



Council Memorandum

Date: November 5, 2019

To: Mayor Letham and Members of Council

From: Andrew Rafton, Acting Chief of Paramedic Services

Re: Ambulance Offload Considerations

Recommendation

That the memo dated November 5, 2019 regarding Ambulance Offload Considerations be received;

That Paramedic Service continue to implement the current relief initiatives; and

That this recommendation be brought forward to Council for consideration at the next Regular Council meeting.

Rationale

At the September 18, 2019 Special Council Meeting the following Council resolution was passed:

CR2019-525

Moved By Councillor Yeo

Seconded By Councillor Seymour-Fagan

That Paramedic Service staff be directed to bring forward a proposal for cost-avoidance in relation to the off-loading of patients at hospitals for consideration as part of the 2020 budget process.

This memo provides Council with an update of the current state of Offload Delay locally.

Ambulance patient offload delays (“OLD”) are the delays that can occur when transferring care of patients from paramedic service personnel to hospital emergency department staff and have huge impacts on the availability and effectiveness of Kawartha Lakes Paramedic Service (“KLPS”).

The definition of “OLD” is the amount of time spent in the emergency department transferring care to the hospital. It is calculated as the difference in time from when the ambulance arrives at the emergency department until transfer of care is documented and acknowledged on the ambulance call report – less the standard thirty (30) minutes which is normal for ambulance turnaround. Any time greater than thirty minutes is considered “OLD”.

When “KLPS” ambulances are delayed at hospital, they are out-of-service, thereby decreasing the system’s ability to provide lifesaving support throughout the Kawartha Lakes community.

Since 2008 the Ministry of Health and Long Term Care has provided funding for dedicated offload nurses to reduce ambulance offload times by providing municipalities with funding. “KLPS” specifically has not received any provincial monies for dedicated offload nurses. Up until recently our local hospital had funded an offload delay nurse through pay for performance measures. As a result of a reduction in pay for performance funding, and the recent retirement of this offload delay nurse, this hospital has determined that this resource will not continue moving forward.

“OLD” continue to seriously impact operations. Additional coverage and urgent up staffing comes by way of overtime costs and is often required to maintain coverage when multiple vehicles are lost to offload delays.

Given that our call volume (codes 1-4) has risen by 24% since 2014, significant stressors are being placed on resources to maintain existing performance levels.

To date response times have been relatively maintained, however Critical Minimum Emergency Coverage (“CMEC”) instances where there is limited ambulance availability have been trending upwards.

In summary, the current financial impacts of Offload Delays are:

- In 2018, Kawartha Lakes Paramedic Service (KLPS) incurred a new high of 464 offload delay (OLD) hours during which, paramedics were unavailable to respond to other calls for medical assistance.
- This is a 44% increase from 2017.
- The 464 OLD hours consumed the equivalent of 1,711 annual hours of ambulance staffing coverage.
- This equates to the consumption of approximately 5 hours per day that an ambulance spends on OLD.

- Offload Delays had a direct cost in 2018 of \$191,000; this does not include significant costs of lost coverage, urgent upstaffing and shift overrun.

The provincial government is continuing to review the structuring of paramedic services and recognizes there are issues with respect to offloads in hospitals. “KLPS” will implement the following mitigation plan, however we believe it is premature to invest in offload resources until the province has developed its offload strategy.

Current Relief Initiatives:

Fit-to-Sit initiative: The paramedic service has also been collaborating with the local hospital on a series of strategies, including a fit to sit initiative. These patients are transported by ambulance, but do not require a hospital bed and are offloaded to the waiting room. This will increase the number of patients that are diverted to the waiting room daily and will allow for quicker return to service.

Escalation Tool: Other strategies that have been investigated are an escalation tool whereby the communication centre will notify the paramedic superintendent in cases of offload reaching 45 minutes and again at 90 minutes if the situation is unresolved. The superintendent will then in turn liaise with the senior management of the emergency department to facilitate the transfer of care of the patient.

Repatriation Strategy: Occasionally, there are patients occupying beds in the emergency department where a patient is waiting for transportation back to their residence and none is available. In the event that a paramedic crew is on “OLD” and a patient is occupying a needed bed while waiting return transportation, the emergency department, in consultation with the superintendent will swap patients allowing the paramedics a faster return to service.

Community Paramedic Pilot: There are several programs devoted to diverting patients from hospitals. This includes the community paramedic pilot program currently funded by the municipality with a community paramedic assigned to conduct home visits. The intent of this pilot is to support high-resource patients discharged from the hospital, in efforts to keep them from the emergency department. In a recent support statement from the Eastern Ontario Warden’s Caucus (“EOWC”) it was noted that the province and municipalities collaborate to scale-up community paramedic programs and find opportunities to partner with relevant stakeholders.

Offload Delay Nurse: Since 2008, paramedic services have been able to apply for funding sources for dedicated offload delay nursing. The municipality should pursue these potential funding streams to attempt to mitigate the impact of “OLD”.

This is a global problem caused by systemic issues related to the lack of long term care beds and hospital overcrowding. Anticipated amendments to the Ambulance Act of Ontario will create new regulations that allow alternate patient destinations and treat-and-release programs. These proposed changes supported by “EOWC” will allow paramedics a broader scope of practice, while broadening their ability to provide on-site medical treatment. These changes would help ensure that patients are consistently getting the right care, in the right setting, without unnecessarily adding to the burden of hallway health care due to current antiquated and patchwork of legislation.