1. DECLARATIONS OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. DELEGATIONS

3.1. Sharon Lee Smith, Associate Deputy Minister of Policy and Transformation, Ministry of Health and Long-Term Care, Presenting on Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario (See also Reports – Item 4.1 and Communications – Item 5.1)

4. REPORTS

4.1. Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario – Region of Peel Response (See also Delegations – Item 3.1 and Communications – Item 5.1)

4.2. Ambulance Communications and Dispatch Services Advocacy
5. COMMUNICATIONS

5.1. Dr. Erik Hoskins, Minister of Health and Long-Term Care, Letter dated December 17, 2015, Regarding Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario (Receipt recommended) (Referred from the January 14, 2016 Regional Council meeting) (See also Delegations – Item 3.1 and Reports – Item 4.1)

6. IN CAMERA MATTERS

7. OTHER BUSINESS

8. NEXT MEETING

To be determined.

9. ADJOURNMENT
# Request for Delegation

**Attention:** Regional Clerk  
Regional Municipality of Peel  
10 Peel Centre Drive, Suite A  
Brampton, ON L6T 4B9  
Phone: 905-791-7800 ext. 4582  
Fax: 905-791-1693  
E-mail: council@peelregion.ca

**MEETING DATE YYYY/MM/DD**  
2016/02/04

**REQUEST DATE YYYY/MM/DD**  
2016/01/07

**NAME OF INDIVIDUAL(S)**  
Sharon Lee Smith

**POSITION/TITLE**  
Associate Deputy Minister, Policy and Transformation

**NAME OF ORGANIZATION**  
Ministry of Health and Long-Term Care

**E-MAIL**  
sharonlee.smith@ontario.ca

**TELEPHONE NUMBER**  
(416) 212-4030

**EXTENSION**  

**FAX NUMBER**  

## REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)

Invited by Health System Integration Committee (HSiC) to provide a presentation on Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario.

## I AM SUBMITTING A FORMAL PRESENTATION TO ACCOMPANY MY DELEGATION  
[ ] YES  
[ ] NO

### IF YES, PLEASE ADVISE OF THE FORMAT OF YOUR PRESENTATION (e.g. POWERPOINT)

PowerPoint

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**Note:**  
Delegates are requested to provide an electronic copy of all background material / presentations to the Clerk's Division at least seven (7) business days prior to the meeting date so that it can be included with the agenda package. In accordance with Procedure By-law 100-2012, as amended, delegates appearing before Regional Council or Committee are requested to limit their remarks to 5 minutes and 10 minutes respectively (approximately 5/10 slides).

Once the above information is received in the Clerk's Division, you will be contacted by Legislative Services staff to confirm your placement on the appropriate agenda. Thank you.

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**Notice with Respect to the Collection of Personal Information**  
(Municipal Freedom of Information and Protection of Privacy Act)

Personal information contained on this form is authorized under Section IV-4 of the Region of Peel Procedure By-law 100-2012 as amended, for the purpose of contacting individuals and/or organizations requesting an opportunity to appear as a delegation before Regional Council or a Committee of Council. The Delegation Request Form will be published in its entirety with the public agenda. The Procedure By-law is a requirement of Section 238(2) of the *Municipal Act, 2001*, as amended. Please note that all meetings are open to the public except where permitted to be closed to the public under legislated authority. All Regional Council meetings are audio broadcast via the internet and will be video broadcast on the local cable television network where video files will be posted and available for viewing subsequent to those meetings. Questions about collection may be directed to the Manager of Legislative Services, 10 Peel Centre Drive, Suite A, 5th floor, Brampton, ON L6T 4B9, (905) 791-7800 ext. 4462.
DATE: January 22, 2016

REPORT TITLE: PATIENTS FIRST: A PROPOSAL TO STRENGTHEN PATIENT-CENTRED HEALTH CARE IN ONTARIO – REGION OF PEEL RESPONSE

FROM: Janette Smith, Commissioner of Health Services
Eileen de Villa, MD MBA MHSc CCFP FRCPC, Medical Officer of Health

RECOMMENDATION

That the recommended response as set out in Section 3 of the report of the Commissioner of Health Services and Medical Officer of Health, titled “Patients First: A Proposal to Strengthen Patient-Centered Health Care in Ontario – Region of Peel Response”, be endorsed.

REPORT HIGHLIGHTS

- The Ministry of Health and Long-Term Care (MOHLTC) released a discussion paper on December 17, 2015 titled “Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario.”
- The paper includes proposals related to health planning, funding and delivery; most notably a proposal to expand the role of the Local Health Integration Networks (LHINs).
- The proposed system changes will require changes to legislation including the Local Health System Act, 2006, the Community Care Access Corporations Act, 2001, the Home Care and Community Services Act, 1994, and the Health Protection and Promotion Act, 1990.
- The proposals will have an impact on Regional services including Public Health, Paramedic Services, and support services for seniors including Long Term Care.
- Consultations are being conducted until the end of February 2016 as the Ministry intends to propose draft legislation for the Legislative Assembly in spring 2016.

DISCUSSION

1. Background

The Ministry of Health and Long-Term Care (MOHLTC) provides strategic direction and leadership for Ontario’s health care system, guiding resource allocation and planning for all publicly-funded health services in Ontario (see Appendix I for a current picture of the health system in Peel). Over the past several years, the Ministry has set policy direction through its Action Plans that aim to make changes to the health system, which includes a shift away from institutional care in hospitals and long term care homes to a model which people can stay in their home and community. The other overarching objective has been to ensure that people receive the “right care, at the right time, in the right place”.
On December 17, 2015, “Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario” (Discussion Paper) was released. The Discussion Paper acknowledges that despite some progress, people find the health system disjointed and difficult to navigate, and have challenges accessing the primary care (i.e. family doctors, family health teams) and home and community care they need. Services are also inconsistent across the province, resulting in inequities. As a result, the Discussion Paper proposes large scale health system changes. The paper includes proposals related to health planning, funding and delivery; most notably a proposal to expand the role of the Local Health Integration Networks (LHINs). The proposed system changes will require changes to legislation and will impact Regional services including Public Health, Paramedic Services and support services for seniors including Long Term Care. It will also have indirect impact on Human Services programs.

Consultations are being conducted until the end of February 2016 as the Ministry of Health and Long-Term Care intends to propose draft legislation for the Legislative Assembly in spring 2016. To date, the Association of Municipalities of Ontario has provided a response (see Appendix II) and the Commissioner of Health Services has requested to sit on their “municipal officials group”.

2. Findings

The proposals in the Discussion Paper will encompass structural changes for the health system. Appendix III provides a picture of the proposed structural changes from a Region of Peel perspective. At a high level, they include:

- Local Health Integration Networks (LHINs) would assume responsibility for the accountability agreements with Public Health Units. Local Boards of Health would continue to set budgets and be managed at the municipal level.
- LHIN Boards would govern and manage the delivery of home and community care and waitlists for long term care. The Community Care Access Centre boards would dissolve.
- LHINs, in partnership with local primary care leaders, would take responsibility for primary care planning and performance.
- No direct changes were noted for Paramedic Services, other than that they would remain managed at the municipal level.

a) Ministry of Health and Long-Term Care’s Overarching Proposals

Outlined below are the four overarching proposals outlined in the Ministry of Health and Long-Term Care’s Discussion Paper.

i. More Effective Integration of Services and Greater Equity

In 2006, the Ministry of Health and Long-Term Care divided the province up into 14 Local Health Integration Networks (each are not-for-profit and governed by an independent Board of Directors). As Local Health Integration Network (LHIN) boundaries do not align with municipal boundaries, two LHINs: the Central West and Mississauga Halton LHINs serve residents in Peel. Under the Local Health System Integration Act, 2006, each LHIN is required to provide leadership and direction for the local health system.
As such, their mandate includes the following responsibilities:

- Promote the integration of the health system;
- Encourage system change and continuous quality improvement;
- Plan for local health service needs;
- Engage the community in planning and priority setting;
- Coordinate health services to improve the efficiency of the health system; and
- Allocate funding and set performance standards with local health service providers (including hospitals, community health centres, mental health and addictions services for adults, Community Care Access Centres, community support services for seniors and long term care homes).

The Discussion Paper proposes:

- Expansion of the responsibility and accountability of Local Health Integration Networks to include planning and performance for all health services, including primary care, home and community care and Public Health. This will require legislative changes, as well as a review of governance structures and geographic boundaries; and
- Smaller regions would be identified within the LHINs or “LHIN sub-regions” to drive more localized planning of primary health care and integration with home and community care.

ii. Timely Access to Primary Care, and Seamless Links Between Primary Care and Other Services

Currently, primary care provided by physicians and nurse practitioners is planned and funded at the level of the Ministry of Health and Long-Term Care. Physician compensation and primary care contracts are negotiated, and administered by the provincial government.

The Discussion Paper proposes the following:

- Planning and performance management of primary care would occur at the LHINs level by partnering with local clinical leaders;
- Planning for improved access would take place at a “LHIN sub-region” level to ensure every patient had a primary care provider, which would act as the “Medical Home” for coordinated services; and
- The Ministry of Health and Long-Term Care would continue to negotiate physician compensation and primary care contracts.

iii. More Consistent and Accessible Home and Community Care

Currently, Community Care Access Centres (CCACs) are the primary point of access for people seeking publicly funded home and community based health care services. They have three priority areas of focus:

- Providing transition support to patients leaving hospital for home;
- Assessing patients to leave hospital earlier to recover at home; and
- Supporting residents with high health care needs to remain at home.
PATIENTS FIRST: A PROPOSAL TO STRENGTHEN PATIENT-CENTRED HEALTH CARE IN ONTARIO – REGION OF PEEL RESPONSE

All 14 Community Care Access Centres are funded and have accountability agreements through their LHINs. Depending on where they live, Peel residents are served by either the Central West or Mississauga Halton Community Care Access Centre. As outlined in the Community Care Access Corporations Act, 2001, Community Care Access Centres are responsible for assessing and coordinating the placement of clients into:

- Long term care
- Home care services
- Adult day services
- Complex continuing care beds
- Rehabilitation beds in select hospitals
- Specialized services for seniors and persons with disabilities;
- School health support services; and
- Supportive housing programs and assisted living services for high risk seniors.

The Discussion Paper proposes:

- Direct responsibility for service management and delivery of home and community care would be transferred from the CCAC to the LHINs to help integrate home and community care with other parts of the health system.
- The LHIN boards would govern care delivery and the CCAC boards would be eliminated. CCAC employees providing direct patient care would be transitioned to the LHINs. Home and community care coordinators may be deployed into community settings (such as hospitals and primary care). Service providers would remain unchanged.

iv. Stronger Links Between Public Health and Other Health Services

The role of Public Health is often confused with “publicly funded health care”. Publicly funded health care refers to health care that is financed entirely or in large part by taxes, instead of by private payments made to insurance companies or directly to health care providers. Public Health, on the other hand, is the organized efforts of society to keep people healthy and prevent injury, illness and premature death. Public Health is a combination of programs, services and policies that protect and promote the health of all.

Currently, across the province, Public Health programs and services are managed by 36 local Public Health Units who are accountable to the Ministry of Health and Long-Term Care for most programs and services. Most programs and services provided by Public Health have cost shared funding from the Ministry at 75 per cent and Municipalities at 25 per cent. For Peel, the current ratio for cost-shared programs is 63 per cent from the Ministry and 37 per cent is Regional, but with the new needs-based funding formula (introduced in 2015), this gap will be closed over the next few years. Public Health Units are municipally based, with their own Boards of Health. In Peel, the Board of Health is Regional Council.
The Discussion Paper proposes:

- Formalized linkages between Local Health Integration Networks (LHINs) and Public Health Units to support the integration of local population and public health planning, with other health services. To support this:
  - The Ministry of Health and Long-Term Care would create a formal relationship between the Medical Officers of Health and each LHIN, empowering the Medical Officers of Health to work with LHIN leadership to plan population health services.
  - The Ministry would transfer the dedicated provincial funding for Public Health to the LHINs for allocation to Public Health Units. The LHINs would ensure that all transferred funds would be used for Public Health purposes.
  - The LHIN would assume responsibility for the accountability agreements with Public Health Units.
  - Local Boards of Health would continue to set budgets.
  - The respective Boards of Health would continue to be managed at the municipal level.
  - The Ministry would also appoint an Expert Panel to advise on opportunities to deepen the partnership between LHINs and Public Health Units, and how to further improve Public Health capacity and delivery.

3. Recommended Region of Peel Response

The Ministry of Health and Long-Term Care’s (MOHLTC) proposal provides a framework for making structural improvements to the delivery of health services. It is recognized that further details related to implementation are forthcoming. However, at a high-level, there are many positive outcomes that could result, including:

- More effective integration of services, specifically as they relate to timely access to primary care and home and community care; this, in the end, would improve citizen’s ability to navigate the system, caregiver stress and create more efficiencies;
- An equitable, accessible and well-resourced home and community care sector would benefit patients and caregivers and ultimately improve other parts of the system, such as hospital patient flow and paramedic demand;
- Support implementation of the Region’s Aging Population Steering Committee recommendations, in particular those related to creating age-friendly communities and enhancing community support services for seniors in existing Regional sites (Peel Manor) and other locations, including buildings owned or operated by municipalities, the private sector or community partners;
- Integration of Public Health promotion, prevention and policy interventions which are vital to the overall health of the community and social determinants of health; and
- Recognition that our communities are diverse and that there are some citizens who struggle to access care; such as indigenous peoples, cultural groups and people who experience mental health and addiction challenges.

While there are many positive plans for health system change outlined in The Discussion Paper, there are areas which require action, clarification and consideration from a municipal, and more specifically, a Region of Peel perspective, outlined below.
a) Local Health Integration Network Boundaries

As part of its review of Local Health Integration Network (LHIN) boundaries, the Ministry should align with municipal boundaries wherever possible. Alignment with municipalities would be consistent with the overall objectives of the Ministry’s proposal and realize the following additional benefits:

- Municipalities could help streamline services and address underlying issues related to social determinants of health (i.e. affordable housing, income, education) and health inequities for patients and residents through greater integration between the health sector, municipal social services and the non-profit sector;
- LHINs could be better supported to address issues of health equity and LHIN sub-region planning. For example, municipalities and Public Health could support capacity planning for future home and community care and primary care by sharing data from municipal planning, transportation, health status, housing and social services;
- Health service providers and municipalities currently operating across LHIN boundaries would have one accountability agreement creating more efficient reporting arrangements, thereby reducing administrative time and providing opportunities to redirect resources to services for residents and
- Availability and eligibility for services would be more consistent for residents, particularly in the areas of home and community care.

The Ministry of Health and Long-Term Care should align the Local Health Integration Network boundaries with municipal boundaries, recognizing that further integration, administrative efficiency and benefits would result in terms of linkages to programs and services that influence the social determinants of health.

b) Paramedic Services

Municipalities oversee the land ambulance system in a 50:50 cost shared arrangement with the province, providing vital paramedic services to residents. Paramedic Services are important in realizing the Ministry of Health and Long-Term Care’s “right care, in the right place, at the right time” philosophy. Despite this, the Discussion Paper does not recognize or consider the role of paramedics as part of integrated health system planning and delivery. This could result in better patient outcomes and potential cost savings and efficiencies being overlooked.

Additionally, if the Ministry wants to put “patients first”, it should address the issues related to its directly managed ambulance dispatch system. In 2013, the Auditor General made a recommendation to assess the effectiveness of the two communication dispatch protocols in use in Ontario, and adjust protocols to reduce excess over-prioritization of patients. In 2015, the Auditor General reported that little progress had been made on this recommendation despite the fact that Sunnybrook Centre for Pre-Hospital Medicine concluded that the Medical Priority Dispatch System being used in the City of Toronto and Niagara Region is a more accurate dispatch system than what is being used in Peel and the Greater Toronto Area regions. In dispatch centres where Medical Priority Dispatch System is used, approximately 40 per cent of calls are triaged as life-threatening (as opposed to 72 per cent in Peel). This is a problem, as continued over-
prioritizing of emergency calls places increased demands on the system by assigning more ambulances to life threatening emergency response than what is necessary. This can leave fewer or no ambulances to respond to new calls that are truly urgent.

The Medical Priority Dispatch System has enabled ambulance dispatch centres to build in options, such as diverting low-acuity 9-1-1 calls to Telehealth Ontario. Implementing this system in the Mississauga Centre dispatch centre would allow Greater Toronto Area Paramedic Services to reassess how it allocates resources across its ambulance fleet, further improving response times for those calls prioritized as life-threatening, and ensuring patients receive care within a time period that more accurately reflects their condition.

Improvements to ambulance dispatch will see better patient outcomes, and contribute to solutions which will help to enhance the overall health system, including hospital emergency department wait times and paramedic demands. This would ultimately provide the ‘right care, at the right time, in the right place’ thereby helping to fulfill the overall objectives of the Discussion Paper.

The Ministry of Health and Long-Term Care should include planning for Paramedic Services as part of overall health system planning and delivery.

The Ministry of Health and Long-Term Care should expedite the improvements related to the ambulance dispatch system by implementing Medical Priority Dispatch System across the province. The Mississauga Dispatch Centre, given the call volumes, should be a priority for implementation.

c) Public Health

The Discussion Paper proposes the establishment of more formal linkages between Public Health Units and the Local Health Integration Networks in order to better integrate population health within our health system and to ensure that population and Public Health priorities inform health planning, funding and delivery. The Ministry of Health and Long-Term Care also intends to set up an Expert Panel to advise on the opportunities to further the relationship between the LHINs and Public Health Units, and improve Public Health capacity and delivery. While there are merits to the proposal, the Discussion Paper offers little by way of detail in terms of governance, funding and jurisdictional realities. Therefore, there are questions in terms of the potential implications of the proposal for Public Health, for example:

- How would the changes impact the new Public Health funding formula implementation?
- What will the role of the Board of Health (Regional Council) be, versus that of the Local Health Integration Network in determining direction and setting priorities for Public Health?
- How will the Boards of Health role be defined in terms of “say for pay” given the budgets for many Public Health programs are cost shared with local property tax dollars?
- How will cross-boundary and local priorities be reconciled?
Peel Public Health's Medical Officer of Health should be appointed to the proposed Expert Panel to advise on opportunities to support implementation and partnerships between the LHINs and Public Health Units, and in particular, areas that involve governance, funding and jurisdictional realities.

d) Home and Community Care

The proposed structural changes to the delivery of home and community care alone will not address some of the root causes of inequities that patients experience, and the future capacity issues the sector will face.

Inconsistent and inequitable services in Peel and across the province, as identified by the Auditor General, are the result of funding inequities which persist despite Health System Funding Reform introduced in 2012. For example, the Auditor General reports that in Peel the average home care spending in Central West is $2879 per patient, while in Mississauga Halton it is $3271 per patient. These are the lowest in the province. In contrast, provincial per patient spending is $3532 and areas similar to Peel such as Central (York Region-area) spends $3457, while Champlain (Ottawa-area) spends $3957. The CCAC with the highest spending is North Simcoe Muskoka at $4027 per patient served; making the difference between the highest and lowest $1148. This is a problem that results in inequities in service between the residents of different geographic regions.

The increasing complexity of home care and the shift away from caring for patients in hospitals and long term care require a home care system which is sustainable, coordinated and adequately resourced to meet the growing needs of patients and caregivers. Additionally, supporting people to remain in their homes as they age and recover from illness requires a highly coordinated and integrated system of care that includes professional services (i.e. nursing, physio therapy), community support services (i.e. adult day services, respite) and supports for daily living (i.e. snow removal, meal preparation). Professional services provided in the home often replace the care that in previous years would have been provided in an institution; while other types of supports such as meal provision, grocery shopping, snow removal, etc. provide the support required for effective home and community care. Ensuring the integration and coordination of all services for residents is critical to the successful and efficient delivery of care and support that enhances the patient experience and enables people to be cared for at home safely.

The Ministry of Health and Long-Term Care should ensure that historical inequities in funding for home and community care services are addressed using a provincial resource allocation strategy that recognizes the needs of high growth communities, increased capacity needs of the home and community sector, and supports caregivers.

Additionally, the Ministry of Health and Long-Term Care should ensure the integration of all services, including supports for daily living, are included as part of their implementation of new structures designed to help citizens remain in their homes and communities.

e) Mental Health and Addictions Services
People with mental health and addiction challenges are identified as among those who struggle in accessing care. Local Health Integration Networks currently fund adult mental health programs; however, children and youth mental health programs will soon be funded through lead agencies of the Ministry of Children and Youth Services. This impedes seamless service delivery as youth transition into the adult mental health system; thereby providing challenges to service access. This arrangement also precludes the LHINs’ ability to plan and monitor a fully integrated mental health and addictions system as part of the broader health system.

The Ministry of Health and Long-Term Care should consider engaging the Ministry of Children and Youth Services to determine how integration for children and youth mental health and addiction services can be achieved, as part of the expanded LHINs’ mandate, in order to achieve better alignment of services as intended through the overall objectives of the province’s “Open Minds, Healthy Minds” Ontario’s Comprehensive Mental Health and Addictions Strategy (2011-2021).

CONCLUSION

The changes proposed in the Ministry of Health and Long-Term Care’s Discussion Paper provides for a number of changes to the health system.
While there are many details to be worked out, Regional staff together with our health system partners will continue to monitor and provide input into future consultations.

Janette Smith, Commissioner of Health Services

Eileen de Villa, MD MBA MHSc CCFP FRCPC
Medical Officer of Health

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES

1. Appendix I – Overview of the Health System: A Region of Peel Perspective
2. Appendix II – AMO Primary, Home, Community Health Care Consultation
3. Appendix III – Proposed Overview of the Health System as per Patients First Discussion Paper: A Region of Peel Perspective

For further information regarding this report, please contact Dawn Langtry, Director Strategic Policy, Planning and Initiatives, Ext. 4138.
Overview of the Health System: A Region of Peel Perspective

December 2015
Primary, Home, Community Health Care Consultation

Today, the Minister of Health and Long-Term Care, the Honourable Dr. Eric Hoskins, launched a consultation process on primary, home and community health care, and to strengthen population and public health.

The provincial government in their discussion paper, “Patients First: A Proposal to Strengthen Patient Centred Health Care in Ontario”, set out a series of proposals for public consultation. This will potentially involve a restructuring of primary and public health service delivery which may have implications for public health. There may also be an opportunity to explore the delivery of community paramedicine as a form of primary care, although this is not included in the scope of the discussion paper.

For public health, there are two major proposals being floated out in the Ministry’s discussion paper. The first is to require Public Health Units to participate in formalized planning and joint initiatives with the Local Health Integration Networks (LHIWs).

The second proposal is that public health funding be flowed through the LHIWs to Public Health units. This raises a number of significant municipal questions about funding and governance relationships. AMO will assess the appropriateness of such a transfer of responsibility, and if it occurs, provide advice so that it is done under the right conditions. AMO and its members will want to be assured that the Ministry provides a guarantee of current level of public health funding with growth funding within a designated envelope. Further, AMO will want to be satisfied that the LHIWs will not be overly prescriptive and still allow for effective Boards of Health functioning and governance.

AMO expects to be involved throughout the Ministry’s transformative strategy development and implementation discussions. AMO will be seeking the inclusion of an elected official on any consultation or advisory groups as municipal governments are the cofounders, and in some cases, the employers of Public Health Units.

AMO will be establishing its own municipal officials group to make recommendations directly to the Minister on the consultation paper questions.

The government's discussion paper and information on how to provide your council’s input into the consultation are found on the Ministry website. If commenting, we would ask you to provide AMO with your input by contacting Michael Jacek, Senior Advisor, so that it can inform our analysis and proposed approach.

In other health related news, the government also announced that the Province is investing $16.2 million in 1,000 supporting housing units across the province, including $4 million for 248 supportive housing units in 2016-17. For more information, see the news release.

Contact
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Links
LPX Patients First
LPX Supportive Housing News

http://www.amo.on.ca/AMO-Content/Policy-Updates/2015/Consultation-on-Primary,-Ho... 2016-01-06
Appendix II

PATIENTS FIRST: A PROPOSAL TO STRENGTHEN PATIENT-CENTRED HEALTH CARE IN ONTARIO – REGION OF PEEL RESPONSE

AMO - Ontario’s Consultation on Primary, Home, and Community Health Care

4.1-13

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DATE: January 22, 2016

REPORT TITLE: AMBULANCE COMMUNICATIONS AND DISPATCH SERVICES ADVOCACY

FROM: Janette Smith, Commissioner of Health Services

RECOMMENDATION

That the Ministry of Health and Long-Term Care be requested to expedite the improvements related to the ambulance dispatch system by implementing the Medical Priority Dispatch System, as described in the report of the Commissioner of Health Services titled “Ambulance Communications and Dispatch Services Advocacy”, across the Province of Ontario;

And further, that the Mississauga Dispatch Centre, given the call volumes, be given priority for implementation;

And further, that a copy of the subject report be sent to all designated delivery agents for land ambulance in Ontario, the boards and CEO’s of the Local Health Integration Networks, the Community Care Access Centres and hospitals serving Peel, and the Association of Municipalities of Ontario, and the Association of Paramedics Chiefs, for endorsement.

REPORT HIGHLIGHTS

- Since 2010, the Region of Peel has taken leadership on Council-endorsed advocacy directed at the Ministry of Health and Long-Term Care to improve ambulance dispatch.
- Implementing a better dispatch system would allow Peel Regional Paramedic Services and Greater Toronto Area (GTA) partners to reassess how it allocates resources across its ambulance fleet, further improving response times for those calls prioritized as life-threatening, and ensuring patients receive care within a time period that more accurately reflects their condition.
- The Ministry of Health and Long-Term Care has stated its intention to improve ambulance dispatch by the year 2018; while this indicates progress, the Region will continue to advocate that improvements need to be expedited, and that the Mississauga Dispatch Centre, given the call volumes, should be a priority for implementation.
AMBULANCE COMMUNICATIONS AND DISPATCH SERVICES ADVOCACY

DISCUSSION

1. Background

The Ministry of Health and Long-Term Care is responsible for oversight of land ambulance in Ontario, sharing land ambulance operating costs on a 50:50 basis with municipalities. The Ministry of Health and Long-Term Care also funds all 22 ambulance dispatch centres in Ontario and directly operates approximately half of these dispatch centres, with four operated by municipalities. The provincially-operated Mississauga Central Ambulance Communication Centre (dispatch centre) deploys and coordinates ambulances operated by Peel Regional Paramedic Services and some neighbouring ambulance services. An overview of oversight and funding of paramedic services is provided in Appendix I.

The Ministry of Health and Long-Term Care’s ‘Action Plan for Health Care’ that was released in 2012, and updated in 2015, set out the Ministry of Health and Long-Term Care’s priorities for the health system, including implementing reforms to improve patient care, in part by ensuring patients receive the ‘right care, at the right time, in the right place’. However, the Action Plans did not specify details for paramedic services, a contributor to the health system.

2. Findings

Pressures from population growth and a growing seniors population in Peel are increasing ambulance call volume by 4.7% annually, from a current 103,771 calls (2014) to an estimated 227,000 calls by 2031. Similar demands are being made on other parts of the health system, such as increases in hospital emergency department visits and growing demand for home and community care.

As reported to Council in 2010, in a report entitled “Greater Toronto Areas Ambulance Communication and Dispatch Services Review” the provincially-operated Mississauga dispatch centre uses technology that does not accurately prioritize ambulance calls. This continues to be true today as this dispatch centre, in 2014, dispatched 72 per cent of all calls as life-threatening (requiring lights and sirens response) while upon patient assessment, paramedics only transported about 20 per cent of these responses on a life-threatening basis to hospital as reported in the Paramedic Services 2014 Annual Performance Report. This is a problem, as continued over-prioritizing of emergency calls places increased demands on the system by assigning more ambulances to life-threatening emergency response than what is necessary. This can leave fewer or no ambulances to respond to new calls that are truly urgent. This issue has been identified in several external reports and has been reported to Regional Council over the past five years.

a) Review of Ambulance Dispatch

By way of history, the Region of Peel along with the Regions of Durham, Halton, and York, and the County of Simcoe commissioned a review of ambulance dispatch centres serving their municipalities. The Pomax review and findings (2009) were reported to, and endorsed by Regional Council on September 9, 2010 in the report titled “Greater Toronto Area Ambulance Communication and Dispatch Services Review”. The Pomax report recommendations to improve ambulance dispatch included:

- Adopting patient triaging technology that more appropriately and accurately triages ambulance calls; and
AMBULANCE COMMUNICATIONS AND DISPATCH SERVICES ADVOCACY

- Adopting communications and dispatch systems to provide real-time business intelligence about the location and call status of ambulances so that ambulance resources can be allocated more efficiently.

Additionally, in 2013 the Auditor General recommended that the province assess the effectiveness of the two communications dispatch protocols in use in Ontario, and adjust protocols to reduce over-prioritization of patients. Most recently, research directed by the Ministry of Health and Long-Term Care, completed by the Sunnybrook Centre for Pre-Hospital Medicine, and reported in the 2015 Auditor General's report, concluded that the Medical Priority Dispatch System is the more accurate dispatch system. In dispatch centres where Medical Priority Dispatch System is used, approximately 40 per cent of calls are triaged as life-threatening (as opposed to 72 per cent in Peel). The Medical Priority Dispatch System is already used in dispatch centres operated by the City of Toronto and Niagara Region, and has enabled ambulance dispatch centres to build in options, such as diverting low-acuity 9-1-1 calls to Telehealth Ontario. The Mississauga dispatch centre operated by the province does not use Medical Priority Dispatch System.

Implementing Medical Priority Dispatch System in the Mississauga dispatch centre would allow Peel Regional Paramedic Services to reassess how it allocates resources across its ambulance fleet, further improving response times for those calls prioritized as life-threatening, and ensuring patients receive care within a time period that more accurately reflects their condition. Confirmation that Medical Priority Dispatch System is a more accurate system is promising. However, as reported in the Auditor General's report, the Ministry of Health and Long-Term Care reports that implementation of improvements will take up to three years to complete.

b) Regional Advocacy

In 2010, after endorsement of the Pomax recommendations, Regional Council directed the Regional Chair and senior staff to work with the province and GTA Regional Chairs and Warden to ensure the findings from the Pomax report were included in the provincial government’s agenda. Since then, the Region and its GTA partners have been active in engaging the Ministry of Health and Long-Term Care on the dispatch issue. Since 2010, the Region of Peel has led these advocacy efforts by engaging senior Ministry staff and the Minister of Health in meetings and briefings to outline the need for dispatch reform.

As a result of this advocacy, a Dispatch Working Group was formed by the Ministry of Health and Long-Term Care in 2014, whose membership included the Chief and Director of Peel Regional Paramedic Services. In 2015, the Dispatch Working Group provided a confidential report to the Ministry of Health and Long-Term Care which included recommendations to improve the dispatching of ambulance services and the prioritization of emergency calls.

In a letter to the Region, received in the Fall of 2015, Health Minister Hoskins indicated his Ministry's commitment to improve ambulance services. With respect to dispatch reform, he notes that any changes must be evidence-based and contribute to improving patient outcomes, financial sustainability and government priorities. However, as noted above, according to the Auditor General, the Ministry has indicated that it will take until late 2018 to plan and complete improvements and there has been no response to the Dispatch Working Group’s recommendations.
AMBULANCE COMMUNICATIONS AND DISPATCH SERVICES ADVOCACY

CONCLUSION

It is encouraging that the Ministry of Health and Long-Term Care has stated its intention to improve ambulance dispatch. While this indicates progress, the Region will continue to advocate that improvements need to be expedited and that the Mississauga Dispatch Centre, given the call volumes, should be a priority for implementation.

Improvements to ambulance dispatch will see better patient outcomes, and contribute to solutions which will help to enhance the overall health system, including hospital emergency department wait times and paramedic demands. This would ultimately provide the 'right care, at the right time, in the right place' thereby helping to fulfill the overall objectives of the Ministry's discussion paper, “Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario.”

Janette Smith, Commissioner of Health Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES

1. Appendix I – Oversight and Funding of Paramedic Services in Peel Region: A Region of Peel Perspective

For further information regarding this report, please contact Dawn Langtry, Strategic Policy, Planning and Initiatives Ext. 4138.
OVERSIGHT AND FUNDING OF PARAMEDIC SERVICES IN PEEL REGION
A Region of Peel Perspective

MINISTRY OF HEALTH AND LONG-TERM CARE

EMERGENCY HEALTH SERVICES BRANCH
Maintains regulatory and accountability/oversight for land and air ambulance in Ontario

Performance Agreement & 100% funding

Oversight & Funding
- Certifies all ambulance operators
- Operating funding cost-shared (50%)
- Sets Patient Care Standards
- Approves paramedic certification

Direct Operation

MISSISSAUGA CENTRAL AMBULANCE COMMUNICATIONS CENTRE (CACC)
Deploys, coordinates and directs movement of ambulance resources in Peel and Halton

Deploys Ambulances

SUNNYBROOK CENTRE FOR PREHOSPITAL MEDICINE
(“Base Hospital”)
- Provides medical directives, oversight, and continuing medical education to paramedics.
- Dr S. Cheskes serves as Medical Director for PRPS and some neighbouring jurisdictions.

Medical Oversight

PEEL REGIONAL PARAMEDIC SERVICES
- 48 ambulances and 8 rapid response units
- 103,771 calls (2014)

May 2015
12.2. **Dr. Eric Hoskins, Minister of Health and Long-Term Care**, Letter dated December 17, 2015, Regarding Patients First: A Proposal to Strengthen Patient-Centered Health Care in Ontario

Referred to the February 4, 2016 Health System Integration Committee 2016-23
Mr. Frank Dale  
Chair  
Board of Health for Peel Public Health  
10 Peel Centre Drive  
Brampton ON L6T 4B9

Dear Mr. Dale:

Over the past several years, Ontario’s care providers and health system partners have worked hard to create meaningful change across the system. There has been significant progress in access to primary care, a greater focus on health promotion, and more supports at home and in the community.

Although there have been many meaningful accomplishments, the Ontario health care system remains characterized by excellent services that are separate in their delivery and funding. This affects access, quality, and consistency of care. We believe that our system needs structural change to improve delivery and sustainability of the services that Ontarians rely on.

The ministry has released Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario, a discussion paper that outlines proposed changes for the health system. The proposed structural changes would see Local Health Integration Networks assume responsibility for home and community care and system integration, and have greater involvement with primary care, and improved linkages with population health planning. The discussion paper can be found here: http://www.health.gov.on.ca/en/news/bulletin/.

The ministry looks forward to continuing the dialogue about this proposal in a variety of forums. We are committed to a meaningful engagement process that includes all health system partners, as well as patients. We hope this input will result in a plan that can successfully build a high-performing health system that is more responsive to local needs, is better connected and integrated, drives quality and performance, and enhances transparency for providers and patients, clients and their families.

REFERRAL TO ______________________________
RECOMMENDED ________________________
DIRECTION REQUIRED ____________________
RECEIPT RECOMMENDED ✔  

5.1-2
Mr. Frank Dale

Yours sincerely,

Dr. Eric Hoskins
Minister