



Report To: Program Planning Committee

From: Robert Smith
Chief of Paramedic Services

Date: February 21, 2018

Re: Chapleau Non-Urgent Patient Transportation - Issue Report

Background

The Manitoulin-Sudbury DSB Paramedic Service has been employing a number of strategies with hospital partners in Chapleau, Ornge (Ontario's Air Ambulance Agency) and the MOHLTC, Emergency Health Services Branch (EHS-B) aimed to recognize the municipal impact when Paramedic Service personnel are assigned to transport Non-Urgent Patients from Chapleau to tertiary care facilities for diagnostic testing, or treatment. In each instance, the assignment results in deployment loss in Chapleau of upwards of seven (7) hours. In October of 2012, Manitoulin-Sudbury DSB and Services de Santé de Chapleau Health Services proposed a joint [Non-Urgent Interfacility Patient Transportation Project](#) for the community of Chapleau intended to mitigate the impact of Non-Urgent Patient transportation. Additionally, an [Issue Report](#) was brought forward to the DSB Board in November of 2012 garnering both approval and support of the joint proposal. Efforts were initiated by Paramedic Services in 2015 to have the Province and Ornge implement an exemption to their rule surrounding denial of air transportation for these patients, something in place for the communities of Wawa and Atikokan. Additionally, Paramedic Services has continued to lobby the North East Local Health Integration Network (NE-LHIN) to implement recommendations from the [NE-LHIN Non-Urgent Patient Transportation in the North East LHIN: An Evidence-Based 3rd Review & Restructuring Plan](#) dated June 9, 2014. In the NE-LHIN report under System Funding on page ix, the report clearly states:

“EMS up-staffing funding is also recommended to support: Parry Sound EMS predominantly “south bound” non-urgent transfer patterns outside the LHIN; and Manitoulin-Sudbury EMS transfers in and out of Timmins from Chapleau”

Based on the above report the Paramedic Services prepared a [Non-Urgent Patient Transportation - Issue Report](#) that was approved by the DSB Board on September 25, 2014.

The Manitoulin Sudbury DSB Paramedic Service assumed responsibility for direct delivery of land ambulance services in 2004. This action was commensurate with an evolutionary shift by the Province to a regional referral model for health care. The model focused resource investment into larger centers and expecting patients from distant communities to travel into the larger centers for care. The MOHLTC regional referral model was designed, absent fulsome consideration of transportation requirements.

Challenges surrounding balanced emergency coverage for smaller communities, associated with transportation expectations placed on Paramedic Services were recognized early on across jurisdictions. The premise that the Province's regionalized health care design negatively impacted on capacity resulted in the evolution of Non-Urgent Patient Transfer services. The funding of these private companies was managed through contracts with the hospitals. The MOHLTC actually developed a decision guide intended to assist hospitals in choosing the most appropriate transportation model [MOHLTC Stretcher Transportation Decision Guide](#). The Southwest LHIN collaborated with their hospital partners to implement a regional model for stretcher services [Southwest LHIN Regional Patient Transportation](#). Similar projects were implemented in other regions of Ontario. In each instance, costs were borne by the hospital system, or directly by the clients. The migration of Non-Urgent transportation from Paramedic Services to hospital contracted services resulted in elimination of challenges surrounding the movement of this patient population.

Current Issues

Long distance transportation of patients from communities into tertiary care facilities are a unique aspect of Northern Ontario. The four referral centers in Northeastern Ontario are located in North Bay, Timmins, Sudbury and Sault Sainte Marie. The average distance between these facilities is 275 KM. Similar distances from a center point of Toronto would see travel to Brockville, Chatham-Kent, or Sandridge. In each of these cases, there are multiple referral hospitals within those distances.

There are a limited number of hospitals where long distance transportation by land is impacted by what is known as the 240 KM rule. Some years ago, it was decided by the MOHLTC EHS-B that transportation of Non-Urgent patients across a distance greater than 240 KM would be performed by the air ambulance system. The decision was arbitrary and not based on evidence. Since that time, the Province has not performed an analysis of efficacy.

In 1996, the MOHLTC granted an exemption to the 240 KM rule for patients being transported from Wawa to Sault Saint Marie. Sometime later, the Province granted an exemption for patients being transported from Atikokan to Thunder Bay. On [October 20, 2015 a letter](#) was sent to Ornge the province's Air Ambulance provider requesting a similar exemption for transport from Chapleau to Timmins. Since that time, there has been much dialogue with both the MOHLTC and with Ornge. Included in these discussions was the assertion of Chapleau's unique geography.

Paramedic Services agree that distance is important when considering transport options, however actual travel time based Northern highway realities should be the priority. Transport from Wawa Hospital to the Sault Area Hospital is 224 KM and travel time 2 hours and 30 minutes. Transport from Atikokan Hospital to Thunder Bay Regional Hospital is 196 KM and the travel time is 2 hours and 10 minutes. Both Wawa and Atikokan have an exemption to use air ambulance for Non-Urgent Patient Transfers. Transport from Chapleau Hospital to Timmins Hospital is 202 KM and the travel time is 2 hours and 30 minutes. Kenora Hospital to Winnipeg Hospital is 200 KM and the travel time is 2 hours and 8 minutes. The distances and times above were based on google maps. Despite protracted efforts to facilitate a solution to address the Chapleau community the issue remains unresolved.

Assignment of Paramedic Service resources to long distance transportation (any call that takes the resource out of the community) has the potential for a negative impact on that community. Manitoulin-Sudbury DSB operated a static deployment model for Paramedics Services. Such a model has a single resource attached to each community. Once assigned to a call for service, the coverage for the community is depleted. The remote geography of Chapleau results in increased challenges due to secondary coverage from the next closest ambulance being in Foleyet (99KM) or in Wawa (140KM). Additionally, the distances from the tertiary care facilities continue to prove to be problematic.

Conclusion

Manitoulin-Sudbury DSB Paramedic Service is responsible for the delivery of prehospital care to the citizens of each community in our catchment area. The current model of regional referral centers negatively impacts on the community of Chapleau by forcing long distance transportation to either Timmins (202 KM - 2 hours and 30 minutes), or to Sudbury (450 KM - 5 hours 14 minutes), thus leaving the community without immediate Paramedic Services. Efforts to mitigate the impact on the community through discussions with both Ornge and the MOHLTC have not resulted in a solution.

An assessment of the current landscape suggests that only Chapleau and Kenora are subject to extended transport times (between 200 KM and 240 KM), thus would benefit from an air ambulance exemption already in place for Wawa and Atikokan.

Staff are recommending that the Program Planning Committee recommend to the Board that the Board Chair request a meeting with the Minister of Health and Long Term Care to discuss and resolve longstanding issues pertaining to the transportation methods for Non-Urgent Patient transportation to and from the Chapleau Hospital.