Conseil des Services du District de
Manitoulin-Sudbury
District Services Board

Briefing to
THE HONOURABLE DEB MATTHEWS
MINISTER OF HEALTH & LONG TERM CARE

Non-Urgent / Non-Ambulance Patient Transportation

An Opportunity for Positive Change in Ontario's Health Care

Submitted by:

Les Gamble, MSDSB Chair

Fern Dominelli, MSDSB Chief Administrative Officer

Manitoulin-Sudbury District Services Board, 210 Mead Blvd., Espanola, ON P5E 1R9

T: 705-862-7850 **DD:** 705-222-7777 **E:** fern.dominelli@msdsb.net

AUGUST 26, 2013

Introduction

Under the regionalized system of health care in the province of Ontario, patients are often transferred from one medical facility to another to receive specialized care or care which is unavailable at their local facility. Unless a patient lives in a larger, urban area containing a tertiary care facility, they will undoubtedly have to seek specialized care, as needed, elsewhere. When this patient resides in Northern Ontario they are often transported from one facility to the next via ambulance. The lack of alternative transportation options and the lack of a widespread existence of the private-for-profit Medical Transportation Service (MTS) industry in Northern Ontario further reinforces the ambulance as the preferred option for transportation.

Looking at Northern Ontario we find that Emergency Medical Services (EMS) are struggling to meet the emergency medical needs of their citizens. An aging population and the great geographic challenges found in the vast North make for increased call volumes and extended response times. Towns and villages throughout Ontario, but particularly in the North, who actually have an ambulance within their community, typically have only one located within their boundaries. Rural communities do not have the luxury of multiple ambulances on shift within their area. Emergency response capability is at both minimum and maximum capacity at any given time. When you combine strained EMS resources with the reliance of ambulance use for non-urgent activity, you have a system that is struggling to meet the emergency medical needs of its people.

Manitoulin-Sudbury District Services Board (MSDSB) considers itself a leader in proactive approach to this issue. Keeping in mind the MOHLTC goals of establishing a **patient-focused**, **results-driven**, **integrated** and **sustainable** publicly funded health system, we believe we have a system fully capable of delivering on all accounts.

CONTENTS

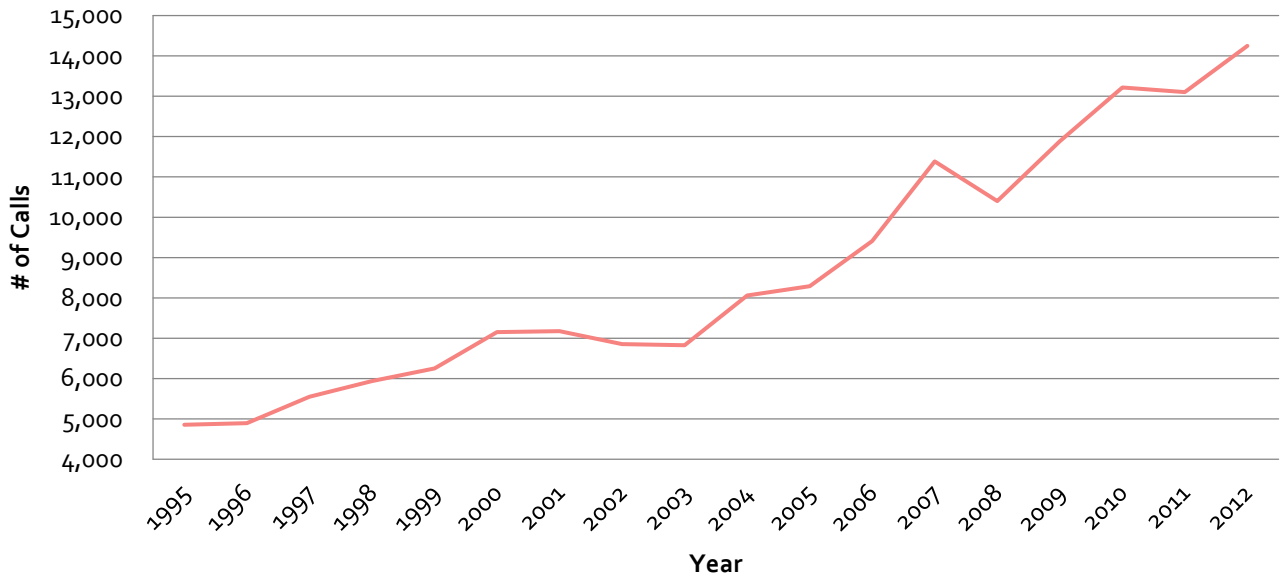
A Change Is Required

Emergency Medical Services throughout Northern Ontario can no longer compensate for a regionalized health care system that lacks a true medical transportation model. In the advanced age of medicine, much of the most fundamental medical diagnostic equipment is not located at the local hospital level. Rural community Hospital physicians are requiring more than ever that a patient to be transported for a higher level of diagnostic testing, or specialist care only available at a tertiary regionalized facility. Again it must be noted that it is also in these rural communities that you will find only one ambulance available at any particular time. Losing that ambulance for the hours it takes to transport and wait with a patient is unacceptable to the emergency needs of that community.

The issue of non-urgent transportation has been researched and reviewed for nearly 25 years. From the Swimmer Report in 1991, to Ontario Hospital Association reports in 1999 and 2004, to Auditor General of Ontario reports in 2005 and 2007, this issue has seen its share of analysis. The results of every report on this issue suggest that the utilization of EMS is not the most efficient method of providing this service. The MOHLTC commissioned a report by the well-respected IBI Group entitled *Non-Urgent Inter-Facility Patient Transfers* in 2002. Four major themes were drawn from that report.

1. Patient Transfer Arrangements Need to be Improved
2. Mode Choice Should Reflect Patient Care Needs
3. Ambulances Should be Used Predominantly for Emergencies
4. MTS Operations need to be regulated

Historic EMS Call Volume Trend



There has been a substantial increase in EMS call volumes over the years. Over the past 10 years Manitoulin-Sudbury DSB has experienced an increase of 109% in call volumes.

Ministry of Health & Long Term Care Goals

In June of 2010 the Government of Ontario passed the Excellent Care For All Act, setting standards to ensure that Ontarians receive health care of the highest possible quality and value. This means that:

1. The patient is at the centre of the health care system.
2. Decisions about patient care are based on the best evidence and standards.
3. The health care system is focused on the quality of care and the best use of resources.
4. The main goal of the health care system is to get better and better at what it does.

Furthermore, in 2012 the Ministry of Health & Long Term Care developed Ontario's Action Plan for Healthcare. The action plan has three priorities:

- Keeping Ontario Healthy
- Faster Access to Stronger Family Health Care
- Right Care, Right Time, Right Place

The MOHLTC has made improvements in health care over the years by creating better access (more family doctors, Family Health Teams, cutting wait times for key procedures), better quality (annual public quality improvement plans, executive compensation linked to achievement of quality improvement, public hospital reporting on 9 key patient safety indicators), and better value (cutting the costs of generic drugs, accountability agreements with hospitals tying funding to performance, balancing hospital budgets through accountability to the LHINs).

Ministers Message on Excellent Care For All Act

Putting the emphasis on better quality care will also mean better value for our investment – because quality and value go hand-in-hand.

Waste, inefficiency and poor quality are costly to the health system – a system that consumes an ever-greater portion of the provincial budget. Quality care does not mean more expensive care. On the contrary - quality care means cost-effective care.

Moving forward, Ontario health will put the patient front and centre, focus on better delivery and make smarter use of limited resources

The Honourable Deb Matthews, Ph.D.
Minister of Health and Long-Term Care

BUT, one key silent area has not been addressed; a public medical transportation model. The above goals are for naught if there is no means of delivering the patient to the care they require.

Non-Urgent Patient Transportation

A key piece to quality health care for Ontarians is medical transportation; both emergency and non-urgent. Emergency Medical Services throughout the province are highly efficient in terms of providing professional care to those suffering a medical emergency. This municipal service strives to work within its means to provide essential care. The issue with medical transportation revolves around non-urgent transportation.

Understanding the legislated mandate for EMS is emergency service, and also understanding that there is a finite quantity of available resources at any one given time, non-urgent transportation always takes a back seat to medical emergencies. While not being a priority, the stable patient ends up waiting for transportation in order to obtain essential diagnostic or specialist care often for extended periods of time. When the patient finally gets transported, they are often late in getting to their booked appointment further compounding a delay and increasing the "logjam" at the regional health centre. This delays the healthcare system as a whole and forces hospital staff to try and make do.

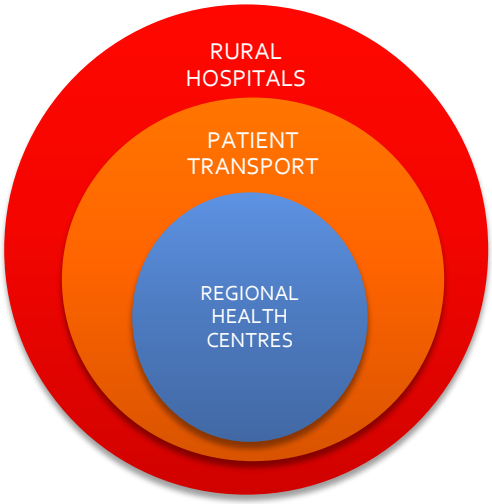
The unpredictability of emergencies can further frustrate the system as the patient who receives their care at the regional centre must wait for a return trip back to their home facility. This at times can span many hours or even days. Additionally, there are patients waiting to return home after being discharged from a medical facility. If the patient

requires the use of a stretcher vehicle to go home (residence or long term care facility), they are at the mercy of the ambulance system which is designed to deal with medical emergencies. This situation also creates a "logjam" and takes up a hospital bed which could be better served.

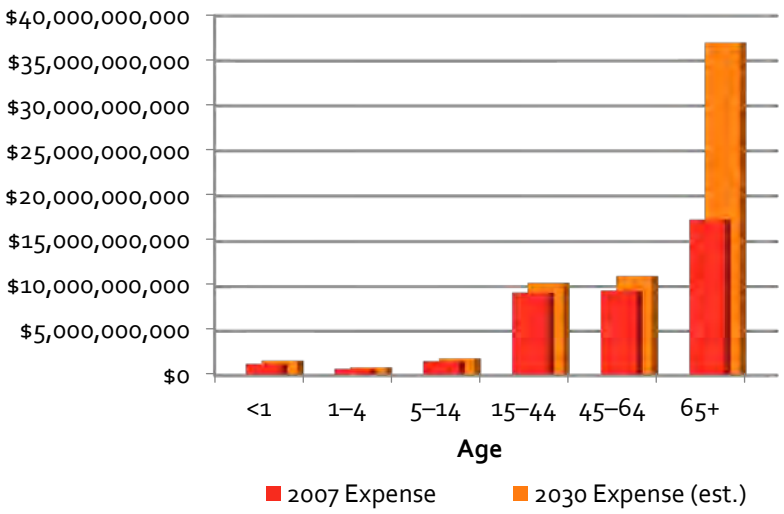
The Missing Link

A transportation problem

Within our regionalized health care system in Ontario there are many more rural hospitals than regional centres. A dedicated transportation system is the missing component to a truly efficient system of getting the right care, at the right time, and at the right place.



Ontario's Health Care Demographic & Fiscal Future



TRENDS AT A GLANCE

▲ **INCREASE IN EMERGENCIES**

Within the last 10 years there has been a 100% increase in emergency call volumes.

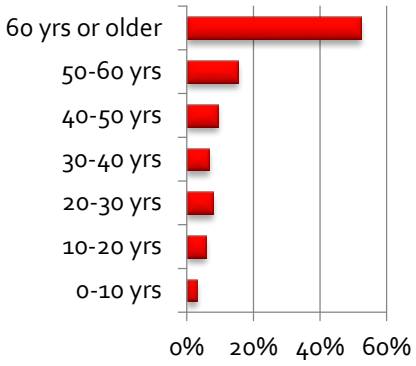
▲ **AGING POPULATION**

It is projected that over the next 15 years the growth in population of 15-64 yr. olds will decline, while the population of those 65 & older will grow.

▲ **DISPROPORTIONATE USAGE**

With the aging population there are additional pressures as there is a disproportionate usage of ambulance services for those over the age of 60.

% COMPOSITION OF CALLS BY AGE



▼ **EMS ABILITY TO RESPOND**

While call volumes have been on the rise, increases in available resources have not followed suit. In the case of MSDSB EMS, we were never able to meet our former 90th percentile response time established in 1996 and utilized until the end of 2012 for emergency calls.

An Efficiently Viable Solution

As indicated previously Health Care in Ontario is facing a real crisis if the predicted trends continue without a change. Health Care providers must look to more efficient means of performing essential duties. There is gross inefficiency in having EMS perform non-urgent patient transportation. The nature of the Emergency transportation industry involves highly trained and well paid personnel (paramedics), in quite costly vehicles (ambulances) not only from a purchase price but from an expected level of maintenance perspective. When you are dealing with emergencies, the costs are justified; everyone would like a fully trained paramedic in a fully functioning ambulance when a loved one is medically unwell. But is the same level of care/expectation present for non-urgent stable patient transportation?

The North East LHIN has engaged health care providers in the area on this issue of non-urgent patient transportation. Three Pilot project sites were chosen from a variety of proposals answering a LHIN Expression of Interest posted in the fall of 2012. MSDSB, in partnership with Espanola Regional Hospital & Health Centre, and Manitoulin Health Centre were fortunate enough to be one of the three proposals chosen to participate in this study. The following provides a brief description of the plan.

The basic model of this project follows the principles as laid out in a Business Case submission to the MOHLTC in October 2011. The establishment of a 2 tiered system of medical transportation is seen as being the most efficient and safe way of transporting patients. Such a system leverages the knowledge of the current experts in the medical transportation field while providing for a more effective, efficient and timely means of moving stable patients.

A reliable patient transportation network, both to and between hospital sites, is a major system component of a modern, integrated health care delivery network. The pilot project focuses on expanding capacity in a cooperative, collaborative and integrated manner and is predicated on the following components:

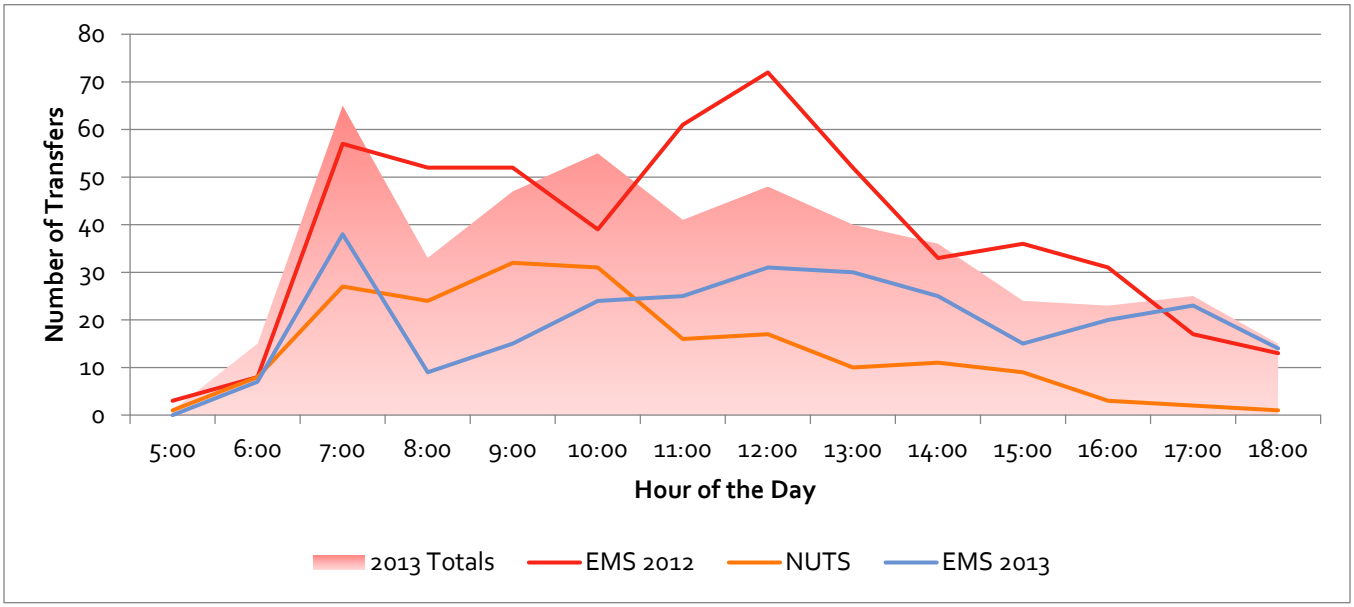
1. Three recently decommissioned and suitably prepared ambulances will be used as transport vehicles – two will operate at any one time (the third will be held in reserve), with one car stationed in Mindemoya and the second vehicle in Espanola **(actual start locations Little Current and Espanola)**;
2. Part-time patient transfer attendants will be hired and trained by Manitoulin-Sudbury DSB to provide 80 hours/week of non-urgent transport of patients between the region's hospital sites;
3. Appropriate and standardized triage of patient transport needs will be accomplished by the hospitals;
4. Manitoulin-Sudbury DSB will collect all required statistical reports to measure the degree of success of the demonstration project over the six month period;
5. Dispatch services will remain with the Central Ambulance Communication Centre (CACC) **(actually never occurred as the Emergency Health Services Branch of the MOHLTC would not allow it**); and
6. Funding will transfer from the NELHIN to one of the participating hospitals, who shall act as the administrative lead/paymaster for the six-month demonstration pilot project.

Established through existing non-profit organizations, the service can be operated at a lower cost than that of a private sector that is profit motivated. By our estimates, we were suggesting an hourly ongoing cost of $63.96 whereas the private industry rates range from $100.00 to upwards of $150.00 per hour (actual costs shown below). Additionally, by building on existing infrastructure, services and processes, we have not reinvented the wheel. As each organization already meets rigid quality standards (e.g. infection control), there will be synergistic benefits of aligning these standards across each sector. This too will further support the work being undertaken to implement the Excellent Care for All Act. Ultimately, all organizations would achieve improved response times/reduced wait times by working together to better coordinate drop-offs and pick-ups to achieve better scheduling thus avoiding duplication of service and related multi-trips to and from Sudbury.

Real Results

While the theoretical advantages of the pilot project are abundant (detailed in full within the proposal), the reality of the project is proving to be even better than anticipated. While the project is still underway, to say that so far it has been anything short of a glowing success would be wrong.

The Impact



The chart above represents the amount of non-urgent inter-facility activity that occurred from March 11 – June 30 during the hours of the day where the Non-Urgent Patient Transportation Service was operating. The different lines represent EMS activity in 2012, EMS activity in 2013, Non-Urgent Patient Transportation Pilot in 2013 and the combined 2013 activity (highlighted in the background),

Statistics at a Glance (to July 31, 2013)

▲ TOTAL MILEAGE TRAVELLED	37,407 KM	▲ UNIT HOUR UTILIZATION	.648
▲ # OF TRANSFERS	241	▲ ONGOING COST/HOUR	$54.97
▲ AVERAGE # OF TRANSFERS PER DAY	2.44	▲ 2012 EMS NON-URGENT CALLS	375
▲ # OF ONE WAY TRIPS	383	▲ 2013 EMS NON-URGENT CALLS	166
▲ AVERAGE # OF ONE WAY TRIPS/DAY	3.69	▲ DECREASE IN EMS NON-URGENT	50%
▲ AVERAGE TRANSFER DURATION	4HRS 8 MIN	▲ AVERAGE TRIP DURATION	2HRS 36 MIN
▲ % OF TRANSFERS REQUIRING HOSPITAL ESCORTS	46%	▲ # OF HOURS PERFORMING PATIENT TRANSPORTATION	610

Local Media

Manitoulin Expositor June 19, 2013

editorial

Patient transfer project an innovative solution

Examples of creative thinking by politicians and bureaucrats tend to be somewhat rare, for all of the lip service spouted by pols and civil servants alike in extolling the importance of 'thinking outside the box' in order to find innovative solutions to pressing policy issues presented by shrinking government coffers and the ongoing threat that government services might sink beneath a burgeoning swell of red ink, never to resurface.

Nonetheless, the Manitoulin Sudbury District Service Board (DSB) decision to utilize an alternate transportation method to transfer non-critical care patients between health centres does seem to be a beacon of innovation that shines through the fog of modern government service delivery models, illuminating a path down which more government bodies could be guided.

True, the use of older ambulances to provide the means to expedite the pilot project will all too likely entail higher costs than would be the case if new vehicles were to be utilized and perhaps the use of older ambulances will prove to be an inadvisable economy even in the short term, still, as a pilot project, such use will be by definition of a temporary nature. If the very likely savings to be accrued by the use of non-paramedic monitored transportation and the better level of coverage provided by not removing emergency service personnel and equipment from their normal coverage zones to provide non-critical transportation between communities is realized, the pilot can be expanded to a fully operational service with new specifically-designed vehicles purchased for that less equipment-intensive purpose.

The approach exemplified by the Manitoulin Sudbury DSB decision to employ an alternate level of care in the transportation of patients who do not need the attendance of highly specialized human and physical resources is that kind of thinking we will need to see adopted in the provision of government services if we are to hope to see those services preserved or even expanded in the future. It is refreshing to see government agencies finding ways to better utilize the current tax dollar rather than reaching deeper into our collective pockets or stranding the vulnerable on the sidelines of social equity.

Kudos to all involved in promoting this initiative including the administrative staff of the Manitoulin Health Centre, the Espanola Regional Hospital and Health Centre and the DSB.

Mid-North Monitor March 13, 2013

Patient Transfer Service pilot project hopes to lessen burden of EMS

By DAWN LALONDE, Mid-North Monitor

The six-month Patient Transfer Service pilot project has commenced. The transfer vehicles will now be seen on the roads and are staffed by patient transfer attendants. PTA Peter MacIntosh, PTA Gord Bickell, David Wolff Emergency Medical Service Superintendent of training and PTS coordinator, PTAs Deanne LeBlanc and Jason Ball are seen outside Espanola Regional Hospital and Health Centre on the first day of the project taking flight. Photo by Dawn Lalonde/Mid-North Monitor/QMI AgencyPrint

Recently, the Mid-North Monitor announced a pilot project regarding non-urgent patient transfers being approved by the North East Local Health Integration Network (NE LIHN). This week sees this project taking flight within the area. This joint proposal, between Espanola Regional Hospital and Health Centre and Manitoulin Health Centre, is funded by the NE LIHN for the duration of the six-month trial.

Looking Forward

Our vision for the future of medical transportation in Ontario involves 2 systems; one for medical emergencies and one for non-urgent/non-ambulance transportation. The highly trained EMS industry in Ontario is effective and necessary to meet the emergency needs of the citizens within the province, but when tasked with providing for non-urgent care, the system fails. It fails not only from a cost perspective but also in terms of effective patient care across the broader patient spectrum. The patient sitting at home in rural Northern Ontario suffering in an emergency does not get as timely care due to the fact that the only ambulance within their community is servicing the needs of a non-urgent patient. The non-urgent patient does not get as timely care because the ambulance is dealing with a medical emergency, which can cause missed appointments and delayed treatment. Finally, the already overwhelmed Medical Facilities do not receive efficient services as they are at the mercy of the ambulances responding to medical emergencies in the community in many ways. The ambulance cannot be relied upon to arrive on time. Even if it does arrive on time they may be diverted to a medical emergency en route. Lastly, because care is required at another facility many times the sending facility must send a medical escort to tend to the patients' needs once at the receiving facility as the ambulance may not be able to stay once the patient is delivered. This then causes the real problem of being stranded in a foreign facility for hours or days on end. The patient does not get back to their home bed and the escort will well end up working in excess of their normal shift, causing overtime and unbudgeted expenses.

The non-urgent patient transportation system needs to be considered as a vital part of the health care system in Ontario. Utlizing the emergency ambulance system to perform this necessary process is both ineffective and inefficient. Removing the ambulance system from non-urgent patient tranportation is an example of a change required to fall in line with moving forward under the vision of the Government of Ontario and more specifically the MOHLTC.

CONTACT INFORMATION

FERN DOMINELLI
Manitoulin-Sudbury DSB CAO
(705)862-7850 ext. 400
fern.dominelli@msdsb.net

LES GAMBLE
Manitoulin-Sudbury DSB Chair
Sables-Spanish Rivers, Mayor
Les.gamble@msdsb.net

MICHAEL MACISAAC
Manitoulin-Sudbury DSB Chief of EMS
(705)222-0600
michael.macisaac@msdsb.net