
For Information

REPORT TITLE: Paramedic Services Program Annual Update

FROM: Nancy Polsinelli, HBSc, RD, PAp, Commissioner of Health

OBJECTIVE

To provide Regional Council with an update on the work of Paramedic Services through 2020 and 2021 during the COVID-19 pandemic.

REPORT HIGHLIGHTS

- Paramedic Services has been an active partner in the Region's response to the COVID-19 pandemic.
 - Call volume (911) declined during parts of the pandemic and is now returning to pre-pandemic levels.
 - Early preparations for the pandemic and use of an Emergency Operations Centre has helped sustain service levels and keep staff safe.
 - Community paramedicine programs have expanded during the pandemic to address the needs of our vulnerable and senior populations.
 - Continued commitment to work on mental health supports to protect staff.
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DISCUSSION

1. Background

Peel Regional Paramedic Services (Paramedic Services) provides pre-hospital care and transport to hospital for residents and visitors of Peel. As part of an integrated health system, Paramedic Services works with local hospitals and other health system partners to deliver efficient and effective care.

The Ministry of Health (Ministry) provides accountability and governance for ambulance services in Ontario and funds them on a 50-50 cost sharing basis with municipalities. The Ministry operates half of Ontario's 22 Central Ambulance Communications Centres (CACC or 'dispatch centre') including the Mississauga CACC which is responsible for deploying and coordinating ambulances and other resources operated by Halton and Peel Paramedic Services. In addition, the Ministry also administers the certification of all paramedic service operators and all paramedics, and funds base hospital programs that provide medical direction and oversight to paramedics.

The Region of Peel is the designated delivery agent for land ambulance services in Peel. Regional Council is responsible for ensuring the proper provision of land ambulance services and oversees the administration of Paramedic Services including setting service levels, response time standards and approving operating and capital budgets.

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2. COVID-19 Response

The global pandemic continues to have a massive impact on all components of the health care system. Paramedic Services has managed a wide variety of pressures, changes, and adjustments over the past 18 months. Reference to these stressors is woven into the fabric of this Program Update as it relates to call volume, response time, staff health and wellbeing and other areas within Paramedic Services.

Paramedic Services has participated in responding to COVID-19 by:

- Collaborating with Health System partners, including Public Health
- Swabbing over 11,500 residents and staff of long-term care and congregate settings
- Providing almost 30,000 paramedic hours in support of vaccination efforts
 - Staffing enabled by reduced call volume during pandemic
 - Costing submitted to the Ministry for funding approval of these clinics
- Testing over 500 vulnerable homebound individuals by Community Paramedics
- Utilizing some Paramedic Services' facilities for pop-up clinics
- 3 paramedics redeployed to supervise vaccination clinics

During the first few months of the COVID-19 pandemic there was access issues to appropriate levels of personal protective equipment for use by paramedics, particularly for high acuity calls like cardiac arrests. These calls require aerosol generating medical procedures (AGMPs) such as intubation to sustain life until arrival at hospital.

Paramedics developed and implemented high risk response teams (HRRT) who provided response solely to these high acuity calls 24 hours a day. During the weeks the teams were in place they responded to over 800 high risk responses.

Recently the Chief Medical Officer of Health directed paramedic services to put in place a vaccination policy that includes the gathering of vaccination status from all employees and mandating testing for unvaccinated staff. Ninety-five per cent of Paramedic Services staff are fully vaccinated.

Overall, the safety measures and guidance used to protect staff has been positive and has resulted in no workplace exposures since mid-March 2020.

3. Paramedic Services Operations – Delivery of Service and Other Metrics

a) Call Volume

From the December 2020, Council report titled, "Paramedic Services Long Term Facilities Capital Plan, Key Supporting Analyses" (Resolution Number 2020-1041) the number of 911 calls received by the Mississauga CACC is the primary driver of paramedic operations. Over the past decade, Paramedic Services has seen a year-over-year increase in call volumes. The start of the COVID-19 pandemic in spring of 2020 contributed to an overall reduction in call volume, although there were some month-over-month fluctuations during the various waves of the pandemic. In 2021, call volume has been gradually increasing through the year, with forecasts showing pre-pandemic (2019) values. See Table 1 below.

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Table 1 - Annual Call Volume

Year	Call Volume
2018	136,799
2019	137,669
2020	122,817
2021 Forecasted	136,600

b) Response Time

Each October, Paramedic Services submits a recommendation to Regional Council regarding the Response Time Framework for the coming year. For details on the 2020 and year-to-date response times see the Report of the Commissioner of Health entitled “Paramedic Services 2022 Response Time Framework”, October 14, 2021.

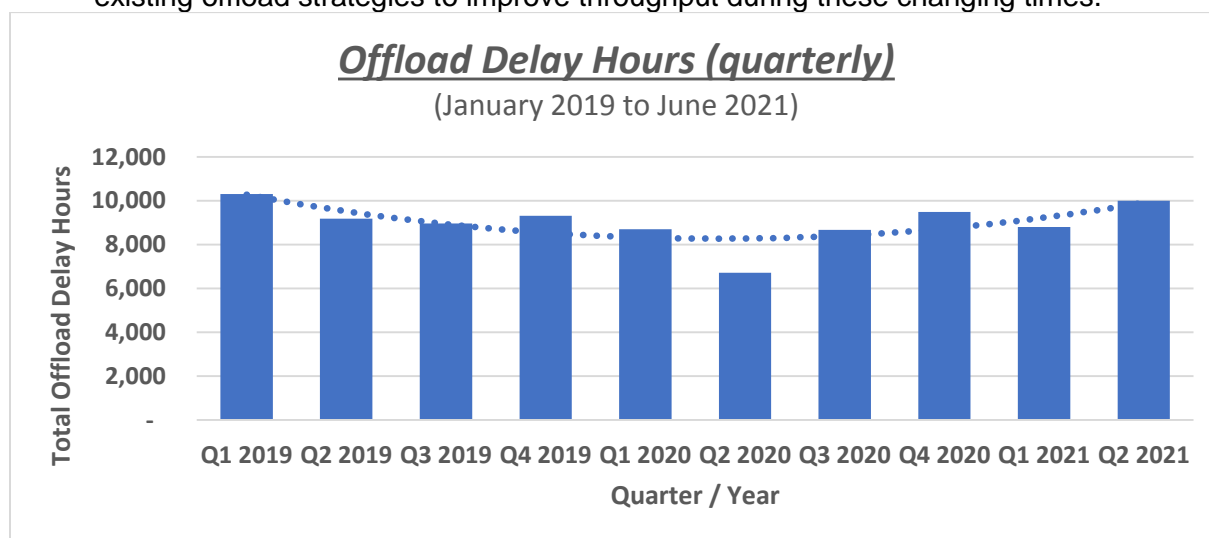
Despite the various impediments facing paramedics, response times were met or bettered. Additional details are contained in the above-mentioned report to Regional Council.

c) Offload Delay

Offload Delay is the time paramedics spend with patients at hospital. Overall offload delay time has also seen a steady year-over-year increase and 2021 is no different.

COVID-19 has affected offload delay by creating pressures on both paramedics and hospital emergency departments, resulting in an increase in time ambulances spend at the hospital (see Figure 1, Q3 2020 – Q2 2021). Of note, during the first wave of the COVID-19 pandemic, Q2 2020, there was a decreased demand for paramedic services resulting in lower offload delay time compared to the winter months of Q1 2019.

Paramedic Services is engaging the area hospitals this fall and into 2022 to redefine the existing offload strategies to improve throughput during these changing times.



(Figure 1)

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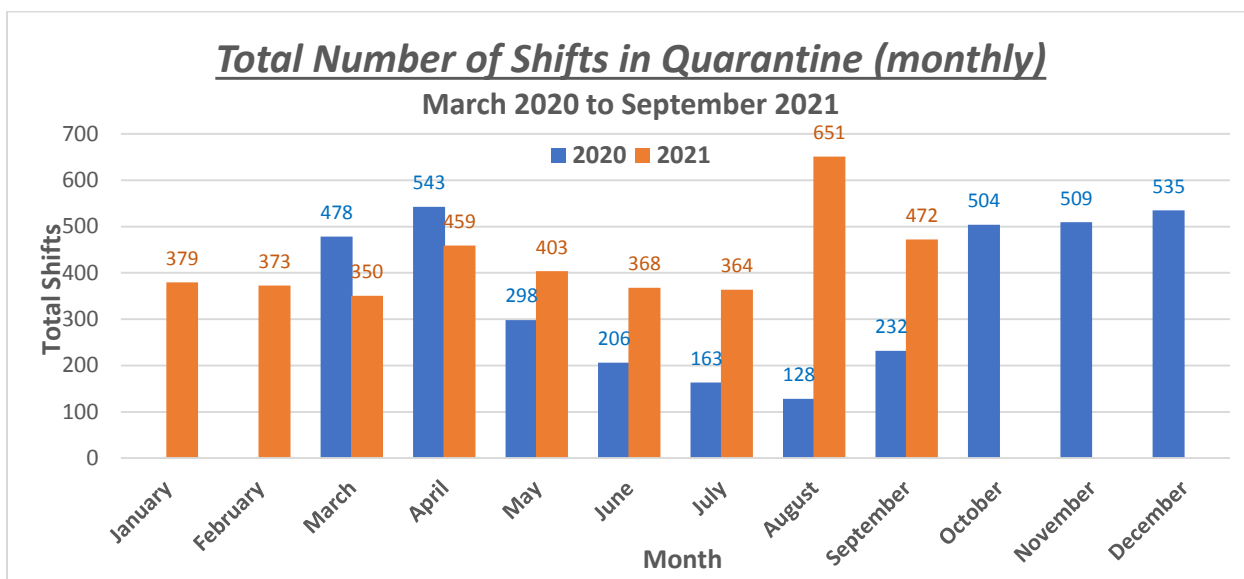
4. Keeping Staff Safe During the Pandemic

The key focus of Paramedic Services' response to COVID-19 has been the safety of all staff. The program commenced with weekly emergency operation meetings starting in January 2020 to plan for what could be and resulted in a global pandemic.

Decisions were made to address not only safety of staff but also procurement of protective equipment, processes for screening as well as the implementation of multiple guidance and directives issued by the Province. This resulted in a strong communication strategy to keep staff informed. The program implemented a variety of communication tools such as – twice weekly update report, bi-weekly town hall webinar hosted in partnership with the Union and multiple forms of regular messaging to keep anxieties down and provide the most current information that was available at the time.

One of the most valuable assets that was put into place was the quarantine support unit that was managed by staff with infectious disease backgrounds and who worked closely with Public Health to ensure that staff who need to be quarantined, were. The collective agreement between the Region and OPSEU contains specific quarantine language to ensure staff are not financially impacted because of being exposed to COVID either at work or outside of work.

Figure 2 shows the total number of paramedic shifts that were in quarantine resulting from COVID-19 exposures or possible exposures. The period between October to December 2020 and August 2021 shows the greatest number of paramedic shifts in quarantine.



(Figure 2)

Staffing of ambulances was closely managed throughout the pandemic to ensure that the changing needs of the 911 system were met and balanced with the emerging needs of community supports (testing and vaccination). Lower call volume allowed for paramedics to participate in these essential community functions.

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5. Community Paramedicine

Community Paramedicine programs have continued to operate and grow throughout 2021. Community Paramedicine at Clinic (CP@Clinic), operated in collaboration with McMaster University, began in 2018 and has been funded for one full-time equivalent by the Province through the Mississauga-Halton LHIN. The program paused from March 11 to December 31, 2020 and then reopened adjusting from 'clinics' to 'appointments' to ensure safe operation. Each of the participating Peel Living seniors' buildings has weekly appointments. Since the program started in 2018 community paramedics have enrolled 471 individuals from 5 buildings representing a 71 per cent participation rate. Over 600 individual appointments were provided in the first half of 2021.

Funding was received late in 2020 for the High Intensity Supports at Home community paramedicine program for January through March 2021 working with our regional and Brampton-Etobicoke Ontario Health Team partners. This initiative funded four full-time paramedics to respond to referrals for individuals requiring support at home. Authorization also included flexibility to support COVID response. The program continues throughout 2021 and a formal application for continued funding was made in early September (to cover the April 2021 to March 2022 fiscal year).

Early in 2021 the Ministry of Long-Term Care announced funding for Community Paramedicine for Long-Term Care (CP LTC) and, based on a submission late in 2020, Paramedic Services received more than 3 years of funding. January 2021 to March 2024 is the period funded by \$9.75 million to provide staffing to deliver services to individuals on the long-term care waitlist or eligible to be on it. Flexibility has been allowed to support COVID response.

The objective of these community paramedicine programs is to support aging in place as part of the Region's larger vision of wrap-around care and to reduce 911 calls, emergency department visits, admission to hospital, and safely delay admission to long-term care. Paramedic Services partners with Adult Day Services and Seniors' Services under the direction of Dr. Saha, Senior Medical Director. Further information about this wrap-around approach to care can be found in the report of the Commissioner of Health entitled "Seniors' Services 2020 Annual Report", dated October 28, 2021.

The full CP LTC program, alongside the existing CP@Clinic and HISH programs, is expected to be fully operational early in 2022.

6. Paramedic Services Staff Psychological Health and Wellbeing

Paramedic Services continues to advance work on the psychological health and wellbeing of its workforce. A graphic presentation of the 'Journey to a Mentally Healthy Workplace' illustrating work undertaken in 2019 to 2021, can be found as Appendix I.

Work on eliminating violence against paramedics has advanced since last reported to Regional Council on November 12, 2020 in the report entitled "Eliminating Violence Against Paramedics – A Call to Action." Since January 2021 the External Violence Incident Report tool (EVIR) has been launched which Superintendents monitor staff well being. Intentional touch base support meetings are conducted with individuals who have been exposed to several incidences in one month.

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A dedicated team continues to work toward the launch of a Peer Connect program. The goal being to be more proactive and reactive to the mental health needs of staff. Team, members of Peer Connect will not only use traditional methods of peer support but will also be expected to promote a better understanding of mental health issues and work to decrease stigma around mental health through a variety of initiatives. As the program continues to evolve an app called 'Peer Connect' will be rolled out shortly to share information about available mental health supports available to the workforce.

Management and labour continue to engage in dialogue and work regarding ways to maintain health and wellness. Progress on these and other important initiatives have been impacted by the pandemic and advanced more slowly than desired.

7. Divisional Model

Throughout the pandemic, work on enhancing (continued growth to meet demand) the Divisional Model of service delivery has continued. Staff have continued to search for a suitable location for the fifth reporting station. Several potential sites are being examined and a recommendation regarding the optimal location will be included in a report to Council when required and will also be identified through the 2022 capital budget plan for Paramedic Services.

Two new satellite stations are continuing through the design and build phases.

Satellite Station Location	Municipality	Co-Locate
Chinguacousy Road and Bovaird Drive West	Brampton	Brampton Fire
Mayfield Road and Bramalea Road	Brampton	

CONCLUSION

Two primary imperatives have been the focus of Paramedic Services over the past two years – continuing to provide care to those suffering from COVID and other medical needs in the community, and the overall safety of staff. With so much uncertainty at the onset of COVID and the multitude of changes required to respond safely, Paramedic Services despite the pandemic, continues to provide high quality pre-hospital care.

APPENDICES

Appendix I – Journey to a Mentally Healthy Workplace

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