

Ontario Nurses' Association

Submission to the Ontario Ministry of Health public consultation:

Emergency Health Services System Modernization

February 10, 2020



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1. Introduction

The Ontario Nurses' Association (ONA) is the union representing 68,000 registered nurses (RNs) and health-care professionals, as well as 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

As the government of Ontario embarks on the restructuring of the Emergency Health Service system, ONA wishes to present our members' feedback to the questions posed. Although, strictly speaking, nurses do not work as paramedics for Emergency Health Services, thousands of ONA members work hand-in-hand with emergency services every day and night. Changes implemented by the Ontario government to Emergency Health Services will have a reverberating impact on nurses. Furthermore, if restructuring plans to EHS consider nursing needs and better redistribution of registered nurses' skills, where appropriate, there is the potential to achieve even greater improvements for the health care system as a whole. The components of this restructuring could be more than the sum of its parts.

2. Outdated Dispatch Technologies

- **Beyond the foundational technologies currently in implementation – are there other technologies or technological approaches that can help to improve responses to 911 calls and increase the efficient use of resources in the EHS system?**

Ontario nurses support government efforts to improve the technological systems that will help deliver better EHS. Leveraging new technologies that exist in other jurisdictions, or scaling up some technologies currently being piloted in some Ontario communities, offers great potential for improvements.

One such technology is the Emergency Communication Nurse System (ENCS) used globally and now in the Niagara region for the first time. The ECNS is an add-on to the Medical Priority Dispatch system, which embeds emergency nurses within the ambulance communication centre. In practice, the nurses perform secondary telephone triage on low acuity 911 callers. While the system may resemble telehealth, it is distinct and will improve the seamlessness of care. After secondary triage, a recommended level of care and point-of-care is then shared with the caller. When fully functioning, the nurse can also access patient history and existing care plans through an electronic database – in Niagara the Clinical Connect and Health Partner Gateway is used. The nurse can direct callers to destinations that are not the emergency department and the ECNS triggers a call-back within 24 hours to inspect on the caller's health status.

A technology such as this would employ Registered Nurses in a new and important triaging role, relieving the burden on emergency departments, where necessary.

- **How can communication between dispatch centres, land ambulance services, and air ambulance be improved?**

ONA members recommend rolling out communications software that can be accessible to all three services, to avoid the repetition of information sharing when trying to organize a transfer of a patient to another facility. Eliminating redundancy would improve efficiency and minimize delay in transportation.

The integration of ambulance services and communication centres will organically improve communication pathways and ensure a more fluid delivery of patients and relevant health information to the hospital destination.

- **Are there local examples of good information sharing between paramedic services, hospitals and/or other health services?**

ONA members point to the Niagara EMS as a leader in mobile integrated health through its system transformation project. The successes of Niagara EMS should be studied by the provincial government and consideration given to scaling up this model.

Another successful model of integration and information sharing is MHART (the mental health and addictions response team), which maximizes collaboration between mental health nurses and paramedics. While still working for the hospital or community health centre, the mental health nurses report to EMS and ride with the paramedics. They respond to real time low acuity 911 calls for mental health and addictions issues and perform point-of-care mental health assessments. From the point-of-care, patients can then be connected to more appropriate mental health community resources thus diverting them from the emergency department. This form of collaboration and skills mix improves the flow of care for patients and reduces the burden on emergency departments.

Ontario nurses recommend the government look at other opportunities for collaboration as well. For instance, Registered Nurses and Nurse Practitioners are well equipped to respond in real time with paramedics to calls from nursing or long-term care homes in the cases of low acuity 911 calls. These specific health service needs could include catheter changes or generally unwell residents who can be treated inside their facilities rather than facing the disruption of a trip to the emergency department.

3. Lengthy Ambulance offload times and delays in transporting medically-stable patients.

- **What other interventions could be helpful to address ambulance availability?**

At the core of any EHS restructuring, ONA members believe the government needs to guarantee adequate access to ambulances in every community across the province. This is particularly the case in small, poorly-served rural communities spread out across a broad geography. In these communities, many non-acute patients take up beds in emergency departments simply because there are not enough ambulances available to facilitate their transfer home or to a long-term care home. A similar situation often arises as non-acute patients await diagnostic tests. When all available ambulances are tied up with emergency transfers, patients do not leave hospital as quickly as they should, contributing to overcrowding in emergency departments and other hospital units.

- **How can we best ensure that medically stable patients receive appropriate transportation to get diagnostics and treatment they need?**

Ontario nurses recommend dedicating a certain number of vehicles – appropriate to the size of the community – to the sole purpose of transferring non-urgent patients out of hospital and back home. This improvement in flow would liberate desperately needed beds faster.

Improvements could also be made to existing online portals to more efficiently gauge patient flow at diagnostic clinics, saving time for the paramedics responsible for non-urgent patient transfers.

- **How do we respond to the transport of medically stable patients in a way that is appropriate to local circumstances (i.e. less availability of stretcher transportation services)?**

As noted above, Ontario nurses recommend the funding of dedicated and dependable vehicles for non-urgent patient transfers. In some towns, the provincial government promised the delivery of this service through the LHINs, but it never happened. In the absence of this system, patients turn to private options including taxis, ride-hailing services and wheel trans. These service providers do not have any standards to abide by from the point of view of medical service.

4. Lack of Coordination among EHS System Partners

ONA members believe the EHS system could be better integrated with home care needs. Home care services often rely on ambulance services to transport homebound patients to hospitals for diagnostic testing or day procedures. Despite the inflexibility of appointments at hospitals, booked ambulance transfers are occasionally bumped by emergency call outs. This results in missed appointments, which impacts the health system overall as well as patients' health. Often home care services are not informed of these disruptions.

ONA members also note that there is often a time lag in transfers resulting from poor decisions by dispatch centres. It is vitally important that dispatchers have a strong understanding of the geographical areas that they are servicing and the travel times required – in particular in rural and northern areas.

There are important lessons to be learned from the recent coronavirus (nCoV) global outbreak. In these contexts, screening is essential to containing the outbreak, particularly in hospital settings where the general public arrives as they become ill. With their expertise and education level, RNs are well placed to conduct screenings in the triage section of emergency units in cases of outbreaks. Based on their front-line observations, the RNs would then be able to inform the patients, the hospital, EHS and public health authorities as to the precautions that would need to be taken to stem the outbreak.

5. Need for innovations that improve care

As previously noted, the ECNS and Mobile Integrated Health Care models offer great promise and should be scaled up provincially. These models have as their primary objective to relieve pressure on the already overburdened emergency departments by triaging patients to potentially more suitable health service providers. The thoughtful redistribution of the skills and expertise of registered nurses within the system would yield important improvements for the system as a whole.

The launch of the Ontario Health Teams provides the health system with an opportunity to take stock of their collective resources and consider ways to better redeploy them to achieve better results. The integration of EHS with other health systems is no exception.

To the question of how community paramedicine could fill the gaps in health care services for Ontarians, the ONA opposes this as a solution. Continuity of care is essential for patients who have chronic diseases. Thus, these services should be provided by providers who know the patients and their history, therefore, either through LHIN Care Coordinators, Home Care RNs or through Primary Care.

6. Conclusion

EHS modernization offers the government an important opportunity to improve on the integration of services to improve flow, information sharing and quality of care. Registered nurses offer the potential to unlock better care through partnerships with the EHS system to reduce the burden on emergency departments.

However, the modernization process must not be an excuse to reduce funding to a system that plays such a vital role in front-line health care. Instead, this is an opportunity to consider the smarter distribution of health human resources, including an expanded role for registered nurses and nurse practitioners in emergency care.