



INFORMATION REPORT

TO: Chair and Members Emergency & Community Services Committee	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: March 19, 2012	
SUBJECT/REPORT NO: Hamilton Emergency Services – One Paramedic Transport Ambulance (HES12007) (City Wide) (Outstanding Business List Item)	
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SIGNATURE:	

Council Direction:

At the General Issues Committee of July 4, 2011, Report 11-023, Item 22 (b) (iv) direction to staff was as follows:

- (iv) After the above interventions and subject to the continued demonstrated need based on the assessment of staff, add sufficient paramedic staff to deploy one (1) ambulance 12 hours a day, 7 days a week to increase transport capacity.

At its meeting of January 18, 2012, the Emergency & Community Services Committee provided the following direction to staff:

On a motion Committee referred the Council approved subsection (b) (iv) of Item 22 of the General Issues Committee Report 11-023 to the Director of Emergency Medical Services for a report back to Committee respecting the feasibility and consideration of implementing the deployment of one (1) ambulance 12 hours a day, 7 days a week to increase transport capacity.

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Information:

Executive Summary

Council provided staff direction on July 4, 2011 to add and staff one (1) transport ambulance 12 hours a day, 7 days a week to the existing paramedic resources as part of a pilot project. Staff was given the discretion to add the transport ambulance hours based on demonstrated need occurring from new pressures after the implementation of the Hamilton Health Sciences (HHS) Access to Best Care (ABC) program. Council also asked staff to attempt to secure provincial subsidies to offset the increased operating costs for this initiative and the other pilot project interventions.

From August 2011 to January 2012 staff incrementally implemented the first three interventions of the pilot project. As of March 2012 the transport ambulance has not yet been implemented, however staff secured an enhancement in Dedicated Offload (DO) RN hours and associated 100% provincial funding to specifically to be used for the DO RN for the period of December 2011 to March 2012. The City of Hamilton has requested the provincial government to continue the enhanced DO RN support at the same enhanced levels after April 2012 and we are waiting for a response to that request.

Whereas, the additional DO RN hours could have a similar effect to adding transport ambulance hours by recovering transport ambulance capacity from the existing resources, and whereas the DO RN is 100% provincially funded vs. 50% provincial funding for transport ambulance hours, a balanced approach to address the challenge of transport ambulance capacity includes waiting for confirmation from the province on the enhanced DO RN funding and continuing to observe the impact of the additional DO RN offload hours before implementing additional ambulance transport capacity.

Background:

July 4, 2011

City Council provided staff direction to add and staff one (1) transport ambulance 12 hours a day, 7 days a week to the existing paramedic resources as part of a pilot project based on demonstrated need related to the HHS ABC plan, and implementing the various pilot interventions incrementally.

August 2011 to December 2011

Staff incrementally implemented the Council approved interventions with the transport ambulance hours being staged for consideration in early 2012.

In the fall of 2011 the Hamilton Paramedic Service secured an additional grant of \$173,101 for the Dedicated Offload (DO) RN funding for the months of December 2011, January, February and March 2012 (\$43,275 per month).

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January 2012 to March 2012

By February 2012 the remaining pilot project intervention to be implemented was the transport ambulance hours. Given that the new DO RN hours were in place, and given that in the absence of hiring new paramedic staff which takes months, staff brought the matter of the additional transport ambulance hours to the 2012 Budget process for further consideration before implementing the same.

April 2012 to March 2013 – Factors for Consideration

When the provincial officials increased the DO RN funding for the four month period they indicated that this level of funding may be available for the months of April 2012 to March 2013, and if this does occur the increased DO RN funding will equal \$519,303 for the year and will finance up to an additional 10,000 hours in DO RN coverage.

If the provincial government does increase the DO RN funding to this magnitude, and if the hospitals maximize the DO RN funding by ensuring the position is staffed 100% of the time, and that the DO RN functions are effective, this enhanced intervention has the potential to have the same or greater effect of increasing the transport ambulance capacity by 12 hours a day, 7 days a week. As added value the DO RN project is funded 100% by the province and a transport ambulance is funded at 50% the year after it starts.

If the province does not continue the enhanced DO RN hours and City Council was to consider adding the ambulance 12 hours, 7 days a week then to answer the question if it is feasible to add coverage another ambulance 12 hours, 7 days a week City Council should consider the following;

- i. By September 2012 there will be more information to determine if the 2011 trend of increased emergency call volume continues and **if** the hospital transfer of care time is reduced.
- ii. If City Council was to direct staff to add the ambulance coverage then;
 - a. to avoid substantial overtime costs the implementation would need to begin in September 2012 after new replacement paramedic staff are hired and established in their new vocation
 - b. staff could be directed to use temporary positions so that Council could reassess their position on this intervention in 2013
 - c. Council could direct staff to continue to treat the added transport ambulance coverage as a continuation of the 'pilot' project and direct staff to continue to analyze the demands on the service and refer to the matter to the 2013 budget process as a Council referred enhancement.

While City Council considers their options, the Paramedic management team will continue to work with the staff and the hospitals to pursue improvements in the hospital offload process and diversion strategies such as Community Referrals by EMS (CREMS) and the Social Navigator pilot project in an effort to contain the service demands and improve the quality of life of the citizens.