

Hospital Medic Feasibility Study Presentation to EPSC

October 11, 2007

KPMG RECOMMENDATIONS: HOSPITAL MEDIC PROGRAM

Based upon the outcome of the feasibility study KPMG has recommended that the Hospital Medic Program *not* be implemented for the following reasons:

- A Hospital Medic Program does not address the root causes of the ED offload delays, namely lack of acute and long-term care beds and system-wide patient flow problems
- As found in other jurisdictions a Hospital Medic Program would likely have only a minimal positive impact on ED offload delays in the short term, and in the longer term could lead to an increase in offload delays,
- A Hospital Medic Program, would increase costs over and above the current costs already incurred by the Region of Peel to manage the offload delays
- The Hospital Medic Program could relieve the immediate pressure from the hospitals and Ministry of Health and Long-Term Care to deal with the root causes of the offload delay problem.



KPMG – 16 Recommendations to Improve ED Offload Delays

1. Develop a policy to increase the paramedic-to-patient ratio while in offload delay in order to free up Paramedic crews (i.e. depending on the acuity of the patient.)
 - **Accountability** - PRPS



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2. Enhance paramedic supervision to be present in each ED during periods of high offload delays
 - **Accountability** - PRPS



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3. Enhance the current Code Capacity and Code Critical notifications so they are triggered earlier and define a set of actions to be taken by each of the hospital EDs at various levels of capacity alert to facilitate the release of ambulances from the hospital
 - **Accountability** – PRPS, Area Hospitals & LHINs

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4. Implement the Toronto EMS destination software system throughout the Region of Peel to increase communication and exchange of information between ambulance dispatch centres, paramedics and the hospitals. The system would track patient distribution by paramedics, ED offload times, transfer of care times, the time paramedic units leave the ED to return to circulation as well as the CTAS level and volume of patients in each ED
 - **Accountability** – PRPS, MOHLTC & Area Hospitals

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5. Define a region-wide (hospital and paramedic services) common dataset of key performance measurements to be monitored and evaluated on an ongoing basis
 - **Accountability** – PRPS & Halton Peel Emergency Services Network

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6. Develop and implement a hospital-wide overcapacity protocol that begins in the ED and involves clear accountability of physicians, inpatient units, hospital management and Senior Team
 - **Accountability** – Area Hospitals

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7. Assign an ED physician who rotates through the waiting room during peak hours to assess and treat minor conditions and discharge the patient where possible. Patients requiring only minor treatment would not require admission to the main department of the ED
 - **Accountability** – Area Hospitals



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8. Develop a Rapid Assessment Zone in all of the EDs in the Region of Peel for CTAS 3 patients and allow the paramedic to leave the hospital as soon as the patient's assessment begins
 - **Accountability** – Area Hospitals & LHINs

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9. Designate an ED flow nurse to coordinate the flow of all patients and their information through admission, testing, transfer and discharge
 - **Accountability** – Area Hospitals & LHINs

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10. Implement an Emergency Department Information System (EDIS) electronic white board in each of the EDs to monitor patient information including patient triage information, patient location, consultations pending or completed lab results indicator and patient status
 - **Accountability** – Area Hospitals & LHINs

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11. Develop and include clearly defined key performance indicators for ED capacity management and hospital-wide patient flow as part of the Hospital Accountability Agreements
 - **Accountability** – Area Hospitals & LHINs

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12. Revise the region-wide transfer of care protocol (TOCP) to allow paramedics to transfer the patient to the waiting room after being seen by the triage nurse, assuming the patient meets defined criteria as found in the EMS Transfer of Care to the Waiting Room Protocol. This will allow the paramedics to leave the hospital and respond to 911 calls in the community
- **Accountability** – Halton Peel Emergency Services Network

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13. Develop a Region-wide triage protocol to include:
- Standard triage protocol for ambulance patients at each hospital site; and
 - A standardized reporting communication tool to be implemented between the paramedics and nurses/physicians.
- **Accountability** – Halton Peel Emergency Services Network & Area Hospitals

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14. Obtain a commitment from the MOHLTC, the LHINs, the hospital's Senior Teams and Board of Directors to drive a culture shift throughout the hospital in favour of leading practices in patient flow with an emphasis on accommodation of patients from the ED
 - **Accountability** – MOHLTC, LHINs & Area Hospitals

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15. Appoint a representative from the Mississauga Halton LHIN and the Central West LHIN to actively participate in Halton Peel Emergency Services Network meetings
 - **Accountability** – LHINs

KPMG – 16 Recommendations to Improve ED Offload Delays

16. Dedicate resources within the respective LHINs to monitor the key performance indicators of ED capacity, hospital patient flow outcomes and paramedic offload delays
 - **Accountability** – LHINs

Meeting with Hospital and LHIN CEOs

- At call of the chair our CAO and staff met with CEOs of the area hospitals and LHINs September 12, 2007
- All endorsed KPMG recommendations
- CEOs directed HPESN to put timeframes and deliverables on the 16 recommendations
- HPESN to report back to Region and CEOs in November

Summary

A Hospital Medic program would, at best, have a minimal impact on reducing offload delay in the short term, and could contribute to even longer delays in the future. We need to address the root causes of offload delay.