



Report To:	Program Planning Committee
From:	Robert Smith Chief of Paramedic Services
Date:	June 27, 2018
Re:	Paramedic Services Strategic Deployment Plan - Issue Report

Background

In October of 2017, as part of budget deliberations, the Manitoulin-Sudbury DSB approved the implementation of the Strategic Deployment Plan for Paramedic Services. The approval was contingent on successful implementation of the North East LHIN's permanent Non-Urgent patient Transfer program, a program whose RFP had closed in October and was to be awarded in late 2017, then implemented in early 2018.

Recently, staff have learned that the NE-LHIN has not awarded the contract for Non-Urgent Patient Transfer services, nor was there any likely implementation before the end of 2018. Any permanent model would most likely be operationalized in 2019. The NE-LHIN has confirmed that the Manitoulin-Sudbury DSB pilot program would continue.

The efficacy of the Manitoulin-Sudbury DSB pilot program for Non-Urgent Patient transfers has continued to grow over the past year, with volume increases from 45 trips per month in spring of 2017 to more than 160 trips each month in the same period in 2018. Proportionately, Paramedic Services has continued to shed Non-Urgent interfacility volumes across those areas where the DSB Non-Urgent Patient transfer resources were available.

History

Manitoulin Sudbury DSB was engaged by the Northeast LHIN in 2013 to deliver a [6 month pilot project](#) for transportation of Non-Urgent Patients between health care facilities in the Manitoulin-Sudbury DSB jurisdiction. This program was put in place to assess the potential for reducing dependence on Paramedic Services where patients did not meet the regulatory requirements of the Ambulance Act, and this pilot project was developed in response to the [NE-LHIN Report on Non-Urgent Transportation](#).

The project was extended for six-month periods thereafter while the Ne-LHIN considered their options for a NE-LHIN-wide solution. While the program delivery was effective in reducing dependence on Paramedic Services, staff felt that the system could be made more efficient, and in April of 2017, efforts to increase use of the DSB PTS system were implemented in a staged method. With each change, system improvements were noted, and reduced dependence on Paramedic Services resulted. By spring of 2018, the volume of PTS activity had almost quadrupled.

Despite PTS system improvements, the decision to award a permanent model through the NE-LHIN was outstanding. Efforts to implement the Strategic Deployment Plan were stagnant due to the lack of a decision surrounding NE-LHIN Non-Urgent Patient Transfer Services.

Current Issues, Benefits and Risks

Efforts to ensure accurate patient assignment has resulted in significant shedding of Non-Urgent long-distance Patient transfers from Paramedic Services. The result has been a substantial deployment increase within service communities, and improved capacity for emergency responses. In March of 2018, staff determined the Non-Urgent Patient data supported a deployment change that reduced the extra ambulance on Manitoulin Island, making it a Paramedic Response Unit (PRU). That ambulance was historically utilized for Non-Urgent patient diagnostic transfer and tertiary admissions. The PRU was kept in deployment as a safety measure should there be any anomalies in system use. In the 2 months following the deployment change, the PRU responded on 5 emergency calls, and completed 26 standby calls. Additionally, the 2018 average response time to scene on Manitoulin Island with an 8-hour ambulance was 10 minutes and 48 seconds, while deployment without that ambulance revealed an average response time of 10 minutes and 20 seconds. The call analysis excluded hospital based and Non-Urgent calls.

The deployment of the PRU resource in the LaCloche area was assessed and found to have responded to 17 emergency calls in the first 4 months of 2018. In 7 instances, the PRU was not the first vehicle on scene, meaning that ambulance resources remained available in the communities.

The continued deployment of the PRU in LaCloche during the period of transition could be utilized as a safety measure, which would be funded by the 2018 Ministry of Health and Long Term Care allocation.

Implementation of the pilot PTS service has allowed for a profound reduction on Paramedic Services dependence for Non-Urgent Patient transfers. Staff believe that implementation of the Board approved Strategic Deployment Plan can move forward in advance of the NE-LHIN Non-Urgent system without any significant risk as the successful reduction in

Paramedic Non-Urgent Patient workload has allowed for a new Deployment Plan focused on urgent and emergent calls.

The election of a new Government for the Province of Ontario always has to be considered when making any strategic changes. A review of publications related to the Progressive Conservative (PC) party platform and health care suggests that they plan to reduce wait times and will be adding long term care beds and mental health funding along with tax incentives for Physicians practicing in the north. With respect to Paramedic Services, the only findings surround an event in London, early in the campaign where the Premier Elect stated his admiration for Paramedics.

Financial Implication

Manitoulin-Sudbury DSB approved the 2018 Paramedic services budget in the fall of 2017. At that time, the budget proposal was based upon known Ministry funding. In May of 2018, the DSB received funding approval from the Ministry of Health and Long Term Care that included \$157,459 that was not expected. An assessment of continued deployment of the LaCloche PRU, using part time staffing, from 11:00AM to 7:00PM, weekdays only could be managed within this financial envelope.

The other deployment changes approved in the 2018 budget included:

- Noëlville Paramedic Services station moving from 20 hours on site and 4 hours on call 7 days per week to 24 hours all site 7 days a week
- Massey Paramedic Services station moving from 20 hours on site and 4 hours on call 7 days per week to 24 hours all site 7 days a week
- Killarney Paramedic Services station moving from 10 hours on site and 14 hours on call 7 days per week to 12 hours all site and 12 hours on call 7 days a week
- Foleyet Paramedic Services station moving from 10 hours on site and 14 hours on call 7 days per week to 12 hours all site and 12 hours on call 7 days a week
- Gogama Paramedic Services station moving from 10 hours on site and 14 hours on call 7 days per week to 12 hours all site and 12 hours on call 7 days a week
- Elimination of the “Day 8” ambulance in Mindemoya, inclusive of the proposed Mindemoya 8-hour PRU

- Elimination of the LaCloche 12-hour PRU
 - This will be temporarily reduced to 8 hours a day, 5 day a week, to be utilized as a safety measure until the permanent NE-LHIN Non-Urgent Patient Transfer Service is fully functional.

Conclusion

Staff have concluded that the positive changes made to the PTS system, over the past year, have resulted in significantly reduced dependence by stakeholders on Paramedic Services for Non-Urgent Patient transportation. This change has resulted in increased emergency response capacity within the deployment areas. As such, the capacity to implement the Board approved Strategic Deployment Plan for Paramedic Services is present. While staff are confident in the ability to operationalize all aspects of the plan without negative impact, the additional Provincial funding received for 2018 will support the continued deployment of a PRU in the LaCloche area during week days from 11:00am to 7:00pm.

Staff are recommending that [Paramedic Services Strategic Staffing Plan](#) Option 2 changes approved by the Board on June 21, 2018 and then approved in the [2018 DSB Budget](#) be implemented on September 9, 2018 in advance of the NE-LHIN Non-Urgent Program implementation.