

Emergency Services Ambulance Offload Delays



**City of Greater Sudbury
Community Services Committee Presentation**

June 25, 2012



Ambulance Offload Delay Update

- AOD – What is it and Contributing Factors
- AOD Tracking System
- AOD – Current Situation & Impacts
- Mitigations Strategies
- Final Messages



Ambulance Offload Delays

What is it?

- Delay in the transfer of patient care from paramedics to the ED medical staff thereby trapping paramedics in the ED for extended periods
- Any transfer of care **10 minutes or more = AOD**

What is the cause?

- The principal cause of AOD is a lack of in-patient bed capacity, leading to prolonged Emergency Department length of stay and overcrowding



Contributing Factors to AOD

- Acute care beds blocked by ALC patients
- Lack of LTC beds and community resources to support ALC patients outside the hospital
- ED overcrowding – 37 beds, yet start each day with an average of 20 in-patients
- HSN lacks ED/Hospital surge capacity when patient capacity is exceeded
- Memorial Closing
 - **30 beds Closed March 31, 2012**
 - **Final 30 beds close March 31, 2013**



*Adelaidenow.com March 28, 2011



AOD Tracking System

Tracking AODs:

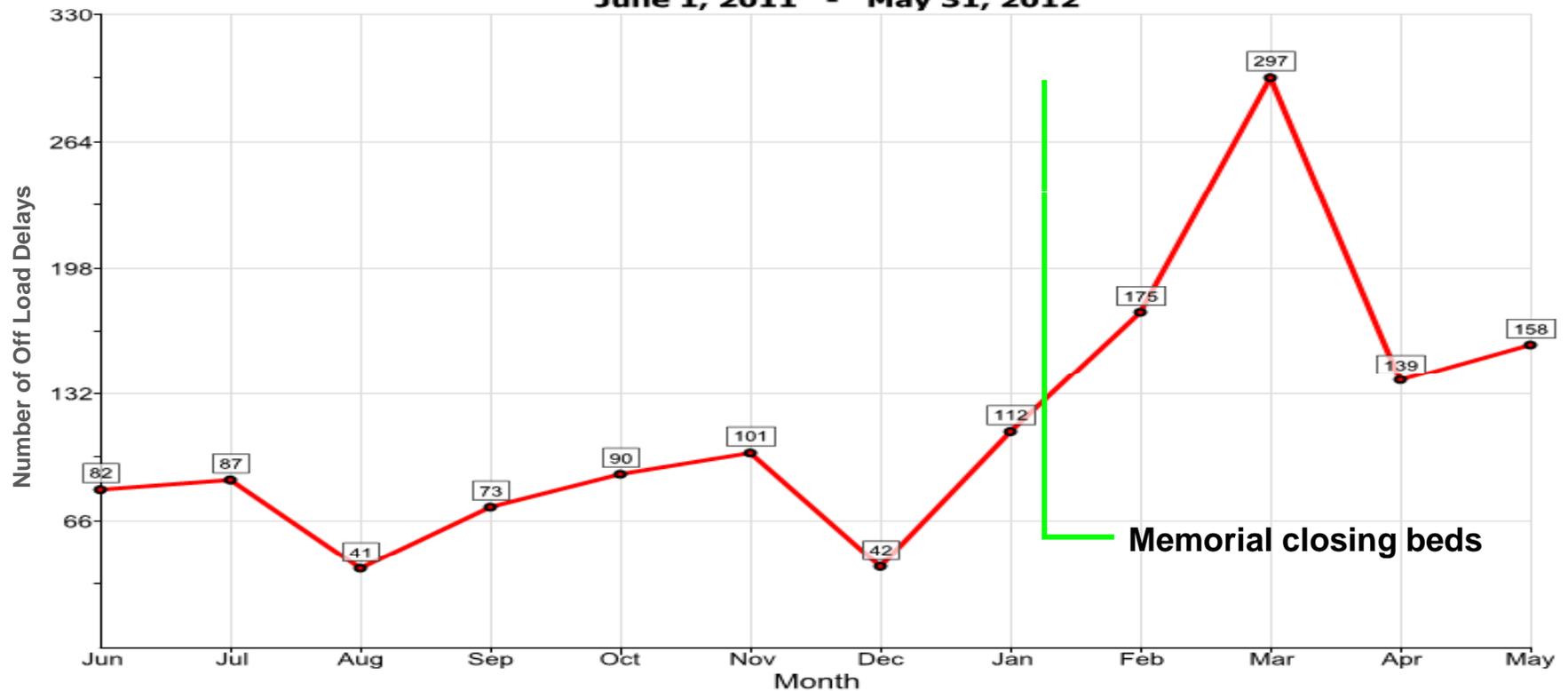
- Transfer of care data manually collected by paramedics on “pink cards”
- EMS developed & implemented an in-house web based electronic AOD Tracking System
- System integrated with HSN patient database
- Manual input of “pink cards” has been eliminated saving one day a week of staff time



Current AOD Data

Patient Volume - 30 minutes or more delay.

June 1, 2011 - May 31, 2012



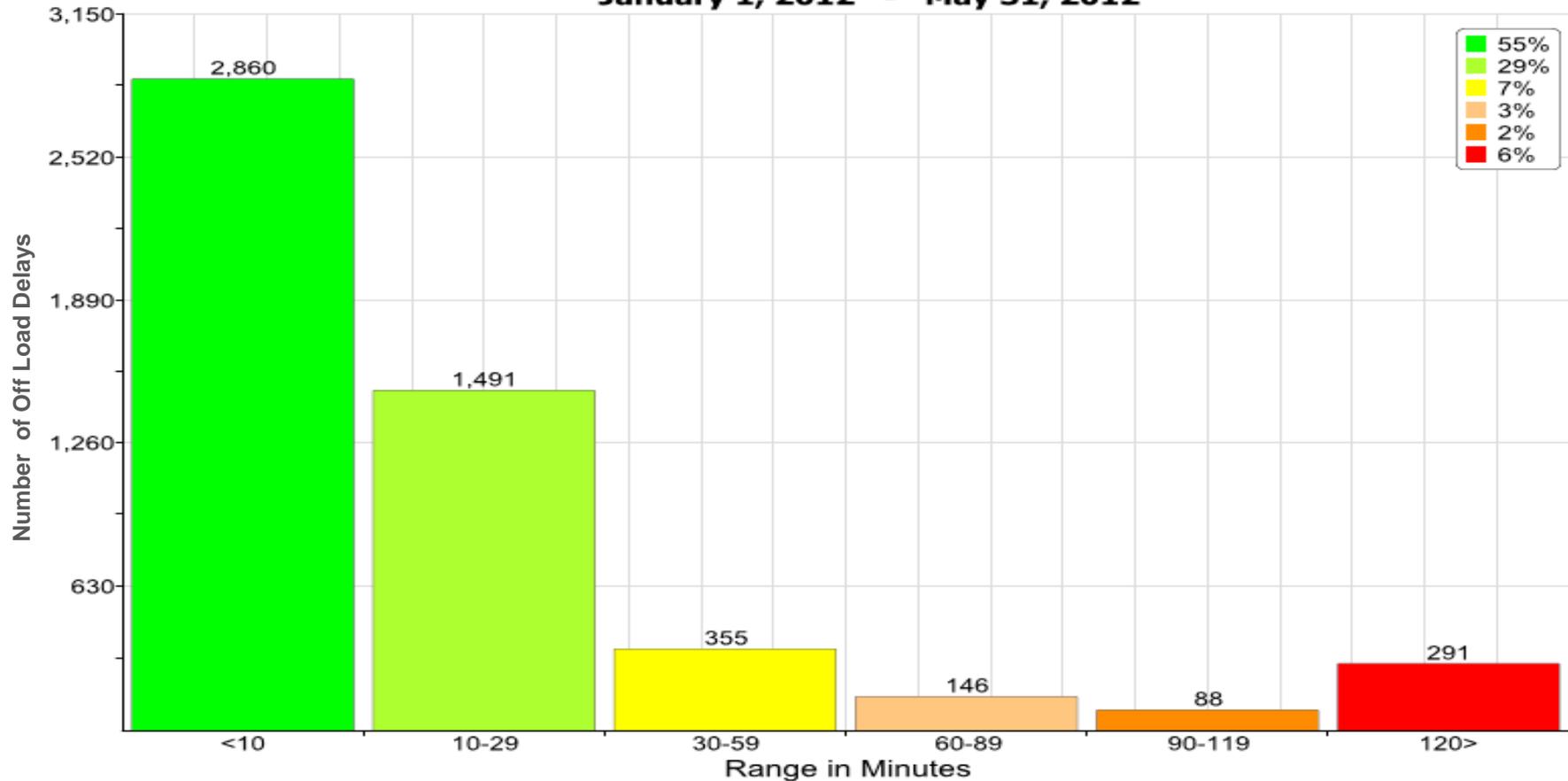
Data Source: Emergency Services Ambulance Off Load Delay Tracking System



Current AOD Data

Delay Distribution for All Call Types

January 1, 2012 - May 31, 2012



Data Source: Emergency Services Ambulance Off Load Delay Tracking System



AOD Impacts

- In 2011 ambulances spent 4070 hours on AOD at HSN
- Financial value of lost hours to the City \$353,805 (salary, benefits)
- AOD reduce available ambulances with the following effect:
 - Difficulty in maintaining balanced emergency coverage
 - Increasing emergency response times
 - Delay in transporting patients to ED (PRUs waiting for ambulances)
 - Late or missed meal breaks for Paramedics
 - OT from crews on AOD at shift change
 - Challenges for paramedics to complete patient charting
- AOD negatively impact paramedic job satisfaction
- EMS Supervisors spend significant time in the ED managing AOD



EMS Mitigation Strategies

- Start of shift communications between EMS Platoon Superintendent, ED Charge Nurse, and MOHLTC Dispatch to discuss ED patient volumes, EMS call activity, and plan for possible AOD
- Platoon Superintendant presence in ED during periods of AOD
- Paramedics take over care of 2-3 patients at a time to free up ambulances
- AOD Deployment Depletion Protocol
- EMS meet with HSN to address trouble areas and explore opportunities to improve patient flow
- Ambulance Offload Delay Nurse Program



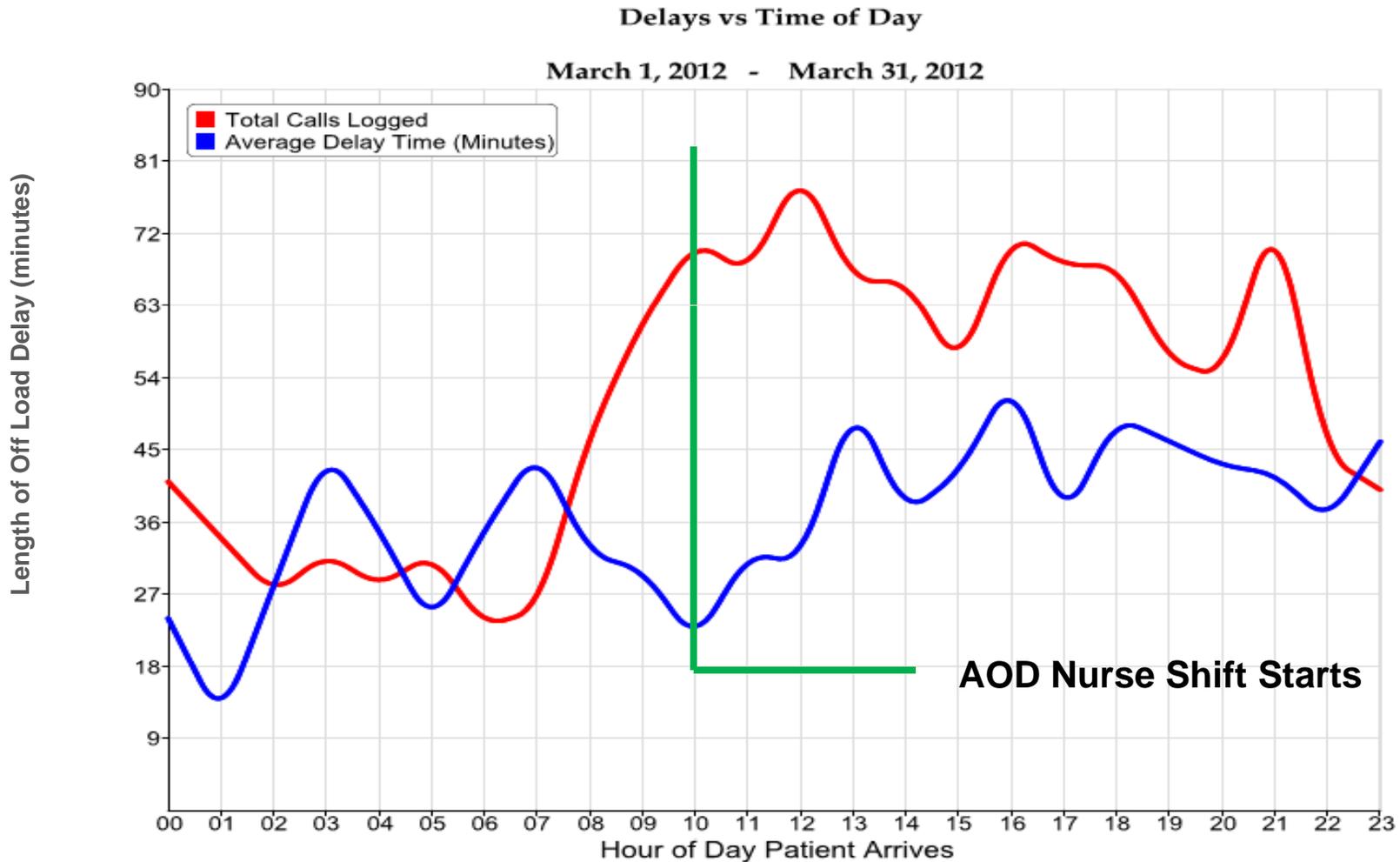
EMS Mitigation Strategies

AOD Nurse Program:

- Since 2009 CGS has been receiving MOH funding to provide AOD Nurse at HSN
- Working in ED, AOD Nurse takes over care of patients arriving by ambulance, freeing up paramedics
- Current program funding to Sudbury is \$160,252 (100% funded)
- City contracts with HSN for cost recovery for Nursing staff
- Locally, AOD Nurse Program:
 - Utilizing ED Registered Nurses
 - 10:00am until 10:00pm, Monday to Friday
 - Can manage 3 or more patients depending on acuity and equipment requirements
- Plays a pivotal role in reducing impact of AOD on EMS



AOD by Hour of Day



Final Message

- AOD continue to increase in frequency impacting land ambulance service delivery
- HSN needs to address hospital surge capacity and ED overcrowding
- Emergency Services continues to:
 - Manage AOD on a daily basis
 - Work with HSN to address patient flow and reduce AOD and explore opportunities for improvement



Questions?

