

# Presentation to NOSDA

Non-Urgent Patient Transportation Challenges

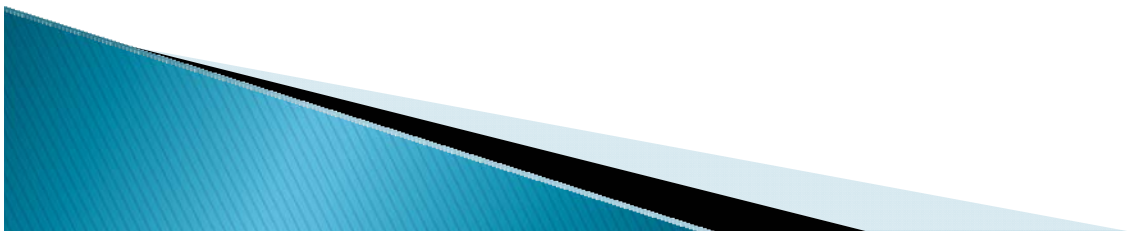
Norm Gale

Chief of EMS (City of Thunder Bay)  
President, AMEMSO

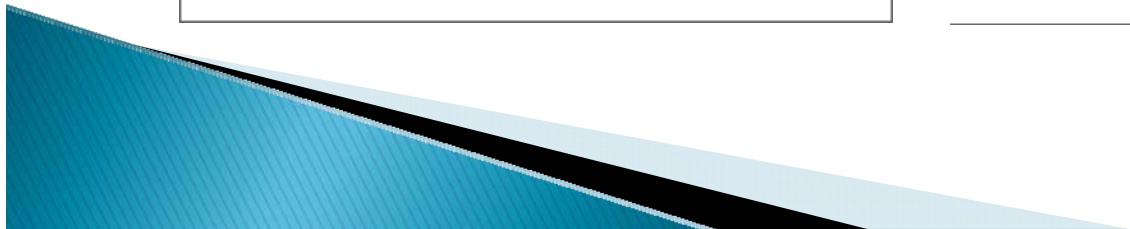
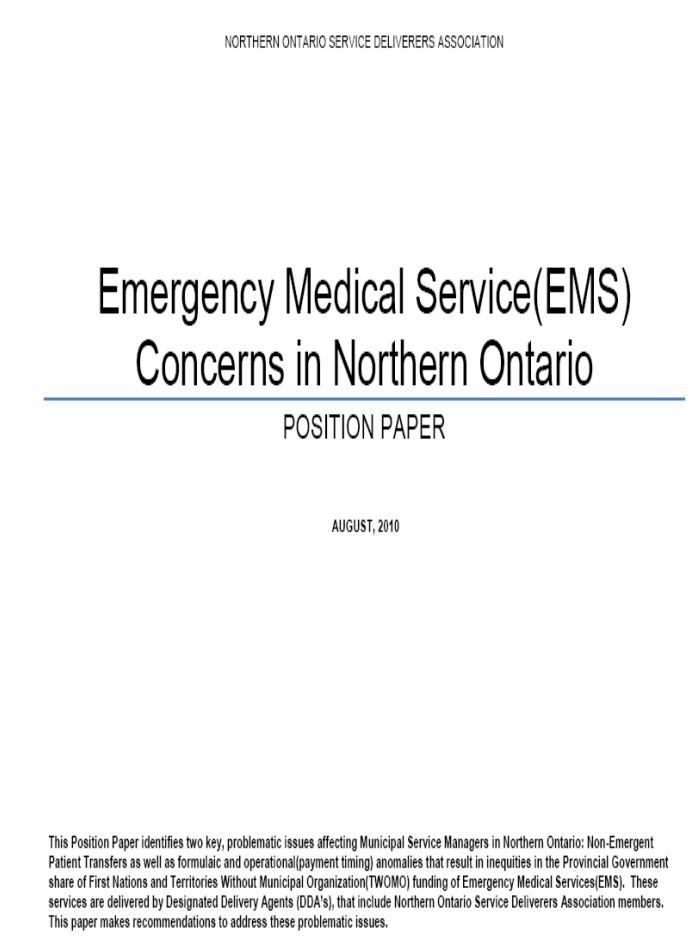
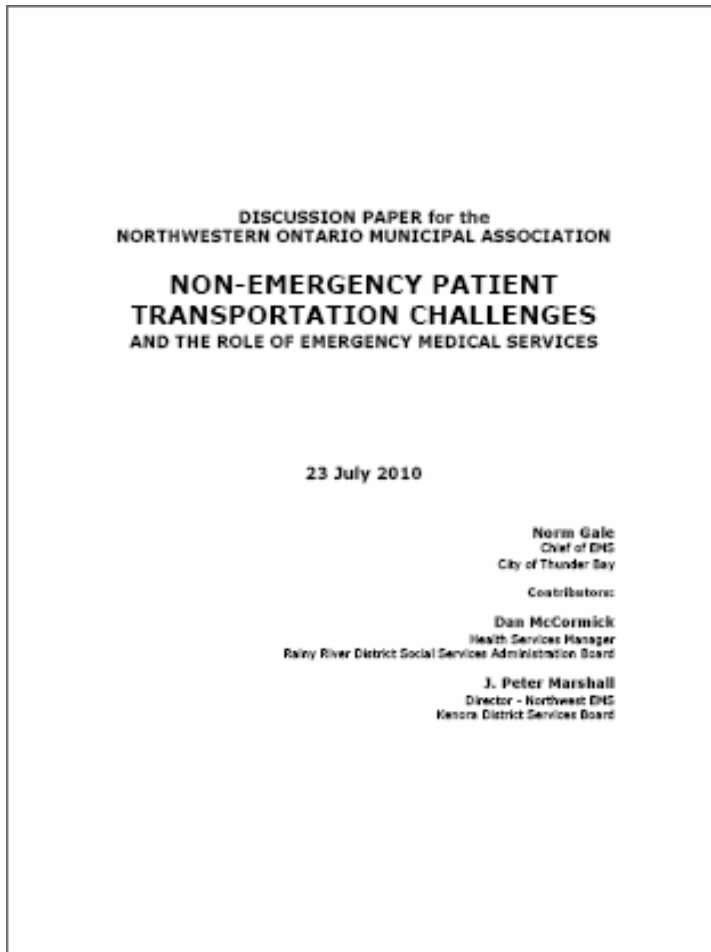


# The Problem

- ▶ The Demands on EMS systems are increasing yearly.
- ▶ EMS systems are providing service that is not specifically in their legislated mandate.
- ▶ EMS systems are generally not designed to provide non-emergency service.
- ▶ When EMS provides this service, it is inefficient and ineffective.
- ▶ When EMS provides this service, it always comes at the expense of emergency service / coverage.
- ▶ Historically, EMS had provided this service, but circumstances have changed considerably.

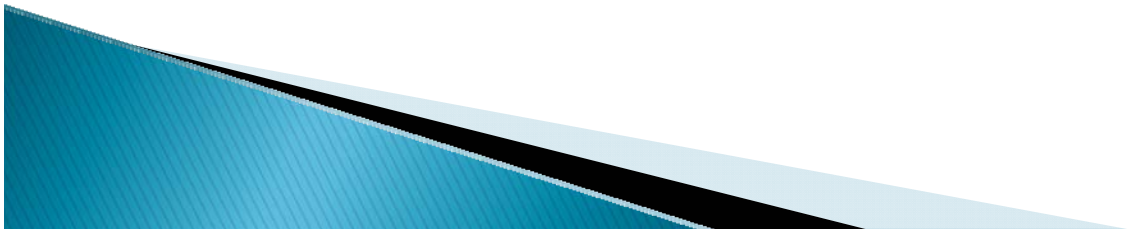


# Two Position Papers Submitted to Government



# TRANSPORTATION ISSUES

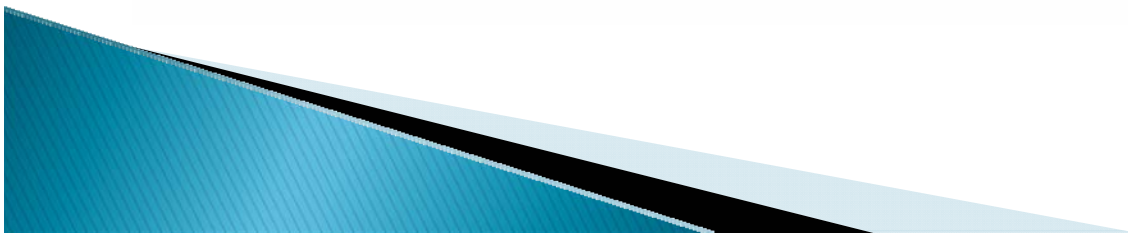
- ▶ Long transport times normal
- ▶ Options for travel limited
  - Private vehicles
  - Public transportation
  - Emergency Medical Services (EMS)
- ▶ Difficult for seniors & individuals with limited ability to travel long distances



# EMS' Mandate

"ambulance" means a conveyance used or intended to be used for the transportation of persons who,

- (a) have suffered a trauma or an acute onset of illness either of which could endanger their life, limb or function, or
- (b) have been judged by a physician to be in an unstable medical condition and to require, while being transported, the care of a physician, nurse, other health care provider, emergency medical attendant or paramedic, and the use of a stretcher; ("ambulance")

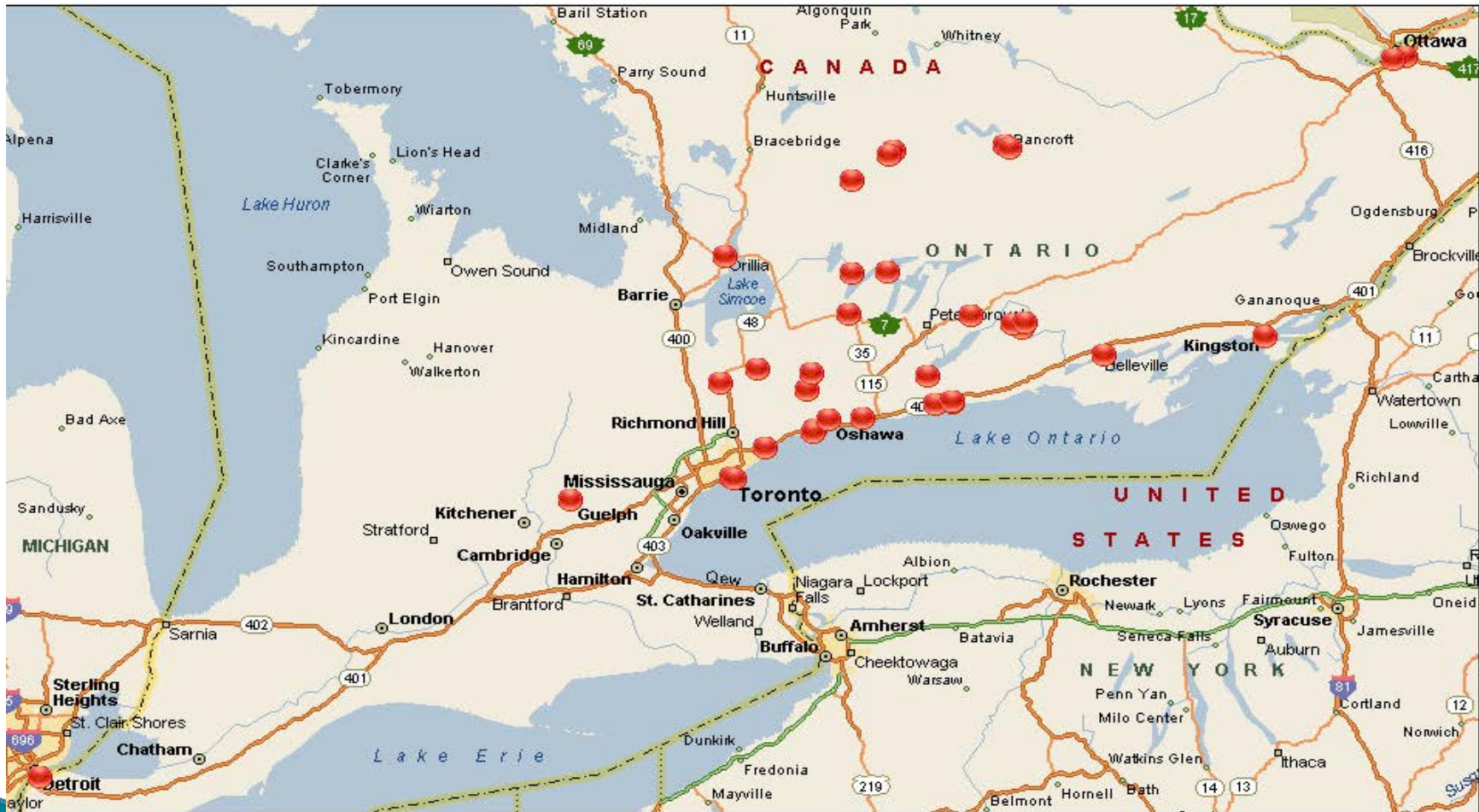


# Examples of Long-Distance Trips

- ▶ Thessalon to Timmins
- ▶ Hornepayne to Hearst
- ▶ Nipigon to Sault Ste Marie
- ▶ Manitouwadge to Timmins
- ▶ Kitchener to Ottawa
- ▶ Windsor to London, Hamilton, Toronto
- ▶ Hawkesbury to Toronto, Kingston
- ▶ Parry Sound to Ottawa, London, Windsor, Buffalo

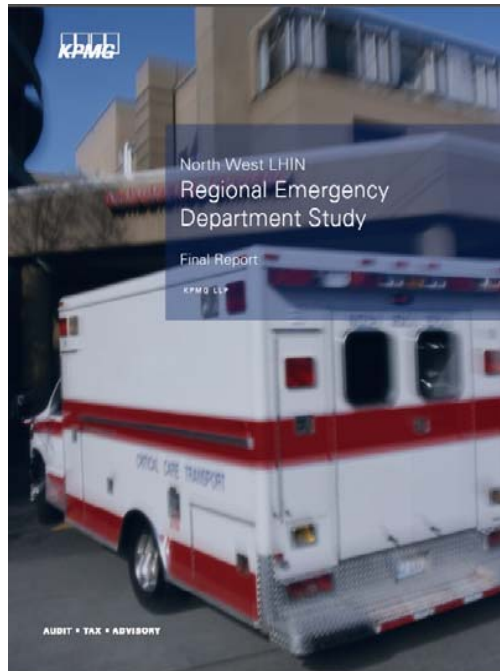


# From Peterborough



Presentation to NOSDA - 5 Apr  
2011

# NW LHIN ED Study

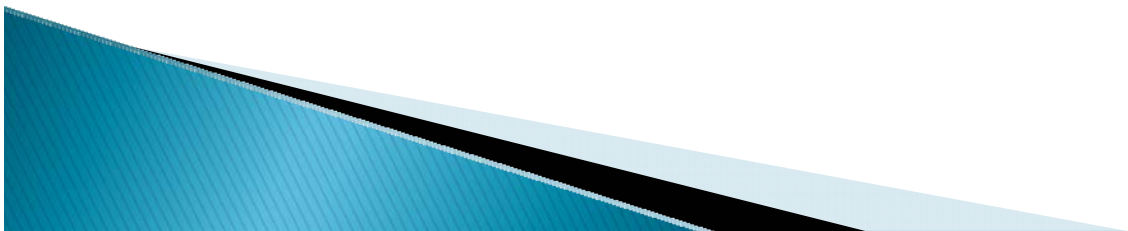


- *Transportation:* In addition to patient repatriation issues (see above), a host of issues conspires to frequently interfere with the efficient, timely transportation of emergency patients to and from TBRHSC, (and to a lesser extent, Winnipeg Regional Health Authority). These transportation issues have been difficult to resolve, since they involve multiple jurisdictions with different mandates for services, some enshrined in legislation. Additionally, there is no system in the North West LHIN to support inter-facility transfer of patients; substantial EMS resources are used to accomplish these, but such transfers are outside the legislated mandate of EMS, are not a priority for EMS and are generally accomplished in a highly inefficient way.



# EMS Deployment (Rural)

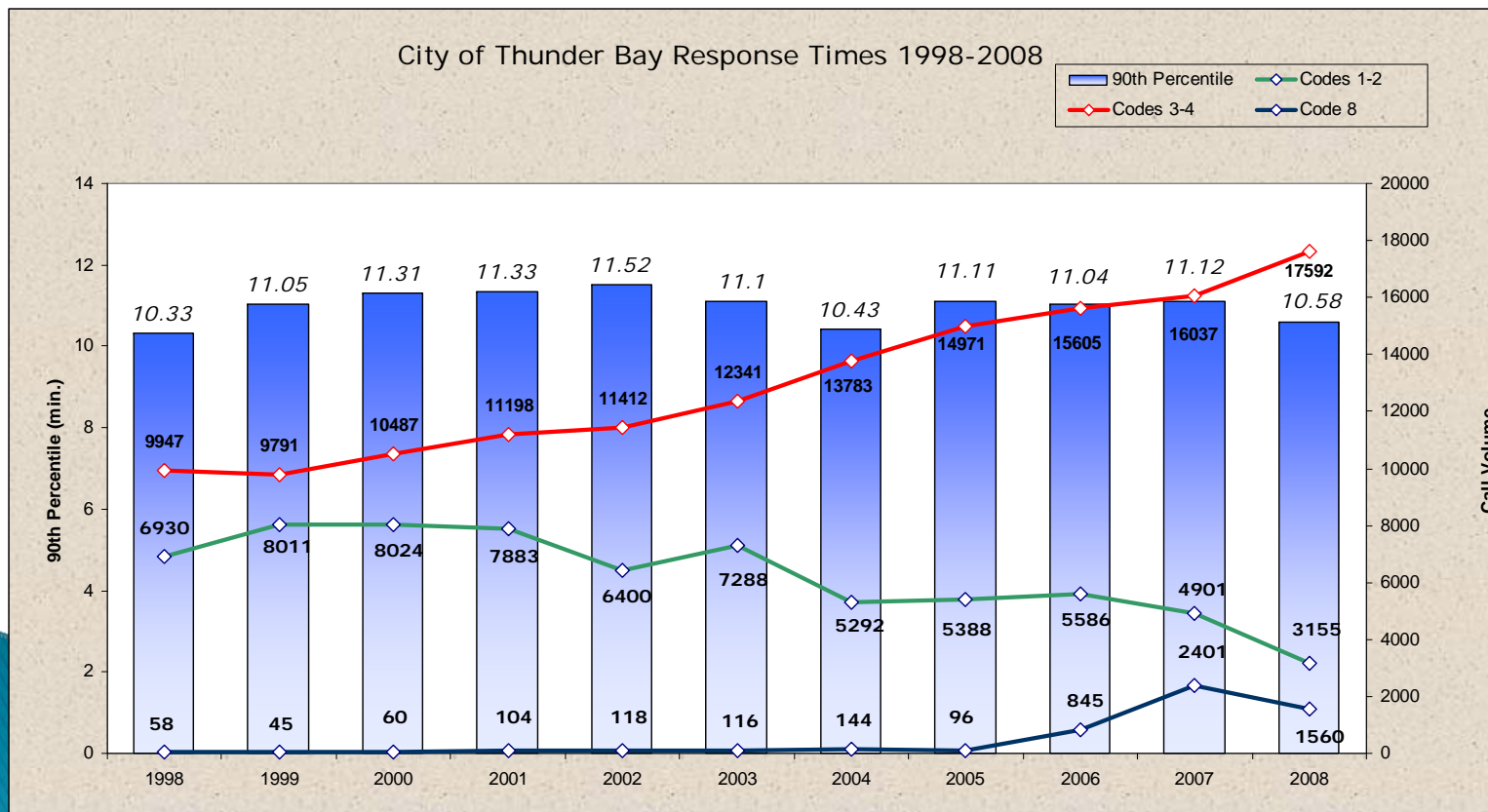
- ▶ Paramedics in rural EMS stations generally work a 24 hour shift. This shift is divided between on-site and off-site time.
- ▶
  - On-Site: time spent at the station.
  - Off-Site: rest period during which paramedics rest while carrying a pager to respond to emergency requests for service.
    - *nb: Rainy River District has 24 hour on-site staffing*
- ▶ Each time a paramedic team is activated for an emergency request for service during their off-site time, a potential cumulative affect to our operations occurs.
- ▶ Paramedics require approximately 8 hours rest (free from work) in each 24 hr period. Therefore, and despite our best efforts to bring in additional paramedics, there may be periods when a respective community is left without EMS coverage each time this occurs.



# EMS Deployment (City of Thunder Bay)

## General Levels:

- Days: 7 teams
- Evenings: 5 teams
- Dark Hours: 4 teams



# Legislative Restrictions

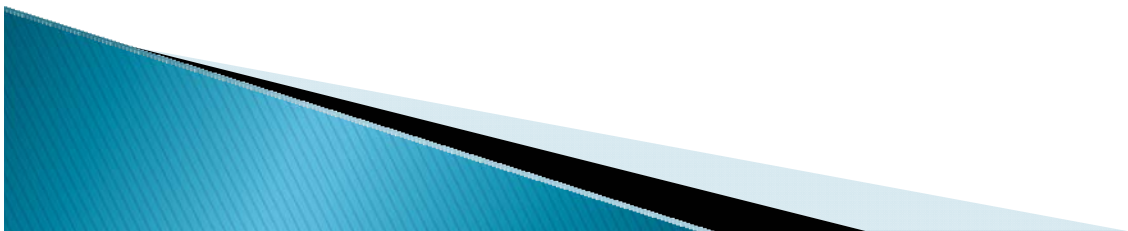
## ▶ Employment Standards Act

- Exceptional circumstances
- **19.** An employer may require an employee to work more than the maximum number of hours permitted... only as follows, but only so far as is necessary to avoid serious interference with the ordinary working of the employer's establishment or operations:
  - 1. To deal with an emergency.
  - 2. If something unforeseen occurs, to ensure the continued delivery of essential public services...

## ▶ Occupational Health and Safety Act

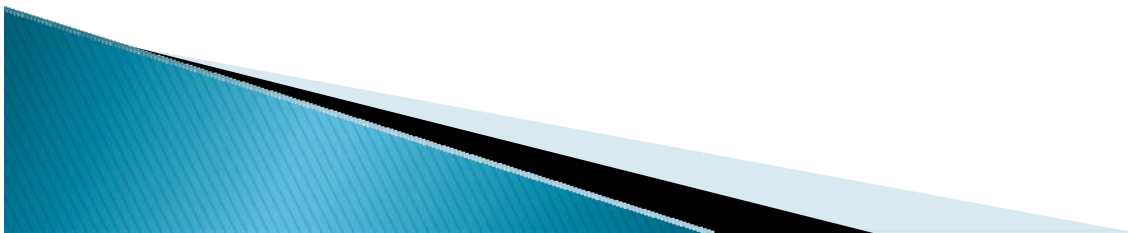
### Duties of employers

- **25. (1)** An employer shall ensure that,  
(h) (i) take(s) every precaution reasonable in the circumstances for the protection of a worker;



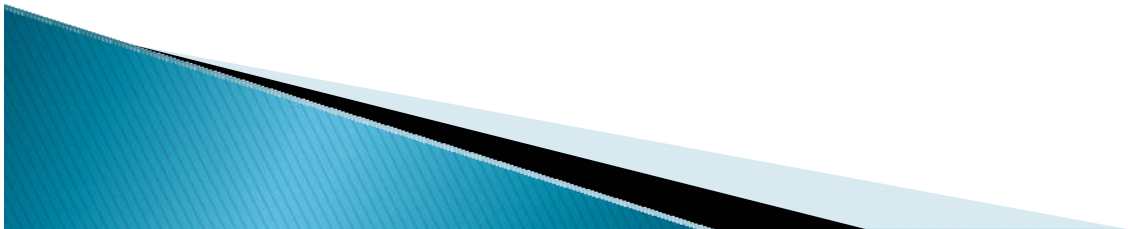
# Form 1 Patients

Form 1 patients must meet the criteria established in the Ambulance Act and be escorted (in the ambulance) by either medical staff or a police officer.



# Emergent Inter-facility Transfers - Long Distance

- ▶ Working with the Province to reconcile:
  - **Next Steps by the MoHLTC:**
  - Detailed discussions between DDAs and the EHSB
  - Integration of land ambulance CACC/ACs into communications strategy linkage with Ornge and Criticall for addressing inter-facility patient transfer requests (Winter-Spring 2011).
  - Guideline document and education program for sending and receiving physicians and hospital admission and discharge officials on time, distance and mode of travel considerations when initiating a request for urgent inter-facility transfers (Fall 2010).
  - Increased engagement of LHINs in addressing issues relating to inter-facility urgent transfers (Fall 2010 - Winter 2011).
  - Development of process for Ornge, Criticall and land CACC/ACs to share call information relating to inter-facility transfers in real time (2012).



# Identification of the Problem

- ▶ Long distance transfer demands (emergent and non-urgent) occur:
  - At all times of the day
  - Many agencies are involved except EMS
  - Consideration must be given to weather
  - Consideration must be given to rest time issues
  - EM services are not deployed to provide non-urgent transportation services





Right Transport, Right Time, Right  
Care

Return Patient/Escort



# Contact

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