



Office of the Commissioner
Community and Health Services Department

MEMORANDUM

To: Members of Committee of the Whole

From: Katherine Chislett
Commissioner of Community and Health Services

Date: September 20, 2019

Re: Proposed amendments to *Ambulance Act* and *Health Insurance Act* regulations

This memo provides an overview of proposed amendments to Regulation 257/00 of the *Ambulance Act of Ontario* and Regulation 552 of the *Health Insurance Act*.

On September 5, 2019, the Ministry of Health notified stakeholders of the opportunity to provide feedback on proposed amendments to the *Ambulance Act of Ontario* (Regulation 257/00) and the *Health Insurance Act* (Regulation 552). The proposed amendments are intended to provide select 9-1-1 patients with alternative care options for prehospital care other than transport to the emergency department. Feedback is due by October 6, 2019.

Proposed legislative changes would enable new patient care models for select 9-1-1 patients

The Ontario Ministry of Health is intending to introduce new patient care models for select 9-1-1 patients that would permit paramedics to transport patients to facilities other than emergency departments, provide options for paramedics to treat and release patients when medically appropriate, and/or refer patients to other health service providers from the scene of the 9-1-1 response.

New models of care being investigated by the Ministry of Health include:

- Transporting patients to destinations other than the emergency department where they can receive appropriate treatment (Urgent Care Centres, Outpatient Mental Health facilities, Primary Care providers)

- Treating patients on-scene and referring them to another health care provider for follow-up care (Community Agencies, Primary Care, and Palliative Care Teams)
- Referring select low acuity patients during the 9-1-1 call to appropriate care in the community (Primary Care, Diagnostic Services, Fracture Clinic), rather than transporting the patient to a hospital or clinic

Further general amendments to the *Ambulance Act* would include:

- Adding a new provision that permits the ministry to create a standard that sets out requirements for paramedic services implementing new models of care
- Considering regulations that enable the ministry to establish standards for health care professionals (e.g., nurses) working at ambulance communication centres for the purposes of providing clinical advice to patients during the 9-1-1 call
- Considering regulatory options that will enable paramedic services to engage with physicians other than those who specialize in Emergency Medicine for medical delegation of controlled acts
- Considering regulatory options to allow communication services to provide clinical assessments to 9-1-1 callers
- Creating a provision that sets out appropriate response time performance plans to support new models of care
- Establishing charges for transportation to non-hospital destinations that align with existing ambulance service charges in Regulation 552 of the *Health Insurance Act*. Regulation 552 sets out fees (a co-payment of \$45) for patients who are transported by ambulance to or from a hospital. Regulation 552 does not currently set out fees for other services that may be provided by an ambulance service (e.g. transport to a non-hospital destination).

Staff support the proposed amendments to the *Ambulance Act* and the *Health Insurance Act* as they align with strategies proposed and piloted within York Region Paramedic Services

In the current model of paramedic service delivery, paramedics are legislated to transport all patients who call 9-1-1 to the hospital, unless the patient refuses such transport.

Legislation permitting paramedics to transport patients to facilities, such as Urgent Care Centres or Mental Health Hubs and divert patients away from the Emergency Departments may help to alleviate local health system pressures. Further, providing paramedics the option to treat and release (or refer to other health care providers) patients from the scene of 9-1-1 responses

when appropriate, promotes patient centered care by providing high-quality care and patient navigation in the community.

As an example, paramedics who are connected with community palliative care providers would have the ability to treat a patient in their home and refer them to the community palliative care team for follow-up care; allowing the patient to stay comfortable in their home if they prefer.

With the ongoing formation of Ontario Health Teams, these legislative amendments will help to align Paramedic Services with the goals of the Ontario Health Teams (including collaborative partnerships, enabling improved care transitions, and 24/7 access to care) and help to further integrate paramedics into a patient's circle of care, and into the health care system as a whole.

Though staff generally support the proposed amendments, lack of detail and resource impact create some concern

Currently, there is insufficient detail on the scope of the legislative changes, and no detail on how the changes would be implemented.

Some areas of concern that need to be addressed include:

- Degree of liability assumed by paramedics and the Region under these new models of care
- Regulatory oversight and quality assurance over programs allowing treat and release/refer and Emergency Department Diversion
- Funding and resources to design, implement and evaluate treat and release and diversion programs
- Definition of approved/appropriate health service providers to receive patients and patient referrals from 9-1-1 responses
- Capacity of alternate health care services to receive, treat, and care for patients in a 24/7 environment
- Level to which paramedic services will be mandated to participate in the program changes and whether services will be permitted to phase in the changes based on local needs and capacity, and implications of implementation of the changes respecting resources, timelines, training and capacity
- Scope of practice and training needs for paramedics to participate in the new models of care

- Capacity of provincial dispatch centers to add clinicians to the dispatch centres to reduce the need for transport ambulances to respond, as well as the level of responsibility (liability) the Region may have for patients who are not sent an ambulance based on a Ministry of Health dispatch decision
- Paramedic Services access to dispatch data, integration of electronic ambulance call reports with Ontario's Health Care system and dispatch system modernization would need to be addressed

The impact of the proposed changes cannot be fully evaluated until more details are released by the Ministry of Health. As more details become available, staff will be in a better position to assess the impacts and report back.

Staff recommend submitting a response to the Ministry of Health expressing general support for the direction as well as addressing concerns

The Ministry of Health has requested feedback submissions on the proposed legislation by October 6, 2019. To date, staff have confirmed that the Ontario Association of Paramedic Chiefs, the Ontario Community Paramedicine Secretariat and the Emergency Services Steering Committee will be submitting a response on behalf of their affiliate organizations.

Staff will make a submission on behalf of the Region expressing the following:

- General support of the proposed legislative amendments.
- Recommending the Ministry of Health clarify selected proposed changes.

The submission will include reminding the Ministry of Health of Council's position that modernization of provincial dispatch should be the overarching priority

In early 2018, the Ministry of Health and Long Term Care invested in new medical dispatch technologies as part of its strategy to transform Ontario's Emergency Health Services. These technologies include a Computer Aided Dispatch platform, a Medical Priority Dispatch System, and other system improvements.

The current dispatch system has only one emergency classification, meaning that for many cases the level of response may be beyond what the emergency warrants. The new Medical Priority Dispatch System provides a new medical triage algorithm to enable better differentiation and triage of emergencies and ensure that the patient receives the most urgent care in the appropriate time frame with the resources available. The algorithm guides dispatchers to ask key questions to categorize the call by chief complaint and determine the level of the patient's condition, ranging from minor to immediately life-threatening. The new system will also provide

an evidence-based platform for more targeted use of other agencies, helping to reduce the overuse of other first responders. Changing the way that calls are dispatched provides the opportunity to become more efficient, realize better value for money, and achieve improved response times.

The dispatch modernization project is underway and the new technology is slated to begin with Mississauga Central Ambulance Communication Centre in 2019. Georgian Central Ambulance Communication Centre, the dispatch centre for York Region Paramedic Services, is currently expected to be the next in the modernization process and is tentatively slated to begin in 2020. There is no written confirmation of this.

As the implementation of new dispatch technology is critical to improving the 9-1-1 response system, it is essential that the Ministry of Health make the modernization of dispatch the top priority.

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