THE REGIONAL MUNICIPALITY OF PEEL

HEALTH SYSTEM INTEGRATION COMMITTEE

AGENDA **HSIC - 1/2018**

DATE: **Thursday, February 15, 2018**

TIME: **9:30 AM – 11:00 AM**

LOCATION: **Regional Council Chamber, 5th Floor**
Regional Administrative Headquarters
10 Peel Centre Drive, Suite A
Brampton, Ontario

MEMBERS: **F. Dale; A. Groves; E. Moore; M. Palleschi; C. Parrish; P. Saito; B. Shaughnessy**

ADVISORY MEMBERS: **B. Carr; M. DiEmanuele; B. MacLeod; S. McLeod**

Chaired by Councillor P. Saito or Vice-Chair Councillor B. Shaughnessy

1. DECLARATIONS OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. DELEGATIONS

3.1. **Peter Gillespie, Resident of Peel**, Presenting a Proposal for an Outreach Program in Peel

3.2. **Scott McLeod, Chief Executive Officer, Central West Local Health Integration Network (LHIN); Angela Burden, Vice President Health System Strategy, Integration and Planning, Mississauga Halton LHIN; and, Dr. Jessica Hopkins, Medical Officer of Health, Region of Peel**, Providing an Overview of LHIN's Progress with Sub-Region Planning and Priorities and an Update on the Progress of Integration between the Region of Peel Public Health and LHINs

4. REPORTS

4.1. *Patients First Act* Implementation Update - A Region of Peel Perspective (For information)

4.2. Update on Provincial Dispatch Reform and Emergency Health Service System Modernization

5. COMMUNICATIONS

6. IN CAMERA MATTERS

7. OTHER BUSINESS

8. NEXT MEETING

Thursday, May 17, 2018, 9:30 a.m. – 11:00 a.m.
Regional Council Chamber, 5th Floor
Regional Administrative Headquarters
10 Peel Centre Drive, Suite A
Brampton, Ontario

9. ADJOURNMENT

Region of Peel
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Request for Delegation

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MEETING DATE YYYY/MM/DD	MEETING NAME
2018/02/15	**HSIC**

Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582 Fax: 905-791-1693
E-mail: council@peelregion.ca

DATE SUBMITTED YYYY/MM/DD
2018/01/25

NAME OF INDIVIDUAL(S)
Peter Gillespie

POSITION/TITLE
Resident

NAME OF ORGANIZATION
Region of Peel

E-MAIL	TELEPHONE NUMBER	EXTENSION	FAX NUMBER

NAME OF INDIVIDUAL(S)

POSITION/TITLE

NAME OF ORGANIZATION

E-MAIL	TELEPHONE NUMBER	EXTENSION	FAX NUMBER

REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)
Introduce a way in which addicts can connect with existing programs through an integration home run through a government outreach program that will be created. There is no active outreach in Peel

I AM SUBMITTING A FORMAL PRESENTATION TO ACCOMPANY MY DELEGATION ☐ YES ☒ NO

IF YES, PLEASE ADVISE OF THE FORMAT OF YOUR PRESENTATION (ie POWERPOINT) _____

Note:
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PROPOSAL

This is an introduction into a misunderstood world seen through the eyes of a philosopher. An addiction can be any behavior that is repetitive, this we all understand. Do we realize how you and I affect others? Could be from the results of our upbringing and/or education. Society appears to have an incorrect and misunderstood perspective of addiction. We need to update and correct our methods of how we address addiction in order to help each individual to move forward. Addicts cannot meet your expectations with the current antiquated methods practiced.

We have learned from the people who have the greatest knowledge and experience of abuse, as in how to help and in doing so we will learn new techniques through the science of people. Changing in a new positive direction and grow as one, integrating correctly. The psychology of people's belief and hope turns to faith. Faith is the ultimate concept that humans can raise their beliefs. We have Faith in this project, faith has no doubt.

When an addict asks for help, they are asking for an understanding of their damaged emotions and help them toward a positive life change. We need for you to understand that it took years of abuse to destroy their self-confidence which adds anger, depression and self-pity. Addiction is only a coping devise. Help them cope with their pain and in doing so we can gain a better understanding of each individual's situation. Imagine with an example, a person is raped, why is that person forced to feel the shame and anguish as a victim? Why is it necessary for the perpetrator to transfer their emotions of what they have done onto the victim with no remorse? Then without any acknowledgement by society the victim then becomes portrayed as the criminal. Society does not respond correctly to either party because of a lack of understanding. We need to apply science with observation and research without bias. We need to decriminalize the behavior of the victim and recover the perpetrator. This is an emotional health problem that science must address. Society is reacting to a behavior rather than reacting scientifically to a psychological problem that society does not recognize.

With this proposal we feel with the help of existing programs adjusting we could help families with addiction, unite with their children correctly, which will unite society correctly. Taking this step forward will give everyone hope, understanding and most of all purpose. The future could be great, make it happen. Let us all work together.

Addicts are evolving differently, they survive within a much harsher environment and we sit as a society in judgement of their bad behaviors. Not understanding that society, by not reacting correctly causes most addictions. Their upbringing and abuse they have faced caused a self-medicating process that only an addict recognizes. Society only sees the addiction and the bad behaviors. We see a life time of no hope, anger, frustration, total despair with the thought that nobody cares. A person with these emotional problems usually cannot make appointments let alone get to them without help. To go to your existing programs, not knowing anyone? Impossible. With no confidence, they all need someone they trust to accompany them

to reassure them they will not be looked down on and further abused. Society has this attitude that if you are an addict that they can treat you badly and use you as a scapegoat. This attitude needs changing.

MYSTERIOUS CONNECTIONS

Open 24/7

PURPOSE: Connect existing programs to the addicts on the streets of Brampton.

HOW: Create a home like setting, where addicts can feel safe and enjoy hanging around. Address immediate needs. Transportation to and from court, probation, Doctor and Hospital if needed. Help fill their day with activities. Self-create programs. Observe and adjust to their needs and they will tell you how to help. (Science)

WHO: Staff will consist of addicts, recovering addicts, co-op students, counsellors, 2 female psychologists, outreach from existing programs can also assist with everyday life, as well as make friends to learn what is needed.

RESULTS: Programs will meet new people and will adjust to their needs as they arise. Now you will attract numbers of people beyond expectation, which means more money for the program. The program will now at this point show adaptability, which is progressive and shows more positive interaction between the streets, society, courts and Police.

SCIENCE: Closing insane asylums and not having a policy and procedure in place for how to integrate the insane correctly, society was left to deal with a problem they had no idea of how to integrate. Now we deny insanity and marginalize them much like the gay community has been. **THIS IS AN INSANE PROBLEM WITH NO DEFINITION OF INSANITY**. Create a new school of thought based on abuse and the long term results causing the psychological problems and how to address them. Based on observation at the present time the only real treatment for an abused insane person, in societies eyes, is jail. With everyone working together towards a better outcome, the emotional trauma can turn to a positive drive. The enthusiastic positive force will then effect the whole of society to continue to become involved. We will create new statistics such as who, what addiction, how much daily used, what triggers each person, how feelings effect usage. Track people by phone or by them arriving and signing in with a quick questionnaire each day. Questions like, are the adjusted programs working or do they need more in site to be able to adjust in a more productive way. A psychologist can help create new programs within the home and work with the existing outreach as to the persons improvements and keep stats on their recovery programs.

RESULTS OF SCIENCE: Ask a question and find a method. This is Science. A new way of addressing abuse. New courses of action created. Understanding why addiction and how it began and when. How to improve ourselves to deal with a psychological problem. Understand our role that caused their addiction and why. Learn about

transference and how to recognize it. Learn about narcissism which is very prevalent among abused people whether on the street or within society. Seeing and understanding why the behaviors, in action and recording them first hand, will give behavioral science a big boost in how to treat the person psychologically. Learn scientifically, how narcissistic behavior is closely related to abuse and addiction. We have the beginnings of a solution as in how to open family homes to help them deal with abuse in their home.

PREVIOUS EXPERIENCE: 20 Joseph St worked. People came day and night asking for help. We were not prepared. Even the Police brought people to try to help them. They said; “at least you are doing something.” Went to the hospital when needed, court, probation or just to relax with a normal family who welcomed them in with a hug of love and acceptance. Many started to care for each other, us as well. We gave them hope. I have worked through many peoples traumas and helped them deal with their emotions. As a result many have no need of the addiction and moved on with their lives drug free and either working or happy in their environment. The need to move on is still prevalent on the street, but their attitudes have changed, more polite and they show kindness to everyone. We have witnessed people running across the street to give someone a hug. Ultimately they felt stability and understanding that a family would care and accept them for who they are; People with a problem. Above all else, abused people who turned to addiction to cope, believed in Joseph St, changed their behaviors and to this day, talk about their experiences with us.

NOW: With everyone’s help, we are now prepared. Interaction between the streets, programs, public and private sectors, can create an environment that can prosper greatly, creating finances that can help support existing programs and to develop into a more evolved integrating system in which everyone wins addicts and society included.

OVERALL VIEW: To truly learn a scientific method for addressing abuse and addiction, we must learn from those who society discriminates against. Addicts are now the teachers and society the students. **DO NOT UNDERESTIMATE THEM.** There is much wisdom with experience, listen, watch and participate with the insane, these caring people show true integrity far beyond society.

AWARENESS: How to become interactive to integrate with addiction? Take into account the different races and diversified cultures and their beliefs. We will be able to learn how to help everyone as well as learn more from people interacting correctly. How can we help?

We are going door to door with this proposal as well a questionnaire, asking home owners for help and to get involved. The questionnaire will consist of pertinent questions about home life as well as about any addiction found in the home. Where to donate, phone numbers. There are many addicts behind closed doors. Let us find them all. This is where programs can excel with interaction from all concerned, to help each family. Adapting to each families private needs, the response should be speedy with the right person for the right job. With the help from addiction, people will form a safety net around Brampton, interacting with programs and staying involved with a positive attitude that they do count. This can only bring hope naturally, with everyone involved. Addicts are just people, treat them as people with a problem. No different than you or I with a problem. Some may seem younger and emotionally they are because of the psychological problems as children. Their emotions are trapped and festering all their life. A good psychologist or psychiatrist should recognize this and work them through their dilemma correctly to be able to integrate at the best of their abilities.

Recognizing that society is on the threshold of a new and updated science towards addiction and abuse, we will help everyone recognize the dilemma on a new path for recovery for everyone to heal.

This paper has been written, over the last ten years, from the streets of Brampton thanks to: Mauro, Shelly, Rose, Aj, T-bone, Rebecca, Joe, Greg, Tami, Kim, Tim, Laura, Blair, Hunter, Pops, Shauna, Baby Blue, Debbie, Sierra, Kim, Misty, Sole', Zian, and Yanky as well as many others. A very special thanks to Melissa, who asked me to be a sponge and learn about and understand the street. I am very proud of all my friends that I have the honor of meeting. The original philosophy has been totally thought out by my brother;

David M. Gillespie. He is one of a kind and I Honor him and his brilliant work.

[redacted]

Written By: Peter W. Gillespie

[redacted]

06-07-2017

PS: Our streets are dangerous. Let's all make a difference and make them safer for our children.

Region of Peel
working with you

Request for Delegation

FOR OFFICE USE ONLY

MEETING DATE YYYY/MM/DD	MEETING NAME
2018/02/15	**Health System Integration Com.**

Attention: Regional Clerk
Regional Municipality of Peel
10 Peel Centre Drive, Suite A
Brampton, ON L6T 4B9
Phone: 905-791-7800 ext. 4582 Fax: 905-791-1693
E-mail: council@peelregion.ca

REQUEST DATE YYYY/MM/DD
2018/1/15

NAME OF INDIVIDUAL(S)
Scott McLeod

POSITION/TITLE
Chief Executive Officer

NAME OF ORGANIZATION
Central West LHIN

E-MAIL	TELEPHONE NUMBER	EXTENSION	FAX NUMBER

NAME OF INDIVIDUAL(S)
Angela Burden

POSITION/TITLE
Vice President Health System Strategy, Integration and Planning

NAME OF ORGANIZATION
Mississauga Halton LHIN

E-MAIL	TELEPHONE NUMBER	EXTENSION	FAX NUMBER

REASON(S) FOR DELEGATION REQUEST (SUBJECT MATTER TO BE DISCUSSED)
To provide an overview of LHIN progress with sub-region planning and priorities, as well as update on the progress of integration between Public Health and LHINs.

*****Note: 3rd delegate to co-present includes Dr. Jessica Hopkins, Medical Officer of Health , Region of Peel- Public Health**

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Ontario
Local Health Integration Network

Public Health, Central West LHIN and Mississauga Halton LHIN: An Update on Partnerships and Priorities

February 15, 2018

Scott McLeod, Chief Executive Officer
Central West LHIN

Angela Burden, Vice President Health System Strategy, Integration & Planning
Mississauga Halton LHIN

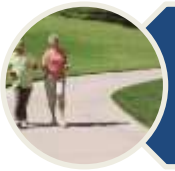
Dr. Jessica Hopkins, Medical Officer of Health
Region of Peel – Public Health

Outline

- Background
  - Mandates of Public Health and the LHINs
  - Patients First Act
- Sub-region priorities
- Current collaboration examples
- Summary and next steps

BACKGROUND: PUBLIC HEALTH MANDATE

Public Health Mandate



Promote health

Protect health

Prevent disease and injury

Reduce health inequities

Public Health Standards

A **population health approach** focuses on upstream efforts to promote health and prevent diseases

Domains	Social Determinants of Health	Healthy Behaviours	Healthy Communities	Population Health Assessment

Foundational Standards			
Population Health Assessment	Health Equity	Effective Public Health Practice	Emergency Preparedness, Response, and Recovery

Program Standards							
Chronic Diseases and Injury Prevention, Wellness and Substance Misuse	Food Safety	Healthy Environments	Healthy Growth and Development	Immunization	Infectious and Communicable Diseases Prevention and Control	Safe Water	School Health

BACKGROUND: LHIN MANDATE

What is a Local Health Integration Network (LHIN)?

- In 2005, recognizing that a community's health needs are best understood by the people who live there, Ontario moved to a **regionalized health care model**
- The ***Local Health System Integration Act (2006)*** provided the legislative framework
  - revised to support the ***Patients First Act (2016)***

- Local Health Integration Networks (LHINs) were established as not-for-profit crown agencies responsible for **planning, funding and integrating** local health services in 14 geographic areas of the province
  - Patients First Act includes responsibility for the delivery of **home and community care**
- Unlike other provinces, local **health service provider boards of directors** have been maintained.

LHINs' Role as Local Health System Managers

- **Plan** … set local vision, direction and strategic priorities
- **Fund** … allocate resources to local providers and enabling new initiatives
- **Integrate** … make the system work more like a system
  - **Revised LHSIA** (via the Patients First Act) … maintains fundamental mandate but includes additional objects such as the delivery of Home and Community Care
  - **Accountability and performance** … LHINs currently hold Service Accountability Agreements with over 2,000 organizations across the province
  - **Measure and report** … includes public reporting on performance
  - **Community engagement** … a core LHIN value which, through the Patients First Act, now includes LHIN Patient and Family Advisory Committees (PFACs).

Mandate

Issued by the Minister of Health and Long-Term Care, the **Minister Mandate Letter** outlines **key priorities** associated with **integrated health care planning and responsible fiscal management**. Collectively, Ontario's LHIN are responsible for creating an integrated service delivery network that ensures a more seamless patient experience by addressing the following areas:

- Transparency and Public Accountability
- Improve the Patient Experience
- Build Healthy Communities Informed by Population Health Planning
- Equity, Quality Improvement, Consistency and Outcomes-Based Delivery
- Primary Care
- Hospitals and Partners
- Specialist Care
- Home and Community Care
- Mental Health and Addictions
- Innovation, Health Technologies and Digital Health

BACKGROUND: PATIENTS FIRST ACT

What We Are Trying to Achieve

Expanded Role of LHINs for More Effective Service Integration, Greater Equity

- Care delivered based on community needs
- Appropriate care options enhanced within communities
- Easier access to a range of care services
- Better connections between care providers in offices, clinics, home and hospital

Timely Access to Primary Care, and Seamless Links Between Primary Care and Other Services

- All patients who want a primary care provider have one
- More same-day, next-day, after-hours and weekend care
- Lower rates of hospital readmissions; lower emergency department use
- Higher patient satisfaction

More Consistent and Accessible Home and Community Care

- Easier transitions from acute, primary and home and community care and long-term care
- Clear standards for home and community care
- Greater consistency and transparency around the province
- Better patient and caregiver experience

Stronger Links Between Population & Public Health and other Health Services

- Health service delivery better reflects population needs
- Public health and health service delivery better integrated
- Social determinants of health and health equity incorporated into care planning
- Stronger linkages between disease prevention, health promotion and care

Services that Address Needs of Indigenous People Across Ontario

- Strong Indigenous voices in system planning and service delivery
- Better health outcomes for Indigenous peoples
- Social determinants of health unique to Indigenous populations is incorporated into care planning
- Culturally competent care delivery, incorporating traditional approaches to healing and wellness

Strengthened Mandates for Partnership

Health Protection and Promotion Act	Local Health System Integration Act
The medical officer of health of a board of health shall engage on issues relating to local health system planning, funding and service delivery with the chief executive officer or chief executive officers of the local health integration network or networks whose geographic area or areas cover the health unit served by the board of health.	A local health integration network shall ensure that its chief executive officer engages with each medical officer of health for any health unit located in whole or in part within the geographic area of the network, or with the medical officer of health's delegate, on an ongoing basis on issues related to local health system planning, funding and service delivery.

Staged Process for Advancing Relationships (MOHLTC)

1. Starting the conversation
2. Knowledge transfer
3. Taking action
4. Consensus building
5. Issues management

Board of Health and Local Health Integration Network Engagement Guideline

3.2-15

Action to Improve Population Health

Population Health Assessment

- Population health data and analysis to support health system planning

Joint Planning for Health Services

- Orienting health services to address population needs

Population Health Initiatives

- Identifying opportunities and enabling action to improve population health and equity

COLLABORATION: PEEL PUBLIC HEALTH, CENTRAL WEST LHIN AND MISSISSAUGA HALTON LHIN

Collaboration Examples

Substance use (e.g., opioids)

Healthy Communities Initiative (CW)

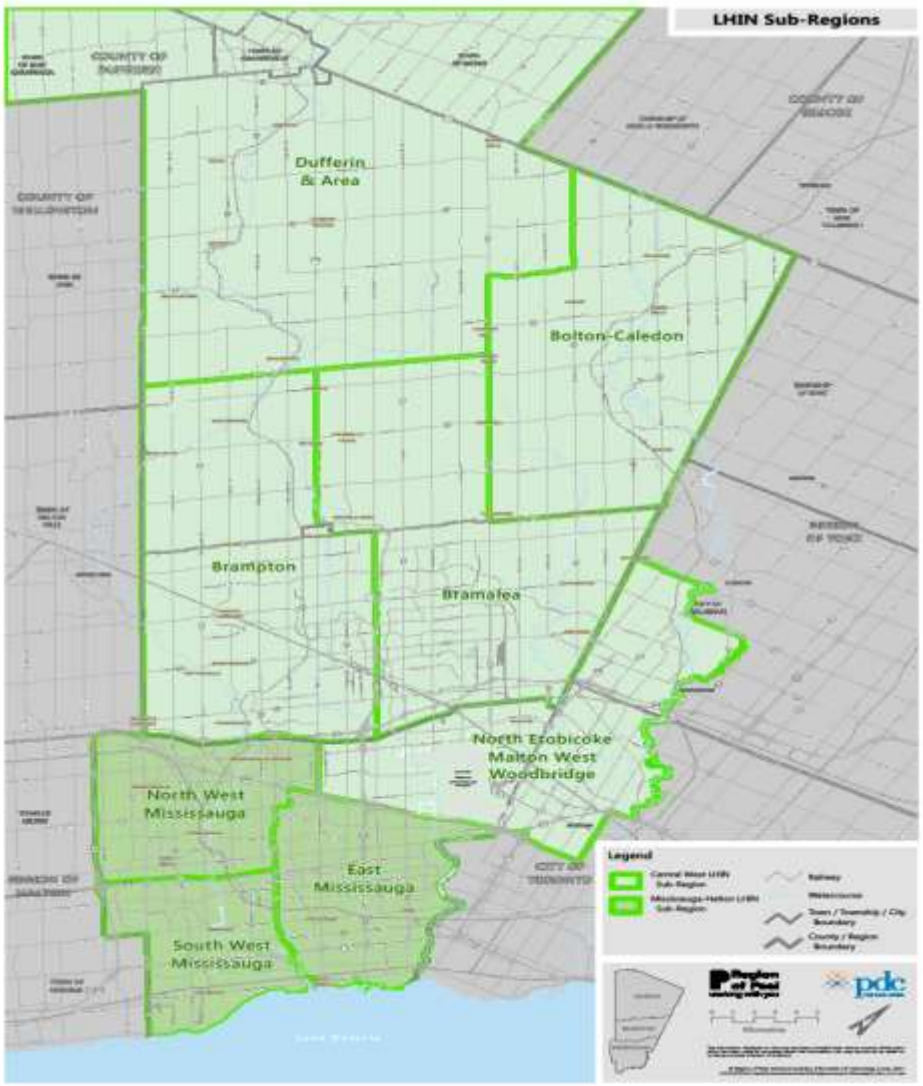
Health Equity

Project Zero (MH)

SUB-REGION PRIORITIES

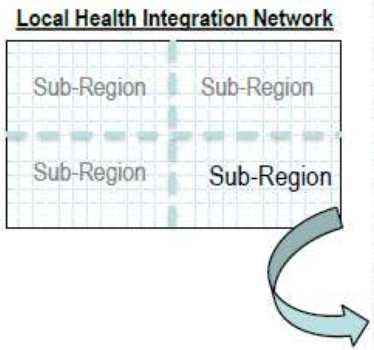
LHIN Sub-Regions Will…

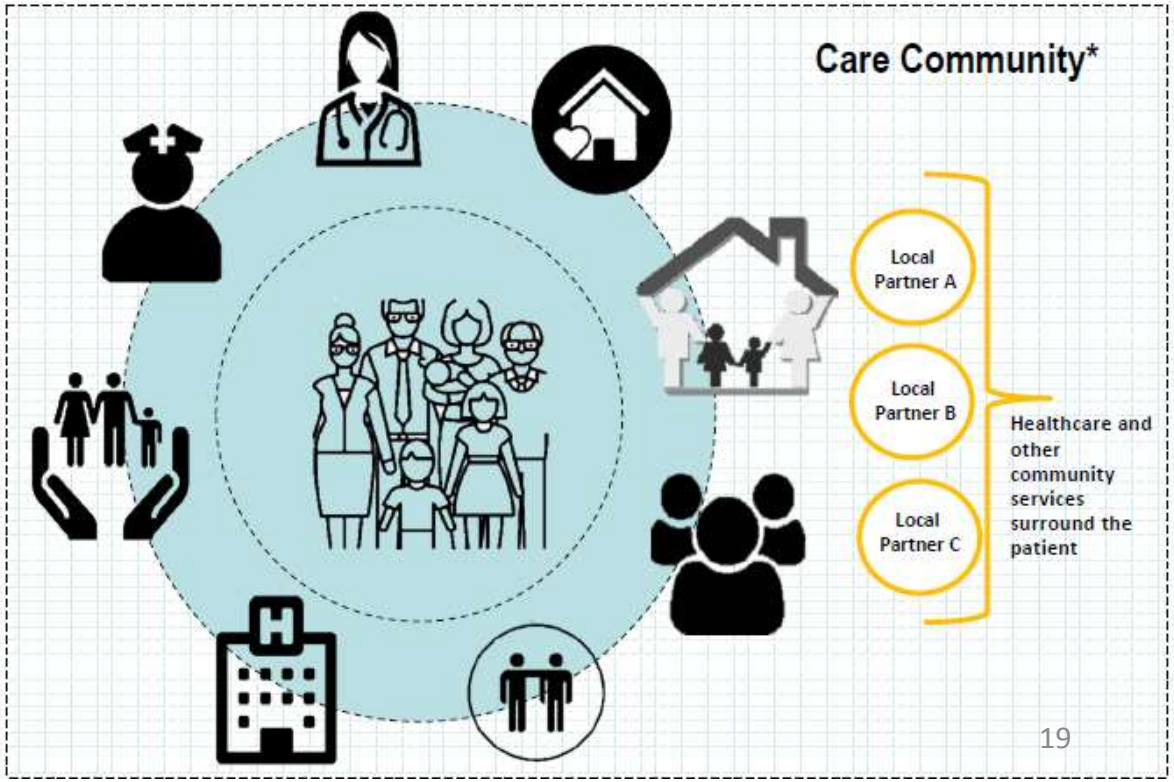
- ✓ Enable a more focused and granular approach to assessing population health need and service capacity.
- ✓ Help to better identify variation across the LHIN in health disparities, health system performance and the ability to meet the needs of the population.
- ✓ Assist in identifying local factors that inhibit health system improvement.
- ✓ Enable more focused community and provider engagement in a manner more aligned with local circumstance.
- ✓ Provide an organizational structure to enable clinical leadership, as well as provider and public engagement in health system planning and improvement.



How Will Patients Experience Sub-Regions?

- The patient will experience a **community of care – a network of health and social services providers working together to integrate care for the patient.** LHINs will build strong care community connections and plans, and patients will experience integrated care.
- Care will surround the patient and can be accessed wherever they are, even if they are geographically located in another care community/sub-region.
- Building care communities around patients will ensure access to health care and community services, engage relevant providers, and integrate care.





*Services in a care community can be planned and delivered at different levels (i.e., provincial, LHIN and sub-regional) but the patient will experience their care in a more seamless and integrated way.

Provincial Priorities to be Implemented at the Sub-Region Level (MOHLTC)

1	**HCC: Sub-region alignment with Home and Community Care**
	• Align care coordinators and service providers with sub-regions, where appropriate
	• Strengthen care coordinator connections in primary care settings and other community settings,
	• Strengthen linkages and shared care with community support services; Reduce travel time and costs for service provider staff, including leveraging cluster care; Identify and build on LHIN successes
2	**PC: Sub-Region Primary Care Capacity Planning**
	• Implement a Primary Care Service Capacity Assessment Framework to: A) *Apply a consistent approach at the sub-region level to better understand service needs and delivery capacity for primary care across sub-regions. B) Inform priorities for health care improvement/local solutions that align with provincial health system priorities.*
3	**PC: Enhance Care Coordination Capacity in Primary Care**
	• Integrate care coordinators into primary care settings to improve service integration and better meeting the identified needs of sub-region populations.
4	**PC: Improve Care for Complex Patients**
	• Integrate Health Links clinical and collaborative processes into LHIN sub-region planning, service integration and improvement activities.
	• Implement an enhanced performance measurement framework to better demonstrate the impact of Health Links on patient experience, quality and cost at the LHIN and LHIN sub-region levels.
5	**PC: Expand Access to Inter-professional Teams**
	• Increase access to inter-professional primary care teams in LHIN sub-regions that need them most; create local platforms that can anchor primary care-based improvement activities.

Care Coordinator and Service Provider Sub-Region Re-Alignment in Mississauga Halton

Enhanced Care Coordination

- Redesign of care coordination framework, core competencies
- Coordinated care planning and care conferencing with primary care
- M*y Story* patient information package
- Peer Mentoring Program
- Quality Practice Validation

Neighbourhood Care Teams

- Aligned 237 care coordination team and home care providers across 7 sub-regions and 26 neighbourhoods
- Strengthened relationships with smaller circle of care
- Localized knowledge of community supports, social, cultural, food, recreational, housing services
- "Meet Your Neighbourhood Care Coordinator" fact sheet for all circle of care members

Primary Care Integration

- Primary care notification
- Video care conferencing Physician fact sheets
- Section on public website
- Dedicated physician phone line
- Primary Care Advisors


Physician and Practitioner Fact Sheet

Mississauga Halton CCAC

Adult Palliative Care Services

ccac casc

What is Hospice Palliative Care?

"Hospice palliative care aims to relieve suffering and improve the quality of living and dying. It is appropriate for any patient and/or family living with, or at risk of developing a life-threatening illness due to any diagnosis, with any prognosis, regardless of age, and at any time they have unmet expectations and/or needs, and are prepared to accept care."

(Canadian Hospice Palliative Care Association, 2002)

The Mississauga Halton CCAC provides Palliative Care services to adults. Our palliative care teams are experts who help patients live as comfortable

Mississauga Halton CCAC Palliative Care Advanced Practice Nurses and Nurse Practitioners

The Advanced Practice Nurses (APNs) and Nurse Practitioners (NPs) are masters prepared registered nurses with expertise in hospice palliative care. These experts are a valuable resource for you, your patients and their family members. They provide consultation to you and the most responsible practitioner (MRP), the Mississauga Halton CCAC care coordinators and the inter-professional team, in the areas of patient care, education, leadership and research. NPs also provide shared patient care with the MRP and provide additional diagnostic and clinical management services, including prescription of most medications, ordering and interpretation of lab tests and X-rays, diagnosing illnesses, and signing of death certificates.

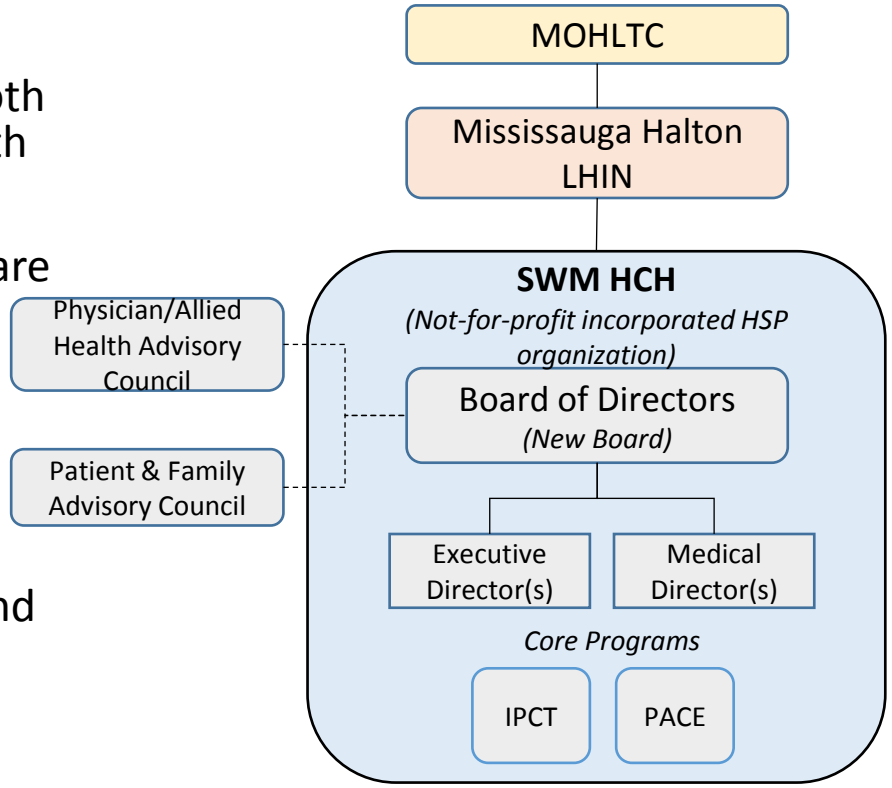
When to Refer to an APN/NP:

- Consultation and/or shared care with most responsible practitioner (MRP)
- Complex and/or refractory pain and symptom management (pain; nausea, dyspnea, anxiety)
- Complex and/or refractory psychosocial needs of patient and family
- Support the care team to develop goals of care and/or care end-of-life care planning
- Complex hospital discharge or other transitions
- Patient experiencing repeated emergency department visits or

Partnerships to be established and strengthened at the LHIN, sub-region and neighbourhood level through care community planning.

South West Mississauga Health Care Hub

- The SWM HCH will focus on health and wellness in an emerging innovative and integrated team based model, co-locating physicians, providers and community partners in order to address both medical needs and social determinants of health in a single location. Core programs include:
  1. Team-based inter-professional primary care programs
  2. Programs for the All Inclusive Care of the Elderly (PACE)
- Local platform to support primary care-based innovation and engagement to further Patients First priorities, including integration of home and community care and primary care.
- Priority populations include
  - Seniors;
  - Mental health and addictions;
  - Newcomers/ refugees;
  - Single parent households; and,
  - Patients with chronic diseases.



Physicians in SWM physicians are solo practitioners with no direct access to team-based primary care within geography.

Note that PACE–like LTC alternative will also be implemented in South West Mississauga.

Summary & Next Steps

- Patients First Act mandates Public Health and the LHINs to work together to promote population health and health equity through population health assessment, joint planning for health services, and population health initiatives
- Public Health and the LHINs will continue to formally work together to implement the Patients First Act
- Opportunities for early partnership and strengthened alignment in strategic planning efforts for Public Health and the LHINs

Questions & Discussion

Region of Peel
working with you

REPORT
Meeting Date: 2018-02-15
Health System Integration Committee

For Information

DATE: February 2, 2018

REPORT TITLE: ***PATIENTS FIRST ACT* IMPLEMENTATION UPDATE - A REGION OF PEEL PERSPECTIVE**

FROM: Nancy Polsinelli, Commissioner of Health Services
Jessica Hopkins, MD MHSc, CCFP FRCPC, Medical Officer of Health

OBJECTIVE

To provide an update on the *Patients First Act* implementation in Peel, highlighting progress on the development of sub-region planning and formal linkages among Local Health Integration Networks with Public Health.

REPORT HIGHLIGHTS

- Since the *Patients First Act* was passed in December 2016, the Ministry of Health and Long-Term Care (Ministry) and Local Health Integration Networks (LHINs) have been working to implement the legislated changes. While the initial focus was on structural transitions (e.g. Community Care Access Centres dissolved), implementation has now shifted towards broader system transformation efforts.
- Under the Act, LHINs are mandated to work with local system stakeholders to create a more integrated health care system that is responsive to the needs of their communities. This includes a focus on formalizing relationships between public health units and LHINs, and collaborative planning and priority setting at the sub-region level.
- Staff continue to engage with both LHINs serving Peel to support local health system planning informed by population health needs and service capacity, and identify opportunity for alignment with Peel priorities and coordination with Regional programs.
- Mandated areas of action to improve population health include: population health assessment, joint planning for health services, and population health initiatives.

DISCUSSION

1. Background

The *Patients First Act* (Act) became law on December 8, 2016 with a vision to help patients and their families obtain better access to a more local and integrated health care system, improving the patient experience and delivering higher-quality care. As reported to the Health System Integration Committee in the report dated January 19, 2017, "The *Patients First Act*: New Legislation that Enacts Health System Reform – A Region of Peel

Perspective" (Resolution 2017-98), the Act legislated a number of functional and structural changes to the health system in Ontario, most notably the expanded role of the Local Health Integration Networks (LHINs) in health system planning, management and service delivery, including responsibility for home and community care. Community Care Access Centres (CCACs), formerly responsible for home and community care, have been dissolved. A visual depiction of the current system from a Regional perspective is provided in Appendix I.

Under the Act, LHINs are mandated to establish sub-regions and work with local system partners to enhance integrated health service planning and equitable service delivery within these smaller geographic boundaries. LHINs are also mandated to:

- Create and maintain formal linkages with public health units to ensure a population health approach in local planning and service delivery across the health service continuum.
- Work with physicians and other care providers to improve primary care planning and performance management to ensure timely access to, and better integration of primary care across the health system.
- Address the root causes of health inequities and the social determinants of health and reduce the burden of disease and chronic illness by investing in health promotion.

At the last meeting of the Health System Integration Committee on June 29, 2017 representatives from both LHINs serving Peel (Central West and Mississauga Halton) presented an overview of their Patients First Strategy and multi-year plan to transform and improve the performance of the local health care system through focusing on coordination, integration and patient experience at the sub-regional level.

As a complement to this report, representatives from the Central West and Mississauga Halton LHINs will provide an update on their approaches and progress with sub-region planning and priorities, as well as next steps and opportunities for enhancement. In addition, Peel's Medical Officer of Health will also provide an update on Public Health and LHIN linkages in terms of scope and mandate of Peel Public Health's role, including current involvement in sub-regions.

2. Findings

As noted above, since the *Patients First Act* was passed, the Ministry and LHINs have been working to implement legislated changes. While the initial focus was on structural transitions, including the transfer of CCAC services and staff to the LHINs, implementation has now shifted towards broader system transformation efforts. This includes a focus on formalizing relationships between public health units and LHINs, and collaborative planning and priority setting at the sub-region level.

a) Sub-Region Planning

In early 2017, the Ministry approved sub-regions across all the LHINs in Ontario. Sub-regions are smaller geographic areas established based on health care utilization patterns within the LHIN boundaries. Three out of seven sub-regions in Mississauga Halton LHIN fall within Peel's boundaries and all five sub-regions in Central West LHIN fall within or partially align to Peel boundaries. A map depicting the sub-regions in Peel is included as Appendix II.

The primary goal of LHIN sub-region planning is to identify and respond to localized community needs, and to support the integration and availability of services closer to home. Sub-regions will be used to create an improved patient experience through a coordinated service delivery network that includes primary care, home and community care, hospitals, mental health and addictions, public health, seniors care and other community care providers at a more localized level.

Currently, each LHIN is establishing a local approach to sub-region planning which will result in different structures, priorities and outcomes across the various LHINs. Priorities will be identified in collaboration with local stakeholders, and will be informed by local health and service data at the sub-region level. Annual planning priorities will be outlined in the LHINs Integrated Health Service Plans and the LHIN mandate letters from the Minister of Health and Long-Term Care. In the coming year, LHINs have been mandated by the Ministry to prioritize a reduction in the number of people waiting in a hospital bed for the right level of care, improved access to mental health and addictions services, and initiatives that support seniors.

b) Public Health Unit and LHIN Linkages

In November 2017, the Ministry released the Report Back from the Public Health Work Stream which was established to define parameters and expectations for implementing formal engagement between boards of health and LHINs. The framework developed by the Public Health Work Stream informed the updated Ontario Public Health Standards and Board of Health and Local Health Integration Network Engagement Guidelines which came into effect on January 1, 2018 (see Regional Council report “Updated Ontario Public Health Standards”, February 8, 2018). The three primary components of the framework require action to improve population health in the following areas: 1) population health assessment (population health data and analysis to support health system planning); 2) joint planning for health services (orienting health services to address population needs) and 3) population health initiatives (identifying opportunities and enabling action to improve population health and equity). In 2018, it is expected that the Ministry will release a provincially-defined core set of population health indicators to inform public health and LHIN collaborations.

Progress to date includes having established tables for senior leaders from public health units and the LHINs to meet and develop plans to meet Ministry mandates; public health participation in sub-region and other LHIN planning tables; leadership in joint initiatives (e.g., Healthy Communities Initiative, Central West LHIN and Healthy City Stewardship: Project Zero, Mississauga Halton LHIN); and collaboration to address emerging issues (e.g. opioids, flu surge). Peel Public Health will continue to work with the LHINs to support our shared mandates and the health of Peel residents.

CONCLUSION

The impact of enhanced system integration and improvements are yet to be realized, but staff will work in partnership with the LHINs to measure and monitor impacts. Staff continue to engage with both LHINs serving Peel to support local health system planning informed by population health needs and service capacity. Staff will continue to identify opportunities for alignment with Peel priorities. This is particularly important for ongoing discussions related to the evolving relationship between public health and LHINs.

Nancy Polsinelli, Commissioner of Health Services

Jessica Hopkins, MD MHSc, CCFP FRCPC
Medical Officer of Health

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES

Appendix I - Overview of the Health System - A Region of Peel Perspective
Appendix II - Sub-Regions within Peel Boundaries

For further information regarding this report, please contact Jessica Hopkins, Medical Officer of Health, ext. 2856, jessica.hopkins@peelregion.ca or Dawn Langtry, Director, Strategic Policy, Planning and Initiatives, ext. 4138, dawn.langtry@peelregion.ca.

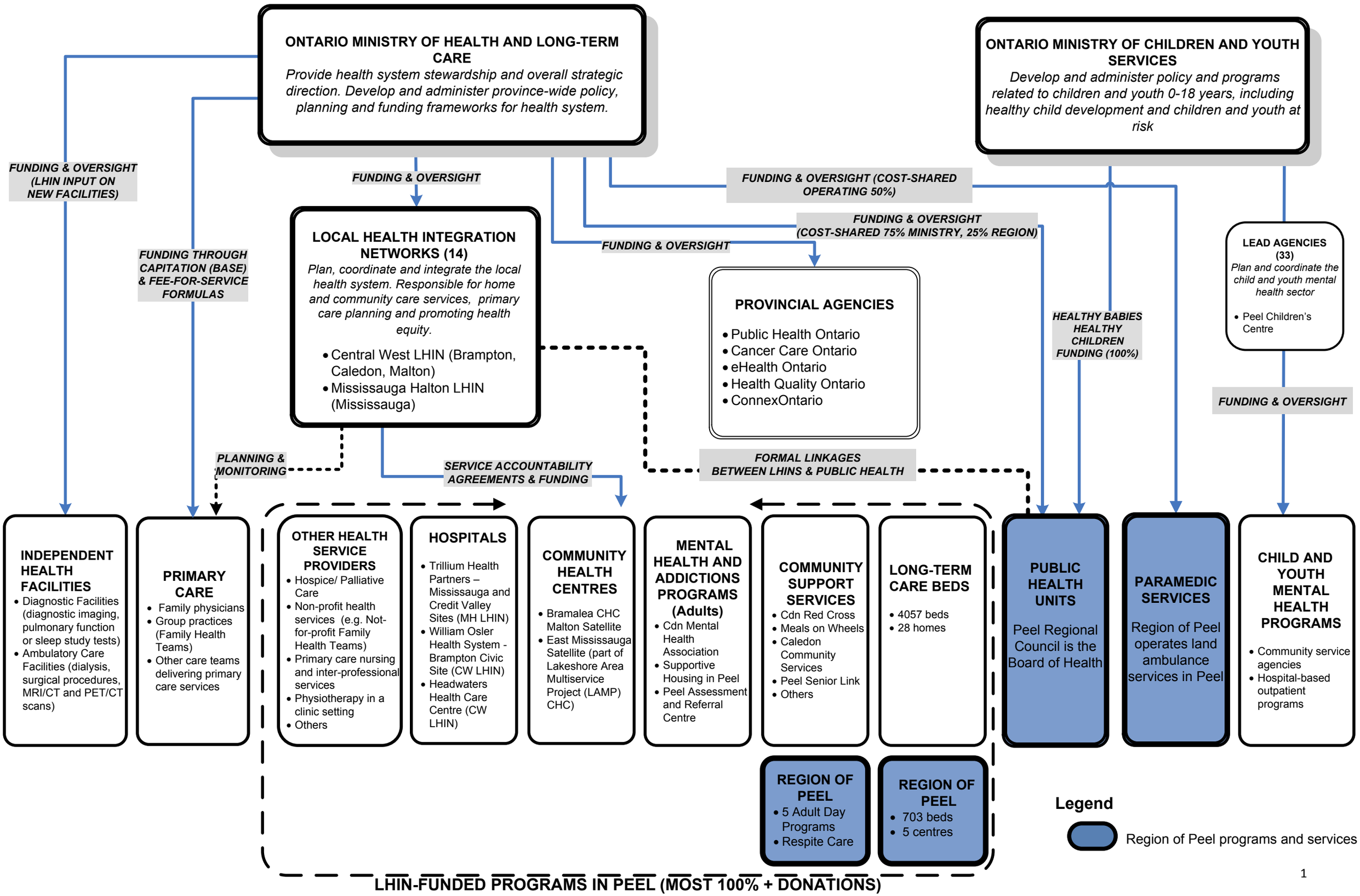
Authored By: Nicole Britten, Strategic Policy and Projects, Health Services

APPENDIX I

***PATIENTS FIRST ACT* IMPLEMENTATION UPDATE - A REGION OF PEEL PERSPECTIVE**

Overview of the Health System: A Region of Peel Perspective

September 2017



LHIN Sub-Regions

Dufferin & Area

Bolton-Caledon

Brampton

Bramalea

North Etobicoke
Malton West
Woodbridge

North West Mississauga

East Mississauga

South West Mississauga

TOWN OF EAST GARAFRAXIA
COUNTY OF DUFFERIN
TOWN OF ORANGEVILLE
TOWN OF MONO
COUNTY OF SIMCOE
TOWNSHIP OF ADJALA-TOSORONTO
COUNTY OF WELLINGTON
TOWN OF ERIN
TOWN OF HALTON HILLS
TOWN OF MILTON
REGION OF HALTON
CITY OF TORONTO
REGION OF YORK
TOWN OF NEW TECUMSETH
TOWNSHIP OF KING
CITY OF VAUGHAN
TOWN OF OAKVILLE
MELVILLE
ALTON
MONO MILLS
CALEDON VILLAGE
CATARACT
BELFOUNTAIN
INGLEWOOD
MONO ROAD
CLAUDE
CHELTENHAM
VICTORIA
CAMPBELL'S CROSS
TERRA COTTA
SANDHILL
BOLTON
MAYFIELD WEST
TULLAMORE
WILDFIELD
SNELGROVE
ALLOA
GEORGETOWN
MOUNT PLEASANT
SPRINGBROOK
HUTTONVILLE
WHALEY'S CORNERS
CHURCHVILLE
MEADOWVALE VILLAGE
MEADOWVALE
STREETSVILLE
ERIN MILLS
COLERAINE
CASTLEMORE
KLEINBURG
EBENEZER
WOODBRIDGE
MALTON
ETOBICOKE
NOBLETON
PALGRAVE
ALBION
CEDAR MILLS
CALEDON EAST
TOTTENHAM
DIXIE
COOKSVILLE
ERINDALE
PORT CREDIT
CLARKSON
Toronto Pearson International Airport
Lake Ontario

Legend

- Central West LHIN Sub-Region
- Mississauga-Halton LHIN Sub-Region
- Railway
- Watercourse
- Town / Township / City Boundary
- County / Region Boundary

CALEDON
BRAMPTON
MISSISSAUGA

Region of Peel
working with you

pdc
Peel Data Centre

0 1 2 3 4 5
Kilometres

The information displayed on this map has been compiled from various sources. While every effort has been made to accurately depict the information, this map should not be relied on as being a precise indicator of locations.

V:\PDC\RFI\Y2017\HealthServices\BrittenNicole\PSWNeighbourhoods\LHINSubRegion_Plain_11x17.mxd

Region of Peel
working with you

REPORT
Meeting Date: 2018-02-15
Health System Integration Committee

DATE: February 6, 2018

REPORT TITLE: **UPDATE ON PROVINCIAL DISPATCH REFORM AND EMERGENCY HEALTH SERVICE SYSTEM MODERNIZATION**

FROM: Nancy Polsinelli, Commissioner of Health Services

RECOMMENDATION

That the Regional Chair, on behalf of Regional Council, write a letter to the Premier of Ontario asking that the Province, in recognition of next steps with emergency health service system modernization, prioritize the evidence-informed improvements to the ambulance dispatch system over implementing amendments to the *Ambulance Act* by:

- **Immediately moving forward with implementation of the new triage tool in all dispatch centres, starting with the Mississauga Central Ambulance Communication Centre, as an urgent priority; and,**

- **Proceeding with additional technology and business process improvements in dispatch centres as outlined in the 2015 report of the Provincial Municipal Land Ambulance Dispatch Working Group;**

And further, that the Premier be requested to include all relevant stakeholders in the Ministry of Health and Long Term Care consultations to inform program design for new models of care, including frontline paramedics and paramedic union representatives;

And further, that a copy of the report of the Commissioner of Health Services titled, "Update on Provincial Dispatch Reform and Emergency Health Service System Modernization" be shared with the Central West Local Health Integration Network, Mississauga Halton Local Health Integration Network, William Osler Health System, Trillium Health Partners, the Regional Municipality of Halton, the Association of Municipalities of Ontario and all Peel area MPPs for their information.

REPORT HIGHLIGHTS

- The Region of Peel has been advocating to the Province to make evidence-informed improvements to the land ambulance dispatch system since 2006.
- In June 2017, the Ministry of Health and Long Term Care (Ministry) announced its plan to enhance and modernize the emergency health services system in Ontario by improving the ambulance dispatch system and amendments to the *Ambulance Act* that will expand the scope of work for paramedics and enable new models of care.

UPDATE ON PROVINCIAL DISPATCH REFORM AND EMERGENCY HEALTH SERVICE SYSTEM MODERNIZATION

- As part of the June announcement, the Ministry responded to Regional advocacy, publicly committing to implement new patient triaging technology in provincially operated ambulance dispatch centres, with the Mississauga Central Ambulance Communication Centre prioritized for implementation in 2018. To date, no action has been taken.
- On December 12, 2017 the *Strengthening Quality and Accountability for Patients Act* (Bill 160), an Omnibus bill including amendments to the *Ambulance Act* was passed. The Region of Peel has been actively engaged in Ministry consultations, reiterating the Council-endorsed position that dispatch reforms should remain first priority. Regional responses are included as Appendix II and Appendix III.
- While the Province has moved quickly to advance legislative amendments, there appears to be little progress with dispatch reform. Therefore, a renewed focus on dispatch reform advocacy is needed to ensure it remains the first provincial priority before piloting new models of care, including Fire-Medic pilot projects.

DISCUSSION

1. Background

Responsibility for paramedic services in Ontario is shared between the Ministry of Health and Long-Term Care (Ministry) and single or upper tier municipalities that deliver land ambulance services. A visual depiction of the emergency medical response system is included as Appendix I. The *Ambulance Act, 1990* and associated regulations establish the legislative framework for the ambulance system in Ontario.

Systematic and technological improvements in provincially operated dispatch centres are critically necessary, as current challenges related to inaccurate ambulance triaging are putting residents at risk. The current triage tool used in provincially operated dispatch centres over-prioritizes ambulance calls, meaning more ambulances are assigned as life-threatening (red lights and sirens calls) than necessary, leaving fewer ambulances available to respond to truly urgent calls. For example, in Peel, 72 per cent of total calls in 2017 were coded as life threatening, with less than 20 per cent being transported to hospital in life threatening condition. Using the more accurate triage tool currently used in Toronto and Niagara, approximately 40 per cent of calls are coded as life threatening.

Since 2006, Peel has been advocating to the Province for dispatch reform with a primary focus on achieving system efficiencies through improved patient triaging, and computer aided technologies that enhance system response as well as access to real time data. The report to the Health System Integration Committee dated April 20, 2017, titled “Update on Provincial Dispatch Reform Advocacy,” outlined council-endorsed advocacy positions related to provincial dispatch reform and a detailed overview of Regional advocacy efforts.

In December 2014, the Minister of Health and Long-Term Care convened the Provincial Municipal Land Ambulance Dispatch Working Group (Working Group) to provide advice on how to improve the utilization of ambulance resources by leveraging business process improvements and technology innovations as one component of emergency system modernization. Peel’s Chief of Paramedics was a member of this Working Group through his role with the Ontario Association of Paramedic Chiefs (OAPC). In May 2015,

recommendations related to improved patient triaging and technology improvements were presented to the Ministry in the working group's final report. The Working Group recommendations include:

- Improve triaging of ambulance calls through implementation of the Medical Priority Dispatch System in all dispatch centres
- Enable paramedic service decision making and operational efficiencies by expanding access to ambulance dispatch information through streamlined business processes and investments in technology including automated tools that assist with ambulance selection and system monitoring
- Establish performance agreements between dispatch centres and paramedic services to work together on improvements to local operations.

At the last meeting of the Health System Integration Committee in June 2017, Patricia Li, Assistant Deputy Minister responsible for paramedic issues presented on the Ministry's plan to enhance and modernize the emergency health services system in Ontario. The Assistant Deputy Minister shared the Ministry's public commitment to replace the triage tool in provincially operated ambulance dispatch centres and identified the Mississauga dispatch centre as the first site for implementation in spring 2018. Potential changes to the *Ambulance Act* that will expand the scope of work for paramedics and enable new models of care and details on provincial plans for targeted consultation with system stakeholders were also provided.

In July 2017, the Region participated in the first phase of the Ministry's consultation on the "Emergency Health Services System Modernization Discussion Paper" that would ultimately lead to changes to the *Ambulance Act*. Staff participated in focus groups and a letter was provided by the Regional Chair. The letter (Appendix II) which was shared with Council via an email from the Commissioner of Health Services, reinforced Council's positions and highlighted key considerations from a municipal perspective that need to be factored into decisions related to proposed changes. In addition, a written submission was provided to the Standing Committee on General Government as part of the legislative process (Appendix III).

2. Findings

a) Amendments to the *Ambulance Act*

On September 27, 2017, the government introduced the *Strengthening Quality and Accountability for Patients Act* (Bill 160), an Omnibus bill including changes to the *Ambulance Act*. Bill 160 received Royal Assent on December 12, 2017.

The former legislative framework for emergency health services was largely restricted to patient stabilization and transportation to the nearest hospital emergency department. Amendments to the *Ambulance Act* will allow for new patient care models such as:

- On-scene treatment ('treat and release'),
- On-scene treatment and referral ('treat and refer'); and
- Transport of patients to non-hospital destinations such as an urgent care centre, or mental health crisis service.

Changes also allow for two pilot projects to test the use of firefighters currently certified as paramedics to treat and release or treat and refer a patient for low acuity calls, and provide symptom relief for high acuity calls. The Ministry has acknowledged the considerable opposition among local municipalities and the Association of Municipalities of Ontario (AMO) to this proposal; however amendments to the Act remain in place, allowing the province to move forward with piloting new models of care including fire-medic pilot projects in two municipalities that choose to participate. Discussions through the legislative process indicate that the Ministry is ready to move quickly with technology changes to support the fire-medic pilots. It is important that these changes are not prioritized over evidence-informed improvements to the land ambulance dispatch system.

The Ministry is now moving forward with the second phase of consultations to inform regulatory amendments and program design. Staff, including the Chief of Paramedics, will remain actively engaged in consultations to ensure regulatory amendments and program guidelines address and mitigate potential challenges and concerns. At the time of writing this report, paramedic union representatives had not been engaged in the second phase of consultations. Given that program design for new models of care should address system challenges experienced by paramedics, engaging frontline paramedics and the unions that represent them throughout the entire consultation process is critically necessary.

b) Update on Ambulance Dispatch Reform

Growing pressure on paramedic services requires that ambulances be deployed as efficiently as possible. In 2017, Peel Regional Paramedic Services responded to an estimated 125,150 (2016–115,029) emergency and non-emergency calls and the number of calls is expected to increase annually by more than five per cent. To respond to these pressures, Peel's 2017 and 2018 budgets have increased each year by $1.3M net of the provincial share (50:50). With the anticipated growth, it is projected that these annual increases on the tax base will continue unless reform is made to the existing dispatch model.

While the Province has moved quickly to advance legislative amendments, there has been no apparent progress with implementation of the new triage tool. Staff and Council remain concerned that the new triage tool will not be fully operational before the end of 2018 given that a vendor agreement for implementation has not yet been signed as of January 2018.

3. Proposed Renewed Regional Advocacy Approach

As noted earlier, the Region continues to advocate for dispatch reform as a provincial priority, and something that is urgently needed to ensure patient safety and positive outcomes. However, staff are concerned that progress with implementation of the new triage tool may be negatively impacted by the Ministry's more recent commitments to new models of care as listed above. Further, there has been little progress undertaken to implement system changes recommended by the Provincial Land Ambulance Dispatch Working Group.

UPDATE ON PROVINCIAL DISPATCH REFORM AND EMERGENCY HEALTH SERVICE SYSTEM MODERNIZATION

Despite recent Regional advocacy efforts, the province has not given any reassurance that dispatch improvements remain the first priority. A renewed focus on dispatch reform advocacy is recommended to ensure that implementing dispatch improvements remain a provincial priority and occur prior to any new models of care. Not only will the greatest system efficiencies be realized through improvements to the dispatch system, but having the infrastructure in place to support accurate triaging will also provide more appropriate conditions to evaluate new models of care, and understand their impacts on paramedic response times and the system more broadly.

Over the last two years Regional advocacy has focused specifically on encouraging the province to implement a new triage tool in provincially operated dispatch centres in order to ensure the province moved forward with this much needed change. At this time, additional advocacy is required to encourage the Ministry to also address outstanding dispatch concerns (as outlined in the report of the Working Group) including access to timely reliable data and performance agreements with dispatch operators, before new models of care are implemented. Consistent engagement with Ministry staff regarding implementation of the new triage tool at the Mississauga dispatch centre may allow for additional advocacy through strategic partnership and collaboration to ensure these concerns are addressed.

a) Future Advocacy Opportunities

At this time, the Region is looking for the province to take immediate steps to implement the new triage tool and move other dispatch reforms recommended by the Provincial Working Group forward, prior to implementing any new models of care. Staff have identified the following actions as next steps to advance Regional advocacy efforts:

- Continue to engage in Ministry consultations on *Ambulance Act* changes, advocating for dispatch reform to occur before any new models of care are implemented.
- Forward a letter to the Premier of Ontario insisting that the Ministry move forward with implementation of the new triage tool, as well as the recommendations outlined in the report of the Provincial Working Group and asking for their commitment to implementing dispatch reforms before new models of care.
- Communication from the Commissioner of Health Services to the Assistant Deputy Minister within the Ministry responsible for paramedic services, indicating the Region's renewed advocacy approach and asking for their commitment to working in partnership to implement dispatch reforms before new models of care.
- Schedule meetings with key system stakeholders including AMO, and Ontario Association of Paramedic Chiefs (OAPC) to identify opportunities to leverage their roles in sector reform to support Regional dispatch advocacy.
- Continue to leverage partnerships with Ministry staff to ensure Regional insights are incorporated into ongoing dispatch reform efforts. Through these partnerships, staff will also pursue opportunities to advance advocacy for improved technology and accountability, as well as push implementation of the triage tool forward.
- Continue to explore opportunities for joint advocacy with Halton Region Paramedic Services, including a joint meeting with both Regional Chairs and the Minister of Health and Long Term Care to discuss shared concerns, given that the Mississauga Central Ambulance Communication Centre serves both Halton and Peel Regions.

UPDATE ON PROVINCIAL DISPATCH REFORM AND EMERGENCY HEALTH SERVICE SYSTEM MODERNIZATION

- Leverage the upcoming provincial election, by writing the opposition parties in response to their election platforms to ensure the need for dispatch reform to be prioritized is recognized among all provincial political parties.

Nancy Polsinelli, Commissioner of Health Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES

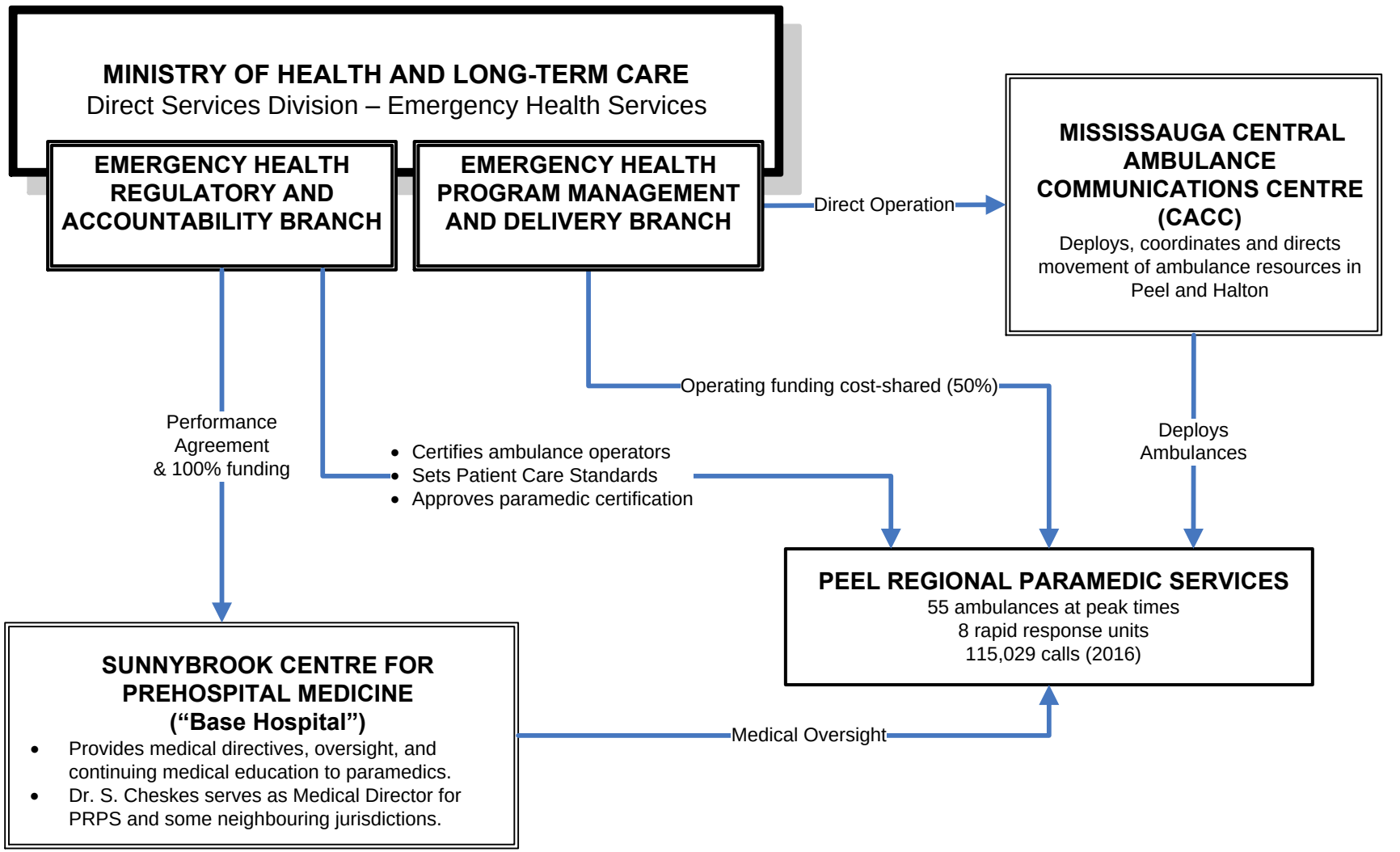
Appendix I - Paramedic Oversight and Funding in Ontario
Appendix II - Letter from Chair Dale July 2017
Appendix III - Submission to the Standing Committee November 2017

For further information regarding this report, please contact Peter Dundas, Chief and Director, ext. 3921, peter.dundas@peelregion.ca or Dawn Langtry, Director, ext. 4138, dawn.langtry@peelregion.ca.

Authored By: Nicole Britten and Cullen Perry, Strategic Policy and Projects, Health Services

APPENDIX I
UPDATE ON PROVINCIAL DISPATCH REFORM AND EMERGENCY HEALTH SERVICE SYSTEM MODERNIZATION

OVERSIGHT AND FUNDING OF PARAMEDIC SERVICES IN PEEL REGION
A Region of Peel Perspective



Office of the Regional Chair

July 19, 2017

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block, 80 Grosvenor Street
Toronto, Ontario
M7A 2C4

Dear Minister:

SUBJECT: Emergency Health Services System Modernization – Region of Peel Response

On behalf of the Region of Peel I would like to thank you for the opportunity to respond to the "Emergency Health Services System Modernization" discussion paper. Overall, we are pleased with the goals of system planning for emergency medical services and the increasing provincial recognition of the role paramedics play in the local health system.

While we see the modernization of the *Ambulance Act* as an opportunity to address some of the system issues our paramedics are faced with, there are some key concerns from a municipal perspective that need to be addressed.

All changes to emergency medical response in Ontario should be evidence-informed, with patient safety and health outcomes as the top priority. With this in mind, the Region of Peel feels strongly that efforts to improve the ambulance dispatch system should remain a priority to improve emergency medical response in Ontario, and we do not support the expansion of emergency medical response through fire services. For your reference, I have attached the letter and report we sent to your Ministry on January 9, 2017 outlining our formal position on this issue. Our position on expanding emergency medical response to fire services, as well as the *Ambulance Act* consultations more broadly, also aligns with that of the Association of Municipalities of Ontario.

Furthermore, there are some key issues from a municipal perspective that need to be considered when assessing the risks and benefits of proposed changes to the Act. They include:

- Mitigating financial impact on municipalities such that any changes to the system should not be at the expense of municipalities;
- Concern for potential impacts on the broader health system. For example, the concept of alternate destinations has implications for many health system stakeholders such as hospitals, urgent care centres, LHINs and other health service providers. It is imperative that these stakeholders are engaged in future consultations;
- Concern for public safety, including risks associated with patients being treated and released, patient care standards, and the management of personal health information;
- Mitigating potential risk and liability for paramedic services associated with the alternate models of care;

- Implications for training and certification associated with an expanded scope of practice for municipal government workforce; and
- Attention to labour-related matters, including the impact on different associations/union representation including issues around salary and pension.

Finally, it is paramount that front line paramedics are a key stakeholder in your consultation process. As such, it is necessary that paramedics continue to be engaged throughout all phases of the consultations to ensure the front line perspective and experience is integrated into proposed legislative amendments, as well as any program or regulatory changes that follow.

We look forward to updates on the consultation process and welcome the opportunity to discuss our response.

Sincerely,

Frank Dale
Regional Chair and Chief Executive Officer

Encl.

c: Nancy Polsinelli, Commission, Health Services
Monika Turner, Director of Policy, Association of Municipalities of Ontario
Patricia Li, Assistant Deputy Minister, Direct Services Division, Ministry of Health and Long-Term Care
Steven Haddad, Executive Lead, Enhancing Emergency Services in Ontario Office, Direct Services Division, Ministry of Health and Long-Term Care

Office of the Regional Chair

Submission to the Standing Committee on General Government regarding Bill 160,

The Strengthening Quality and Accountability for Patients Act, 2017

Submitted by:

Frank Dale, Regional Chair, Region of Peel

November 23, 2017

November 23, 2017

Grant Crack, MPP, Chair
Sylwia Przezdziecki, Clerk
Standing Committee on General Government
Room 1405, Whitney Block, Queen's Park
Toronto, Ontario
M7A 1A2

SUBJECT: Region of Peel's submission regarding Bill 160, *The Strengthening Quality and Accountability for Patients Act, 2017*

Dear Committee Members:

Thank you for the opportunity to provide feedback on Bill 160, the *Strengthening Quality and Accountability for Patients Act,* and more specifically our interests in the proposed amendments to the *Ambulance Act* included as Schedule 1.

Given our responsibility for the delivery of land ambulance services and 50% cost share with the Province; the Region of Peel is well positioned to provide a local perspective about the impacts of pending legislation and current provincial directions with emergency health system reform.

Overall, we are pleased with Ontario's goals for system enhancement and modernization, and the increasing recognition of the role paramedics play in the local health system. However, there are also some key concerns with the proposed amendments to the *Ambulance Act* from our municipal perspective that need to be addressed.

On behalf of the Region of Peel, I respectfully request that the Standing Committee on General Government give consideration to our local perspective and the enclosed submission as you consider proposed *Ambulance Act* changes. We look forward to continued engagement with the Ministry in the next phase of consultations to ensure that local perspective is taken into account.

Sincerely,

Frank Dale
Regional Chair

cc: Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
Hon. Kathleen Wynne, Premier of Ontario
Peel Area MPPs
Monika Turner, Director of Policy, Association of Municipalities of Ontario
David Szwarc, CAO, Region of Peel
Nancy Polsinelli, Commissioner Health Services, Region of Peel

Region of Peel's Response to Proposed Amendments to Schedule 1, the *Ambulance Act*

First and foremost, as a paramedic service provider, Peel's priority is the safety and health outcomes of our residents. Our paramedics provide exceptional service to the community and to ensure this continued quality of care, an adequate system of support is required. In order to maintain patient safety and the highest level of care that we can provide, it is important that all changes to emergency medical response in Ontario are evidence informed and put patients first.

With this in mind, the Region of Peel feels strongly that efforts to improve the ambulance dispatch system should remain the first priority for the Province; and it is important that implementation of the new triage tool occurs prior to any new models of care being implemented.

In Peel we continue to experience challenges with the dispatch system that are placing increasing and unnecessary demands on our paramedic services. Dispatch reform has proven to have an impact on system efficiency, as evidenced by the new tool currently being used in Toronto and Niagara, where we have seen more accurate triaging as the starting point for the overall emergency health system.

We are pleased with the Province's recent commitment to replace the outdated triage tool in provincially operated dispatch centres, and prioritize the Mississauga CACC for implementation which will help us to address these challenges.

Yet, we are concerned that there has been no progress with implementation of the new triage tool to date. We also fear that this may be negatively impacted even further by the Ministry of Health and Long-Term Care's more recent commitments to these new models. We strongly encourage implementation of the new triage tool as an essential first step for overall improvements to the emergency health system.

In response to the recent proposed amendments to the *Ambulance Act*, the Region of Peel is generally supportive of the introduction of new models of care that expand the scope of our paramedics to provide alternative care options to low acuity patients as a potential improvement to the system; provided that they are supported by evidence, introduced on a voluntary basis, and are only implemented where the local health system reflects need and capacity.

With these provisions in mind, we are concerned with changes to the Act that open the door to fire-medic pilots and expanding emergency medical response through fire services. As we have previously communicated to the Province, the Region of Peel does not support this model and does not want to see it imposed through legislation.

Enhancing the response to medical calls by fire services is a concept that the Region of Peel has explored at length and rejected, as there is no evidence that these models will improve patient outcomes. The attached report titled *Proposed Provincial Consultation on Expanding Medical Response Through Fire Services*, was endorsed by our Regional Council in October 2016, and provides an overview of the decision to not support expansion of emergency service through fire services.

This position is shared widely among land ambulance operators, municipalities and other system stakeholders and we encourage you to take this shared voice into account.

In closing, the Region of Peel appreciates the Province's commitment to improving emergency response and our health system more broadly, but urges the province to put patients first, and prioritize evidence informed changes to the dispatch system over new models of care. We look forward to working with the Province to modernize and enhance the system so that we can continue to provide Peel's residents with the best emergency medical response possible.