

Clause 13 in Report No. 1 of Committee of the Whole was adopted, without amendment, by the Council of The Regional Municipality of York at its meeting held on January 26, 2017.

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Hospital Transfer of Care Time Improvements - 2016

Committee of the Whole recommends adoption of the following recommendation contained in the report dated December 9, 2016 from the Commissioner of Community and Health Services:

1. The Regional Clerk circulate this report to the President and/or CEO of Mackenzie Health Richmond Hill, Southlake Regional Health Centre, Markham Stouffville Hospital and the Central Local Health Integration Network.

Report dated December 9, 2016 from the Commissioner of Community and Health Services now follows:

1. Recommendation

1. The Regional Clerk circulate this report to the President and/or CEO of Mackenzie Health Richmond Hill, Southlake Regional Health Centre, Markham Stouffville Hospital and the Central Local Health Integration Network.

2. Purpose

This report provides an update on the transfer of care time, also known as off-load delay, improvements achieved at the three regional hospitals, Mackenzie Health Richmond Hill (Mackenzie Health), Southlake Regional Health Centre (Southlake) and Markham Stouffville Hospital (Markham Stouffville).

3. Background

Transfer of Care Time directly impacts the availability of Paramedics to respond to other calls

Transfer of care time, is the time interval from when paramedics arrive at a hospital to when the patient is transferred from the care of paramedics to hospital care. The time interval is calculated in minutes. Hospital staff have reported that patient capacity year over year has been increasingly constrained in the Region's hospitals. Over time, the emergency room has become a holding area for patients waiting to be admitted. Hospital bed availability has been constrained by the availability of beds in supportive services outside the hospital and in Long-Term Care.

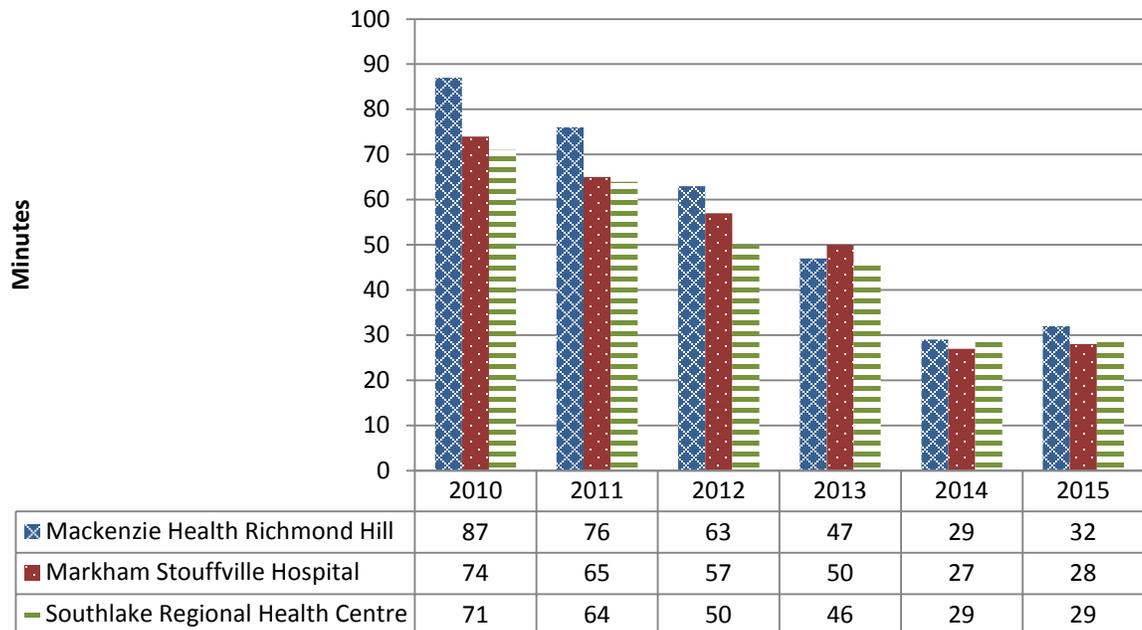
Constraints in hospital capacity have resulted in more paramedics waiting at hospitals and reducing the number of available crews to respond to new 9-1-1 calls. When this occurs, paramedics must cover greater distances to reach their patients resulting in longer response times.

Paramedic Service patient transports have increased at higher than predicted levels but transfer of care times have decreased year over year since capital funding was tied to performance targets

Patient transports between 2010 and 2015 were predicted to increase by 24%. Actual patient transport levels in this timeframe increased by 30%.

Transfer of Care times have decreased at all hospitals since capital funding was first tied to performance targets in 2009. The goal was to reduce the average transfer of care times from between 60-90 minutes to 30 minutes over five years (i.e. by 2014). This has been achieved by collaborative efforts towards improvements around transfer of care. Figure 1 details the average transfer of care times from 2010-2015.

Figure 1
Historic Transfer of Care Times -
Average Transfer of Care Times 2010-2015



In January 2015, Council approved the use of \$1.358 million to fund initiatives to improve off-load delays

In January 2015, through Hospital Memorandum of Understanding Update 2014, Council approved \$1.358 million in funding, generated from off-load delay holdbacks. The funds are currently held within the Hospital Capital Reserve fund and are used to fund initiatives aimed at reducing future off-load delays. These initiatives include a Tri-Hospital Paramedic Service efficiency and standardization project.

Project also supported by this funding included:

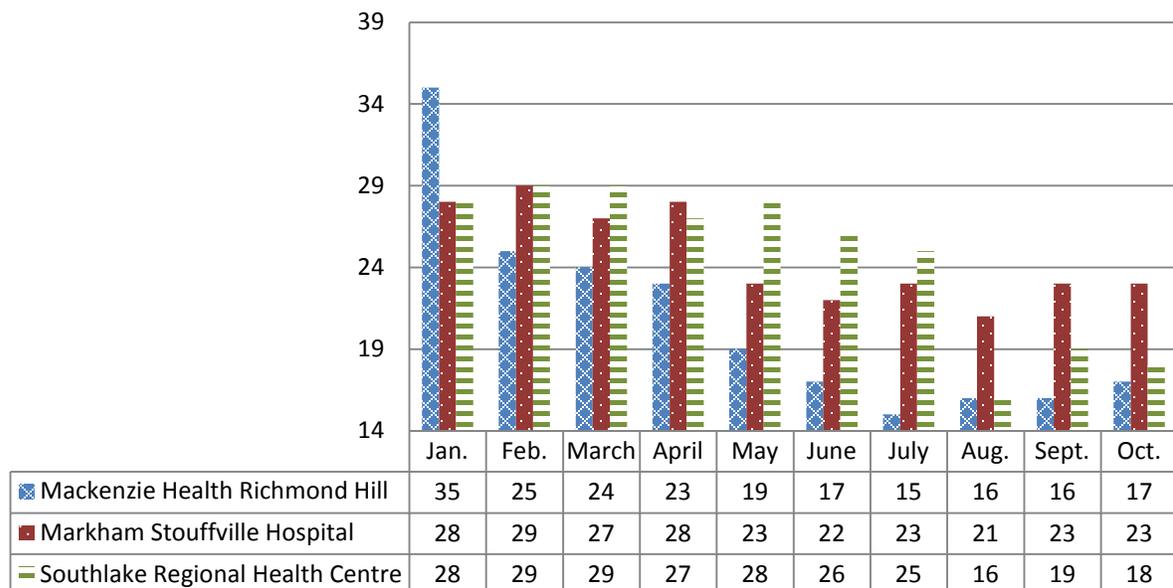
- Creation of standardized guidelines to transfer non-urgent patients directly to the waiting room;
- Three key research initiatives (listed below) to support the development of alternate treatment pathways in preparation for an aging population:
 - Improving Patient Centred Care and Transportation (IMPACT);
 - Expanding Paramedicine in the Community in Long-Term Care;
 - Mental Health Paramedicine Response Risk Assessment, Deescalate and Referral Pilot.

4. Analysis and Implications

A rapid improvement efficiency exercise was held to standardize transfer of care processes at the three Regional hospitals

In January 2016, staff from York Region Paramedic Services and the three regional hospitals participated in a four-day rapid improvement event. The purpose of the event was to create a new transfer of care process to achieve efficiencies and further decrease transfer of care time to 30 minutes at the 90th percentile. Mackenzie Health piloted and implemented the new process in February 2016, Markham Stouffville implemented the process in April 2016 and Southlake implemented in August 2016. Each of the partnering hospitals demonstrated their commitment to attain efficiencies throughout this work. The significant improvements have been made possible due to the determination, commitment and collaborative efforts of these partners following implementation of the new processes, as clearly evidenced in Figure 2.

Figure 2
Transfer of Care Times –
Transfer of Care - 2016 Average



Key new processes were implemented at each hospital to reduce transfer of care times

The rapid improvement event developed several key processes that have resulted in significantly shorter transfer of care times. This included the creation of standardized work for paramedics and nurses while eliminating unnecessary

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steps such as paramedics taking patients to registration desks. Within each hospital, an escalation process was established. As the Emergency Department nears capacity, certain triggers come into play alerting the hospital to re-examine patient flow and make adjustments both inside the Emergency Department and in other areas of the hospital.

Each hospital is now connected to the Paramedic Services electronic patient record system. The technology allows for situational awareness of incoming ambulances so nursing staff can prepare for where the patient will be placed on arrival. It also allows for the real-time monitoring of transfer of care times and compliance rates for the past 24 hours.

Lastly, quality review processes are now in place to audit the transfer of care performance at each hospital on a weekly and monthly basis.

York Region Paramedic Services Master Plan has been refreshed through to 2026

Through the Paramedic Services Master Plan, the Region is taking a planned approach to addressing the challenges faced as a result of a growing and aging population. A refresh of the 10-year Paramedic Services Master Plan has been completed to reflect resource and facility recommendations through to 2026. A dramatic reduction in transfer of care times between 2010-2015 has improved paramedic service availability. From 2010 to 2015, the average total time in hospital per paramedic transport has reduced by 20 minutes.

Shorter transfer of care times has allowed Paramedic Services to manage higher than predicted call volumes while improving response times

Annual call volume increased by 30% between 2010 and 2015, increasing at a greater rate than forecast in the original master plan. Despite the higher than expected call demand; response time improved during the same timeframe from 13 minutes and 4 seconds to 11 minutes and 20 seconds at the 90th percentile region-wide. Response time improvements were achieved by the efficiencies gained by shorter transfer of care times.

Investing in York Region hospitals and the Hospital Capital Funding Memorandum of Support meet priority areas outlined in the 2015-2019 Strategic Plan

Investing in York Region hospitals supports the priority area to “Support Community Health and Wellbeing” outlined in the 2015-2019 Strategic Plan. The Hospital Capital Funding Memorandum of Understanding (MOU) also meets the priority area to “Provide Responsive and Efficient Public Service” by providing the

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option for Council to reduce hospital funding related to potential operating costs incurred by Paramedic Services to maintain response times while contending with off-load delays above set targets.

5. Financial Considerations

Expenditures totalling approximately \$447,000 have been incurred up to the end of 2016 for initiatives to improve the transfer of care time at the hospitals. This includes \$95,200 to complete the rapid improvement event.

The 2017 Operating Budget for Paramedic and Seniors Services includes the remainder of the \$1.358 million approved in January 2015 to continue the initiatives to reduce future off-load delays. The initiatives are fully funded by the Hospital Capital Reserve fund with no additional tax levy impact.

All local municipalities will gain from the outcomes of the identified initiatives completed by the Tri-Hospital Group and York Region Paramedic Services through shorter transfer of care times and new models of care to better link patients to the right care needed in the right time frame.

6. Conclusion

The Tri-Hospital Group has achieved notable improvements in transfer of care times. This work has been completed as part of the Council approved \$1.358 million in funding, generated from off-load delay holdbacks in capital funding. Paramedic Services will continue to implement initiatives that are essential to achieve long-term efficiencies. The dedication of the hospital partners has resulted in significant efficiencies in the regional health care system. The results of these initiatives and commitment of the partners has played an essential role in ensuring that Paramedic Services continues to meet its response time targets, despite managing higher than expected call volumes.

For more information on this report, please contact Norm Barrette, Chief and General Manager, Paramedic and Seniors Services, at 1-877-464-9675 ext. 74709.

The Senior Management Group has reviewed this report.

December 9, 2016

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Accessible formats or communication supports are available upon request.