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## 2009 BUDGET BRIEFING NOTE

### Hospital Off-Load Delay Status

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#### Issue/Background:

- Hospital off-load delay is the number one operating pressure for Toronto EMS
- Toronto EMS in-hospital times have increased from an average of 35 minutes in 2000 to nearly 70 minutes, in April of 2008
- Toronto EMS has reported on the issue of hospital off-load delay on 15 separate occasions between 2000 and 2006
- Toronto EMS has been at the forefront in dealing with the problem of hospital off-load delay. Some of the highlights of Toronto's work to date include:

► Expert Panel on Emergency Department Wait Time Strategies:

Chief Bruce Farr of Toronto EMS and Chief Tony DiMonte of the Ottawa Paramedic Service participated on the Province's Expert Panel studying hospital emergency department wait times and off-load 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.

► 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 off-load delay on EMS. As a result, many hospitals have taken action to address the problem.

► 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 off-load 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 off-load delay and is aware of ambulance availability at all times.

► *Offload Nurse Program:*

Based on the City's input 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. The funding was provided directly to Toronto EMS (and other EMS providers) and not to hospitals to ensure that the money was used for nurses that were dedicated to accepting care of EMS patients, and not merely used to increase staffing in the ED.

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 time spent with patients had dropped to 51.9 minutes. When one considers 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 recently, it was the only measure that Toronto EMS could use to express the impacts of offload delay. This time spent includes: the time paramedics spend waiting for the hospital to assume responsibility for their patient, the clean-up after the call and the completion of required documentation.

A better measure of off-load 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 January 2008, the 90<sup>th</sup> percentile transfer of care time in Toronto hospitals was 119 minutes. In January 2009 this time had dropped to 89 minutes.

From now on Toronto EMS will use the Transfer of Care time to report offload delays.

**Key Points:**

- The Offload Nurse program is the first initiative that has made a measurable difference on in-hospital times for paramedics.
- The Offload Nurse program is entirely funded by the Ministry of Health and Long Term Care.
- Unit availability has improved dramatically since the offload Nurse program started.

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