Report To:	Manitoulin-Sudbury DSB Board
From:	Michael MacIsaac Chief of EMS
Date:	April 28, 2011
Re:	**Ambulance Call Reassignment**

REPORT

Purpose

The purpose of this report is to provide the Manitoulin Sudbury District Services Board with some information regarding Ambulance reassignment from one call to another. Additionally, this shall provide the Board with some knowledge of the Ambulance Service Patient Care and Transportation Standards as well as the Ministry of Health Communications Centre Manual of Practice. The latter is the document that governs the actions of the Central Ambulance Communications Centres (CACCs) within the province of Ontario.

Background

Currently the Ministry of Health and Long-Term Care regulates how Municipalities and Direct Delivery Agencies must operate land ambulance services within the province of Ontario. It must be understood that the reassignment of an ambulance occurs at the discretion of the CACC on the basis of patient priority.

There are two pieces of legislation surrounding ambulance services that would allow for the reassignment of ambulances. They are the Ambulance Act and the Ambulance Service Patient Care and Transportation Standards. Both of these documents are enforced by the Ministry of Health and Long-Term Care through a review and certification process.

O. Reg. 257/00, s. 11.(d) of the Ambulance Act states that:
> *An operator of an ambulance service and every emergency medical attendant and paramedic employed or engaged as a volunteer by the operator shall ensure that: patient care standards and the transportation standards set out in the document entitled "Patient Care and Transportation Standards", published by the Ministry, are followed.*

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Under the Patient Transport heading of the [Ambulance Service Patient Care and Transportation Standards](#) it states that:

> *each Emergency Medical Attendant (EMA) and paramedic shall: ensure that he or she follows every direction or instruction issued by a communications officer with respect to the assignment of calls to ambulances or emergency response vehicles.*

As evidenced above, under the governing legislation ruling Ontario Land Ambulance Services, the movement of our ambulances is controlled by the CACCs.

Reiterating a statement from earlier, the reassignment of an ambulance is dependent on the direction of the dispatcher at the CACC. Two policies within the Ministry of Health Communications Centre Manual of Practice deal with the reassigning of ambulance services. They state the following:

- 8.5 A currently assigned ambulance resource may be reassigned to a higher response code call.

- 8.6 Ambulances already carrying patients are not considered available for emergency assignment except when no other ambulance resources are available and the onboard patient condition permits such reassignment.

Current Issues

A question was raised surrounding ambulance reassignment, however before one can understand when a call could be reassigned one must have knowledge of what the differing priorities mean. As stated in the DSB Board Orientation, all ambulances are dispatched via a priority system. Ambulance Communications Officers (ACOs) currently use a system called the Dispatch Priority Card Index (DPCI) when determining a patient priority. This system automatically generates a priority based on the series of questions answered by the caller of the emergency. Highly trained Paramedics, once on scene, then generate a return priority code based on actual patient presentation and clinical assessment skills. Additionally, paramedics assign a more detailed CTAS rating based on the patient condition. (For more information on CTAS please see the [Response Time Standard Issue Report](#) on the website.)

The following is a listing with examples of the patient priority system used in Ontario.

- **Code 1 "Deferrable"** - e.g. a non-scheduled transfer; a minor injury
- **Code 2 "Scheduled"** – e.g. inter-hospital transfers for MRI, a scheduled meet with an air ambulance, patient transferred for a scheduled appointment.
- **Code 3 "Prompt"** – transport without delay (serious injury or illness e.g. stable fracture).
- **Code 4 "Urgent"** – where the patients "life or limb" is at risk (e.g. Vital Signs Absent patient; unconscious head injury).

Priority simply implies that one is more important than another. An ambulance crew dispatched on a lower priority may be rerouted when, or if, a higher priority call comes in and they are the closest unit. Additionally, an ambulance may be reassigned to another higher priority call if they are already on the scene of a call where the original patient at the scene is of a lower priority than that of the second call. Furthermore, an ambulance carrying a lower priority patient may be assigned to attend a higher priority call when no other ambulance resources are available and the onboard patient condition permits such reassignment.

One could look at this situation as "triage": doing the most good for the most patients with the resources available. When considering a deferrable code 1 patient (such as experiencing a sore back for ten days and history of the same) versus a code 4 (such as a child choking with a complete airway obstruction), one can clearly differentiate the patient in greater need. Other circumstances may not be so evident.

Conclusion

As discussed in the background of this document, we are governed by the Ambulance Act which references the Patient Care and Transportation Standards which states we must follow the direction of the Ambulance Communications Officers at the CACC. The Ambulance Communications Officers at the CACC have an automated system of prioritizing patients on the basis of answers to a series of questions. This system of prioritizing ambulance calls based on need or urgency provides a method of ensuring the most optimal use of limited ambulance resources. The current system of prioritizing patients tries to ensure that patients in greatest need are assessed, treated and transported as appropriate. As a result, at times, there may be a reassignment of ambulance resources to higher priority calls.