

# Emergency Medical Services (Ambulance) Off-Loading Delays



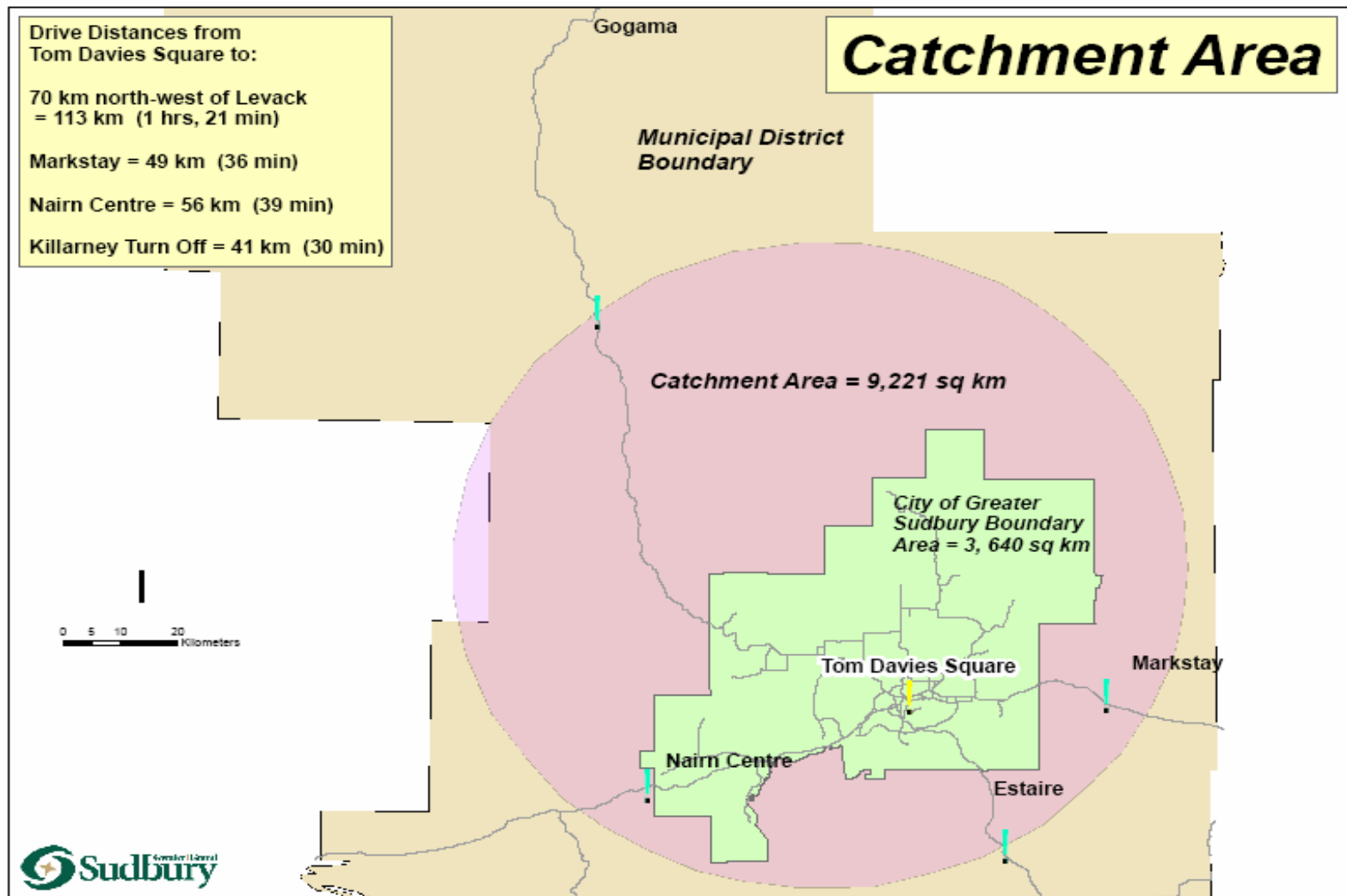
**PRESENTATION TO COUNCIL**

DECEMBER 12, 2007

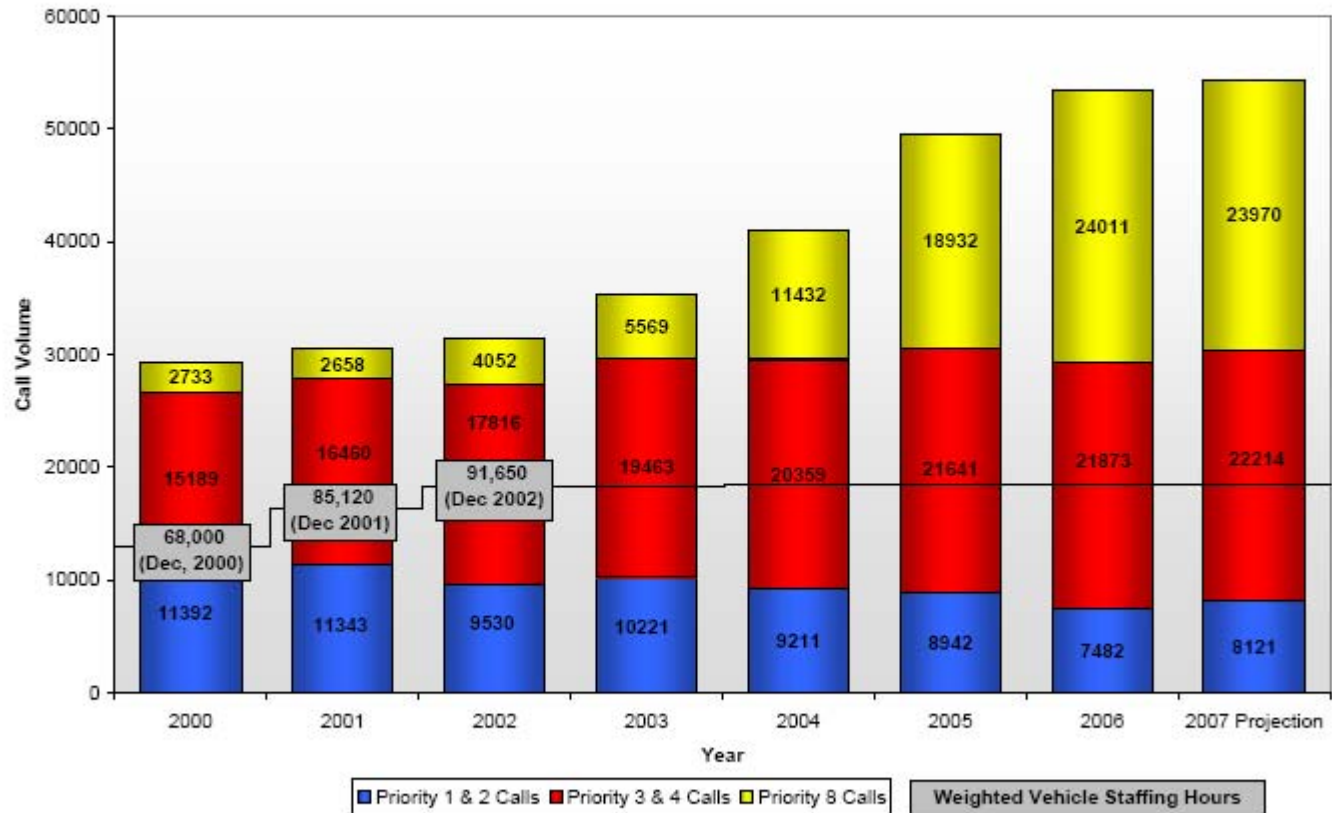
Presented by: Tim P. Beadman, Chief

Emergency Services

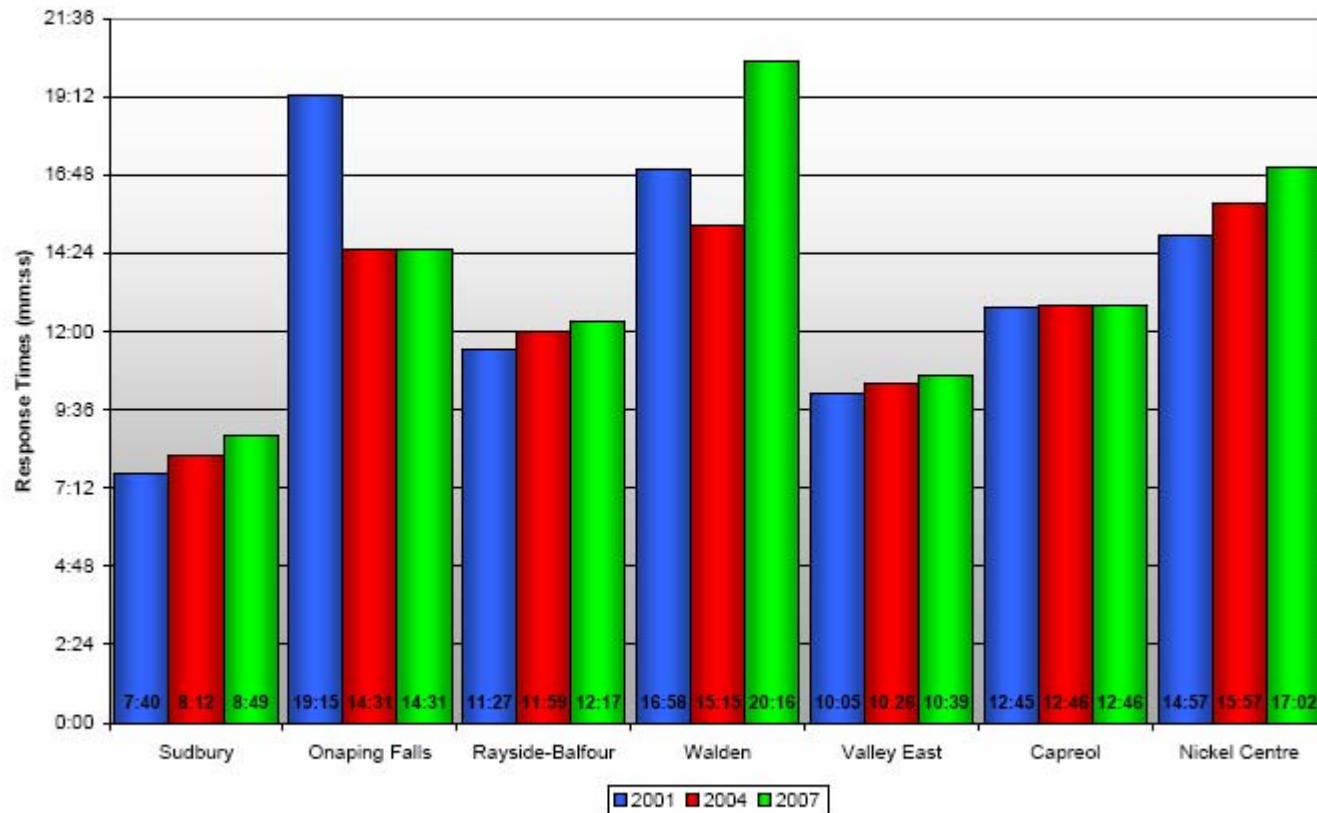
# Catchment Area



Call Volume vs Weighted Vehicle Staffing Hours - 2000 to 2007



90th Percentile Response Times for CGS Lower Tiers



# OMBI Benchmarking

Description of Measure	2006		2005	
	CGS Result	Group median	CGS Result	Group median
EMS Calls – Emergency per 1,000 Population	111	84	107	78
EMS Calls – Total per 1,000	150	90	153	92
Total EMS Patients Transported	133	65	140	64
Actual Weighted In-Service Vehicle Hours per 1,000 Population	593	315	590	346
EMS Cost per Patient Transported (Codes 1-4)	\$610	\$719	\$582	\$631

# Ambulance Off-Load Delays

## What is It?

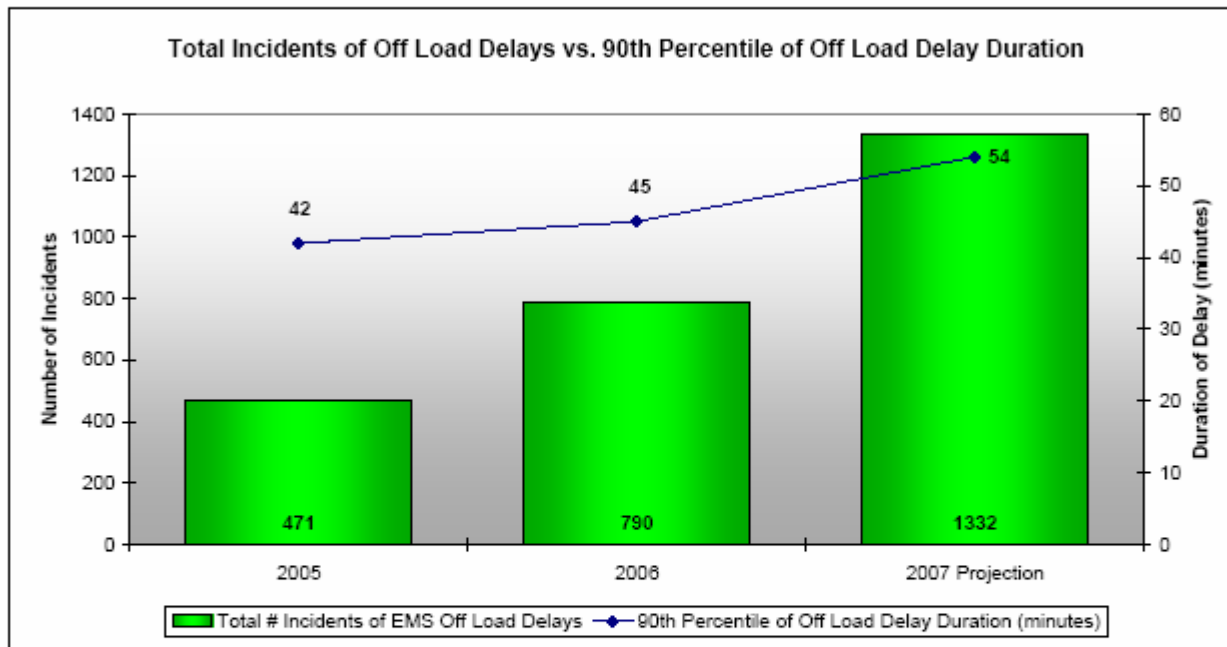
- Delay in transfer of patient from the ambulance stretcher to the ER stretcher trapping ambulances in the ER for an extended period.

## What is the cause?

- The principal cause of ambulance off-load delays are a lack of bed capacity to treat hospital in-patients, leading to prolonged Emergency Department length of stay and Emergency Department overcrowding.

# Contributory Factors

- Hospital beds are blocked by Alternate Level Care (ALC) who are blocking acute care beds, while waiting for long term care beds
- Current ALC patient numbers range in the high nineties (95+)
- Emergency Department's surge capacity to meet ambulance peak call volumes is restricted due to significant inpatient volumes in the ED and physical space limitations at SJHC.



Incidents of Off Load Delays will have increased 282% since 2005

There will be 659 deployment hours lost to Off Load Delays in 2007

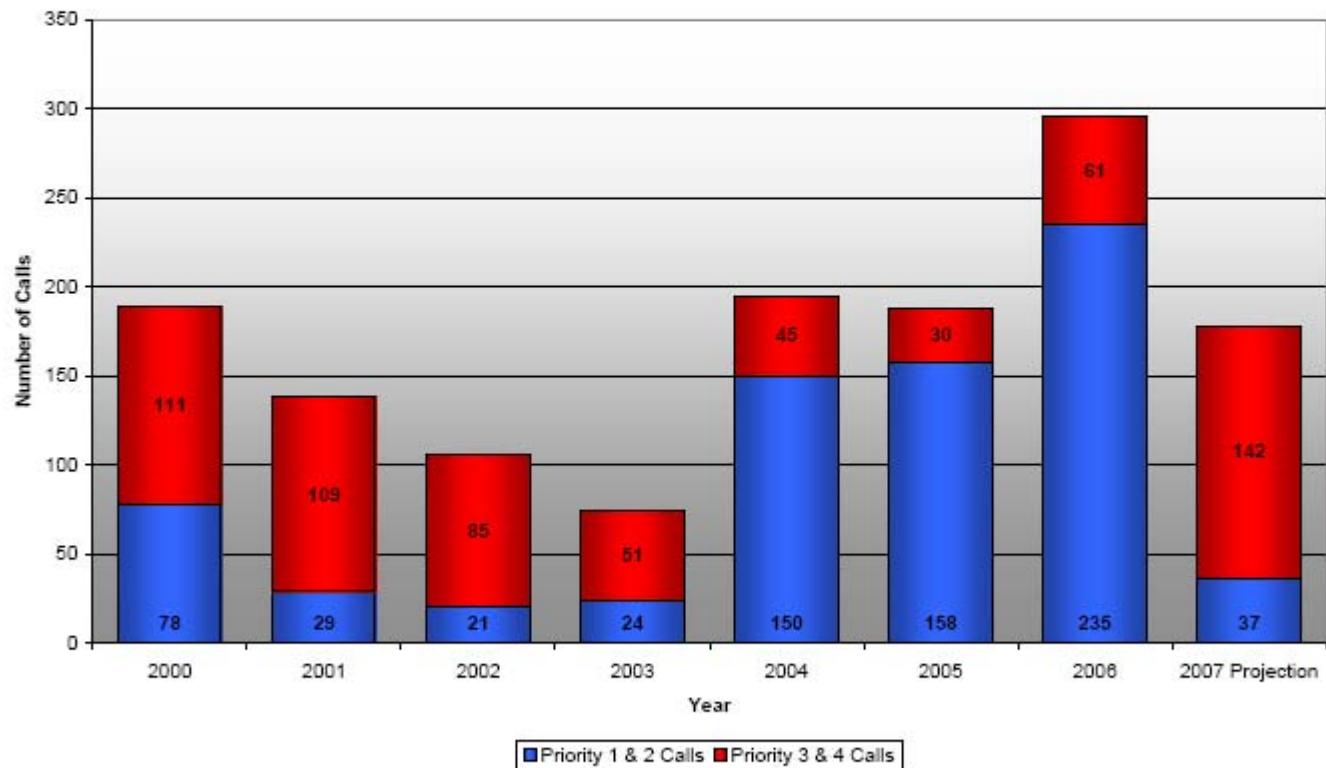
659 Hours/365 Days = 1 Hour and 48 Minutes of Deployment Time Lost every day in 2007



# Impacts

- Ambulance Off-Load Delays – symptom of a health care system that is working beyond its capacity – this increases risk to patients, physicians and staff
- Off Load Delays are increasing in both frequency and duration, impacting response times
- Significant stress on frontline staff (paramedic/nurses/physicians) in meeting the needs of patients
- Off Load Delays will worsen entering into peak call volume period (i.e. Flu Season October – March)
- Critical situation – has resulted in ambulances from outside Sudbury being assigned calls in Sudbury and being moved closer to provide emergency coverage

### Number of Calls Other EMS Services are Performing in the CGS - 2000 to 2007



# Effects of Off-Loading Delays

September 5, 2007 @ 11:56

4 Ambulances Clumped at HRSRH - St. Joseph's Site

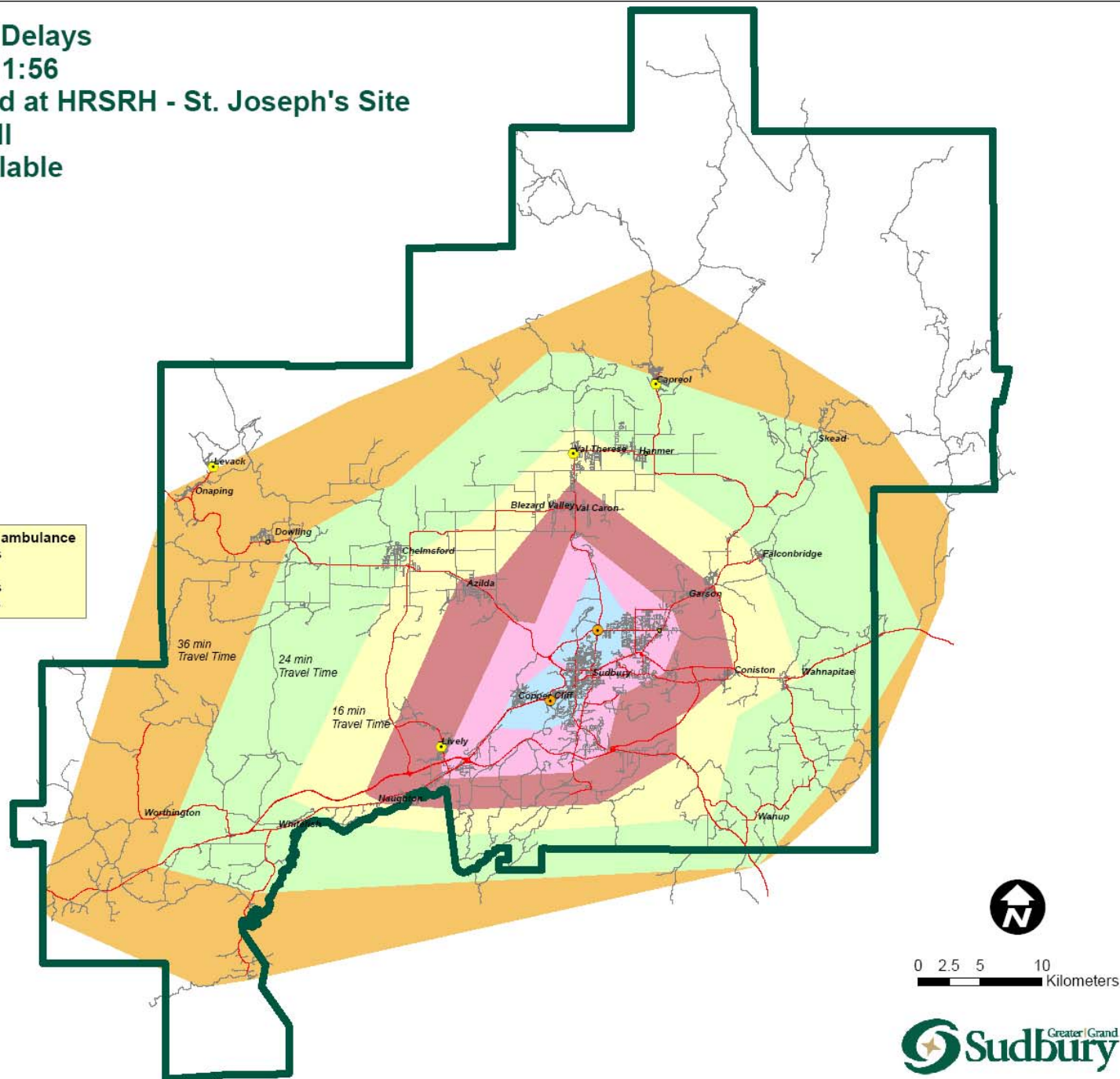
5 Ambulances on a Call

5 Response Units Available

## Legend

- Community
- Transport
- 4 Minutes Travel Time
- 8 Minutes Travel Time
- 12 Minutes Travel Time
- Highway / Major Road
- Minor / Private Road & Laneways
- Greater Sudbury Boundary

Community	Response from closest ambulance
Levack	38 minutes, 17 seconds
Capreol	28 minutes
Lively	10 minutes, 32 seconds
Val Therese	15 minutes, 45 seconds



# Mitigation Strategies

- January 2003 “Non-Urgent Interagency Committee”
- November 2003 Emergency Department “Critical Status Policy”
- January 2004 EMS Critical Status/Ambulance Off-Load Protocol – update in November 2007
- February 2007 NE – LHINS establish ALC Task Force
- March 2007 Hospital “Over Capacity Protocol”
- September 2007 Off-Load Delay Working Group

# Mitigation Strategies

- October 2007 Mayor's Office held meeting with Hospital officials, CGS Staff, NE LHINS, NE CACC
- No immediate solution, NE LHINS, ALC Task Force Recommendations – Fall 2007 (2008, 2009, 2010)
- CAO, Directed Chief of Emergency Services development short/long term strategies to mitigate the City's risk to the community in delivery of ambulance services to our community
- Hospital/City – continue to work in partnership to minimize the risk to our community

# Mitigation Strategies

- October 2007 – Ambulance Off-Load Delay Staff Working Group
  - Comprised of frontline paramedics and staff
  - 91 ideas/solutions – still work in progress
  - Expanded - Off-Loading Service Response Protocol
  - Platoon Chiefs direct contact with ED Charge Nurse and Dispatch Supervisor at shift start
  - Suspend Mandatory ACP Response during AOD
  - Up-staff additional resources as required

# Mitigation Strategies

- November 2007 “Hospital” – Patient Access and Flow Initiative sponsored by MOHLTC – Hospital
- Ambulance Off-Load Delay Committee
  - Continue to investigate ideas/strategies
- Continue to monitor and manage AOD on a day-to-day basis
- Report back to Council in 2008

Questions?