Council Direction:

n/a

Information:

Hamilton Emergency Services, Emergency Medical Services (HES-EMS) has been approved by the Local Health Integration Network (LHIN) group for a grant of up to $145,000 of one-time funding for the period of September 2010 to September 2011 to initiate a pilot program to encourage low acuity patients that have called for an ambulance to consider using more appropriate services in the community to address their needs other than the hospital emergency departments. This is a more neighbourhood/community focused approach to assisting patients in finding the most appropriate and relevant services provided by both the City of Hamilton and our community partners – including hospitals and external service agencies.

If this project is successful, it is expected to:

(a) improve the match of the patients needs to the services delivered;

(b) reduce the number of repeat visits of EMS to patients that call EMS frequently for low-acuity matters that may be better dealt with by another community agency;
(c) reduce the burden on the hospital emergency departments of this subset of patients; and,

(d) as a consequence of (b) and (c) it could assist in reducing the ambulance-hospital offload pressures and improve EMS resource capacity.

The closest neighbouring municipalities that have a similar program referred to as “Community Referrals Emergency Medical Services” (CREMS) include Halton, Peel, and Toronto. These programs have been operating for 2 to 3 years and in Toronto case they have continued to expand the program given the positive impact it has had in the community and neighbourhoods.

The Hamilton program will be modelled after the successful CREMS programs in these other municipalities. With the CREMS program in place, when a patient calls for an ambulance and then refuses to go to the hospital, the paramedic will attempt to identify one of the many community agencies that will be able to assist the patient with their root problem. If this is done successfully, it is likely to avoid future calls for EMS and hospital visits. In addition, even patients taken to hospital where the paramedic observes social circumstances at the residence that would benefit from other interventions, those patients will be referred to other community agencies. Similar to the other CREMS programs a key partner will be the local Community Care Access Centre (CCAC). The CCAC will be one of the primary agencies that paramedics will refer patients to.

The LHIN funds will be used to support paramedics training, back-fill cost to provide an appropriate level of management and supervisor support, and program evaluation. Staff will also be tracking data to determine areas of concentration/focus. Staff assigned to this project will be provided space and necessary supplies to complete the work (i.e. access to a computer, etc.) all within the existing operations and budget.

The program is being set up so that if it does not meet its intended objectives, it can be disbanded without any legacy impacts to EMS or the LHIN. However, if the program meets the intended objectives, EMS will report that to LHINS and Council. The LHIN has suggested that based on the degree of success and the financial capacity at the time if Hamilton expanded the function of the program, then LHIN may consider providing some additional support for a second evaluation period.

This initiative is consistent with previous Council direction in 2007 to consider methods that will reduce the demand for paramedic services while improve the health of the community.

Paramedics facilitating a better match of health care and community resources to the patients needs are consistent with this mandate and having the support of the LHIN to
implement and evaluate this initiative is an excellent opportunity for the community that supports the City’s strategic objectives of supporting a healthy community. As well, earlier this year the Hamilton Spectator’s series “Code Red” highlighted the significant disparities in health outcomes between various neighbourhoods in Hamilton. In response to this the Senior Management Team, along with various community collaborative agencies and other ‘anchor’ institutions such as our hospitals, LHIN, school boards and post secondary institutions came together to identify potential areas of action, conditions for success and operating principles that are meant to facilitate specific change to how the community works together towards like goals.

This pilot project and partnership with both the community, local hospitals and the LHIN not only feeds into the corporate priority plan, but also aligns to the larger work currently underway throughout the organization.