpace what the property tax base can support. Funding for First Nations paramedic services also needs to reflect challenges and equity issues.

RECOMMENDATIONS

- 1. Continue with efforts to achieve cost savings:** There are opportunities to be more efficient in local communities and improve cost savings and take advantage of group purchasing opportunities and shared service agreements (for example, for IT or fleet maintenance).
- 2. Set a clear focus and priorities for initiatives to come:** Because modernization discussions had begun, some municipalities and DSSABs have put investments and spending on hold. We need clarity on the Ministry’s direction, timing, which initiatives may be on hold and where the focus will lie in the coming years to help guide decision makers at the local level.
- 3. Distribute First Nations paramedic funding earlier:** Already stretched First Nations Paramedic Services get their funding letters much later than all other services. This creates delays procuring needed new vehicles or other equipment. In some cases, it leaves the service to look for dollars elsewhere until funding announcements are made. Expediting First Nations funding will result in equitable distribution of funding announcements; give certainty to services; reduce the risk of overspending; increase confidence in their spending allocation.
- 4. Invest in Community Paramedicine in First Nations and rural and remote communities.** Community paramedicine is especially important to help fill gaps to improve patient care and outcomes where access to healthcare services is limited. Encouraging partnership with Ontario Health Teams would be especially helpful in ensuring community-based care.
- 5. Fund 100% all non-urgent transfers serviced by paramedic services.** These transfers are not emergency services, and therefore, should be separate from the 50/50 cost share model.
- 6. Plan now for financial challenges ahead post-pandemic.** The pandemic response resulted in additional, short-term, reactive funding for paramedic services. We recognize there will be long-term impacts. Planning should start now to anticipate and prepare so new gaps do not surface.

■ Legislative, Regulatory Framework and Education

Update the legislative framework to reflect the integrated role of paramedics today

As indicated, paramedic services are regulated under the *Ambulance Act*, which has had minor amendments since its introduction in the late sixties. The most significant changes took place in 1990 and again in 2000 when responsibility for delivery of land ambulance service was downloaded to municipalities.

The Act and many of the accompanying regulations and systems are outdated and do not align with contemporary service delivery and practice. The time has come for a comprehensive review, including renaming the *Ambulance Act* – moving away from a focus on the vehicles used by paramedics and instead, naming it more appropriately for paramedics, recognizing us as healthcare professionals, as it is with our other partners, such as the Nursing Act. This also means paramedics should be reflected in the *Regulated Health Professions Act* in terms of clinical practice and granted the same self-regulation of these other health professions.

It also makes sense that the Ministry's role with paramedics aligns with the role they play with other health professionals. That is, as the regulator of the operator as opposed to overseeing practitioners. Including paramedics under the HSPA will not only achieve system efficiencies and reduce red tape, it will also save tax dollars that can be more wisely reallocated within healthcare on programs that solve system pressures, such as community paramedicine.

There is also opportunity to improve Ambulance Service oversight by moving from the review model to an accreditation model, conducted by a third party. It would provide more meaningful assessment and it aligns with the recommendation for a Regulatory College. It would greatly advance quality and safety of paramedic services, ensuring we meet the highest standards that improve outcomes.

When considering patient data, paramedics having access to a patient's full health history and clinical information would result in better care. Access to patient outcome data would also help improve the understanding of paramedic response success and result in better decisions and improved processes and protocols. Changes would be needed to O. Reg. 257, which governs the qualifications needed for Emergency Medical Attendants, and other pieces of legislation, such as revisions to the *Personal Health Information Protection Act*. However, moving to a single electronic patient record makes sense because it puts patients first.

Finally, we need to build on new legislative frameworks for alternate models of care to ensure patients can access the high quality of care they need and expect at each step in their journey. As well, as community paramedicine grows and evolves, the legislative and professional regulatory framework needs to expand to support delivery of these health services.

Paramedicine has evolved. We need our systems, legislation and regulatory frameworks to evolve too.

RECOMMENDATIONS

- 1. Change the name of the *Ambulance Act*** to recognize paramedics as healthcare professionals delivering care and to better represent the reality of the scope of services and skills offered by paramedics in communities.
- 2. Conduct a comprehensive review of the Acts** that are relevant to the role of paramedics and paramedic service delivery and their related regulations, in an effort to:
 - Improve alignment with current and best practice, and scientific evidence and data;
 - Identify opportunities for efficiencies and cost savings;
 - Clarify roles;
 - Develop an action plan to update the Acts.
- 3. Change the current certification process, to a more meaningful accreditation process by a third party.** This will result in the creation of higher standards of care, oversight and operations. Assessment will be based on best practice in healthcare and safety enhancement. It will also create efficiencies for the Ministry.
- 4. Remove barriers to ensure paramedics are in the circle of care and have full access to real-time data and personal health information.** This will improve response, evidence-based decision making and patient care. Knowing the outcome of a patient treated by a paramedic helps inform decision making, lessons learned and closes the loop on care.

Ensuring paramedics have access to this data requires the province to formally provide clear statements and set clear expectations with all partners that data-sharing, including patient outcomes, is allowed and the protection of privacy is inherent and should not be a burden amongst the healthcare partners. It also requires upgraded technology across the system, and legislative/regulatory changes, such as to the *Personal Health Information Protection Act* (PHIPA). Paramedics must be deemed to be included in the “circle of care”.

- 5. Include paramedic services under the *Quality of Care Information Protection Act*.** The Act allows health professionals to have open discussions about critical incidents involving patient care and quality improvement matters in general. Its goal is to create a safe space for health professionals to talk openly about quality improvement, including the potential cause of any critical incidents, without fear that the information will be used against them. Currently, it applies to hospitals, independent health facilities, long-term care homes, licensed medical laboratories and specimen collection centres. It does not apply to paramedic services who should have the same legal protections for the care we deliver as are currently provided for hospital-based activities and others.

Updated Governance and Oversight Framework

As indicated above, paramedics should be reflected in the *Regulated Health Professions Act* and granted the same self-regulation as other health professions, such as nurses, midwives, massage therapists, psychologists. A self-regulating college for paramedics is overdue. It would put paramedics on par with other healthcare professionals and would result in improved patient care. It increases public trust, safety, transparency and accountability for paramedic services, as it does for all other healthcare professions. A college would also set standards and drive consistent service across communities. Allowing self-regulation for paramedics under the *Regulated Health Professionals Act* will effectively protect the public interest and break down silos between paramedics and other health professionals.

A college could direct much-needed and comprehensive paramedic service-related research to better inform evidence-based practices that drive improvements in patient outcomes and improve efficiencies. This includes facilitating best practices in different specific areas like community paramedicine, family health teams, medics in dispatch, healthcare system navigators, and rural/remote specializations, research on vehicles.

It would also ensure portability of credentials across Ontario with consistent standards for skills and competencies, licensing and registration and conduct. By allowing paramedics to oversee paramedics, it will increase individual accountability resulting in a higher standard of care. It would reduce red tape and bureaucratic layers within the Ministry of Health and reduce pressure at base hospitals by replacing a layer of oversight from those physicians.

Establishing a regulatory college would ultimately lend a professional voice to inform coordinated and collaborative work in health policy and inter-professional practice. Success has been seen in other provinces.

Further, based on the recent report from the Ombudsman, regulation of the practitioner belongs under the HRP.

A REGULATORY COLLEGE RESULTS IN IMPROVED PATIENT CARE AND MORE EFFICIENCY

A self-regulating college would:

- Put paramedics on par with our healthcare colleagues.
- Increase public trust, safety and accountability.
- Set standards and drive consistent service levels across Ontario.
- Protect public interest and break down system silos.
- Direct paramedic-related research to better inform best practice.
- Facilitate best practices in community paramedicine, family health teams etc.
- Ensure portability of credentials with a consistent standard of competency.

RECOMMENDATIONS

- 1. Update the *Regulated Health Professions Act* to include paramedics.** Put paramedics on par with other healthcare providers and recognize us as clinicians who should be self-regulated.
- 2. Create a Regulatory College for Paramedics.** Alberta, Manitoba, Saskatchewan, New Brunswick and Nova Scotia, as well as other jurisdictions abroad, have benefited from Regulatory Colleges and could share lessons learned.
- 3. Prioritize paramedic mobility across the province.** Move to a province-wide certification program that would allow paramedics to easily work throughout the province maintaining consistent standards, and creating a more efficient process by removing the need for paramedics to recertify with different base hospitals.
- 4. Expand paramedic scope of practice:** Allow medics to initiate referrals, perform live birth registrations and prescribe some medications (as examples). This will further relieve pressure on acute care.

Note: It is understood that development of a college would need to address a number of questions related to paramedic fees, labour union impacts and impact on local training budgets. It would also involve a new funding model and moving away from the base hospital model of oversight.

Enhance educational requirements to increase confidence in and competency of paramedic services to deliver more value.

Like all health professions, paramedicine continues to evolve in scope, breadth and complexity. In addition, we are contributing to improving health care in the communities we serve. To meet our goals to improve patient outcomes and quality of life, and to strengthen confidence in paramedicine and its value, two approaches are critical and go hand in hand:

1. developing a regulatory college as discussed above; and,
2. upgrading educational requirements from a diploma to a degree program.

Educational requirements for many professions have continued to evolve over the past decades. This allows for an increase in skill level and knowledge base for new professionals as they enter the workforce. It also means they add more value to the sector they are joining. Our current education does not match with expectations, nor meet the potential that paramedicine can contribute to society.

As paramedics continue to rise to the challenges of meeting evolving community needs, playing a greater role in alleviating system pressures, and being a trusted partner with other healthcare professionals, expanding the knowledge base of paramedics is critical. While plans are in place to expand to a three-year diploma program, a four-year degree program would increase the standards and level of skills required to become a paramedic. It would follow in the footsteps of other healthcare professionals – such as nurses – who have seen the requirements for their education increase over the past several years. As a result, they are able to do more to enhance the patient experience in Ontario and relieve burdens from physicians to providing more efficient and effective primary care.

Introducing a degree program for paramedics would:

- ✓ add more in-depth clinical knowledge, which is missing from today's diploma program;
- ✓ offer opportunities for more in-depth, in-field training;
- ✓ better reflect the level of education of other healthcare providers;
- ✓ most importantly, lead to improved patient care.

At the same time, it would continue to achieve the National Occupational Competency Profiles.

Through improved educational and regulatory frameworks, paramedics would have a rightful place at the healthcare table, which is critical to an integrated, patient-centred system. It will also help improve the body of research and evidence-based practice that guides paramedic work for better outcomes, while adding to the overall body of healthcare knowledge.

RECOMMENDATION

Explore opportunities to increase educational standards for paramedics. As the healthcare needs of Ontarians become more complex and the demands on paramedics increase, it makes sense that paramedics would follow the path of nurses who now complete degree programs that once required diplomas. A more fulsome education standard would enhance the value paramedics can bring to serving their communities and open doors to relieve more pressure from the healthcare system working in collaboration with other professionals to provide primary care in addition to emergency services.

Increasing the educational requirement of paramedics - as has occurred with other healthcare professionals, such as nurses - means we could play a greater role in alleviating system pressures, and provide more efficient and effective care.

■ Dispatch

Strengthening the approach to dispatch

Dispatch reform must be a priority. Dispatch brings the entire system together and it is the coordination point. It is critical that it function as a top delivery model that is integrated with clinicians.

Better dispatch systems will reduce strain in hospitals and improve patient care by putting the right resources in the right place, at the right time considering local needs. Better dispatch will also address increasing 911 call volumes, the ability to retain consistent reliable staffing and move us toward more seamless patient care.

The COVID-19 pandemic has highlighted gaps in the dispatch system. Patient tracking was limited and difficult to arrange over 22 systems. Services had limited ability to be prepared to deploy resources and move patients who needed transfers (especially in the Greater Toronto Area). An improved model would result in greater efficiency and better coordination.

Rolling out improved technology has been of central focus of late. While it is critical, reforms need to extend to improved oversight, quality assurance and overall efficiency. New approaches are needed to make Central Ambulance Communications Centres more nimble and to help them evolve into system navigators to help patients get the care they need.

RECOMMENDATIONS

- 1. Fast track critical technology improvements and improve real-time data sharing.** Key technology improvements can improve triage, resource deployment, quality of care and reduce costs. More centralized tracking can help identify public health risks, like clusters of opioid events or illness outbreaks. A common platform would ensure interoperability and better sharing of information across healthcare providers. Proven technology to support improved decision-making is readily available and in place in Toronto and Niagara.
- 2. Ensure governance models reflect the municipal role:** We need close coordination with local operations. Given the municipal and DSSAB role in paramedic services, allow them greater oversight to ensure dispatch is effective and uses resources efficiently.
- 3. Create stronger integration with operations, including a clinician onsite:** This helps ensure resources are deployed in the most efficient manner, reducing 911 calls and the need for an ambulance. It will reduce risk for patients and paramedics, use resources more wisely, and significantly improve consistency in triage and quality of care to patients. (Good models include Toronto Paramedic Service and the Niagara Emergency Medical Services, and the use of Road Sergeants by Ontario Provincial Police in OPP Provincial Communications Centres.)

- 4. Integrate operations with dispatch by including an operations commander at the centre.** This will ensure resources are deployed in the most efficient manner. (As mentioned above, good models include Toronto Paramedic Services and the use of Road Sergeants by Ontario Provincial Police in OPP Provincial Communications Centres.)
- 5. Strengthen dispatch quality assurance, accountability and links to operations.** Measure performance through more rigorous quality assurance programs. Implement stringent lines of accountability that gives municipalities greater input and oversight of dispatch, given it impacts their day-to-day operations. This would also support improved communication and accountability between dispatch and operations.
- 6. Give paramedics full access to a single electronic patient record.** In order for all health professionals to work seamlessly towards the continuity of care for patients, paramedics need access to patient records while still protecting privacy. This allows us to provide higher-quality care that is more coordinated for the patient.
- 7. Create an accreditation model for dispatch services.** This model, rather than direct provincial oversight and management, would ensure consistency and unbiased assessment against a set of standards, with regular renewals. The accreditation model is used extensively across the healthcare system in Ontario and should be a priority to improve dispatch.
- 8. Establish voluntary participation in tiered response agreements and deployment plans.** Where these agreements and plans are in place, work with us to establish a standardized provincial platform for them. This will relieve pressures on Ambulance Communications Officers, increase efficiencies and improve accountability in dispatch. Standardized plans will reduce layers of bureaucracy by removing the need for multiple individual response plans at each centre. They will also better clarify the role of fire services and will improve patient care by responding allied agencies.
- 9. Increase dispatch staff resources and frontline supervision.** Staffing needs to reflect the demands of increased call volumes. As well, supervision needs to be provided 24/7. These are just two factors that would help address some of the fundamental reasons for high attrition rates and the inability to hire appropriate replacement staff in Ministry-operated CACCs.
- 10. Deploy all aspects of the MPDS protocol as it is rolled out.** MPDS is the gold standard. To benefit fully, it should be rolled out in its entirety, as it is in Niagara Region and Toronto. This includes the MPDS inter-facility transfer protocol. It also includes a rollout that is part of an accredited program to ensure each centre meets expected standards and follows proper established protocols.
- 11. Continue to expand 911 models of care.** While progress has been made on treat and refer and alternate destinations in the Regulation, all three models of care are needed for maximum impact. Treat and release protocols should be expedited.

■ Community paramedicine

Expand these programs across Ontario. They are proactive, flexible and effective.

We know paramedics have expertise in 911 response, but as we consider, “what’s best for the patient in Ontario,” community paramedicine must be part of the answer. These programs are the way of the future for the healthcare sector and for paramedicine. They offer innovation solutions, coordination and collaboration in healthcare, direct alignment with local needs and 24/7 mobility and response. They put in action what it means or paramedics to be a “health force multiplier.”

Before, and especially during the pandemic, community paramedicine programs have allowed local areas to take advantage of the needed healthcare skills of paramedics to solve local challenges, and they are resulting in better patient outcomes while, at the same time, improving a person’s quality of life. Essentially, they take advantage of what already exists locally from knowledge to existing partnerships to meet needs.

Community paramedicine programs currently running throughout the province vary in scope depending on the needs in the community.³ Some offer more in-depth or wider ranging services than others. Many communities do not have funding nor resources to offer these programs.

One of the advantages of community paramedicine programs is that they are flexible and can be delivered to address local priorities and circumstances. That’s why, the Ontario Association of Paramedic Chiefs’ vision includes expanding community paramedicine throughout the province, ensuring the ability at the local level to create programs that are tailored to local needs and circumstances assuming they are not rolled out as a one size fits all.

Prior to the pandemic there was already growing recognition that community paramedicine offered a unique opportunity to meet local needs and fill gaps to improve patient care. A community paramedicine model is able to leverage existing expertise to respond to frequent 911 callers and clients in a highly agile manner that cannot be duplicated by other “mobile” health teams, which often require pre-planned scheduled visits. Community paramedics are able to see patients through both scheduled and unscheduled visits, supporting patients with care “in-place,” and assisting with transportation when necessary. They can also support remote patient monitoring for those on long-term care waitlists. In some cases, these paramedics have medical delegations of authority that exceed what other community healthcare providers have.

Community paramedicine leverages paramedic services with local partners and healthcare providers. It is important to note that partnership with other healthcare professionals and alignment with Ontario Health Teams, primary care and Family Health teams are keys to the success of community paramedicine programs. Through collaboration and integration with healthcare teams, community paramedics can play a pivotal role in achieving positive patient and system efficiency outcomes.

Community paramedicine programs are working. They are a critical part of the answer to delivering seamless care that puts the patient first.

³ Leyenaar MS, Strum R, Haque M, Nolan M, Sinha SK, Ontario Community Paramedicine Secretariat Steering Committee. Report on the Status of Community Paramedicine in Ontario [Internet]. 2019. Available from: <https://www.ontariocpsecretariat.ca/resources>

Programs have been designed to include linkages with primary care providers, and to integrate and coordinate with hospital discharge planners and/or home care educators. Paramedics can support patients and caregivers with medication reviews and education. They can also play a role in public health promotion.

Successful programs have worked with multiple stakeholders across multiple disciplines and specialties to support, develop and implement care plans aimed at keeping people safe at home. Programs can include a wide variety of supports, including screening, assessment and navigation to appropriate services for major populations including:

- patients with chronic conditions
- those at high risk for falls
- frail elderly patients
- palliative care at home patients
- high-risk emergency department discharges
- mental health & addictions

What the evidence shows

There have been at least 20 different studies to measure the impact of community paramedicine in recent years. These studies, listed in Appendix 1 (page 33), demonstrate the powerful impact community paramedics can have on patients and the substantial benefits to healthcare delivery. For example, one study from Toronto found a mean reduction in length of hospital stay of 7.1 days for patients enrolled in paramedic-led patient monitoring for early detection of deterioration. Another study looked at a program to reduce readmissions by connecting 911 callers to preventative community-based services. It found that 78% of enrolled patients were evaluated, treated, and remained at home. The data contributes to mounting clinical evidence that paramedics can play a valuable role in chronic and acute care.

COVID-19 has further demonstrated the value of community paramedicine in extending resources and expanding the reach of services in the community. The pandemic has also demonstrated how adaptable and nimble paramedic services can be to respond to urgent needs in the community.

Beyond the COVID-19 response, these resources can help to support influenza and COVID-19 vaccinations, seasonal surge, remote patient monitoring, long-term care waitlists, and other community-based strategies developed to reduce hospital overloads and keep emergency departments open.

Summary of benefits

Community paramedicine has been shown to:

- ✓ divert patients from emergency rooms: decreasing admission rates, length of stay and health system costs
- ✓ help individuals stay at home longer: the cost-effectiveness of providing care in the home or in the community is indisputable. Also, staying at home is the preferred choice of virtually every patient.
- ✓ Increases access to needed primary community or home healthcare, relieving the burden on hospitals in communities where individuals use hospitals to meet their primary care needs.
- ✓ address inherent health equity issues
- ✓ fill in critical gaps in service related to seasonal surge and influenza.

In short, it is an adaptable model for patient-centred, integrated care that can be developed to meet local priorities and challenges and achieve cost savings.

RECOMMENDATIONS

- 1. Expand community paramedicine province wide.** Programs should be fully funded by the province and not cost-shared, as it is primary care not an emergency response. Also, financial benefits are mostly realized within the hospital system. A modest investment in community paramedics can mitigate growth in 911 calls, reduce readmissions and visits to hospitals, relieve pressures across long-term care, and support patients' navigation through the system. Local flexibility will ensure an effective use of resources. Including First Nations communities in this model is of particular importance given the communities' limited access to primary care, prevention and health promotion activities.
- 2. Deliver consistent, stable and flexible funding from one source.** Currently, funding for community paramedicine programs is ad hoc. There are three program types with different funding parameters and criteria under two provincial ministries. Stable, consistent funding will give flexibility at the local level to decide how best to use the funds to have the greatest impact for patients in our communities.
- 3. Allocate a minimum number of FTEs.** The OAPC recommends a minimum of two full-time Community Paramedics for populations of less than 50,000 and an additional two CPs for populations of 50,000 –100,000 to a maximum of 20 FTE per service. (Refer to funding ask in the Community Paramedicine submission document to the Province in September 2020.)
- 4. Integrate community paramedics into the healthcare system,** such as working with primary care, Family Health Teams and Ontario Health Teams. Further, using paramedics to provide patient monitoring and assessment, and to help people navigate health care and social supports. It is a cost-efficient way to divert patients from acute care.
- 5. Address community paramedicine programs in the delegation of medical acts regulatory framework.** Currently, each municipal paramedic service has established their own parameters depending on what delegation options were available and practical. Paramedicine is fundamentally different in design and delivery than the base hospital relationship that exists in the 911 system. As such, the delegation of medical acts regulatory framework needs to be assessed to recognize the care paramedics can deliver as part of primary care support.

The OAPC and our member chiefs should be expected and assumed participants at inter-disciplinary healthcare decision-making tables from the outset.

■ Improving inter-professional collaboration and cooperation

As we've demonstrated during the COVID-19 pandemic, the OAPC and paramedic chiefs can offer valuable insights related to emergency and community care at inter-disciplinary healthcare tables where solutions to challenges are being discussed. We have unique expertise and our work is not only informed by what we see in our day-to-day operations, it is backed by clinical evidence, a growing body of research driven by paramedics and our ability to quickly adapt and respond to emerging issues. We have seen the positive results that can be achieved when the broader healthcare sector welcomes us to province-wide healthcare system discussions.

Paramedics connect patients to the healthcare system, which means that a commitment to integrated patient-centred care requires that paramedics have a voice at decision-making tables. Involving us from the outset provides the greatest value and moves all of us more quickly toward a coordinated and connected system where patient needs come first.

RECOMMENDATIONS

- 1. Provide a written statement to encourage Ontario Health Teams to engage paramedic services.** This will allow Teams to explore opportunities to leverage paramedic clinical expertise as part of the local OHT service delivery mandates. (Note: Some services have already signed on to OHTs. This practice should be expanded to all.)
- 2. Invite the OAPC and paramedic leaders to all tables where decisions related to our services are discussed.** Paramedic chiefs can bring our subject matter expertise to system-level planning and scientific tables. In particular, it is critical that we be invited to have a meaningful voice at Local Ontario Health tables to help solve local challenges and ensure efficiency and coordination.
- 3. Invite paramedics from the outset of new decision-making tables.** As the healthcare system evolves and discussions take place for improvements, the OAPC and our member chiefs should be expected and assumed participants. In this way, we open the door to greater collaboration and system benefits that are comprehensive and well rounded, and where we can share, first-hand, our frontline expertise and evidence-informed practices. For example, the PSRN and Next Generation 911 tables did not include the OAPC in the beginning. Our participation now will mean we will be able to find and act on solutions in more practical and efficient ways.
- 4. Invite the paramedic voice in a meaningful way.** Where the OAPC is invited to decision-making tables, ensure our participation equates to an equal voice. For example, we are not currently voting members at the Medical Advisory Committee where clinical matters related to our profession are decided.
- 5. Take action to place paramedics on par with other healthcare providers.** Taking previously mentioned actions to improve the legislative framework that governs our role, enhance educational requirements and establish a self-regulatory college, will reinforce that paramedics are on par with other healthcare providers. This will strengthen the voice of paramedics in provincial healthcare discussions.

■ First Nations

All First Nations should have equitable access to emergency health services.

For too long, First Nations communities have experienced disparity and marginalization. They are treated differently than other communities. As governments look to reconciliation and improving relations with First Nations communities, First Nations paramedic services continue to experience disparities that must be addressed: high 911 call volumes, limited access to health care, lack of funding and resources, cultural stigma and more. In some cases, there are no emergency healthcare services.

Meaningful and respectful action and engagement are needed to find solutions that align with their cultural and governance differences. Funding for First Nations paramedic services must be timely and adequate to meet the needs of these communities.

RECOMMENDATIONS

- 1. Fund alternative transportation in northern communities to access health care.**
- 2. Consult with First Nations to find solutions, such as through a joint task force.**
- 3. Engage with and learn from health agencies currently working with First Nations communities.**
- 4. Conduct more robust research with First Nations communities** to increase data and inform evidence-based decisions that will drive solutions and funding models that better meet the healthcare needs of these communities.
 - Conduct a comprehensive healthcare needs assessment that includes Emergency Health Services, of all First Nations communities in Ontario to better understand gaps in accessing equitable healthcare. Based on findings increase the number of first response teams where necessary, especially in the North.
 - Evaluate the current paramedic deployment and response rates into First Nations communities when compared to non-Indigenous communities.
- 5. Improve cultural understanding and sensitivity** through training for all paramedics similar to the requirements of public health units under the Ontario Public Health Standards, and the engagement of a Community Indigenous Patient Navigator to bridge cultural differences between the healthcare system and First Nations communities.
- 6. Fund Community Paramedic programs in First Nations communities** as preventative programs to address the social determinants of health.
- 7. Help First Nations communities understand funding models** for healthcare and emergency health services. Communities should be clear where their funding comes from.

Conclusion



We need to chart a new course for paramedicine in Ontario and better harness what our services can do to help deliver a seamless healthcare system that puts patients first. We need to step back and deliver a system that is best for the patient in Ontario that breaks down siloes and has all healthcare professionals working together and leveraging our different strengths.

Provincial leaders, healthcare leaders, community leaders and the public have recognized the critical role paramedics have played during this current time of crisis. We continue to demonstrate how we are highly skilled, agile, flexible and innovative as we have stepped up to solve difficult problems that have arisen during the pandemic.

We are collaborators and offer concrete, practical solutions to many of the broad healthcare challenges we face today in this province. We are unique in our ability to offer care on scene, in the community and as extensions to primary care. Plus, our decisions are rooted in evidence.

As confidence grows in our contributions, we can do more for our communities in many ways. We can:

- Help prevent emergency healthcare issues from developing.
- Support post-hospital recovery and reduce re-admission rates and potential repeat 911 calls.
- Keep the aging living at home longer.
- Reach the most vulnerable in our communities and address the social determinants of health.
- Contribute more to available health data, best practice and medical knowledge.

Paramedics are “health force multipliers” in a time when we need as many skilled healthcare practitioners as possible to meet growing needs.

As we take lessons learned from the pandemic and consider what’s best for the Ontario patient, we have outlined five main areas of focus to make meaningful change:

1. More stable and predictable funding across all services, including First Nations
2. Updated legislation that places us in the circle of care
3. A regulatory framework and college that improves governance and oversight
4. Dispatch reform
5. Community Paramedicine expansion
6. Increased collaboration with healthcare partners

Every day, paramedics are in communities across Ontario finding and implementing solutions that help relieve system pressures. There is more we can do. Paramedic leaders across the province are ready, accountable and focused on solutions that achieve a seamless system that puts patients first.

Appendix 1

Current research related to Community Paramedicine

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