MINISTRY OF HEALTH AND LONG-TERM CARE

4.09–Emergency Health Services

(Follow-up to VFM Section 3.09, *Special Report on Accountability and Value for Money*—2000)

BACKGROUND

The *Ambulance Act* governs the provision of ambulance services in Ontario. Under the Act, the duties and powers of the Minister of Health and Long-Term Care include ensuring "the existence throughout Ontario of a balanced and integrated system of ambulance services and communication services used in dispatching ambulances."

Under Local Services Realignment, the responsibility for operating land ambulance services was transferred from the province to municipalities, effective January 1, 2001. Since realignment, the province funds 50% of the approved costs of land ambulance services, and municipalities fund the remaining costs. The *Ambulance Act* states that every municipality will "be responsible for ensuring the proper provision of land ambulance services in the municipality in accordance with the needs of persons in the municipality." The Ministry remains responsible for ensuring that minimum standards are met for all aspects of ambulance services. During the 2001/02 fiscal year, Emergency Health Services' expenditures totalled approximately $369 million. During the 1999/2000 fiscal year, Emergency Health Services' expenditures, prior to recoveries by the province from municipalities for their portion of the operating costs, were approximately $404 million.

In our 2000 audit, our major concerns were:

- Land ambulance services were being downloaded to municipalities at a time when over 50% of land ambulance operators were not meeting response time requirements, which were based on 1996 actual response times. In addition, these requirements varied widely across the province.

- The Ministry estimated that an additional $40 million annually and $11.6 million in one-time funding were needed to meet established response time requirements.

- The risk of poor response times was increased because, as stated by the Emergency Services Working Group, 36% of the time that hospitals requested redirect consideration and critical care bypass, their emergency departments were not at full capacity.

- The realigned land ambulance system may not provide a balanced and integrated system of services and may be more costly to Ontarians. The Ministry estimated that in the year 2000, an additional $53 million would be needed to maintain the existing level of service, which was already not meeting response time requirements.

We made a number of recommendations for improvement and received commitments from the Ministry that it would take corrective action.

CURRENT STATUS OF RECOMMENDATIONS

Based on information that we received from the Ministry of Health and Long-Term Care, the Ministry has taken some action on all of the recommendations we made in our *Special Report on Accountability and Value for Money* (2000). The current status of each of our recommendations is outlined in the following sections.

LAND AMBULANCE

Local Services Realignment—Transition

Recommendation

The Ministry should ensure that after realignment has been completed, the land ambulance program in Ontario is seamless, accessible, accountable, integrated, and responsive.

The Ministry should also take corrective action where necessary.

Current Status

In response to a request by the Standing Committee on Public Accounts, which held hearings on our 2000 report on this matter, the Ministry completed an assessment report in January 2002 on the impact of the Local Services Realignment on the seamlessness, accessibility, accountability, integration, and responsiveness of the land ambulance system. The Ministry is in the process of addressing the results of the report. Corrective action is to be taken where necessary.

Local Services Realignment—Responsibility for Dispatch

Recommendation

The Ministry and municipalities should work to ensure that municipal boundaries do not impair the delivery of ambulance services to patients or add significantly to costs.

Current Status

We were advised by the Ministry that, with the assistance of central ambulance communication centres (CACCs), the Ministry has identified initiatives to limit situations where ambulances are used to provide services outside their area. Through meetings between ministry staff and staff at service providers, these initiatives have been modified to ensure that in emergency situations, municipal boundaries will not impact on service delivery.

The Ministry also advised us that, at the local level, CACC advisory and liaison committees continue to meet to address cross-boundary workload pressures and to provide a process for managing cross-boundary issues.

Local Services Realignment—Funding

Recommendation

To help ensure that funding provided to municipalities is reasonable and equitable, the Ministry should:

- *develop a process that assesses relative need and ensures equitable funding across the province; and*

- *define which municipal costs will qualify for provincial funding.*

Current Status

The Ministry advised us that it has implemented a funding template. This template defines the land ambulance costs that the Ministry will share with service providers. All service providers have received written notice of their approved cost-sharing grant from the Ministry and have been advised that, subject to the availability of funds, adjustments to their approved cost-sharing grant may be requested through a business case. Each business case is to be assessed by ministry staff.

Response Times—Ambulance Response Times

Recommendation

To help ensure that ambulance response times for emergencies meet the needs of patients throughout the province, the Ministry, together with the municipalities, should:

- *review current response time requirements for reasonableness and consistency and, where necessary, make adjustments; and*

- *take appropriate corrective action where specified response time requirements are not met.*

Current Status

The Ministry advised us that it reached an agreement with the Association of Municipalities of Ontario and the Land Ambulance Implementation Steering Committee on a response time improvement framework. The framework was initially tested in six municipalities, and the results analyzed. On August 17, 2001, a revised framework was sent to all service providers.

All response time improvement framework submissions from service providers were received by the Ministry and analyzed. Requests for additional provincial resources for response time improvements were submitted to the Ministry. These were being reviewed by ministry staff.

The Ministry also indicated that it has conducted a comprehensive review of land ambulance response times and is now providing municipalities with access to response time statistical data.

Response Times—Dispatch Response Times

Recommendation

To better meet the needs of patients, the Ministry should:

- *establish dispatch response time standards;*

- *monitor whether these standards are being met; and*

- *take timely corrective action where necessary.*

Current Status

The Ministry advised us that performance agreements were in place with five of the eight central ambulance communication centres (CACCs) not operated by the Ministry. These agreements include dispatch standards. Agreements with the remaining three were being pursued. Discussions were also underway to add standards for dispatch response times to the performance contracts of the managers of ministry-operated CACCs.

The Ministry advised us that the staffing and technological enhancements needed for CACCs to meet minimum dispatch response time standards have been requested via the Ministry's 2002/03 Business Planning Allocation process.

The Ministry also indicated that its field staff monitor the performance of CACCs by reviewing incident reports relating to delays in dispatching and service delivery and that an analysis of the 2001 CACC reaction time standards is planned for spring 2002.

Response Times—Redirect Consideration and Critical Care Bypass

Recommendation

The Ministry should analyze the impact of redirect consideration and critical care bypass on ambulance services, including response times for subsequent patients, and, where necessary, take appropriate corrective action.

Current Status

In October 2001, the Ministry implemented the Patient Priority System (PPS) to replace redirect consideration and critical care bypass. Under PPS, a patient's degree of distress is categorized by paramedics in accordance with the Canadian Triage Acuity Scale (CTAS), thereby ensuring that paramedics, ambulance dispatch personnel, and hospital emergency personnel use the same language to describe the needs of emergency patients. In addition,

while hospitals can communicate their degree of emergency department pressure to ambulance dispatch centres using categories defined by CTAS, PPS requires that critical ambulance patients are to always be taken to the closest emergency department.

Dispatch Priority

Recommendation

The Ministry should ensure that central ambulance communication centres appropriately assess and prioritize patient needs.

Current Status

The Ministry has hired 11 training officers who have commenced work in training dispatch staff in the assessment and prioritization of patient needs.

The Ministry indicated that it has discontinued the project to enhance the Dispatch Priority Card Index (DPCI) protocol in the current computer-aided dispatch environment because of concerns raised about amending the current system on the existing computer platform. The Ministry plans to restart this project once the replacement computer-aided dispatch is implemented (late 2002/early 2003).

Performance Monitoring

Recommendation

To help ensure that the land ambulance system effectively meets patient needs, the Ministry should:

- *research systems to analyze operator performance, including its impact on patient outcomes; and*

- *take corrective action where necessary.*

Current Status

The Ministry has developed and implemented a certification process that focuses primarily on patient care provided by service providers. The certification process provides for action where a contravention of standards has occurred. According to the Ministry, follow-up visits are being conducted on applicants where a breach of certification criteria is found. Failure on the part of an existing operator to meet criteria may lead to a revocation of certificate.

Performance Monitoring—Service Reviews

AMBULANCE OPERATOR SERVICE REVIEWS

Recommendation

To help ensure that ambulance operators meet ministry requirements, the Ministry should:

- *consider performing certification reviews without advance notice to increase assurance of consistent quality of practice by operators;*

- *have a co-ordinated follow-up of all deficiencies identified during certification reviews on a timely basis; and*

- *clarify the circumstances when a formal investigation of an operator is required and when a certificate should be revoked.*

Current Status

The Ministry indicated that, in addition to instituting an inspection process with notice given, it is now conducting visits to follow up on certification reviews with little or no notice given depending on the nature of the breach of certification criteria. A standard implementation and follow-up process addressing the deficiencies identified during certification reviews is being implemented by the Emergency Health Service Branch's field managers. The Ministry will consider revoking a certificate where a contravention of *Ambulance Act* standards has occurred.

CENTRAL AMBULANCE COMMUNICATION CENTRE AND BASE HOSPITAL REVIEWS

Recommendation

To help ensure that emergency patients' needs are being effectively and consistently addressed, the Ministry should:

- *review central ambulance communication centres and base hospitals within reasonable timeframes; and*

- *resolve all identified deficiencies on a timely basis.*

Current Status

According to the Ministry, reviews have now been conducted on each base hospital and will continue to be conducted on a three-year cycle.

The Ministry advised us that deficiencies found during reviews at base hospitals are discussed with base hospital staff, corrective action plans are developed jointly, and the Ministry monitors whether corrective action is taken by the base hospital. A tool to review central ambulance communication centres is being developed and should be approved for use in 2002.

Performance Monitoring—Complaints

Recommendation

To better enable it to assess whether complaints are satisfactorily resolved, the Ministry should:

- *establish clear lines of responsibility for following up on deficiencies identified in investigation reports; and*

- *ensure that follow-ups are completed and documented.*

Current Status

According to the Ministry, a draft process for investigating complaints about ambulance service providers has been referred for comments to the Freedom of Information Subcommittee of the Land Ambulance Implementation Steering Committee. There is also ongoing dialogue on the matter between the Ministry and service providers.

The Ministry indicated that it has forwarded a funding request to Management Board of Cabinet for additional staff to ensure that follow-ups are completed and documented.

Non-Emergency Inter-Institutional Transfers

Recommendation

The Ministry and municipalities should jointly develop and ensure standards are in place that address passenger safety and encourage the use of the most cost-effective resources for transferring non-emergency patients.

Current Status

According to the Ministry, the Land Ambulance Implementation Steering Committee identified inter-institutional transfers as one of the highest priorities on its agenda. The Ministry has hired a consultant to undertake a wide-ranging independent study of how inter-institutional transfers should be managed, funded, and provided. The consultant is expected to provide a report by late spring 2002.

AIR AMBULANCE PROGRAM

Use and Selection of Aircraft

Recommendation

The Ministry needs to better demonstrate through proper documentation that air ambulances are used appropriately and that the aircraft selected meet patient needs in the most economical manner.

Current Status

The Ministry informed us that it has installed a new system that considers level of care and patient compatibility using well-documented information on the patient's medical condition and flight requirements. This will help ensure that air ambulances are used appropriately and economically.

Response Times

Recommendation

To help ensure that air ambulance dispatch and response times meet the needs of patients, the Ministry should:

- *develop, track, and monitor air ambulance dispatch response time standards;*

- *track and monitor contracted air carrier response times and take corrective action when necessary; and*

- *ensure air carrier contracts contain appropriate penalties for not meeting required response times.*

Current Status

In 2001, the Ministry developed response time standards for air ambulance dispatch. Reports generated by the existing dispatch computer system showed that dispatch response time standards were being met in 2001. The Ministry indicated that it is likely a year away from integrating its new Dispatch Flight Assist Call Tracking System with flight planning. In the meantime, the Ministry was continuing to manually monitor dispatch response times.

According to the Ministry, the project officer responsible for the management of contracts with carriers now monitors and verifies invoices and incident reports, including cases where carriers have not met required response times. The project officer is also responsible for imposing related penalties on operators in accordance with their contracts.

Inspecting Service Providers

Recommendation

To help ensure that the air ambulance program is providing safe and quality services at an appropriate cost, the Ministry should:

- *conduct inspections and evaluations of air ambulance providers in accordance with ministry policies and procedures;*

- *track and analyze air ambulance use and performance data; and*

- *take corrective action when necessary.*

Current Status

The Ministry indicated that it has increased the number of inspectors and is providing introductory training to all new inspectors. The responsible project officer works with appropriate ministry staff to set standards and reviews the re-certification of air operators. Ministry inspectors expect to be increasing inspection activities in spring 2002.

The Ministry advised us that it is likely a year away from implementing a new integrated system that will permit it to report on air ambulance use by type of aircraft and type of calls dispatched.

According to the Ministry, the performance of service providers continues to be monitored, and no areas of non-compliance have been identified to date.

Patient Billings

Recommendation

To help ensure that, where applicable, all patients are billed equitably and outstanding amounts are collected, the Ministry should establish effective procedures to:

- *ensure that all patients who should be billed are identified and invoiced in a timely manner for the total cost of the service provided, regardless of the air carrier used; and*

- *collect outstanding accounts on a timely basis.*

Current Status

According to the Ministry, where applicable, patients are now being charged for the total costs of services provided. Billings are sent to patients or their insurance companies within 30 days of the Ministry receiving the related invoice/information from hospitals. Second and third reminders are sent at 30-day intervals. For patient and insurance company invoicing, there is a cost-recovery system in place whereby each flight is reviewed and the amount to be billed is determined.

For the collection of outstanding accounts, an agreement with the Collection Management Unit of Management Board Secretariat is being finalized.