



EMERGENCY SERVICES COMMITTEE AGENDA

Emergency Services Committee Meeting
Wednesday, April 17, 2019
Tom Davies Square - Committee Room C-11

4:00 p.m. EMERGENCY SERVICES COMMITTEE MEETING
COMMITTEE ROOM C-11

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DECLARATIONS OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

APPOINTMENT OF CHAIR AND VICE-CHAIR

Report dated March 27, 2019 from the General Manager of Corporate Services regarding Appointment of Chair and Vice-Chair - Emergency Services Committee.
(RESOLUTION PREPARED)

5 - 6

(The Deputy City Clerk will call the meeting to order and preside until the Emergency Services Committee Chair and Vice Chair have been appointed, at which time the newly appointed Chair will preside over the balance of the meeting.)

This item was deferred from the February 6, 2019 Emergency Services Committee meeting.

PRESENTATIONS

1. Report dated March 27, 2019 from the Interim General Manager of Community Safety regarding Community Paramedicine – An Investment in the Health of Our Community. **7 - 20**
(ELECTRONIC PRESENTATION) (RESOLUTION PREPARED)

- Melissa Roney, Acting Deputy Chief of Emergency Services

(This report asks for committee support for the General Manager of Community Safety to prepare a business case for the 2020 Budget to increase service delivery hours of the Health Promotions Community Paramedic program by increasing the staffing compliment by three new full time Paramedics.)

2. Report dated March 27, 2019 from the Interim General Manager of Community Safety regarding Emergency Preparedness 2019. **21 - 26**
(ELECTRONIC PRESENTATION) (FOR INFORMATION ONLY)

- Michael MacIsaac, Executive Deputy Chief Community Safety and Latoya McGaw, Emergency Management Officer

(This presentation will focus on emergency preparedness within the City of Greater Sudbury. With the theme of Emergency Preparedness Week in May being "Are You Ready?" this presentation will inform Council and the Community on City of Greater Sudbury emergency preparedness activities and how community members can likewise be prepared in an emergency.)

MEMBERS' MOTIONS

M-1. Comprehensive Facilities Needs Assessment

As presented by Councillor Leduc:

WHEREAS the Greater Sudbury Police Service has identified the conduct of a comprehensive facilities needs assessment as one of its key deliverables for 2019;

AND WHEREAS the City of Greater Sudbury's Community Safety Department (Fire and Paramedic Services) is also facing challenges at its current location at the Lionel E. Lalonde Centre;

AND WHEREAS in order to achieve economies of scale, it would be appropriate for the Greater Sudbury Police Service and the City of Greater Sudbury's Community Safety Department to collaborate and coordinate efforts for a comprehensive Headquarters facility needs assessment, which could potentially lead to a combined Police, Fire, and Paramedic headquarters complex in the City;

THEREFORE BE IT RESOLVED that the City of Greater Sudbury directs the staff to work with the Greater Sudbury Police Service in its facilities study which will include the viability of a shared headquarters and report back to Council.

CORRESPONDENCE FOR INFORMATION ONLY

- I-1. Report dated March 27, 2019 from the Interim General Manager of Community Safety regarding Community Safety Department Update. **27 - 48**
(FOR INFORMATION ONLY)

(This report provides a summary of the Community Safety Department statistics and a briefing on current and upcoming activities.)

- I-2. Report dated March 28, 2019 from the Interim General Manager of Community Safety regarding Improving Access to 24/7 Palliative Care at Home. **49 - 55**
(FOR INFORMATION ONLY)

(This report provides information regarding the Learning Essential Approaches to Palliative Care (LEAP) training program that the Paramedics have received. Application of a palliative approach with patients in a preferred location of choice has been proved to reduce aggressive intervention, health care costs, Emergency Department visits and hospitalizations as well as increasing quality of life.)

- I-3. Report dated March 27, 2019 from the Interim General Manager of Community Safety regarding Fire Services Knox Rapid Access System. **56 - 58**
(FOR INFORMATION ONLY)

(Greater Sudbury Fire Services has updated the KNOX Rapid Access System. The KNOX system aides in non-damaging and quick entry into buildings which participate in the program. This report will demonstrate it's continued success and Fire Services' commitment to this program in our community.)

ADDENDUM

CIVIC PETITIONS

QUESTION PERIOD

ADJOURNMENT

Request for Decision

Appointment of Chair and Vice-Chair - Emergency Services Committee

Presented To: Emergency Services Committee

Presented: Wednesday, Apr 17, 2019

Report Date: Wednesday, Mar 27, 2019

Type: Appointment of Chair and Vice-Chair

Resolution

THAT the City of Greater Sudbury appoints Councillor _____ as Chair and Councillor _____ as Vice-Chair of the Emergency Services Committee for the term ending December 31, 2020, as outlined in the report entitled "Appointment of Chair and Vice-Chair - Emergency Services Committee", from the General Manager of Corporate Services, presented at the Emergency Services Committee meeting on April 17, 2019.

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Report Summary

This report sets out the procedure for the election by the Committee of the Chair and Vice-Chair of the Emergency Services Committee for the term ending December 31, 2020.

Financial Implications

The remuneration of the Chair is provided for within the operating budget.

Signed By

Report Prepared By

Brigitte Sobush
Manager, Clerk's Services/Deputy City Clerk
Digitally Signed Mar 27, 19

Division Review

Eric Labelle
City Solicitor and Clerk
Digitally Signed Apr 1, 19

Financial Implications

Jim Lister
Manager of Financial Planning and Budgeting
Digitally Signed Apr 1, 19

Recommended by the Department

Kevin Fowke
General Manager of Corporate Services
Digitally Signed Apr 1, 19

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Apr 2, 19

Background

This report sets out the procedure for the election by the Committee of the Chair and Vice-Chair of the Emergency Services Committee as this item was deferred from the February 6, 2019 meeting.

Procedure By-law 2019-50 (passed on March 19, 2019) provides that a Member of the Committee shall be appointed for a two (2) year term by the Committee to serve as Chair of the Emergency Services Committee. As well, a Vice-Chair is appointed for a two (2) year term.

The above appointments need only be confirmed by resolution.

Remuneration

The Chair of the Emergency Services Committee is paid \$1,239.47 per annum.

Selection

The selection of the Chair and Vice-Chair is to be conducted in accordance with Articles 29.06 and 29.07 of the Procedure By-law.

Council's procedure requires that in the event more than one (1) candidate is nominated for either the Chair or Vice-Chair's position, a simultaneous recorded vote shall be used to select the Chair and Vice-Chair.

It is always in order for a Member of Council to nominate themselves and to vote for themselves.

Once the successful candidates have been selected, a resolution will be introduced.

Resources Cited

Council Procedure By-law 2019-50: <https://www.greatersudbury.ca/city-hall/by-laws/>
Appointment of Chair and Vice-Chair – Emergency Services Committee Report of February 6, 2019:

<https://agendasonline.greatersudbury.ca/index.cfm?pg=agenda&action=navigator&lang=en&id=1301&itemid=15783>

Request for Decision

Community Paramedicine – An Investment in the Health of Our Community

Presented To: Emergency Services Committee

Presented: Wednesday, Apr 17, 2019

Report Date: Wednesday, Mar 27, 2019

Type: Presentations

Resolution

THAT the City of Greater Sudbury directs the General Manager of Community Safety to prepare a business case for the 2020 Budget to increase service delivery hours of the Health Promotions Community Paramedicine program by increasing the staffing compliment by three (3) full time Paramedics, as outlined in the report entitled “Community Paramedicine – An Investment in the Health of Our Community” from the General Manager of Community Safety, presented at the Emergency Services Committee meeting on Wednesday April 17, 2019.

Relationship to the Strategic Plan / Health Impact Assessment

This report supports Council's Strategic Plan in the area of Quality of Life and Place for Citizens of the City of Greater Sudbury as it aligns with the creation of programs and services designed to improve the health and well-being of youth, families and seniors.

Report Summary

This report is to inform the committee that Greater Sudbury Paramedic Services faces an unusually high population percentage of older adults which has a heavy impact on service delivery and our Emergency Department. Through the Community Paramedicine Initiative and an expanded role for qualified Paramedics, Greater Sudbury Paramedic Service is developing and delivering programs that proactively meets unmet healthcare needs in the community thus reducing unnecessary 911 calls, ED visits and hospital admissions. In order for the Paramedic Service to maintain and expand these services to the entire community, further investment needs to be made by increasing the Community Paramedic staff in our programs.

Financial Implications

Signed By

Report Prepared By

Melissa Roney
Acting Deputy Chief of Emergency Services
Digitally Signed Mar 27, 19

Financial Implications

Jim Lister
Manager of Financial Planning and Budgeting
Digitally Signed Mar 29, 19

Recommended by the Department

Joseph Nicholls
Interim General Manager of Community Safety
Digitally Signed Mar 27, 19

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Mar 27, 19

There are no financial impacts from this report, however there will be financial impacts from the business case.

Background

Ontario faces an aging population, this is especially apparent in Sudbury where we have a high population percentage of older adults at 18.4%, which is 1.7% higher than the provincial average of 16.7% (Census 2016). Older Adults drive health care costs – 50% of our health care spending occurs on their behalf (Sinha 2013). Compounding our aging population, North Eastern Ontario is projected to have the **highest** growth of seniors who have the **highest** ratios of chronic disease, such as Diabetes, Hypertension and Cardiovascular Disease (CIHI 201). Current demographics will see increased demand on our healthcare system and will impact Paramedic Services response capacity due to these demands.

Reconceptualising the Paramedic as a Mobile Health Provider

Community Paramedic (CP) programs were established initially in the east coast and then the western areas of Canada, they exhibit great successes in the creation of ingenious yet simple strategies to meet the needs of their patients in the comfort of their homes. Historically Paramedics have been seen solely reactive, as a responder to an emergency medical situation; but with our mobility, high level of training and ever expanding scope of practice CP programs are perfectly poised to deliver proactive education and treatments in the community.

Paramedics are no longer just an advanced first aider; this profession has evolved with a high level of clinical training and education. A Paramedic can perform more procedures than most regulated health care professionals, doctors aside, in the field. Now, with this next level of evolution, Paramedics are using this knowledge and experience and applying it to providing clinical interventions in a patients' home that the home care Registered Nurses (RNs) cannot. We are specially trained for this work, we are mobile and a Paramedics comfort zone is provision of care outside of a reliable hospital setting.

The Ontario Health Care system and our citizens are reconceptualizing the Paramedic as a Mobile Health Provider who provides not only emergency response treatment but also; Public safety education, Health Promotion/Community advocacy, Health support/contingency management and bridging to primary health care. This work improves the quality of life for our patients allowing them to live more healthfully and longer in their homes; it lowers 911 call volumes and decreases emergency department utilization and hospital readmission rates.

Sudbury has two separate CP programs:

- Health Promotion Community Paramedic (HPCP) program who works with the principles of prevention and advocacy; and,
- Care Transitions Community Paramedic (CTCP) program where specially trained Paramedics perform home visits to those who suffer chronic diseases.

Community Paramedic Programs Align with Municipal and Provincial Strategies

Provincial

CP programming aligns with Provincial Health care priorities. As we are in a time of shifting priorities it is important to note that the CP programs align well the pillars of the Patients First: Action Plan for Health Care priorities of the previous provincial government:

- provision of equitable access to the health care system by connecting individuals/families to appropriate health care services;

- informing patients of healthy lifestyle options and services to prevent and or manage chronic illness while promoting wellness;
- protection of the health care system with strategies that aim and are proven to help control health care costs through various means – such as diversion strategies, appropriate community service referrals, healthy lifestyle promotion, chronic disease prevention work and early screening and education/coaching for disease management.

Moving forward with our provinces next set of health care priorities we find that our programs also align well with the initial themes that are being released for the new direction of our provinces health care system. These programs provide strategies that assist in meeting the needs identified in the 1st interim report from Premier’s Council on improving health care and ending hallway medicine titled – **“Hallway Health Care: A system under strain”** and **“Bill 74 – The People’s Health Care Act”**. We achieve this by providing appropriate, coordinated, effective and efficient community-based services that alleviate strain on the health care and emergency medical response systems. Our CP programs provide health care efficiencies by keeping our patients at home rather than in the hospital through prevention work, early interventions and evidence-based programs that improve health outcomes and quality of life.

CP programs are highlighted as an integral part of Ontario’s Seniors Strategy. The intent of its report, titled **“Living Longer, Living Well”**, is to provide recommendations to inform the Ministry of Health and Long-Term Care (MOHLTC) of provincial seniors’ strategy. It encourages CP program utilization as part of community services for Ontario’s older adults.

Municipal

The CP programs fit well with the Age Friendly strategy aligning with 5 of the 8 pillars.

1. Ensuring safety in housing through our referrals to community agencies or other programs when we find homeless individuals or those living in unsafe/hoarding/squalor situations
2. Encouraging social participation as part of clinics, home visits, phone consultations, participation in various community education programs (CPR Blitz – presentations for Parkside Centre without walls – healthy cooking classes, etc.).
3. Respect and social inclusion, our programs work with all citizens of CGS.
4. Communication and information – CPs work with various partner agencies to ensure the public is informed and patients will receive the services to address the identified unmet needs.
5. Community Support and Health Services – provide community safety education and advocacy as well as health services in the convenience of their home or building.

Coordinates well with 4 of the municipal Population Health Priorities, specifically:

- Families – Paramedic referrals to services, support and advocacy of older adults and caregivers;
- Mental Health – culturally appropriate referrals to various programs or case management team participation, early identification and referrals for services to local mental health services;
- Holistic Health – Health equity advocacy and referrals to vulnerable populations such as homeless and older adult’s populations, healthy lifestyle education and promotion with referrals to community resources and support in accessing primary care providers;
- Age Friendly Strategy – Improved services to all ages to allow improved quality of life.

CGS Corporate Strategic Plan

Most importantly the CP programs align with municipal priorities set out in the City of Greater Sudbury's corporate strategic plan, specifically the **"Quality of Life and Place"** key pillar, by creating programs and services to improve the health and well being of our youth, families and seniors.

Community Paramedicine Program Funding

Figure 1

2017	Health Promotion	Care Transitions	Totals
LHIN Funding	\$100,700	\$227,800	\$328,500
CGS/Partner Agency Contribution	\$32,987	\$147,165	\$180,152
Combined Program Costs	\$133,687	\$374,965	\$508,652

*Information as approved in Community Paramedicine Project Budget Plan to the NE LHIN

In 2014 MOHLTC provided funding for both of Sudbury's CP Programs. This funding has continued through demonstration of these programs success and now has shifted to the Northeast Local Health Integration Network (NE LHIN).

NE LHIN funding covers Community Paramedicine (CP) program staffing wages, the City of Greater Sudbury (CGS) provides in-kind supports to the program such as a vehicle, gas, medical supplies and program oversight. These in-kind donations are provided through the regular operations of Paramedic Services.

CGS Community Paramedic Programs: A Review

Care Transitions Community Paramedic

Care Transitions Community Paramedics (CTCP) specialize in treating patients with Congestive Heart Failure, Diabetes, and Chronic Obstructive Pulmonary Disease who are deemed at high risk of readmissions to hospital.

The CTCP care includes:

1. In-home chronic disease management.
2. Education/coaching to living healthfully with a chronic disease(s).
3. Medication reconciliation/review with recommendations to patient and primary care provider.

4. Emergency home visits to patients to treat exacerbations early thereby often alleviating need for hospital admission(s).
5. Bridging medications until patient can access primary care provider (such as antibiotics, steroids etc.).
6. In home blood work analysis (iSTAT) providing immediate results, this diagnostic tool assists with clinical decision making.
7. Referrals to various community services to fulfill unmet needs that put the patient at risk of a poor health outcome.

Unanticipated benefits:

1. Combat social isolation poor health outcomes with home visits.
2. Education/support/referrals and care of care givers.

How does the CTCP program work?

Scheduled and Just-in-time Home Visits – We schedule home visits spaced out as needed dependant of patient condition, need or if needed a patient can call the CTCP directly anytime from 7 am to 7 pm to request a visit to manage a worsening condition.

Education on Disease Management and as required medication reconciliation.

Medical Interventions – such as medication administration and dosage adjustments.

In Home Point of Care Testing – point of care blood analysis, 12-Lead ECG analysis and other vital signs analysis as needed with results in home.

Physician Oversight – if required, the CP may consult directly with one of the on-call program physicians or with HSN chronic disease clinics.

The CTCP program has shown to be highly cost effective to the health care system as shown in **Figure 2**. The goal when planning this program in collaboration with Health Sciences North (HSN) was to decrease health care costs per patient by 10 %. The results of the HSN led 2016 CTCP program review found a decrease in total health care costs per patient of 50%!

This was at a time when the CTCPs were seeing an average of 2.71 patients per day; currently, 2018 CTCPs are averaging 4.02 patients per day, so our assumption is that the cost recovery has been driven even higher.

Figure 2

Care Transitions Program Efficiency			
Care Transitions Community Paramedic Program (CTCP)		Health Sciences North (HSN)	
Average daily Cost of CTCP Program	\$1000*	Average cost of a standard hospital stay at HSN	\$4,974**
Average number of CTCP visits per day	4.02	Average cost per day of inpatient admission	\$1,084*
Estimated Cost per CTCP home visits	\$248.76	Average cost of an emergency department visit	\$148.70 *
		Cost per visit to Chronic Disease Management Clinic	Diabetes = \$86* Heart Failure = \$237* COPD = \$68*

*Source Improving Transitions: Evaluation of the Greater Sudbury Care Transitions Community Paramedic Program

**2016-17 CIHI data

CTCP Next steps

1. Maximize efficiency/Optimize Value – Establish a balance of CTCP staff where we could reach the greatest number of patients who qualify for the program without program costs exceeding the cost savings to the health care system.
2. Innovative and Appropriate Patient Care in their Home – Expansion of the CTCPs medical directives. Currently the abilities our CTCP's can offer are truly unique to this profession; no other health care professionals (except for Medical Doctors) currently can provide these services.
3. Pilot Direct Referrals from Family Health Teams – City of Lakes Family Health Team and Sudbury Nurse Practitioner led clinics are looking to send referrals directly to the CTCP program and will offer, in turn, patient care collaboration opportunities in efforts to keep these patients at home and their chronic disease, well managed.
4. Remote Patient Monitoring – Paramedics will leave Bluetooth Oxygen Saturation monitors – Blood Pressure cuffs-weight scales and Blood Glucose monitors with patients. When a vital sign is taken the result is sent to the CP program and if it is found out of ranges set by Paramedic then an alert is sent to the CP program for CP to follow-up.

In April CGS Paramedic Services will have commenced a training program to train Paramedics who can relieve in the CTCP position. These newly trained staff will provide a solution to the current staffing

challenges and will minimize program closures, covering for vacation and sick time. The CTCP program remains functioning with one CTCP staff on day shift from 7 am to 7 pm, 7 days a week, and 365 days a year.

- Hire of 4 relief CTCP staff
- Specialized Training of 4 relief CTCP staff

Health Promotion Community Paramedic (HPCP)

The CGS Community Paramedic program employs one Health Promotion Community Paramedic (HPCP); this staff member works Monday to Friday 8 am to 4 pm (closed holidays and weekends) to provide various health promotion, injury prevention, and education programs that target our communities' most vulnerable populations. The work the HPCP is responsible for includes; Older Adult Clinics, Shelters Clinics, Rapid Mobilization Table, Paramedic Referrals and Bystander hands only CPR/AED education.

1. Older Adult Clinics

CP@Clinic is a collaborative research initiative with McMaster University, where the HPCP provides weekly four to five hour drop in clinics in subsidized older adult building common rooms. These visits allow a Paramedic to run through various health and lifestyle questions as well as health screens to assess risk factors related to chronic disease(s). The HPCP outlines the identified risk factors in discussions (Diabetes – Cardiovascular Disease – Falls Risks) **see Figure 3**. The participant decides which lifestyle changes they are ready to try to accomplish. The Paramedic checks in with the participant weekly and provides various referrals and links to community services, education on disease management and medication reconciliation.

Figure 3

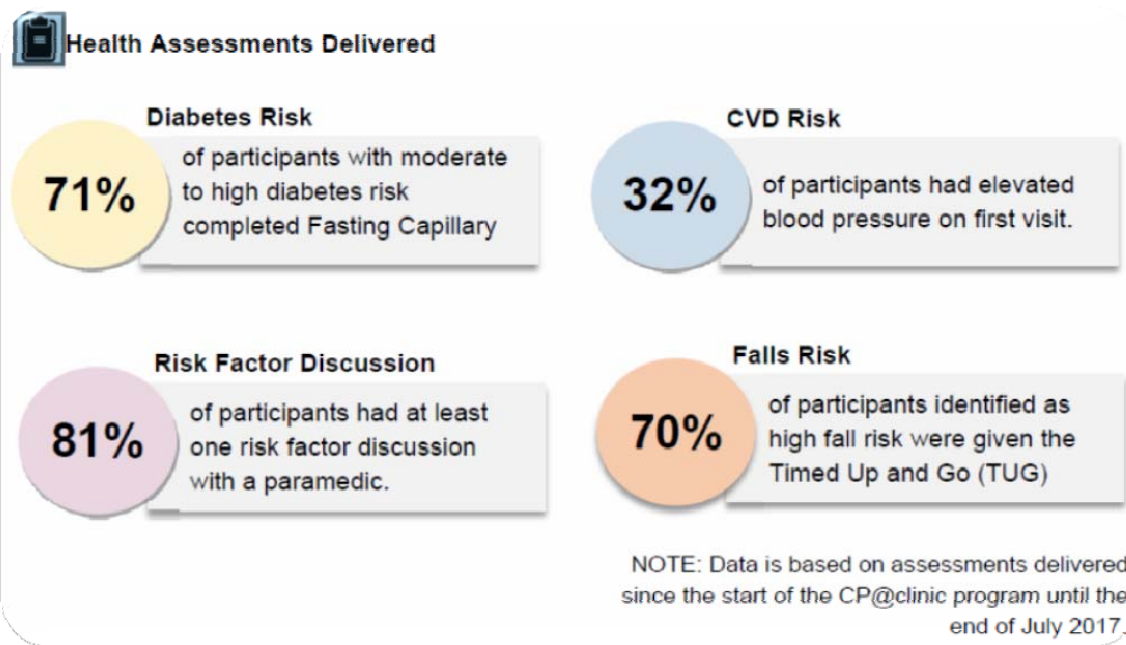


Figure 4

CP@Clinic: Research Results Highlights			
Costs		Cost Recovery	
Annual Clinic Costs per building	~ \$28,539.38	911 calls to intervention building over one year	↓31%
Estimated Average Cost of 911 call*	~ \$1,626**	Annual Estimated Resource Gains	~ \$53,638
Estimate: For every one dollar invested into CP@Clinic program, there is a return of \$1.88 in resource gains to the health care system.			
2:1 Return on investment			

*(from Paramedic response → Transport to ED → ED Assessment) **Range between \$499 to \$2,254) Impact Report from the Research Study - A Community Paramedicine Initiative for Older Adults Living in Subsidized Housing. G. Agarwal 2016

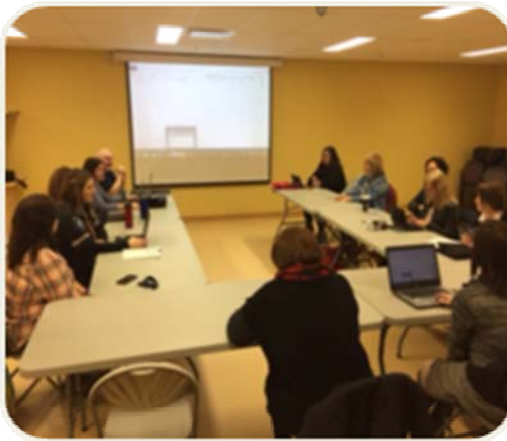
The CP@Home program has been well loved in the intervention buildings and has shown great success. The results of the 2017 research study “A Community Paramedicine Initiative for Older Adults Living in Subsidized Housing” indicate lowering of 911 calls by ↓ 31% over the intervention year. All risk factor discoveries lead to Paramedic interventions such as education, coaching strategies for better health and safety, referrals to community services for unmet needs and notification of primary care practitioner, pharmacist or other relevant care agency.

These programs are currently provided in the following Greater Sudbury buildings:

- 1052 Belfry Avenue (Maintenance visits once per month or more if need established)
- 720 Bruce Avenue (Maintenance visits once per month or more if need established)
- 1960 A & B Paris Street
- 1920 Paris Street
- 17 Hanna Street (Capreol)
- 36 & 38 Coulson Court (Capreol)

2. Rapid Mobilization Table

Allows Paramedics a venue to assist those they find at elevated risk of harm for rapid wrap around care and services. Twenty-five partner agencies meet twice weekly to present and respond to individuals at elevated risk of harm. Currently, our HPCP attends once per week.



2018 Paramedic Services involvement

14 Presentations

119 Assisting Agency

Engaged in **124** working group situation discussions

Involved in **49%** of total Rapid Mobilization Table discussions

3. Shelters Clinics

HPCP provides two weekly wellness clinics to citizens from our homeless population, one at the Salvation Army Men's Shelter and the other at the Women's and Families' homeless shelter. We provide a very similar program to the CP@Clinic, though less specific to older adults. These wellness programs work to provide proper health screening but most importantly the HPCP works to restore appropriate reengagement of our homeless to the health care system.

4. Paramedic Referral

Oversight of the field Paramedics' identification/referral of patients with signs of failing the activities of daily living, lack of social supports and safety hazards. These referrals can go to any appropriate agency, but most commonly they go directly to the NE LHIN Home and Community Care (the former Community Care Access Center (CCAC)). In 2018, Paramedics completed 282 Paramedic referrals, meaning 282 individuals Paramedics assessed as a safety concern or failing to meet the basic requirements of daily living, were linked to healthcare services to assist with these unmet needs.



5. Bystander Hands Only CPR

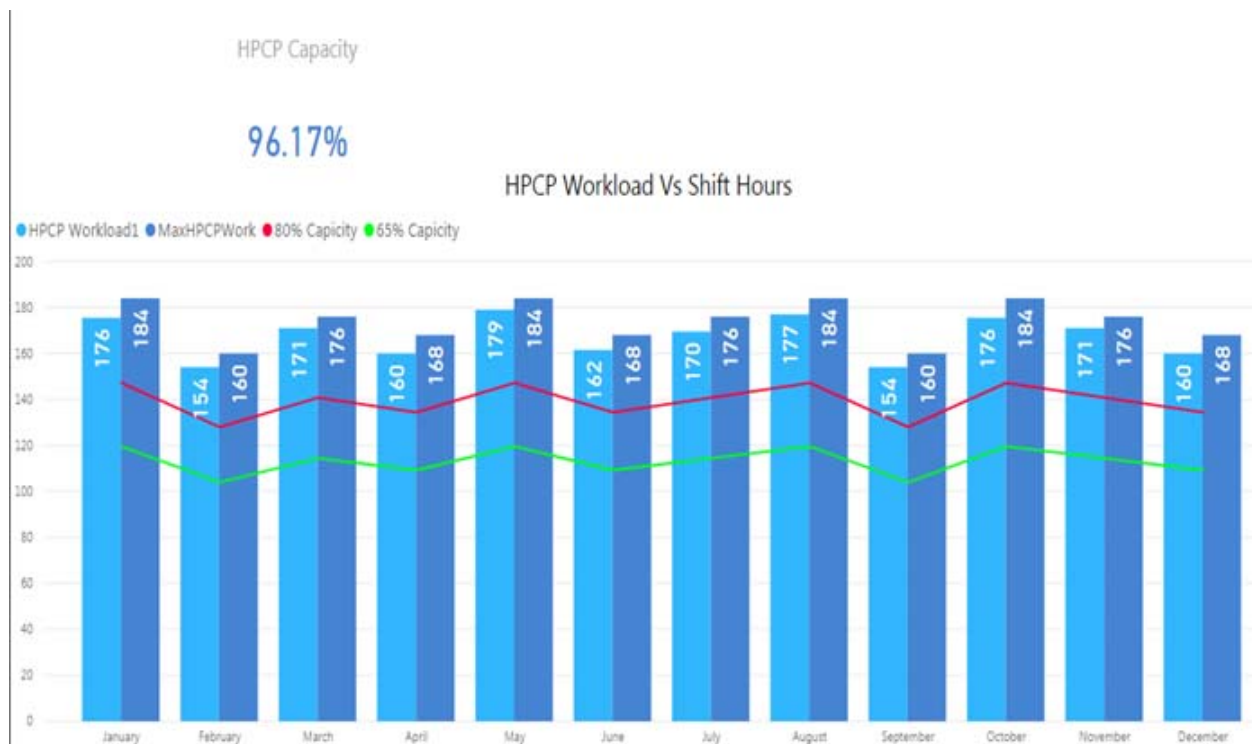
Bystander hands only CPR/AED education is free to the community, any age. Since 2014 to present (2017 excluded) HPCP and Paramedic services has educated 1537 citizens. In 2018 alone, we taught 635 citizens this important life saving skill.

The Health Promotion CP program creates situations by freeing up resource response capacity within Emergency Services (Paramedic Services-Police-Fire tiered responses) by addressing the unmet needs of our frequent users and referrals to community agencies through our HPCP initiatives.

All of the programming provided to the community is provided by one HPCP. When this Paramedic is off work for illness or annual vacation, all programs and services cease. There is no backfill to provide case management or coverage for overseeing Paramedic referrals for our vulnerable populations.

Currently there is no capacity for program expansion at current HPCP staffing levels as illustrated by **Figure 5**. At this time if we increased staffing we could accomplish more balanced community programming so other areas of Greater Sudbury could reap the benefits of this programs positive outcomes.

Figure 5



HPCP Next Steps

1. Harm Reduction Involvement for Patients Post Opioid/Illicit Drug Overdose

- working with partner agencies to discover a method to decrease repeated overdoses with the goal to avoid deaths;
- mandatory Rapid Mobilization Table presentation or response team of Paramedic, addictions, mental health & outreach workers to access the Paramedic and Police Services data lists of those whom have recently overdosed;

- sharing of Paramedic/Police data (in instances where there is acutely elevated risk of harm to an individual due to recent overdose) to community agencies for a response to offer services and wrap around care.

There are early reports that this bundled care model in the US is decreasing opioid overdoses and opioid related deaths by up to 50%.

2. Greater Sudbury Housing Corporation (GSHC) has indicated interest in exploring more CP@Clinic programs to be hosted within their subsidized housing buildings. This program targets all ages but specifically the older adults. GSHC staff is seeing the benefits of this program in the research currently underway involving two subsidized buildings and welcome the opportunity to place this program in more. Due to lack of resources this cannot be accommodated at this time.
3. The Salvation Army Men's shelter is slated to close May 16, 2019. It is unsure if there will be another program to step in to host the Men's shelter.
4. The HPCP Program has been approached by a Nurse Practitioner Led Clinic to host our wellness clinics in an office in their new clinic at 200 Larch Street Place; they are targeting those clients who are vulnerable, homeless and/or lacking a primary care provider.
5. Initiation of Multiple 911 Caller Home Visit Program – CP@Home sister project to Wellness Clinics – research project with McMaster University.
6. Increase Paramedics role at the Rapid Mobilization Table – increase commitment to attend all meetings weekly which would mean two days per week.
7. Work toward making our City a HEARTSafe Community – strategies to strengthen the “chain of survival” to improve our system for preventing sudden cardiac arrest (SCA) from becoming an irreversible death by:
 - CPR/AED campaign starting with mandatory participation by all CGS employees who are not currently CPR certified;
 - expansion of Public Access Defibrillator (PAD) program registration with ambulance dispatch;
 - public alerts of SCA's for response to those with CPR training through the PulsePoint application.

Figure 6

Multiple Callers: CP@Home			
Multiple Callers - 2017		Multiples callers - looking to the future	
Number of individuals who called 911 \geq 4 times in 2017	750 individuals	CGS Paramedic Services multiple caller trend	Our rates of multiple callers have \uparrow by 24% in 2018
Total number of 911 calls these 750 individuals initiated	4,793	Number of individuals who called 911 \geq 3 times in 2017	569 individuals Accounting for 1707 total of 911 calls

As reported in Municipal Benchmarking Network Canada for 2017, there were 750 individuals who called an ambulance greater than four times in 2017.

The 750 individual multiple calls (shown in **Figure 6**) accounted for 4793 ambulance calls. Our multiple caller rates are growing faster than other communities, increasing by 24% in 2018 as 569 individuals called 911 \geq three times in 2018. If even half of these individuals over the next year call for an ambulance one more time than they did in 2018, it will place a significant strain on our system. The answer is not to place more ambulances into operations but rather meet the needs of these non-urgent callers by more efficient methods.

If we can lower the unnecessary use of Paramedic responses, we will increase the availability of our staff to respond to the calls that truly require a 911 Paramedic response.

If we want to successfully lower the 911 uses by these multiple callers, our Service needs to look into our data, identify them and having a Community Paramedic go to their homes assessing for unmet needs and provide support to end this reliance on our 911 system. We plan to utilize the CP@Home program from McMaster University. It is the sister research project to our wellness clinics, where we book home visits [maximum 3 (1st = 1 – 1.5 hrs; 2nd & 3rd = 20 minutes; each visit separated by two weeks)]. During these interactions there will be:

- home safety and needs assessment of patient;
- home and caregivers/support;
- chronic disease screening;
- medication reconciliation;
- disease management, education and coaching;
- healthy lifestyle change promotion;
- determination of social isolation or suspicion of mental health / addictions issues;
- community referrals to helpful programs that exist in the community to provide the unmet need(s) to lessen or end the dependence on emergency services.

We currently have minimal capacity to run this program due to limited resources. Our limited HPCP capacity will only see them completing a few calls per week. We will attempt to supplement this with utilization of on shift Paramedics completing home visits in our outlying areas where there is a lower call volume such as; Lively, Levack/Onaping and Capreol. However, due to fluctuating emergency call volumes this is a less than reliable framework for this program.

Emergency Department Diversion Pilot Programs

These diversion strategies allow Paramedics responding to 911 calls offer more appropriate transport destinations to our patients. These Emergency Department (ED) diversion initiatives allow transport diversions from the ED to a more specialized community health care service. Current options include; diversion of low acuity mental health patients to HSN Crisis Intervention services at 127 Cedar Street, HSN Mobile Crisis Intervention services in the home and transport to HSN Withdrawal Management Services at 336 Pine Street.

Next Steps

- Expand Diversion principles to a Primary Health Care Team model – current discussions are underway to look at developing a model to safely transport patients of low acuity to their family physician at City of Lakes Family Health Team.

- Nurse Practitioner Led Clinic at 200 Larch – to meet cultural needs targeting those who are most vulnerable in our population; typically the homeless as they generally lack a primary care provider. The clinic will have a low barrier so there will be no need for identification if not available (common with homeless population). Paramedic Services would take our low acuity walking well patients to this clinic. They will also provide dentistry, social work, pain management, mental health treatment etc.

Conclusion

In an effort to be proactive in response to our increasing call volume, we are looking at innovative ways to safely meet the needs of patients by optimizing systems already in place. These programs have no anticipated start date. CGS Paramedic Services is working toward a diversified service model. Through collaboration with other health care partners we are approaching these system problems from various perspectives. This works and is safe and improves our patients' quality of life and diminishes the need to utilize a Paramedic emergency response in non-emergency situations.

Research demonstrates Community Paramedicine Programs reduce health care costs and prevents unnecessary ED visits and hospital admissions. The CGS Community Paramedic Programs keep residents at home living healthier lives. In order to maintain and expand these services to the entire community, further investment needs to be made by increasing the Community Paramedic staff in our programs.

For Information Only

Emergency Preparedness 2019

Presented To: Emergency Services Committee

Presented: Wednesday, Apr 17, 2019

Report Date: Wednesday, Mar 27, 2019

Type: Presentations

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Report Summary

This report provides an overview of the City of Greater Sudbury's Emergency Management Program in alignment with the presentation to Emergency Services Committee. This report further outlines actions taken to comply with the annual requirements of the Emergency Management and Civil Protection Act and Ontario Regulation 380/04.

Financial Implications

There are no financial implication associated with this report.

Signed By

Report Prepared By

Latoya McGaw
Emergency Management Officer
Digitally Signed Mar 27, 19

Division Review

Michael MacIsaac
Executive Deputy Chief of Community Safety
Digitally Signed Mar 27, 19

Financial Implications

Jim Lister
Manager of Financial Planning and Budgeting
Digitally Signed Mar 27, 19

Recommended by the Department

Joseph Nicholls
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Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Apr 2, 19

For Information Only

Every year in May Canadian municipalities recognize Emergency Preparedness (EP) Week. EP Week occurs this year from May 5th-11th. The theme of this year's EP Week is "Are You Ready?"

This report provides an overview of City of Greater Sudbury's responsibilities in being prepared for emergency situations that may occur within our boundaries. The report also highlights how residents can become prepared for emergencies thus building a disaster resilient community.

Background

Disasters can cause significant, even devastating impacts to communities when they strike. Impacts which include loss of life or damage to property are often measured as being social, economical, environmental or infrastructural. For this reason, the importance of building communities that are resilient to disaster has received global recognition (*United Nations, Internal Strategy for Disaster Reduction 2015*).

At the municipal level, the importance of preparedness and resilience is of particular significance. Disasters are most often local events; meaning they are experienced and managed locally by municipalities. It is estimated that municipal governments are the first line of response in more than 90% of all emergencies that occur Canada-wide, thus municipal employees play a critical role in emergency preparedness and response (*Federation of Canadian Municipalities 2006*).

The City of Greater Sudbury (CGS), like all communities, are vulnerable to numerous hazards. These hazards can be natural such as extreme weather, human caused as in the case of sabotage, or technological such as those involving hazardous materials or utility/power failures. Regardless of the type of emergency, CGS has an all-hazard Emergency Response Plan which, when activated, details the methods in which the City mobilizes its resources and makes decisions. The Plan also ensures all internal and external stakeholders are aware of their respective roles and responsibilities and provides an operating structure during times of crisis.

While major response to the emergency is primarily that of municipal agents, it is equally important that families and individuals have their own emergency response plans to help them respond on a more micro level and to enable them to recover from emergencies in an efficient manner. By being prepared, residents too can take steps/actions that can help to reduce the impact of emergency situations on their families, property, the environment and the community at large.

CGS Emergency Management Responsibilities

The *Emergency Management and Civil Protection Act (EMCPA)* requires all Ontario municipalities and provincial ministries to develop, implement and maintain an Emergency Management program. The Act establishes the minimum standards for Emergency Management programs required by municipalities and specifies the requirement in the Act for mandatory Emergency Management programs. According to the legislation Emergency Management programs require several key elements including:

- Conducting annual Hazard Identification and Risk Assessment (HIRA)
- Establishing a Municipal Emergency Control Group
- Identification of Critical Infrastructure
- Preparing an Emergency Response Plan
- Establishing an Emergency Operations Centre (EOC)
- Conducting an annual exercise and training for Municipal Emergency Control Group
- Public Education and Awareness
- Appointing a Community Emergency Management Coordinator (CEMEC)

The aim of Emergency Management programs in Ontario is to create disaster resilient communities. City of Greater Sudbury's Emergency Management Section (CGS EM) is responsible for developing, implementing and maintaining Greater Sudbury's Emergency Management program. Through this mandate, the Emergency Management Section improves the safety of all residents and visitors by:

- planning and preparing for hazards that may occur within our boundaries (HIRA)
- responding and working with internal and external stakeholders to ensure the continuity of essential services during an emergency
- activating the Emergency Operations Centre and Municipal Emergency Control Group when needed and
- engaging stakeholders to help the city recover after an event.

Are You Ready?

Past emergency situations and statistics have shown that the more prepared residents are for emergency situations the greater their chance of surviving the event and the likelihood of reduced damages to property and the environment. Being prepared for an emergency can make a critical difference to the outcome of an event and this can be applied to individuals and families as well.

A survey completed by Statistics Canada in 2014, states fewer than half (47%) of all Canadians are living in households with an emergency preparedness kit. This means citizens are less likely to have available essential items such as food, water, medication, flashlight and cash on hand during emergency situations or a disaster. The survey also stated that only 42% of Canadians indicated that their household had participated in one or two emergency management planning activities such as having an exit plan, an emergency preparedness kit, extra copies of important documents and an emergency contact list.

Whether you live or work in the City of Greater Sudbury, it is essential that residents and visitors both embrace the fact that personal preparedness is an individual responsibility. During times of emergency, there may be many people in need of assistance and it may take up to 72 hours or more for emergency services to reach you. Being self-sufficient for at least 72 hours allows emergency responders to assist the residents in greatest need first.

While most emergency situations are unpredictable, there are a few steps residents can take to ensure they are prepared for emergency situations when they occur thus reducing the impact on vital resources.

1. Know the Risks

It is important for residents to be aware of the potential hazards that may occur in their home, workplace or neighbourhood. CGS EM conducts an annual review of hazards (HIRA) that may occur within our boundaries. By learning about the different emergencies and how to respond, residents can mitigate the effects of the hazards. In CGS it is important for residents to be prepared for emergencies such as:

- Power outages
- Severe winter/lightning storms
- Floods
- Hazardous material release events

2. Make a Plan

Emergencies can strike when you least expect them, often when your family is separated. The best way to be prepared for any emergency is to make a Family Emergency Plan. A Family Emergency Plan will help you and your family know what to do in case of an emergency. Your Family Emergency Plan includes; having an emergency contact list, developing a home escape plan, having a plan for pets as well a plan for members of your family with special needs. Once you've created your family emergency plan it is important that it be communicated to all members of your household.

3. Get a Kit

In an emergency, you may need to evacuate or conversely stay in your home for long periods of time. By preparing a kit in advance containing basic supplies such as food, water, medications, a battery-powered/crank radio and flashlight, just to name a few items, residents can become self-sufficient during and after a disaster.

4. Stay Informed

During an emergency, every minute counts. Timely and accurate information from a reliable source greatly enhances public safety in the event of a municipal emergency or natural disaster. CGS is responsible for communicating emergency information to residents as part of the Municipal Emergency Management Program. During emergency situations, CGS will use traditional "mainstream" media (radio, print, television), its website and social media accounts as well as Sudbury Alerts to notify residents of any imminent threat to public safety. Sudbury Alerts is the City's public emergency mass notification system that will be used to notify residents of any imminent threat to public safety. Residents are encouraged to sign up via the City's website to receive this service.

Conclusion:

Community safety is our top priority. Everyone has a role to play in making sure we all stay safe during emergencies. City of Greater Sudbury continues to work with our community partners and residents in building a disaster resilient community. If you would like to learn more about how you can be prepared, please visit;

<https://www.greatersudbury.ca/live/emergency-services/emergency-management/>.

Resource Cited

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For Information Only

Community Safety Department Update

Presented To: Emergency Services Committee

Presented: Wednesday, Apr 17, 2019

Report Date: Wednesday, Mar 27, 2019

Type: Correspondence for Information Only

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Report Summary

This report for information was prepared to provide the Emergency Services Committee with good news stories and an update on Emergency Management, along with an overview and statistical information from Fire Services and Paramedic Services.

Financial Implications

There are no financial implications associated with this report.

Signed By

Report Prepared By

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Digitally Signed Mar 27, 19

Financial Implications

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Ed Archer
Chief Administrative Officer

Digitally Signed Apr 2, 19

Greater Sudbury Fire Services Update Report

Presented to: Emergency Services Committee on April 17, 2019



This report aims to provide the City of Greater Sudbury Emergency Services Committee with an update on good news stories and relevant statistics as well as recent business activities within the Community Safety Department, Fire Services Division.

Fire Services is responsible for delivering proactive public safety and response programs to prevent emergencies wherever possible and to preserve and enhance life, property, the environment, and the economy due to fire losses in accordance with the Fire Protection Act (FPPA) of Ontario, associated regulations, and City by-laws.

Fire Services Statistics

January 1, 2019 – March 18, 2019

Major Fire Loss Incidents		
Date	Location	Estimated Loss
Saturday, January 19, 2019	Jumbo Rd, Wahnapiatae	\$ 335,000
Thursday, February 28, 2019	Henry St, Whitefish	\$ 225,000
TOTAL Estimated Loss for all 38 Fires		\$902,011

Data Source: Fire House

Incident Type	2018 Totals	2017 Totals
Fires	38	39
Fire Alarms	187	203
Vehicle Collisions	163	239
Open Air Burning Response	4	8
Medical Assistance	140	123
Other Incidents (assisting other agencies, no incident found on arrival, etc.)	202	226
Total	734	838

Data Source: Fire House

Fire Operations

Fire Operations utilizes 88% of the Division's resources to deliver approximately 195,000-person hours of fire suppression services. The Section receives and processes approximately 4,800 requests for service representing 9,300 vehicle responses, in mitigation of emergent and non-emergent events within the scope of Fire Services including fire suppression, Medical Tiered Response (MTR), and



technical rescue including water, ice, high angle, confined space, etc. Additionally, the Section responds to major emergency incidents through coordination with provincial and federal response agencies. From a non-emergency perspective, the Section delivers 160 Knox Box maintenance visits and approximately 60 tactical pre-plans. The operations group is made up of both Volunteer and Career responders.

2019 Full Time Suppression Firefighter Recruitment

Over 400 individuals applied to the 2019 full-time recruitment and during the months of February and March were given the opportunity to complete the testing process. Out of this process 12 candidates were selected. These 12 individuals will now complete a nine-week training academy to become probationary firefighters with Greater Sudbury Fire Services. Good luck to the new recruits.

Public Fire Safety Education and Prevention

Public Fire Safety Education and Fire Prevention work hand-in-hand to proactively deliver programs aimed at ensuring safe communities by using 5% of the Division's resources to reach nearly 12,000 citizens via fire safety education programs aimed at at-risk populations and the completion of approximately 1,900 inspections enforcing various sections of municipal by-laws and provincial legislation. Public Fire Safety Education provides directed and focused fire safety programs aimed at at-risk populations to reduce risk where Fire Code enforcement has a diminished impact and where emergency response is delayed due to the City's geography through the development and delivery of programs such as: Learn Not to Burn, seniors' fire safety, student housing fire safety, the Arson Prevention Program for Children (TAPP-C), industrial fire safety, and fire extinguisher training. Fire Prevention conducts inspections and enforces various sections of municipal by-laws and provincial legislation in delivery of fire prevention programs to reduce the possibility and severity of fire or explosion, by providing tools, resources and leadership to the community, with a focus on disadvantaged and vulnerable citizens.

Annual Fire Drills for Vulnerable Citizens

Fire Prevention Officers attended 53 vulnerable occupancies throughout the City of Greater Sudbury conducting fire drills and full building inspections of these residences. This is a rather big project that runs once a year and takes up to 6-7 months to complete from start to finish. Alongside the directives set out by the Ontario Fire Marshal's office, the goal is to understand how to safely, effectively and quickly evacuate occupants of these vulnerable occupancies. More importantly however, they try to ensure the prevention of types of emergencies that would necessitate evacuation by proactively inspecting each property and going over the importance of the building's life safety devices, in conjunction with their required maintenance. Fire Prevention hopes to have this year completed in line with past years by June-July.



New Public Safety Officer

Fire Prevention has acquired a new Public Safety Officer for the City of Greater Sudbury. The goal of this new position is to proactively educate and ensure local Industrial, hotel, commercial businesses, landlords, etc. are aware of some basic fire safety “must knows” in order to continuously ensure safe working properties. Despite the sharp learning curve this position entails, they are excited to be able to reach out to occupancies that they had a harder time reaching out to in the past.

Fire Fleet/Logistics

Fleet provides logistical and maintenance support to ensure fire vehicles, equipment and buildings are maintained, repaired and ready for use in accordance with applicable legislation, regulations, policy and manufacturers’ suggested standards.

Fleet and Facilities Update

The Fleet Section is continually working to ensure the safety of all Greater Sudbury Fire Services employees. Annual inspections of heavy fleet and inspections of light fleet vehicles are a very important part of daily operations. The Fleet Section is currently in the midst of bunker gear cleaning and testing and air rejuvenation of their self-contained breathing apparatus (SCBA).

The Fleet Section is also working with manufacturers in the builds of two tanker trucks and an aerial ladder truck to ensure continued reliability and efficiency of the responding crews.

Training

Training involves the development and delivery of fire service related training programs, including recruit training, officer development, emergency care, equipment operator training, fire suppression, and fire prevention. The Training Section also oversees operation of fire training grounds on which the training sessions are conducted.

Training Updates

- NFPA-1001 compliant material with lesson plans and skills videos have been developed for the Service on the following subjects. This includes a sign-off book with all of the Job Performance Requirement’s (JPRs) for the service on 1001.
 1. Basic Firefighting Tools
 2. Building Construction
 3. Communications
 4. Fire Extinguishers
 5. Fire Science
 6. Ladders
 7. Raising and Lowering Equipment
 8. Ropes and Knots



9. Search and Rescue

10. Ventilation

- NFPA-1002 Pump operator curriculum is under development with a delivery start date of mid-June 2019.
- NFPA-1006 Technical Rescue is progressing on the following:
 1. Rope Rescue Technician Level at Van Horne Station to be completed by the end of September 2019.
 2. Confined Space Rescue Technician Level at Van Horne Station to be completed from October to December 2019.
 3. Trench Rescue Technician Level at Van Horne Station to be completed by the end of 2020. The Trench course will require the development of instructors by specialized providers.
 4. Vehicle Rescue Operations Level at applicable stations. Three instructors were developed in the operations level component of the NFPA Standard. An auto extrication program is being established with an expected delivery start date January 2020.
 5. Swift Water Rescue program is ready to deliver this spring. Pre-class assignments have been distributed with the hands-on component being weather dependent (spring thaw is required for best training opportunities). Delivery is focused at Minnow Lake and Long Lake Stations.
 6. Ice Water Rescue program is in the delivery phase with training being focused at the Minnow Lake and Long Lake Stations. The majority of JPR's have been completed by those assigned to these stations.
 7. Watercraft Rescue program is in the product development phase. It is expected that this program will be ready for delivery by August 2019.
- NFPA-1021 Company Officer 1 & 2 courses are in the process of being delivered. These programs include Greater Sudbury specific components as well as the NFPA required pieces.
- NFPA-1072 Hazardous Materials program is in the development stage given Council's new funding for the program.
- The Training Section is also in the process of delivering the Red Cross Emergency First Responder (EFR) program internally with some Greater Sudbury specific components. All Career Firefighter EFR training should be completed by the end of June. EFR training will commence in the named Volunteer stations starting in May 2019. A memo is to be released to determine the interest of Volunteers in the Onaping, Levack, and Capreol volunteer stations.

Greater Sudbury Paramedic Services Update Report

Presented to: Emergency Services Committee on April 17, 2019



This report aims to provide the City of Greater Sudbury Emergency Services Committee with an update on good news stories and relevant statistics as well as recent business activities within the Paramedic Services Division of the Community Safety Department.

Greater Sudbury Paramedic Services is responsible for the delivery of a performance-based paramedic service that complies with legislative and regulatory requirements, ensuring pre-hospital emergency medical care and transportation to those individuals suffering injury or illness. A performance-based paramedic service focuses on clinical excellence, response time performance, patient outcomes, patient satisfaction, continuous quality improvement, and a healthy work environment conducive to professional growth.

Good News Stories

Bell Let's Talk Day

Dedicated to moving mental health forward in Canada, Bell Let's Talk promotes awareness and action with a strategy built on four key pillars: fighting the stigma, improving access to care, supporting world-class research and leading by example in workplace mental health. One of the biggest hurdles for anyone suffering mental illness is overcoming the stigma attached to it. The annual Bell Let's Talk Awareness Campaign is driving the national conversation to help reduce the stigma and promote awareness and understanding with talking being an important first step toward lasting change.

This year, representatives from Paramedic and Fire Services participated in the Bell Let's Talk Day proclamation hosted by Mayor Brian Biggar. This event highlighted the initiatives in the Paramedic Services PTSD Prevention Plan and our efforts in supporting the mental health of our first responder and their families.



Join the conversation on January 30.

Talk, text and share on social media to raise funds and awareness for mental health.





Walden Winter Carnival



Paramedic Services participated at the Walden Winter Carnival on Saturday, February 9th and Sunday, February 10th. Paramedics interacted with attendees as they demonstrated some of their latest equipment and answered questions. The carnival provided an excellent opportunity to engage with the public.

Greater Sudbury Paramedic Honour Guard Training

Greater Sudbury Paramedic Services, along with many Paramedic Services across the globe, embraces the value of having an honour guard and appreciate the pride and professionalism that they bring to their service. In March, four members of the Greater Sudbury Paramedic Honour Guard attended the Alliance of Canadian Paramedic Honour Guard, Drill Instructor and Senior Leader training session hosted at Lionel E. Lalonde Centre in Azilda.

Approximately 25 members from other Paramedic Honour Guards from other provinces including Ontario, Quebec and Alberta attended the training.

This was the third time that the Drill Instructor course was offered to Paramedic honour guards in Canada with both previous sessions (2012 & 2014) being held at the RCMP depot in Regina, Saskatchewan. It wasn't until 2012 that the RCMP broke with tradition and allowed non-police attendees to attend their Drill Instructor training. Seven Paramedic Honour Guards graduated from the first session in 2012 with 14 graduating from the subsequent session in 2014.



Many services do not have personnel with the military background or training required to teach and lead their team in these areas. The provision of these two courses aims to rectify that. The Drill Instructors course provided the knowledge and skills required to teach Canadian foot drills to



members of their team. The Senior Leadership course provides guard members the knowledge, skills, and abilities to lead their team in drill, formal parades, ceremonies and funerals.

The week-long training was a great success, providing opportunities in the future to host the same training sessions at Lionel E. Lalonde Centre in Azilda.

Polar Plunge

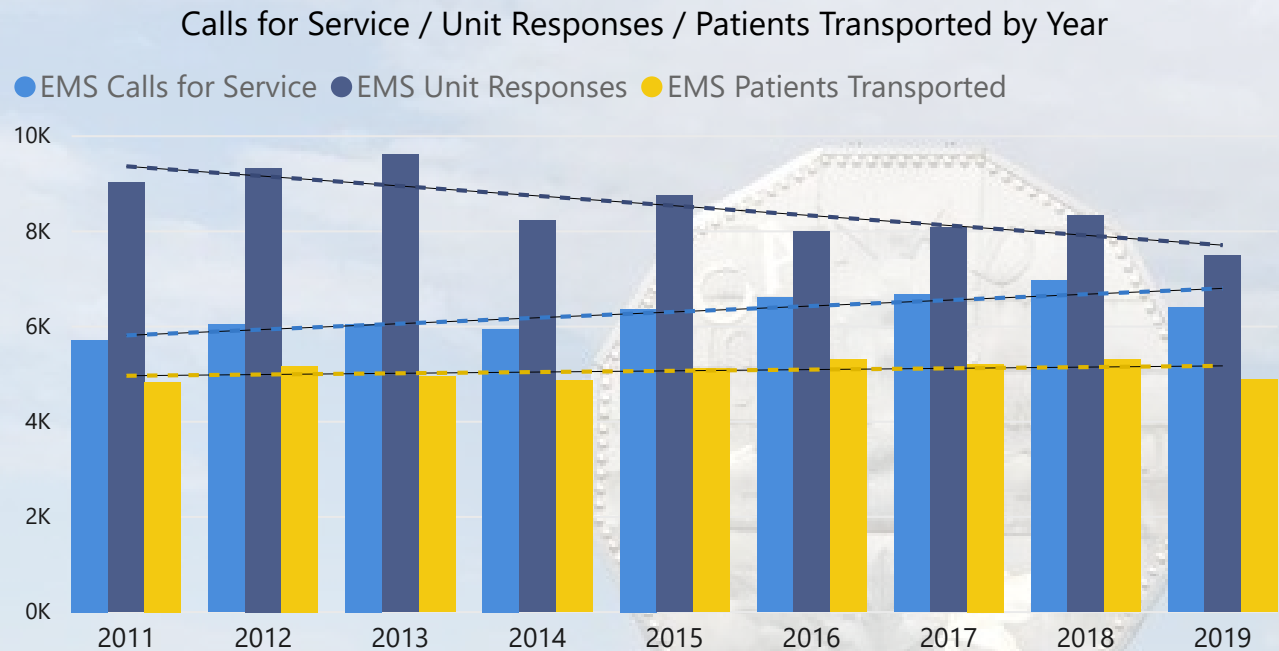
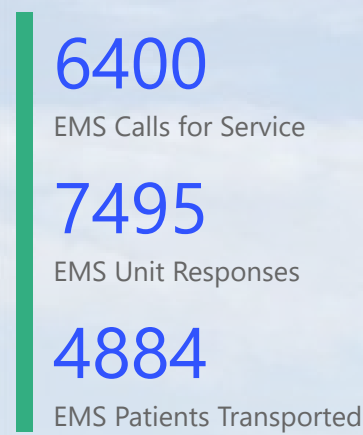
Staff from Greater Sudbury Paramedics Services participated in the 6th Annual Polar Plunge in support of Special Olympics Ontario. The Polar Plunge is a provincial incentive for law enforcement to raise money for Special Olympics. Paramedic staff raised approximately \$950 this year.



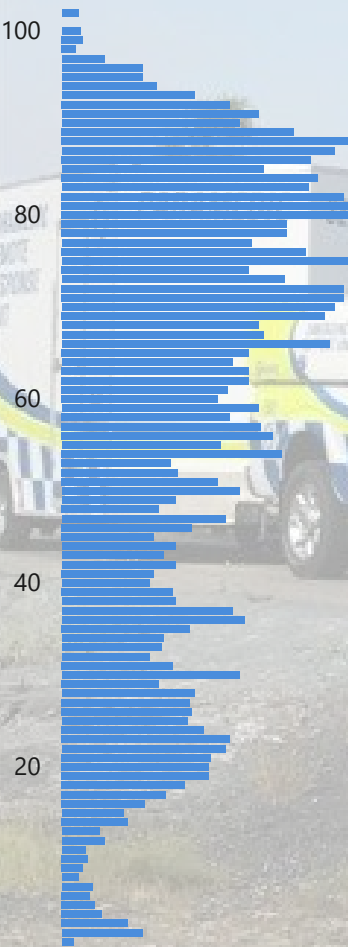
Greater Sudbury Paramedic Services Statistics Q1 2019



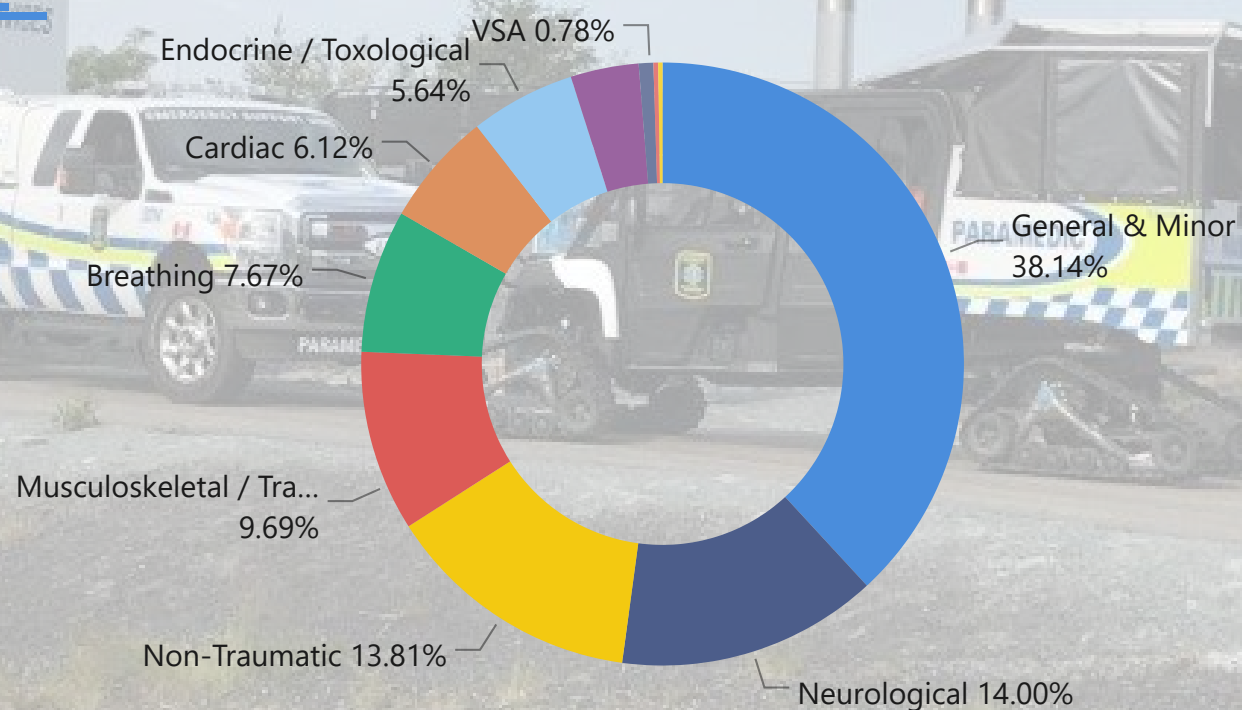
as of March 24, 2019



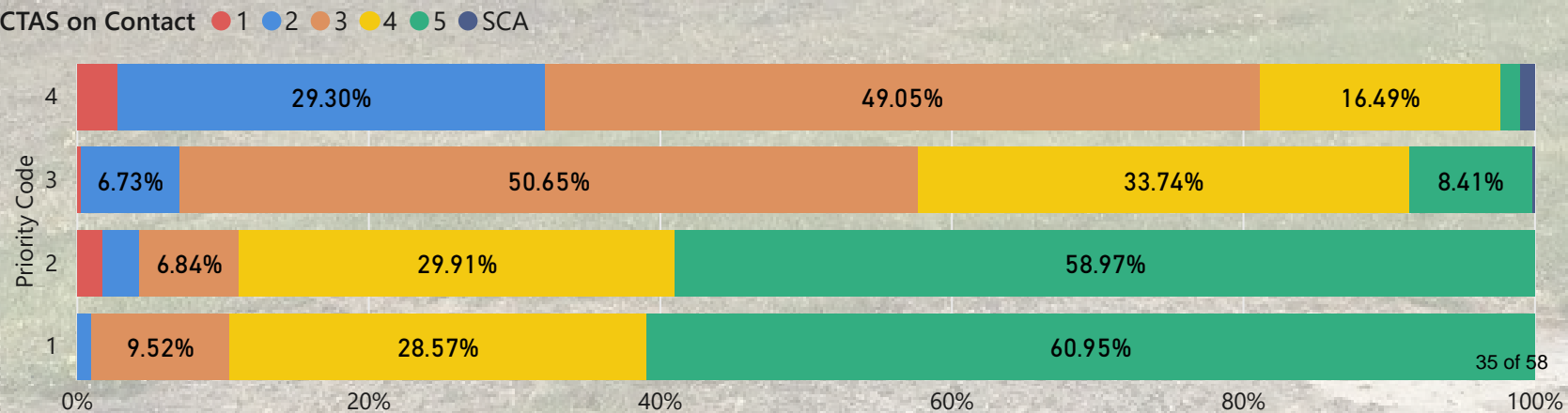
No. of Calls by Age



Calls by Problem Group



Patients Transported by Dispatch Priority vs. CTAS on Contact





Paramedic Services Statistics Defined

Paramedic Calls for Service

A measure of calls **received** by Greater Sudbury Paramedic Service by the Central Ambulance Communications Centre (CACC) to respond to emergencies. In simpler terms, the number of calls to 911 for Paramedic Services that resulted in the paramedics being dispatched.

Paramedic Unit Responses

A measure of units **dispatched** by the CACC to paramedics to service emergencies. This number will typically be higher than calls for service as some calls necessitate the use of multiple ambulances, Paramedic Response Units, or Superintendent units.

Paramedic Patients Transported

A measure of patients being transported on both an emergency and non-emergency basis.

Calls for Service/Unit Response/Patients Transported by Year

A comparative chart detailing, since 2011, the three measures together.

2018 Number of Calls by Age

A clustered bar chart detailing the age of each patient encountered. The purpose of this chart is to detail the effects of the aging population in comparison to call volumes.

2018 Calls by Problem Group

A pie chart detailing the categorized primary problem of each patient who was transported. Paramedics detail in great granularity the primary problem as assessed and treated where possible. These primary problem codes have been rolled up into primary categories as detailed on the Patient Care Record and displayed here.

2018 Patients Transported by Dispatch Priority vs. CTAS on Contact

A metric consisting of a 100% stacked bar chart that measures the urgency at which paramedics are dispatched by the CACC against the actual patient acuity at patient contact.

Ambulance Communications Officers (ACOs) at the CACC currently use a system called the Dispatch Priority Card Index (DPCI) when determining a patient priority. This system automatically generates a priority based on the series of questions answered by the caller of the emergency. Then, once on scene, paramedics assign a detailed Canadian Triage Acuity Scale (CTAS) rating based on the patient's presenting condition.

Paramedics are generally dispatched patient calls on four different "Priority" codes.



- **Code 1** “Deferrable” (no time factor) – e.g. a non-scheduled transfer with no definitive time factor, a minor injury
- **Code 2** “Scheduled” (time is a factor) – e.g. inter-hospital transfers for scheduled diagnostic tests, a scheduled meet with an air ambulance, patient transferred for a scheduled appointment.
- **Code 3** “Prompt” – transport without delay (serious injury or illness e.g. stable fracture)
- **Code 4** “Urgent” – where the patients “life or limb” is at risk (e.g. Vital Signs Absent patient; unconscious).

CTAS is a widely recognized rating scale used across within Canadian healthcare institutions. There are five different CTAS ratings.

- **CTAS 1:** Severely ill, requires RESUSCITATION
 - Requires resuscitation and includes conditions that are threats to life or imminent risk of deterioration, requiring immediate aggressive interventions (for example, arrest, and major trauma or shock states).
- **CTAS 2:** Requires EMERGENT care and rapid medical intervention
 - Requires emergent care and includes conditions that are a potential threat to life or limb function, requiring rapid medical intervention or delegated acts (for example, head injury, chest pain or internal bleeding).
- **CTAS 3:** Requires URGENT care
 - Requires urgent care and includes conditions that could potentially progress to a serious problem requiring emergency intervention, such as mild to moderate asthma, moderate trauma or vomiting and diarrhea in patients younger than two years.
- **CTAS 4:** Requires LESS-URGENT care
 - Requires less-urgent care and includes conditions related to patient age, distress or potential for deterioration or complications that would benefit from intervention, such as urinary symptoms, mild abdominal pain or earache.
- **CTAS 5:** Requires NON-URGENT care
 - Requires non-urgent care and includes conditions in which investigations or interventions could be delayed or referred to other areas of the hospital or health care system, such as sore throat, menses, conditions related to chronic problems or psychiatric complaints with no suicidal ideation or attempts.



Paramedic Operations

The Operations Section provides provincially mandated pre-hospital emergency medical care and transportation as well as non-urgent transportation between health-care facilities, the airport and residences, to over 21,000 patients. In the delivery of approximately 114,000 hours of ambulance services, 83% of the Division's resources are utilized. Responding to over 27,000 calls for service, Paramedic Operations maintains a response time for the most serious patient acuity (CTAS 1) within eight minutes, 80% of the time.

Response Time Standards Reporting:

Paramedic Services is required by Regulation 257/00 under the Ambulance Act, to submit the results of the established Response Time Standards (RTS) plan, no later than March 31 for the previous year. Paramedic Services has submitted their compliance for 2018 to the Ministry of Health and Long Term Care (MOHLTC).

There are three different reportable call criteria based on the following framework:

1. The percentage of times that a person equipped to provide any type of defibrillation has arrived on-scene to provide defibrillation to **sudden cardiac arrest patients within six minutes** of the time notice is received. (A bystander, emergency responder or paramedic with a defibrillator will stop the clock).
2. The percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to sudden cardiac arrest patients or other patients categorized as **CTAS 1 within eight minutes** of the time notice is received.
3. The percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to patients categorized as **CTAS 2, 3, 4 and 5 within the response time targets set by the upper-tier municipality.**

The RTS for sudden cardiac arrest and CTAS 1 calls (criteria #1 and #2 above) have a fixed time set by the Province of six (6) and eight (8) minutes respectively. These fixed times are based on the most current medical evidence for these types of calls. The City determines the percentile of time that either a defibrillator (EMS, Fire, or public access defibrillator) for sudden cardiac arrest calls, or a paramedic for all CTAS 1 calls, has arrived at the patient for each of these categories.

For patients categorized as CTAS 2 to CTAS 5 (criteria #3 above), the City determines both the response time target and the percentile these response times are achieved. Greater Sudbury Paramedic Services submitted the following response time targets in October 2017, for 2018:



Level of Acuity	Time	% Time
Sudden Cardiac Arrest	6 minutes (set by MOHLTC)	70%
CTAS 1	8 minutes (set by MOHLTC)	80%
CTAS 2	10 minutes (set by CGS)	85%
CTAS 3	15 minutes (set by CGS)	85%
CTAS 4	15 minutes (set by CGS)	85%
CTAS 5	15 minutes (set by CGS)	85%

Greater Sudbury Paramedic Services is currently conducting a System Status Plan (SSP) review to evaluate the resource deployment to meet or exceed the RTS approved by Council. The SSP review includes analyses of Paramedic Service call volume trends, response times and evaluating the deployment of paramedic resources, to service its community.

Below is a year-on-year comparison of Greater Sudbury Paramedic Services RTS compliance provided yearly to the MOHLTC.

Level of Acuity	Example of Call	Approved RTS%	2015 RTS%	2016 RTS%	2017 RTS%	2018 RTS%
Sudden Cardiac Arrest	Patient has no vital signs	70%	73%	70%	73%	70%
CTAS 1	Critically ill or have potential for rapid deterioration	80%	81%	78%	80%	79%
CTAS 2	Potential to life, limb or function, requiring rapid medical intervention, controlled acts	85%	86%	85%	88%	86%
CTAS 3	May progress to serious problem. Associated with significant discomfort or affecting ability to function.	85%	97%	97%	97%	96%
CTAS 4	Conditions that would benefit from intervention or reassurance	85%	98%	98%	97%	97%
CTAS 5	Non-urgent, chronic, without evidence of deterioration	85%	97%	98%	97%	98%

Employee Engagement Sessions for CGS Survey

Every two years, CGS conducts employee surveys to identify opportunities to improve employee engagement within the organization. In 2018, a survey tool from TalentMap was used to identify engagement drivers. Out of this survey arose a training session on how to use the results to create meaningful action plans and measurable results for the organization.

Within the month of February, Paramedic Services conducted two separate sessions with employees, focusing on the three drivers identified from the employee survey to best improve employee engagement. The three drivers were Organizational Leadership, Professional Growth and Innovation.



Staff provided great ideas and management staff are currently in the process of ranking the responses along with opportunities to implement them. Throughout the implementation stage, employees will be updated on the progress of this initiative

Professional Standards

Using 5% of the Division's resources, the Professional Standards Section is responsible for the delivery of continuous quality improvement programming ensuring that legislatively mandated responsibilities of the Division are upheld. This Section also manages the electronic patient care record system in accordance with various legislative and regulatory requirements.

Clinical Audits

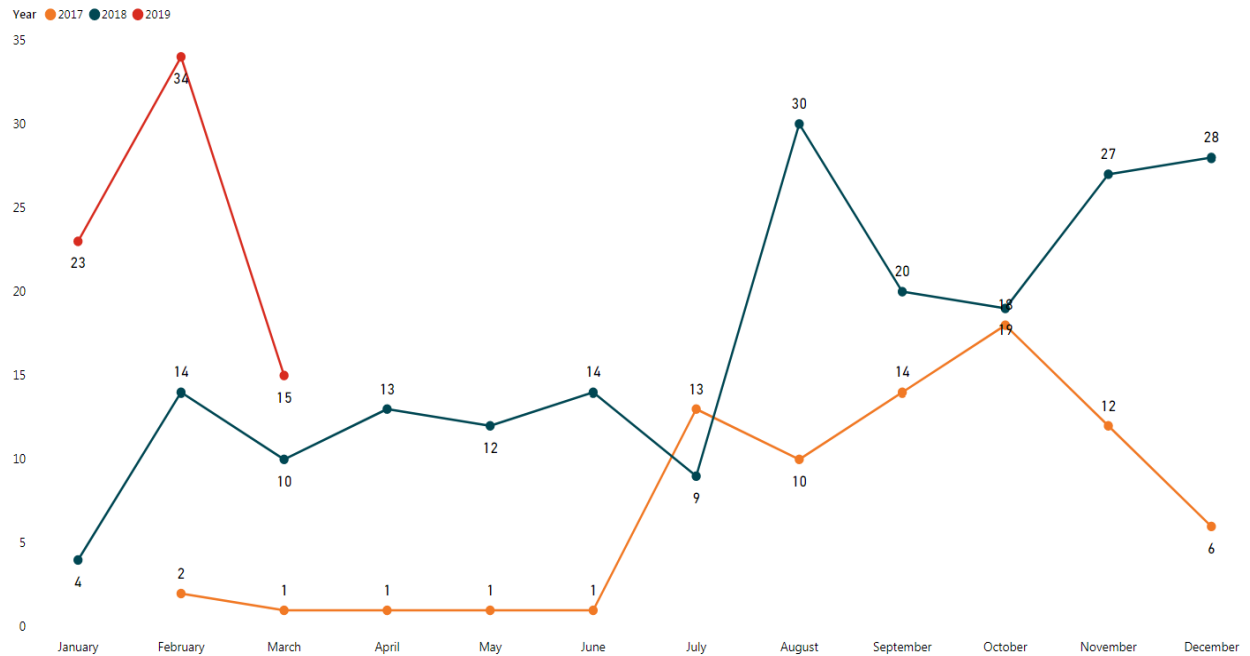
By conducting approximately 1,600 clinical audits of paramedic documentation, this Section endeavours to achieve the goal of improving safety and high-quality clinical care. Conducting approximately 1,400 event analysis/reviews in relation to patient care and operational investigations this Section assists in preparation for related legal proceedings. Lastly, this Section provides approximately 500 hours of stakeholder/community relations to ensure integration into the health-care framework.

Opioid Surveillance and Information

Greater Sudbury Paramedic Services is part of the Community Drug Strategy (CDS) Steering Committee and part of the Reporting and Surveillance sub-group. As such, data is provided from opioid related incidents to community stakeholders within the CDS to support the early warning and opioid surge detection system. Paramedic Services plays a major role in this sub-group in that they are often the first health care providers to note an increase in specific community health related emergencies. The ability for this group to utilize Paramedic Services enhanced monitoring of opioid emergencies as an alert for our community allows community service agencies and opioid users to be informed, prepared and empowered with real time knowledge of local opioid misuse trends.

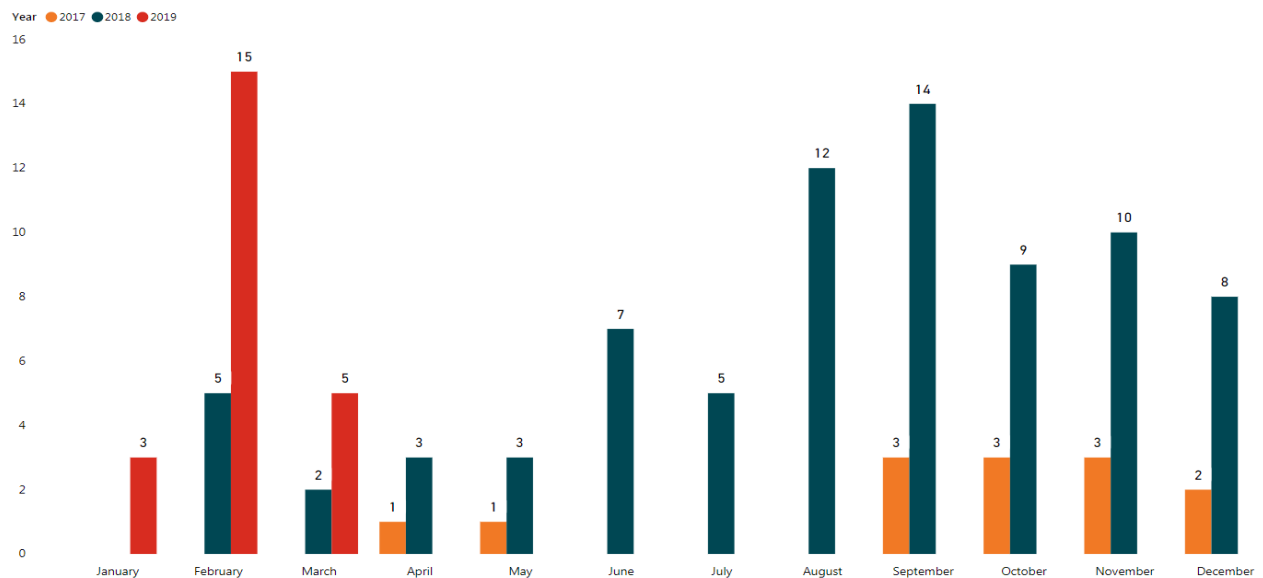
The following data displays the number of opioid overdose occurrences and naloxone usage tracked by Paramedic Services that is now being made available to Public Health Sudbury and Districts for the purposes of the development of an early warning system. Public naloxone administration is increasing, and paramedic administered naloxone numbers are decreasing as access to naloxone becomes more readily available to the public.

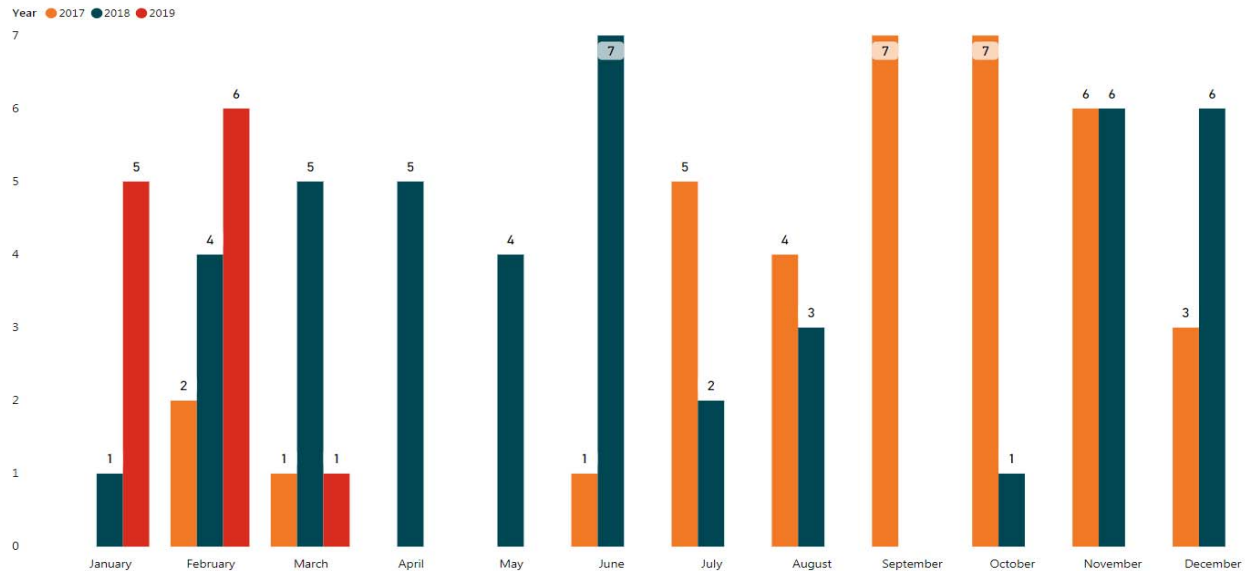
Paramedic Services Update Report - Wednesday, April 17, 2019



Paramedic Services - Suspected Opioid Overdoses

Naloxone Administration by non-Paramedic Services





Naloxone Administration by Paramedic Services

Emergency Department Diversion Pilot Programs – Withdrawal Management and Crisis Intervention Services

Within the protocols of a pilot program with Health Sciences North Centre for Prehospital Care, Greater Sudbury Paramedics are able to offer an option of transport destination to appropriate 911 patients diverting them from the Emergency Department (ED). This diversion strategy will assist our health care system by ensuring the patient receives the right care at the right time. The options of destination include; the normal protocol to the ED, Withdrawal Management Services or Crisis Intervention Services. Additionally, when appropriate, there is the possibility to have the Mobile Crisis Intervention Team respond directly to the patient's home.

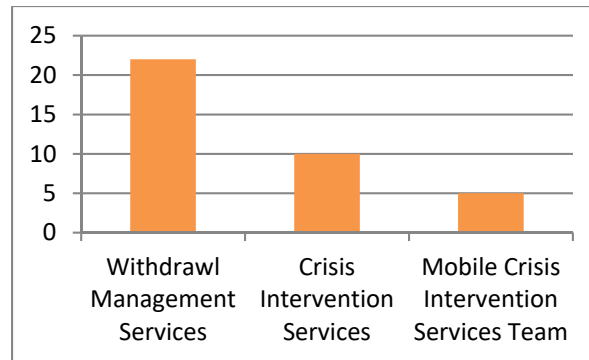
Being the first in the province of Ontario to initiate an alternate destination diversion pilot program, Greater Sudbury Paramedic Services has been recognized by their peers around the province for their innovation. Municipalities such as Sault Ste. Marie, Hamilton and London have followed our lead commencing their own diversion programs following our framework to enjoy similar benefits of this ED Diversion strategy.

In conjunction with the service's Medical Director the Service has conducted a review of our Diversion Medical Directive this quarter. This work is being done to improve directive ease of use and improve compliance through our continuous quality improvement process. With the reevaluation of the Ambulance Act and the potential for more destination options, Paramedic Services is currently looking into collaborations with other community care providers such as Primary Care Physician



Offices and those that provide cultural consideration as part of their care in an effort to expand the diversion pilot. They also intend to expand diversion of our “walking-well patients” to the soon to open 200 Larch Street Place; a Nurse Practitioner lead clinic where marginalized and at-risk people can easily access health care and connect with community-based services.

The following is the number of patients diverted from the Emergency Department of the hospital from January 1 to March 12 2019:



This triaging and diverting of patients by paramedics over the first two and a half months of 2019 led to a total of **37** patients transported to appropriate community services, rather than unnecessary visits to the ED.

Diversion to appropriate community care programs align with the Ontario governments’ 1st interim report from Premier’s Council on improving health care and ending hallway medicine titled, **“Hallway Health Care: A system under strain”**. Diversion also aligns with **Municipal Priorities** set out in the City of Greater Sudbury’s Corporate Strategic Plan, specifically the Quality of Life and Place key pillar, in creation of programs that are designed to improve the health of all citizens.

Logistics

Encompassing 7% of the Division’s resources, the Logistics Section provides asset management and supply maintenance services for paramedics and vehicles. Processing approximately 5,400 paramedic vehicles each year meeting the processing standard 93% of the time, ensures both vehicle and equipment are sanitized, stocked and operationally ready for service, in accordance with all legislative requirements and industry best practices. Inventory control is managed through the purchasing and deployment of materials within a centralized model with delivery to five satellite stations on a regular basis. This Section also maintains operational oversight of two specialized response units; the Mobile Command Unit and remote response Gator unit, as well as maintenance oversight of the City emergency helipads. Ensuring the reliability of paramedic vehicles according to manufacturer’s recommendations, logistics personnel monitor and deliver paramedic vehicles to the maintenance depot on average over 780 times per year.



Medical Supply Ordering and Processing

Logistics continues to improve their station stock ordering system. Recently, paramedics have been able to order station and ambulance stock electronically. With that system now fully in place they can link station orders to their warehouse system and monitor stock levels through regular reporting, resulting in improved warehouse management.

Training

Training utilizes 5% of the Division's resources to orient new staff, sustain legislatively mandated training requirements for staff, and support reorientation of staff returning to work after a medical leave. Service level training is delivered annually to 165 staff on initiatives that include continuing medical education and remedial education to address identified gaps in knowledge, skill or critical decision-making. Additionally, the Training Section devotes an average of 28 days of orientation support for newly hired paramedics. Coordinating with educational institutions, this Section assists with the clinical placement of paramedic students, and educational observer shifts for other allied agencies. Lastly, Training participates in national and international clinical research initiatives aimed at improving pre-hospital clinical care.

City Services Fair

The Paramedic Training Section attended the City Services Fair at the New Sudbury Shopping Centre. This was a great opportunity to allow citizens of the City of Greater Sudbury to view and ask questions regarding expected emergency service delivery. Being on hand, they were able to facilitate conversations with the public regarding the service, equipment and scope of practice. The event provided an opportunity for citizens to view the power stretcher, power stair chair and other specialized equipment used when paramedics attend calls for help.

Snowmobile Safety – Sled Days

Training Section staff provided a presentation to Rainbow District School Board's Lively Secondary School grade 10 students highlighting snowmobile safety perspectives with key First Aid tips. Each learning concept was reinforced with interactive scenario presentations. A demonstration was also provided of the Sudbury Paramedic Remote Response Unit and its use in the City of Sudbury's Emergency Response Plan.

Greater Sudbury Emergency Management Update Report

Presented to: Emergency Services Committee on April 17, 2019



This report aims to provide the City of Greater Sudbury Emergency Services Committee with an update on information as it relates to recent business activities within the Community Safety Department's Emergency Management Section.

The Emergency Management Section provides leadership, guidance and direction to ensure the safety of residents in community emergencies. This section is governed by the Emergency Management and Civil Protection Act (EMCPA). The Office of the Fire Marshal and Emergency Management and the Greater Sudbury Emergency Management Advisory Panel provide further direction and advice to the Emergency Management Section. This Section provides 24/7 support with a primary focus on the safety of our citizens through the effective management of community risks and emergencies.

Joint Emergency Services Operational Advisory Group (JESOAG) Tabletop Exercise

On January 14th, the Joint Emergency Services Operational Advisory Group (JESOAG) held a tabletop exercise to evaluate emergency services response to a mass casualty incident in a remote area of the City. JESOAG is a group which is designed to improve joint emergency response throughout the City of Greater Sudbury. The exercise was designed to evaluate a coordinated interagency emergency response with decision making processes and testing of operational policies and procedures, emphasizing the coordination between Central Ambulance Communications Centre, 911 Communications Centre, Greater Sudbury Police Services, Greater Sudbury Paramedic Services and Greater Sudbury Fire Services.

The exercise had a total of 20 participants.

Coniston Power Outage

In the early morning of January 22, 2019 the Greater Sudbury community of Coniston experienced a power outage. According to Greater Sudbury Utilities (GSU), power went out at approximately 3:50am. GSU Hydro crews were able to isolate the area of the problem which was located on the Hydro One transmission system. A downed power line in a heavily wooded area interrupted the power supply. The outage affected approximately 925 Sudbury Hydro customers in the area. With the remote location of the downed wire, power was effectively restored at approximately 2:40pm.



Photo Courtesy of Hydro One/GSU



A power outage in the 12-hour range would not normally be cause for concern but due to the extreme cold temperatures (temperature range of -24°C at 5am to a high of -13°C at 3pm) enhanced measures were implemented. Those measures included:

- The deployment of transit buses to the community to act as warming centres for residents.
- Frequent interagency communication with Greater Sudbury Utilities and City departments which allowed Corporate Communications to provide information to the residents via the City's social media platforms.

There were no injuries as the result of this event. Call volumes to 311 were not abnormal when compared to other power outages. Warming buses were utilized by six residents.

Tour of Greater Sudbury Utilities Control Room

On February 7th, Emergency Services staff toured the Hydro Control Room of Greater Sudbury Utilities. The tour provided an opportunity for staff to gain a better understanding of GSU's operations as well as procedures in place for emergency situations. The group also had fruitful discussions on how both organizations can continue to work together to ensure information is shared in a timely manner during emergency situations.



City Service Fair



The Emergency Management Section participated in the City Services Fair held on Wednesday February 6th at the New Sudbury Shopping Centre. The fair provided an opportunity for residents to learn about Emergency Preparedness initiatives such as having a 72-hour kit and a Family Emergency Plan. Residents were also encouraged to sign up for Sudbury Alerts. Sudbury Alerts is the City's Public Emergency Mass Notification System used to notify residents of imminent threats to public

safety. The Emergency Management booth had encounters with approximately 55 community members.



Emergency Operations Centre (EOC) Support Staff Training

The Emergency Operations Centre (EOC) Support Staff team consists of employees from across the organization who have been trained to provide support to the Community Control Group during EOC activation. Support Staff are trained on EOC activation and deactivation procedures, operation of crisis communication software as well as administrative duties. Currently, there are 29 EOC Support Staff members.

The first training sessions for 2019 occurred on February 13th and 26th with 13 EOC Support Staff in attendance.

Flood Preparation

The City's operations crews, in partnership with community stakeholders, are actively monitoring the spring thaw. Greater Sudbury's Emergency Management Section has been working closely with various internal and external stakeholders such as the Growth and Infrastructure Department, Conservation Sudbury, dam operators and the Ministry of Natural Resources and Forestry to ensure plans have been revised and updated where appropriate, resources procured, and staff trained and ready to respond quickly to any emergency that may arise.

The flooding potential in any given year depends on the snow pack level within watersheds and warm spring weather. Each year Greater Sudbury undertakes several activities to ensure that our critical businesses will either continue to operate or recover rapidly despite serious incidents or disasters. Additional areas of concern are addressed through continuity measures include the protection of critical infrastructure and public safety.



Photo courtesy of Greater Sudbury Conservation Authority



With the onset of rain and milder temperatures, there are a few things residents can do to help reduce the potential of basement flooding:

- Check your sump pump to ensure it is operating correctly.
- Check your sump pit to ensure it is not blocked by debris.
- Reposition your downspout, if possible, to direct water away from the foundation and neighbouring properties.
- Assist city crews if possible by ensuring catch basins near your property are clear of snow, ice, leaves and debris.
- Move valuables stored on basement floors to a safe location if you are concerned about basement flooding.
- If your basement does flood, do NOT enter the water until you are certain the electricity has been shut off. Contact your electricity distributor to do the disconnection safely.



Photo courtesy of Greater Sudbury Conservation Authority

For Information Only

Improving Access to 24/7 Palliative Care at Home

Presented To:	Emergency Services Committee
Presented:	Wednesday, Apr 17, 2019
Report Date	Thursday, Mar 28, 2019
Type:	Correspondence for Information Only

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This report supports Council's Strategic Plan in the area of Quality of Life and Place for Citizens of the City of Greater Sudbury as it aligns with the creation of programs and services designed to improve the health and well-being of youth, families and seniors.

Report Summary

The purpose of this report is to inform the Committee that Paramedics have received the Learning Essential Approaches to Palliative Care (LEAP) training program. Application of a palliative approach with patients in a preferred location of choice has been proven to reduce aggressive intervention, health care costs, Emergency Department visits and hospitalizations as well as increasing quality of life.

Financial Implications

There are no financial implications associated with this report.

Signed By

Report Prepared By

Melissa Roney
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Digitally Signed Mar 28, 19

Financial Implications

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Recommended by the Department

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Digitally Signed Mar 28, 19

Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Apr 2, 19

Background

In Canada, of those who have a preference, 75% wish to die at home or receive their care at home in the last weeks and days of life. Despite this, Statistics Canada reports 70% die in hospital and most will visit an emergency department. Paramedics facilitate over half of these emergency department visits. Emergency departments tend to be loud, busy, overcrowded, and are often stressful for patients receiving palliative care who are often seeking urgent symptom control. According to the Ontario Palliative Care Network's (OPCN), recent performance summary 59% of residents in the Sudbury, Manitoulin, Parry Sound sub-region who died during the periods between 2011/12 and 2017/18 had one or more Emergency Department (ED) visit in the last 30 days of life. Of these visits, 17% had two or more ED visits within the last 30 days of life. These are patient situations that can be managed in the home setting entirely. Evidence shows that having Paramedics provide palliative care and end-of-life care in the home improves comfort and quality of life for people with debilitating illnesses, as well as their families. It also reduces the number of avoidable trips to the hospital and the use of health system resources, such as hospital beds and emergency departments.



Paramedics and Palliative Care: Bringing Vital Services to Canadians is a Canada-wide initiative. The Canadian Partnership Against Cancer (The Partnership) and the Canadian Foundation for Healthcare Improvement (CFHI) announced in January 2019 that Canadians living with cancer and other life-limiting conditions will gain access to urgent palliative care when they need it and where they want it. This will be achieved through Paramedics trained in providing palliative and end-of-life care in the home in collaboration with other health professionals. The two organizations will jointly provide up to \$5.5 million over the next four years to expand access to Paramedics trained in providing palliative and end-of-life care to people in their homes. CFHI and the Partnership will support provincial health authorities and organizations across the country to adopt and adapt best practices.

Paramedics Providing Palliative Care in the Home programs were initially implemented in Nova Scotia and Prince Edward Island in 2014. These programs see Paramedics providing enhanced resources and are trained to treat patients' palliative needs at home, without transporting them to the hospital. The programs collaborated with Pallium Canada to develop a new curriculum for palliative care that is specific for Paramedics. The new curriculum was entitled "LEAP for Paramedics" (LEAP – Learning Essentials and Approaches to Palliative Care). The LEAP program is widely regarded as the defacto standard and demonstrates an appreciable level of inter-professional education.

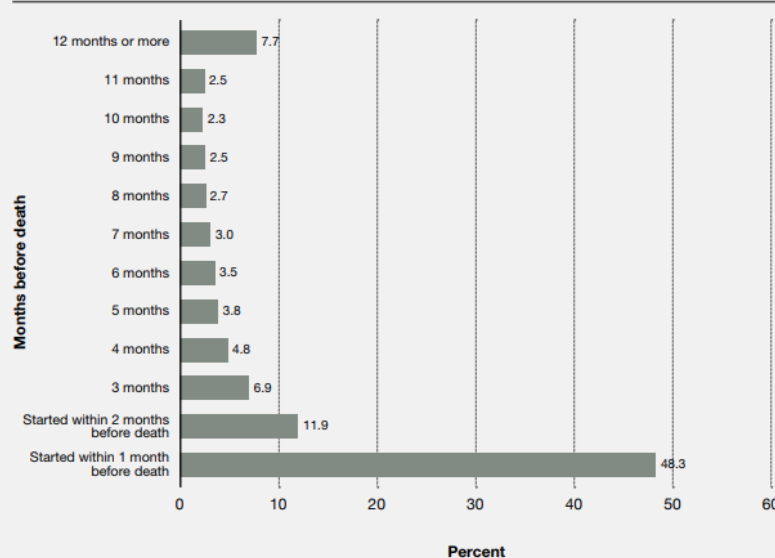
Gaps in Care and Focus for Change

Traditionally, Paramedic protocols are to stabilize patients and transport to the Emergency Department. Protocols allowing for “treat and release” for patients receiving palliative care did not previously exist for Paramedics. Resources and approaches for palliation were not a part of Paramedic education and lack of palliative training/education has been cited as a key barrier in preventing Paramedics from delivering quality palliative care. Paramedics have no preexisting knowledge of patient care plans and goals of care are not always readily/clearly accessible to prehospital care providers.

A City of Greater Sudbury Model

The evolution of palliative care is exciting as access and patient care needs are being better addressed. Although there is more work to do, we are joining healthcare partners who work together to improve care. Health Quality Ontario reports in their Measuring Up 2018 publication that among people who died in Ontario in 2016/2017 and received palliative care services in their last year of life, almost half began receiving it only in their final 30 days, even though receiving palliative care earlier can lead to better quality of life during the course of a life-limiting illness.

FIGURE 9.4 Percentage of people who began receiving palliative care in each of the 12 months before their deaths, among people who died in Ontario in 2016/17 and received palliative care during their last year of life



Data source: National Ambulatory Care Reporting System, Registered Persons Database, Ontario Health Insurance Plan Claims History Database, Discharge Abstract Database, Home Care Database, Ontario Mental Health Reporting System, Continuing Care Reporting System, provided by Cancer Care Ontario

The recent announcement that an expanded scope for Paramedics will soon be approved by the Ministry of Health lends opportunity to care for our community patients who are choosing to palliate at home. Paramedics will soon play a larger role in palliative care and we will be working with palliative

care providers here in Sudbury to work on roles, processes and clinical directives in the upcoming months. This is a great example of coordinated care for Northerners across the full continuum of care.

Two of the North East LHIN's palliative care priorities are to increase the knowledge and skills of primary care providers to care for dying patients at home and to decrease unplanned ED visits in the last 30 days of life. The enhanced scope of practice will allow Paramedics better training to recognize the palliative state, be involved in more complex care coordination as well as direction to follow a palliative care approach as part of the patient care plan. This for example would include the attention to patients and family to receive care at home rather than an automatic transfer to a hospital ED. In order to plan for a more fulsome Paramedic role, there are several national and provincial studies underway, in addition to Ontario Palliative Care Network collecting project leads to share experiences. Locally, City of Greater Sudbury Paramedic Services is working with the Northeastern Local Health Integration Network (NE LHIN) by taking the first step to better understand palliative care through talent development. We are hosting Pallium LEAP – Learning Essentials and Approaches to Palliative Care, courses for all Paramedic and support staff, with an expected completion date of April 1, 2019.



The Program Framework

Palliative Clinical Practice Guidelines (CPG) – A CPG for Paramedics responding to patients receiving palliative care focusing on symptom management (e.g., pain, breathlessness, nausea, agitation, psychosocial distress, fear, etc.)

Education Intervention – Collaboration with the NELHIN in hosting a new curriculum for palliative care that is specific for Paramedics LEAP – Learning Essentials and Approaches in Palliative Care.

Palliative care patient database that feeds into the patients health record – Database to make patient care wishes accessible to paramedics.

Program Overview

Although only being in preliminary discussions around support to our community palliative patients with Sudbury's shared care team, a program overview and a summary of our program goals deliverables are as follows;

We will be looking at establishing a process similar to the one currently used successfully in Nova Scotia and PEI. Initially patients would be recruited from palliative care teams and

emergency orders would be written by their palliative care physician, approved by a base hospital physician, and stored along with their Do Not Resuscitate (DNR) confirmation form on a secure database. The Paramedic crew would only transport the patient to hospital if it is in the patients and families wishes. Otherwise they would treat them in their environment, and release them upon improvement of symptoms or arrival of the patient's primary palliative care team. The responding crew would be responsible for documenting the call in a format accessible to the patient's primary care team to ensure they are aware of the call and of the patient's status.

This new approach to Paramedic response to emergency palliative care would enable flexibility to align with patient and family preferences and needs. Currently Paramedics are expected to transport patients unless they sign a refusal of care, and are not to administer narcotics or other medications then leave patients on scene. This is suboptimal care when dealing with palliative and end-of-life patient populations. By following a care plan developed for the patient by the health team and family, and including family members in treatment and or transport decisions, we will be aiming to build patient centered care.

To date, all Paramedics are currently enrolled in LEAP with an expected completion date of April 1, 2019. Further training on the treat and release protocol, medical directives and ongoing QA/QI will be completed in 2019 by the Base Hospital under the Base Hospital Performance Agreement. Throughout further program development and implementation we will aim to engage patients and families as well as representatives from First Nations, Inuit and Metis.

This program brings fundamental changes to the way Paramedic care is delivered. The introduction of treat and release protocols increases Paramedic autonomy, provides patients with the opportunity to obtain care and die in the location of their choosing. The utilization of patient-specific orders developed by their palliative care specialist is also a substantial change since our current system uses province wide strict medical directives. This new approach will help us provide better patient-centered care to the palliative population, whose needs can be very diverse. This program should provide patients, families and primary palliative care teams with increased supports and increased confidence to enable palliation at home.



Plan Objectives

- Paramedics are comfortable, knowledgeable and confident delivering palliative care;
- Community nursing and palliative care teams are active partners. Information is exchanged with Paramedic teams;
- Paramedics have the option to treat and release in the patient's home. Transports to the ED will decrease;
- Improved satisfaction with the end-of-life journey;
- Symptom management for patient receiving palliative care;
- Collaborate with First Nations, Inuit and Metis to ensure cultural requirements are built into the program;
- Collaborate with our Community Paramedic team who would collaborate with the shared care team, recruit patients in the palliative database, and follow up on patients after a 911 call responses to ensure a seamless transition between emergency response teams and the patient's primary care team.

Plan Core Deliverables

- Medically manage patients under palliative symptom relief medical directives and treat and release protocols for patients receiving palliative care;
- Access to a palliative care patient database;
- Updated processes for 911 dispatcher/communications officers;
- Updated processes for Paramedic emergency responders;
- Awareness and buy-in of new Paramedic role definition by palliative care teams;
- Training and education for Paramedics.

Conclusion

If operating similar to the Nova Scotia model, our program will likely result in patient and family satisfaction, reduced time on task for Paramedics, and a decrease in emergency department presentations in keeping with a patient's expected death location. Becoming a major acute partner to

the shared care team here in the North East Paramedic referrals will also help patients in the community who have not been identified as having a palliative diagnosis. For patients with a known diagnosis, the LEAP education series training will align our Paramedic team in the continuum consistent with palliative care approaches. This initiative will likely become a provincial standard and aligns with normal Paramedic operations therefore there are no anticipated additional operating costs.

We anticipate that the change in practice resulting from addressing the knowledge gap in palliative care will effect a change in culture among Paramedics and administrators and establish collaborations between emergency services and palliative care. These are likely to continue to expand, and in Sudbury we are already leading to other joint projects to improve access for palliative care patients. In working together with palliative health care providers in a coordinated approach, Paramedic Services will be a partner in ensuring that quality palliative services are readily available and easy to access for the citizens of Greater Sudbury with life-limiting illness and their loved ones.

“

All of my care providers will work together with me and my family to support our quality of life throughout this journey and respond to our needs in a coordinated way.’

For Information Only

Fire Services Knox Rapid Access System

Presented To: Emergency Services Committee

Presented: Wednesday, Apr 17, 2019

Report Date Wednesday, Mar 27, 2019

Type: Correspondence for Information Only

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Report Summary

Greater Sudbury Fire Services has updated the KNOX Rapid Access System which aides in non-damaging and quick entry into buildings which participate in the program. This report will demonstrate the continued success of the KNOX system and Fire Service's commitment to this program in our community.

Financial Implications

There are no financial implications associated with this report.

Signed By

Report Prepared By

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Digitally Signed Mar 27, 19

Financial Implications

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Recommended by the Department

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Recommended by the C.A.O.

Ed Archer
Chief Administrative Officer
Digitally Signed Apr 2, 19

Background

In 1975, the KNOX Company developed North America's first lock box, designed specifically for firefighters to gain access to a location using a secure key and thus bypassing purposeful damage and increased access times when entry in an emergency was required. Today KNOX products are utilized by over 14,000 fire departments across North America. Greater Sudbury Fire Services (GSFS) has for the past decade used the KNOX Rapid Access System to obtain entry into participating buildings when firefighters respond to emergencies. This System uses a specific KNOX-BOX located on the outside of a building to store keys which facilitate quick, non-damaging access to locked areas within that building. KeySecure control units are installed in front line fire apparatus to hold and secure the master key, which unlocks the KNOX-BOX. Only authorized GSFS users, such as Captains and Senior Officers, have access to these master keys.

System Update

Over the course of 2018, GSFS completed an update of the approximate 125 KNOX-BOXES installed across Greater Sudbury. This was done to ensure security, public safety and to enhance the available technology of the updated system. Some of the updated features included:

- new KNOX master keys, specific to Greater Sudbury Fire Services,
- new KeySecure devices in responding fire trucks,
- enhanced online tracking of all master keys,
- new System lock cores for a building KNOX-BOX,
- secure online ordering and support of all KNOX products, and
- simple sign-up process for new participants joining the program.

There are six front line fire apparatus located in the City of Greater Sudbury core and one in Val Therese with the KNOX KeySecure devices installed. These geographic areas represent the majority of the installations of the current KNOX-BOX systems. There are currently two additional installs in progress, which will place KeySecure devices into front line fire apparatus located in the Waters and Garson stations. This will expand the coverage area of the KNOX program to the west and east sides of the Municipality.

As part of the upgrading process, GSFS suppression staff attended all 125 KNOX equipped buildings to open the current KNOX-BOX and verified the keys located in each box. Firefighters replaced the KNOX-BOX lock core with a new KNOX security core, which is unique to Greater Sudbury.

Joining the Program

Any residential, commercial or industrial building owners or property managers located in Greater Sudbury who wish an option for non-damaging access to their property may purchase a KNOX-BOX or related KNOX security product directly from the KNOX Company via their online website www.knox-box.com. The website outlines the GSFS approved options available to building owners or property managers based on their geographical location. Once building owners or property managers install the product on their building, GSFS is automatically contacted by KNOX to conduct a site visit. Outside of the approximate \$350 cost of a basic KNOX-BOX, there are no annual fees, maintenance charges or other costs to building owners to participate in the program.

Pre-Incident Plan

For additional safety, firefighters prepared a pre-incident plan and performed a life-safety walk through of each building. Pre-incident plans include relevant information including fire hydrant location, building height, construction type, fire alarm system, roof access, property manager contact number and other critical building

information. This information is all uploaded to the Mobile Data Terminals for firefighters to access quickly when responding to a future incident or fire emergency.

Conclusion

With the assistance of building owners and property managers, the upgrade process for the KNOX Rapid Access System will enhance emergency fire response for buildings across Greater Sudbury. All buildings (residential, commercial, or industrial) in Greater Sudbury are eligible to participate in the KNOX program. More information is available on the City of Greater Sudbury Fire Services website or through www.knox-box.com.

The use of a KNOX-BOX is a proven and trusted method of securing keys, which Fire Services may access in order to enter a building or property without causing needless damage. It also reduces the amount of time firefighters require to enter a building in an emergency which can lead to a better overall fire response.