Consultation Feedback: Emergency Health Services Modernization

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?

- Priority should be given to implementing the current proposed enhancements. This will make significant improvements to the EHS system and greatly benefit our ability to provide service to our community. Other initiatives that could benefit from Ministry support, implementation and funding include: the support through the CACC system of smartphones for front line paramedics to increase communication channels, translation technology to better understand and treat our patients, and an increase in the Remote Patient Monitoring program to reduce the emergency responses required.

How can communication between dispatch centres, land ambulance services, and air ambulance be improved?

- Real Time Data exchange, as listed above, will have a significant impact on communication and reduce the time demands on all parties. Joint training sessions that include both paramedics and ambulance communications officers would assist in enhancing communication, understanding and empathy for each respective workgroup. It is also suggested to reinstitute the Liaison Policy Officer in dispatch centres. This position was a great asset in bridging the understanding and relationship between dispatch and ambulance services.

Are there local examples of good information sharing between paramedic services, hospitals and/or other health services?

- Guelph Wellington Paramedic Service has made great strides in connecting with other health related services in the community. Since 2014 we have worked with the local HealthLink team, where we were able to share information about the most vulnerable people in the community and compare our notes on patients who call 911 frequently. This list of patients was found to be consistent to that of the Primary Care physicians and the patients that they are most worried about. The outcomes of these discussions have resulted in some of our more productive components of our Community Paramedicine program. More recently, Guelph Wellington Paramedic Service is working closely with the newly formed or forming Ontario Health Teams in our area.

  Although not an exhaustive list, other notable groups that we work closely with include: the local COPD Working Group, Connectivity Group, Wellington Hospital group, Wellington Guelph Drug Strategy, Guelph-Puslinch Health team, and our local Public Health, specifically on topics of opioid use, alcohol and fall data.

Current language in privacy legislation (PHIPPA and MFIPA) have caused barriers when sharing information. Anecdotally, patients appear to believe that we are sharing information more than is permitted by these legislations.

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

What partnerships or arrangements can improve ambulance offload times?

- Changes to legislation to support Fit2Sit programs, and other diversion strategies and transfer of care standards as outlined in the New Patient Standard Care Model Standards draft will greatly assist paramedic services in recovering resources lost to offload delays. In addition, the Ministry should consider changes to legislation that would release paramedic services from legal responsibility for a patient's care at thirty minutes after arrival at a hospital. This time is in line with the hospital reporting benchmark goal for assuming patient care at the 90th percentile. These changes would allow the Paramedic services to plan and utilize paramedic resources appropriately and get patients to the appropriate area or facility of care.

What other interventions would be helpful to address ambulance availability?

- Further to what is mentioned in the above question, changes to directives for Treat and Release would allow Paramedics to treat patients on scene, providing quality care at home and not causing unnecessary emergency department visits, reducing the workload to the health care system as a whole.

  An additional intervention involves space in hospital emergency departments for paramedic services. From a routine perspective, after transferring a patient to the hospital, paramedics need ready access to cleaning and restocking supplies to be available for additional calls as soon as possible. As hospitals renovate and reconfigure their available Emergency Departments there is a tendency to eliminate the allocation of space to non-hospital personnel and initiatives. Space needs to be allocated to the Paramedic service, as without this space paramedics are required to travel to the nearest paramedic station to complete these tasks and return to available status. A requirement for hospitals to provide some space would allow a timelier return to service.

How can we best ensure that medically stable patients receive appropriate transportation to get the diagnostics and treatments they need?

- It is our opinion that non-emergency transport services should be controlled and licensed, so that they can provide services to any hospital on request. Having this service managed by a Paramedic service or hospital where private operators are not available could be considered, provided it is separate from emergency services. An inter-facility transfer should not be allowed to reduce emergency coverage or response times.

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)?

- As mentioned in the above response, area-appropriate transport services can be developed but the transfer of patients between facilities must not interfere with emergency coverage in any area.

Should there be changes to oversight for private stretcher transport systems to ensure safety for medically-stable patients?

- More thorough oversight is required to ensure that transport services are provided in a safe and effective manner, and that service is provided to all areas of the Province as a different tier than emergency service.

How can land ambulance and air ambulance systems be better coordinated to address transportation of medically-stable patients, especially in the North?

- As interfacility transfer services' control and licensing are developed, consideration can be incorporated into determining the criteria by which air transport is appropriate.

How might municipal land ambulance services address "cross-border calls" to ensure that the closest ambulance is sent to provide care of patients?

- The current state is effective and suitable for our service area. Our neighbouring municipalities have a common understanding and agreements are in place that do not require reimbursement between the services. Providing municipalities have set reasonable response times and do, for the most part, manage their call volumes, no issues should result.

  The current state requires an independent dispatch centre that assigns emergency calls to the closest available ambulance.

How can relationships be improved between dispatch centres and paramedic services?

- Further to the answers provided in the question, "How can communication between dispatch centres, land ambulance services, and air ambulance be improved?", the relationships can be further improved by ensuring dispatch centers stay local to their areas. A smaller, local dispatch service will be more in tune with the individual paramedic service and their strengths and challenges. Continuation of CACC Advisory Meetings will also aid in maintaining solid relationships.

How can interactions between EHS and the rest of the health care system be improved (e.g., with primary care, home care, hospitals, etc.)?

- The Ministry of Health should consider revising privacy legislation so as to clearly define Paramedic services as being in the circle of care for the patients that we serve. This would aid and facilitate the sharing of information. This could be further enhanced by the adoption of one-patient Electronic Medical Record to ensure seamless care and community between organizations.

The relationship could be further improved by mandating space and facilities in hospitals for Paramedic use for cleaning, restocking and preparation of reports. This would facilitate paramedics being more readily available directly after a patient transfer to respond to questions from hospital medical staff.

What evaluated, innovative models of care can be spread or scaled to other areas, as appropriate?

- Many of the initiatives that fall under Community Paramedicine should be expanded, as the results are proving their effectiveness in reducing call volumes while providing the best care to patients in their home. These initiatives include Remote Patient Monitoring, CP at home Clinic, Palliative Programs, Flu Vaccine Programs, and CP Referrals.

Are there new or different approaches to delivery that could be considered as part of a modern EHS system?

- Community Paramedicine programs should be included as a component of any EHS system. Allowing patients to receive the non- emergent care that they require at home, and empowering paramedics to choose more appropriate alternative destinations would greatly relieve the demand on the 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?

- After being proven effective, pilots should be reviewed by individual services to consider any local specific needs before being implemented as 'standardized.' A financial review of the new model should be conducted and assistance with funding would encourage uptake.

  Any sense of funding cuts would greatly hinder the adoption of new pilots and ceases the service's ability to better patient care practices.

How can Community Paramedicine fill gaps in health care services for Ontarians, and how should this be implemented, scaled, or spread across the province?

- Paramedics are already providing highly skilled patient care in the community on emergency calls. The nature of their role, which has grown exponentially in a short time, and the unique capabilities of a paramedic service including mobility and access to patients in distress and a degree of trust by those patients, positions them to provide alternative care in the patient's home. This will reduce the need for non-emergent transports and reduce the demand on hospital Emergency Departments. Paramedics need to be empowered, through legislation, to make the proper decision for transport, destination, and treat and release.

  Community Paramedic programs must be provided with stable funding.

What initiatives could improve delivery of emergency health services to Indigenous communities?

- The Community Paramedicine program can be an effective fit for addressing the needs of the Indigenous communities, as the focus on allowing patients to remain in their homes and in their communities is consistent with many of the needs of those communities.

How can EHS services be more sensitive to the unique needs of Indigenous people, including providing culturally safe care?

- Indigenous communities should be invited to provide a liaison navigator to paramedic services, and especially to Community Paramedicine programs. The liaison would assist in identifying cultural needs and in identifying appropriate education for paramedics so as to help them understand the needs of these communities.

How can EHS support First Nations in creating better services for pre-clinic services in far northern communities?

- The indigenous communities of the north may be best to provide advice on the most appropriate solutions for those areas.

What improvements to EHS can be made for rural areas?

- Implementation of an inter-facility transport protocol that reduces or eliminates the effect on Emergency Services in order to facilitate interfacility transports would significantly improve services in rural areas.

  In addition, as stated above, enhancement and support of Community Paramedicine programs will give rural patients greater access to healthcare.

Are there opportunities for partnerships to align and improve health and social services in rural and northern areas?

- Partnerships between Ontario Health Teams and Community Paramedicine programs could have a significant impact in this area.

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?

- Community Paramedicine programs can have an impact in addressing this issue, including Remote Patient Monitoring programs, flu vaccine programs and other alternative treatments developed based on the needs of the area.

What improvements could be made to the provision of services in French to Francophone communities?

- The provision of all emergency and Community Paramedicine services to the Francophone population is obviously important in our bilingual culture. Previous attempts to ensure that paramedic services have francophone capabilities, including recruiting francophone staff or training paramedics in the French language, have been unsuccessful as in our communities the ability to practice speaking the language is limited.

  Paramedic services should be encouraged to identify and work with francophone communities in their coverage area, and to take advantage of advancements in translator software where appropriate to address less common needs.