KDSB
KENORA DISTRICT SERVICES BOARD
Caring | People | Community | Support

Executive Summary – NEAT (Non-Emergent Ambulance Transfers) Final Report

Conclusions & Recommendations

The NEAT Report has been finalized. The report was due on March 31, 2013 and delivered via email on September 19, 2013.

Andrew Tickner, EMS Director, will be providing a comprehensive analysis of the report at the October 3 Board Meeting.

- The report essentially validates the non-emergent transfer circumstances in the KDSB and Northern Ontario.
- The report recommendations hinge on, and the recommendations will NOT move forward, without MOHLTC financial & regulatory support.

Recommended Next Steps

1. Write a letter to the MOHLTC detailing the recommendations and observations of the report – particularly the MOHLTC inconsistent treatment of Northern VS Urban EMS service providers.
2. Engage our MPP to lobby on our behalf in the legislature.
3. Be open to participating in the Regional Non-Emergent Transfer Coordinating Committee.
4. Prepare a "special" press release with this Executive Summary attached detailing the observations & recommendations on the report. We will soften some of the INTEREPRETATION statements.

Executive Summary

You will find below the a summary of the key observations, relevant points and recommendations of the report:

I. Introduction & Observations

Legislative or Regulatory Issues:

"Ambulance Act and associated regulations do not explicitly reference non-emergent patient transportation as a clearly delineated line of business for Ontario's land ambulance services."

"However, MOHLTC has taken the position during this Review that municipal EMS service providers are obligated by law to deliver "medically necessary" services. The Ministry takes the position that non-emergent patient transportation represents

> one such medically necessary service. The legal basis/rationale supporting the Ministry's stated position has not been shared during this Review."
>
> "Ambulance Act regulations do explicitly reference the pre-hospital emergency response line of business."
>
> "The Ambulance Act regulation establishing mandatory province-wide response time targets for i) life threatening cardiac arrest call and ii) CTAS 1 calls, does not recognize the negative impact of Code 1-2 non-emergent transfer workload on emergency response capabilities for ambulance services operating in jurisdictions without non-paramedic transfer services."

INTERPRETATION – The MOHLTC takes the position that NEAT services are an EMS responsibility; YET, they have not provided any legal basis/rationale for this position.

If in fact there is a legal framework, the MOHLTC DOESNOT or CANNOT apply this position to all EMS services in the province – there would be a revolt from the affected municipalities.

II. Non-Emergent Transfer Services in Urban Ontario

Relevant Observations:

> "…Urban EMS providers do not typically budget for significant Code 1-2 non-emergent transfer volumes…"

KDSB EMS transfer volumes were approximately 30% in 2012.

> "In fact, urban EMS deployment plans often declare that non-emergent transfer services will be suspended entirely during times of high emergency response activity."

Urban EMS services REFUSE NEAT transfers via their deployment plans APPROVED by the MOHLTC, yet, demand that it is northern EMS's regulatory and legal responsibility to provide transfers and we are not able to refuse transfer calls.

KDSB
KENORA DISTRICT SERVICES BOARD
Caring | People | Community | Support

Executive Summary – NEAT (Non-Emergent Ambulance Transfers) Final Report

"There is no remaining EMS capacity (in reserve) to service demand for non-emergent patient transfers in many urban jurisdictions on many days."

"Urban hospitals have reacted to chronic delays in EMS delivery of non-emergent Code 2 patient transfers by contracting with private sector companies to deliver timely non-paramedic non-emergent patient transportation services."

INTERPRETATION – There is a distinct difference in the manner the MOHLTC regulates EMS services in Northern & Southern Ontario. The KDSB EMS is DIRECTED to provide non-emergent transfers DEEMED "medically necessary".

III. Funding & Regulatory Inequities of EMS in Ontario North Vs. Urban

Relevant Observations:

"Northern/remote residential property taxpayers in Ontario face a significantly higher tax burden for Code 1-4 land ambulance services compared to urban residential property taxpayers."

"Residential property taxpayers in the remote North jurisdictions also fund 50% of additional expenses associated with budgeted up-staffing EMS vehicle hours (beyond the Code 4 deployment plan) in order to provide Code 2 patient transfer services. Up-staffing costs linked to higher-than-budgeted non-emergent call volumes are funded 100% by local taxpayers."

"In urban Ontario jurisdictions, province-wide revenues (e.g. sales or income taxes) are funneled through hospital budgets to fund Code 1-2 patient transfers; delivered primarily by non-paramedic contractors – thereby reducing the EMS property tax burden on urban residential property taxpayers."

INTERPRETATION – There are clear & distinct funding and regulatory inequities of EMS by the Province of Ontario's MOHLTC. There is a distinct property tax inequity in Ontario when it comes to financing EMS.

KDSB
KENORA DISTRICT SERVICES BOARD
Caring | People | Community | Support

Executive Summary – NEAT (Non-Emergent Ambulance Transfers) Final Report

IV. EMS Operating in the KDSB

Relevant Observations:

"Kenora and Rainy River EMS services are experiencing erosion in their Code 3-4 emergency response times due to Code 2 non-emergent transfer call volumes."

"More seriously, EMS Code 4 emergency coverage can also be compromised by Code 2 workload in single-unit coverage communities."

"While erosion in EMS resourcing capacity (due to Code 2 workload) is a fact, it is equally clear that the "lost" EMS coverage hours deliver a medical benefit for the non-emergent transportation system and its patients."

"….given the absence of suitable market conditions for a private sector non-paramedic transfer service to execute Code 1-2 workload in Northern/remote communities."

"Northern/remote EMS services will not typically achieve UHU in the 30% range because population totals, population density and geography render this level of urban "busyness" unlikely."

"Therefore UHU in Kenora and Rainy River indicates a marginal "capacity to do work" rather than a statement on optimal system busyness."

"…most KDSB ambulance bases have a demonstrated capacity to absorb total Code 1-4 workload."

"There is one obvious exception; the Kenora base 50% UHU. This extremely high level of system busyness suggests that the combined Code 1-4 workload is not sustainable during the daytime/early evening peak."

"It is not surprising that the Kenora base is the primary engine of adverse overlapping call risk events."

KDSB
KENORA DISTRICT SERVICES BOARD
Caring | People | Community | Support

Executive Summary – NEAT (Non-Emergent Ambulance Transfers) Final Report

"Kenora EMS experienced 440 overlapping Code 1-2/Code 3-4 calls – representing approximately 5 percent of the 9,255 total Code 3-4 calls in 2012. The occurrence of overlapping calls is concentrated at the Kenora base – which experienced 297 overlapping events."

At the City of Kenora base in 2012, there was an overlapping call event almost once a day. (297 overlapping call events in the year analyzed)

INTERPRETATION – KDSB and RRDSSAB EMS's are a fundamental cogs of the primary health care system in NW Ontario. There is not a large enough market for a private sector MTS. These "overlap" events should be drastically lower in 2013 as the KDSB hired additional staff in 2013.

V. RECOMMENDATIONS & FINDINGS

"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."

There are **three recommendations categories:**

1. **System** – Four (4) recommendations.
2. **Funding** - Five (5) recommendations.
3. **Service Delivery** – Fourteen (14) recommendations.

1. System Recommendations

Relevant Observations:

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

INTERPRETATION – The MOHLTC has proven to be "non-motivated" to address this issue. The MOHLTC staked their position of treating small, northern and large, urban very differently from a regulatory and funding perspective. The hospitals are generally financially "non-motivated" to solve the transfer issue because presently the NW hospitals DO NOT PAY DIRECTLY for non-emergent transfers – UNLIKE their urban, southern counterparts. As a result this report is short on any integrated solutions. Hence this recommendation that we start all over again on the solution front.

KDSB
KENORA DISTRICT SERVICES BOARD
Caring | People | Community | Support

Executive Summary – NEAT (Non-Emergent Ambulance Transfers) Final Report

This process recommendation will be costly, bureaucratic and time consuming, unless, the MOHLTC and the hospitals come to the table, motivated, and with resources.

2. Funding Recommendations

Relevant Observations:

"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:

O☐ EMS up-staffing costs generated by Code 1-2 workload at EMS bases with an annual peak daytime UHU >35%

O☐ 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)

O☐ ORNGE fixed wing air transport replacing EMS land transfer "legs" greater than 200 kilometres & annual volumes > 50 trips

O☐ Patient "care & control" staffing investments at TBRHSC (or in Winnipeg) that significantly reduce the need for community hospital nurse escorts

O☐ Expanded non-paramedic transfer contracted service hours to improve timeliness of Code 2 patient transfers from T-Bay Airport tarmac to TBRHSC

O☐ Re-imbursement to hospitals for police escort costs for Psychiatric "Form 1" patients

O☐ New non-paramedic transfer service hours to repatriate low risk Ontario patients back from Winnipeg Code 2 procedures (originally delivered to Winnipeg by EMS or ORNGE)

INTERPRETATION – The MOHLTC has proven to be "non-motivated" to address this issue. The MOHLTC has staked their position of treating small, northern EMS services very differently than large, urban EMS services from both a regulatory and funding perspective. The hospitals are unmotivated from a financial perspective; however, they are caught as well as they do not have the financial support from the MOHLTC to pay for non-emergent transfers.

KDSB
KENORA DISTRICT SERVICES BOARD
Caring | People | Community | Support

Executive Summary – NEAT (Non-Emergent Ambulance Transfers) Final Report

The MOHLTC, via the LHIN's and/or directly, continue to support other EMS services where there has been proven degradation of emergent resources. The two most recent examples is additional funding for nurses to reduce "offload" time and an extension of the Manitoulin-Sudbury MTS pilot for transfers.

3. System Recommendations

Relevant Observations:

"…the NW LHIN should recognize Code 1-2 Non-Emergent Patient Transportation as a legitimate "line of business" to be delivered primarily by EMS paramedics in the KDSB & RRDSSAB."

"Consolidate and expand the existing TBRHSC non-paramedic, non-emergent patient transportation contract in Thunder Bay under the oversight of Superior North EMS."

Ironically, the vast majority of airport transfers, to & from, the Thunder Bay Regional Airport to the TBRHC are provided by a private sector MTS – Ambutrans (100% paid for by the hospital aka. the Province of Ontario); while at the origin communities – Dryden, Kenora, Red Lake Sioux Lookout, Fort Frances and Atikokan - these transfers are 100% provided by KDSB or RRDSSAB EMS's. – funded 55% from the property tax base.

"Implement evidence based adjustment of the existing ORNGE "Fly/No Fly" 240 km distance trigger across Kenora and Rainy River districts."

This recommendation/option, which would be applicable to Kenora transfers, was not costed or compared to a ground funded solution.

"Initiate ORNGE fixed-wing SOA air transport of Code 2 Non-emergent patient transfers between Lake of Woods & Winnipeg hospitals."

This recommendation/option, which would be applicable to Kenora transfers, was not properly costed (excludes time, cost and patient factors for Winnipeg ground leg from airport), or compared to a ground funded solution.

"While Recommendation #3-F decision-making/planning is pending at ORNGE, conduct a LHIN funded 8-month pilot project to consolidate Lake of Woods to Winnipeg long-run EMS land transfers by initiating a scheduled Code 2 transfer leg (Monday-Wednesday-Friday scheduled runs) plus "urgent but scheduled" Code 2 trips as required."

KDSB
KENORA DISTRICT SERVICES BOARD
Caring | People | Community | Support

Executive Summary – NEAT (Non-Emergent Ambulance Transfers) Final Report

> "Consider risk management based revisions to selected CACC deployment decisions in the remote North."

INTERPRETATION – These recommendations have not been adequately vetted and analyzed from many perspectives, **HOWEVER**, the actual implementation of any procedures, protocols, funding and all other related issue would be reviewed and approved via the 1st recommendation of establishing a **REGIONAL NEAT COORDINATING COMMITTEE** non-emergent transfers in the region.