

Ministry of Health

# **Discussion Paper: Emergency Health Services Modernization**

November 2019

## Purpose

As the Ministry of Health works with our system partners to end hallway health care, it will be important to involve the organizations that deliver pre-hospital care in meeting that goal. Ontarians require timely access to Emergency Health Services in a system where these services are effective and integrated.

Whether it is a patient waiting on a stretcher to be triaged in the emergency department, a senior waiting for transport to an MRI or an accident victim needing lifesaving emergency services by land or air ambulance, high functioning emergency health services in our communities are vital.

This paper is intended to guide ongoing discussions with our municipal and service partners to develop solutions for well-established issues in both the dispatch and delivery of emergency health services, while at the same time sparking innovative ideas to build an emergency health system for a modern health care system.

In our conversations and upcoming in-person consultations, we are seeking advice and input on how we can improve emergency health services for our communities.

We look forward to hearing from you.

## Context

The Ontario government is transforming the whole health care system to improve patient experience and strengthen local services. This means a connected health care system through the establishment of Ontario Health Teams, and a new model to integrate care and funding that will connect health care providers and services focused on patients and families in the community. These changes will strengthen local services, making it easier for patients to navigate the system and transition among providers. Changes will also include the integration of multiple provincial agencies into a single agency – Ontario Health – to provide a central point of accountability and oversight in the health care system.

It is key to the success of the broader health system that emergency health services be strengthened, better coordinated and modernized to respond to the changing needs of Ontario's communities. That is why we are also proceeding with new models of care for

select 911 medical emergency patients, to expand treatment and transport options on scene and ensure Ontarians are receiving the care they need, when and where they need it.

## Emergency Health Services in Ontario

Emergency Health Services (EHS) provide life-saving front-line services for Ontarians and support access to, and transportation of, patients within the health care system.

Each year, approximately 1.5 million 911 calls come to our ambulance dispatch centres, and land ambulances are dispatched to respond to both 911 and other calls for service. Over 8,800 paramedics and 1,100 ambulance communications officers work to provide front-line life-saving care to Ontarians. 50 municipal ambulance services, six First Nations ambulance services, 22 ambulance communications centres and Ornge air ambulance deliver these services to Ontarians across the province.

The *Ambulance Act* and its regulations and standards provide the framework for the operation and delivery of pre-hospital care in Ontario, including the certification of ambulance service operators (land and air) and regulation of paramedics. Regional base hospitals provide clinical oversight of the system, ensuring patient safety and service quality.

The Ministry of Health, along with municipal partners, provides funding for land ambulance services through a 50/50 cost sharing arrangement, while the ministry provides 100 per cent of funding for specific emergency health services such as ambulance communications centres, certified First Nations paramedic services and air ambulance services.

The Canadian Triage and Acuity Scale is used to prioritize the urgency of an emergency department patient's required care. In 2018, there were approximately 1.2 million patients transported by land ambulances in Ontario. Of those patients treated and transported by paramedics, approximately one per cent needed resuscitation, 23 per cent needed emergent care, 52 per cent needed urgent care, 12 per cent needed less-urgent care, and three per cent needed non-urgent care. Nine per cent of patients were medically-stable patient transfers.

## Key Challenges

The EHS system went through a significant transformation in the late 1990s when municipal land ambulance services were transferred to municipalities. Since that time, additional changes have been made to improve services, and legislative amendments in 2017 provided some needed updates to the *Ambulance Act*. However, some key challenges remain. The Auditor General, the Dispatch Working Group, the Association of Municipalities of Ontario and the Ontario Association of Paramedic Chiefs, among others, have identified challenges that affect delivery of critical EHS services, including:

- Outdated dispatch technologies;
- Lengthy ambulance offload times and delays in transporting medically-stable patients;
- Lack of coordination among EHS system partners;
- Need for innovative models that improve care; and
- Health equity, or access to services across regions and communities.

## Outdated Dispatch Technologies

Reports from the Auditor General (2013), the Provincial-Municipal Land Ambulance Dispatch Working Group (2014) and other stakeholders have called for upgrades to the province's Ambulance Communications Centre technologies to support improved responses, resource allocations and patient outcomes. Improvements to dispatch technologies will help ensure the right patients enter the hospital system at the right time.

Ensuring that ambulance services deliver only those who require hospital care to emergency departments is essential to addressing hallway health care.

### Questions for Discussion

- Beyond the foundational technologies currently in implementation – Computer-Aided Dispatch, medical triage system, updated phone systems, updated radio network and equipment, and real-time data exchange – are there other technologies or technological

approaches that can help to improve responses to 911 calls and increase the efficient use of resources in the EHS system?

- How can communication between dispatch centres, land ambulance services, and air ambulance be improved?
- Are there local examples of good information sharing between paramedic services, hospitals and/or other health services?

## Lengthy Ambulance Offload Times and Delays in Transporting Medically-Stable Patients

When paramedics must wait to transfer patients in emergency departments to the care of the hospital, it contributes to hallway health care. Paramedics and their ambulances waiting to offload patients are then not available to the community for emergency calls, nor are they able to move medically stable patients who need timely access to care, such as dialysis and medical imaging.

### Questions for Discussion

- What partnerships or arrangements can improve ambulance offload times?
- What other interventions would be helpful to address ambulance availability?
- How can we best ensure that medically stable patients receive appropriate transportation to get the diagnostics and treatments they need?
- How do we respond to the transport of medically stable patients in a way that is appropriate to local circumstances (e.g., less availability of stretcher transportation services)?
- Should there be changes to oversight for private stretcher transport systems to ensure safety for medically-stable patients?

## Lack of Coordination among EHS System Partners

Emergency health services are intended as a quick response to stabilize patients and safely transport them to hospital or help them safely access primary care at great distances. However, jurisdictional issues and communications between and among ambulance communications centres, land ambulance service operations and air ambulance can create challenges to getting appropriate services to patients. This also extends to connections between EHS and other parts of the health care system.

### Questions for Discussion

- How can land ambulance and air ambulance systems be better coordinated to address transportation of medically-stable patients, especially in the North?
- How might municipal land ambulance services address “cross-border calls” to ensure that the closest ambulance is sent to provide care of patients?
- How can relationships be improved between dispatch centres and paramedic services?
- How can interactions between EHS and the rest of the health care system be improved (e.g., with primary care, home care, hospitals, etc.)?

## Need for Innovations that Improve Care

Innovation at local levels can often be replicated to other regions and care situations. EHS is both a health and social service and can benefit from community integration and alignment. As part of this consultation, we are actively seeking where communities and regions have had success in delivering health related services or found ways to reduce barriers to care.

### Questions for Discussion

- What evaluated, innovative models of care can be spread or scaled to other areas, as appropriate?
- Are there new or different approaches to delivery that could be considered as part of a modern EHS system?

- As new models of care for selected 911 patients are piloted, how can we adapt these models to elsewhere in the province, and how can we encourage uptake? What needs to be standardized versus locally-designed?
- How can community paramedicine fill gaps in health care services for Ontarians, and how should this be implemented, scaled, or spread across the province?

## Health Equity: Access to Services Across Regions and Communities

The Indigenous population in Ontario is composed of First Nations, Métis and Inuit peoples who may live on and off reserve, in urban, rural and remote areas, each with their own histories, languages, cultures, organizational approaches and jurisdictional realities. All six First Nations paramedic services in Ontario are funded 100 per cent by the ministry. Services provided by municipal land ambulance services to First Nations are also funded at 100 per cent.

Health care access for remote and northern Indigenous communities is an ongoing issue and concern. In the north, land access issues create pressures on both land and air ambulance services where they are primary responders to communities that are difficult to reach by road.

There are new and innovative pilot programs in a number of remote communities that have shown initial promise in lowering call volumes and emergency hospital transport. However, there are ongoing concerns for regions where emergency health services are affected by jurisdictional issues, restrictions and lack of infrastructure.

Changes made to modernizing these services must reflect the needs of Indigenous communities and build partnerships in a meaningful and respectful way.

Under the French Language Services Act (FLSA), services provided in French-designated areas are subject to requirements for the provision of services and communications in French. Services delivered by the ministry, its agencies, or by a 'third-party' on behalf of the government have obligations under the FLSA. In the EHS sector, ambulance communications centres (both those delivered directly and those through transfer payment)

must adhere to these requirements, as well as air ambulance services delivered by Ornge. The FLSA does not address municipally-delivered services.

## Questions for Discussion

- What initiatives could improve delivery of emergency health services to Indigenous communities?
- How can EHS services be more sensitive to the unique needs of Indigenous people, including providing culturally safe care?
- How can EHS support First Nations in creating better services for pre-clinic services in far northern communities?
- What improvements to EHS can be made for rural areas?
- Are there opportunities for partnerships to align and improve health and social services in rural and northern areas?
- Are there opportunities to address social determinants of health and health disparities in rural, remote and Northern regions to reduce the need for EHS transport of patients out of these regions?
- What improvements could be made to the provision of services in French to Francophone communities?

## Your Feedback

With the release of this paper we are beginning a consultation process to discuss modernizing emergency health services. We hope to receive your input on the questions in this paper. Feedback can be submitted by [completing our survey](#) by March 31, 2020.

We will also be conducting in-person consultation sessions where we look forward to continuing the conversation about how we build a modern emergency health service system.