

ENHANCING EMERGENCY SERVICES IN ONTARIO (EESO) PRIMER

A Vision for Change

The Emergency Health Services (EHS) system in Ontario is intended to provide timely response of pre-hospital and inter-facility care in 400+ municipalities and First Nations communities with 24/7/365 availability. Our partners and providers, who include municipal employers, local Emergency Medical Services (EMS) providers and paramedics, hospitals, clinicians and others, play key roles in the seamless delivery of land and air ambulance services, and helping improve appropriate patient access to the health care system.

The ministry is currently undertaking an enterprise-wide initiative called Enhancing Emergency Services in Ontario (EESO), a strategic modernization to improve and sustain quality coordinated care across the patient's journey by identifying more effective medical transportation and paramedic services with all health care delivery partners and providers.

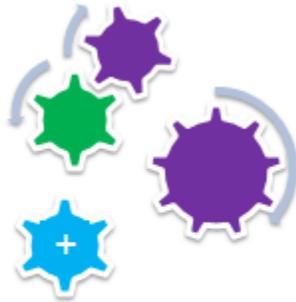
The vision for change is based on four key pillars of work:

Change

Redesign patient interaction with the EMS system/"911" by creating different clinical pathways while ensuring patients receive the right care at the right time in the right place.

Build

Develop a sustainable, system-level solution to non-urgent inter-facility transports, addressing the particular needs of Ontarians in northern and remote communities.



Integrate

Provide seamless patient care for those who are critically ill and/or requiring higher level of care, by ensuring the system of critical care services in Ontario is better integrated at the point of care.



Oversee

Establish an accountability structure with better utilization of system resources and supported by benchmarks to measure system performance.

EESO aligns with *Patients First: Action Plan for Health Care*, the Government's plan to change and improve Ontario's health care system. The initiative operates within a focused decision-making governance structure, presenting an opportunity to engage internal and external partners to improve patient outcomes within a sustainable service delivery model.

EESO Mandate

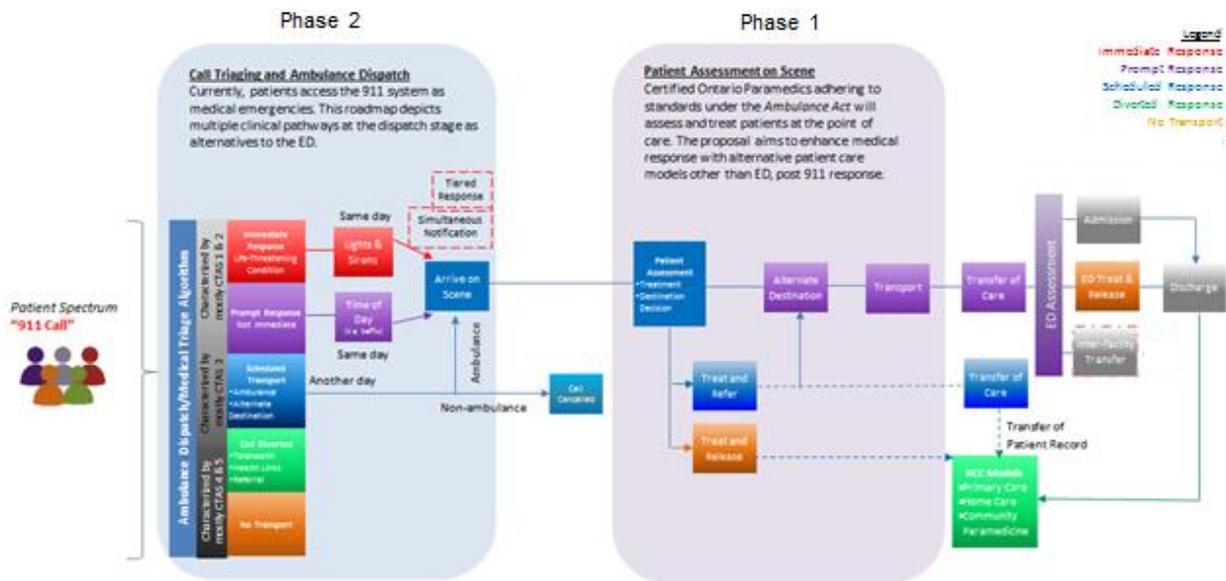
On June 5, 2017, the Government approved a mandate for the enhancement and modernization of the province's EHS system. The news release is available online at the following address:

<https://news.ontario.ca/mohltc/en/2017/06/ontario-enhancing-emergency-services-across-the-province.html>

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The Patient's Journey: 911 Calls for Medical Emergencies

The EHS system acts as an entry point into the broader health care system and is an integral part of the patient's clinical pathway to accessing medically necessary care. Today's 911 calls most often result in the dispatch of an ambulance. In the absence of other destination options for treatment/interventions, patients are taken to the ED. The ministry is pursuing new patient care models that would help reduce inappropriate ED visits and get patients to the right care in the first instance, avoiding the need for future transfers.



The EHS mandate announced in June, which impacts the “Patient Assessment on Scene” phase, will enable Ontario certified paramedics to Treat and Refer and Treat and Release patients during on scene assessment, and allow greater flexibility in the determination of where the patient is taken to receive the most appropriate level of care (alternate destination).

Also in 2017/18, the Government is making \$60 million in health technology investments and implementing business processes to drive change and improve service. These include:

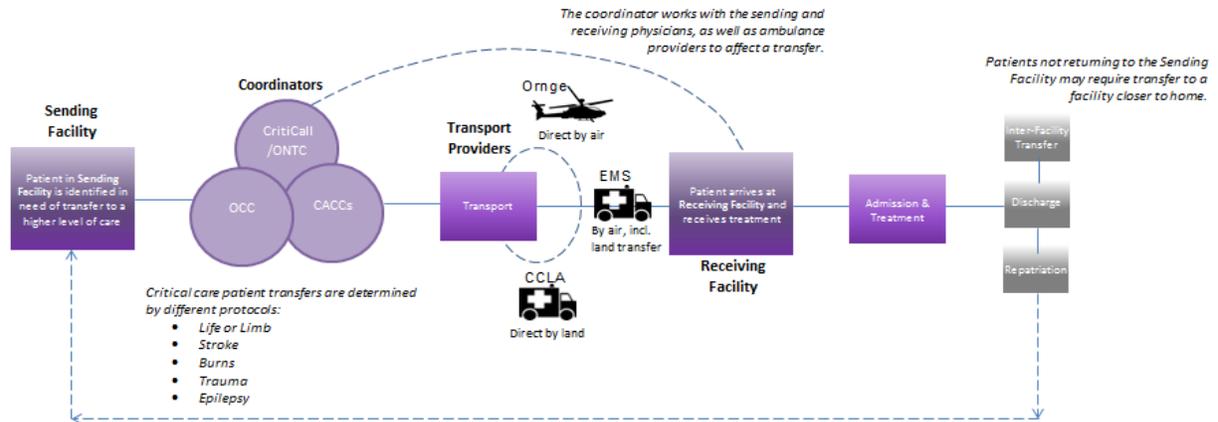
- A new Medical Dispatch System;
- Upgrading the Computer-Aided Dispatch system (CAD 5.7);
- Replacing the Digital Voice Recording and Retrieval System (the pre-work for modernizing the Public Safety Radio Network); and,
- Standardizing operational policies and procedures.

The new medical triage tool is scheduled for first implementation by March 2018 in Mississauga, with the upgrade of CAD 5.7 to follow. These are just a few examples of the foundational work that is currently underway to support the potential for future refinement of different clinical pathways in the “Call Triage and Ambulance Dispatch” phase.

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Critical Care Inter-Facility Transports

Once a patient is in a hospital and deemed to be critically ill, he/she may require transport to a higher or specialty level of care. Upon completion of treatment, the patient may require repatriation or transfer to the next destination. As part of the mandate announced in June, the ministry will explore opportunities to ensure that critical care patients are receiving the right level of care during transport duly supported by a mix of health care professionals for the more complex types of inter-facility patient transports (e.g. neonatal, paediatric, mental health and addictions, etc.)



Non-Urgent Inter-Facility Transportation

The ministry recognizes that non-urgent inter-facility transportation is another issue of importance, particularly in rural and Northern Ontario, where communities are composed of small and widely dispersed populations. The demand for non-ambulance transportation of medically stable persons can put pressure on these local health systems. In the short term (Fiscal Year 2017/18), the ministry is supporting demonstration projects in northern communities to test the feasibility of dedicated non-ambulance routes between rural and hub hospitals. In the longer term, the ministry will be speaking with partners and providers to explore options for a sustainable, system level solution.