

# Submission on Enabling New Models of Care for Select 9-1-1 Patients (Regulatory Posting 19-HLTC022)

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October 4, 2019

AMO is a non-profit association representing almost all of Ontario's 444 municipal governments. Our objective is to make municipal governments in this province stronger and more resilient. Municipal governments and District Social Service Administration Boards (DSSABs) are the key delivery partners and co-funders of Emergency Health Services (EHT) in Ontario. Therefore, given our municipal role, AMO is responding to the regulatory posting on behalf of our municipal members. AMO also works closely with the Ontario Association of Paramedic Chiefs (OAPC). The Ministry of Health is encouraged to carefully consider their technical advice.

AMO understands that the Ministry of Health is planning to enable new care models for select 9-1-1 patients (i.e. low acuity) to provide timely access to definitive care where options other than transport to the emergency department may be done safely and appropriately. The government's stated intent with the new models of care is help end hallway health care and ensure the delivery of high quality, integrated care.

New models of care include:

- transporting patients to destinations other than the emergency department where they can receive appropriate treatment;
- treating patients on-scene and referring them to another health care provider;
- treating and releasing patients on-scene; and
- referral of select low acuity patients during the 911 call to appropriate care in the community.

**Recommendations:**

- 1. The Province must focus on and accelerate dispatch improvements first, including providing real time access to dispatch data to understand their system performance and to assist with better system planning.**

Improving dispatch must be prioritized. With progress made over the years in only in two municipalities, Toronto and Niagara Region, there is prerequisite work needed to improve the functioning of dispatch communications. The new models will not work without effective dispatch and triage capacity in place. In addition, real time access to data for land ambulance operators will improve the functioning of the system.

- 2. The Province should deliver or fund training to all paramedic personnel on the new Patient Care Models based on developed standards and protocols at 100% provincial cost.**

Paramedics will need to understand their expanded scope of practice and the impact to patient care. The Province will need to provide further standards/directives to address the expanded care model. Implementation will require standardized training designed by the Ministry of Health. Training paramedics has resource implications. As such, municipal land ambulance operators will need provincial funding to support training, including backfill of personnel while on training. This is appropriate given this is expanding primary health care, an area of provincial jurisdiction and responsibility.

3. **The Province should provide indemnification to municipal Paramedic Services including amending the *Ambulance Act*, its regulations, policies, and guidelines to mitigate against increased municipal and paramedic liability given the new models of patient care expanding the scope of paramedic practice and accompanying risk involved.**

Paramedics, their services, municipal governments, and DSSABs will face increased liability given expanded decision-making authority on which model to use in a given situation. The risk is heightened given the current state of Joint and Several Liability. The highest risk is the Treat and Release model. The Province needs to protect municipal paramedics, municipal governments and DSSABs, by extension, by providing indemnification as a condition for proceeding with this approach. For example, this may be possible by adding a provision in the *Ambulance Act* stating that no action or proceeding for damages can be brought against paramedics while they are acting in the good faith performance of duties under the *Ambulance Act*. There is a similar provision currently in the *Health Protection and Promotion Act* to provide protection for public health inspectors and other public health staff. A provision for indemnification of municipal governments and their paramedic services is also required.

4. **The Province should delay the implementation of the model of referral of select low acuity patients during dispatch triage until such time as dispatch improvements are made and further consultation is held with AMO and the Ontario Association of Paramedic Chiefs of Ontario (OAPC).**

The proposal includes a model where select low acuity patients may be referred by dispatch as the result of a triage assessment without sending paramedics out on a service call to assess the patient. AMO feels that this particular model is only implementable after completion of dispatch improvements and associated accreditation, which takes time to accomplish. In short, it seems several years away until this model is even feasible. AMO recommends that it is not included in the regulation at this time until further in-depth consultation and mutual problem solving.

5. **The Province should stagger implementation across Ontario considering the capacity of both the local Paramedic Services and the health care system to support the new models of Patient Care.**

Capacity varies for both paramedic services and health care services. Decisions to implement the new models on specific timelines should be a local decision based on an assessment of capacity. The regulations should be flexible with this in mind.

6. **The Province should expand community paramedicine across Ontario to willing municipal partners and fully fund its implementation, as it is primary care, not emergency medical services.**

There is also a risk that paramedic dispatch services may defacto become like telehealth service as the public begin to realize, and expect, the alternate care options provided by paramedics. This will increase call volumes and add to cost pressures. Proper triage by dispatch operators will be needed. Increased funding and enhanced provincial provision of community paramedicine in more areas of the province could also help offset this.

**7. The Province should advance efforts by fully integrating Electronic Ambulance Call reports into Ontario’s Health Care system.**

There is also a barrier that has existed for many years. Electronic Ambulance Call reports are not fully integrated into Ontario’s Health Care System. Furthering the goal of ‘one patient, one record’ will contribute to the success of the new care models. At the same time, the Province should examine the privacy impacts as the records will, or could be shared, with other agencies that are not within the circle of care. Consideration should be given as to whether amendments are required to the *Personal Health Information Protection Act, 2004* to ensure clear authority to collect, use, and disclose patient information in this circumstance.

**8. The Province should help further the success of the new models of patient care by collecting and disseminating best practices to all paramedic services.**

Shared learning between peers of best practices will contribute to successful implementation and encourage innovation and continuous improvement.

**9. The Province should work with the new Ontario Health Teams to ensure the full implementation of the new models all across Ontario in an equitable manner by assessing and enhancing the capacity of the health care system’s ability to receive, treat, and care for patients outside of hospital emergency rooms.**

The success of new Patient Care Models will be contingent on the health care system’s ability to receive, treat, and care for patients (e.g. Urgent Care Centres, Family Health Teams, Mental Health & Addictions Services, etc.). This is especially true for 24/7 facilities across Ontario. Notably, the model may not work in areas where alternative care is not available, notably in northern and rural Ontario. This will become a health equity issue. It is essential that the new models are informed by evidence and align with the needs and capacity in the community.

**10. The Province should work with AMO and the Ontario Association of Paramedic Chiefs (OAPC) to evaluate the implementation of the new Models of Care on an ongoing basis to facilitate continuous improvement through further changes to the regulations, policies, and guidelines as warranted to help improve patient outcomes.**

Successful implementation and continuous improvement will be aided by robust quality assurance, evaluation, and modification of regulations polices and guidelines as warranted to improve patient outcomes. AMO is ready, and appropriately positioned to do so, given the municipal role, to assist the Ministry of Health with these efforts.

**Contact:**

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