



THE REGIONAL MUNICIPALITY OF NIAGARA
COMMITTEE OF THE WHOLE
FINAL AGENDA

COTW 01-2019

Thursday, March 7, 2019

6:30 p.m.

Council Chamber

Niagara Region Headquarters, Campbell West

1815 Sir Isaac Brock Way, Thorold, ON

	Pages
1. <u>CALL TO ORDER</u>	
2. <u>DISCLOSURES OF PECUNIARY INTEREST</u>	
3. <u>PRESENTATIONS</u>	
3.1 <u>Emergency Medical Services System Transformation</u> Kevin Smith, Chief, Niagara Emergency Medical Services	3 - 64
4. <u>DELEGATIONS</u> None.	
5. <u>ITEMS FOR CONSIDERATION</u> None.	
6. <u>CONSENT ITEMS FOR INFORMATION</u>	
6.1 <u>COTW-C 01-2019</u> Emergency Medical Services System Transformation Project	65 - 66
6.2 <u>COTW-C 02-2019</u> Provincial Review of Regional Government	67 - 68
7. <u>OTHER BUSINESS</u>	
8. <u>NEXT MEETING</u> The next meeting will be held on Thursday, April 4, 2019 at 6:30 p.m. in the Council Chamber, Regional Headquarters.	

9. ADJOURNMENT

If you require any accommodations for a disability in order to attend or participate in meetings or events, please contact the Accessibility Advisory Coordinator at 905-980-6000 (office), 289-929-8376 (cellphone) or accessibility@niagararegion.ca (email).

Committee of the Whole

March 7, 2019

Presented by:
Kevin Smith, Chief



Objective of COTW

Provide information to Council to assist with key decisions regarding the future of Niagara EMS as a Mobile Integrated Health system.

Agenda

1. Interactive displays (pre-meeting)
2. Service overview
 - Recent History
 - Current State
 - Future State
3. Discussion, questions and answers

History of Niagara EMS

2000 land ambulance downloaded

2000-2004 contract service provider (HDH)

2004 land ambulance brought in-house

2005 ambulance dispatch acquisition as 5 year
Demonstration Project

2010 ambulance dispatch Performance
Agreement with Province

- Establishment of High Performance System

High Performance System (HPEMS)

- Not measured by expense or extravagance
- Measured by simultaneous delivery of
 - clinical sophistication;
 - response time reliability; and
 - economic efficiency

Why HPEMS?

“As EMS providers, we invite the public to literally trust us with their lives. We advise the public that, during a medical emergency, they should rely upon our organization, and not any other. We even suggest that it is safer to count on us, than the resources of one’s own family and friends. We had better be right...”

Jack Stout, father of HPEMS circa 1980

Level of Service Responsibility

- Every upper-tier municipality shall establish, in accordance with the Act, a response time performance plan (RTPP) for its community
- Niagara Region is responsible to establish and maintain these performance targets in a manner that best meets the needs of the community
- Current RTPP based on 2011 actual performance

Response Time Reliability

Current RTPP

CTAS	Target Time (mins)	Target %	2015	2016	2017	2018
SCA	6	55				
1	8	80				
2	11	90				
3	15	90				
4	20	90				
5	30	90				

Response Time Reliability Performance Results

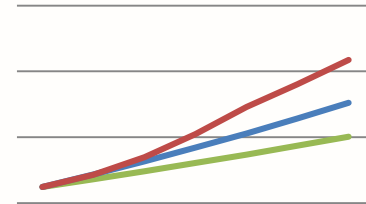
CTAS	Target Time (mins)	Target %	2015	2016	2017	2018
SCA	6	55	57.72%	52.16%	60.64%	59.25%
1	8	80	77.15%	75.37%	76.92%	76.23%
2	11	90	84.73%	83.58%	82.48%	81.75%
3	15	90	89.91%	88.77%	85.41%	82.70%
4	20	90	94.77%	95.34%	91.93%	89.38%
5	30	90	99.59%	99.29%	98.98%	98.80%

Last 5 Years



Local health reform

Call volume increases

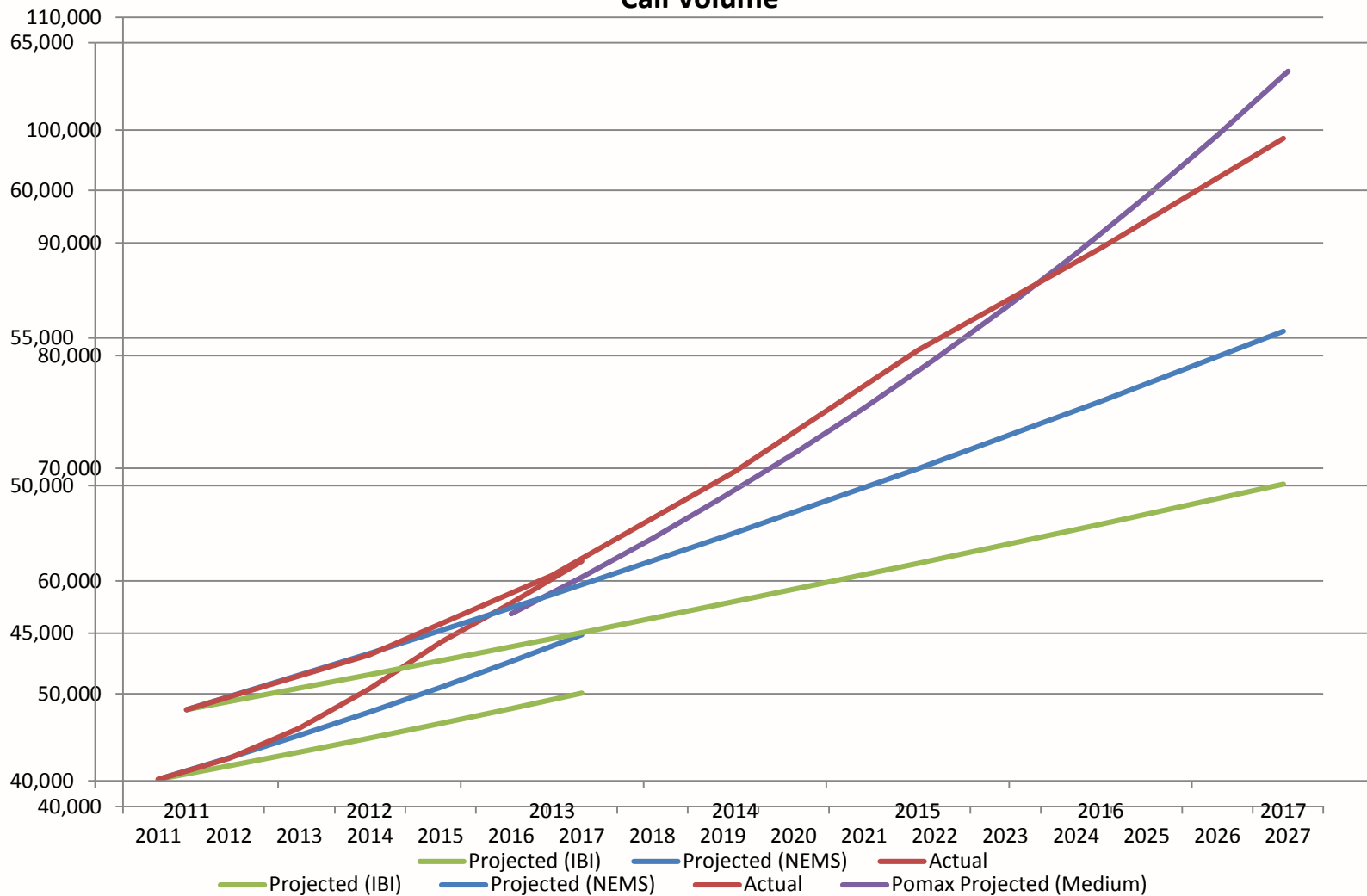


12 times at Council in 4 years

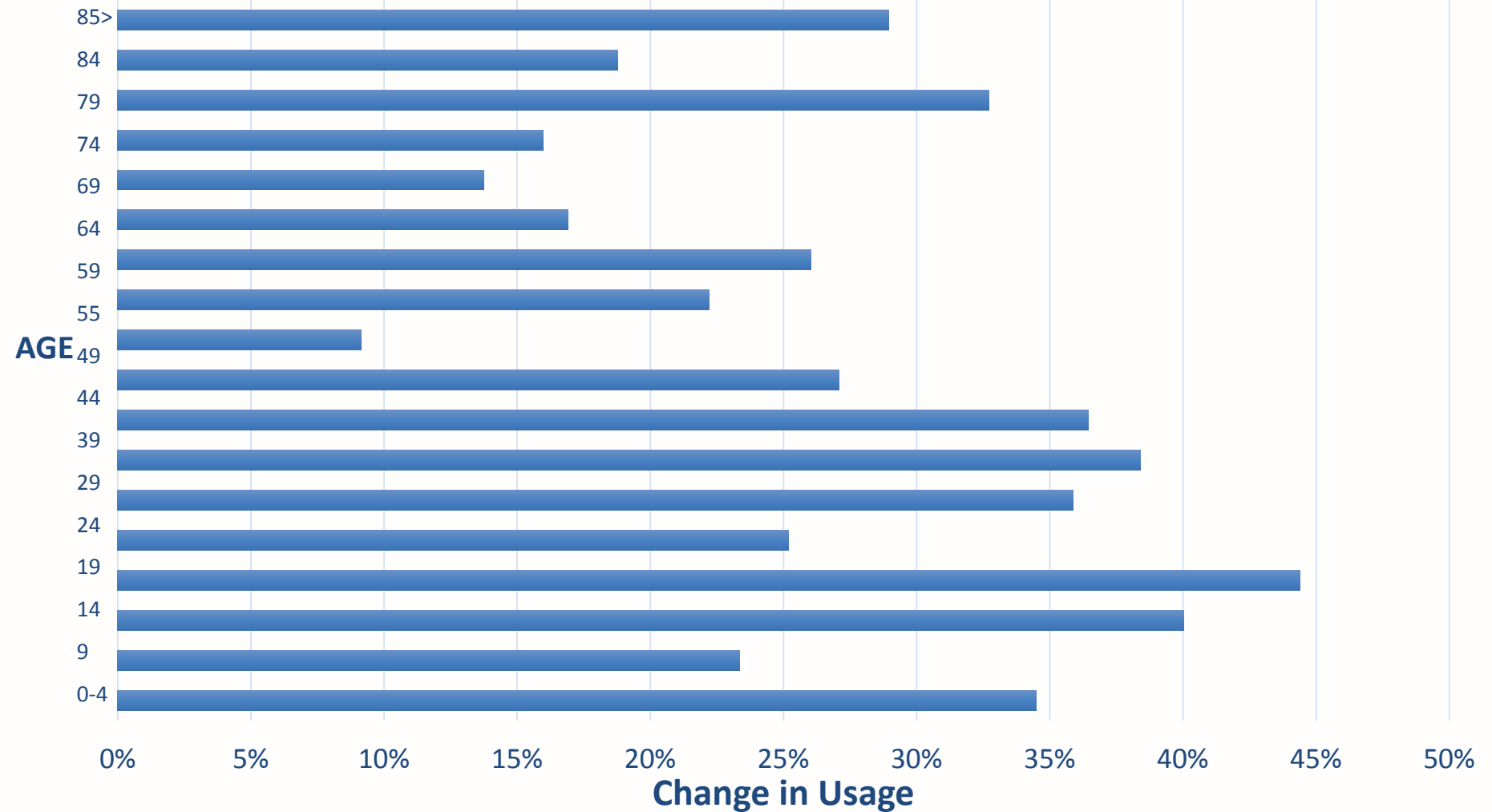
3 external system reviews



EMS Call Volume Projected vs Actual Call Volume



Change in Usage Rate by 5 Year Cohort - Niagara 2011 v 2016

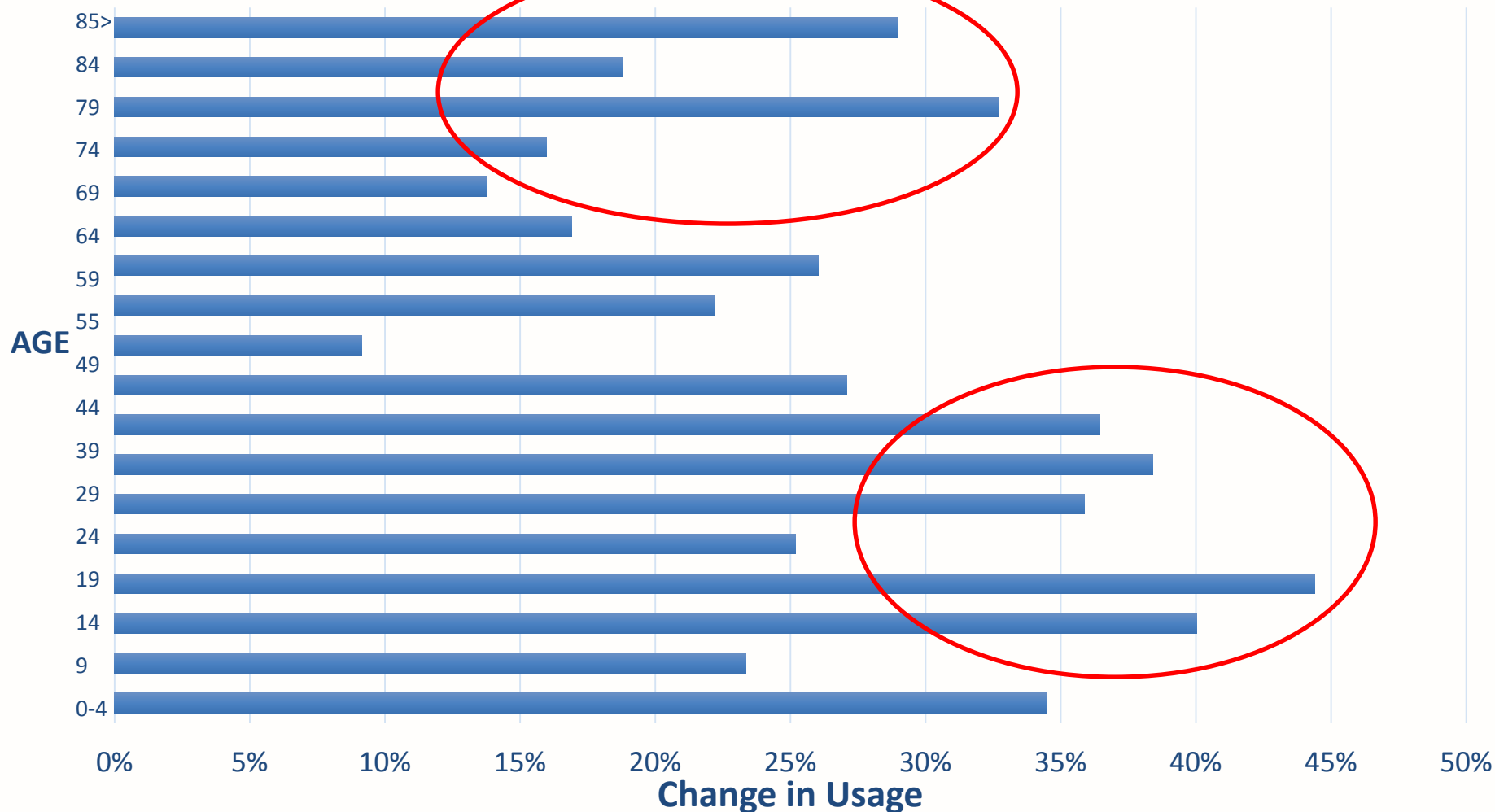


The Silver Tsunami?

Year	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
2015	20,488	21,925	22,672	26,572	30,485	27,282	24,694	24,212	26,076	30,113	36,534	34,503	31,229	28,564	21,782	16,148	12,599	8,409	4,811
2016	20,620	21,879	22,558	25,664	30,277	27,964	25,245	24,250	25,275	29,264	36,296	35,197	32,174	29,215	22,630	16,700	12,626	8,672	5,196
2017	20,894	21,768	22,536	25,115	29,570	28,741	25,803	24,288	24,788	28,720	35,298	35,912	33,011	28,944	24,497	17,406	12,699	8,816	5,571
2018	21,151	21,666	22,594	24,687	28,951	29,247	26,176	24,481	24,676	28,058	33,869	36,619	33,710	29,318	25,771	18,306	12,923	8,876	5,912
2019	21,390	21,553	22,710	24,282	28,327	29,482	26,703	24,817	24,597	27,404	32,491	37,081	34,304	30,162	26,644	19,172	13,255	8,894	6,249
2020	21,628	21,524	22,772	24,106	27,500	29,384	27,338	25,239	24,445	26,721	31,395	37,341	34,883	31,030	27,600	19,947	13,569	9,038	6,512
2021	21,840	21,650	22,721	24,022	26,681	29,161	27,917	25,789	24,524	25,944	30,534	37,054	35,623	31,971	28,272	20,768	14,085	9,105	6,822
2022	22,031	21,910	22,603	24,020	26,184	28,509	28,572	26,339	24,597	25,485	29,968	36,032	36,364	32,822	28,892	22,536	14,729	9,193	7,059
2023	22,186	22,165	22,494	24,107	25,802	27,935	29,027	26,708	24,822	25,388	29,306	34,600	37,099	33,556	28,510	23,770	15,541	9,393	7,239
2024	22,307	22,413	22,388	24,239	25,473	27,362	29,253	27,230	25,170	25,338	28,661	33,225	37,600	34,195	29,368	24,644	16,325	9,680	7,406
2025	22,380	22,676	22,369	24,328	25,337	26,623	29,200	27,855	25,597	25,219	28,012	32,146	37,881	34,826	30,271	25,586	17,033	9,970	7,613
2026	22,411	22,911	22,508	24,301	25,306	25,892	29,016	28,422	26,130	25,327	27,270	31,328	37,599	35,618	31,233	26,276	17,798	10,413	7,814
2027	22,396	23,117	22,787	24,205	25,351	25,448	28,447	29,063	26,668	25,434	26,849	30,788	36,603	36,392	32,125	26,207	19,403	10,942	7,989

Ontario Ministry of Finance Population Projection to 2027

Change in Usage Rate by 5 Year Cohort - Niagara 2011 v 2016



The Silver Tsunami + The Gen Y&Z

Year	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
2015	20,488	21,925	22,672	26,572	30,485	27,282	24,694	24,212	26,076	30,113	36,534	34,503	31,229	28,564	21,782	16,148	12,599	8,409	4,811
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Top Five EMS Transports to EDs in Niagara (2013-2015)

Niagara	1	2	3	4	5
0<1 years	Resp. Distress	Seizure/Post Ictal	General Illness/ Weakness	Other Medical/ Trauma	Newborn/Neonatal
1-4 years	Seizure/Post Ictal	General Illness/ Weakness	Resp. Distress	Soft Tissue Pain/ Trauma/Edema	Other Medical/ Trauma
5-9 years	Musculoskeletal Trauma	Seizure/Post Ictal	Soft Tissue Pain/ Trauma/Edema	Behaviour/ Psychiatric	Resp. Distress
10-14 years	Musculoskeletal Trauma	Behaviour/ Psychiatric	Soft Tissue Pain/ Trauma/Edema	Syncope	Seizure/Post Ictal
15-19 years	Musculoskeletal Trauma	Behaviour/ Psychiatric	Alcohol Intoxication	Soft Tissue Pain/ Trauma/Edema	Drug Overdose
20-24 years	Musculoskeletal Trauma	Behaviour/ Psychiatric	Abdominal Pain NYD	Soft Tissue Pain/ Trauma/Edema	Seizure/Post Ictal
25-44 years	Musculoskeletal Trauma	Abdominal Pain NYD	Behaviour/ Psychiatric	Soft Tissue Pain/ Trauma/Edema	GI Problems/Pain/ Vomiting/Nausea
45-64 years	General Illness/ Weakness	Musculoskeletal Trauma	Abdominal Pain NYD	Soft Tissue Pain/ Trauma/Edema	Ischemic Chest Pain
65-74 years	General Illness/ Weakness	Resp. Distress	Musculoskeletal Trauma	Abdominal Pain NYD	GI Problems/Pain/ Vomiting/Nausea
75-84 years	General Illness/ Weakness	Musculoskeletal Trauma	Resp. Distress	GI Problems/Pain/ Vomiting/Nausea	Abdominal Pain NYD
85+ years	General Illness/ Weakness	Musculoskeletal Trauma	Resp. Distress	Soft Tissue Pain/ Trauma/Edema	GI Problems/Pain/ Vomiting/Nausea

Offload Delays aka Transfer of Care

ER delays have cost taxpayers millions: Niagara EMS

Waits to offload patients have increased steadily since closure of emergency at the former Hotel Dieu Hospital

NEWS Apr 11, 2007 by [Paul Forsyth](#) Niagara This Week - St. Catharines

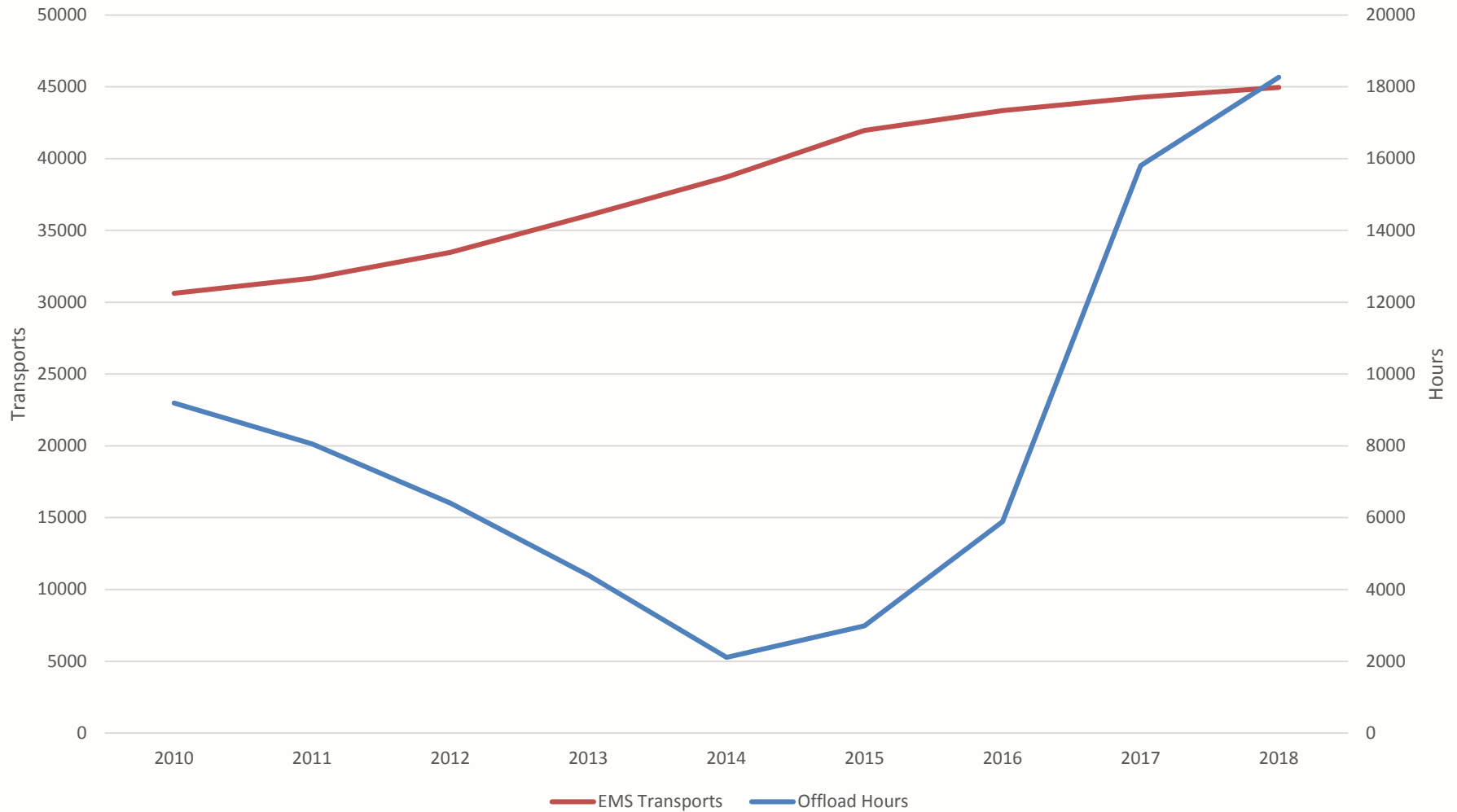


Niagara wants answers about offload delays

Ambulances idling outside hospitals began to skyrocket in August 2016

NEWS Mar 06, 2018 by [Allan Benner](#) St. Catharines Standard

Offload hours v transport to hospital volumes



Hospital Transfer of Care Mitigation efforts

- Double-up patients
- Fit2Sit
- Offload Nurse (MOH)
- Patient Distribution
- Lowering of stretchers
- Data sharing with NH
- Kaison events with NH
- Weekly discussion with NH

✓ **2019 YTD OLD decrease of 42% compared to 2018**

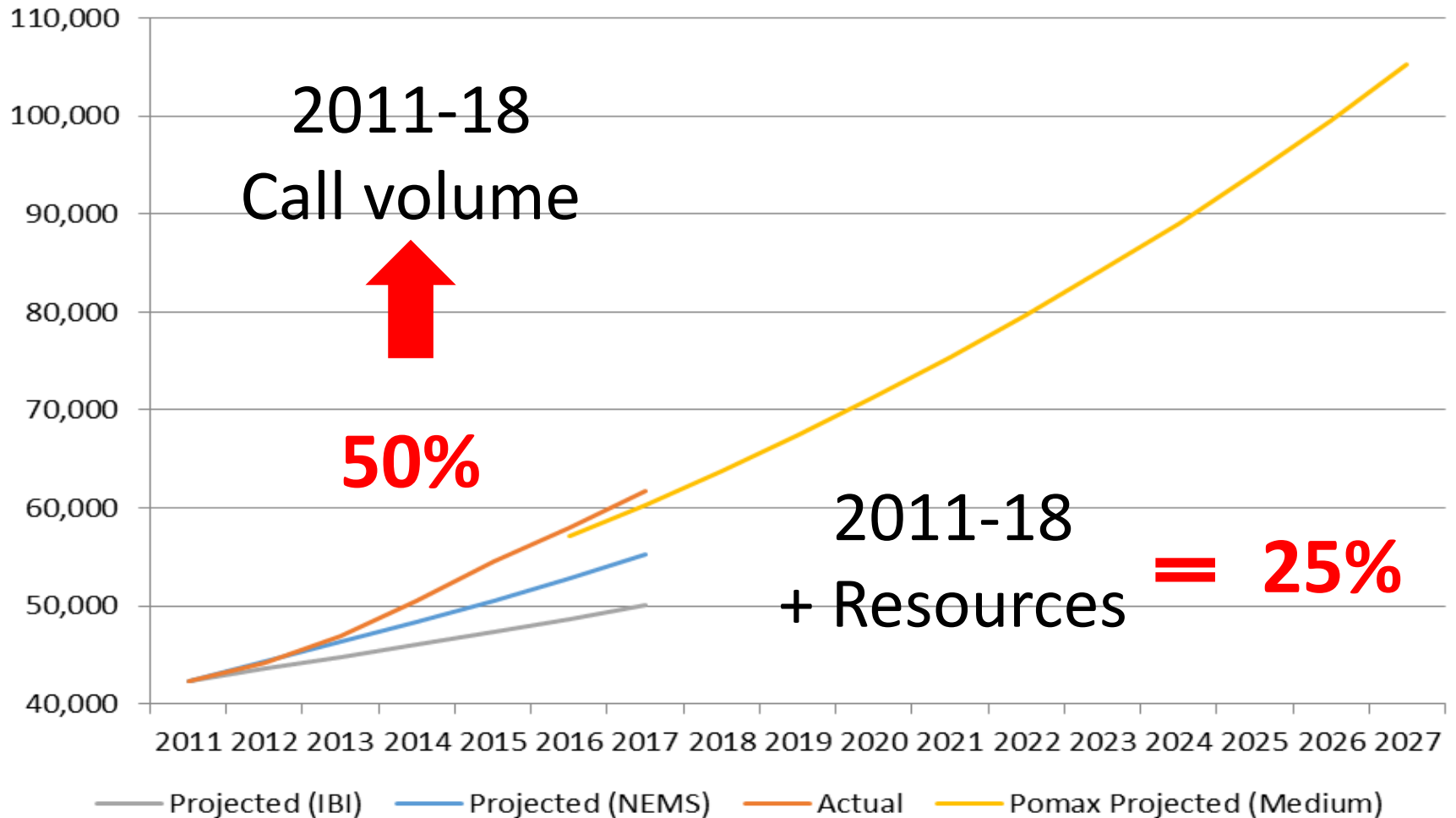
Reports to Council previous 4 years

- **COTW April 2014** - Status of Niagara's Emergency Medical Services
- **PHD 17-2014** - EMS System Performance Sustainability
- **PHD 17-2015** - EMS System Performance Sustainability
- **PHD 05-2016** - Niagara EMS Master Plan
- **PHD 08-2016** - Master Plan Award of RFP
- **PHD 19-2016** - Niagara EMS Mobile Integrated Health Community Paramedic Update
- **PHD 21-2016** - Update to EMS System Performance Sustainability
- **PHD 05-2017** - Niagara Emergency Medical Services (NEMS) Pomax Master Plan Review
- **PHD 17-2017** - Niagara Emergency Medical Services System Design Changes
- **PHD 19-2017** - NEMS Resource Investment
- **PHD 05-2018** - Niagara EMS/Niagara Health Transfer of Care Improvement
- **PHD 06-2018** - Budget Amendment – NEMS System Redesign Strategy

Outcome of Council Reports

- 2014** Recommended: **4 additional ambulances**, 2 supervisor, 2 support staff
Result: approved **2 ambulances** and balance referred to 2015 budget
- 2015** Recommended: **2 ambulances**, 2 supervisors, 2 support staff
Result: referred to 2016 budget with eventual approval for **1 ambulance**, 2 supervisors, 2 support staff, directed to conduct external review
- 2016** External Review Undertaken by Pomax
- 2017** Review recommended **2 ambulances** immediately (based on 2015 data)
Recommend: **1.5 ambulances**
Result: referred to 2018 budget with eventual approval for **1 ambulance**

EMS Call Volume Projected vs Actual



Gap in Resourcing

Table 33: Ambulance and Paramedic Requirement Models - 10-year Time Frame

Paramedic Enhancements Levels	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	Totals
Low Growth Model 3.6% - Ambulances	2		1			1		1		1		1	7
Paramedic FTE	21.6		10.8			10.8		10.8		10.8		10.8	75.6
Supervisors		1.4		1.4		1.4			1.4		1.4		7
Emergency Response Units		1		1		1			1		1		5
Medium Growth Model 5.7% - Ambulances	2		1		1	1		2	1	1	1	1	11
Paramedic FTE	21.6		10.8		10.8	10.8		21.6	10.8	10.8	10.8	10.8	118.8
Supervisors		1.4		1.4		2.8		1.4	1.4		1.4		9.8
Emergency Response Units		1		1		2		1	1		2		8
High Growth Model 8.5% - Ambulances	2	1	1	1	1	1	2	2	1	2	2	2	18
Paramedic FTE	21.6	10.8	10.8	10.8	10.8	10.8	21.6	21.6	10.8	21.6	21.6	21.6	194.4
Supervisors		1.4		1.4		1.4		2.8		2.8		2.8	12.6
Emergency Response Units		1		1		1		2		2		2	9
Patient Based Model Ambulances	2					1					1		4
Paramedic FTE	21.6					10.8					10.8		43.2
Supervisors		1.4					1.4				1.4		4.2
Emergency Response Units		1					1				1		3

Pomax recommended staffing levels NEMS currently short 2 ambulances based on call volume only and does factor in losses due to offload delay

Gap in Resourcing

- 50% increase also impacts dispatch
- 100% funded by MOH
- No increase in System Status Controllers (SSC's)
- Business cases to MOH last 4 years denied

Human Impact

COTW April 17, 2014:

“As system capacity becomes strained from such factors as increased call volumes, more complex health conditions, hospital restructuring, and transfer of care, **the effects of workload on staff to maintain the current level of care and responsiveness without increased capacity becomes a growing concern.** This places a great deal of pressure on resources, including paramedics and service staff to maintain the quality of service to meet established benchmarks.

Niagara EMS has been experiencing strain on resources evidenced by **paramedics facing regular periods of missed meal breaks, shift overrun, and lack of time for auxiliary duties** such as cleaning and restocking and completion of critical documentation as required under legislation. Important support services such as QA/CQI, training, supervision and regulatory compliance services experience similar pressures to meet the growing demands on the service.”

Human Impact

PHD 17-2014: “The decline of resources due to increased call volume places stress on people who are functioning in an already demanding occupation. This increase in workload manifests itself in forced overtime, shift overrun, missed meals, and increased sick occurrences.”

PHD 17-2015: “The greatest impacts of the strained system have been on the staff. This is evidenced through increased dissatisfaction demonstrated through formal labour channels, increased health and safety concerns, increased short-term sick time and increased mental health-related incidents”

PHD 21-2016: Respecting end-of-shift overtime, meal breaks, sick claims, mental health related incidents “All of these were positively impacted by the addition of resources”

PHD 19-2017: This has impacted response times, cost of service delivery, as well as working conditions for front line staff through increased workload, more end-of-shift overtime, and increased WSIB claims.

Psychological Impact

Service	%
A	6.3
B	5.9
Niagara	5.7
C	5.5
D	4.9
E	3.8
F	2.5
G	2
H	1.4
I	1.2
J	1

Jan 10, 2019

NEMS conducted a snapshot survey of comparison of other Ontario EMS services of paramedics unable to attend work in their normal or modified duties, whether it be for short duration or a lengthy, ongoing period (including those captured in the pre-presumptive language) due to a mental health illness that is occupational (WSIB) in origin

Psychological Wellness Mitigation Strategies

- ✓ Commenced formalized training on mental health wellness in 2013
- ✓ First service in Ontario to train all staff on Safe Talk
- ✓ First service in Ontario to train all staff on R2MR
- ✓ Addictions Training, self-care and coping strategies through various programs
- ✓ Survey of staff formed PTSD Prevention/Mental Wellness Plan as per Bill 163
- ✓ NEMS Plan used by Province as best practice example
- ✓ Peer Support
- ✓ Robust Resource List
- ✓ 2019 investing \$270,000 in new resources specific to develop/implement additional mental health programs and the introduction of a Clinical Psychologist
- ✓ Continuous policy changes to manage workload/work environment

A Need to Innovate

Council has directed staff not to simply follow traditional EMS service models but actively look for innovative ways to deliver mobile health services that are not only more efficient but better meet the needs of patients

The Future of NEMS



Current patient journey

SYSTEM CENTERED CARE



Is there a better way to provide care?

“Central to each (country’s) vision is the concept of providing pre-hospital care as a system, rather than just a single service type, that can provide a flexible response to a wide with other related healthcare providers. ” (Sheffield, pg. 44)



Redefining the patient journey

Present healthcare system challenges





Redefining the patient journey

Present healthcare system challenges



Aging population



Increasing healthcare costs



Increase in chronic illness



Increasing ED off load times





System Transformation

- Revisit response policies
- Clinical Response Plan
- Emergency Communications Nurse System (ECNS)
- Mobile Integrated Health (MIH)
- Alternative Transport and Destination Options

**Unscheduled
Health Care**

911

AMPDS

High Acuity
Emergent



Priority Response
(clinically driven)

Low Acuity
Non-Emergent



Secondary
Triage

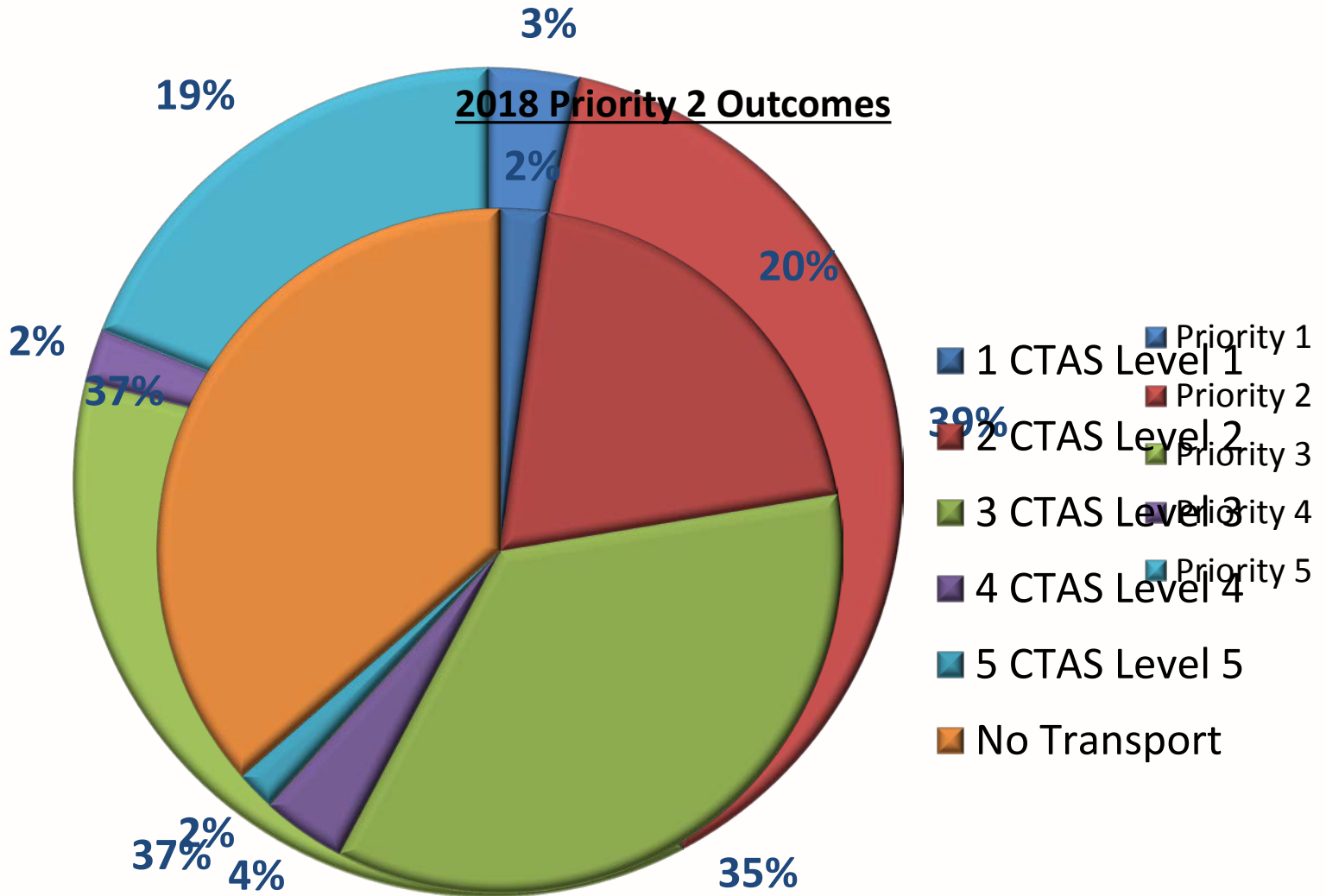
MIH
Response

**Scheduled
Health Care**

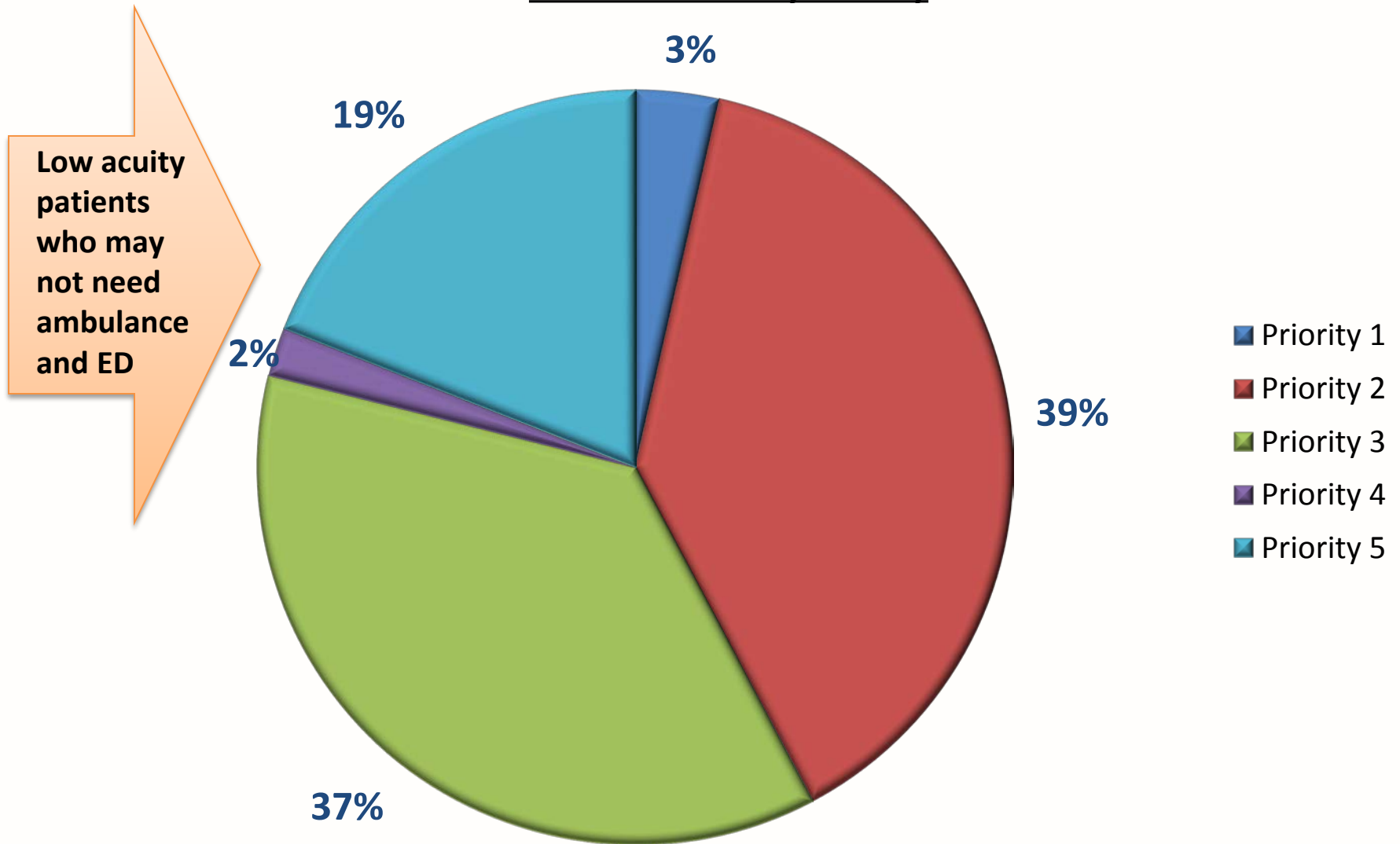
Community Paramedic

MIH Focused Cohort
Follow-up

2018 Incidents by Priority

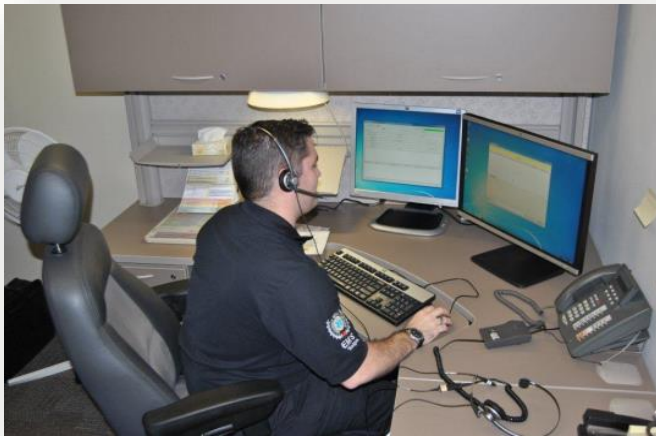


2018 Incidents by Priority



ECNS - LowCode

- Secondary triage for low acuity patients
- Completed research (Omega Project)
- Alternate care pathways
- Planning for implementation Q2 2019

A screenshot of the 'LowCode - Call Center' software interface. The window has a menu bar (File, Tools, Administration, Help) and a toolbar with various icons. The main area is divided into several panels. On the left, there's a 'Quick CAD Info' panel with a 'Query: 0' and a 'Call Info' section containing fields for Caller (First Name Last Name), Location (12345678), Phone (12345678), and Relation. Below that is a 'Subject Info' section with fields for Name (First Name Last Name), Age (55 years), Sex (Male), and Reason (Ear Ache). Further down is a 'Medical Info' section with fields for Allergies, Conditions, Meds, and Other. At the bottom left is a 'Call History' section with a list of actions: Select call type, Caller information, Select subject, Problem description, and Pre-triage questions. The main right-hand area is titled 'Question History' and 'Ear Problem - Question 1 of 95'. It shows a 'Type of Ear Problem' dropdown and a 'Select all that apply' list with checkboxes for: Earache without a discharge from the ear (checked), Earache with a discharge from the ear, Ear discharge only (no ear pain), Ear trauma or injury or bleeding from the ear, Hearing loss or decreased hearing, Ringing or high pitched noises in the ear, and None of the above. To the right of this list are buttons for 'Yes', 'No', and 'Unsure', along with 'Back' and 'Cancel' buttons. At the bottom right, there's a text box with medical advice: 'Pain arising in the pinna may be secondary to trauma, hematoma, frostbite, burns, inflammation of the cartilage (perichondritis), gout, eczema, impetigo, shingles, and insect bites. Pain in the external auditory meatus may reflect inflammation or infection (otitis externa), follicle abscess (carbuncle), eczema, cerumen impaction, foreign body impaction, trauma, shingles, or trigeminal neuralgia. Pain arising in the middle ear may reflect an acute otitis media (either infectious or serous), an acute mastoiditis, or altered'. The status bar at the bottom shows 'User: ctm@HUEYSPLACE64' and 'Version: 1.2.0'.

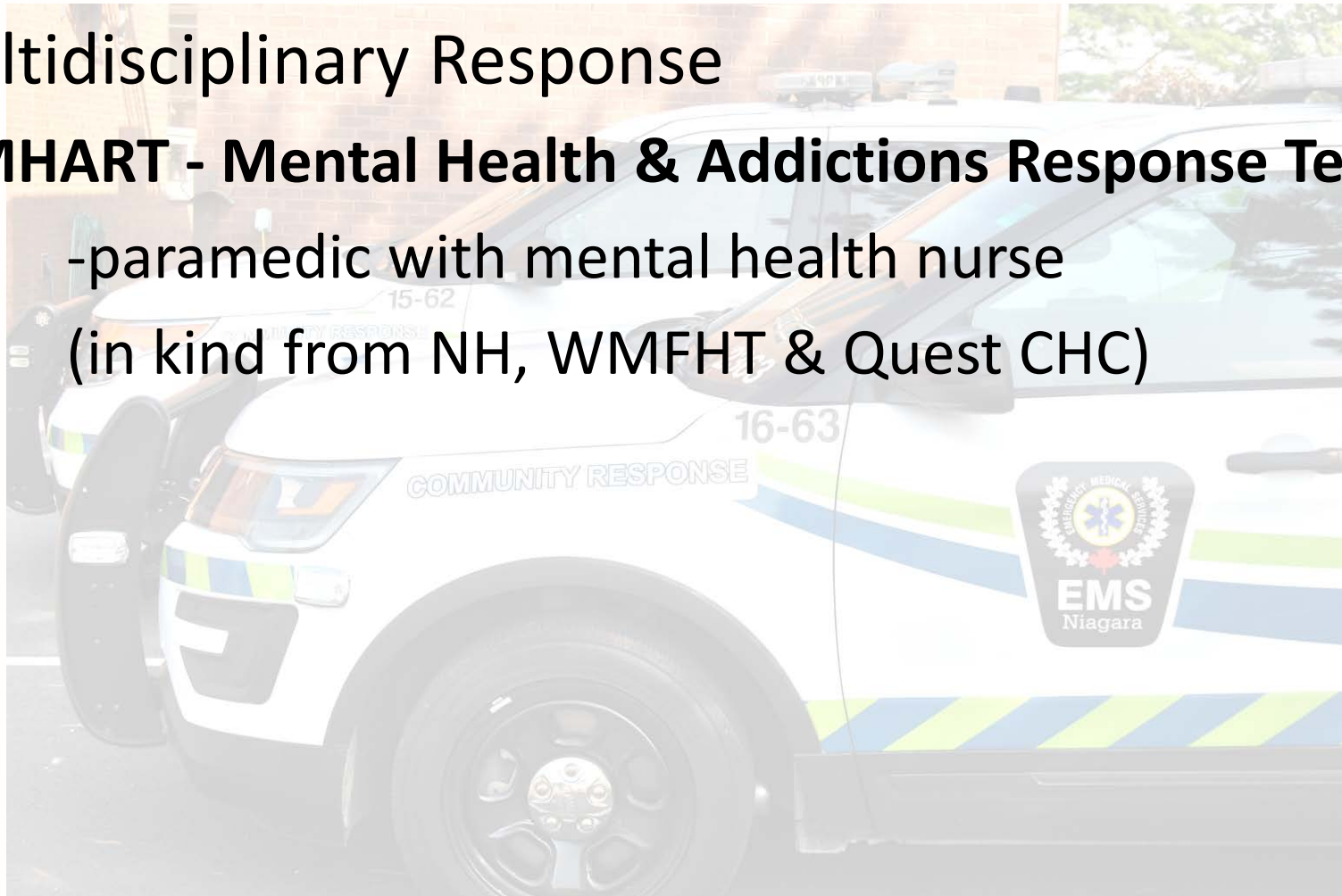
Mobile Integrated Health



Mobile Integrated Health

Multidisciplinary Response

- **MHART - Mental Health & Addictions Response Team**
 - paramedic with mental health nurse
 - (in kind from NH, WMFHT & Quest CHC)

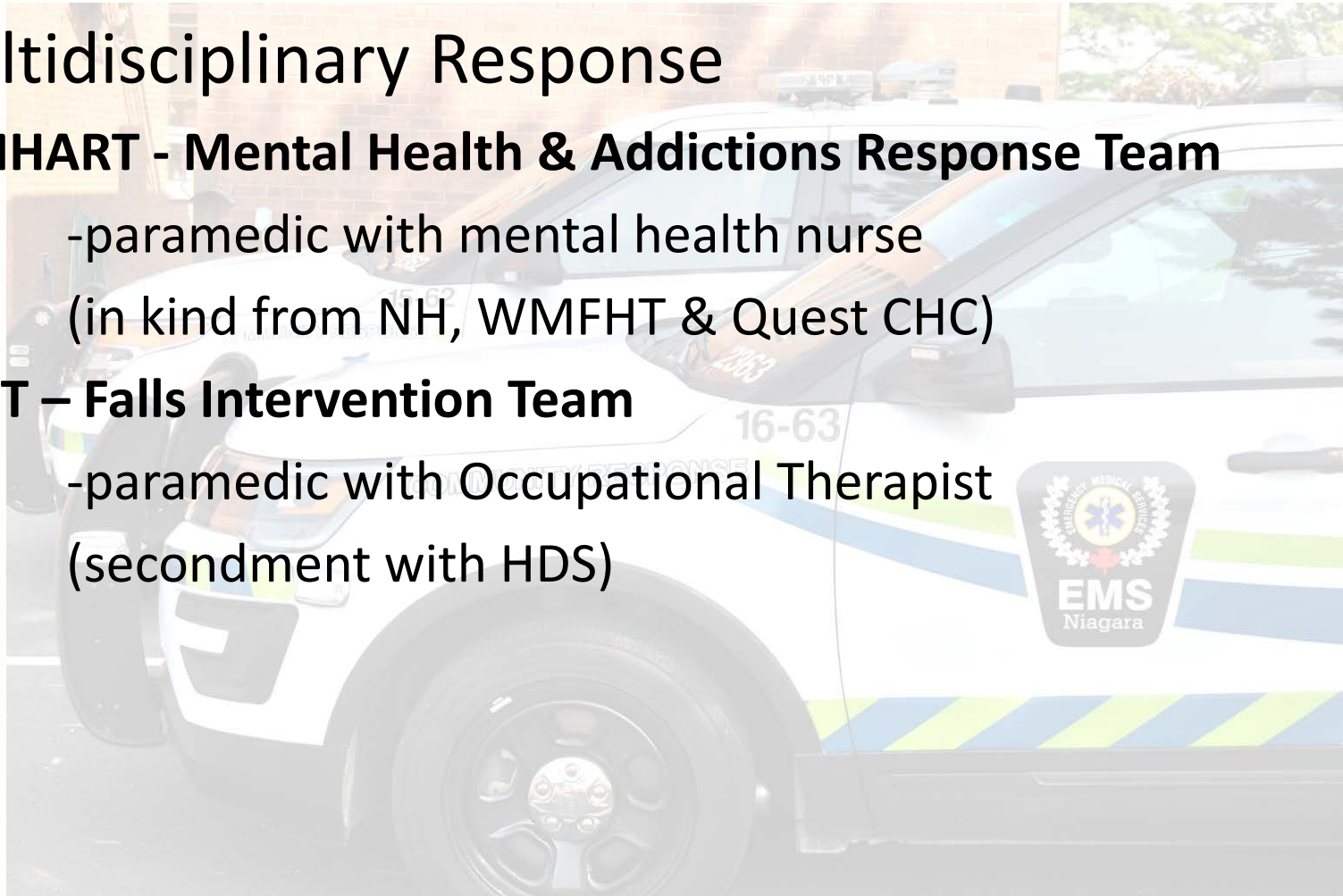




Mobile Integrated Health

Multidisciplinary Response

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(secondment with HDS)



Mobile Integrated Health

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- **CARE – Community Assessment & Referral Team**
 - paramedic with system navigator (provided by LHIN)

Community Paramedicine (100% funded by LHIN)

- Paramedic with rostered patients
- High volume users of EMS and hospital
- Integrated with community resources

Additional Community Initiatives

- Collaboration to provide medical oversight at Consumption and Treatment Service with **Positive Living Niagara** (PLN) - 100% funded by PLN
- Community Paramedic visits to the **Out of the Cold** Supper Program 7 days/week
- Paramedic @ Regional Essential Access for Connected Healthcare Niagara (REACH) Clinic - funded by the LHIN in a multi-disciplinary team of Physician, NP's delivering primary care at the **Southridge and Booth Shelters** in St.Catharines
- Expanding Care by Paramedics to **Palliative Care** Patients Feasibility Research Study - Collaboration with CPER, LHIN - Results of this will be passed onto Provincial Study group in order to help guide provincial expansion of Paramedic Palliative Care models - cost is within budgeted dollars

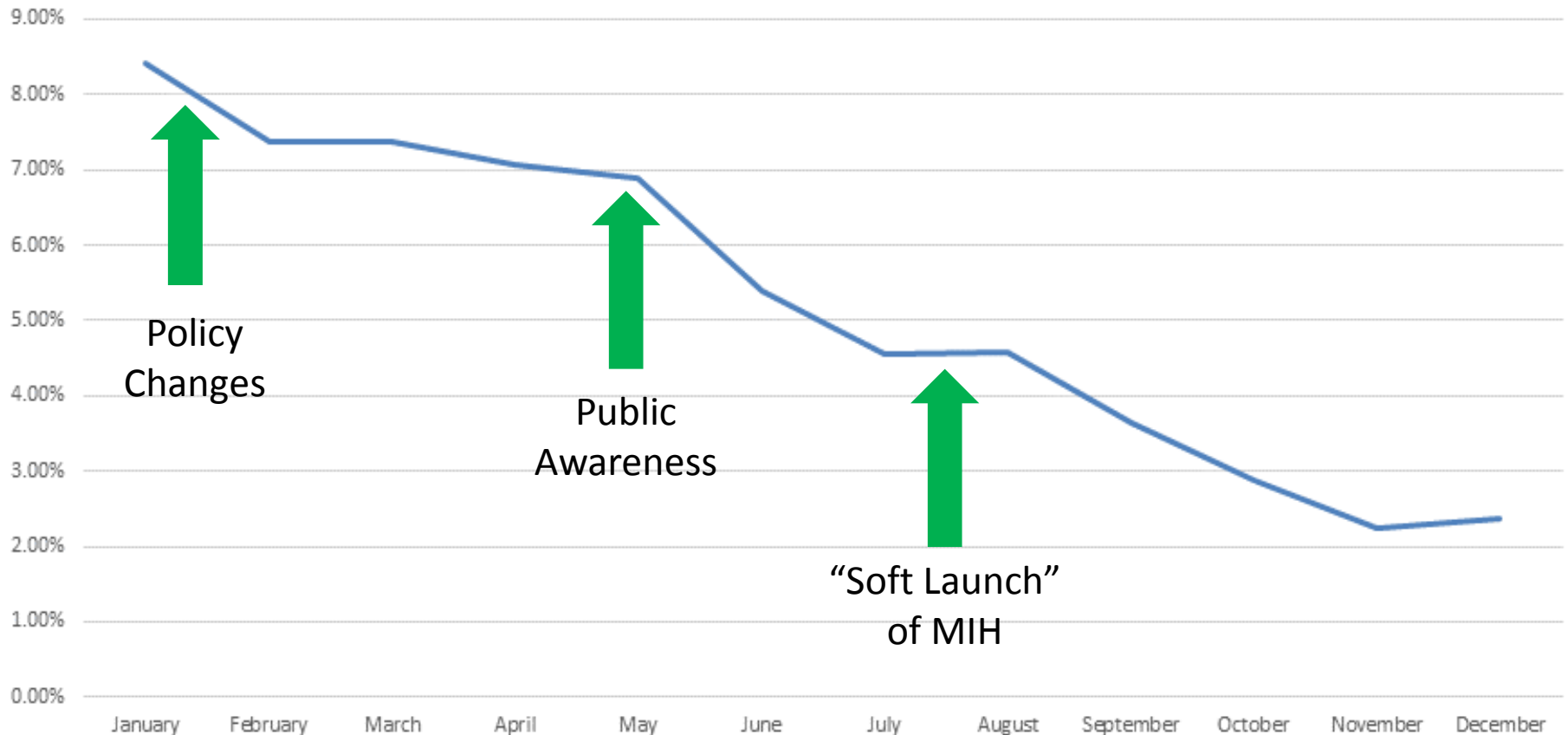
Alternate Transport



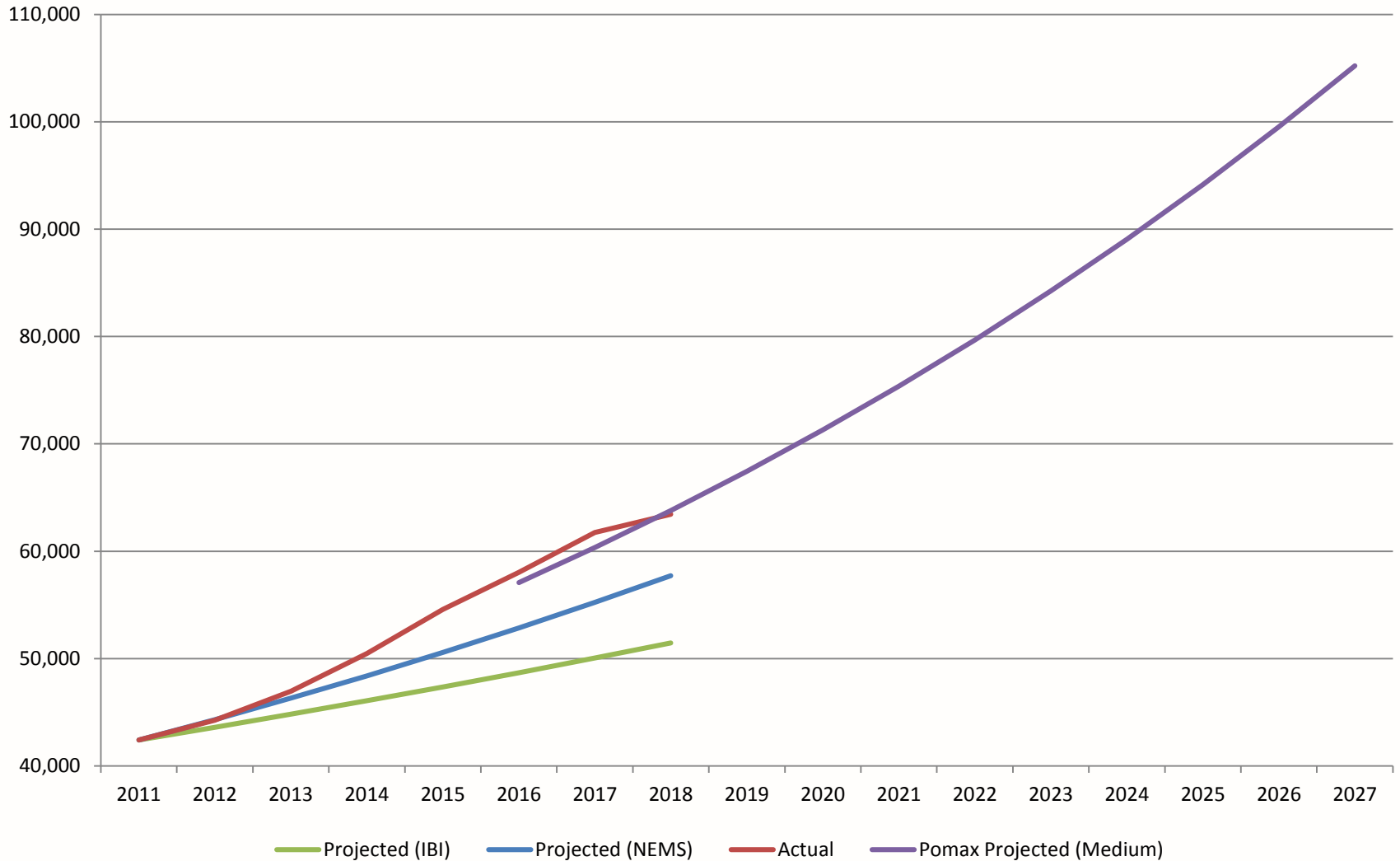


Early Outcomes

Month over Month Cumulative Incident Increase, 2018



EMS Call Volume Projected vs Actual



Early Results

- ✓ 2018 **2.8%** volume increase compared to **6.6%** yearly average from 2011-2017
- ✓ **5%** reduction overall of mental health transports to hospital to ED despite a **7%** increase in mental health calls coming into our communication centre
- ✓ increase of **0%** in calls for falls and a **2%** decrease in transports to ED - the previous year saw an increase of **9%** in falls
- ✓ **0%** increase of calls for general unwell patients but an overall decrease in transports to ED of **6%** for this cohort

Clinical Response Plan (CRP)

Priority	Time Dependency	Determinant Level Typically Includes*	Resource/Response Plan Could Include*	Alternative Response Options*
1	Critical Immediate Lights/Sirens	Echo, Delta	PCP Transport Unit MIH Teams Allied Agencies Citizen Response	ACP Transport Unit
2	Emergent Lights/Sirens-- discretionary	Delta, Charlie	ACP Transport Unit	PCP Transport Unit
3	Urgent No Lights/Sirens	Charlie, Bravo	PCP Transport Unit MIH Unit	ACP Transport Unit MIH Unit
4	Less Urgent No Lights/Sirens	Bravo, Alpha	MIH Unit	PCP Transport Unit
5	Non Urgent No Lights/Sirens	Bravo, Alpha, Omega	Clinical Advisor MIH Unit	PCP Transport Unit
* While this provides a guideline, response priority could vary by individual determinant, assessment of skills demand and previous outcome data				

Niagara EMS Community Perception Survey



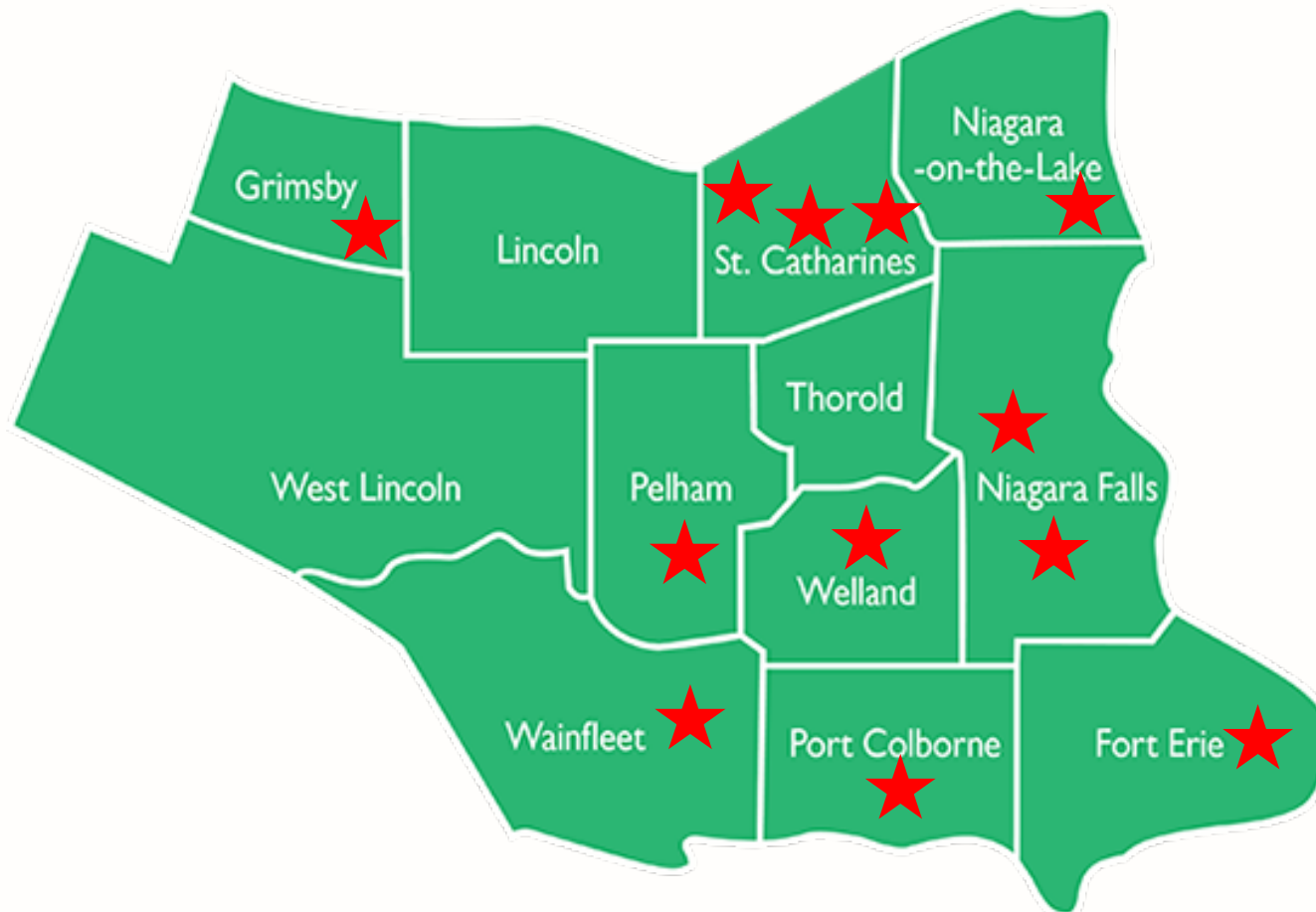
Help guide the future of
Niagara EMS

PATIENT

Take our short survey
for a chance to win
an iPad mini at
niagararegion.ca/ems

Niagara  Region

Targeted Regional Overview



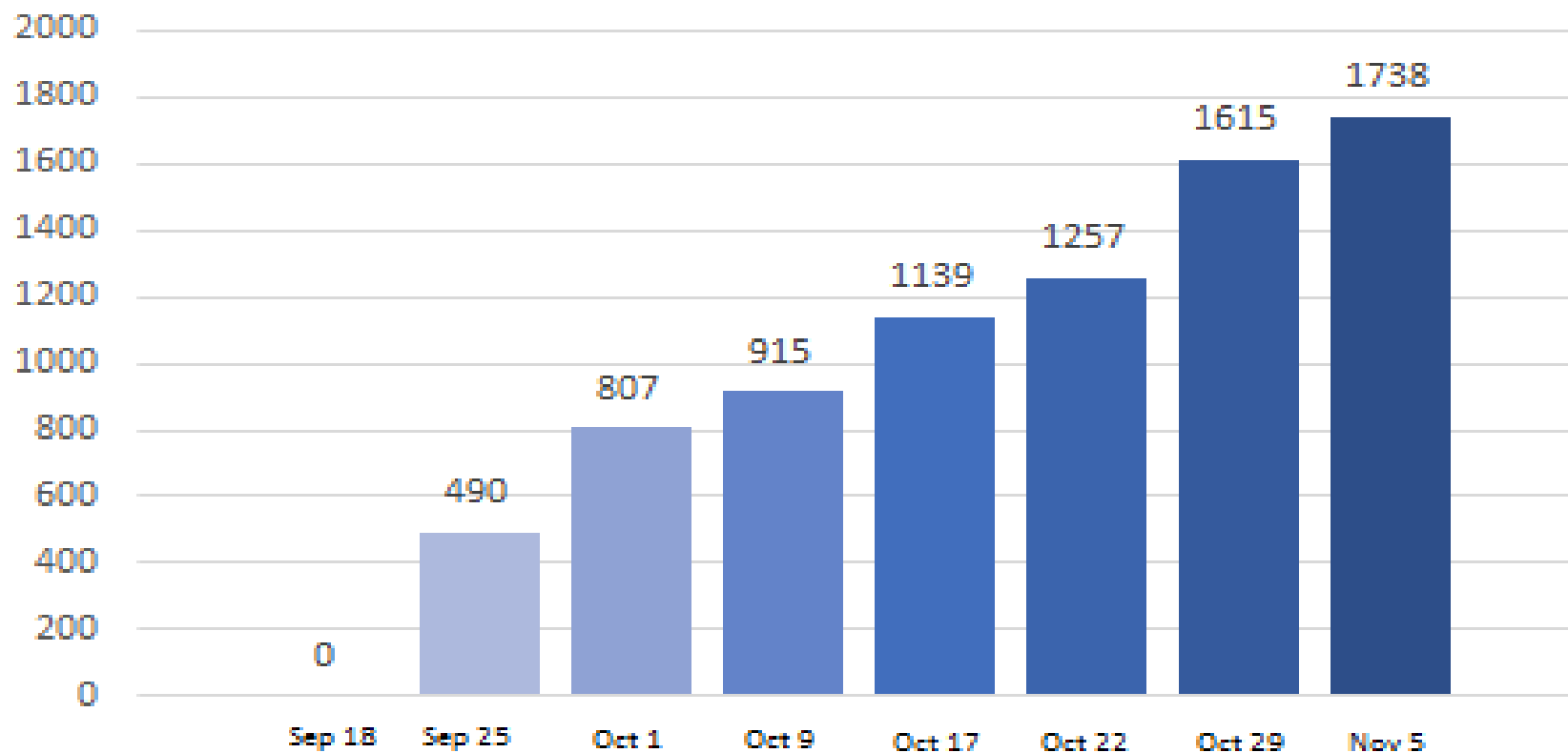
Survey Distribution Strategy

- Wallet card and poster distribution
- Targeted mail out to existing EMS users
- Distribution of survey details through Advisory committee and subcommittee networks
- Presentations
- Social Media

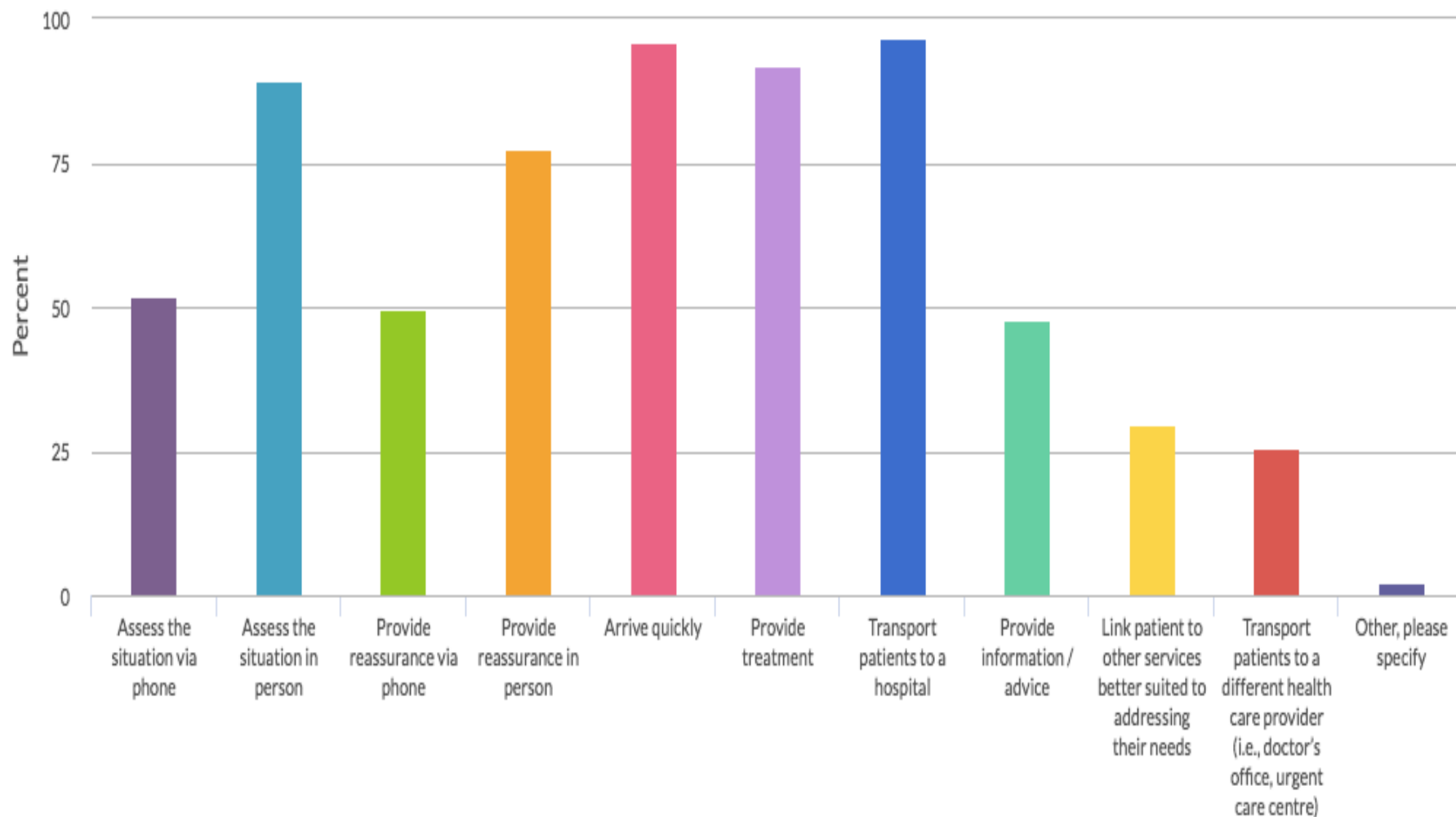


Responses

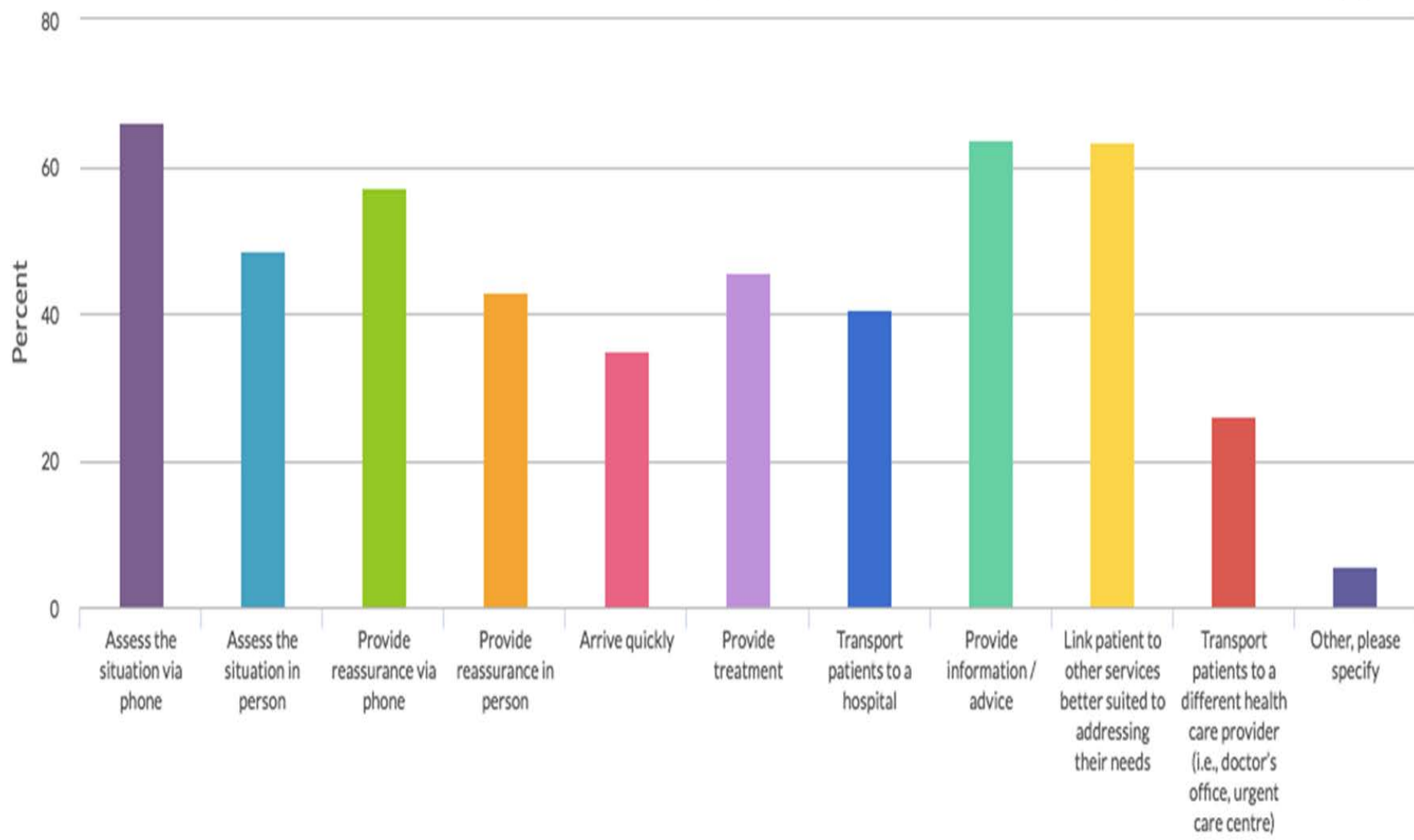
Survey Results



2. What is the role of EMS in URGENT medical situations (e.g. major blood loss, head injury, loss of consciousness, chest pain, traffic accident injuries)? Choose all that apply.



3. What is the role of EMS in NON-URGENT medical situations (e.g. flu, sprained ankle, broken arm, etc.)? Choose all that apply.



New system for ambulance services prioritise patient need of care

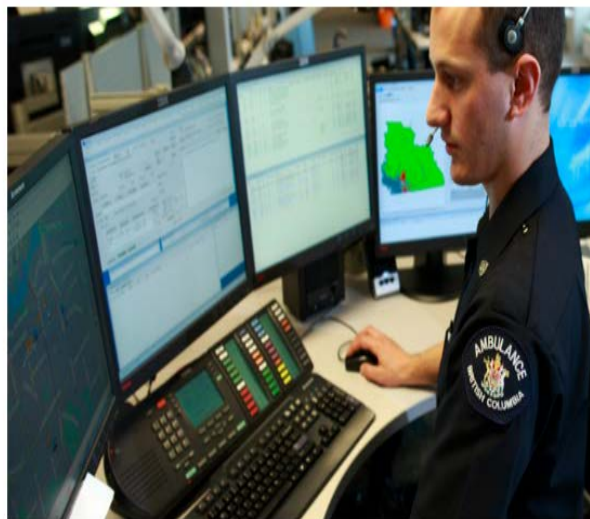
This press release was published by the Welsh government

People who need immediate care will receive the highest-priority response as soon as possible from the Welsh Ambulance Service under changes being outlined by the Welsh Government.

Change to BCEHS dispatch system better matches resources to patient needs

June 14, 2018

Clinical Response Model "went live" on May 30, 2018.



BC Emergency Health Services has implemented a new process for dispatching paramedics, ambulances and other resources to patients. The aim is to get to the most life-threatening calls faster, while at the same time improving the experience for patients who don't require transport to hospital.

Priorities piloted

[Share](#)



to be piloted by the Scottish

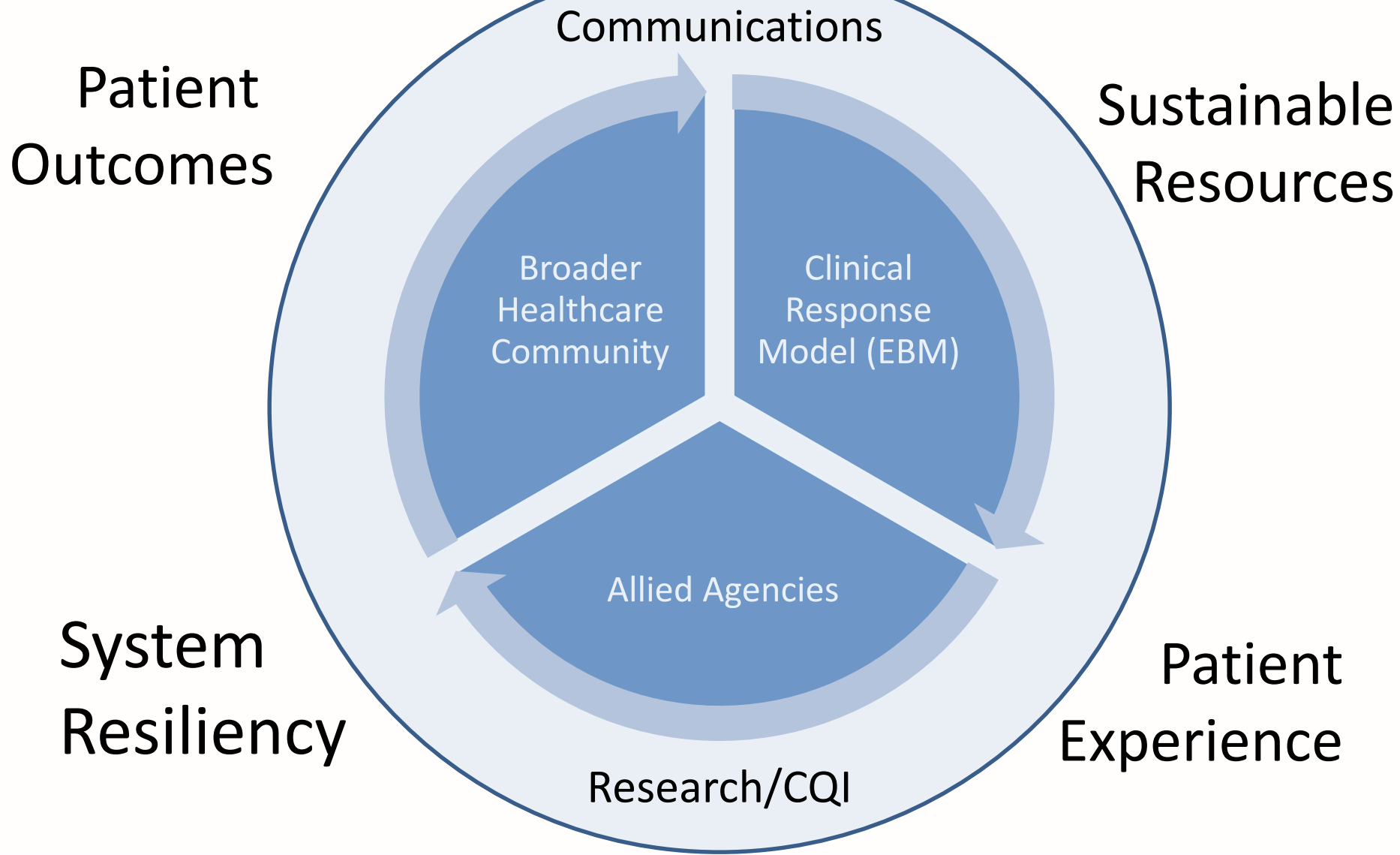
is expected to concentrate on "immediately

its target to respond to 75% of

ing certain types of chest pains or

head injuries, will be downgraded.



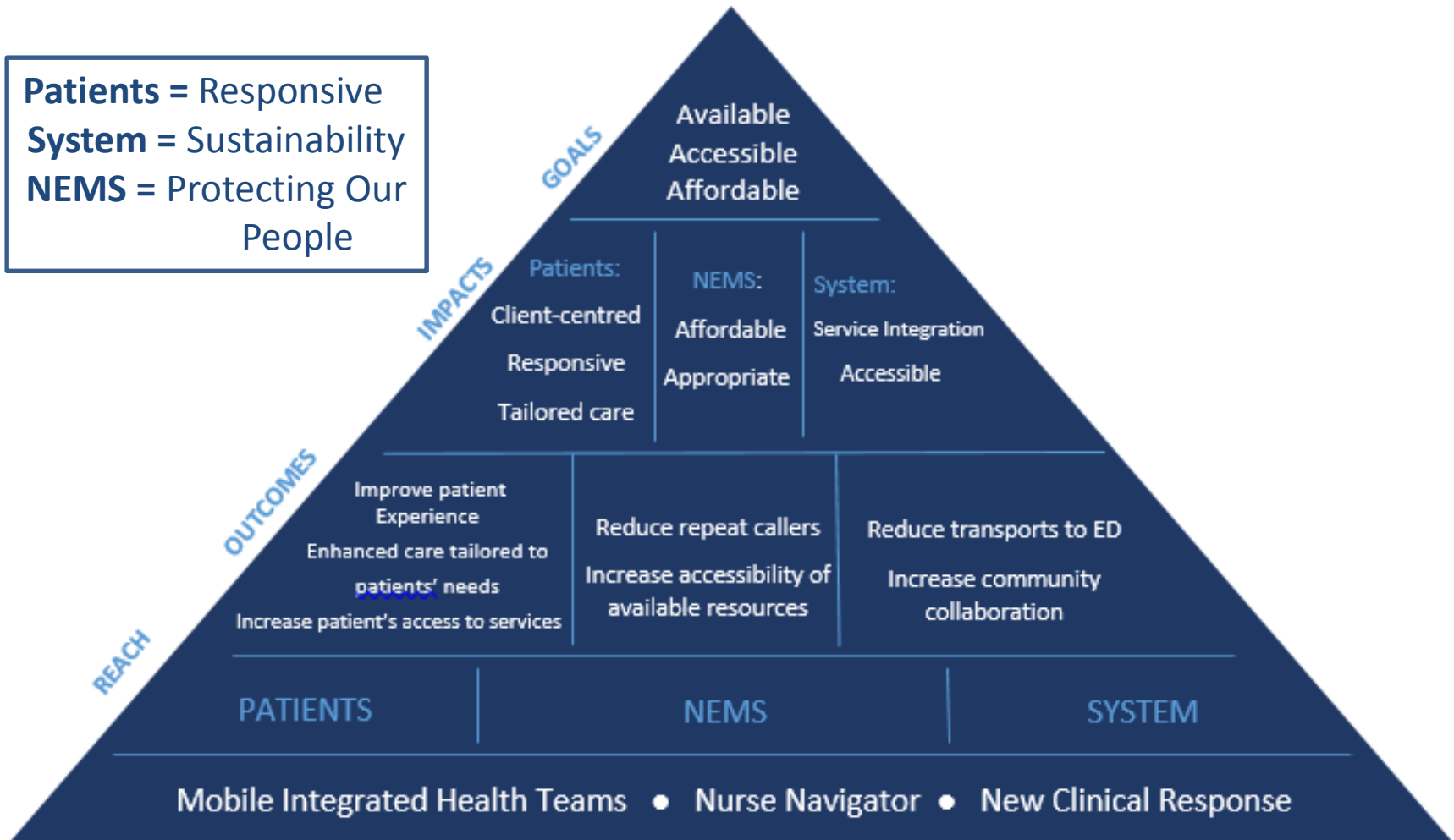


Stakeholders & Partners

- NEMS Paramedics & SSC's
- Community Services
- Public Health
- Niagara Health
- LHIN
- Welland McMaster Family Health
- Smithville Family Health
- Regional Fire Coordinator
- NRPS
- Bridges Community Health
- Community Patient Advocate
- Health Links
- Centre for Paramedic Education & Research
- Centre de Santé
- NEMS Medical Director
- NEMS CP Medical Director
- University of Sheffield
- Brock University
- McMaster University
- Ministry of Health

NEMS Outcomes Framework

Patients = Responsive
System = Sustainability
NEMS = Protecting Our People



Moving Forward

- **PHD 07-2019** – Response Time Performance Plan (March 19th)
- Launch of Clinical Response Plan and Emergency Communications Nurse System (June/July)
- Economic Evaluation (McMaster University)
- Sustainability Plan for 2020 and beyond
- Facility Plan Update



Thank
you

STARCARE 
Begins with me



MEMORANDUM

COTW-C 01-2019

Subject: EMS System Transformation Project

Date: March 7, 2019

To: Committee of the Whole

From: Kevin Smith, Chief, Niagara Emergency Medical Services

Executive Summary

In the last 6 years, demand on Emergency Medical Services (EMS) in Niagara has risen 50%. Through the commitment of both present and previous Council to ensure high quality emergency care for our communities, over that same time period, additional frontline resources (paramedics) have been enhanced by 25%. With forecasts of continued growth of 911 utilization at these rates over the next 10 years, system delivery within the current model is not economically sustainable nor is it providing the best possible mobile health services to our communities. While efforts continue to ensure response time reliability for the most critical patients, the care providers themselves are negatively impacted by these system pressures.

In February 2018, Niagara EMS staff commenced work as directed by Council on what has been coined the System Transformation Project. The objective of this initiative is to 'redefine the patient journey' for people calling 911 for health services. While historically 911 had been primarily accessed for patients suffering from a serious illness or injury requiring a time-sensitive emergency response by paramedics and conveyance to an emergency department, the evidence today shows that a large portion of the drivers of the increase in EMS demand is originating with incidents of lower acuity (non-emergent) in nature where health needs may be better provided through alternate resources other than an emergency department.

PHD 17-2017 provided detailed information on the approach to be taken not to simply follow traditional EMS service models but actively to look for innovative ways to deliver mobile health services that are not only more efficient but better meet the needs of patients. Proposed changes to transform the delivery of services include response plan policy modifications, implementing a secondary triage process, development of integrated health teams, improved allied agency tiered response and creating alternate response options through enhanced clinical pathways.

In the coming weeks, Council will be receiving reports on the progress of this work at which time staff will be providing recommendations for Council's consideration. The objective of the Committee of the Whole is to provide an enhanced level of

understanding of Niagara EMS, its evolution, the system pressures of today and opportunities for future sustainability. With a new term of Council and many councilors who may not have the history of the decisions made to date, ensuring Council has full information and context on the entire project in advance, as well as the opportunity to discuss issues and explore questions in detail, will assist in the decision-making on the more focused proposals in the ensuing reports.

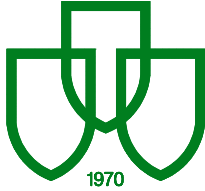
Items for discussion on March 7 will include:

- Recent history of Niagara EMS including governance, municipal responsibilities and system design.
- Current system performance and the influencing factors such as increased call volumes, health care restructuring and offload delays.
- A brief review of the reports to Council over the past 4 years related to system pressures and the outcome of those reports.
- Recognition of the human impact the system pressures have on people working within the system.
- Review of the System Transformation Project and the early results being seen in improved service delivery, system stabilization and future sustainability.
- Next steps for Council decision-making.

As a supplement to the meeting's proceedings, static displays including an ambulance, equipment and technology will be set up in the foyer before the meeting from 6:00-6:30 pm.

Respectfully submitted and signed by:

Kevin Smith
Chief
Niagara Emergency Medical Services



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4800 SOUTH SERVICE ROAD
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March 6, 2019

Niagara Region
c/o Ron Tripp
Acting CAO

Dear Region of Niagara;
Re: Provincial Review of Regional Government

Following the recent conference call among the heads of Council of the lower tier municipalities including the Regional Municipality of Niagara it was agreed that the 12 Mayors and Chair, whom have signed below, request that the Region, on behalf of the 13 Municipalities undertake the procurement of and facilitation for finances to hire a Government Relations/Communications firm to advise the 13 municipalities on government relations, public polling and communications in regard to the provincial government review of regional government.

Further, this item be included in the Committee of the Whole Agenda for [Thursday, March 7, 2019](#) at 6:30pm at Regional Headquarters.

The CAO's will coordinate this effort. They will advise on appropriate companies to be considered. The CAO's will also act in the capacity of selecting said company and preparing sample questions in advance to be used for the public polling.

In their capacity as signing officers, the CAO's in their guidance to the Heads of Council will liaise with the successful bidder throughout the procurement process to ensure a successful conclusion.

Heads of Council will ensure that their own Councils and Regional Council members are kept apprised of the process.



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We are the Mayors and Regional Chair of the Region of Niagara and are in support of this request.

Mayor Wayne Redekop

Fort Erie

Mayor Jim Diodati

Niagara Falls

Mayor Bill Steele

Port Colborne

Mayor Jeff Jordan

Grimsby

Lord Mayor Betty Disero

Niagara-on-the-Lake

Mayor Walter Sendzik

St. Catharines

Mayor Sandra Easton

Lincoln

Mayor Marvin Junkin

Pelham

Mayor Terry Ugolini

Thorold

Mayor Kevin Gibson

Wainfleet

Mayor Frank Campion

Welland

Mayor David Bylsma

West Lincoln

Chair Jim Bradley

Niagara Region