

# Ontario's Emergency Health Services Sector Overview

## Purpose

To inform Council on a recent report received from the Ministry of Health & Long Term Care (MOHLTC) in relation to Emergency Health Services. The report provides an overview on data and information generated by the Health Analytics Branch in consultation with the Emergency Health Regulatory and Accountability Branch.

## Background

According to the report itself, it was developed to inform ministry and partners about the role and scope of the Emergency Health Service sector as well as its connection to the broader health care system. It provides a high-level overview and analysis of the Ambulance system in Ontario. This is the first report of its kind that Administration has ever received. The report is highly data driven and relies on information from a wide variety of sources from many different time periods of up to 12 years ago. It contains information on funding, staffing, dispatch data for both air and land ambulance services and emergency department visits.

## Analysis

The report contains eight separate sections in relation to the topics listed above. Additionally, there is a list of abbreviations and appendices with greater details and supplementary data. Where Figure numbers are referenced herein, they can be found within the attached MOHLTC report, Ontario's Emergency Health Services Sector Overview (March 2018). The eight sections are detailed below with high level insights as detailed on page 4 of the report Ontario's Emergency Health Services Sector Overview (March 2018):

### Section 1: Overview

- Ontario has the largest ambulance system in Canada, employing over 8,000 land and air paramedics within 57 paramedic service providers and 1,000 ambulance communications officers in 22 land ambulance dispatch centres.
- The system is jointly managed by municipalities, the ministry, and Ornge, the non-profit organization responsible for all aspects of Ontario's air ambulance program.
- The MOHLTC regulates ambulance operations, certifies ambulance services and monitors operations through regular inspections and evaluations.

- The Ministry designates eight Base Hospitals who oversee paramedics' performance in relation to controlled acts.

## **Section 2: Emergency health services funding**

- Ministry funding increased from \$712 million to \$916 million (28.6%) between fiscal years 2010/11 and 2016/17. During the same period, municipal funding increased from \$468 million to \$605 million (29.4%).
- Combined the MOHLTC and Municipalities spent \$1.52 billion in the Emergency Health Services sector in 2016/17 fiscal year.
- In the 2016/17 fiscal year, 79% of the money spent on EHS was for land ambulance services (Figure 2.2).
- The ministry funds up to half of each municipality's land ambulance service costs and covers 100% of all other ambulance service costs.

## **Section 3: Resources**

- There were 8,469 paramedics working in Ontario in July 2017 (Table 3.2) in 1,753 vehicles (Table 3.5). Paramedic Services has a total of 135 Paramedics working in Greater Sudbury.
- There are three levels of paramedic designations in Ontario: Primary Care Paramedic (PCP), Advanced Care Paramedic (ACP), and Critical Care Paramedic (CCP). They account for 79%, 20% and 1% of Ontario paramedics, respectively (calculated from data in Figure 3.2). In Greater Sudbury the overall breakdown is PCP 41.5% and ACP 58.5%. CCP's typically work in the province for Ornge.
- Staffing requirements for each region are established by municipal council and the paramedic services chief based on the individual needs of the municipality.
- 67% of Ontario's paramedics worked full-time in July 2017 (Figure 3.2). In Greater Sudbury the number is 63.7%.

## **Section 4: Regulation and oversight**

- The ministry is responsible for oversight of ambulance service certification and investigation of complaints.
- On average, 12% of ambulance service reviews required a re-visit due to unmet certification criteria (calculated from data in Table 4.1). Since inception Greater Sudbury Paramedic Services has never experienced a re-visit.
- The most common complaint type received between 2007 and 2016 was about the quality of patient care (Table 4.4).

## **Section 5: Patient characteristics**

- North West (116 per 1,000 population) and North East (93 per 1,000 population) LHINs had the highest rates of ambulance utilization in the 2016/17 fiscal year. Central LHIN had the highest percent increase in ambulance utilization over the past ten years (Figure 5.2).
- The rate of ambulance use for patients aged 65+ is over four times higher than the rates for those under the age of 65 (Figure 5.4). In Greater Sudbury patients aged 65 and greater make up over 48% of our call volume over the last three years.
- Patients who arrived at the Emergency Department via ambulance were assigned, on average, a higher CTAS level than non-ambulance arrivals. Approximately 91% of arrivals by ambulance were triaged to CTAS levels I-III in 2016/17 (Figure 5.6).
- There were 2,025 Ontarians who made 12 or more trips to the Emergency Department via ambulance in 2016/17. The most common diagnoses among these users were related to mental health and addictions (Figure 5.10).

## **Section 6: Land ambulance dispatch and patient transport**

- The number of 911 ambulance calls increased by 30.6% between 2007 and 2016 (Figure 6.2). Sudbury CACC (dispatches primarily Greater Sudbury and Manitoulin-Sudbury) has experienced a 9.6% increase in calls over the same period.
- There were approximately 1.75 million ambulance dispatches in 2016 (Figure 6.3).
- The number of ambulance transports increased by 243,272 between 2007 and 2016 (Figure 6.4).
- City of Greater Sudbury Paramedic Service has an average response time for the highest priority calls (Code 4's) of 5 min 49 sec. This represents the fourth best in the province only after Weeneebayko First Nation, Chippewas of Rama First Nation, and Sault Ste. Marie.

## **Section 7: Emergency department utilization**

- In 2016/17, 16.5% of Emergency Department visits arrived at the hospital by ambulance (Table 7.1).
- From 2007/08 to 2016/17, the number of Emergency Department visits arriving by ambulance increased from 626,523 to 965,896, or 54.2% (Figure 7.1).
- The 90th percentile ambulance offload time has decreased from 61 minutes in 2008/09 to 42 minutes in 2016/17 (Figure 7.3).

## **Section 8: Air ambulance utilization**

- Ornge operates Ontario's air ambulance program out of nine air bases and three land bases across the province.

- In fiscal year 2016/17, Ornge completed 20,830 transports. Approximately 97% were patient transports, and the rest were organ transports between facilities (Table 8.2).
- Approximately half of Ornge transports were deemed “emergency”, the highest priority level, from fiscal year 2012/13 to 2016/17. Over a quarter were considered “non-urgent” during the same period (Figure 8.1).
- Over 60% of Ornge transports originated in northern Ontario (calculated from data in Figure 8.4), with 808 transports originating from the Sudbury base which is a rotor wing base.

## **Conclusion/Next Steps**

This high level report provides a great resource for review of the health and function of the ambulance system in Ontario. We will provide comment to the MOHLTC that these types of reports have value and that we would welcome future editions.

## **Resources Cited**

Ontario Ministry of Health & Long Term Care. (March 2018). Ontario's Emergency Health Services Sector Overview.