



## County Council

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**Meeting Date:** October 25, 2022  
**Submitted by:** Neal Roberts, Chief, Middlesex-London Paramedic Service  
**SUBJECT:** IMPLEMENTATION OF KEY RECOMMENDATIONS FROM MLPS STRATEGIC PLAN

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### **BACKGROUND:**

Middlesex-London Paramedic Service recently engaged consulting agency ORH to complete a strategic review of Middlesex-London Paramedic Service and provide key recommendations. ORH undertook a detailed data collection process to provide data for meaningful analysis and inform optimization and simulation models.

The Middlesex-London Paramedic Service Strategic Plan has been completed and identifies 16 key recommendations. This report, along with the key recommendations, was presented to Middlesex County Council. At the time of this presentation, MLPS committed to returning to County Council with an overview of the key recommendations and a high-level report of how these findings would be actioned at MLPS.

### **ANALYSIS:**

Below are these key recommendations and an overview of the action plan from MLPS to implement and address these key recommendations.

**ORH Recommendation 1:** Continue with plans to build new stations as these have been confirmed to be optimally located.

### **MLPS Response:**

Middlesex London Paramedic Service, working with Middlesex County is currently working on the following station builds:

- a. Active build on-going for Parkhill, estimated completion June 2023
- b. Planning stages for Northwest London and Downtown stations.
- c. Early planning for Glencoe station

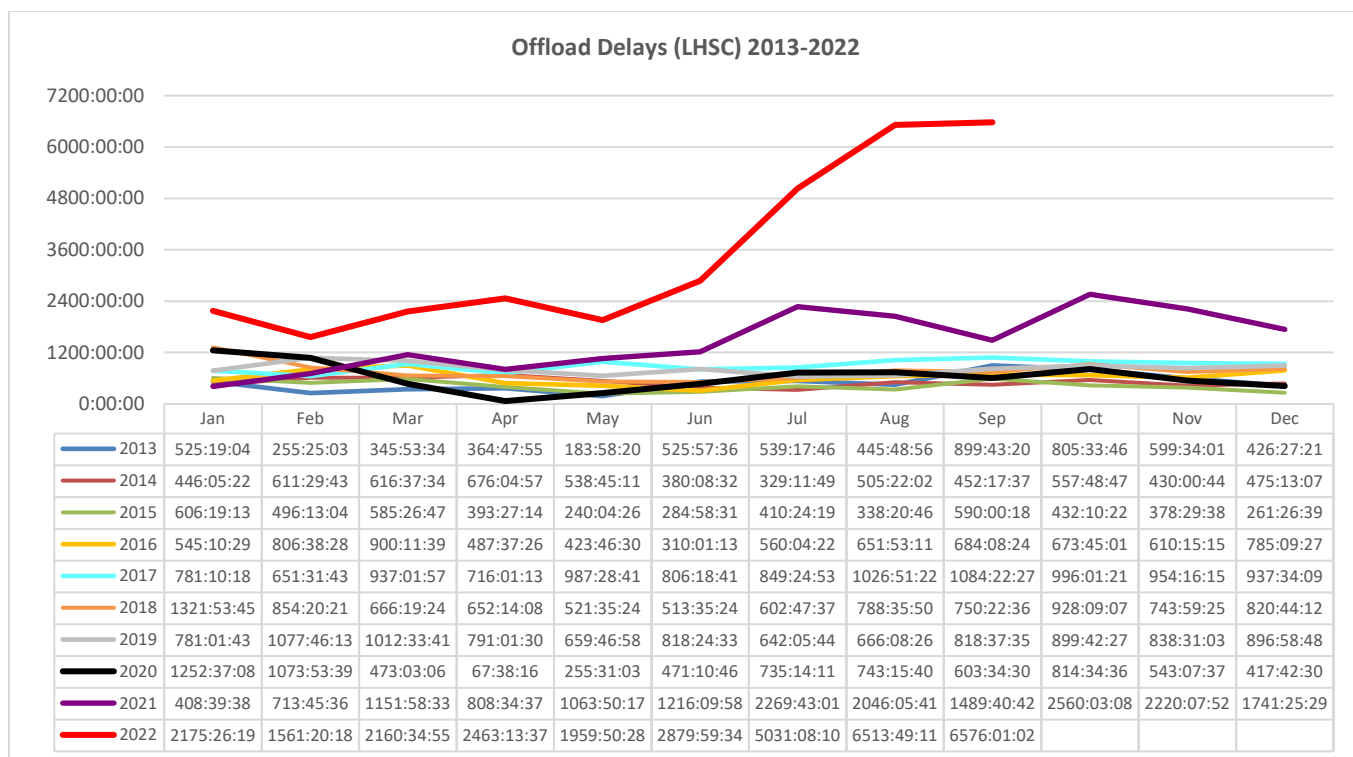
**ORH Recommendation 2:** To offset the impact of demand increases to 2026, add an additional 434 ambulance hours per week. This equates to a 10% increase in frontline resourcing.

**MLPS Response:**

- a. In 2022 to date, MLPS has experienced a 6.10% increase in codes 1-4 calls. With consistent increases in call demand, projections for the next five years would see more than 98,000 codes 1-4 calls by the end of 2026. Should call demand to continue at this rate over the next 5 years there may be a need for resources in excess of those projected by ORH. The 10% increase in frontline resources projected by ORH should be viewed as a minimum requirement and planning should begin the budgeting and implementation of these resources.

2021	2022	2023	2024	2025	2026
73,696	78,662	83,628	88,594	93,561	98,527

- b. Between January 1, 2022, and September 31, 2022, MLPS has responded to 58,703 codes 1-4 calls which represents a 6.10% increase in demand over the same period in 2021. The initial estimates by ORH predicted a 10% increase in call demand over the span of 5 years. In the first nine months of 2021, MLPS has already experienced more than 6% increase in call demand. This increase is consistent to the ongoing healthcare system pressures that is being faced globally, here at home in Canada and Ontario and in Middlesex County. ORH made predictions based on the data that they had available to them at the time, the rapid decline in healthcare systems has led to increased pressures that were not captured in these predictors. Call demand is anticipated to continue increasing at this pace and is expected to outpace the predictions made by ORH. Middlesex London Paramedic Service will continue to carefully monitor this area and keep County Council regularly brief.
- c. Offload delays continue to pressure responses. There are many factors which contribute the increasing of offload delays such as the sheer volume of patients that are brought into emergency departments by ambulance or private means. This was short lived and 2021 saw a rapid and steady increase in offload delays. Offload delays in 2021 far exceed any other year on record by more than 3,700%. To date, the rate of increase in offload delays in 2022 shows that offload delays are increasing at a rate of 122% over those of 2021.



**ORH Recommendation 3:** Engage with wider healthcare system partners to focus on the impacts of offload delays with the aim of improving these and ultimately patient outcomes.

**MLPS Response:**

- a. MLPS has proposed a pilot project to the MOH that would deploy an First Response Unit (FRU) to respond to Code 3 calls being held in the system, and calls that fall within the CP mandate, to treat and refer the patient to Community Paramedics.
- b. Funding secured for the DONP for 24/7 staffing (reliant on LHSC to staff)
- c. Exploration of alternate sources for DONP staffing: possible use of paramedics or light duty staff (such as those with lifting restrictions or inability to respond to 911 calls)
- d. Continued meetings and discussions with LHSC to review offload delays and levers to pull for relief such as expedited assessment for patients that can be cleared off stretchers by physicians directing patients to admission, waiting room, surgery, etc.
- e. Work with the Ministry, Ontario Health and LHSC to find permanent solutions.
- f. Middlesex County Warden to continue to engage LHSC with regards to offload delays and system relief.

**ORH Recommendation 4:** Consider utilizing ACPs as solo responders focusing on the ACP codeset, while reviewing this codeset to increase scope.

**MLPS Response:**

- a. 2023 budget request accounts for First Response Units.
- b. Distribution of 24/7 FRU units consisting of ACP's will deploy ACP resources to the calls that require their skill sets
- c. ACP skill sets will be retained with more proficiency and will provide an opportunity for expansion of their skill sets – such as treat and release, treat and refer
- d. Specialized units will be established with the FRU teams such as cardiac interventionalist to increase the level of care patients received
- e. A detailed review of the ACP resources will be completed to establish a new baseline of advanced care needs in the 911 system.
  - i. This review will be followed by a realignment of resources and the master rotation based on the newly established baseline
  - ii. Recruitment will follow along with retention strategies

**ORH Recommendation 5:** Ownership of the call answering, clinical triage and dispatch systems and processes is absolutely critical for MLPS to develop a more sophisticated operational response model and deliver improvements in clinical outcomes for patients, and this needs to be prioritized by all concerned.

**MLPS Response:** Middlesex London Paramedic Service has addressed this area with the Pilot Proposal submitted to the Province of Ontario for an Innovative Pilot to ensure that all calls coming into the Land Ambulance Communication Centre are triaged correctly. Furthermore, that the “Right Resource get to the Right Patient at the Right Time”. With the implementation of the proposed pilot, MLPS believes that we can shift the focus from increasing 9-1-1 calls/demand to Community Paramedicine, which will continue to reduce reliance on activating 9-1-1 and transports to emergency departments. Overtime, this will transition funding options (away from 50/50 to 100% funding options (with Community Paramedicine).

**ORH Recommendation 6:** Access to clinical advice and enhanced secondary clinical assessment by experienced ambulance clinicians and other clinical disciplines, such as mental health nurses, is now a fundamental part of ambulance control rooms outside of Ontario and needs to be enabled for MLPS going forward if ambulance service resources are to be used efficiently and effectively.

**MLPS Response:** Middlesex London Paramedic Service has addressed this area with the Pilot Proposal submitted to the Province of Ontario for an Innovative Pilot to ensure that all calls coming into the Land Ambulance Communication Centre are triaged correctly. Furthermore, that the “Right Resource get to the Right Patient at the Right Time”.

**ORH Recommendation 7:** There is a need for more robust workforce planning and development of clinicians within an agreed career framework. This will become even more imperative should the call centre recommendations be implemented. An internal workforce planning and recruitment role should also be considered.

**MLPS Response:** Middlesex London Paramedic Service has identified this as a priority for planning and development of the Paramedic Service workforce and also within the Pilot Proposal for an Innovative Dispatch system.

**ORH Recommendation 8:** At an appropriate time, MLPS should re-examine how best to provide first line management and a dedicated clinical supervision framework for all frontline staff in the organization. This could also involve the introduction of formalized team structures within stations or station groups. If no changes to structures were made, two additional supervisor positions would be required to maintain the current ratio of supervisors to frontline staff in 2026.

**MLPS Response:**

- a. Daily duties from the Operations Superintendent group are being streamlined such that they are capable to provide more direct front-line support. Advancements being implemented to assist the Operations group in performing their duties remotely (out on the road where they can provide support rather than needing to retreat to a station).
- b. Two (2) additional Operations Superintendents will be added to increase front-line support and provide the capacity to expand clinical oversight
  - i) This is a natural fit and responsibility for the Operations group as active engagement and oversight on calls, and providing patient care as well as evaluations, is part of the portfolio of Operations Superintendents responsibilities.
  - ii) Intervention and corrective action and feedback can be provided immediately and, in the moment,
- c. Operations Superintendents will have added capacity to engage in direct clinical oversight of the care provided by paramedic staff which will also aid in evaluations, mentorship, and work improvement plans

- d. The Professional Practice, Clinical Excellence and System Oversight division will support both the Operations and Logistics Divisions through comprehensive clinical and system auditing, Lean Six Sigma programs as well as data analytics and other strategies that optimize efficiency and quality.
- e. When deficiencies are identified the Operations Division will engage the training department to implement a work improvement plan to address the deficiency or improve standing practice service wide.
  - i) This should be accomplished with the direct involvement of the Operations Superintendents who monitor the pulse of the service

**ORH Recommendation 9:** Consider the additional recruitment of a Commander-level senior manager to lead the Clinical Education and Training Function to give this critical area equal parity in the senior leadership structure of the organization.

**MLPS Response:** Middlesex London Paramedic Service agrees with this recommendation and has identified the need for increased management oversight of Education and Community Paramedicine. It is recommended that a recruitment be taken to hire a Commander of Education and Community Paramedicine to oversee both areas.

**ORH Recommendation 10:** Undertake a formal review of capacity within the Clinical Education and Training function to ensure that appropriate resilience and clinical governance can be wrapped around sustained delivery of this large and critical portfolio.

**MLPS Response:**

- a. A review of the Education and Training department will be completed with a focus on identifying core functions.
- b. A gap analysis will be completed on the core functions to establish capacity and identify any shortcomings.

**ORH Recommendation 11:** Consider ways of protecting education and training time for frontline staff to ensure that postponement and delays in the receipt of essential training is eradicated and assess whether this could be achieved through a reworking of operational rota patterns.

**MLPS Response:**

- a. This is being accomplished presently. The Education and Training department had been provided direction for several years and training cycles to provide

training during protected time but struggled with being able to action these directions. During the height of COVID there were considerable staffing challenges where upwards of 50% of the workforce was out of the workplace due to extended absence and being ill with COVID-19.

- b. Operations was required to directly intercede with the Education and Training division and to place a pause on the delivery of training and to micromanage the scheduling of training through protected time as had been previously directed (for the past years).
- c. This model remains in effect today with immense success.
- d. Operations will retain oversight of the timings and delivery schedules of core training to ensure that it is delivered in an effective manner such that patterns from the Education and Training department are not repeated.

**ORH Recommendation 12:** Increase overall organizational capacity and resilience to reduce the identified risks of single points of failure within some business-critical functions.

**MLPS Response:**

- a. A single point of failure that poses great risk at this time is the silo-ing and retention of knowledge and skillsets by a few. Management and leadership have been operating with a lean model. With recent attrition this model has led to a select few holding great responsibility and being sole custodians of critical information and processes. Succession planning is required to broaden this knowledge bases and ensure stability.
- b. Succession planning began with the Operations Superintendent group with a formal program that was put in to place 3 years prior. This program has been a great success.
- c. To build on this program the current Operations Superintendent pool will receive dedicated training on an established schedule. This training will become a rote part of the onboarding and career development path for the Operations group.
- d. Mentorship, training, and education will be provided to senior Superintendents into the level of Commander and Commanders into the level of Deputy Chief.
- e. These mentorship opportunities will provide a cascading effect for knowledge and skills to be passed on and open up capacity for executive leadership to be included in succession planning.

**ORH Recommendation 13:** Stress-test current clinical governance arrangements within MLPS to ensure they are fit for purpose and will be sustainable as and when clinical operational and support services structures are further developed.

**MLPS Response:**

Middlesex London Paramedic Service is working to a goal to audit all aspects of the system performance with a goal to improving/enhancing excellence within the system and value for money. Along with this focused direction will included a Balanced Report Card which will provide Senior Management and County Council with clear performance measurements and system outcomes, with a focus on greater transparency.

**ORH Recommendation 14:** Consider the introduction of a senior leadership role (non-uniformed and non-operational) with accountability for the corporate support / business management functions.

**MLPS Response:**

Middlesex London Paramedic Service is working with the Middlesex London EMS Authority Executive Chairman on how this position can be utilized to provide overall guidance and support within MLPS. The Master Plan development process clearly indicated that corporate support and business management functions have not kept pace with the growth in MLPS. As a result, MLPS is significantly under resourced when compared to other right-sized health services providers in our region. The result of this deficiency is increased risk and the potential for the unintended consequence of additional liability.

**ORH Recommendation 15:** Introduce a ‘business partner’ model for in-house advice and supervisory/management support for HR-related issues, with dedicated advisors co-located with operational managers, having access to more specialized expertise in shared services for employment law and industrial relations, etc.

**MLPS Response:**

Middlesex London Paramedic Service accepts this recommendation and has started work to transition this proposed model from MLPS to County Human Resources. The management and continued development of these relationships and service agreements will be aided and guided by the implementation of the recommendation 14. Currently MLPS has 1 fulltime Human Resources staff member assigned to support Human Resources functions.

**ORH Recommendation 16:** Engage with the Ministry, partner providers, patient representatives and staff to develop a medium-term to long-term strategy for the role of MLPS in transforming healthcare delivery, with a focus on improving clinical outcomes and ensuring patients receive the right care, at the right time in the right place.



**MLPS Response:**

- a. Introduction of pilot project to Treat & Refer 911 patients to Community Paramedicine
- b. Continued pressure to the newly elected Minister of Health to pursue the Models of Care mandate and open pilots in to Treat & Release and Alternate Destinations
  - i) This coincides with strategic plans for the deployment of solo ACP responders and increased scope of practice
- c. Joint venture with LHSC to pursue the support of an Urgent Care Centre sponsored by LHSC that will allow for patients to be diverted from the emergency department
- d. Continued pressure with Base Hospital Groups regarding roadblocks to Models of Care and diversion from emergency departments
- e. Increased recruitment and investment into Community Paramedicine.
  - i) This may also include a public education campaign to educate the citizens

**FINANCIAL IMPLICATIONS:**

Additional costs associated with these recommendations will be addressed in the draft 2023 MLPS Budget submission and future year budget submissions for Council consideration.

**ALIGNMENT WITH STRATEGIC FOCUS:**

This report aligns with the following Strategic Focus, Goals, or Objectives: Promoting Service Excellence in that Middlesex-London Paramedic Service is ensuring the continuation of the delivery of high-performance paramedic services.

**RECOMMENDATION:**

THAT this report be received for information;

THAT the recommendations contained within this report be approved;

THAT the Chief, Middlesex London Paramedic Service be directed to update County Council on the progress of the approved recommendations and to ensure any costs related to the approved recommendations are contained in the draft 2023 and future budget submissions for consideration and support.