

FEBRUARY 2020

YORK REGION'S RESPONSE TO THE **EMERGENCY HEALTH SERVICES MODERNIZATION** DISCUSSION PAPER

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PARAMEDICS

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York Region

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INTRODUCTION

Since assuming responsibility for delivery of land ambulance services from the Province in January 2000, York Region Council has made significant investments to improve response times and the quality and range of services provided by York Region Paramedic Services.

The Regional Municipality of York understands the Provincial interests are to end hallway health care and manage costs, and supports the direction the Ministry of Health (Ministry) is taking to modernize emergency health services.

This response provides York Region's response to the challenges and questions identified in the Ministry's [Discussion Paper: Emergency Health Services Modernization](#), released November 2019, with the launch of provincial consultations on Public Health and Emergency Health Services modernization. For each challenge, we describe our experience with that challenge, the mitigations and strategies we have implemented to address the challenge and our response for the Province.

Our response is not limited to questions asked in the Discussion Paper; it also includes recommendations on governance, purchasing and funding.

Key Messages

- **Modernization of dispatch technologies and triage algorithms must be accelerated.** This will create system efficiencies, enable more effective use of paramedic resources, help patients to receive the most appropriate care and supports at the right time and in the right place, and help reduce demand on hospital emergency departments.
- **Continue to position Paramedic Services as a provider of “out-of-hospital” care in the health care system.** York Region Paramedic Services has taken this approach in the partnerships it has developed with hospitals to reduce transfer of care times, and the community paramedicine programs it has developed to reduce emergency department visits. Being recognized and treated as a fully integrated health care partner, as well as an integral member of a patient's circle of care, will allow paramedics to have a greater role in improving patient outcomes. In 2019, the Province made legislative changes to the Ambulance Act to provide a means for paramedics to transport patients to alternate destinations, thereby diverting patients from emergency departments. In October 2019, York Region submitted a letter to the Ministry recommending several critical actions be taken to successfully implement these changes.
- **We welcome the Province's commitment to protect the mental health of paramedics through *Supporting Ontario's First Responders Act*,** which presumes Post Traumatic Stress Disorder is work related, and provides faster access to Workplace Safety and Insurance Board benefits, resources and timely treatment.

GENERAL COMMENTS

YORK REGION PARAMEDIC SERVICES SERVES A GROWING AND INCREASINGLY DIVERSE POPULATION

The Region's population currently sits at about 1.2 million people and is projected to grow to 1.5 million by 2031. Using 2016 Statistics Canada Census data:

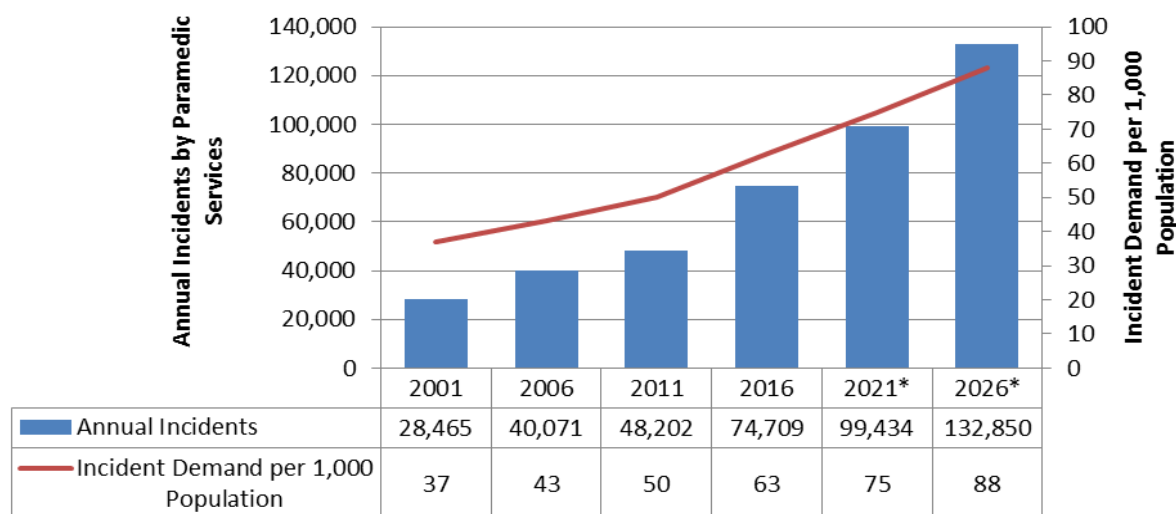
- More than 51,000 recent immigrants (those who landed in Canada between 2011 and May 10, 2016) called York Region their home.
- Most recent immigrants (88%) live in York Region's three southern municipalities (Markham, Richmond Hill and Vaughan), but a growing number are moving into the other six municipalities.
- The proportion of recent immigrants in York Region who did not speak English or French was more than double the national average, with Mandarin and Farsi the two most common immigrant languages spoken at home.
- 5,915 York Region residents self-identified as Indigenous, with the majority living in northern York Region. Of these, just over 614 people identified as belonging to the Chippewas of Georgina Island, which is the only First Nations on-reserve community in York Region. Of the 223 residents living on-reserve, 193 are First Nation members and 30 are non-First Nation members.
- The Region's senior's population is growing faster than any other age group. It is projected by 2026, for the first time there will be more seniors than children in York Region, and by 2031, one in five of the Region's residents will be over the age of 65, representing 21.8% of the total population. This is leading to increased call volumes for patients over the age of 65 who are living in their homes with complex needs.
- Paramedic Services is also seeing increases in the number of calls related to mental health, receiving about 5,800 such calls in 2018.

DEMAND FOR THE REGION'S PARAMEDIC SERVICES INCREASED 89% BETWEEN 2001 AND 2018 COMPARED TO A 64% POPULATION INCREASE OVER THAT SAME PERIOD

As shown in Figure 1, the incident demand per 1,000 residents has increased from 37 incidents per 1,000 residents in 2001 to 70 incidents per 1,000 residents in 2018, with an average annual growth rate of 5%. Demand is projected to rise to 88 incidents per 1,000 residents by 2026.

Two factors contribute to the increase: overall population growth and the needs of the Region's aging population.

Figure 1: Demand for Service, from 2001 Projected to 2026

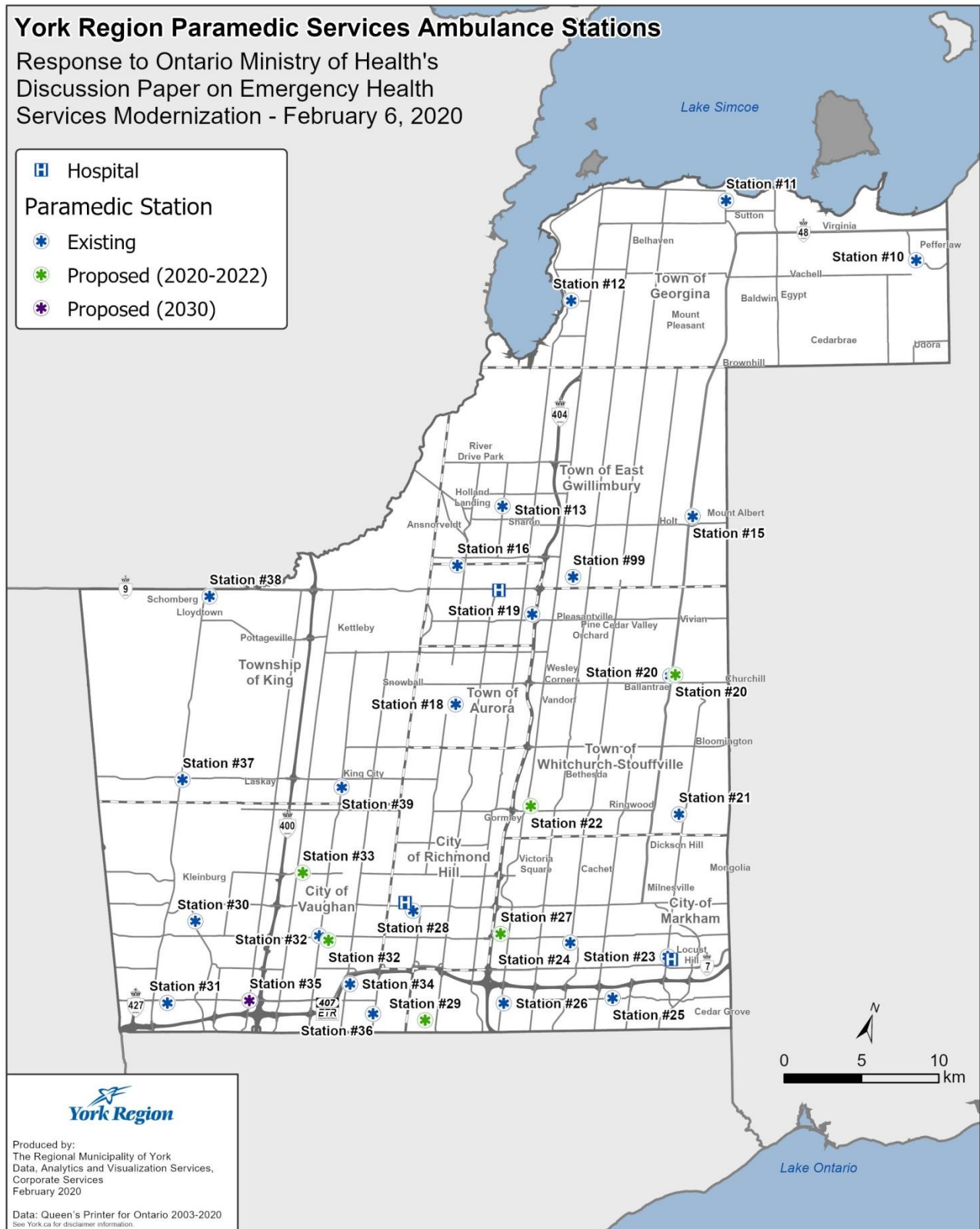


THE REGION'S MIX OF RURAL AND URBAN AREAS REQUIRES COMPREHENSIVE PLANNING TO MEET MANDATED PARAMEDIC RESPONSE TIMES

- As shown in Figure 2, York Region covers 1,775 square kilometres, stretching north from Toronto to Lake Simcoe. It is comprised of nine local municipalities with a range of cities, towns, villages and rural areas. It includes the Chippewas of Georgina Island First Nation which is located both on and off of the east shore of Lake Simcoe and includes three islands: Snake, Fox and Georgina.
- Paramedic Services has a *10-Year Resources and Facilities Master Plan (2012-2021)* identifying optimal station locations, staffing and vehicle requirements to meet the needs of the Region's diverse communities and ensure balanced emergency coverage in both rural and urban areas. The Plan is based on population trends, roadway development, travel time and community resources. The Master Plan will be updated in 2020 to reflect population growth.
- Paramedic Services also has a Deployment and Response Time Plan for maintaining appropriate coverage in all areas relative to demand. The Deployment Plan is provided to the Central Ambulance Communication Centres for use when deploying the Region's ambulances.

The Region currently has 24 Paramedic stations strategically located across the Region – as shown in Figure 2 – to address local needs and meet mandated response times. York Region will fund six more stations to be built over the next four years, two of which will be replacements, bringing the total number of stations to 28 (including Headquarters).

Figure 2: York Region Paramedic Services Ambulance Stations



YORK REGION COUNCIL HAS MADE SIGNIFICANT INVESTMENTS AND IMPROVEMENTS TO ENABLE INNOVATION AND EFFICIENCIES

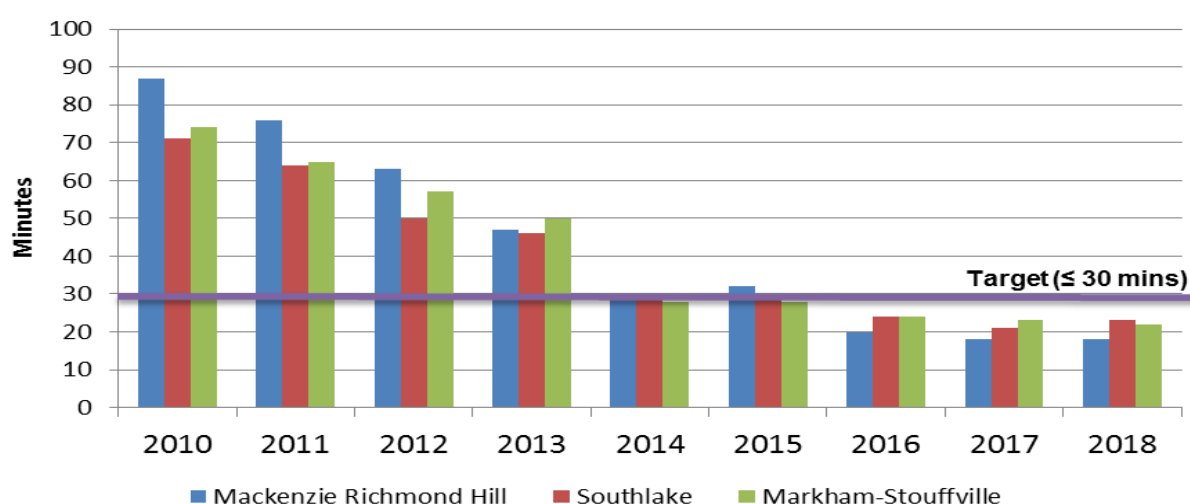
Through the Land Ambulance Service Grant (LASG) the Province provides up to 50:50 funding for eligible operating costs (to a cap) and York Region Council funds the remaining portion through tax levy. In 2018, the eligible Paramedic Services budget was \$82.7 million, including departmental and corporate support costs. The LASG funding contribution was \$40.3 million.

Since assuming responsibility for land ambulance services in 2000 with the amalgamation of six ambulance services, York Region Council has made significant improvements to Paramedic Services by providing annual operating funding beyond the 50:50 formula, as well as capital funding. Council's funding and support has enabled key system innovations in paramedic services, such as the following:

- In [October 2009](#), a Council-approved Memorandum of Understanding was established with the Region's three hospitals, which included a provision for the Region to withhold a portion of annual hospital capital funding if transfer of care time targets were not met. As shown in Figure 2, **since 2014, transfer times have been below the 30 minute target**, resulting in significant hours of ambulance coverage being returned to the community. In 2018, the average transfer of care times was 18 minutes for Mackenzie Health - Richmond Hill, 22 minutes for Markham-Stouffville Hospital and 23 minutes for Southlake Regional Health Centre.

The 2018 [Municipal Benchmarking Network Canada report](#) showed York Region Paramedic Services' lost ambulance time due to hospital transfer was at 16%, well below the median, 21%, of other reporting municipalities.

Figure 2: Average Transfer of Care Times at York Region's Hospitals



- Regulation 257/00 under the *Ambulance Act* requires upper-tier municipalities operating land ambulance services to have response time performance plans. In September 2012, Council adopted the York Region Emergency Medical Services Response Time Performance Plan 2013, identifying targeted response times from Dispatch to arrival on

scene. Response times are based on the Canadian Triage Acuity Scale (CTAS), a five-level tool used to assess the severity of a patient's condition and the need for timely care. CTAS level 1 is the most severe (resuscitation) and CTAS level 5 is the least severe (non-urgent). The Ministry of Health sets the response times for Sudden Cardiac Arrests and CTAS level 1. The Ambulance Act permits each municipality to set its own response times for CTAS levels 2-5. Council sets and approves our response times, in some cases, at higher standards than neighbouring municipalities. **Paramedic Services has met or exceeded its response time targets every year since 2013.**

- Council has also provided funding for an innovative Community Paramedicine program to create unique service delivery models for local populations, increasing health equity and access to services for the Region's residents. In 2019, this program served approximately 1,583 clients who otherwise may not have had access to the services they required.
- Council has also invested in the training of Advanced Care Paramedics and the development of programs and curriculum preparing staff to respond to the new models of patient care to meet the needs of our community.

Council has advocated for modernizing dispatch technologies since 2002

Dispatch modernization has been the Region's long standing primary issue. Many of the concerns with Paramedic Services responsiveness and efficiency, including those identified in the Discussion Paper, can be resolved or mitigated by modernization of dispatch. As early as 2002, Council expressed to the Province the need for improvements to the dispatch system. Progress on this initiative has been extremely slow.

In early 2018, the Ministry began investing in new medical dispatch technologies and selected York Region Paramedic Services as the "proof of concept" service to test these technologies. The application was successfully deployed and is now being used in all York Region ambulances. It provides paramedics with automatic information updates, real time data and navigation, saves time, reduces errors and helps Paramedic Services meet or exceed its targets for response times despite increasing demand and more traffic congestion.

YORK REGION PARAMEDIC SERVICES IS WELL-INTEGRATED WITHIN THE REGIONAL MUNICIPALITY OF YORK

Paramedic Services has 523 total full-time equivalent staff consisting of advanced and primary care paramedics, and several specialty teams and services:

- The Special Response Unit provides emergency medical support to frontline ambulances during Multi-Casualty Incidents and supports York Regional Police officers during high-risk incidents, Search and Rescue, Public Order and Emergency Response Units
- A multi-patient ambulance bus used for treating patients in situations where there are multiple, minor casualties
- A Community Paramedicine unit, described in detail below

Paramedic Services is within the Region's Community and Health Services Department. The Department covers the full range of human services delivered by single and upper tier municipalities, including:

- Public Health
- Seniors' Services (operates two long-term care homes, five adult day programs and oversees the Region's Seniors Strategy)
- Income Supports
- Children's Services
- Homelessness Community Programs
- Housing Services
- Two support branches that provide the Region's call centre and intake service, communication services, business supports such as finance, and strategic policy support such as planning for immigrants and refugees, community safety and well-being (in partnership with York Regional Police), accessibility and equity

This is a unique, one of a kind model where different human service areas are able to seamlessly collaborate on program development and delivery using the social determinants of health lens to provide holistic customer service. For example, Community Paramedicine paramedics:

- Provide patients with referrals to the Region's other human services and community supports
- Provide on-site clinics in the Region's seniors housing buildings, reducing 9-1-1 calls and visits to emergency departments
- Provide regular clinic hours at emergency housing (homeless shelter) locations and/or homeless drop-in centers across York Region
- Participate on the Rapid Response Table/Community Support Rounds, a multidisciplinary team where service partners present cases of vulnerable individuals in the community who have complex needs (medical, psychosocial, financial, etc.) and develop an individualized care plan

Integration of Paramedic Services within the Community and Health Services Department provides several other benefits for increasing the effectiveness and efficiency of Paramedic Services:

- Collaborating with Public Health for data sharing regarding opioids, outbreaks, and emergency planning for infectious disease outbreaks
- Benefitting from a case management tool being built for all Community and Health Services clients, where clients can log on and check the status of the services they are receiving
- Participating in mandatory training provided corporately for all staff (e.g., WHMIS, Accessibility legislation), and a range of leadership programming provided by the Department and the Corporation.

Figure 3 illustrates Paramedic Services' integration within the Region's Community and Health Services Department.

Figure 3: Community and Health Services – What We Do

Community and Health Services

WHAT WE DO



Housing Services

- Responsible for 6,700+ affordable housing units
- Deliver rent subsidies
- Develop new affordable housing



Homelessness Community Programs

- Prevent homelessness
- Help residents find and keep housing
- Help residents access Social Assistance



Social Assistance

- Help residents find and keep jobs
- Provide financial help for basic living costs



Children's Services

- Provide child care and recreation subsidies for low-income families
- Support children with special needs
- Support children's learning and development (EarlyON)



Public Health

Deliver range of programs and services including:

- Family, child health and dental services
- Harm reduction and substance misuse prevention
- Infectious disease control
- Inspections (restaurants, spas, etc.)



Paramedic Services

- Respond to emergency medical calls
- Deliver lifesaving treatment
- Foster partnerships with hospitals
- Deliver community paramedicine



Long-Term Care/Seniors' Services

- Operate two long-term care homes
- Provide day and outreach programs to people with long-term healthcare needs



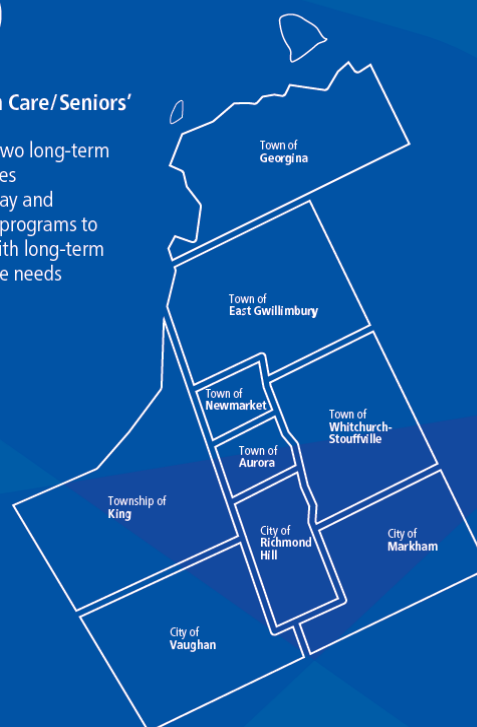
Community Development

- Build community partnerships to implement plans and strategies
- Fund community agencies to address community issues and gaps



Access York

- Initial contact for resident inquiries
- Assess resident needs, and provide referrals and applications for York Region programs and services



Access York 1-877-464-9675

accessyork@york.ca

york.ca

Accessible formats and communication supports are available upon request

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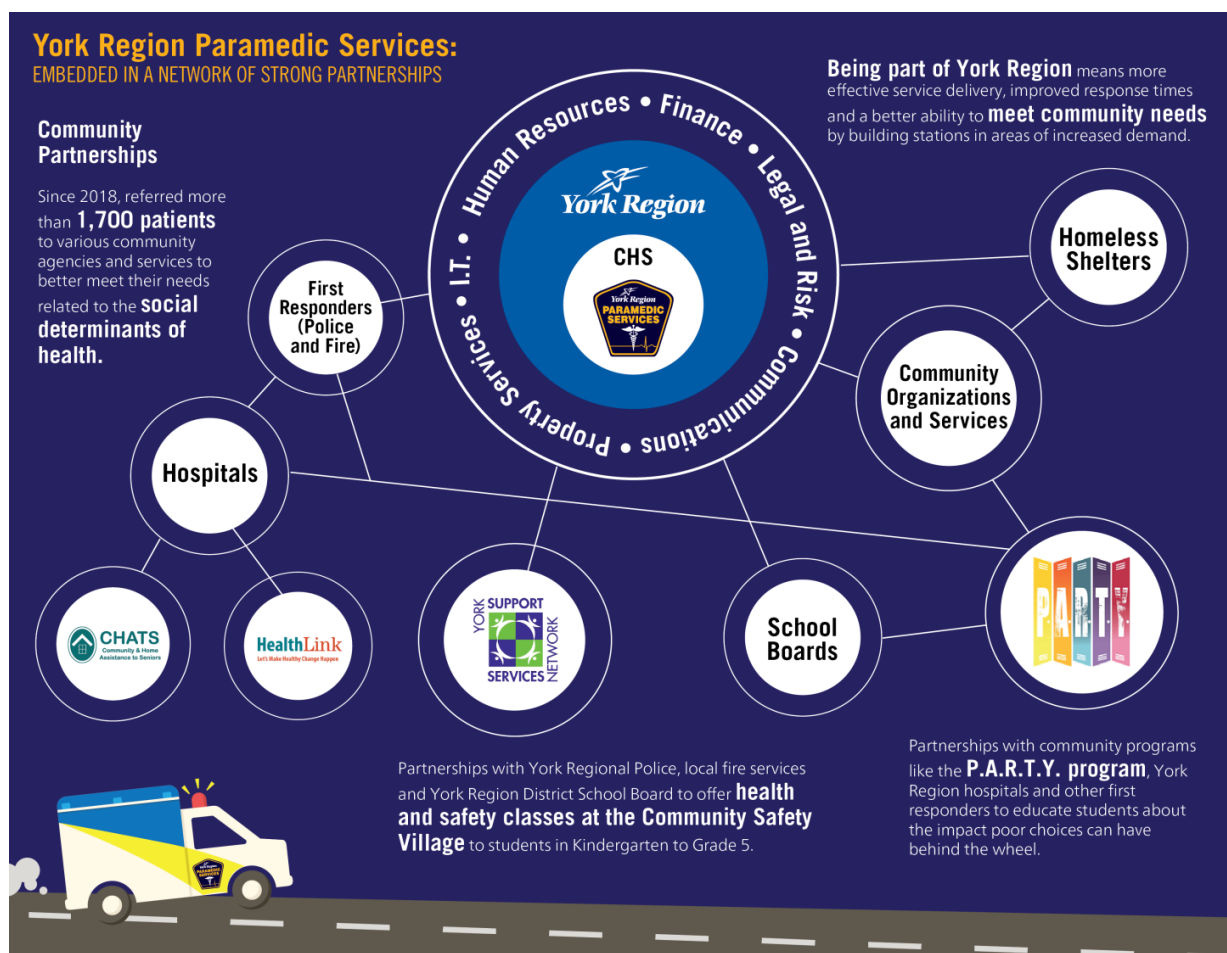
Paramedic Services achieves economies of scale and operational efficiencies from being integrated with York Region

Being embedded within The Regional Municipality of York also allows Paramedic Services access to specialized corporate supports. In addition to the tax levy funding and other supports provided by York Region Council, Paramedic Services receives services from the Region's corporate program areas such as Information Technology, Legal, Risk, Finance, Long-Term Planning, Procurement, Property Services and Human Resources. This integration allows Paramedic Services to benefit from economies of scale and access to specialized resources and expertise as needed. For example, Paramedic Services shares fuel purchasing with other Regional Departments and can use any of the Region's fuel yards, which saves the Service time and money.

Paramedic Services has a well-developed network of strong community partnerships enabled through its municipally integrated model

As shown in Figure 4, Paramedic Services works closely with York Regional Police and has extensive partnerships with external partners such as local hospitals, fire departments, and community organizations. These strong partnerships have been easily accessible due to the integration with the Region.

Figure 4: A Network of Strong Partnerships



Examples of our partnerships include:

- Collaborative emergency planning and training initiatives with York Regional Police and local fire departments; together they each have a place in the Region's Emergency Operations Centre in the event of a large-scale emergency
- Partnering in the development of the three Ontario Health Team applications in York Region. The Province recognizes that Emergency Health Services has a role in the new Ontario Health Team model. As such, York Region has partnered with the Southlake Community Ontario Health Team and Eastern York Region Northern Durham Ontario Health Team and is an affiliate partner on Western York Region's Ontario Health Team application
- Developing and maintaining relationships with community agencies, where we refer patients who are in need of their services via our Community Paramedicine Program
- Participating in the Mental Health and Addictions Hub proposal for York Region, in partnership with the Canadian Mental Health Association and York Regional Police
- Working with York Region's School Boards to provide safety information to students in Kindergarten to Grade 5 at the Community Safety Village

The Community and Health Services Department is currently working on improvements to service navigation including creation of an accurate and extensive 211 database of community programs and social services serving York Region. Once the 211 database is complete paramedics will have access to an inventory of human services while on site (from ambulances) to provide appropriate referrals. Paramedic Services have been referring individuals to 211 since January 2018. This service helps with case management for complex clients and their families who require multiple services and benefit from guided system navigation. This service provides quarterly referral feedback for Community Paramedics to ensure the appropriate referral pathways are being identified and to ensure program improvement.

PROVIDING COMMUNITY PARAMEDICINE PROGRAMS FOR FREQUENT CALLERS MAKES GOOD FISCAL SENSE

York Region has developed an innovative Community Paramedicine Program to help residents to access health care and social supports. In 2019, the program's budget included \$422,518 in Council-approved tax levy funding (68%) and \$200,010 in Central Local Health Integration Network (LHIN) funding (32%).

The Community Paramedicine Program provides non-emergency health care in partnership with community agencies and other partners. Its purpose is to reduce 9-1-1 calls, particularly from frequent callers; to help people age in place; to work with partners to provide coordinated care for residents, patients and clients; and to connect clients to appropriate resources. It also provides clients with primary health assessments, health coaching and education, and health care system navigation. In 2019, 1,583 people received health condition assessments and referrals through this Program.

With overall call volume anticipated to increase by 20% by 2022, the projected increase in frequent callers would result in 14,400 hours of lost coverage (the time that front-line paramedics spend with frequent callers, making them unavailable to respond to other 9-1-1 calls).

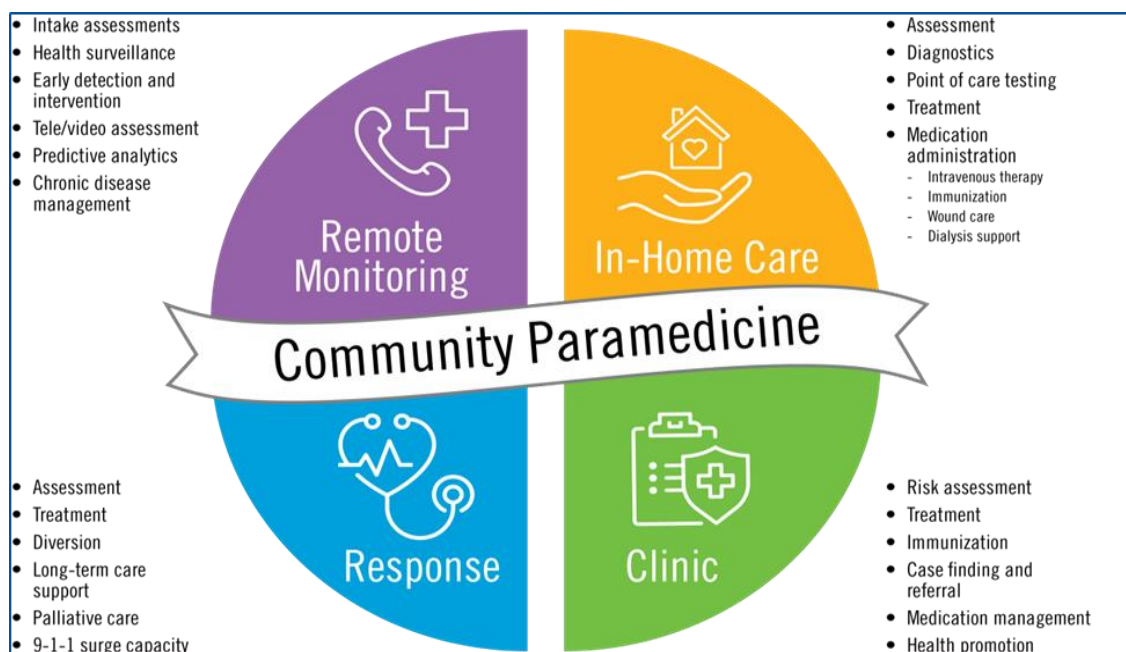
Community Paramedics, working in collaboration with York Regional Police and other community partners, has developed partnerships to better support vulnerable patients with the goal of reducing emergency department visits. Community Paramedics participate on the Rapid Response Table/Community Support Rounds. This collaboration helps to clarify service providers' roles and prevent duplication of efforts to meet the individual's needs in a cost-effective way. Figure 5 below illustrates traditional Community Paramedicine services. The Region's Community Paramedicine Program does not provide remote monitoring as these are provided by the Central LHIN.

Some key programs offered by Community Paramedics are:

- CP@Clinic/ CP@Home – This is an evidence-based collaborative program conducted in partnership with McMaster University where Community Paramedics provide programs in seniors housing buildings and in clients' homes. This program has demonstrated a 15% reduction in 9-1-1 calls in overall buildings. Further research states it is a cost-effective program that demonstrated significant health benefits to participants, including a reduction in blood pressure levels, diabetes risk scores, pain and discomfort, anxiety and depression symptoms. Participants also demonstrated improved mobility, self-reported health state and quality of life scores. In 2019, approximately 149 clients were served through 915 in-person visits.
- The Emergency and Transitional Housing Program – This program provides regular clinic hours at emergency housing (homeless shelter) locations and/or homeless drop-in centers across York Region where paramedics provide clients with primary health assessments, health coaching and education, health care system navigation, influenza vaccination and human service referrals where appropriate. In 2019, approximately 115 clients were seen at 6 clinics.
- The Hospital to Home (H2H) – This program is provided in partnership with Markham-Stouffville Hospital to reduce transports and readmissions to hospital of patients experiencing common chronic illnesses exacerbations (e.g., diabetes mellitus, congestive heart failure, chronic obstructive pulmonary disease, etc.). Paramedics with an expanded scope of practice provide care under the direction of a physician, integrated with care providers, including Family Health Teams, Nurse Practitioner, and pharmacist. In 2019, approximately 238 clients were served and 586 home visits were completed, including 473 connections with a Markham Stouffville Physician via the Ontario Telemedicine Network (OTN) in this program.

A palliative care program is currently in development with support of the Canadian Partnership Against Cancer and The Canadian Foundation for Healthcare Improvement. The program aims to train all paramedics in the principles of palliative care and community resources to assist palliative care patients in crisis in their homes, and reduce paramedic transports to Emergency Departments when appropriate. Similar programs in other Provinces have demonstrated a greater than 50% reduction in Emergency Department transports.

Figure 5: The Region's Community Paramedicine Program



RESPONSES TO DISCUSSION PAPER QUESTIONS

CHALLENGE #1: OUTDATED DISPATCH TECHNOLOGIES

York Region's Experience

- Similar to other paramedic services, our communication via the radio network had reliability issues. Previous technology required paramedics to manually input data to navigate to 9-1-1 responses.
- The current dispatch triage tool leads to unnecessary lights and sirens responses and triggering Fire Services to respond, an inefficient use of resources. Currently over 76% of 9-1-1 responses are dispatched as lights and siren responses, where less than 10% return as lights and siren and less than 1% are truly critically ill patients.
- The triage tool being used by dispatch is not granular enough to assess the call sufficiently and safely recommend a lower priority of response. Further, because an emergency (Code 4) is not broken down any further based on the severity of the patient, cardiac arrest may not be prioritized over severe abdominal pain.
- This over prioritization leads to safety issues when driving to these calls, and over use of paramedics and other emergency responders who are then unavailable to respond to true emergencies.

How we are addressing the issue

- Advocating to the Province for improved dispatch technology since 2002.
- In 2018, worked collaboratively with the former Ministry of Health and Long-Term Care to create and pilot a mobile data application connecting the Computer Aided Dispatch platform to both the in-vehicle tablet and paramedics' smart phones
- Successfully deploying a mobile data application which is now being used in all York Region ambulances, with several benefits as shown in Table 2 below.

Table 2: Benefits of Mobile Computer Aided Dispatch for Dispatchers and Paramedics

Dispatcher Benefits	Paramedic Benefits
• Reduced time on task (reduced key strokes, less repetition of information) • Improved confidence in information transmitted • More time focused on resource management and strategic planning • Faster (easier to assign units/resources to calls) • Reduced noise because of less communication over the radio	• Real-time updates during the call as opposed to waiting until the completion of the incident • Faster documentation • Accurate time capture (paramedics can swipe at arrival at scene, hospital and transfer of care) • Improved situational awareness for other crews • Eliminate communication confusion and reduce errors • More efficient, automated routing/navigation for calls • Get to patient faster, allowing for better patient outcomes for critical patients

Questions for Discussion – Recommendations for Provincial Action

Bottom line: Modernizing dispatch is essential to addressing hallway health care and should be done first.

1. **Beyond the foundational technologies currently in implementation – Computer-Aided Dispatch, medical triage system, updated phone systems, updated radio network and equipment, and real-time data exchange – are there other technologies or technological approaches that can help to improve responses to 9-1-1 calls and increase the efficient use of resources in the EHS system?**
 - Before making any other changes to the emergency health services system, first accelerate the modernization of dispatch including Medical Priority Dispatch System and the provision of Real Time Data to paramedic services, as well as consider third party decision support software to promote system efficiency
 - More advanced triage tools will allow more accurate triage resulting in:
 - Deferring lower priority calls so the most critical patients receive faster service
 - More efficient use of paramedics and ambulances

- Improved paramedic wellbeing by balancing workload and ensuring adequate breaks during shifts to reduce occupational stress and sick time

2. How can communication between dispatch centres, land ambulance services, and air ambulance be improved?

- Modernize the dispatch triage algorithm to appropriately allocate resources, such as a geriatric/LTC paramedic, a falls assessment paramedic, or a mental health paramedic to respond alongside a traditional ambulance to lower acuity calls
- Add clinicians to provincial dispatch centres to increase capacity of 9-1-1 system by enhancing triage and preventing ambulances from being sent unnecessarily to lower acuity calls
- Ensure dispatch centers can adapt to and meet the needs of their local communities, including the needs for dispatching stretcher transport services and community paramedicine
- Strengthen local Ambulance Communication Centre Management supports to include more local participation and empower their local land ambulance management teams to implement changes and improvements
- Continue pilots such as the collaborative partnership between York Region Paramedic Services and the Ministry of Health to create a mobile data application connecting the Computer Aided Dispatch platform to both the in-vehicle tablet and paramedics' smart phones

3. Are there local examples of good information sharing between Paramedic services, hospitals and/or other health services?

Yes. York Region has two examples to share:

- Paramedics are connected electronically with Markham-Stouffville Hospital's emergency department through notification boards that provide a view of inbound ambulances and the severity of the patients being transported, allowing hospital staff to prepare in advance of their arrival and reduce transfer of care times
- Community paramedics have direct access to both primary care physicians (Family Health Team) and hospital Electronic Medical Records to assist in providing seamless care between health providers. This unique service allows interaction and integration in real-time for paramedics and other care providers to provide seamless care

CHALLENGE #2: LENGTHY AMBULANCE OFFLOAD TIMES AND DELAYS IN TRANSPORTING MEDICALLY STABLE PATIENTS

York Region's Experience

Ambulance Offload Times

Prior to 2010, York Region was experiencing lengthy offload times at the Region's three hospitals, reducing the availability of paramedics to respond in the community. However, this is not currently the situation as we have achieved improvements in offload times through collaborative approaches; continued dialogue; ongoing supports provided by Dedicated Offload Nursing funding; broad

process improvement initiatives; shared accountability metrics; and, a shared vision to keep paramedic resources in the community and not in the hospital.

Although these initiatives have resulted in an efficient operational model, if hospital capacity remains unchanged, transfer of care times could start to increase and tie up ambulances and staff for longer. In this situation, York Region Paramedic Services will need more resources to ensure we respond within our response time targets.

York Region has developed innovative models of care (e.g., Paramedic Referral Program, CP@Clinic) that would allow paramedics to treat and release/refer patients to more appropriate community supports. This reduces the number of transports to emergency departments, which helps to keep transfer of care times down and reduce “hallway healthcare”. We have not been able to fully implement these models of care due to a lack of Ministry approval and required Ministry directives or regulations.

Delays in transporting medically stable patients

York Region Paramedic Services has seen delays in transporting medically stable patients from hospitals back to their homes or to other health care facilities. These delays lead to backlogs in the emergency department and also in Paramedic Services being called to transport medically stable patients, taking resources away from the community for 9-1-1 response.

How we are addressing the issue

- York Region partnered with its three local hospitals to reduce offload times to less than 30 minutes. In 2009, a Council-approved Memorandum of Understanding with each hospital enabled the Region to withhold a portion of their annual hospital capital funding if transfer of care time targets were not met.
- Offload times have improved steadily since 2010 and have been below the 30-minute target each year since 2014. The percent of ambulance time lost to hospital turnaround for York Region Paramedic Services was 16% in 2018.
- In 2019, a \$1.2 million provincial investment in the Dedicated Offload Nurse Program in York Region saved an estimated 15,300 hours in ambulance time. The Dedicated Offload Nurse Program was created in 2008/2009 to reduce ambulance offload times. This program provides provincial funding for municipalities to have dedicated nurses in emergency departments to receive low-acuity patients brought by ambulance. Having these nurses in York Region’s three hospitals helps to reduce offload times and enables paramedics to respond to other 9-1-1- calls rather than waiting in emergency rooms. By making offload faster, Paramedic Services resources returned to the community have helped in meeting our legislative response times and responding to growth. For this reason, the Region recommends to continue providing this specific funding.
- The Tri-Hospital Committee, a working group between Paramedic Services and the three local hospitals, meets monthly to monitor offload times and trouble shoot any increases
- To provide the best possible care and patient outcomes, Paramedic Services has initiated the following initiatives to transport patients to hospitals where they can receive specialized care

and treatment, rather than to the closest hospital. In 2019, Paramedic Services transported:

- 228 cardiac patients directly to the cardiac catheterization lab at Southlake Regional Health Centre to have their heart attack treated timely and in accordance with best practices.
- Approximately 180 trauma patients directly to the lead trauma centre in Toronto to ensure they received the best possible trauma care and chance of survival
- Approximately 700 patients having a suspected stroke to the Regional Stroke Centre at Mackenzie Health in 2019 to obtain specialized stroke care. York Region Paramedic Services also worked with Mackenzie Health Hospital to transport patients who are experiencing strokes and require transport to Sunnybrook Hospital for Endovascular Therapy, the emerging gold standard in stroke care
- Patients with severe burns directly to Sunnybrook's Ross Tilley Burn Centre for access to expert burn care in a timely manner

Questions for Discussion – Recommendations for Provincial Action

Bottom line: Partner with hospitals and enable new models of care to improve ambulance availability and reduce offload delays.

4. What partnerships or arrangements can improve ambulance offload times?

- Learn from approaches used by York Region to encourage hospitals to achieve their 30 minute target (e.g., attach this target as a condition of providing discretionary hospital funding)
- Increase the use of Dedicated Offload Nursing programs and commit to long-term funding to support local planning and ensure there is capacity in the system to keep paramedic resources in the community
- Work with hospitals to create a shared vision of keeping paramedics in the community, not hospitals (happening with the Ontario Health Teams)
- Consider appropriate self-regulation for paramedics to ensure oversight of paramedic practice and standards and enable better collaboration among other regulated health professionals. Registering paramedics would empower them to provide assessment and the most appropriate clinical disposition for patients for the scene of the 9-1-1 response, helping to reduce off-load delays and end hallway health care
- Empower frontline hospital staff to invoke "fit to sit" (offload patients to the waiting room) or other appropriate internal sites for patients brought in by ambulances
- Establish and enforce criteria for coordinated dispatch and use of Stretcher Transportation Services (STS), and provide alternate transport for ambulatory, stable patients such as specialty and accessible taxis. This would ensure patients discharged from hospital are transferred to their home or other care facility quickly making hospital beds available for acutely ill patients waiting in emergency departments and help to reduce off-load delay and hallway health care.
- Establish offload delay time standards, including maximum permissible times at peak periods,

and hold hospitals to account through pay for performance. This will motivate senior hospital leadership to work with us to improve processes, and our experience with the MOU demonstrates they are up to the challenge

- Establish community partnerships with emergency housing/outreach programs to assist patients who require shelter instead of medical care

5. What other interventions would be helpful to address ambulance availability?

- Prioritize implementation of new models of care that promote alternate destinations for paramedics and treat and release/refer options. We recommend the Ministry ensure appropriate funding for training, clear standards and directives to enable success of these models of care and limit liability for paramedics and York Region
- Request the Ministry to approve the proposal and funding for the York Region Mental Health and Addictions Hub (Hub). The application submitted by the Canadian Mental Health Association of York and South Simcoe in Spring 2019 is supported by a range of community partners including York Region Paramedic Services, York Regional Police, local hospitals and other mental health providers. No response has been received to date. The proposed Hub would provide both 24/7 access to life saving treatment and ongoing integrated care through connections to appropriate community and social services. The Hub, co-designed with patients and families, would be the first of its kind in York Region and would break the typical cycle of patient transfers to Hospital Emergency Departments by police or paramedic services responding to a 9-1-1 call. This diversion of patients by police and paramedics to a more suitable care environment better supports positive patient outcomes, reduce emergency department visits and drives effective and efficient use of multi-system resources.
- Conduct public advertisement campaigns targeting appropriate 9-1-1 and emergency department use
- Enhance Community Paramedicine diversion programs and pilot emergency diversion programs from dispatch through to paramedic destination, key to maintaining availability of ambulances for the most critically ill patients requiring emergency intervention
- Increase access to primary care to reduce reliance on the 9-1-1 system

6. Should there be changes to oversight for private stretcher transport systems to ensure safety for medically-stable patients?

- The Ministry should mandate healthcare facilities to have plans and resources in place to manage transferring urgent and non-urgent patients. Costs associated with these transfers should not be the responsibility of municipal taxpayers.
- Regulate private medical transfer services to ensure quality care and reduce patient risk.

CHALLENGE #3: LACK OF COORDINATION AMONG EHS SYSTEM PARTNERS

York Region's Experience

Historically Ambulance and Paramedic Services has been viewed by system stakeholders as 'transportation' and not part of the health care system

- Until recently, Paramedic Services has not been considered part of the health care system. For example:
 - Paramedics are not a regulated health care profession. Once paramedics complete their care, they cannot receive information from the hospital regarding the patient's condition and outcome data useful to improving the quality of care that we deliver
 - Hospitals complete another intake on patients transported to the hospital, even though paramedics have already done one. This wastes time and resources.
 - Paramedic Services are often not included in discussions or planning system changes which ultimately impact ambulance services. For example, when hospitals moved clinical services from one site to another, it was assumed that ambulance services would be able to absorb the increased call load. In some cases, patients receiving these services have higher clinical needs than paramedics usually provide, yet no training or direction was provided to paramedics
- An encouraging sign is the Ministry has begun to refer to the service as "out-of-hospital care", and as part of "system modernization".

Coordination between Paramedic Services and Fire Services could be strengthened

- In many Ontario communities the local municipal fire service provides a 'first response' to life-threatening events such as cardiac arrest, anaphylaxis, and narcotic overdose, and is dispatched via the Ministry's Central Ambulance Communications Centre. The challenge in York Region is each of the eight fire services has its own medical oversight, directives, training and equipment which are not coordinated with York Region Paramedic Services. Better integration is needed to ensure Fire Departments have the most up-to-date and standardized training to ensure high quality care for residents and their responses are based on medical evidence so they are dispatched appropriately.

Cross-border calls

- Currently in Ontario, the closest ambulance is dispatched to all life-threatening emergency calls regardless of municipal boundaries. Coordination will be further strengthened with the new Computer Aided Dispatch that supports better sharing of real-time electronic vehicle and call information across dispatch center boundaries

How we are addressing the issues

To strengthen coordination with health care system stakeholders, York Region Paramedic Services has done the following:

- Established local partnerships for improved coordination. Examples include:
 - Tri-hospital working group
 - Palliative Care Program
 - Hospital to Home Program from Markham Stouffville Hospital
- Raised the issue of inclusion with system partners and has seen recent improvements, such as invitations to participate in the development of Ontario Health Teams. In September 2019, York Region Council approved York Region's participation as a partner in the full application stage for the Southlake Community Ontario Health Team and Eastern York Region and North Durham Ontario Health Team, and as a collaborating partner for Mackenzie Health. The Ontario Health Teams are primarily interested in exploring how the Region's Community Paramedicine program can support the Ministry's goal of ending hallway medicine by providing patient care outside of a hospital setting when appropriate.
- Connected electronically with Markham-Stouffville Hospital's emergency department through notification boards providing a view of inbound ambulances and the severity of the patients being transported to their emergency department. This allows hospital staff to prepare in advance of their arrival and helps reduce transfer of care times
- Obtained direct access for community paramedics to both primary care physicians and hospital Electronic Medical Records to assist in providing real-time, seamless care between health providers.

Questions for Discussion – Recommendations for Provincial Action

Bottom line: Treating Paramedic Services as a health care partner will improve coordination and result in better patient outcomes.

- 7. How can land ambulance and air ambulance systems be better coordinated to address transportation of medically-stable patients, especially in the North?**
 - Examine the use of a non-paramedic Patient Transport Service division as a component of land ambulance services
- 8. How might municipal land ambulance services address “cross-border calls” to ensure that the closest ambulance is sent to provide care of patients?**
 - For quicker response to cross-border calls:
 - Bring the Toronto CACC and the Niagara Ambulance Communication Service into the electronic cross-border process as soon as possible to facilitate the quickest response to cross border calls
 - Include lower priority calls in the cross-border process and provide adequate funding for the increased call volumes
- 9. How can relationships be improved between dispatch centres and Paramedic Services?**
 - Develop stronger lines of accountability and quality management between dispatch and local

paramedic services, which includes putting operations staff at the dispatch centre.

- Take on dispatching community paramedic resources for routine visits and exacerbations to improve overall deployment and coverage

10. How can interactions between EHS and the rest of the health care system be improved (e.g., with primary care, home care, hospitals, etc.)?

- Integrate Paramedic Services within the health care system and as a key partner in the development of Ontario Health Teams and other system innovations. Having paramedics involved and integrated with Ontario Health Teams will enhance system integration, help to mitigate future demand growth, result in potential cost savings and enable paramedics to directly connect patients to the health system, and effectively triage patients to alternate care pathways from the scene of 9-1-1 calls; ideally before patients call 9-1-1
- Establish local accountability agreements with Ontario Health Team partners to ensure roles and responsibilities are clear
- Integrate hospital Electronic Medical Records, and share outcome data, with Paramedic Services. In certain circumstances Electronic integration into the health care system would allow paramedics to receive information about patients and their care plans, helping to reduce need to emergency department visits and transport by paramedics. Outcome data on patients transported to hospital would help Paramedic Services ensure the appropriate training and programs are in place to meet the needs of our community
- Consider self-regulation for Paramedics to ensure oversight of a professional paramedic practice and standards, , increase public trust, transparency, accountability and enable better collaboration among regulated health professionals
- Encourage development of local partnerships across the health care sector, such as the examples provided elsewhere in this response, as well as the following:
 - Create local health care command centres where representatives of various health providers across all sectors meet to plan, communicate, and strategize optimal use of local health care resources
 - Provide access to primary care or emergency care physicians for real-time triage. Along with changes to the *Ambulance Act*, this would allow paramedics to treat and release when appropriate and/or transport patient to most appropriate setting
- Continue to view ambulance service as a key component of Ontario's health system, and include ambulance services in planning and decision making to ensure the impacts and costs of system changes are considered when making decisions and funding is provided to successfully support changes
- Align fire services with a designated base hospital. The base hospital, in partnership with their local ambulance service, would support fire services' medical oversight, training, equipping and using modern interconnected dispatch technology (e.g., automatic notification)

CHALLENGE #4: NEED FOR INNOVATIONS THAT IMPROVE CARE

York Region's Experience

York Region has:

- A diverse population (income, ethnicity, age, etc.) with varying needs across different communities
- Rapidly changing communities and demographics, shifts seen in economic status, growth in vulnerable populations, and inequity in access to health services
- Growing seniors population that is placing increased demands on Paramedic Services
- Growing wait lists for long-term care means more seniors with complex medical conditions are remaining in their homes, not having care needs fully met, and relying on Paramedic Services for assistance
- Emerging issues include vaping, the opioid crisis, mental health issues and addictions

These issues, plus population growth, are placing increase demands on Paramedic Services. This is increasing the need for Community Paramedicine programs to connect patients to more appropriate community resources. We need innovations to address the diverse needs of the Region's population.

How we are addressing the issue

York Region Paramedic Services has developed innovative programs (see pages 11-12 for program descriptions) to improve care. Through these innovations, Paramedic Services has reduced the call volume to 9-1-1, particularly from frequent callers, helped to divert patients from visiting hospital emergency departments, demonstrated improved quality of life for seniors, and increased the focus on prevention.

Questions for Discussion – Recommendations for Provincial Action

Bottom line: Scale up and fund locally developed community paramedicine programs that have been proven to prevent calls to 9-1-1, visits to emergency departments and reduce hallway health care.

11. What evaluated, innovative models of care can be spread or scaled to other areas, as appropriate?

- Scale the following York Region Programs:
 - CP@Clinic / CP@Home (as described on page 13)
 - Emergency and Transitional Housing Program
 - Hospital to Home (H2H) - Program from Markham-Stouffville Hospital

- Rapid Response Table/Community Support Rounds
- Paramedic Referral Program

12. Are there new or different approaches to delivery that could be considered as part of a modern EHS system?

- Create legislation to clearly define how new models of care can be carried out by paramedic services
- Enhance regulatory oversight and quality assurance over programs allowing treat and release/refer and Emergency Department diversion
- Move to an accreditation model for paramedic services, rather than certification every three years, to ensure regular, impartial review against a set of consistent standards
- Limit the degree of liability assumed by paramedics and municipalities under these new models of care
- Develop clear definitions of “approved/appropriate health service providers” to receive patients and patient referrals from 9-1-1 responses, and provide adequate support to those providers to take on these functions
- Phase in the changes based on local needs, and the capacity and resources of paramedic services

In addition, we recommend the Province:

- Commit to sustainable funding for Community Paramedicine models that are evidence based and provide integrated care with community and hospital based resources that will support people in need of Long Term Care and allow them to age at home
- Have paramedics and mental health service providers respond to 9-1-1 calls together to reduce emergency department visits
- Support the proposal to develop a of Mental Health and Addictions hub in York Region to provide an alternate destination for paramedics to transport patient experiencing crisis situations to provide more appropriate care options and reduce ED visits
- Consider having paramedics provide palliative care at home. This is currently being evaluated in Nova Scotia, PEI, and Alberta, where paramedics provide patients with in-home support, pain and symptom management
- Enable community paramedics to provide both proactive and reactive health care to a community with growing health care needs
- Consider the use of drones for automated external defibrillator delivery
- Provide remote patient monitoring to mitigate the 9-1-1 calls from patients with chronic illness

13. As new models of care for selected 9-1-1 patients are piloted, how can we adapt these models to elsewhere in the Province, and how can we encourage uptake? What needs to be standardized versus locally-designed?

- Different jurisdictions in Ontario have different community resources (X-ray clinics, urgent care facilities) which creates opportunities and obstacles to standardization. Depending on the model

of care, there may be circumstances where a specific jurisdiction cannot take part, or will require a modified model of care

- Models of care can be adapted to other areas of the Province by doing the following:
 - Taking local needs into account through partnerships with public health units and data analytics firms to ensure training for, and services provided by paramedics reflect the growing and changing needs of local areas
 - Developing strong partnerships and opportunities for integration with local community and health service providers to ensure efficiency and prevent duplication of services
 - Providing appropriate funding and resources to assist with creation, implementation and sustainability
 - Encouraging uptake of new models, sharing of ideas and collaboration through the Community Paramedicine Secretariat
 - Using analytics to examine health economics
 - Reviewing the models to create standard Province-wide skill sets. This would allow for core directives Province-wide to be created, and auxiliary directives to be added as appropriate for local needs
 - Creating standard processes for implementing new models to a local context
- While York Region supports testing innovative models to improve care in response to local needs, we also suggest removing the requirement to redevelop and deploy studies which have been validated in other jurisdictions if the proper evidence is provided to the Ministry

14. How can community paramedicine fill gaps in health care services for Ontarians, and how should this be implemented, scaled, or spread across the Province?

Community paramedicine can fill gaps in health care service by:

- Assessing, treating and referring lower acuity patients or patients with multiple chronic conditions to additional support services
- Helping people stay healthy and reduce pressure on health care services. This should be provincially funded and rolled out Ontario wide
- Reducing the number of patients transported to the emergency department by directing them to other services, or by providing care to the patient

We recommend that the Ministry scale community paramedicine across the Province by:

- Committing to sustainable funding for community paramedicine models that are evidence based and provide integrated care with community and hospital based resources
- Creating a College of Paramedicine (as in other Provinces) - Regulator to oversee education requirements, skill set, medical directives, etc. to have one set of rules
- Educating and training – convene discussions with colleges and existing community paramedicine programs with an expanded scope to determine what education and training currently exists and what would be required to expand/scale

- Leveraging existing programs like the Markham-Stouffville Hospital to Home program or the South West Local Health Integration Network (LHIN) Community Paramedicine program as pilot sites to determine feasibility
- Creating a new cross-jurisdictional contact number to access community paramedicine such as 310-CP4U
- Formalizing a palliative care program such as the one currently in development in York Region with support of the Canadian Partnership Against Cancer. The program aims to train all paramedics in the principles of palliative care and community resources to assist palliative care patients in crisis in their homes, and reduce paramedic transports to Emergency Departments when appropriate.

CHALLENGE #5: HEALTH EQUITY: ACCESS TO SERVICES ACROSS REGIONS AND COMMUNITIES

York Region's Experience in serving indigenous communities, rural areas and Francophone communities

Indigenous communities

- York Region has adopted the *Inclusion Charter for York Region*, our commitment to “welcoming and inclusive communities where diversity is celebrated and where everyone can develop to their full potential, participate freely in society and live with respect, dignity and freedom from discrimination.”
- York Region has worked to strengthen its relationship with Indigenous residents, communities and organizations through government to government meetings, and partnering with the Central Local Health Integration Network (CLHIN) and Indigenous community members to discuss the idea of creating an Indigenous Health Advisory Circle in York Region
- In the summer of 2019, the Region's Community and Health Services Department conducted a Knowledge Needs Assessment survey of staff to assess potential training needs on Indigenous engagement
- Georgina Island has limited health services available. A physician visits once a month, a nurse practitioner and a social worker visit once a week, and a chiropodist visits every six weeks for orthotics and foot care
- York Region Paramedic Services receives \$18,000 in federal funding annually to support the Region's Indigenous population, with no specific direction on services to be provided
- York Region Paramedic Services receives only a small number of calls from Georgina Island each year: 15 calls in 2018, 25 calls in 2017, 19 calls in 2016 and 18 calls in 2015
- Georgina Island has one vehicle donated by York Region Paramedic Services to be used on the island to support the Georgina Island Emergency First Response Team

- Paramedic Services does not travel to Georgina Island. Currently the only way to get to and from the Island is by ferry during the summer, and by a temporary ice road across the frozen lake during the winter. A person in need of ambulance service is brought to the mainland by the Georgina Island Emergency First Response Team where York Region Paramedic Services picks them up and provides the required medical transport

Rural areas

- York Region's rural areas are located mostly in the north and east of the Region
- The York Region Paramedic Services 10-Year Resources and Facilities' Master Plan identifies optimal station locations, staffing and vehicle requirements to meet the needs of the Region's growing population in all areas, including rural communities. Paramedic Services also has a Deployment and Response Time Plan for maintaining appropriate coverage in all areas relative to demand
- York Region Paramedic Services is an active partner of the Ontario Health Teams in York Region. Through this initiative we are exploring opportunities to work with partners that currently provide services in northern York Region (such as Georgina Nurse-Practitioner led clinic, CMHA-York Region and Vaughan Community Health Centre Keswick Site) to provide timely access to services in rural areas
- York Region Paramedic Services and community paramedics have a comprehensive assessment and referral program that links residents to health and social services provided by York Region and other community providers

Francophone communities

- With respect to the *French Language Services Act*, Markham is a designated area for the purposes of the legislation. However, municipalities are exempted from the Act, except where we provide services on behalf of a government agency or ministry pursuant to an agreement (such as for Children's Services).
- After English, the top 10 languages spoken in the Region are Cantonese, Mandarin, Farsi, Russian, Italian, Tamil, Korean, Urdu, Spanish and Punjabi.
- York Region Paramedic Services arranges for interpretation services through a third party as required. We encourage the Ministry to support the paramedic workforce in developing capacity to serve newcomers and people who do not speak English.

Questions for Discussion – Recommendations for Provincial Action

Bottom line: Build knowledge and capacity of Paramedic Services to improve health equity and access to services.

15. What initiatives could improve delivery of emergency health services to Indigenous communities?

In consultation with Indigenous communities, consider:

- Providing Indigenous communities reliable and timely funding based on multi-year capital plans so they can operate ambulance services efficiently and effectively
- Including self-identification of special populations in patient experience surveys and use experiences shared to guide Paramedics' education plans
- Enhancing the role of community paramedicine and support better access to Georgina Island for improved service delivery
- Supporting the paramedic workforce in developing capacity to serve Indigenous peoples
- Maintaining the existing municipal governance and operating model for York Region Paramedic Services, and continue to leverage the benefits of an integrated service delivery model that contributes to the overall health of the community and provides equity of care

16. How can EHS services be more sensitive to the unique needs of Indigenous people, including providing culturally safe care?

- Strengthen engagement with Indigenous leaders, communities, health service providers and other stakeholders, including from Georgina Island, NinOsKomtin and other organizations to better understand local needs and priorities and to build relationships
- Continue the work of the Indigenous Health Circle. This group was developed under the leadership of the LHIN with York Region participating as a member. With the LHINs being dissolved, this work has stopped. An advisory council of this type is required to be aware of the needs and seek Indigenous voice in decision making
- Provide cultural sensitivity and awareness training for staff
- Recognize Indigenous people's history and health beliefs

17. How can EHS support First Nations in creating better services for pre-clinic services in far northern communities?

- Provide more education and linkages for First Nations to preventative services and social determinants of health supports available to them locally
- Establish an advisory council to seek input on how to best provide paramedic services

18. What improvements to EHS can be made for rural areas?

- Investments may be needed in rural/less dense areas to improve service access and quality to urban levels
- Ensure access to critical medical technology such as Automated External Defibrillators for patients in remote and rural communities.

19. Are there opportunities for partnerships to align and improve health and social services in rural and northern areas?

- Yes. One such example is York Region Paramedic Services is an active partner of Ontario Health Teams in York Region. As described above, through this initiative we are exploring opportunities to work with partners that currently provide services in northern York Region to provide timely access to services in rural area

20. Are there opportunities to address social determinants of health and health disparities in

rural, remote and Northern regions to reduce the need for EHS transport of patients out of these regions?

- Overall, solutions to address social determinants of health and health disparities in rural areas differ from solutions for more urban areas. Investments may be needed in rural/less dense areas to improve service access and quality to urban levels
- There are opportunities to continue to work closely with Public Health and primary care providers (such as Ontario Health Teams) to enhance health promotion and prevention, and reduce the need for ambulance transport when appropriate. Since Public Health and Paramedics Services are currently delivered under the same Department in York Region, these strong relationships already exist
- Continue to integrate paramedic services into the Ontario Health Teams. Under the new Ontario Health Team model there are opportunities to enhance the community paramedicine model to provide timely care to low acuity patients and therefore avoiding the need to transport to the hospital. Community paramedics are well versed in social determinants of health and can identify and refer residents to required services
- With changes to the *Ambulance Act*, there are opportunities for paramedics and community paramedics to transport patients to non-hospital settings, such as primary care, urgent care centres and outpatient facilities

21. What improvements could be made to the provision of services in French to Francophone communities?

- Include self-identification of special populations in patient experience surveys and use survey results and experiences shared to guide Paramedics' education plan.

ADDITIONAL RECOMMENDATIONS

York Region Paramedic Services did not limit recommendations to the questions posed in the Discussion Paper. We have additional recommendations around governance, purchasing and funding.

GOVERNANCE, OPERATING MODEL AND SERVICE BOUNDARIES

York Region's Experience

Being part of the municipal governance model provides York Region Paramedic Services with access to tax levy funding, the ability to influence how those funds are spent, and access to larger policy and influence tables, such as the Association of Municipalities of Ontario.

Paramedic Services is well integrated within the Regional Municipality of York, and leverages corporate supports such as Information Technology, Legal Services, Risk, Finance, Procurement and Human Resources; and benefits from the economies of scale achieved from being embedded in a larger organization.

Being part of the Community and Health Services Department allows Paramedic Services to collaborate with the Department's different human service areas and community partners on program development and delivery using the social determinants of health lens to provide seamless customer service.

Recommendations for the Province

For the reasons stated above, York Region recommends maintaining the existing municipal governance model, operating model and current service boundaries for York Region Paramedic Services. This will allow us to continue accessing the corporate supports available within the Region and to benefit from our partnerships with community partners to provide seamless customer service across nine municipalities and beyond.

PURCHASING

York Region's Experience

As York Region Paramedic Services' technology requirements are often unique, as they are for other emergency health services, any bulk buying model being considered will require working with the province and our partners to identify opportunities for collaboration.

Recommendations for Provincial Action

The Province is interested in the potential of cooperative procurement for Paramedic Services across the province to drive efficiencies. The benefits of co-operative procurement would first require cooperative work to determine what the best equipment and technology would be across the system, and York Region staff support working with the Province and our partners to do this analysis.

FINANCIAL CONSIDERATIONS

York Region's Experience

Paramedic Services is funded through provincial and municipal contributions. The Land Ambulance Service Grant from the Province funds up to 50% eligible paramedic service costs with the remainder funded by the municipality.

Over the last five years, the Land Ambulance Service Grant funding increases from the Province have ranged from 4.7% to 9.1%, averaging 6.3% in annual growth. This has allowed for optimal resourcing to meet response targets mandated by the Province and Regional Council.

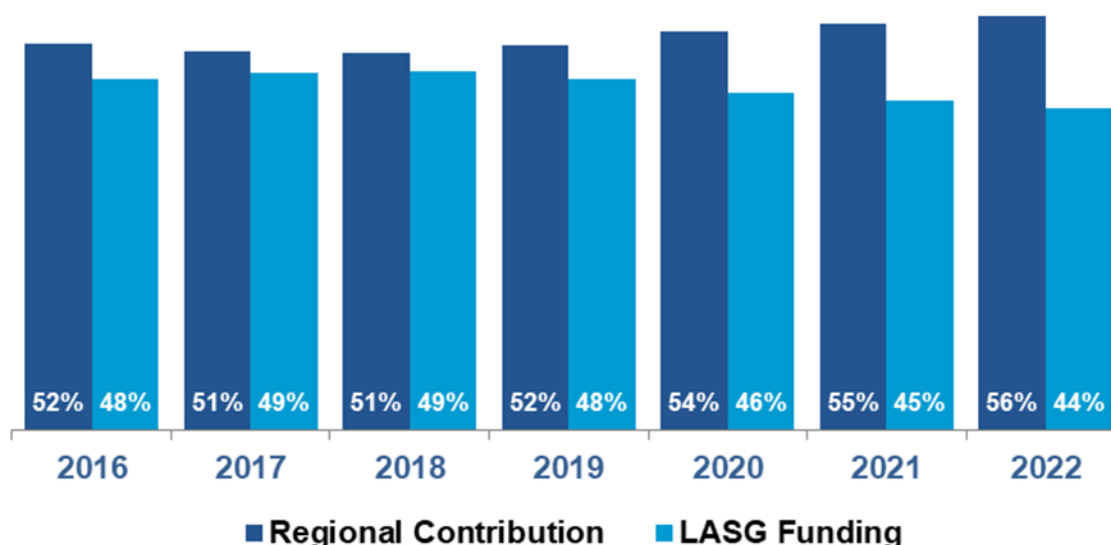
In 2019, provincial funding increased by only 2.6%, and it is anticipated that annual increases will continue to remain near this level. However, to meet service demands identified for the 2020-22 operating period, the gross operating budget for paramedic services is increasing annually at a rate

of 5% due to increasing call volumes and population growth. Provincial funding for Paramedic Services is not keeping pace with cost of delivering services.

Despite the Land Ambulance Service Grant 50/50 cost share formula, as displayed in Figure 8, in 2019 the Province funded 48% of the total eligible land ambulance costs. By 2022, based on current budgets, the provincial contribution is expected to decrease to 44%, with York Region responsible for the remaining 56%. (Note: this analysis includes only operating costs eligible for the Land Ambulance Grant, including the Paramedic Services gross operating budget and corporate and departmental support costs based on the 2020 approved budget.)

We request the Province commit to funding 50% of actual operating costs, which would restore the 50:50 cost share formula and annual increases consistent with funding contributions received prior to 2019.

Figure 8: Paramedic Services Operating Funding, 2016-2022



As capital infrastructure is paramount for running an effective and efficient paramedic service, including meeting mandated response times, the Province should consider funding a portion of the Paramedic Services' capital costs. This includes providing upfront capital funds to support the renovations of current stations and building new ones, purchasing medical equipment such as stretchers, and purchasing new ambulances and other emergency response vehicles. Between 2005 and 2019, York Region invested \$49.3M in capital funding for paramedic services. Municipalities should not have to rely on development charges and the local tax levy to support all of the capital costs required to run a Paramedic Service. Without provincial support, there is a risk to patient safety as some municipalities might not have the tax base for increasing their capital budgets. It is important that patients receive the best care possible, which requires reliable capital assets that will not breakdown during an emergency. This is consistent with other healthcare providers that receive capital funding support, such as the hospital and community service sectors.

Recommendations for Provincial Action

York Region should not be forced to choose whether to keep or eliminate tax levy funded programs and services to make up for provincial underfunding. Modernization of triage and dispatch should generate efficiencies across the system once implemented, and this is where the Province should look to find savings.

Therefore, we request that the Province commit to funding at 50% of all actual costs associated with operating the service, both direct and indirect costs; providing capital costs to support capital projects; and to find the savings it seeks through efficiencies and innovations rather than underfunding municipal emergency health services or requiring increased municipal investments.

CONCLUSION

York Region supports the proposed direction the Ministry is taking to modernize emergency health services, and encourages the Ministry to accelerate modernization of dispatch technologies and triage algorithms. This will make the most efficient use of paramedic resources and ensure the most critical patients receive care as soon as possible.

We are pleased the Ministry has begun to position Paramedic Services as a partner in the health care system and suggest fully integrating Paramedic Services in the health care system for improved coordination and better patient outcomes. We suggest the Ministry enable new models of care to improve ambulance availability and reduce offload delay.

We also encourage the Ministry to scale up the innovative programs such as those developed by York Region Paramedic Services for meeting the needs of residents and prevent calls to 9-1-1 and visits to emergency departments.

In addition, we suggest building the knowledge and capacity of Paramedic Services to improve health equity and access to services.

Finally, we also recommend the Province maintain the current municipal governance model for emergency health services, work with Paramedic Services across the province to identify opportunities for bulk buying, provide funding for municipal paramedic services at 50% of actual operating costs and provide upfront funding for capital costs to support capital projects.

Taking action on the recommendations provided within this response will help to modernize emergency health services, support community health, safety and wellbeing and assist the Province to achieve the goal of ending hallway health care.