



County Council

Meeting Date: August 15, 2023
Submitted by: Middlesex-London Paramedic Service
Subject: Update on Key Recommendations from MLPS Strategic Plan Implementation

BACKGROUND:

Middlesex-London Paramedic Service previously engaged consulting agency ORH to complete a strategic review of Middlesex-London Paramedic Service and provide key recommendations. The Middlesex London EMS Authority and County Council were briefed on the high level findings and key recommendations of the Strategic Plan Review in the spring of 2022. On October 25, 2022, Middlesex County was also provided an overview and briefing on the key recommendations and how Middlesex London Paramedic Service would be addressing the sixteen (16) key recommendations.

The purpose of this report is to provide County Council with an overview and an update on the status of work to date implementing the key recommendations.

ANALYSIS:

Below are these key recommendations and an overview of the action taken to date by Middlesex London Paramedic Service to address these key recommendations.

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

Middlesex London Paramedic Service Response:

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

- a. New Parkhill station nearing completion with an estimated occupancy of September/October 2023.
- b. Trossacks Station has and continues to be identified for immediate replacement.
- c. Downtown Station replacement remains under consideration with the County taking the lead on this file.
- d. Options for Glencoe station remain under review by the County.

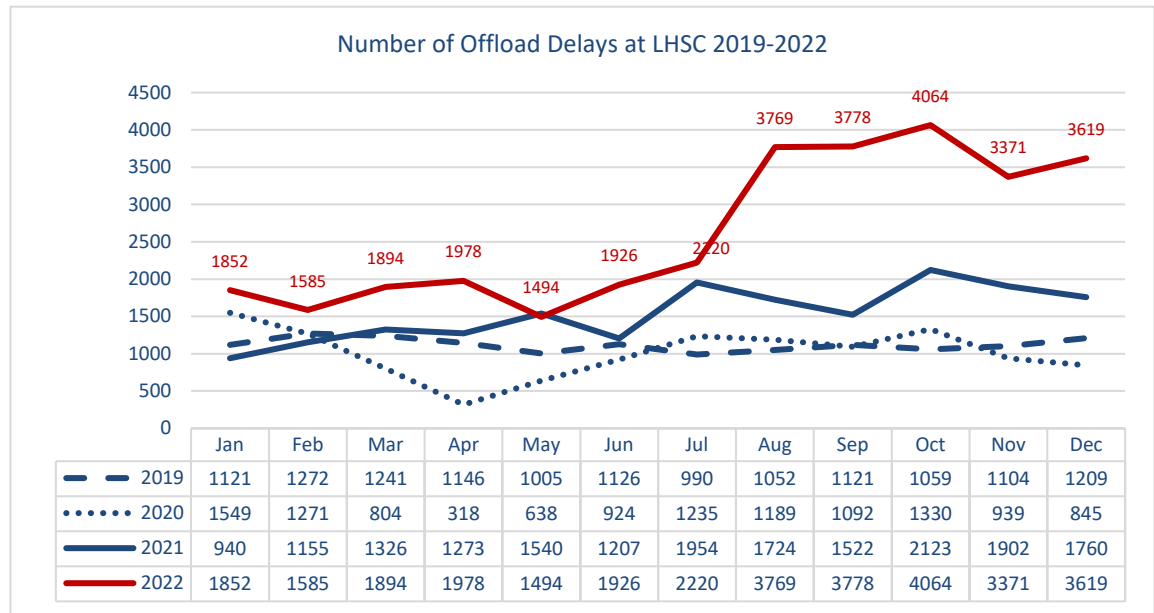
ORH Recommendation 2: To offset the impact of demand increases to 2026, add an additional 434 ambulance hours per week. This equates to a 10% increase in frontline resourcing.

Middlesex London Paramedic Service Response:

- a. Over the course of 2022, MLPS has experienced a 10.0% 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	80,285	83,628	88,594	93,561	98,527

- b. Between January 1, 2022, and December 31, 2022, MLPS has responded to 80,2065 codes 1-4 calls which represents a 10.0% increase in demand over 2021. The initial estimates by ORH predicted a 10% increase in call demand over the span of 5 years. 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.
- c. 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.
- d. 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. 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%. Offload delays in 2022 increased by 158.7% over 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.

Middlesex London Paramedic Service Response:

- a. Middlesex London Paramedic Service deployed in February of 2023 an Early Adopter project to deploy a 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. This project has seen excellent results with a 30% diversion rate of calls (away from transporting to an emergency department) transferring care to Community Paramedics;
- b. Funding is expected to be secured for the Dedicated Offload Nursing Program for 24/7 staffing for the 2023/24 fiscal period;
- c. Middlesex London Paramedic Service is examining options to expand the Models of Care (announced by Deputy Premier and Minister of Health, Sylvia Jones) to reduce 9-1-1 calls and transports to emergency departments.
- d. Work with the Ministry, Ontario Health and LHSC to find permanent solutions.
- e. Middlesex County Warden to continue to engage LHSC with regards to offload delays and system relief.
- f. Middlesex London Paramedic Service continues to work with and partner with LHSC to address offload delays and alternate means to deliver healthcare to patients outside of an emergency department.

- g. Through continued engagement, Middlesex London Paramedic Service has provided increased line of sight into the 911 system for senior leaders and executives at LHSC.
- h. This initiative has improved reaction time for solutions for system pressures due to call volume and increasing offload delays.
- i. Alerts have been implemented to identify the precursors to system pressures and these alerts are provided to LHSC senior decision makers in real-time to address pressures in advance of Code Critical and Code Zero instances.
- j. Middlesex London Paramedic Service worked with LHSC to create an algorithm for the escalation of measures to address offload delays in real-time and provide increasing notifications to ensure quick and nimble response to pressures.

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

Middlesex London Paramedic Service Response:

- a. 2023 budget request accounts for Rapid Response Units.
- b. Distribution of 24/7 Rapid Response Units consisting of ACP's will deploy ACP resources to the calls that require their skill sets, with an aim to reducing system resources (where appropriate)
- 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 Rapid Response Unit teams such as cardiac interventionalist to increase the level of care patients received
- e. A detailed review of the ACP resources has been 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.
- f. The Middlesex London Paramedic Service Authority Board has provided support for the launch of Advanced Care Paramedics responding solo in the 911 system.
 - i. The first solo ACP Rapid Response Units (RRU) are scheduled to launch mid-September.
 - ii. This initiative is endorsed by all partners as a progressive and innovative way to deliver quality healthcare to the citizens of Middlesex County and the City of London.

ORH Recommendation 5: Ownership of the call answering, clinical triage and dispatch systems and processes is absolutely critical for Middlesex London Paramedic Service 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.

Middlesex London Paramedic Service Response:

Middlesex County Warden met with Premier Ford and Deputy Premier and Minister of Health Jones in January of this year to advance the County's position on Land Ambulance Dispatch. With the implementation of the proposed dispatch system, Middlesex London Paramedic Service 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). At this time, Warden Burghardt-Jesson has submitted a proposal to the Premier and Deputy Premier outlining Middlesex County's plan. The County is awaiting a formal response to the submission.

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 Middlesex London Paramedic Service going forward if ambulance service resources are to be used efficiently and effectively.

Middlesex London Paramedic Service Response:

Middlesex London Paramedic Service has addressed this area with the 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.

Middlesex London Paramedic Service 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, Middlesex London Paramedic Service 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.

Middlesex London Paramedic Service 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 have been 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. Capacity has been created for Operations Superintendents to engage in direct clinical oversight of the care provided by paramedic staff which will also aid in evaluations, mentorship, and work improvement plans. A detailed review of the duties and daily tasks completed by the Operations Superintendents was completed. This review identified administrative tasks and duties that were realigned to administration staff increasing the capacity of the Operations Superintendents returning time in to their shift to provide more direct clinical oversight of the care provided by paramedic staff, to provide more mentorship and help create and implement improvement plans.
 - i) This initiative has been successful in returning many Operations Superintendent hours and greatly increasing the oversight of the Operations Superintendents and positive clinical engagement with paramedic staff.

- d. The Professional Practice, Clinical Excellence and System Oversight division will support both the Operations and Logistics Divisions, Education Department and Community Paramedicine through comprehensive clinical and system auditing/risk assessments, 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.
 - ii) Plans are underway for the implementation of a “Balanced Report Card” which will report on overall system performance and provide greater system transparency.

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.

Middlesex London Paramedic Service Response:

Middlesex London Paramedic Service agrees with this recommendation and has identified the need for increased management oversight of Education and Community Paramedicine. Middlesex London Paramedic Service has just completed a system position review and will be moving forward with recruiting for this position. Partial funding for this position will come from the Community Paramedicine program (at 100% funding level).

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.

Middlesex London Paramedic Service Response:

- a. A review of the Education and Training department will be completed with a focus on identifying core functions. This review has not commenced at this time, but is scheduled for the fall of 2023.
- 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.

Middlesex London Paramedic Service 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.
- e. Operations has created a master training schedule to ensure that captures the training needs of the service for the year to training needs are also met while being managed through the changing pressures of the 911 system. The Training and Education Department will continue to work with and engage with Operations to plan future training needs and opportunities.

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

Middlesex London Paramedic Service Response:

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.

- a. 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.
- b. 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.
- c. Mentorship, training, and education will be provided to Superintendents, Commanders and at the Deputy Chief level.
- d. 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.
- e. Operations has leveraged special projects and Operational planning to provide additional mentorship opportunities. Through the preplanning stages of major operations, such as Western Homecoming, Operations has engaged Superintendents to expand critical thinking, system oversight and engagement with allied agencies and stakeholders. This increased awareness is providing resiliency in the Operations Department.

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

Middlesex London Paramedic Service 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.

Middlesex London Paramedic Service 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 Middlesex London Paramedic Service . The Master Plan development process clearly indicated that corporate support and business management functions have not kept pace with the growth in Middlesex London Paramedic Service . As a result, Middlesex London Paramedic Service 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.

Middlesex London Paramedic Service Response:

Middlesex London Paramedic Service accepts this recommendation and continues to work with Middlesex County HR to ensure the appropriate support and resources are assigned for this proposed model. The management and continued development of these relationships and a service level agreement will be critical in achieving success of recommendation 14. Currently MLPS has 1 fulltime Human Resources staff member assigned to support all Human Resource 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 Middlesex London Paramedic Service 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.

Middlesex London Paramedic Service 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 are contained in the approved 2023 Middlesex London Paramedic Service budget and will be identified in future year budget submissions for Council consideration.

ALIGNMENT WITH STRATEGIC FOCUS:

This report aligns with the following Strategic Focus, Goals, or Objectives:

Strategic Focus	Goals	Objectives
Promoting Service Excellence 	Innovate and transform municipal service delivery	<ul style="list-style-type: none"> • Anticipate and align municipal service delivery to emerging needs and expectations • Engage, educate and inform residents, businesses, and visitors of county services and community activities • Strengthen our advocacy and lobbying efforts with other government bodies • Collaborate with strategic partners to leverage available resources and opportunities • Build organizational capacity and capabilities

RECOMMENDATION:

THAT the Update on Key Recommendations from MLPS Strategic Plan Implementation report be received for information.