



INFORMATION REPORT

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| TO: | Chair and Members Emergency and Community Services Committee |
| COMMITTEE DATE: | July 13, 2020 |
| SUBJECT/REPORT NO: | Ministry of Health Consultation Meetings (HSC20014) (City Wide) |
| WARD(S) AFFECTED: | City Wide |
| PREPARED BY: | Michael Sanderson (905) 546-2424 Ext. 7741 |
| SUBMITTED BY: SIGNATURE: | Michael Sanderson Chief, Hamilton Paramedic Service Healthy and Safe Communities Department |

COUNCIL DIRECTION

Not applicable

INFORMATION

In November 2019 the Ministry of Health (MOH) announced a series of consultation meetings based on the discussion paper “Emergency Health Services Modernization” (attached as Appendix “A” to Report HSC20014). These meetings were scheduled to occur across the Province, co-chaired by the Advisor on Public Health and Emergency Health Services Consultations (Advisor) and the Associate Deputy Minister (ADM).

The Ontario Association of Paramedic Chiefs (OAPC) engaged the land ambulance leadership group and representatives of the Association of Municipalities of Ontario (AMO) to develop a consolidated position. Several in person and virtual planning meetings were held to create a consensus position. This was followed by a consultation meeting with the Advisor and ADM in Toronto on February 6. Following this consultation meeting a written submission, the “OAPC EHS Modernization Submission” was provided by the OAPC to the MOH (attached as Appendix “B” to Report HSC20014).

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

A local consultation session was also held in Hamilton by the Advisor and ADM on March 3. The morning session dealt with modernization of Public Health, followed by a lunchtime session with elected officials and senior municipal officials, and then followed by an afternoon session specific to EHS modernization. In addition to a verbal presentation a written submission was provided to the panel on behalf of Hamilton Paramedic Service (attached as Appendix “C” to Report HSC20014). A summary of the submission, and the verbal presentation, is provided below:

1. The foundational principles of seamless, accessible, integrated, accountable, and responsive ambulance service delivery should continue to guide the direction of ambulance system development.
2. Three outstanding consensus recommendations from the Land Ambulance Transition Taskforce (LATT) should be resolved in the modernization process. These include:
 - a. Establishment of an operational dispute resolution mechanism;
 - b. Establishment of a College of Paramedics; and,
 - c. Dispatch reform.
3. Recommendations provided are summarized as follows:
 - a. Operational responsibility for land ambulance dispatch should be transitioned to the Land Ambulance Service Provider and core dispatch funding should remain a Ministry responsibility;
 - b. Accreditation should be pursued as a replacement for the existing Ambulance Service Review (ASR) process;
 - c. Delays in transfer of care on arrival at hospital continue to create systemic pressures as paramedics perform hospital hallway medicine. Cost of this hallway staffing should be reimbursed by the Ministry to the ambulance service provider, removing the additional cost burden from the municipal tax base;
 - d. Inter-facility transfers should be the subject of a fully integrated Provincial working group.
 - i. Terms of reference from successful implementation in another provincial jurisdiction is provided.
 - ii. All inter-facility transfers should be coordinated through the respective

CACC and the process of booking and scheduling should be automated.

- iii. Legislation should be considered to provide for the capacity to contract out delivery of low acuity non-urgent patient transfers to an appropriately qualified patient transfer service; and,
 - iv. The Ministry should fully fund the cost of all inter-facility patient transfer service.
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- a. Community Paramedic programs should continue to be developed to match specific community needs. These programs should be integrated fully with the respective Ontario Health Teams and funded through the respective Ontario Health regional delivery program.
 - b. Ministry funding of land ambulance delivery should continue at a minimum level of 50% of the respective council approved operational budget inclusive of municipal overhead costs. The current one-year lag in funding should be eliminated through implementation of one-time funding processes.
 - c. A College of Paramedicine should be established under the Regulated Health Care Practitioners Act. The scope of paramedic practice, and the performance of delegated medical acts should be revised to reflect a Certification – Registration – Authorization paradigm. Base hospital funding should be redistributed to the respective land ambulance service providers who would then be required to establish appropriate medical oversight for both delegation and quality review.

APPENDICES AND SCHEDULES ATTACHED

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| Appendix “A” to Report HSC20014: | Ministry of Health Emergency Health Services Modernization discussion paper |
| Appendix “B” to Report HSC20014: | OAPC EHS Modernization Submission |
| Appendix “C” to Report HSC20014: | Modernization Submission Hamilton Paramedic Service |