

Request for Decision

A By-law to amend the Delegation of Authority By-law 2014-225 respecting the Delegation of Authority to Various Officers of the City of Greater Sudbury

Presented To:	City Council
Presented:	Tuesday, Mar 31, 2015
Report Date	Wednesday, Feb 25, 2015
Type:	By-Laws
By-Law:	2015-36

Recommendation

THAT the Council of the City of Greater Sudbury authorize the Chief of Fire and Paramedic Services to execute agreements between the City of Greater Sudbury and provincial or federal governments, boards, corporations, agencies, universities, colleges, hospitals and other health care institutions as required to secure funding for the Community Paramedic Pilot Program and to negotiate and execute such collateral agreements as may be required from time to time for the initiatives; and,

FURTHER THAT the Council of the City of Greater Sudbury authorize the Chief of Fire and Paramedic Services to execute agreements between the City of Greater Sudbury and provincial or federal governments, boards, corporations, agencies, universities, colleges, hospitals, and other health care institutions as required to secure the transfer or exchange of information required to continue the work of Paramedic Services' Continuous Quality Improvement Programs;

AND THAT the necessary by-laws be prepared.

Signed By

Report Prepared By

Joseph Nicholls
Deputy Chief of Emergency Services
Digitally Signed Feb 25, 15

Recommended by the Department

Tim P. Beadman
Chief of Fire and Paramedic Services
Digitally Signed Feb 25, 15

Recommended by the C.A.O.

Doug Nadorozny
Chief Administrative Officer
Digitally Signed Feb 25, 15

Finance Implications

If any of the projects are approved, there will be no budget implications as the projects will be 100% provincially funded.

Background

Executive Summary

This report seeks signing authority for the Chief of Fire and Paramedic Services to enter into any and all agreements needed to continue to operate two Community Paramedicine Pilot Projects. This authority was previously authorized in the report "Emergency Medical Services Community Paramedic", dated May 25, 2014. Unfortunately, this signing authority was not included in the new delegation by-law and therefore was

repealed. Since that report, the City has been advised by the Ministry of Health and Long Term Care (MOHLTC) that it has approved funding for the two Community Paramedicine Initiatives described below in the amount of \$402,900.

Background

The MOHLTC allocated \$6 million in provincial funding to support the expansion and development of Community Paramedicine initiatives across the province to help older adults and other patients receive the care they need in their homes, while reducing unnecessary emergency room visits and hospitalizations. This one-time funding of up to \$300,000 per proposal should contribute to: improved patient access to the right care in the right place; improved delivery and coordination of services in the community for older adults and other patients with unmet needs; and system partnerships, collaborations, and resources sharing among service providers.

The Chief of Fire and Paramedic Services has entered into the initial funding agreements with the MOHLTC to implement the following two approved Community Paramedic Pilot Programs. These are as follows:

1. Community Paramedic Extended Care Transitions Pilot - \$300,000 in funding

This pilot establishes a program in collaboration with Health Sciences North, the North East Community Care Access Centre and primary care physicians. The program has specially trained Community Paramedics providing follow-up care and support to patients discharged from the hospital with Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Diabetes and Early Dementia who are older adults identified as a high risk for hospital readmission.

The utilization of Community Paramedics provides the opportunity to significantly improve outcomes including reductions in EMS 911 calls and decrease readmissions to hospital. This program has the potential to see a marked improvement in quality of life through the ongoing monitoring of patients discharged from the hospital both in the immediate 30-day discharge period of the current model and beyond.

2. Health Promotion, Prevention, and Education Pilot - \$102,900 in funding

To fund a one-year temporary Community Paramedic position responsible for the development of a health promotion, education, injury prevention program to assist citizens in chronic disease recognition and prevention, referral and health system navigation process, public education and injury awareness/prevention strategies. The goal of the project will be to have a number of fully developed “canned programs” that can be delivered by paramedics in a standardized and consistent manner.

This program has an immediate requirement to enter into several research and data/information sharing agreements in order to move forward.

Paramedic Services also is required to enter into information and data sharing agreements as part of the delivery of Paramedic Services including partnership, research, and continuous quality improvement initiatives, this signing authority will provide for this requirement.

Recommendation

THAT the Council of the City of Greater Sudbury authorize the Chief of Fire and Paramedic Services to execute agreements between the City of Greater Sudbury and provincial or federal governments, boards, corporations, agencies, universities, colleges, hospitals and other health care institutions as required to secure funding for the Community Paramedic Pilot Program and to negotiate and execute such collateral agreements as may be required from time to time for the initiatives; and,

FURTHER THAT the Council of the City of Greater Sudbury authorize the Chief of Fire and Paramedic

Services to execute agreements between the City of Greater Sudbury and provincial or federal governments, boards, corporations, agencies, universities, colleges, hospitals, and other health care institutions as required to secure the transfer or exchange of information required to continue the work of Paramedic Services' Continuous Quality Improvement Programs;

AND THAT the necessary by-laws be prepared.

Conclusion

There is strong evidence that Community Paramedics can support patients in their homes outside of the traditional institutional care model reducing 9-1-1 calls for Paramedic response, Emergency Department visits, and hospital and long-term care admissions. These types of reductions have the ability to result in cost savings from the traditional model of institutional health care with an opportunity for a re-investment of these savings to ensure the long-term sustainability of Community Paramedic Programs.