



Report to:	Manitoulin-Sudbury District Services Board
From:	Robert Smith Chief of Paramedic Services
Date:	October 24, 2019
Re:	Permanent Non-Urgent Patient Transfer Service – Issue Report

Purpose

The purpose of this report is to provide information to the Board related to the history of the nearly 7 year pilot Non-Urgent Patient Transfer Service (PTS) delivered by Manitoulin-Sudbury DSB. In addition staff have submitted a [Business Case](#) to the Ministry of Health, Emergency Health Services Division to develop a permanent PTS system.

History

As the Board is aware, the DSB has been operating a non-urgent pilot project for the Northeast Ontario Local Health Integration Network for over nearly seven years. The original design was for a period of 6 months, and as such much of the investment was premised on this fact. The pilot was never intended to last into the seventh year. Decommissioned ambulance vehicles repurposed for this pilot program have required costly repairs, and annual migration of the decommissioned vehicles into the PTS role has resulted in the activation of the 19th PTS vehicle in 2019. The temporary nature of this pilot program has additionally, caused challenges as capital design and investment for facilities was avoided.

From a human resource perspective, the Central Ambulance Communication Centre did not agree to manage communications as was originally proposed in the initial project, and this resulted in the need to implement an alternative dispatching system. Additionally, over the course of this pilot project the employees have become unionized with OPSEU. Lastly, because of the continued extensions to the 6-month pilot project, many employees have left the organization due to lack of a job security. The resulting challenges have meant that there have been times where we were only able to deploy one patient transportation vehicle. We must conclude that while the Pilot Project has been a clear success, the uncertainty over its stability has proven to be an operational challenge.

Rationale for Non-Urgent Solution and Impact on Paramedic Services

The regionalization of health care in Ontario has resulted in the focusing of resources and funding for specialty care and diagnostics into facilities classified as hub hospitals. This design has resulted in lack of capacity within the boundaries of Manitoulin-Sudbury DSB, and subsequently requires transportation of patients into the hub hospitals. Paramedic resource loss and direct impact on public safety was a significant reason for the development of the Non-Urgent Patient pilot program. The increased consideration of CAT Scanning as the ideal care is but one example of an evolving expectation of both patients and health care practitioners. In 2017, residents of Manitoulin Island consumed 1565 CAT scans, while in 2018, the number was 1608. This 4% increase was for only one year, and for only one area of the catchment. A vast majority of these calls were services by the PTS resources when clients were not able to self-transport.

Since the 2013 implementation of the PTS pilot program, Manitoulin-Sudbury DSB Paramedic Services has been able to shed significant volumes of Non-Urgent Patient workload and manage the increasing volumes of 911 activities. Since 2012, the last year with no Non-Urgent Patient pilot program, the service has reduced response for Non-Urgent Patient scheduled calls (interfacility) by almost 81% while urgent and emergent calls (generally 911 calls) has increased by 39%. The capacity to manage the increasing 911 volumes from within the communities has been directly enabled through the use of Non-Urgent resources.

PTS Historical Workload

Year	Total Legs
2013	861
2014	937
2015	1038
2016	698
2017	1126
2018	1355
2019 (8 months)	747 (1120)

Value Added Activities

The initial Non-Urgent Patient pilot program was designed to manage the movement of patients into hub hospitals from community hospitals on Manitoulin Island and in Espanola. In 2016, the DSB expanded service to include patients moving from Long Term Care (LTC) facilities into community and hub hospitals, and also included patients who required Non-Urgent Patient transportation as part of the CCAC (LHIN Home and Community) umbrella. The efforts were managed within the approved staffing profile from 2013. The benefit of these changes allowed for timely Non-Urgent Patient service without any impact on public safety provided by Paramedic Services.

It is evident that the Non-Urgent Patient pilot project has provided an extremely beneficial service to both the clients and health care systems across the districts. The 81% reduction

of Non-Urgent interfacility patient workload from the Paramedic Service has allowed for absorption of the annual increases in urgent and emergent 911 volumes without investment of additional staffing. Since implementation of the PTS pilot project, Paramedic Services has absorbed a 39% increase in urgent and emergent activity. Additionally, Paramedic Services was able to redeploy hours of operation into specific areas of need, resulting in 24/7 deployment in Noëlville and Massey, and 12/7 on site deployment in Killarney and Gogama. These changes were made possible with the shedding of Non-Urgent Patient activities to the PTS system.

LHIN Permanent Model

In early August of 2017 the Northeast LHIN, through Health Sciences North, released an RFP for a Non-Urgent Patient delivery model that would allow for a scheduled service between community hospitals and hub hospitals. According to their press release:

This made-in-the-North solution addresses a longstanding problem of patients being delayed at larger hospitals as they await a return trip by ambulance to their home community. Currently, across Northeastern Ontario, virtually all long-distance non-urgent patient transfers are done using ambulances, which often means a return ride isn't promptly available if the ambulance is called out to respond to an emergency.

The initial routes to be phased in were selected based on a number of factors including the readiness of the area providers. Starting in early 2017, dedicated multi-patient vehicles will operate to and from both Timmins and District Hospital and Health Sciences North in Sudbury, including:

- 1. Elliot Lake to Espanola to Sudbury (165 km)*
- 2. Mindemoya to Little Current to Espanola to Sudbury (163 km)*
- 3. Kapuskasing to Smooth Rock Falls to Timmins (166 km)*
- 4. Cochrane to Iroquois Falls to Matheson to Timmins (224 km)*

The model is being put in place by the NE LHIN's Non-Urgent Patient Transportation Leadership Working Group, which has worked to analyze the scope of the challenge, test pilots, and develop a new model.

Next steps will focus on finalizing the plan between the LHIN, participating hospitals and Emergency Medical Services (EMS); selecting a transportation service provider; designing and establishing dedicated Non-Urgent patient waiting areas in Timmins and Sudbury; and setting up the central Non-Urgent patient transportation dispatch function for the region.

The RFP closed in October of 2017 and to date has not been awarded. Manitoulin-Sudbury DSB has, as a partner in this program ensured that the LHIN and its partners were aware of impact and from the permanent design, something that the DSB felt would reduce efficiency within the areas serviced by the Non-Urgent PTS pilot program. The DSB submitted a proposal to operate a model that mirrored the pilot program.

Financial Implications

The 2013 funding to operate a PTS pilot program has remained relatively unchanged since inception. Historically, the service came in well under budget, due to reduced hours of operation. Since the implementation of operational improvement strategies, including response to long term care sites and to Home and Community clients, and with the contracting of a third-party dispatching vendor, the service has been operating at or slightly above the original budget. That said, nearing the seventh year of a flat budget, originally designed for only 6 months, has proven problematic. Operating costs have increased annually, and the DSB has mitigated the impact by reducing and ultimately eliminating any administrative revenues related to the operation of the service.

In 2019, the LHIN flowed funding for the Non-Urgent PTS pilot program into the hospital base funding envelopes. Both hospitals have also advised the DSB that they were not fully funded for this program. Those discussions remain in effect.

The Business Case for a permanent model delivered by the DSB, using new fleet, and with value added addition of Personal Support Workers to the offering has been estimated at \$446,405 for calendar year 2020. The position would be that this permanent program would be funded through the Emergency Health Services Division through 100% provincial funding.

Business Case 2020/21 PTS Budget						
Operating	Hrs/Wk	Rate	Annual	OT	Benefits	Total
2 Drivers	40	15.96	\$66,394	\$14,939	\$13,279	\$94,611
2 PSW	40	18.69	\$77,750	\$17,494	\$15,550	\$110,794
Sub-Total						\$205,405
Total Km per Year						
Fuel		Tires	Insurance	Mtce. Repairs		
16,500		\$38,000	\$3,600	\$8,800	\$30,000	\$80,400
Annual Direct Delivery						\$285,805
Onboarding (Orientation)						\$5,000
Technology and Medical Equipment						\$6,000
Uniforms						\$6,600
Coordination & Supervision						\$45,000
Annual Amortized Cost (new vehicles x 3) over 4 years						\$68,000
Dispatching Costs/Contracting Platinum						\$30,000
Total Annualized Cost						\$446,405

Implementation Plan

Should approval be received by that mirrors the current pilot program, the service could remain active in its current delivery method, while receipt of 3 new vehicles would likely take 6 months. There the government for establishment of a Non-Urgent PTS program is currently a four-year Collective Agreement in place between the DSB and OPSEU who

represent the PTS staff. While there are no permanent facilities for storage of the PTS fleet, the DSB has been able to leverage space in the Little Current Paramedic Services station for heated storage for vehicles in advance of their daily deployment. While not ideal, this process is effective.

Conclusion

Challenges surrounding the movement of Non-Urgent patients for care limited by regionalized health care design, result in the need to continue engagement with MOH to address the legislative barriers and funding opportunities as a measure to improve efficiency in service delivery. The current legislation precludes the DSB from using funding for Paramedic Services to deliver Non-Urgent Patient services, however, there seems to be some interest in the DSB program.

The PTS pilot program has delivered an effective and efficient system that has shed significant volumes of Non-Urgent Patient workload from paramedic Services and has allowed the Paramedic Services to focus on the public safety model, responding to an ever-increasing number of 911 calls. Since implementation of the PTS pilot project, Paramedic Services has absorbed a 30% increase in urgent and emergent activity.

The DSB continues to work to ensure the right patients are managed in the right way by the right resource and with the right staff. This two-tier model should be considered to as a component piece of evolving health care.

Recommendation

Staff are recommending that the Manitoulin-Sudbury District Services Board approves this issue report and directs staff to action the recommendations contained within it. In addition staff are asking for the Board approval on the [Business Case](#) that was submitted to the Ministry for permanent funding of a Non-Urgent Patient Transfer Service.