Present: Councillor S. Merulla (Chair)  
A. Prieur (Vice Chair)  
Councillor S. Duvall  
M. Smithson  

Absent: Councillor R. Pasuta (other City business)  

Also Present: J. Kay, General Manager/Chief, Hamilton Emergency Services  
B. Browett, Director, Emergency Medical Services  
D. Waugh, Manager, Emergency Medical Services  
M. Posteraro, President, OPSEU Local 256  
J. Dunford, Vice-President, Local 1041 (EMS Supervisors)  

1. CHANGES TO THE AGENDA  
None.  

2. DECLARATIONS OF INTEREST  
None.  

3. APPROVAL OF MINUTES OF PREVIOUS MEETING  
Councillor Merulla requested that the minutes be amended to reflect the reason for his absence as being due to a medical appointment.  

(Smithson/Prieur)  
Emergency Medical Services Resource & Deployment Advisory Task Force Minutes, dated November 28, 2008 were approved as amended.  

CARRIED
4. PRESENTATIONS

4.1 Union presentation(s) on Hospital Offload:

4.1.1 Presentation by Mario Posteraro, President of OPSEU, Local 256 (Paramedics) respecting the paramedics’ front-line experiences regarding the hospital offload issue.

He cited contributing factors to hospital offload delays are limits in patients utilizing clinics, availability of family care, a shortage of nurses and hospital beds. Additional delays in hospitals occur due to unavailable access to the labs and x-ray departments all of which compromise patient movement. Nurse shortages in the emergency departments contribute to patient overcrowding which leads to offload delays.

The newly initiated Registered Nurse (RN) Offload Program is only effective as long as the RN remains in the position. He does not believe there is a consistent presence noting that the hospital complement was not increased.

Paramedics suggest exploring paramedics transporting appropriate patients to urgent care centres to provide additional options.

Question and Answer period followed Mr. Posteraro’s verbal presentation:

- Councilor Duvall asked if the Memorandum of Understanding (MOU) between the Hospital and the City allows the RN dedicated to offload, to provide assistance in the emergency department when there are no EMS patients in the emergency department and if it would be possible to ascertain how many hours the RNs are tied up in the emergency department assisting.
- B. Browett responded that it does, and that it may be possible in the future to track this when the swipe card system is reconfigured and the offload flow RN can swipe when they receive a patient and when that patient is passed on to the general emergency department population.
- M. Smithson questioned whether hospital offload has become a political issue with McMaster Hospital, or if it is age specific given that it is McMaster.
- EMS management advised that they could not speak to the political issue but that it is not age specific.
- M. Smithson questioned whether the hospital unit managers are likely to schedule less staff as a result of being given the Offload RN resource.
- EMS management advised that that is not the case and that HHS was posting specific positions for the program.
4.1.2 Presentation by Jeff Dunford, Vice-President, Local 1041 (EMS Supervisors).

J. Dunford explained that his role as an EMS Supervisor includes liaison with the local hospital emergency department Charge Nurses.

In his opinion the offload delays commenced in 2002 and have increased since stating that the EMS Supervisor spends 50 – 80% of his/her time in dealing with offload delays.

Contributing Factors to Offload Delays

J. Dunford suggested that in his experience the three (3) significant contributors to offload delays in the last six (6) years are: the individual Charge Nurse’s practices; the Urgent Care calls; and, “Stat” Transfers.

Some of the other contributing factors he suggested may be as follows:

- Not using empty emergency department beds
- Emergency department RN shift change
- Charge Nurse feels that the patient is at the wrong hospital
- “Stat” Transfers delays due to communications gaps i.e. the Charge Nurse in the receiving hospital has no prior knowledge that a patient is being transferred from another hospital and there is no available bed and/or there is no emergency department staff to accept the patient

Assistance for Hospitals and HES-EMS

J. Dunford commented that the RN Offload Program helps somewhat but that it has its weaknesses and that improvements can be made and he recommends;

- Offload RN should swipe in when reporting for duty and when assuming care of an EMS patient.
- Offload RN should be on duty 24/7 at every hospital emergency department.
- An “arrival board” (similar to airports) currently used by Toronto EMS would enable the dispatcher to assign a hospital based on the patients condition and based on the last emergency department to receive a patient thus dividing up the patients more equitably between the various emergency departments.

J. Dunford stated that the EMS offload delays are hospital induced problems and the cost burden is laid on the local taxpayer. He suggests that the hospitals should be billed for every delay incurred by HES-EMS to improve performance by the hospitals.

Question and Answer period followed Mr. Dunford’s verbal presentation.

- A. Prieur asked what constitutes the transfer of care.
- B. Browett explained that the current Ministry of Health and Long-Term Care (MOHLTC) standards defines the transfer of care as starting with
the ambulance patient arriving at the hospital triage desk and ending
when the patient is offloaded to a bed/chair or space and a verbal
report is given to the hospital staff.

- Councilor Duvall asked why EMS can’t just leave once they have
  hooked the patient up to whatever is required and have provided a
  verbal update to the Charge Nurse.

- EMS Management explained that the hospital will not accept the
  patient until the patient is transferred to a hospital bed, wheelchair
  or the waiting room and the Charge Nurse decides that the patient has
  been accepted. The current MOHLTC standard does not allow a
  paramedic to leave until the hospital agrees to accept the patient
  regardless of the need for the paramedic for a community emergency.

- Councilor Merulla asked staff to provide an explanation of the arrival
  board concept and the destination software.

- EMS Management explained that there are two (2) options that may be
  considered for Hamilton that would post incoming ambulances in every
  ED to assist the hospitals in planning in advance of the ambulance
  arriving.

In about 2006 a formal request was made to the MOHLTC to assist
HES-EMS to support the HES-EMS Hospital Transfer of Care swipe
card project that would have allowed for such a board to be posted but
the MOHLTC refused to support the project which was subsequently
jointly funded between the City and the hospitals.

The MOHLTC was also to link the swipe card project with the
ambulance dispatch software which would provide in real time where
the delays are in the emergency departments as well as information on
the incoming ambulances. The MOHLTC has also rejected this
request.

In was explained that the arrival board is in place and working in
Toronto EMS and there is currently a pilot program to expand the
project to the Ottawa area. Ottawa is funding the development and
testing of a generic version of the Toronto software to make it
compatible province wide. It is expected to be many years before it
would be available to Hamilton if the project was successful.

It was explained that if the province is willing to partner with HES-EMS
and link the swipe card project with the ambulance dispatch software,
then Hamilton could possibly have the same solution within one (1)
year.

HES-EMS management was asked to bring forward a recommendation
for the MOHLTC support for the HES-EMS Hospital Transfer of Care
Swipe Card project to the next meeting.
Recommendations:

(Duvall/Prieur)
That to facilitate the opportunity to attend EMS Community Advisory Task Force meetings, that the media and all support representatives will be sent the meeting dates and be directed where to access all agendas and minutes, including representatives from OPSEU Local 256, CUPE Local 1041 HES-EMS supervisors, a nurse representative from each hospital, a management representatives from each hospital, a community health-care representative, and appropriate HES-EMS Management.

CARRIED

(Duvall/Prieur)
That at the next EMS Community Advisory Task Force on the agenda will be the local hospital representatives, the paramedics union, and the paramedic supervisors union to discuss with all parties present the information that has been previously presented to the Task Force on hospital offloads.

CARRIED

(Prieur/Smithson)
That a RN from Hamilton Health Sciences and St. Joseph’s Health Care be added to the EMS Community Advisory Task Force support group representatives.

CARRIED

(Prieur/Smithson)
That the EMS Community Advisory Task Force recommends to the Emergency & Community Services Committee that the City of Hamilton request the Province to establish a regulation that requires a receiving hospital to immediately assume full responsibility for patient(s), and complete without delay the “Transfer of Responsibility Patient Care” in accordance with the MOHLTC Emergency Health Services, Basic Life Support (BLS) Standards, M, 1-17, upon the arrival of the land ambulance patient at the emergency department.

CARRIED

(Duvall/Prieur)
That the EMS Community Advisory Task Force recommends to the Emergency & Community Services Committee, that the City of Hamilton send a formal request to the local hospitals to discuss with the City Of Hamilton a mechanism for the hospital to reimburse the municipality for costs related to delays in the “Transfer of Care” process of ambulance patients in the hospital emergency department.

CARRIED

(Duvall/Prieur)
That Mr. Dunford’s handout of his verbal presentation be received.

CARRIED

(Duvall/Prieur)
That the binder provided by J. Dunford be returned to him without being reviewed based on the possibility of it containing confidential and/or patient information.

CARRIED
5. DISCUSSION ITEMS

5.1 The Task Force briefly discussed the Union presentations and patient attendance at urgent care facilities vs. emergency departments.

5.2 Next steps

   i. Deployment
   ii. Offload
   iii. Resource Options – Council approved Option #2 and, therefore, this item was resolved by them.

Staff was requested to be prepared to provide an overview of the deployment model at a future meeting once the Task Force has completed its work on hospital offload as directed by Council as the priority topic of discussion for the Task Force.

The offload delay issue will culminate in a formal report and recommendations to the Emergency & Community Services Committee.

6. GENERAL INFORMATION & OTHER BUSINESS

Clarification regarding the EMS Community Advisory Task Force composition

The Legislative Assistant is available to provide clarification directly to anyone who requires more information and provides the following clarification as to the structure of the “Task Force” as approved by City Council:

   iii. The task force will be chaired by an appointed Councillor from the Emergency & Community Services Committee and supported by the Clerk and any other resources deemed necessary by the Chair.

   iv. The composition of the task force is as follows:

   • one (1) Chair (appointed Councillor)
   • two (2) Councillors (one urban, one rural)
   • two (2) Citizens (one urban, one rural)

Support to the task force will be the following representatives: (These are not members of the Committee, but are resource representatives who should be invited to attend to participate when there is a specific matter that requires their expertise. The resource representatives should also be able to attend any or all of the Task Force meetings should they choose, as they are public meetings):

   • one (1) hospital representative
   • one (1) community health care, non-hospital representative
• one (1) Paramedic Union appointed representative
• one (1) EMS Supervisor Union appointed representative
• Appropriate EMS management for the subject matter
• Corporate Services Department, Clerks Division
• Other resources deemed necessary by the Chair including but not limited to Human Resources and Finance Departments.

The current meeting location will be changed in order that it is more easily accessible to anyone (including the media) who wishes to attend.

7. ADJOURNMENT

(Smithson/Prieur)
There being no further business, the meeting was adjourned at 12:30 p.m.

CARRIED

Respectfully Submitted,
Councillor S. Merulla
Chair, EMS Advisory Task Force