# CITY OF HAMILTON

## HAMILTON EMERGENCY SERVICES
Emergency Medical Services Division

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<th>Report to:</th>
<th>Chair and Members Emergency &amp; Community Services Committee</th>
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<td>Submitted by:</td>
<td>Jim Kay General Manager / Chief, Hamilton Emergency Services</td>
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<td>Date:</td>
<td>February 17, 2009</td>
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<tr>
<td>Prepared by:</td>
<td>Brent Browett ext. 7741</td>
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**SUBJECT:** Dedicated Nurses to Receive Ambulance Patients in Hospital Emergency Departments (HES08011(a)) (City Wide)

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**RECOMMENDATION:**

(a) That the General Manager of Hamilton Emergency Services or his designate be authorized and directed to enter into an agreement in a form satisfactory to the City Solicitor, with the Ministry of Health and Long-Term Care (MOHLTC), to receive a grant which will fund the staffing of nurses that will be dedicated to receiving and managing the care of ambulance patients in the local hospital Emergency Departments to reduce the ambulance wait times, for the period of April 1, 2009 to March 31, 2010.

(b) That the General Manager of Hamilton Emergency Services or his designate be authorized and directed to negotiate the necessary agreements between the City of Hamilton (City) and Hamilton Health Sciences and St. Joseph Hospital, in a form satisfactory to the City Solicitor, to reimburse those organizations for the payment of staffing the nursing hours dedicated to receiving and managing the care of ambulance patients in the Emergency Departments.

(c) That the Emergency Medical Services Division be directed to utilize the Ministry of Health and Long-Term Care (MOHLTC) grant to pay for all direct and supporting costs for staffing of nurses that will be dedicated to receiving and managing the care of ambulance patients in the local hospital Emergency Departments to reduce the ambulance wait times, for the period of April 1, 2009 to March 31, 2010, in accordance with the terms set out in the agreement with the Ministry of Health and Long-Term Care.

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Jim Kay
General Manager / Chief,
Hamilton Emergency Services
EXECUTIVE SUMMARY:

On January 19, 2009, the Emergency Medical Services Division (EMS) was invited by the Ministry of Health and Long Term-Care (MOHLTC) to submit a business case, which would support the continuation of the EMS-Hospital Dedicated Registered Nurse (RN) project, from April 1, 2009 to March 31, 2010. Staff submitted the business case to the MOHLTC on February 6, 2009 with the support of the local hospitals. Staff is requesting a grant of $1,070,000 to continue having a dedicated offload-flow RN, 12 hours a day, 7 days a week at the four (4) local hospital emergency departments. Staff is seeking Council approval to continue to participate in this project after March 31, 2009, pending confirmation of continued funding by the MOHLTC.

In the past five (5) years, EMS has experienced a lengthening time in the local emergency departments during the “transfer of care” of ambulance patients. As the transfer of care interval increases, there is a reduction in the capacity of EMS to provide a timely paramedic response to medical emergencies in the community.

In 2008, as an interim solution to the transfer of care delays, the MOHLTC introduced dedicated ambulance offload RNs for 14 large municipalities. The City of Hamilton was provided with a $375,000 provincial grant and the authority to negotiate agreements, with local hospitals, to have dedicated nurses to receive ambulance patients at hospital emergency departments seven (7) days a week, 12 hours a day. The municipality was not required to contribute funding to finance these nursing hours.

The dedicated offload flow nurses have been in place since the first week of November 2008. EMS has been experiencing a reduction in the EMS-hospital transfer of care interval as well as a reduction in missed paramedic meal breaks. While more analysis is required to verify the cause and effect linkage, and more experience to improve some aspects of the program, to-date the findings are positive. The funds and the agreements for the hospital offload RN project end on March 31, 2009. Staff is recommending that EMS continue to participate in this project, and take all reasonable steps to renew agreements with Hamilton Health Sciences and St. Joseph Hospital to maintain the dedicated nurses in the emergency departments for the period of April 1, 2009 to March 31, 2010.

BACKGROUND:

Lengthening ‘ambulance wait time’ intervals was first noted in Hamilton in 2003, and it has been one of the greatest challenges facing EMS to maintain an appropriate emergency response time, contain the cost of the service, and address the work place hygiene of the paramedics.

Staff has met with the MOHLTC and hospital officials on a regular basis analyzing the multitude of contributing factors, and where there have been local collaborative solutions, staff and the hospital have worked to implement them. All stakeholders agree that this is an international phenomenon and it requires multi-faceted, short-term and
long-term solutions. Despite the positive work done with existing resources, the ambulance wait times have increased since 2003. In an effort to reduce the EMS-hospital transfer of care interval, the EMS Chiefs/Directors from 14 municipalities were able to obtain support from the MOHLTC to pilot having dedicated ambulance offload RNs in the emergency departments solely for ambulance patients as an interim solution. The MOHLTC provided the City with a provincial one-time grant of $375,000 specifically to negotiate agreements with the hospitals to have dedicated nurses to receive ambulance patients at hospital emergency departments seven (7) days a week, 12 hours a day, during peak demand periods. The municipality was not required to contribute to any funds to finance the nursing hours.

The dedicated RN concept was predicated on hospital nurses having the most appropriate level of training to care for patients in the hospital setting for prolonged periods of time, and, that it is regular practice for the patient to nurse ratio to be 5 to 1 (subject to the patient condition). In Hamilton, the dedicated nurses have been in place since the first week of November 2008 at the four (4) local hospital emergency departments. The funds and the agreements with the MOHLTC and hospitals end on March 31, 2009.

The results of the first three (3) months suggest that the dedicated offload RN project is contributing to an overall reduction in the EMS-hospital transfer of care time, thus, staff is recommending that EMS continue to participate in this project and take all necessary and reasonable steps to renew agreements with Hamilton Health Sciences and St. Joseph Hospital to maintain the dedicated nurses in the emergency departments from April 1, 2009 to March 31, 2010, 12 hours, 7 days a week in all four (4) sites.

If the staff recommendations are approved, staff will undertake the following steps:

1) Staff will confirm and finalize an agreement renewal with the MOHLTC;
2) Staff will undertake to reach extended agreements with the local hospitals with the support of the Budgets & Finance and Legal Services Divisions;
3) Staff will confirm that the hospitals have hired appropriate nursing staff;
4) Staff will continue the program and measure and adjust it as necessary.

ANALYSIS/RATIONALE:

Since introducing the EMS-Hospital Dedicated Registered Nurse (RN) project in November 2008, EMS has observed continuous reductions in the EMS-hospital transfer of care interval. While there are many variables that affect paramedic service demands, staff believes that they are observing positive results, and require additional time to continue to quantify the impact, and hence recommend continuing our participation.
ALTERNATIVES FOR CONSIDERATION:

The MOHLTC has not offered any alternative use for this grant funding. The City could choose not to participate in this project. However, if this option is exercised, it could be expected that the EMS-hospital transfer of care interval would elongate; increasing the probability of a relative increase in the frequency of Code Zero ambulance events.

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

Financial Implications
The nursing costs associated with this project would be 100% funded from a dedicated provincial grant in 2009-2010, if approved by the MOHLTC. The current request to the MOHLTC is to continue with this level of support for a full year (12 months); however, the City would be responsible for in-kind data support, of EMS, from time to time.

Staffing Implications
EMS Managers will continue to oversee, measure, and ensure that the hospitals meet their contractual obligations to the City. The EMS Platoon Managers will interface with key hospital staff on a regular basis; monitoring the offload RN staffing every 12 hours/365 days per year as well as the utilization of the dedicated nurses.

Legal Implications
The City is required to extend the agreement with the MOHLTC to participate in the project and then renew the performance agreements with each hospital for the intended service. The Legal Services Division will apply best practice to ensure the City’s interests are addressed and protected in renewing both agreements.

POLICIES AFFECTING PROPOSAL:

Any applicable Purchasing Policies will be applied in purchasing the service from the hospitals.

RELEVANT CONSULTATION:

Corporate Services Department, Budgets & Finance Division
Corporate Services Department, Risk Management Division
Corporate Services Department, Legal Services Division
City Manager’s Office, Human Resources Division
By evaluating the “Triple Bottom Line”, (community, environment, and economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.

**Community Well-Being is enhanced. ☑ Yes ☐ No**
This program will increase the potential for ambulances to be freed up at local emergency departments sooner than otherwise possible, and by extension improve the emergency paramedic response capacity for all city-wide communities.

**Environmental Well-Being is enhanced. ☑ Yes ☐ No**
Human health and safety are protected. Early recognition and aggressive prevention will greatly enhance the safety for the community and City staff.

**Economic Well-Being is enhanced. ☑ Yes ☐ No**
Investment in Hamilton is enhanced and supported.
This program will leverage grants from outside of municipal sector and contribution from the provincial government.

Does the option you are recommending create value across all three bottom lines?

☑ Yes ☐ No

Do the options you are recommending make Hamilton a City of choice for high performance public servants? ☑ Yes ☐ No

The creation of a respectful, desirable and supportive workplace.
This program enhances the health and safety for the public as well as staff.