

Our File/N/Réf. 03-07-99-0052
Your File/V/Réf.

DATE 8 July 1999

TO/DEST. The Chair and Members of Council

FROM/EXP. Co-ordinator, Community Services Committee

SUBJECT/OBJET **LAND AMBULANCE HEALTH SERVICES -
EMERGENCY/NON EMERGENCY TRANSFERS**

The attached report dated 5 July 99 from the Medical Officer of Health, is provided in response to issues raised at the Community Services Committee meeting of 17 Jun 99, relative to the above-noted matter.

This material is submitted in reference to Community Services Report No. 32, Land Ambulance Health Services Directions Document - Phase II, to be considered by Council at its meeting of 14 July 99.

M. J. Beauregard

REGION OF OTTAWA-CARLETON
RÉGION D'OTTAWA-CARLETON

REPORT
RAPPORT

Our File/N/Réf.
Your File/V/Réf. RC

DATE 5 July 1999

TO/DEST. Co-ordinator, Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **LAND AMBULANCE HEALTH SERVICES - EMERGENCY /
NON EMERGENCY TRANSFERS**

INTRODUCTION

The purpose of this information report is to respond to issues raised about non emergency patient transfers at the 17 June 1999 Community Services Committee meeting.

BACKGROUND

Non emergency patient transfers can be grouped into two broad categories:

- medically unstable or medically stable patients (with potential of becoming unstable), requiring an ambulance
- medically stable patients with mobility challenges, not requiring an ambulance

The issue of non emergency patient transfers is very grey. In Ontario, the decision on how a non emergency patient is transferred rests with the sending facility.

DISCUSSION

- i. Medically unstable, medically stable (with potential of becoming unstable) - requiring an ambulance

Patients requiring an ambulance in non emergency situations include medically unstable; and medically stable patients with the potential of becoming unstable at any time. For example, a medically stable patient could be someone going from one facility to another for cardiac diagnosis. The patient would require medical supervision or definitive care during transport.

According to the Ministry of Health 1997 raw call data, about 30% of patients transported by ambulance in the Region of Ottawa-Carleton were non-emergency transfers between medical facilities or to patients' homes.

While it is very difficult to quantify the actual number of non emergency patients transported by ambulance who clearly should have been directed to other modes of transportation, the numbers appear to be very small.

Growth in demand for non emergency transfers will increase gradually due to an aging population, earlier hospital discharges, more seriously ill patients being treated out of the hospital setting, hospital restructuring initiatives and hospital specialization. While it is difficult to predict what the numbers will be, there is consensus that there will be an increase in demand for non emergency transfers.

The management of ambulance patient transfer services is complex and has a long history of unsuccessful solutions to service requirements. In 1994 the Ministry of Health decided to remove three ambulances from emergency services and convert these to patient transfer vehicles in an attempt to meet the transfer service demand. While this has alleviated some pressure for the hospitals, the removal of ambulances from the emergency side of the business has made it increasingly more difficult to meet the demand.

The Ministry of Health currently has four vehicles dedicated to providing non-emergency patient transfers. Three operate out of the Ministry-run Ottawa Carleton Regional Ambulance Service (OCRAS) and a fourth out of Rural Metro Ontario's Queensway Carleton station.

ii. Medically stable with mobility challenges - not requiring an ambulance

Medically "stable" non emergency patients who face mobility challenges, (for example a patient in a full leg cast) and do not require any form of medical care or supervision in transit do not require an ambulance.

Over the last several years, the province of Ontario has seen an increase in private sector patient transfer service companies for medically stable non emergency patients. The Queensway Carleton Hospital reports using the private transfer companies on average twice a week, the Montfort Hospital reports using the companies three to five times per week and the Ottawa Hospital reports a total of 413 trips between May and July of 1999. The high numbers out of the Ottawa Hospital are as a result of the restructuring of the three campuses and the bed closures. The hospital expects the numbers to decrease over time.

There are three private Patient Transfer Service companies listed in the 1999-2000 Bell Telephone Yellow pages in Ottawa-Carleton. These services are unregulated and unlicensed. They are not ambulances. The vehicles do not have warning systems (lights and sirens).

Highway Traffic Act

The Highway Traffic Act was amended in 1996 to allow for municipal regulation of Medical Transportation Services (MTS). A Medical Transportation Service must meet the following criteria.

- do not include land ambulance services licensed under the *Ambulance Act*
- offer transportation to the public, primarily for medical purposes, and
- are designated as a MTS by the Minister of Transportation

A municipality, including the Region of Ottawa-Carleton, may enact by-laws to set operational standards for MTS which carry on business within, to, or from the municipality.

Municipalities have the ability to pass by-laws which would impose operational standards on MTS, however, we do not know which services the Minister of Transportation intends to designate as MTS.

It has been suggested by Ministry of Transportation staff that the Minister will not take any action under the above noted provisions of the Highway Traffic Act.

In an effort to clear emergency rooms and free up beds, hospitals are using private transfer service companies to move “stable” patients. It appears that the existing ambulance system and infrastructure cannot meet the demands.

Regional staff recognize that non ambulance medical transport vehicles are an appropriate form of transportation for a specific patient population. In addition, in response to Councillor inquiries made early in the downloading process in the spring of 1998, staff responded that the Region should focus all of its efforts on what was required under the Ambulance Act at this time.

Many paramedics and all of the existing ambulance providers in the Region have raised the concern that the private transfer service companies cause public and patient confusion because the private transfer services are listed under ambulances in the yellow pages and also look like ambulances (in fact many are refurbished ambulance vehicles). In addition, some hospital staff did not seem to be aware that the private transfer companies were unregulated and unlicensed or under which circumstances they were appropriate to use.

Earlier this year the Eastern Ontario Area Emergency Health Services Committee circulated a report with proposed Municipal By-Laws for non ambulance transfer services. The Committee’s report notes that: “However, at the present time these companies are unlicensed and unregulated. A number of companies exist with a wide range of qualifications and skills for their personnel, and an equally wide range of vehicular capabilities”. In addition the committee reports that: “Most hospital staff are unaware that these companies are operating without any regulations and are confused as to which patients are appropriate for this type of transport. As well, the transport companies themselves are working without guidelines and rely on their own judgement to decide which clients they will transport - a situation which may put clients, Municipalities and transport companies at medical and legal risk.”

The Ottawa Hospital Patient Transfer Services Request for Proposal

The Ottawa Hospital Patient Transfer Services Request for Proposal (RFP) coincided with the closing of the Riverside's Emergency Department. The RFP was designed as a pilot project by the Ottawa Hospital in an effort to deal with the increase in transfers as a result of hospital restructuring and bed closures. A letter from Dr. Jim Worthington, Head, Department of Emergency Medicine, the Ottawa Hospital is in Annex A.

The Ottawa Hospital's RFP solicited a standing offer for the provision of lowest cost, non-stop transportation of medically stable patients between the three Ottawa Hospital campuses, to other health care facilities, nursing homes, or patient homes. The service is intended to cover bed to bed transfers within a maximum response time of thirty minutes. If the request is from the patient, the charge for the service is \$40 per one way trip (plus GST) in town, and \$1.65 per kilometre or \$105.00 (whichever is greater) for out of town trips.

The Ottawa Hospital's RFP states that the Service Operator shall be a "duly recognized patient transfer service" and will follow the "proposed standards for non-emergency transfer vehicles" and shall "guarantee that a certified, licensed driver and attendant meeting municipal guidelines" be present for all patient transfers. These statements are premature as the Ministry of Transportation has not designated any Patient Transfer Services, and secondly, no municipalities in Ottawa-Carleton have passed by-laws to regulate these services.

Regional staff believe that the hospitals have a justifiable interest in the ambulance service and in order to provide an appropriate quality and level of care, a partnership with the hospitals and funding requirements need to be determined and outlined in the Region's system design to better accommodate the needs of the patients and all stakeholders.

The \$45 Provincial co-payment

The \$45 co-payment is collected by the hospital for medically necessary one way trips to or from the hospital. There is no charge for transfers between hospitals or between the hospital and a Home for Special Care, a Nursing Home, a Home for the Aged, a Rest Home or from a provincially approved Home Care Program. Of the \$45, \$30 stays with the hospital who billed the patient and \$15 goes to the provincial Minister of Finance. Municipalities cover the fee for those on social assistance. Patients are charged \$240 for medically unnecessary trips by ambulance. It is staff's understanding that there are very few charges of this nature made by the hospitals.

Separating Emergency and Non Emergency Calls

It has been suggested that splitting off the non emergency ambulance calls under a separate contract would save the Region money. A review of best practices in the summer of 1998 revealed that high performance ambulance systems combine emergency and non emergency calls with one provider.

Meeting tight emergency response time criteria to maximize patient survival requires substantial numbers of emergency capable ambulances to be kept available at all times. Creating ambulances incapable of emergency response attacks this reserve, which must then be restored with new funding.

Likewise, eliminating transfer capability in the system under utilizes the available number of vehicles and reduces productivity.

It is important to keep in mind that the existing system is a level of effort system. The Region's new performance based system will outline strict performance criteria for emergency and non emergency calls alike. For example, in good ambulance systems it is common to have pre-determined response time criteria for pre-scheduled, as well as unscheduled patient transfer appointments.

CONSULTATION

The Land Ambulance Health Services Consultation Group (LAHSCG) discussed this issue extensively in the summer and fall of 1998. Dr. Jim Worthington, Head, Department of Emergency Medicine, the Ottawa Hospital and Ms. Wendy Fortier, Director, Clinical Care and Ambulatory Care are members of the LAHSCG.

Ms. Joanne Myles, of the Region's Land Ambulance Health Services Division is also a member of the Inter-Facility Non Emergency Transfer Committee (IFNET). The Committee is made up of representatives from all area hospitals, Home Care, two ambulance operators, as well as the Ministry of Health, OPSEU and dispatch.

Regional staff also met with two private companies in the fall of 1998 to discuss issues. In addition, Mr. Purdy, owner of Ambulet, and Mr. Veilleux owner of Eastern Ontario Patient Transfer Service have been official observers of the LAHSCG and have received all agendas, minutes and relevant information.

CONCLUSION

There are two types of non emergency patient transfers:

- medically unstable or medically stable patients (with potential of becoming unstable), requiring an ambulance
- medically stable patients with mobility challenges, not requiring an ambulance

About 30% of ambulance calls in 1997 were for non emergency patient transfers. This volume will grow with an aging population and hospital restructuring.

The Region's focus is on the development of what is required under the *Ambulance Act*. The *Act* clearly states that the Region will provide for the "conveyance of persons requiring medical attention or under medical care." This requires the Region to have both emergency and non emergency ambulance coverage.

The Region of Ottawa-Carleton cannot regulate the private medical transfer sector until the Minister of Transportation exercises its designation power, by regulation in accordance with the *Highway Traffic Act*.

The Region of Ottawa-Carleton is engaged in the design of a state of the art ambulance system which is fundamentally different in approach, funding and management than the existing system. This exercise is explicitly designed to correct the problems of the existing system.

Having one service provider do both emergency and non emergency calls ensures the maximum level of productivity and the most economical means of meeting the requirements of the *Ambulance Act*.

There is a \$45 co-payment collected by the hospitals for non-exempted, medically necessary ambulance trips.

The hospitals report that the private transfer companies offer a partial solution to bed shortages and time sensitive appointments. The Ottawa Hospital RFP is a pilot that was scheduled to coincide with the Riverside Campus restructuring. The Region will consult extensively with the hospitals on issues of partnership and funding, in the process of designing the new ambulance system.

Approved by
Robert Cushman, MD, MBA, FRCPC



June 16, 1999

Joanne Yelle-Weatherall
Director, Land Ambulance Health Services
Region of Ottawa Carleton

Fax: 738-8522

Dear Joanne:

Thank you for the opportunity for feed back regarding the future ambulance service. I would also like to take the opportunity to update you on the transfer service that the Ottawa Hospital is presently using.

You will remember very early on this year a meeting in which yourself, Blake Forsythe, Lyle Masenger and Richard Lavictoirre were present. At this meeting I was addressing with you the concerns of the Ottawa Hospital as regards transfer of their patients during the transition time period for Riverside Closure. It was my feeling that the provision of a transfer vehicle for a period of time by the Ottawa Hospital would allow smooth transformation for the Riverside facility from an In-patient to that of an Out-patient model.

The Ottawa Hospital did institute a transfer service. The contract was awarded to Sands. It started functioning in May. The service has been effective in allowing the transfer of stable patients between hospital campuses, home or to other facilities. This had the benefit of allowing emergency patients, ward patients to be discharged promptly allowing more effective use of the Emergency and In-patient facilities.

As you may remember at that original meeting, I stressed that the provision of such a service may allow all the Regional Ambulance Services to be able to cope more easily with the volume that is present within the region. I have heard that this has in actual fact had some positive effects.

The Ottawa Hospital has provided this as a short term undertaking to allow us to smoothly transition as stated above. The hospital is fully supportive of an integrated ambulance system that would cover all levels of patient transfer. The patients that are presently being transferred do not require any
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Civic Campus Civic
1053 av. Carling Avenue
Ottawa, Ontario K1Y 4E9

General Campus Général
501 chemin Smyth Road
Ottawa, Ontario K1H 8L6

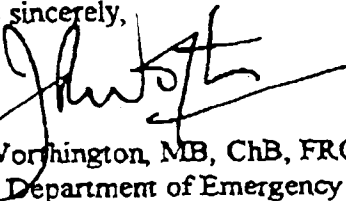
Riverside Campus Riverside
1967 prom. Riverside Drive
Ottawa, Ontario K1H 7W9

services whilst in the vehicle and in no way do we regard this as an ambulance service.

The whole of the Ottawa Carleton Region will benefit from the presence of a fully integrated system with local control of dispatch.

Please feel free to contact me at any time regarding issues arising with the ambulance service or our transfer service.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'J.R. Worthington', written over a horizontal line.

J.R. Worthington, MB, ChB, FRCPC
Head, Department of Emergency Medicine
Ottawa Hospital

JRW/as