Emergency Health Services System Modernization

Briefing Paper on Legislative Amendments to the *Ambulance Act*

July 2017

Enhancing Emergency Services in Ontario (EESO)
Ministry of Health and Long-Term Care

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A VISION FOR CHANGE

On June 5, 2017, the Government announced its intention to enhance and modernize the emergency health services (EHS) system in Ontario. The vision for change is deeply grounded in the principles of *Patients First: Action Plan for Health Care*, namely improving access to the right care, at the right time and in the right place, and connecting health care partners and providers across the patient's journey. As stated by Minister of Health and Long-Term Care Dr. Eric Hoskins, "By improving the system, we are delivering timely, high quality care across Ontario."

The *Ambulance Act*, the legislative instrument that governs the provision of EHS in Ontario, has not been fundamentally amended in almost 20 years. Consequently, the current framework of pre-hospital and para-medicine care is largely restricted to patient stabilization and transportation to the nearest hospital emergency department (ED).

As the Government continues to make important investments in health sector reform such as home and community-based care, we must also ensure that our EHS system is aligned so that patients experience a seamless, integrated journey to accessing care.

While patient and system utilization data show that our EHS system is continuously striving to meet performance and quality standards, we acknowledge that we must do more. Through an evidence-based approach, supported by data and experiences from models in other jurisdictions, several early opportunities for change emerged. These policy changes, which require legislative and regulatory amendments to enact, include:

- Allowing paramedics to provide different patient triage, assessment, diagnosis, treatment/referral and discharge options at the scene of a 911 call for low acuity patients, where deemed safe and appropriate to do so under medical delegation of authority; and,

- Defining the level of care needs for critically ill patients who require transport to a higher level or specialized health care facility, which may include changes to patient care standards to ensure that the right mix of health care professionals are providing care.

The first stage of this process will require the Government to undertake legislative amendments over the course of Summer 2017. Through this briefing paper, in-person discussions and electronic feedback, we look forward to working closely with our health partners and providers to jointly shape these amendments, and inform the body of planning and program development work ahead.

Thank you.

CONTEXT

The EHS system provides care to nearly 14 million Ontarians in over 400 communities across the province, 24 hours a day, 7 days a week, 365 days a year. It is a network consisting of many integrated relationships functioning to directly deliver patient services and provide regulatory, quality assurance and clinical system oversight and support. The network consists of complex relationships between municipal, provincial and federal levels of government.

Ensuring that the system continues to deliver the highest quality, integrated care as expected by Ontarians requires that we think carefully about patient needs, the oversight framework and long-term sustainability of the system. The following are highlights of factors that make the case for change today:

- *EHS system user data shows that a segment of patients transported to the ED may have benefited from care delivered closer to home, or in a more appropriate setting.*

  The majority of patients arriving in hospitals via ambulance do not require hospitalization. According to 2015/16 data[1], only 31.3 per cent of all patients arriving in ED via ambulance were admitted to hospital: 62 per cent were discharged, 2.3 per cent were transported to another facility, and 4.4 per cent left without being seen or triaged (at the patient's own accord). This demonstrates that there are opportunities for low acuity patients, who do not require complex active treatments, to have their needs better addressed earlier in the journey to accessing medical care.

  Allowing paramedics to treat low acuity patients on scene or refer them to other services in their community would help to negate the need for some ED visits and promote access to definitive care in a timelier manner. The Government is proposing new patient care models during the on scene patient assessment phase, which will be discussed in more detail later in this document.

  Additional data points are illustrated in the attached ***Information Graphic***.

- *The* Ambulance Act *addresses needs of patients who access care for medical emergencies through a 911 call, and does not address other patient journeys to accessing care.*

  Today, most calls to 911 for medical emergencies result in the dispatch of an ambulance with the patient being transported to an ED post medical stabilization by an on scene paramedic.

[1] Source: National Ambulatory Care Reporting System (NACRS)

Inter-facility critical care transport refers to when a patient has a critical illness or injury and requires transport to a different health facility. Under the current regime, patient care and transport standards (PCTS) for critical care follow the "911" medical emergency pathway, with a series of protocols in place to allow by-passing the ED only for certain medical conditions (e.g. stroke). This has created a system of exceptions rather than an integrated, patient-centred framework.

Allowing transport to be determined by a patient's level of care needs, supported with the right mix of healthcare professionals, should improve the delivery of quality integrated services. This approach could be particularly beneficial for remote and rural patients, where a medical professional with more specialized skills than a paramedic can provide more appropriate care during long-haul transports to address any changes to the patient's condition en route.

- *Rising patient transport volumes are resulting in rising costs of EHS system delivery, which is placing an increased burden on the province's fiscal resources.*

The cost of the land ambulance system is growing at an average annual rate of 6 per cent, driven primarily by increasing growth in transport volumes (3.5 per cent). If changes are not made to the EHS system, it is projected that the total ambulance system costs (including municipal and provincial) will grow from $1.6 billion to $1.9 billion over five years[2], based on projected growth rates. These facts present risks to the long-term sustainability of the EHS system.

In reviewing the experiences of other jurisdictions, concepts for alternative models of care have emerged. Although similar terminology is frequently used, there is variety in program design and scope. In Canada, models have focussed on specific patient populations like seniors and palliative care, with better access to patient records. Paramedics in Nova Scotia[3] with added training, for example, are allowed to assess and treat seniors in nursing homes under the supervision of a physician instead of transfer to the ED. In Alberta[4] and Prince Edward Island, paramedics can support palliative care patients and their families who have chosen to remain at home.

On the international level, some jurisdictions (e.g. United States, United Kingdom, Australia and New Zealand) have also adopted models better integrating pre-hospital and para-medicine care into primary, home and community-based care. Condition-based medical algorithms are often developed to assist in the paramedic's on-scene assessment and course of treatment. The exact roles and responsibilities of health care providers would need to be clearly defined as part of the rollout of an Ontario model through transparent, inclusive and meaningful consultations on program design.

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[2] Comparison is based on anticipated 2015/16 planned expenditures to 2019/20 planned expenditures.

[3] Nova Scotia Extended Care Paramedic Program

[4] Alberta Emergency Medical Services Palliative and End of Life Care Assess Treat and Refer Program

Proposed Policy Changes

The Government announced its commitment in June 2017 to enhancing the EHS system by providing patients with more options to accessing appropriate medical care. These new initiatives will modernize the EHS system by providing the right levels of care earlier in the patient's journey. This consultation is the first phase of the Government's vision under the Enhancing Emergency Services in Ontario (EESO) initiative. (Refer to the attached *EESO Primer* for more details.)

The ministry anticipates that the following proposed initiatives could better leverage the expertise of paramedics and provide more appropriate levels of care to low acuity patients, while ensuring the specialized needs of critically ill patients moving between health care facilities. Specifically:

Alternate Destination

Once on scene assessment by the paramedic is complete, it may be more appropriate in some instances to transport the patient to an alternate health facility other than an ED. Determination of destination could be informed by the patient's level of acuity, condition-based medical algorithm, and the Emergency Services Spectrum, an emergency services classification tool. Destinations suggested by health partners and providers include Urgent Care Centres, mental health and addictions crisis centers, etc.

Treat & Refer/Treat & Release

As part of an enhanced scope of practice, Ontario paramedics could provide alternate and appropriate on scene treatment and referral options (e.g. into primary or home/community-based care). This would reduce the need for transport to ED, helping to address ED overcrowding and patient flow. In the first instance, the ministry may wish to prioritize patient groups for whom paramedics already have requisite training to stabilize by performing certain delegated acts under authority of the Base Hospital. More complex interventions or a broader change in scope of responsibilities would require additional paramedic training.

The Government also announced its intention to support two pilots with interested municipalities using firefighters who are certified paramedics, to demonstrate these patient care models. Demonstration pilots will also be considered from other sources, such as paramedic services, hospitals or multi-provider partnerships.

Patient Care and Transportation Standards

This modernization will be supported by a framework for levels of care for critically ill patients, who should be accompanied by the right mix of health human resources (e.g. nurses, physicians, etc.) during transportation. The ministry will ensure that safety and quality are duly considered for the specialized needs of critically ill patients.

Enabling Change through Legislative Amendments

In Summer 2017, the ministry will conduct in-person facilitated discussions with key health partners and providers on amendments and minor technical changes to the *Ambulance Act* and related legislation, which would enable paramedics to perform the new patient care models. Consideration will also be given in the amendments to better addressing the needs of critically ill patients requiring inter-facility transport.

The announced policy proposals focus on changes at the paramedic on scene assessment phase of the patient's journey, and transport between facilities. Both require legislative amendments to fully implement. The *Ambulance Act* and its related regulations can be viewed online at: https://www.ontario.ca/laws/statute/90a19

The ministry anticipates that, at a minimum, the proposed policy changes will impact the following priority areas in the Act:

- The level of care needs that impact ***patient definition*** to determine care delivery. As noted, the Act currently focusses on 911 calls for medical emergencies, which require a different response than critically ill patients being transported between health care facilities to access specialized care.

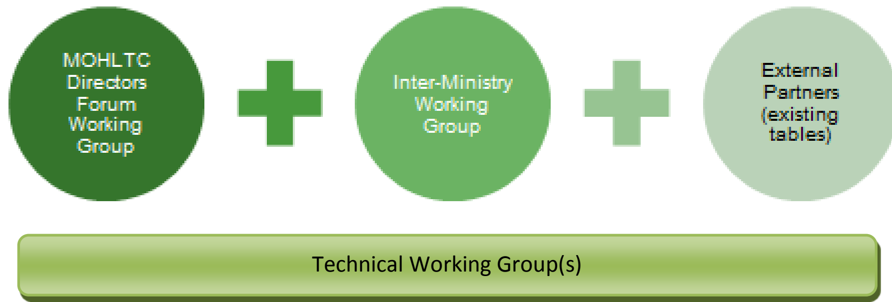
- Changes to the ***setting/destination*** that a paramedic is authorized to transport. Presently, options are limited to a hospital ED or other hospital facility under strict by-pass protocols. However, other health care facilities (e.g. hospital and community-based) exist that could provide equal or more appropriate care for some patient groups, such as mental health, seniors, Indigenous, etc.

- Changes in the ***care/treatment*** that a paramedic is authorized to provide. Legislation and regulations currently define the parameters within which paramedics are authorized to operate, with an emphasis solely on patient stabilization and transportation. In practice, paramedics may be called upon to perform a broad range of functions dependent on the patient's specific needs and other external factors.

- The framework of ***medical oversight*** of paramedics using these new models. The current regime for performing delegated acts is quite complex, and relies heavily on delegation from a Base Hospital physician. The new patient care models may also raise questions about a paramedic's scope of practice and judgment in establishing and implementing a course of treatment.

- The definition of an ambulance to be used for the ***conveyance*** of a patient. Under the new patient care models, transportation to the ED is expected to be reduced for those low acuity patients who fall within established program criteria. As such, the intended use of an ambulance will evolve beyond simple conveyance of a patient to accessing care.

To ensure broad and meaningful feedback into the legislative amendments drafting process, the EESO governance structure is being leveraged to seek feedback from internal ministry and government partners. External consultations and information sessions will capture the perspectives of health partners and providers via existing tables and one-off sessions. There is also recognition that the views of front-line staff should be reflected at this early stage. As such, Technical Working Groups of paramedics, Ambulance Communications Officers, Base Hospital physicians and other subject matter experts will be solicited.



A Path Forward

In-person consultations are currently being scheduled with identified health partners and providers on the general intent and direction of the proposed policy change and legislative amendments.

The ministry aspires to introduce legislative amendments during the Fall 2017 sitting of the legislature, and use Winter 2018 and onward to broaden the consultation process on program design and development of regulatory amendments. These consultations will elicit thinking on clinical criteria for the development of patient care models and standards, ensuring patient safety remains a defining principle.

For those unable to attend in-person facilitated discussions or who may have additional feedback to provide the ministry, feedback templates can be submitted electronically **prior to 5pm on July 26, 2017**. To request a copy of the feedback template, and/or to submit it for consideration as part of this consultation process, please contact:

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As noted in the Government announcement, the ministry will also partner with interested municipalities to gather information and refine program design through testing model options. This data-gathering technique represents an opportunity to explore implementing change in a phased approach, enabling the ministry to stop and assess success along the way, and make adjustments in policy and regulation, as deemed required.

The ministry's long-term strategy for EHS transformation includes enhancements to the existing system of non-urgent inter-facility transport and changes to call triaging and ambulance dispatch. These changes are being contemplated in order to provide greater flexibility to better respond to patient needs when accessing the EHS system and to increase efficiency in use of land and air ambulance resources. The ministry continues to implement on its 2017/18 health investments (approximately $60 million).