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District Services Board

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| Report To: | Program Planning Committee |
| From: | Michael MacIsaac<br>Chief of EMS |
| Date: | September 21, 2011 |
| Re: | Non-Urgent Patient Transfer Update |

## RECOMMENDATION

That this report be taken as an update regarding the issue of Non-Urgent Transfers. That the Board approves this issue report and approves the Non Urgent Patient Transfer - Business Case. Further that the Non Urgent Business Case be forwarded to the Minister of Health and Long Term Care after the October 6 provincial election have been finalized.

### Purpose

Over the summer months, progress has been made on this issue. As per the Board approved Non-Urgent Transfer Report, there were 4 steps to be taken in regards to this issue. This report will serve as a progress report.

### Back Ground

The Non-Urgent transfer issue has not gone away and appears in fact to be gaining attention within Emergency Medical Services (EMS) and Ministry of Health & Long Term Care (MOHLTC) circles around Northern Ontario. The Premier of Ontario announced in June that the Provincial Government will be evaluating the role of Medical Transportation Services (MTS) in the province with an aim of creating industry regulations. Other Northern EMS, namely Cochrane DSB and Thunder Bay have also taken up this issue with their municipalities and political organizations. Overall this issue appears to be gaining political traction.

As you will recall locally we are following the path of 4 recommendations. They are:

1. Consult with stakeholders. Visit each hospital leader and engage the NELHIN on this matter. Bring forth our concerns and possible solutions.

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. With this in mind we will need to develop a tool for our front line staff to utilize when the inevitable "upcoding" of patients occurs. This will need to involve EMS Management as there will be some resistance from the local Doctors within the hospitals.

3. Present a business case to the MOHLTC. It is my opinion that the most effective end solution to this matter is two tiered EMS system that encompasses both emergency and non-urgent transportation; the latter being 100% funded from the Provincial coffers. To this end we should bring forth the solution to the MOHLTC EHS Branch Field Office. Preparing a detailed business case solution to this matter will show that this organization is forward thinking and willing to bring forth real solutions to real problems.

4. Monitor the situation. Wait and see the results of the Ombudsman Report and the provincial election in conjunction with assessing how the steps we have taken are working.

**Update**

As previously mentioned, over the summer months we have seen progress on this issue and, in particular, the first 3 of the above mentioned recommendations.

**1. Consult with stakeholders**

Meetings were held with leaders of the Manitoulin Health Centre, Espanola General Hospital, Chapleau Hospital, Hôpital Régional de Sudbury Regional Hospital, and the North East Local Health Integration Network. Discussed was the issue as a whole, why it is an important issue to the people of Manitoulin and Sudbury, and strategies to help offset the risk in having many ambulances performing non-urgent activity. Two meetings were held over a 6 week period. Draft versions of a revised Deployment Plan and the MOHLTC Business Case were shared and comments were received. Additionally 2 procedures were reviewed which dealt with patient escorts and the issue of potential over prioritization of patients. The end result was a clear understanding of the importance of the issue, as evidenced by letters of support for the Business Case from the above parties.

**2. Redevelop our Deployment Plan**

The whole Deployment Plan was reviewed as per yearly practice. While under review, portions were altered to minimize risk presented by non-urgent patient transfers. It was also under this recommendation that the aforementioned procedures regarding medical escorts and over prioritization were dealt with. While not directly a part of the Deployment Plan they are part of our Policy & Procedure Manual which is the document which guides our paramedics through

the course of their duties. The procedures have been amended to minimize risk, and direction has been given to paramedics and managers on these issues. In summary, on the escort issue, any patient requiring treatment will also require a medical escort at the point of pick up. Regarding the potential for patient transfer over prioritization, we have utilized our legislated requirement as a guiding principle on this matter. By doing so we are encouraging proper and appropriate prioritization of patients. A plan has further been established whereby dialogue is to occur between sending facility and Field Superintendent if conflict arises over our ability to perform the requested patient transfers at the time requested.

Regarding the actual Deployment Plan, there are a few key changes which are to take effect as of October 16th. They include:

- The optimal non-urgent transfer timeframe has been reduced by one hour now being from 08:00 am to 2:00 pm. The aim of this change is to minimize the chances of overtime for shifts ending at 4:00 pm and is an attempt to get our ambulances back into their coverage areas during the peak volume in midafternoon.

- A section had been added declaring optimal appointment times as between 10:00 am and 1:00 pm. Ensuring that appointments are booked between these times should ensure that we have our ambulance back within our area around 2:00 pm.

- When the assignment of an ambulance to a call results in a compromise of balanced emergency coverage, direction has been given to return any ambulances waiting on a patient repatriation back to their area.

- The stated "Minimum Car Count" has been increased in LaCloche / Manitoulin from 3 to 4. A minimum car count is the minimum number of vehicles required in an area to be able to adequately respond to a medical emergency. This change has a bearing on a few factors but by increasing it we are becoming more responsive to the emergency needs of our citizens.

- Finally, the largest change in terms of deployment deals with wait time out of our region in a hospital for patient returns. The previous deployment plan listed travel time as the predominant factor in how long an ambulance could wait to return a patient. We are now standardizing the timeframe at 90 minutes, providing for managerial discretion after that time has been exceeded, and further creating exceptions to this timeframe based on the minimum car counts. Understanding that the minimum car count is the minimum number of ambulances that we feel safe in having able to respond to our area, tying wait time to this number is factual and indisputable.

- *A proposed change to the number of vehicles being able to perform non urgent activity from 2 to 1 in the LaCloche and Manitoulin areas has been placed on hold pending a period of time to evaluate how the above mentioned changes affect our responsiveness.*

**3. Present a business case to the MOHLTC**

The business case has been discussed with stakeholders and is now final. Letters of support have been received from said stakeholders and an accompanying letter to the Minister of Health has been produced. Since this process was not completed prior to the start of the provincial election on Sept 6, 2011, we are recommending that this report be sent to the Minister of Health and Long Term Care after the October 6 election.

**4. Monitor the situation**

This final recommendation will be actioned after a period of time to evaluate the results of the first three recommendations.

**Conclusion**

That the Board approves this issue report and approves the Non Urgent Patient Transfer - Business Case. Further that the Non Urgent Business Case be forwarded to the Minister of Health and Long Term Care after the October 6 provincial election have been finalized.