

Hospital Offload Delay Status Update

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To:	Community Development & Recreation Committee
From:	Chief and General Manager, Toronto EMS
Wards:	All
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SUMMARY

Hospital offload delay refers to the delay in transferring a patient's care from paramedics to the receiving hospital. The purpose of this report is to update Committee on the current status of hospital offload delay as it affects Toronto EMS and to provide an overview of the recent strategies undertaken by the Ministry of Health and Long-Term Care (MOHLTC).

Hospital offload delay is the number one operating pressure for Toronto EMS. Paramedic crews are delayed in emergency departments for extended periods of time, caring for their patients while waiting for an available hospital stretcher. Toronto EMS in-hospital times have increased from an average of 35 minutes in 2000 to nearly 70 minutes, in April of 2008. This additional time in hospital has had a negative impact on EMS resources available to provide service to the community within appropriate and acceptable time frames. However, as a result of the offload nurse program, which hospitals began implementing in August 2008, hours lost as a result of offload delay has improved.

Financial Impact

There is no additional financial impact.

DECISION HISTORY

Toronto EMS has reported on the issue of hospital offload delay on 15 separate occasions between 2000 and 2006:

ISSUE BACKGROUND

The hospital offload delay situation was first reported by Toronto EMS at the meeting of the Community Services Committee in January 2000. Since then, the problem has continued to worsen on a system-wide basis for hospitals across the GTA. Some hospitals, such as St. Joseph's Health Care Centre and Toronto East General Hospital, continue to excel at receiving EMS patients and clearing ambulances in a timely fashion, while others face significant challenges. This problem is not unique to Toronto or Ontario, as offload delay is being experienced by almost all North American and European healthcare systems.

In the staff report to the January 16 and 23, 2002, meeting of the Community Services Committee titled, "Update on Transfer of Care Delays Experienced by Toronto Emergency Medical Services" Toronto EMS identified poor patient flow through the hospital, a shortage of long-term and rehabilitation beds, nursing shortages and mandated hospital restructuring as contributing to the problem. The root of offload delay is not limited to the hospital emergency department performance alone. It is a broader health care system issue resulting from the backlog of admitted patients in the emergency department awaiting beds in the hospital, and movement of patients from hospital to long-term care and rehabilitation facilities. Until capacity is restored to the overall healthcare system, hospital offload delay will be an ongoing operational issue for Toronto EMS.

COMMENTS

Provincial Initiatives and Funding

Since 1999, two Provincial Health Ministers have announced three major initiatives in response to the problem of hospital offload delay and emergency department wait times. The first two initiatives had little impact on offload delay in Toronto and ED wait times continued to escalate.

On May 30, 2008, the Minister of Health and Long-Term Care announced a \$109 million investment to reduce ED wait times. This latest provincial initiative is similar to the previous two initiatives, focussing on efficiency gains to the existing healthcare system. However, unlike previous programs, the latest announcement ties hospital funding to hospital performance in reducing ED wait times for all patients, including those transported by ambulance.

Toronto EMS Initiatives

Toronto EMS has been at the forefront in dealing with the problem of hospital offload delay. Some of the highlights of Toronto's work to date include:

1) Expert Panel on Emergency Department Wait Time Strategies

Chief Bruce Farr of Toronto EMS and Chief Tony Di Monte of the Ottawa Paramedic Service participated on the Province's Expert Panel studying hospital emergency department wait times and offload delay. Led by Dr. Alan Hudson, the Expert Panel heard presentations and received information from industry experts and contributed significantly to the latest strategy announcement by the Ministry of Health and Long-Term Care on May 30, 2008.

This panel has recently been reconstituted under the leadership of Dr. Michael Schull. Chief Farr remains an active member representing the interests of all Ontario EMS operators.

2) Meetings with Hospital Executives

Chief Farr and senior EMS staff meet regularly with CEOs and senior staff of all Toronto area hospitals. These meetings have led to a greater hospital understanding of the impacts of offload delay on EMS. As a result, many hospitals have taken action to address the problem.

3) Duty Officers

In 2006, Toronto EMS received approval from the City and the MOHLTC to implement a temporary 24/7 management position in the Communications Centre known as the Duty Officer. This pilot initiative was 100% funded by the MOHLTC and to be reviewed at the end of 2007. The Duty Officer's responsibility was to provide minute-by-minute system oversight with particular attention to offload delay. At the end of the pilot, Toronto EMS negotiated an agreement with the MOHLTC to add this position on a permanent basis to the Communications Centre base budget at 100% provincial funding. The Duty Officer continues to work closely with the hospitals to manage offload delay and is aware of ambulance availability at all times.

4) Offload Nurse Program

Based on input from Chief Bruce Farr to the Expert Panel on Emergency Department Wait Time Strategies, the MOHLTC announced in May 2008, that it would provide funding for an EMS Offload Nurse program.

In this program, 14 emergency medical services across Ontario were given money to reimburse hospitals for the cost of providing a nurse, dedicated solely to assuming care of EMS patients. This “Offload Nurse” receives a patient report from the paramedics and assumes care of the patient so the paramedics may leave the hospital quickly and return to their primary role of providing care in the community.

Toronto EMS received approximately \$1.6 million for the fiscal year 2008-09, with commitments for funding through the years 2010 and 2011 if the program is successful.

The program launched in Toronto in August 2008, and is now in place at all but one of the adult emergency departments in Toronto. It has proven to be a great success and is the first intervention that has had a measurable positive impact on offload delay since the problem emerged in late 1999.

In December 2007, Toronto EMS paramedics spent an average of 61.2 minutes in hospital with emergency patients. In December 2008, with the Offload Nurse in place, the average had dropped to 51.9 minutes. When we consider that Toronto EMS paramedics transport about 500 emergency patients daily, this translates into a savings of 64.7 unit hours per day, or almost three extra ambulances available every hour, every day.

In-hospital time is at best a rough measure of the delay caused by long waits to transfer care, but until relatively recently, it was the only measure that Toronto EMS could use to express the impacts of offload delay. This time includes the time paramedics spend waiting for the hospital to assume responsibility for their patient, but it also includes time spent cleaning up after the call and completing required documentation.

A better measure of offload delay is the time spent waiting for the hospital to accept care of the patient – the Transfer of Care (TOC) time. This occurs when the hospital accepts the care of the patient and the paramedics no longer have responsibility for the patient. Practically speaking, Transfer of Care happens at the moment the paramedics are directed by ED staff to place the patient on an ED stretcher, bed, chair, or any other area in the ED.

In 2007, most hospitals had poor compliance at recording Transfer of Care in the Patient Destination System. During 2008, most facilities made a concerted effort to improve compliance, and in December 2008, this time was recorded on about 72% of Toronto EMS patients, compared to 41% in December 2007.

This improvement in recording TOC time means that we now have a valid measure of how long paramedics actually wait for the hospital to assume care. In December 2008, the 90th percentile time for transfer of care was 84.3 minutes, with an average time of 38 minutes. This is a significant change compared to December 2007, when the 90th percentile TOC time was 122.7 minutes, and the average was 52.8 minutes. However, these 2007 numbers must be interpreted with caution, since the poor recording compliance may tend to skew the results. From now on Toronto EMS will use the Transfer of Care time to report offload delays.

CONCLUSION

The Offload Nurse program is the first intervention that has had a positive measurable impact on EMS offloads delays. It is still a pilot program, and will require additional longer term data to confirm the sustainability of the initial results. However, while it is only a temporary initiative and not intended to solve the overall system issue of ED wait times, it does provide a measure of relief to Toronto EMS and other EMS systems in Ontario. As other system-wide interventions announced by the Minister of Health and Long Term Care are implemented, we are hopeful that the recent improvements in EMS wait times will continue to progress. Toronto EMS is an important stakeholder and participant in the Province's new plan to manage the emergency department wait time issue and we will continue to monitor the impacts of the EMS Nurse program and other initiatives intended to alleviate emergency department wait times and to return pre-hospital care service hours back to the communities within Toronto.

CONTACT

Peter Macintyre, Manager Hospital Offload Delay Program
Toronto EMS
Tel: 416-392-2069
Email: pmacint@toronto.ca

SIGNATURE



Bruce K. Farr
Chief and General Manager