Hamilton

INFORMATION REPORT

TO:	Chair and Members Emergency and Community Services Committee
COMMITTEE DATE:	November 19, 2020
SUBJECT/REPORT NO:	Paramedic Service Update (HSC20057) (City Wide)
WARD(S) AFFECTED:	City Wide
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SUBMITTED BY: **SIGNATURE:**	Paul Johnson General Manager Healthy and Safe Communities Department

COUNCIL DIRECTION

Not Applicable

INFORMATION

With the ongoing challenges related to COVID this report is provided to give members of Committee, and Council, an update on Paramedic Service current activities through to the end of October and planned activities over the next several months.

Operational Activity

Our 2019 Annual Report HSC20021 identified that on an average day last year there was an average of 194 distinct 9-1-1 events that required paramedic response. These events resulted in:

- An average of 238 responses per day; and,
- An average of 146 patients being transported to hospital per day

Upon activation of the Emergency Operations Centre (EOC) in mid-March we commenced daily tracking of workload to ensure a better understanding of the systems impact on our service delivery. To aid in this tracking we have taken a snapshot of the Ginqo Qlikview Dashboard and the Interdev Situational Awareness Dashboard at 07:00

daily, included those results in our daily EOC Status Report, and performed analysis of the trend as compared to our 2019 averages (attached as Appendix "A" to Report HSC20057).

Actual paramedic workload in the March through May time period (early COVID) decreased below last year's averages as summarized below:

- Daily 9-1-1 events were down about 9%
- Daily ambulance responses were down about 11%
- Daily patients transported to hospital were down about 20%

During this three month period hospital offload delays were reduced to an almost non-existent level. We experienced no critical narrowing of resources (four ambulances or less) and there were no Code Zero events. Response time performance for calls dispatched as potential life-threatening emergencies improved by 26 seconds. Lesser emergencies had even more significant improvements in response times.

As workplace and social movement restrictions were relaxed, and the economy returned to more normal settings the paramedic workload has rebounded. Events and responses are now averaging higher than last year. We continue to have a higher on-scene cancellation rate and are still transporting less patients to hospital per day than last year. Since the end of May:

- Daily 9-1-1 events are 13% above last year's average
- Daily ambulance responses are 8% above last year's average
- Daily patients transported to hospital are 10% below last year's average.

With this return to normal, and higher than normal, ambulance service demands over the past five months we are also aware that hospital activities have returned to more normal levels as essential and urgent care is provided. Hospital occupancy rates and activities have returned to higher levels. Hospitals report significant number of alternative level of care (ALC) patients awaiting long term care placement as one of the factors contributing to bed shortages.

Over the past five months the increases in ambulance service demand, combined with a resurgence of hospital offload delays caused by capacity and patient flow challenges, has resulted in 47 incidents where we have had critical narrowing of resources (four ambulances or less available for response), and nine Code Zero events. Response time performance has returned to the same level as last year.

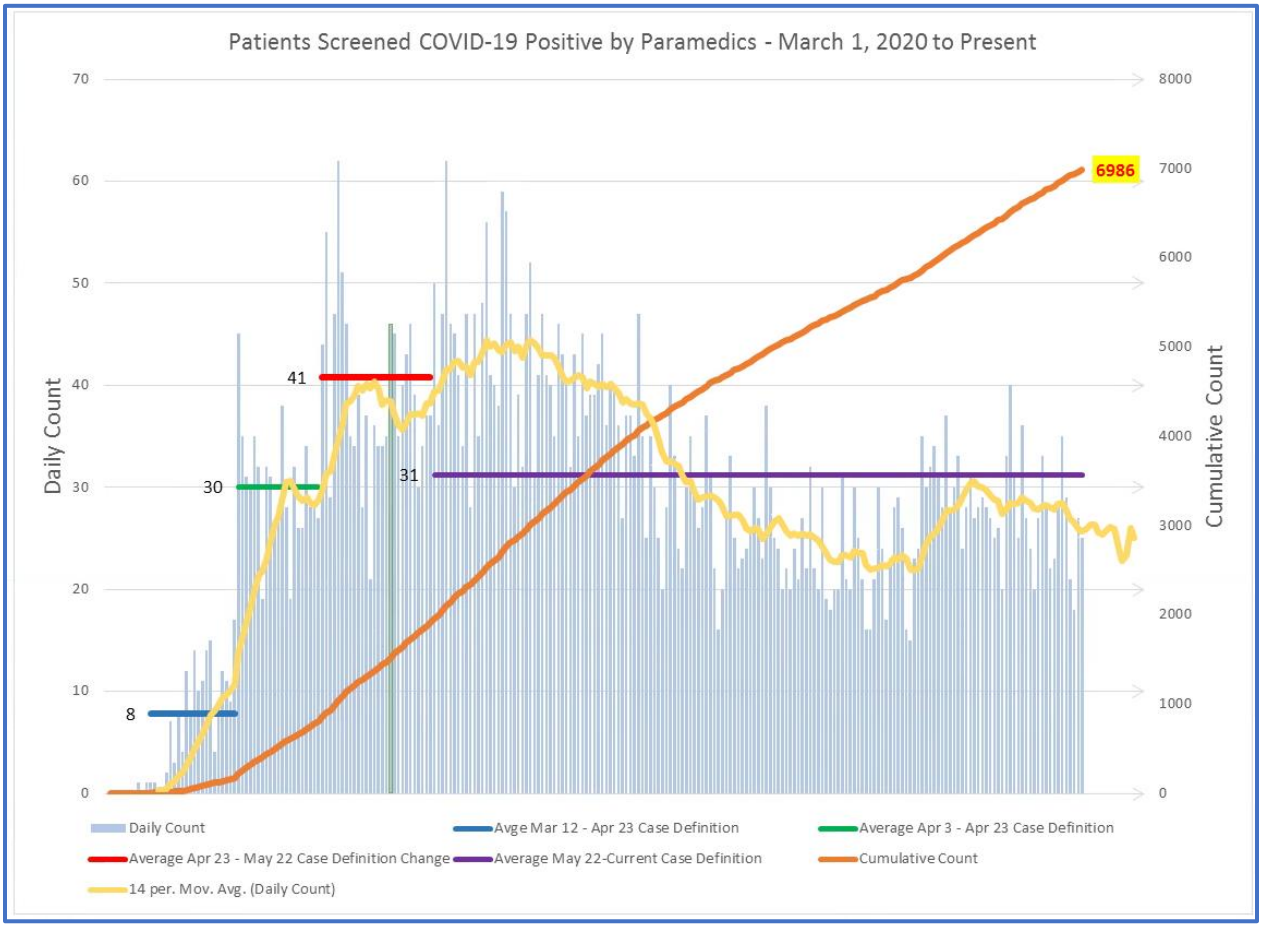
COVID Patients

The Ministry of Health (MOH) has mandated, and periodically updated, both dispatch and paramedic assessment criteria to determine whether a patient should be treated as potential COVID. Since early March, dispatchers have utilized COVID screening questions and communicated results to responding paramedics. Paramedics have

performed their own evaluation and where the patient screens as suspect COVID positive additional precautions are taken and receiving hospitals are pre-notified.

From March 12 through November 1, 2020, Hamilton paramedics suspected 6,986 patients as having COVID based on the MOH mandated assessment criterial. Suspect COVID patients constituted approximately 22% of all patients transported to hospital during this period.

Patients identified as suspect COVID by paramedics may or may not have actually been infected with the virus. Paramedic assessment is based on symptomatic and history presentation at an immediate point in time as mandated by the MOH. Confirmed COVID patients are typically identified through laboratory testing.



Additional precautions are required for suspect COVID patients which adds to the complexity of case management as well as the actual time it takes to complete the call. This additional time on calls can have the effect of reducing ambulance availability during peak call volume periods.

Staffing

The additional 24 hour/day ambulance approved by Council in the 2020 budget process was implemented in April 2020. Our operational staffing at peak daytime hours 31 transport ambulances and four single person Emergency Response Vehicles (ERV). During the lowest staffing period, which corresponds with the lowest service demand period, we staff 21 transport ambulances and four ERVs.

We successfully interviewed, selected, and provided a COVID modified orientation to 37 new part-time paramedics over the spring and early summer months. Several of these new hires are already in permanent full-time positions covering the approved staffing enhancement positions and normal attrition. Many more are in temporary full-time positions replacing paramedics out of the workplace due to long term absences such as long-term disability, WSIB, parental, and other leaves. Our recruitment cycle for 2021 has already commenced with an anticipated need to hire a similar number of paramedics.

Our staffing objective has been to ensure all ambulances and ERVs that should be staffed were in fact fully staffed throughout the pandemic period. With excellent work from our scheduling staff, and great cooperation and support from full time paramedics who cancelled or deferred scheduled time off, we have been successful in achieving this on almost every shift over the last eight months.

COVID Self Isolation Requirements

Employee self-isolation has been required since March in accordance with Provincial and local direction in cases where the paramedic has had unprotected contact with a suspect or confirmed positive COVID patient, has tested positive themselves, or has had a history of recent out of country travel. Screening of all Paramedic Service staff has been actively undertaken using an on-line app developed by our staff. The app and procedures undertaken are consistent with all Provincial and local direction, and tracing records are electronically maintained.

We currently have three paramedics in mandated self-isolation. Over the eight months since the start of the pandemic there have been 125 staff placed into varying periods of self-isolation for the protection of our workforce and the public.

While a total of six staff have tested positive for COVID since March the likely causation in each case has been exposure in another workplace, exposure in family or social settings, or exposure as result of travel. There have been no Hamilton Paramedic staff known to have contracted COVID as result of exposure in our workplace. None of the staff who have tested positive for COVID were present in the workplace while symptomatic. Excellent support has been provided by both Public Health and

Occupational Health Service in managing and tracking exposures, self-isolation, and positive tests.

Personal Protective Equipment (PPE)

Mandatory use of minimal PPE for all patient contact, and enhanced use of PPE for contact with patients screened as suspected COVID positive, has been in place since the outset of the pandemic. With increased use of PPE, combined with provincial, national, and international shortages of some items, there were significant difficulties encountered obtaining replacement items.

Contingency plans were implemented to preserve difficult to access items. Key activities to work our way through regular supply shortages included:

- Distribution of non-disposable elastomeric half masks with N95 filter pucks to all paramedic staff;
- Utilization of donated PPE supplies from a large variety of community resources including physician or dental offices, teaching institutions, and industrial settings;
- Development and implementation of non-disposable isolation gowns along with a process for distribution, recovery, and cleaning; and,
- Acquisition of key supplies through the Provincial Ministry of Health supply chain support system.

With all of the above activities, and in conjunction with the development of new supply streams by Hamilton City Procurement and the EOC Logistics team, we are confident that we now have, or have access to, appropriate PPE for a minimum of three to six months.

Innovation

Over the last several years Hamilton has been a leader in the development and implementation of Community Paramedicine (CP) programs which are intended to proactively manage high risk patients and frequent system users with the goal of reducing both 9-1-1 responses and patient transports to hospital.

At the start of COVID, our regular staffing for CP activities included two full time paramedics performing targeted clinic, home visit, remote patient monitoring activities plus a third paramedic working in an integrated fashion with the Hamilton Police Service in the Social Navigator Program.

We were also providing under a funding agreement with the HNHB LHIN intended to provide influenza response and support to Long Term Care facilities.

Since the onset of COVID, we began leveraging our CP experiences and have continued to develop initiatives that better enable us to meet the needs of vulnerable, high risk, and frequent use residents. Examples of these activities include:

- COVID swabbing through the CP program and the influenza response program. As of November 1, 2020, we have successfully tested 6,261 individuals at the request of Public Health and in support of various congregate settings.
- Expansion of the Remote Patient Monitoring (RPM) program and participating in the development of an integrated RPM program proposal to Ontario Health West with partners in the Hamilton Health Team;
- Development and implementation of a paramedic influenza immunization program in support of congregate settings;
- Implementation of an emergency responder influenza immunization program to support Occupational Health Services;
- Expansion of the Social Navigator Program by one full time paramedic to provide for seven day a week coverage along with expanded daily hours of operation;
- Development, submission, and implementation of a proposal to the HNHB LHIN to support high risk patients in the community awaiting long term care placement.

In addition to CP activities, we have undertaken other initiatives focussed on providing better response and better care for patients during the pandemic:

- Implementation of a high risk Infectious Disease Practitioner (IDP) team to support required interfacility patient movement of high risk COVID positive patients. This includes specialized equipment such as Positive Air Pressure Respirator (PAPR) equipment; and,
- A successful three month test of automated chest compression devices (ACD) to reduce the potential of close contact with aerosol generating medical procedures, and improve the quality of cardiopulmonary resuscitation, during treatment of sudden cardiac arrest patients

In future planning and in anticipation of the need to support future COVID immunization activities, we are in the process of acquiring a large rib-air inflatable tent that can be utilized as a temporary and portable immunization centre.

Funding Issues

Additional unbudgeted costs expected to be in excess of $2 M for 2020 fiscal year are being experienced as a result of COVID. These range from:

- additional shift replacement costs due to mandated COVID self-isolation;
- overtime cost escalation due to time on task increases, training requirements, and shift replacement;
- union agreements such as missed meal break payment;

- significantly increased costs for PPE, medical, and other supplies;
- additional Logistical staff required to support enhanced vehicle and equipment cleaning schedules; and,
- purchase of specialized equipment such as NOCO sprayers for regular and frequent "fogging" disinfection of ambulance interiors.

While we have responded to the MOH request to indicate anticipated COVID specific costs for funding purposes at this point we have not received any indication of the timing or amounts of potential reimbursement. We continue to engage the MOH in discussion of this issue and costs have been included in both our year end projection and our budget for 2021.

Apart from the above noted MOH identified costs, we are continuing to identify and access short and long term grant funding for CP activities which support the broader health care system activities through reduction of patient transport to hospital and facilitation of alternative levels of treatment such as physician virtual visits. Key activities in this area include:

- LHIN grant funding of $38,000 for the 8-week congregate setting influenza immunization program;
- Anticipated Ontario Health funding COVID swabbing activities;
- Anticipated Ontario Health funding for two additional paramedics to support the enhanced Remote Patient Monitoring program partnerships (this program is ready for implementation but awaiting confirmation of funding prior to starting);
- Anticipated HNHB LHIN funding for five additional paramedics to support high risk patients in the community awaiting long term care placement (this program is also ready for implementation and awaiting confirmation of funding prior to starting)

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report HSC20057 – Background Analytics