1
YORK REGION EMS OFFLOAD DELAYS

The Health and Emergency Medical Services Committee recommends that:

1. **The following report, November 1, 2005, from the Commissioner of Health Services regarding York Region EMS Offload Delays be referred to the December 1, 2005 Committee meeting**
2. **The issue of EMS offload delays be referred back to staff for inclusion in a future report regarding Emergency Medical Services matters.**

1. RECOMMENDATION

It is recommended that:
1. Council receive this report for information.

2. PURPOSE

The purpose of this report is to respond to a request by members of the Health and Emergency Medical Services Committee for an analysis of strategies related to hospital offload delays and the impacts on paramedics and York Region EMS.

3. BACKGROUND

It has become standard practice for York Region paramedics to continue to care for ambulance patients after arriving at hospitals since 2000, when the Province of Ontario downloaded land ambulance services to municipalities. As set out in the standards and guidelines under the *Ambulance Act*, paramedics are obligated to remain with ambulance patients until the responsibility for the patient has been transferred to hospital staff. While offload delays average about one hour per transport, many delays extend beyond this time frame and have been noted at more than six to eight hours. Offload delays have grown consistently in volume and duration over the past five years and this trend, along with call volume increases, has negatively affected EMS performance and response times.

The following charts outline hospital and EMS activity since 2000 and illustrate the severity of the offload delay issue.

Table 1
Time Spent in Hospitals by Paramedics

Total Hours at Destination Hospital from Priority 3 and 4 Dispatched EMS Calls					
Year	**2000**	**2001**	**2002**	**2003**	**2004**
Markham Stouffville Hospital	2,497	3,384	3,832	4,556	4,805
Southlake Regional Health Centre	3,522	4,545	5,453	6,016	7,232
York Central Hospital	6,927	11,904	10,841	12,893	15,201
All Regional Hospitals	**12,946**	**19,833**	**20,126**	**23,465**	**27,238**

- 2000-2004 increase of 110%

Table 2
Number of Patient Transports to Hospital

Total Number of Transports from Priority 3 and 4 Dispatched EMS Calls					
Year	**2000**	**2001**	**2002**	**2003**	**2004**
Markham Stouffville Hospital	4,094	4,842	5,243	5,758	5,893
Southlake Regional Health Centre	6,780	7,842	8,649	8,488	8,984
York Central Hospital	5,730	5,640	6,538	7,145	8,751
All Regional Hospitals	**16,604**	**18,324**	**20,430**	**21,391**	**23,628**

- 2000-2004 increase of 42%

4. ANALYSIS AND OPTIONS

In 2003 letters were sent from the General Manager of York Region EMS to all regional hospital CEOs requesting their participation on a committee to develop strategies to reduce emergency department offload delays. Staff representation from hospitals, the Georgian Central Ambulance Call Centre (CACC), the York Region Base Hospital, CUPE 905, and the Ministry of Health and Long-Term Care Emergency Health Services Branch and Hospitals Branch have met six times over the course of the last two years.

As a result, several operational strategies have been implemented by both York Region EMS and the regional hospitals. Hospitals have focussed on developing and implementing programs to fast track patients once they arrive at the Emergency Room and improving patient discharge processes.

4.1 Operational Changes Implemented to Date

York Region EMS has initiated several operational changes which included:

4.1.1 Providing Additional Ambulance Resources

From 2000 to 2004, EMS has enhanced their fleet and staffing resources with 90 paramedic FTEs, 10 ambulances and 6 Paramedic Response Units at a total cost of $5.5 million.

4.1.2 Providing Additional Stretchers to Specific Hospitals

Many factors contribute to offload delays including the lack of hospital beds and stretchers and the inadequate availability of nursing staff to monitor patients arriving at the emergency department. At York Central Hospital, three ambulance stretchers were provided to assist with stretcher capacity in the emergency department at a cost of $14,000. The hospital staff were unable to monitor the patients using these stretchers because they were working at their capacity servicing other patients. Therefore, the use and benefit of the extra stretchers was not achieved, and the stretchers were removed and returned to EMS.

The opportunity to expand stretcher capacity in the Markham Stouffville Hospital and the Southlake Regional Health Centre could not be carried out because both hospitals have been experiencing space restrictions and redevelopment work in their emergency departments.

4.1.3 Implementing Dedicated Offload Delay Supervisors

Currently the use of dedicated offload delay Supervisors assists with the facilitation of patient movement at hospital emergency departments. The Supervisors are notified by CACC when an offload delay exists at a hospital. The Supervisor leaves other duties to work with hospital staff to improve patient flow for those patients arriving by ambulance. The use of offload delay Supervisors continues to be the strategy that York Region EMS and other systems are using.

4.1.4 Implementing Policies for Paramedics While on Offload Delay

EMS has put in place operational policies and procedures for paramedics that ensure contact is made with the CACC to determine the most appropriate hospital for the patient. York Region EMS' Ready Status Policy ensures that paramedics inform the CACC when the transfer of care is complete and they are available to respond to another call. This ensures that the paramedics are being utilized as soon as possible to respond to emergency calls.

4.1.5 Paramedics Caring for Multiple Patients

When several ambulances are on offload delay, the Operations Supervisor responds to the hospital and assigns paramedics to monitor multiple patients in order to relieve some ambulances to respond to other emergency calls.

4.1.6 Summary of Operational Changes

These operational strategies implemented by York Region EMS and the hospitals over the last few years were met with minimal success. Other jurisdictional EMS systems such as Calgary, Edmonton and Toronto have implemented similar type strategies as York Region EMS, however, offload delays remain a systemic issue provincially and nationally that requires hospital and healthcare system changes.

4.2 Paramedic Staffing in Emergency Departments Option

Other jurisdictional EMS systems have staffed paramedics full-time in emergency departments. This initiative has had minimal success for several reasons including the costs associated with staffing of paramedics in emergency departments (see Table 3). The immediate short term benefit would be to increase the capacity within the emergency department by having paramedics monitor up to five patients. Once the stretchers are filled and the five-patient threshold is met, paramedics arriving at the hospitals with additional patients would be subject to further delays. On a day with, or during periods of, reduced ambulance patient volume in the emergency departments, the benefit of having paramedic staff in the emergency department would be lost.

Listed below are several operational and logistical issues that would require attention prior to staffing paramedics full-time in emergency departments:

- Negotiating with the hospitals and determining a designated area in the hospital emergency department for the paramedics and their patients.
- Paramedics would require relief for rest and meal periods.
- Legal and labour issues would need to be addressed.
- Medical delegation - All York Region EMS paramedics work under the license of the Base Hospital Physician, Dr. David Austin. Medical protocols and directives for paramedics are designed for use before the patient arrives at the hospital. Once at the hospital, patient care and medical interventions fall under the responsibility of hospital nurses and physicians. To allow paramedics to perform delegated acts in the hospital environment, formalized agreements between the hospitals and the Base Hospital and York Region EMS would be required and must address patient care liability issues.

In addition to the operations, medical and financial impacts, offload delays are associated with low staff morale and labour relations problems. The lack of ambulances and increased paramedic workloads for staff who are not on offload delays causes York Region EMS to be unable to ensure timely meal breaks for all paramedics and contributes to overtime costs.

4.3 Provincial Initiative

In January 2005, the Minister of Health and Long-Term Care, George Smitherman, established the Hospital Emergency Department and Ambulance Effectiveness Working Group to make recommendations on short and long-term solutions to the ongoing issue of offload delays and to deliver a report to the Minister of Health and Long-Term Care for consideration. This working group was created by appointment through the Ministry of Health and Long-Term Care. There is EMS representation by both Toronto EMS and Peel Region EMS; however, York Region EMS was not appointed to this working group but is eager to review the resulting recommendations.

4.4 Relationship to Vision 2026

York Region EMS continues to support the Vision 2026 goals of Responding to the Needs of Our Residents and Supporting a Safe and Healthy Community.

5. FINANCIAL IMPLICATIONS

The following table provides a cost summary for staffing paramedics in the three regional hospital emergency departments.

Table 3
Additional Staffing Costs Associated with Posting Paramedics in Emergency Departments

Station	Staffing	Cost per Hospital	Total Costs 3 Hospitals	Total FTEs 3 Hospitals
PCP:	2 staff*			
Salary & Benefits	12 hrs x 365 days	$287,293	$861,879	12
Backfill Costs (30%)	Vacation, sick, training, etc.	86,188	258,564	4
Provincial Funding		0	0	0
Total Tax Levy Impact		**$373,481**	**$1,120,443**	**16**

* To provide staffing for 12 hours per day, 7 days a week, 4 Paramedic staff are required per hospital

Since offload delays are unpredictable and occur at different times of the day, a commitment to staffing paramedics in the emergency department on a 12-hour basis would be required.

Assigning paramedic staff once the offload delays are occurring presents scheduling and staffing availability issues that would reduce the timeliness and efficiency of reducing offload delays.

In addition to staffing costs, the initial start up would include the purchase of five stretchers and one monitor defibrillator per hospital. The start up costs for the three hospitals total $141,000.

All costs identified would be additional operating costs and have not been included in the EMS 2005 or 2006 Business Plans and Budgets.

6. LOCAL MUNICIPAL IMPACT

The ongoing systemic offload delays experienced by paramedics at York Region hospitals continue to negatively impact response time performance and resource availability in responding to emergencies.

7. CONCLUSION

York Region EMS will continue to explore and initiate opportunities which would decrease the effect of offload delays on response time performance while ensuring the safety of York Region EMS patients.

In addition, the implementation of having paramedics permanently assigned to emergency departments alone will not ensure a reduction in EMS response times or increase EMS resource availability. As previously noted, the costs for this initiative have not been included in the EMS operating budgets.