



*Kathleen Wynne, Premier
Legislative Building
Queen's Park
Toronto ON M7A*

March 6, 2014

*Re: Non-Emergent Land Ambulance Patient Transfers
Northwest LHIN (NW LHIN) Commissioned Study- "Non-Emergent Patient Transportation in
Kenora & Rainy River Districts: Evidence Based 3rd Party Review".*

Dear Premier Wynne:

Please find attached a copy of a letter recently sent to the Chair of the NW LHIN - L. Joy Warkentin. The letter acknowledges official receipt of the above noted report by the NW LHIN CAO – Laura Kokocinski. The report had been forwarded to the NW LHIN on October 28, 2013.

As we stated in our letter to you on October 2, 2013, the report highlights obvious policy, regulatory and funding inconsistencies and inequities being applied among emergency land ambulance services (EMS) by the Ministry of Health & Long Term Care (MOHLTC) regarding Non-Emergent Patient Transportation services. These same issues have been identified in a number of studies commissioned by the MOHLTC, and more recently, similar studies commissioned by the NE LHIN and the NW LHIN.

The provision of non-emergent patient transfers with EMS resources has been a long standing issue in rural and northern Ontario. The importance and significance of the issue can be underscored by the fact that three Northern Ontario political organizations - NOMA, FONOM and NOSDA – had each adopted a resolution imploring the Province of Ontario to take some action on this issue.

In our letter to Ms. Warkentin, we attached a copy of the financial "ask" that the NW LHIN had requested to accompany the report presentation to their CAO. We respectfully ask that your government, through the MOHLTC, the NE LHIN and NW LHIN, take a leadership position on this important issue, and work with the health service partners to create an integrated non-emergent patient transfer system that works for all of NW Ontario.

Sincerely,

*Barry Baltessen
Chair – Kenora District Services Board*

*CC Sarah Campbell, MPP
Minister Deb Matthews, MOHLTC
Alan Spacek, President, FONOM
Dave Canfield, President, NOMA
Norm Gale, Chair, OAPC
Gary Scripnick, Chair, NOSDA*



KENORA DISTRICT SERVICES BOARD
Caring | People | Community | Support

*L. Joy Warkentin, Chair
Northwest LHIN
975 Alloy Drive, Suite 201
Thunder Bay, ON
P7B 5Z8*

March 6, 2014

*Re: Non-Emergent Land Ambulance Patient Transfers
Northwest LHIN (NW LHIN) Commissioned Study-“Non-Emergent Patient Transportation in
Kenora & Rainy River Districts: Evidence Based 3rd Party Review”.*

Dear Ms. Warkentin:

On behalf of the Kenora District Services Board (KDSB), I would like to thank the NW LHIN CAO, Laura Kokocinski, for officially receiving the report noted above at a meeting on February 12, 2014. The report had been forwarded to the NW LHIN on October 28, 2013.

The report highlights a number of long standing policy, regulatory and funding inequities being applied among emergency land ambulance services (EMS) by the Ministry of Health & Long Term Care (MOHLTC) regarding Non-Emergent Patient Transportation services. These same issues have been identified in a number of studies commissioned by the MOHLTC over the last ten years.

In the NW LHIN jurisdiction, the requirement for EMS to provide Non-Emergent Patient Transportation transfers causes significant negative impact on EMS emergent capacity and inequitable pressure on the regional property tax base. The study outlines that these operational impacts are acute in Kenora, Dryden, Sioux Lookout, Fort Frances and Atikokan from both a hospital and EMS provider perspective.

In our presentation to Ms. Kokocinski, NW LHIN officials had requested that the ten member consortium (seven hospitals, two land ambulance services, ORNGE) provide a financial “ask” to accompany the presentation in order to address the non-emergent transfer issue in the NW LHIN jurisdiction. This document, indicating a request for \$1,000,000, is attached for your reference.

We have received a copy of a NE LHIN newsletter describing good progress on their commissioned study on Non-Emergent Patient Transportation. The NE LHIN hospitals and EMS services experience the same negative impacts that NW LHIN hospitals and EMS service experience when providing Non-Emergent Patient Transportation services.

- a) Undermining of the EMS emergent resource capacity when providing patient transfers;*
- b) Inequity of the MOHLTC funding for transfers;*
- c) Inequity of the regulatory and legislative treatment of EMS services regarding non-emergent patient transfers (Re: North-Rural VS Urban EMS services) by the MOHLTC;*
- d) Stranded nurse escorts; et.al.*

L. Joy Warkentin, Chair

March 6, 2014

Page 2

We are hopeful that the NE LHIN project will develop a comprehensive, integrated solution that meets the needs of the patients requiring these non-emergent transfer services. In tandem with an integrated solution, it is absolutely imperative that the MOHLTC adequately and fairly, resource and finance any non-emergent patient transfer solution, and; equally important, that the integrated solution and resources provided will be exportable to the rest of Northern Ontario.

We respectfully ask that the NW LHIN, in conjunction with the MOHLTC, take a leadership position on this extremely important issue, and work in partnership with our consortium and the NE LHIN to create an integrated non-emergent patient transfer system that works for all of Northern Ontario.

Sincerely,



Barry Baltessen

Chair – Kenora District Services Board

*CC Sarah Campbell, MPP
Minister Deb Matthews, MOHLTC
Alan Spacek, President, FONOM
Dave Canfield, President, NOMA
Norm Gale, Chair, OAPC
Gary Scripnick, Chair, NOSDA*

Atikokan Hospital
 Riverside Health Care
 RRDSSAB EMS

Dryden Regional Health Centre
 Lake of the Woods District Hospital
 Sioux Lookout Meno Ya Win Health Centre
 Red Lake Margaret Cochenour Hospital
 KFDSB EMS

***Non-Emergent Patient Transportation in Kenora & Rainy River Districts:
 An Evidence Based 3rd Party Review***

NW LHIN NEAT Integrated Solutions Budget

<u>Budget Category</u>	\$
NW NEAT Integrated Solutions Panel	\$150,000
KDSB EMS Integrated NEAT "Gap" Budget	\$480,000
RRDSSAB EMS Integrated NEAT "Gap" Budget	\$70,000
Nurse Overtime	\$300,000
TOTAL PANEL OPERATING BUDGET	<u><u>\$1,000,000</u></u>

Relevant Report Recommendations

"The Funding Restructuring recommendations are critical – they are the glue that holds the entire restructuring package together. All other non-financial recommendations pre-suppose the new funding recommendations being implemented in meaningful fashion by MOHLTC."

"Establish NW LHIN Transfer Coordination Panel, Co-Chairs & key stakeholder membership to oversee required Non-Emergent Patient Transportation system integration & improvements."

"Implement a 2014 NW LHIN "integrated" funding model for Non-Emergent Patient Transportation."

"Initial 2014 Non-Emergent Patient Transportation "integrated" gap budget funding priorities to include the following:

- a) EMS up-staffing costs generated by Code 1-2 workload at EMS bases with an annual peak daytime UHU >35%
- b) EMS up-staffing costs for single unit coverage bases required to do Code 1- 2 transfers outside their established response zones (calls significantly compromising Code 4 coverage)

Atikokan Hospital
Riverside Health Care
RRDSSAB EMS

Dryden Regional Health Centre
Lake of the Woods District Hospital
Sioux Lookout Meno Ya Win Health Centre
Red Lake Margaret Cochenour Hospital
KFDSB EMS

*Non-Emergent Patient Transportation in Kenora & Rainy River Districts:
An Evidence Based 3rd Party Review*

<h2>NW Non-Emergent Transportation Panel</h2>

<u>By Expense Type</u>	\$
Salary & Benefits	\$110,000
Supplies, services, travel and operating costs	\$40,000
TOTAL PANEL OPERATING BUDGET	<u>\$150,000</u>

The Panel would be comprised of regional EMS and hospital members with a vested interest in non-emergent patient transfers.

The goals would be:

- A) Develop an fully integrated solution to the NEAT issue in North Western Ontario.
- B) Develop protocols for hospitals, EMS and MOHLTC for NEAT services applicable and workable in North Western Ontario.
- C) Investgate cost effective and relevant land based and air solutions for NEAT services.
- D) Investigate and report on other successful NEAT solutions in the province to inform the NW integrated solution.
- E) Investigate and recommend a sustainable NEAT funding model for 2015 onwards. consistent, fair and equitable across the province.

Atikokan Hospital
 Riverside Health Care
 RRDSSAB EMS

Dryden Regional Health Centre
 Lake of the Woods District Hospital
 Sioux Lookout Meno Ya Win Health Centre
 Red Lake Margaret Cochenour Hospital
 KFDSB EMS

*Non-Emergent Patient Transportation in Kenora & Rainy River Districts:
 An Evidence Based 3rd Party Review*

Non-Emergent GAP BUDGET - KDSB EMS
CODE 1 & 2 CALLS

By Expense Type	NOTE #2
	\$
Salary & Benefits	\$430,000
Ambulance Operating Costs	\$50,000

TOTAL INCREMENTAL "GAP" BUDGET - KDSB
 | - By Expense Type **\$480,000**

By Hospital	NOTE #2
	\$
LAKE OF THE WOODS DISTRICT HOSPITAL - KENORA	\$275,000
DRYDEN REGIONAL HEALTH CENTRE	\$70,000
SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE	\$100,000
RED LAKE MARGARET COCHENOUR HOSPITAL	\$35,000

TOTAL INCREMENTAL "GAP" BUDGET - KDSB
 | - By Hospital **\$480,000**

NOTE #2 This is the estimated TOTAL GAP BUDGET (INCREMENTAL COST) for all Code 1 and Code 2 Non-Emergent Transfers.

NOTE #3 This is the TOTAL GAP BUDGET for Transfers requiring automatic up-staff to maintain Code 4 Emergent Coverage. Specifically,

- | | |
|----|--|
| A) | Kenora - Winnipeg |
| B) | DRHC - Dryden Airport |
| C) | SIOUX LOOKOUT MENO YA WIN HEALTH CENTRE - SL Airport |
| D) | RED LAKE MARGARET COCHENOUR HOSPITAL - RL Airport |

Atikokan Hospital
 Riverside Health Care
 RRDSSAB EMS

Dryden Regional Health Centre
 Lake of the Woods District Hospital
 Sioux Lookout Meno Ya Win Health Centre
 Red Lake Margarat Cochenour Hospital
 KFDSB EMS

*Non-Emergent Patient Transportation in Kenora & Rainy River Districts:
 An Evidence Based 3rd Party Review*

Non-Emergent GAP BUDGET - RRDSSAB EMS
CODE 1 & 2 CALLS

By Expense Type

NOTE #1
\$

Salary & Benefits	\$60,000
Ambulance Operating Costs	\$10,000

TOTAL INCREMENTAL "GAP" BUDGET - KDSB

- By Expense Type	\$70,000
-------------------	-----------------

By Hospital

NOTE #1
\$

Riverside (Fort Frances)	\$70,000
Riverside (Rainy River)	
Atikokan	
Other FN Transfers	

TOTAL INCREMENTAL "GAP" BUDGET - KDSB

- By Hospital	\$70,000
---------------	-----------------

NOTE #1 This is the estimated TOTAL GAP BUDGET (INCREMENTAL COST) for all Code 1 and Code 2 Non-Emergent Transfers for the RRDSSAB EMS.