Ontario

Patient Care Model Standards

Version 1.0a

Emergency Health Regulatory and Accountability Branch

Ministry of Health

Ontario

To all users of this publication:

The information contained in the Standards has been carefully compiled and is believed to be accurate at date of publication.

For further information on the *Patient Care Model Standards*, please contact:

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Document Control

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Preamble

Introduction

The Ministry of Health (ministry) is proceeding with implementation of new patient care models for select 9-1-1 medical emergency patients as supported by the updated regulatory and legislative changes proclaimed on November 1, 2019. These new models of care will enable the diversion of select patient cohorts to appropriate community-based care to reduce hallway health care and improve patient access to definitive care.

The ministry may, at its discretion, approve new patient care models that include patient care practices that are different from those otherwise set out in the *Basic Life Support Patient Care Standards* (BLS PCS) and *Advanced Life Support Patient Care Standards* (ALS PCS). **All proposals for new patient care models must be in accordance with the "Patient Care Model Submission and Approval Process" found on page 7 of this document.**

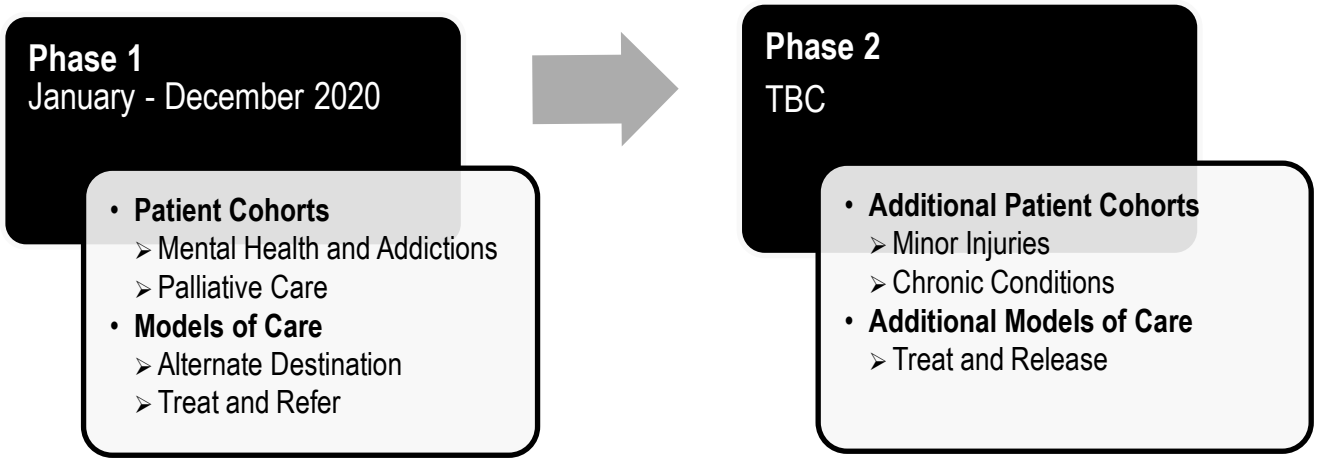
New patient care models shall follow the specific Treat and Refer Standard, Alternate Destination Standard or Treat and Release Standard outlined in the following sections, as appropriate, in addition to the **six** requirements specified below under "Key Requirements". The standards in this document apply to paramedics employed by a Certified Ambulance Service Operator (ASO) authorized to participate in a ministry-approved patient care model.

Scope

The ministry is proposing a phased approach to pilot the new patient care models starting with a subset of models and patient groups with strong supporting evidence and interest from emergency health service (EHS) partners. This approach will manage risks by helping delivery partners to gain experience with locally defined models, which the ministry will assess for longer term consideration in broader provincial rollout.

Phase 1 pilots will be limited to EHS providers that have already submitted proposals and meet the eligibility criteria. New models of care must meet the standards of care set out in the respective *Patient Care Model Standards*. The ministry will work with these providers to align their proposals with these standards and ensure successful implementation.

The ministry will accept proposals from other interested municipalities through continuous intake.



Phase 2 will be open to all ASOs with priority being given to northern and rural municipalities.

All pilot projects must be funded within their existing allocation or externally funded. Requests for additional funding from the ministry will not be considered.

Key Requirements

Education and Training

New patient care models submitted to the ministry for review and approval as per the "Patient Care Model Submission and Approval Process" shall identify, if applicable, how care in the proposed model would differ from the care provided in BLS PCS and/or ALS PCS. **Additional education and training required for paramedics to provide controlled medical acts as per the base hospital approved medical directive shall be delivered by the ASO in conjunction with their respective base hospital program to ensure safe, effective implementation.**

Patient Cohorts

Select 9-1-1 patient cohorts eligible to receive care under the new patient care models are:

a) **Mental health and addictions** patients as deemed by a physician (mental health patients with cognitive conditions, for example dementia, are currently excluded from consideration for pilot approvals); and

b) **Palliative/end-of-life care** patients as deemed by a physician.

Patient Consent

Patient care models shall meet the elements of consent set out in section 11 of the *Health Care Consent Act, 1996* which is consistent with the current required practice.

Co-Payment

ASOs submitting a proposal to the ministry will be required to include a description of the approach to billing and the associated hospital that will take on this role in accordance with the "Patient Care Model Submission and Approval Process".

For the purposes of this standard the term **"Associated Hospital"** means a hospital that agrees to fulfill the role of billing patients a co-payment under Subsection 15.1 of Regulation 552 under the *Health Insurance Act*.

Transfer of Care

Patient care model proposals shall clearly outline how patient transfer of care to another provider (where applicable) will work. This approach must be in accordance with the *Transfer of Care Standard* in the BLS PCS.

Patient Safety

Paramedics shall provide patient care that promotes safe and effective patient outcomes and in accordance with the BLS PCS and ALS PCS. Patient assessment as per the *Patient Assessment Standard* in the BLS PCS should be conducted to determine a patient's eligibility for care under the *Patient Care Model Standards* and should a patient's condition change, the attending paramedic(s) shall provide care in accordance with the BLS PCS and ALS PCS, as appropriate.

In the event that a patient does not meet the eligibility for treatment under the *Patient Care Model Standards*, an ambulance service shall ensure that their paramedic(s) responding to the call provide care in accordance with the BLS PCS and ALS PCS. The ASO must report the occurrence of an adverse patient incident to the ministry in accordance with their ministry agreement.

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Patient Care Model Submission and Approval Process

Submission Process

An interested ASO shall submit an application package for review and assessment by the ministry to determine implementation readiness and compliance.

Submission requirements related to ASO:

Model Description

1. An overview of the proposed model, including:
    a. A **description of the model type(s)** being implemented (e.g., roles and responsibilities of paramedics in providing patient care under the new model; and hours of model operation, etc.);
    b. **Rationale for model selection** as evidenced by research, consultations and/or letters of support from community partners (e.g., environmental scan, needs assessment, etc.);
    c. **An implementation plan** including model start-up activities for 12 months of service delivery; and
    d. Name and contact information of the municipal partner proposal lead.

Training and Education

2. An **overview of education and training for paramedics**: appropriate educational objectives for paramedics- such as those who will be performing new medical acts under the approved medical directive- should be outlined that include, but are not limited to, the knowledge, skills and judgment required to provide the care provisions of the models as approved by the base hospital program and the ASO.

Medical Directive

3. A medical directive that includes, but is not limited to:
    a. Inclusion and exclusion criteria to guide patient assessment for appropriateness for treatment under proposed models; the specific Indications, Conditions, Contraindications and Treatment (e.g., practices, dose, route, etc.) for each controlled act or other medical procedure;
    b. Approach to obtain and document patient consent as per the *Health Care Consent Act, 1996;*
    c. Documentation required as per the *Ontario Ambulance Documentation Standards* and the *Ambulance Call Report (ACR) Completion Manual*; and
    d. Proposals must identify which components of the BLS PCS/ALS PCS differ from patient care practices in the drafted medical directive.

Base Hospital Support

4. A letter of support and endorsement from the base hospital(s) to provide medical oversight for controlled acts in the proposed model for select patient cohort and

includes, but is not limited to, endorsement of paramedic education and training, indications for patching in for medical advice.

Community Provider Support

5. A letter of support from community partners participating in proposed model such as hospitals, hospice, family health teams, mental health crisis teams, Ontario Health Team, etc., which should demonstrate and outline:
    a. Willingness to accept patients eligible for care in community-based settings as determined through assessment in the approved medical directive;
    b. Capacity at different times of the day to receive eligible patients and provide appropriate patient care;
    c. Process to disclose patient health information to the ASO; and
    d. Confirmation that they are a publicly funded facility.

Fee Collection

6. ASOs shall outline which hospital(s) will be responsible for collecting fees for patients who are treated in accordance with an approved model of care and must include a description of the process that will be used for fee collection by the associated hospital (as defined in the "Co-Payment" section of this standard) who will be fulfilling the role of billing. (Note: Co-payments will be billed directly to patients by the associated hospital. This hospital must be a public hospital under the *Public Hospitals Act* and co-payments will be made in accordance with Regulation 552 under the *Health Insurance Act*).

Patient Rostering

7. Proposals must demonstrate the approach of patient rostering and tracking select patient cohorts, and how rostered patient information will be accessed to support paramedic decision-making on-scene. Patient rostering may include pre-registering patients and/or registering patients on-site. If the proposed model is indicated for palliative patients, the proposal must demonstrate the process to identify that the patient has been deemed palliative by a physician.

Submission requirements related to Centralized Ambulance Communication Centres

8. Incorporate the Patient Priority System in the deployment plan as prepared by the ASO and approved by the ministry.

Additional considerations

In addition to the above listed application requirements, proposals must include appropriate ACR codes to support documentation for new patient care models, submitted to the ministry via the "Living Standards Project – ACR Code Request Form".

Evaluation

The ASOs approved to implement new patient care models under these Standards will conduct evaluation of approved models and provide reports to the ministry in accordance with the "**Patient Care Model Evaluation Framework**" referenced under section 11.0.1 of Regulation 257/00.

Proponents will be required to report back on key performance indicators to measure success and support decision-making on suitability for future implementation. Proponents will provide reports on progress of implementation and preliminary results, to allow for in-year adjustments, as may be required.

ASOs must demonstrate:

- Commitment to measure and report experiences of patients, caregivers and service providers in alignment with the **Evaluation Framework**;
- Commitment to collect, share and report quantitative data as required and in alignment with the **Evaluation Framework**; and
- History of quality and performance improvement.

Review and Approval

Upon receipt of a complete application package submission, the ministry will review materials and contact the applicant(s) with any follow-up, as required. Should the ministry determine that the proposal does not meet the requirements set out in the previous section "Submission Process", the applicant will be contacted and provided with a summary of areas identified to be lacking the necessary supporting documentation.

New patient care models approved by the ministry will be communicated to the applicant(s) outlining:

a. the model which has been approved,
b. the date at which use of the model shall be halted, and
c. any other terms or conditions pursuant to the approval.

Conclusion

The ministry is committed to ensuring excellence in ambulance services for Ontarians. The process detailed above standardizes the submission process for implementation of new patient care models for emergency department diversion of select patient cohorts. Any questions and completed application packages should be directed to **eeso@ontario.ca**.

Patient Care Model Standards

Alternate Destination Standard

An ASO will submit proposals as per the “Patient Care Model Submission and Approval Process” to implement a new patient care model that enables transportation of eligible patients to non-hospital destinations where they can receive appropriate treatment.

The paramedic shall transport a patient to a publicly funded health care facility in the community that can provide appropriate care for the patient. As per the “Patient Care Model Submission and Approval Process”, all health care facilities shall demonstrate in a letter of support submitted with the ASO’s proposal, that they have the resources and capacity to provide safe and effective patient care.

Please see the ministry's website for a list of approved ambulance service operators implementing patient care models under this *Alternate Destination Standard* and the accompanying medical directives.

Paramedic Response

The paramedic shall:

1. Conduct patient assessment as per the BLS PCS and the ministry approved medical directive to assess patient eligibility for transport to alternate destination. Medical directives shall follow the current standard or medical directive conventions including, but not limited to, **Indications, Conditions, Contraindications**;
2. Determine the opportunity for transport to alternate destination based on patient assessment and in consultation with base hospital physician, as appropriate;
3. Make reasonable efforts to inform the patient or Substitute Decision Maker (SDM) that treatment is available under the approved *Alternate Destination* model **as an alternative to transport to the emergency department** which would provide the patient with appropriate care;
4. Obtain documentation that outlines patient consent as per the *Health Care Consent Act, 1996* to receive care in accordance with a ministry approved patient care model;
5. Initiate a patch as per the *Patch to Base Hospital Physician Standard* in the BLS PCS, where additional support is required to make a decision on appropriate patient care;
6. Notify Ambulance Communications Officer (ACO) of decision to transport to alternate destination. ACOs shall confirm that the receiving health care facility have the resources and capacity to accept the patient and provide the care required by the patient;
7. Provide handoff report / transfer of care to receiving healthcare provider as per *Transfer of Care Standard* in the BLS PCS; and

8. Complete the ACR to reflect the type of community-based health care facility the patient was transported to (if applicable), patient cohort/condition (e.g., mental health patient with anxiety/depression), and model type.

Treat and Refer Standard

An ASO will submit proposals as per “Patient Care Model Submission and Approval Process” to implement a new patient care model for eligible patients that provide:

a) On-scene treatment; and
b) Referral to health care providers within the home or community setting.

Patient care practices shall meet the requirements in this standard to ensure quality of care and patient satisfaction. Medical directives for patient care that require controlled acts shall be approved by a base hospital physician with an accompanying letter of endorsement from the base hospital.

Please see the ministry's website for a list of approved ambulance service operators implementing patient care models under this Treat and Refer Standard and the accompanying medical directives.

Paramedic Response

The paramedic shall:

1. Conduct patient assessment as per the BLS PCS and the ministry approved medical directive to assess patient eligibility for treatment on-scene and referral to a healthcare provider/facility. Medical directives shall follow the current standard or medical directive conventions including, but not limited to, **Indications, Conditions, Contraindications;**
2. Determine the opportunity for treatment in place based on patient assessment and in consultation with base hospital physician, as appropriate;
3. Make reasonable efforts to inform the patient or SDM that treatment is available under the approved model/medical directive **as an alternative to transport to the emergency department** which would provide the patient with appropriate care;
4. Obtain documentation that outlines patient consent as per the *Health Care Consent Act, 1996* to receive care in accordance with a ministry approved patient care model;
5. Notify ACO of decision to treat patient on-scene;
6. Provide treatment on scene as per approved medical directive signed by base hospital physician;
7. Initiate a patch as per the *Patch to Base Hospital Physician Standard* in the BLS PCS, where additional support is required to make a decision on appropriate patient care;
8. Conduct patient referral as per approved medical directive which shall include but is not limited to:

a. Communication of patient assessment, care provided and status of patient at time of referral to the health facility/provider the patient is referred to; and

b. The receiving health facility/provider's approach to patient follow-up including personnel conducting follow-up, the timeframe for follow up post referral (e.g., within 24-48 hours), and documentation requirements for capturing patient outcome.

9. Complete the ACR to reflect the patient cohort (e.g., palliative) and model type.

Treat and Release Standard

(*Note: This Standard is greyed out as it is not being considered for pilot approvals. This Standard has been included in this document to solicit feedback.)*

An ASO will submit proposals as per "Patient Care Model Submission and Approval Process" to implement a new patient care model to provide on-scene treatment for eligible patients.

Patient care practices shall meet the requirements set out in the *Treat and Release Standard* to ensure quality of care and patient satisfaction. Medical directives for patient care that require controlled acts shall be approved by a base hospital physician with an accompanying letter of endorsement from the base hospital.

Please see the ministry's website (http://www.health.gov.on.ca/en/pro/programs/emergency_health/edu/practice_documents.aspx) for a list of approved ambulance service operators implementing patient care models under the *Treat and Release Standard* and the accompanying medical directives.

Paramedic Response

The paramedic shall:

1. Conduct patient assessment under the *Treat and Release Standard* as per the BLS PCS and the medical directive signed by a base hospital medical director. Medical directives shall follow the current standard or medical directive conventions including, but not limited to, **Indications, Conditions, Contraindications**;
2. Determine the opportunity for treatment on-scene based on patient assessment and in consultation with base hospital physician, as appropriate;
3. Make reasonable efforts to inform the patient or SDM that treatment is available under the approved *Treat and Release* model **as an alternative to transport to the emergency department** which would provide the patient with appropriate care;
4. Obtain documentation that outlines patient consent as per the *Health Care Consent Act, 1996* to receive care in accordance with a ministry approved patient care model;
5. Notify ACO of decision to treat patient on-scene;
6. Provide treatment on-scene as per approved medical directive signed by base hospital physician.
7. Initiate a patch as per the *Patch to Base Hospital Physician Standard* in the BLS PCS or ALS PCS, where additional support is required to make a decision on appropriate patient care;

8. Provide patient education to seek medical attention should condition change or new concerns arise as per training and education provided by the ASO service operator and/or base hospital program.
9. Complete the ACR to reflect the patient cohort and model type.