

TERM PAPER

OFFLOAD DELAYS

By: Christian DeMarco

The Emergency Services field (fire, police, paramedics, etc) carries with it a hefty amount of flaws, its not all fame and glory the way Hollywood portrays it to be. **Paramedics** are by far the “unsung heroes” of emergency service; the recognition they receive is by far the lowest. Yet these men and women go in day after day dealing with some of the worst situations, that can be both mentally and physically taxing on the body. The average person does not realize the minor details that a paramedic must deal with, from angry family members to mentally unstable patients to patients who are to far gone to save. With this in mind it would seem that this service would most definitely have current issues that are affecting the job and having an impact on the community.

Well speaking to several different Toronto area paramedics, I found the general flaws they had pointed out were ones I would of expected from any other job. From minor harassment, under paid, vehicle operations to various forms of discrimination the problems of getting laws passed. However one specific topic hailed at the top of each of their lists, which was offload delays. They each stated a strong dislike and urge to have this growing issue dealt with before it gets completely out of hand.

An offload delay is when an ambulance transports a patient to a hospital and both paramedics must wait with the patient until a proper room or attention is given to the individual. The problem is that crews tend to wait from 1 to 12 hours

for their patient to be attended to. The average wait time in the Toronto area is 3 to 8 hours. That's 3 to 8 hours that a fully equipped ambulance and its trained medics sit, wait and do absolutely nothing.

I chose to go in depth on this topic with one paramedic in particular, Tim Johnston. He's been with the service for over 15 years now, in various parts of Toronto. He is now stationed out of York region where he has been for the past 5 years. Mr. Johnston stated that over the past 15 years of his career this problem has worsened and worsened, with no bright spots in its future. At the beginning of his career, waiting for 1 to 2 hours to offload was the worse you would deal with. However now he stated that there have been times when he has gone into overtime hours or also where the shift relieving him simply comes to the hospital and switches up with him and his partner.

There are multiple reasons to why offload delays is occurring, and its most easily described as a traffic jam. Traffic jams occur from large and consistent amounts of vehicles, with some of them making decisions that slow everyone down like a domino affect. Offload delays happen for much of the same reasons, people making decisions that slow down and affect everyone. Here are some specific reasons:

- **Doctors are slow at processing patients.** This is a huge factor when they are patients of low priority. This would be a patient simply waiting for blood work results, they can be sitting for a couple hours taking up a place that a paramedics patient could take so they could get back on the roads.

- **Shortage of nurses.** This problem affects the usage of beds, and the number of beds that must go un-used. On the regular an emergency room will have 5 to 10 beds that will go un-used because the hospital just don't have the staff to operate them.
- **Non-Emergency patients.** Not all medical situations are considered an emergency. For example a person feeling flu like systems may go to emergency for an assessment. At the same time you could have a patient who's had a serious allergic reaction waiting in offload with their medics. People can be the problem too, clinics are not being thoroughly used and perhaps they're just aren't enough of them either.
- **Under-staffed paramedics.** This is not because they aren't hiring enough paramedics. This happens because of the offload delay. With 4 to 7 ambulances from the same region stuck in offload delay there is sometimes only 1 ambulance covering their area. That is 1 ambulance covering an area that needs 7 or more to cover it. Sometimes it is only 1 medic in the ambulance to try and spread out the resource, which slows everything down as well. Things go a lot quicker when they're a 2-person team working on a patient.

The truth of the matter is that the public simply is not aware of this problem, and it is a public safety concern. Day after day paramedics fight through the obstacles as if it were a mandatory part of their job. Well discussing the issue with Tim Johnston, he openly spoke of various accounts he had experienced or co-workers of his had experienced on the job. Some of these accounts were stated in a document which Tim gave reference too. The report was written in hopes of shining light on this problem and to help formulate solutions. Tim wonders what the public reaction would be if stories such as these were made national news. Here are a few accounts from across the province.

- “ Medics are now being pushed to look after multiple patients. You probably don't want to be one of those. You might be though because it has started happening all over the city. The paramedic is sent to hospital

emergency to relieve crews who are in "Offload Delay". The patients might have been triaged but they're backed up and someone has to remain with them since many of them can deteriorate or be in a serious condition. One medic had a dementia patient who was a wanderer, and an elderly person who had nausea and decreased awareness. What you don't want to see is the patient vomiting because aspiration Pneumonia in the elderly is extremely serious. Usually two medics would be able to move the patient together to prevent the patient from inhaling their vomit. The medic called the supervisor to report that she could not look after both patients – she had to focus on the patient with nausea, but he gave her a direct order to care for both patients. Sure enough, the patient started vomiting. The damage had been done to that patient. Multiple patients per medic is a dangerous way to go, but it's happening all the time now." (Anonymous)

- “ One supervisor was escorted out of hospital ER. Our policy obligates him to come to the site when his vehicles are held up to see for himself why they are not being released. They actually booted him out of Emergency because they didn’t want him to see what he saw: that there were actually beds available. The problem was they had no staff to operate them.” (Anonymous)
- “ I’ve been there when there were nine beds but no staff. That’s nuts! We can’t leave our patients so a whole ambulance is down and the whole system gets strained. There was a whole trauma unit closed because there was no staff.” (Anonymous)

Tim Johnston provided the following statement in regards to the offload problem and how it affects him on the job.

“ There are times days where the first thing you hear when you get on shift that there are major offload delays. It’s a very discouraging problem to deal with; nobody wants to spend his or her entire shift sitting in the ER. This drains the morale, its hard to get thru the day when you know you can only help 1 or 2 patients because you’ll be stuck at the hospital. Sometimes you’re patient become critical well you’re waiting. I had one patient VSA (vital signs absent) on me right in front of a family member. The pressure it puts on us the paramedics is tremendous, and the worst part is trying to explain to the patient and family why they have not been seen yet. The worst part is that the public believes that if you get taken to the hospital via ambulance you will get seen right away or at the least much quicker. The truth is sometimes you wait longer. The hospital has to make a choice; take the patient who has flu like symptoms and is waiting along in the waiting room or take a patient with similar symptoms but has 2 medics looking over them. Nine times out of ten they’re going to take the patient who is unsupervised, and so they should.”

“ On the job I apologize almost as often as a take a breath, it’s draining. There are times when you’re patient becomes fed up, simply walks out. It has come to the point in Toronto when you receive a call you hope it’s a serious call so they get taken immediately at the hospital. It sounds bad, but that way the paramedics aren’t stuck, they can get back out on the road quickly.

Further more 9 out 10 times you're in the way in ER, moving you're bed and patient around to make room for staff and arriving medics. Its very frustrating and causes tension which is unfortunate, especially in a field dealing with public health."

" There are times when you can't even fit in the hospital. Those are the bad shifts. You'll have 3 or 5 ambulances parked outside WITH the medics and patients still in them waiting for admittance. Life is not much easier for the medics who are still on the road either; they have to cover double and triple the size of their usual area because of the trucks stuck in delay. It's a serious concern for public safety. People are always complaining about response time, this is a major reason because of it. There are times when I worked in Toronto where hospitals would tell dispatch to send you somewhere else. This was a ridiculous problem when one hospital is literally around the corner but they dispatch you to another one 15 minutes down the road."

" In my opinion this is an issue affecting us all, paramedics, patients, the public and hospital staff. There is no positive outcome from this happening and it's taking its toll on us all."

It's important to remember that the problem does not originate from our paramedic personnel but from our hospitals and they're under staffing and lacking of funding. In January of 2006, the Canadian government promised a \$96-million action plan to help speed up emergency rooms and decrease the time of offload delays. Some the of the real world steps that will be taken are as follows:

- **Appoint Ken Deane, President and CEO of St. Joseph's Health Centre Toronto as chair of the Emergency Department and Ambulance Quality Implementation Team, which will help the government implement the report's recommendations.**
- **Invest \$5.18 million in demonstration projects at North York General Hospital and Sunnybrook and Women's College Health Sciences Centre to transport select patients to the Branson Urgent Care Centre and Women's College Urgent Care Centre respectively, instead of the hospitals' emergency departments.**
- **Provide \$698,000 to St. Michael's Hospital to implement a surge capacity protocol on how to move patients from the ambulance and into hospital treatment faster, meaning fewer delays for both the patient and the medical professional attending to that patient.**

On top of these steps the government is also implementing a Critical Care Strategy putting forth measures within the ones stated above.

- **Critical Care Response Teams (CCRTs) - \$29.4 million to create CCRTs across Ontario. CCRTs consist of intensive care physicians, intensive care nurses and respiratory therapists who are available 24/7 to spread the skills and expertise of a critical care unit throughout the entire hospital. This year, the government is establishing 26 CCRTs.**
- **Increased Intensive Care Unit (ICU) bed capacity - A total of \$38.3 million to open more adult ICU beds and Chronic Assisted Ventilatory Care beds across Ontario.**
- **Health Human Resources - A total of \$10 million to provide critical care training to 450 nurses per year, increase the number of training spots for intensive care doctors by 10 (from eight per year to 18 per year), support CCRTs, train community hospital physicians in advanced resuscitation techniques and fund staff retention programs.**
- **Other system initiatives - An additional \$12.2 million will support related initiatives. Key areas that will receive support include the establishment of a Performance Measurement System; the development of a policy to address ethical issues related to critical care access and a series of quality improvement initiatives**

Well discussing the issue with Paramedic Tim Johnston, a couple real world steps were looked over and analyzed.

- Have paramedics shifted at the hospital for the day. They can look after and cover the patients that come in via ambulance. Some hospitals in the Toronto area were doing this for some time, the money just was not there.
- The government needs to step up and pour much more money into the Health Care for the country. The shortage of nurses who are properly qualified and trained is taxing on the system for paramedics obviously as well. Hospitals are throwing in newly graduated RN's into the emergency setting with very little training or experience. This slows things down greatly.
- More clinics in communities as well as adjoining clinics with hospitals would greatly reduce the congestion. The clinics are essential in taking in non emergency cases, however they just aren't being utilized. There also just aren't enough of them to accomadte the large communities, Toronto has a serious lack a late night clinics.
- Implement standards that have hospital staff work effieciently with their time. Have a maximum time limit that the paramedics can wait, forcing staff to work out procedures. In a sense its putting more pressure on the hospitals, however if proper funding and staff is given they would be able to accomodate this. Somewhere in the United States (Tim believes it MAY HAVE BEEN Las Vegas) the medics stay with their patients for roughly a half hour to an hour maximum and then leave.

The fact remains that offload delays are seriously hampering are medical services to the public and straining the system to its limits. The public is but in at risk and our paramedics deal with an extra stress related to the job. The government has acknowledged the problem and stated steps that will be taken in hopes of leviating it but it may not be enough. Paramedics sitting in offload for $\frac{3}{4}$ of their 12-hr shift is simply unacceptbale. These men and women did not sign up for a babysitting job, they are here for the primary care of the public. These

delays are deterring people from joining the force and also causing others to leaving earlier. Paramedics in my opinion are worked the hardest, and deal with some hostile and hazardous situations. They are constantly being pushed to the limit, and never back down from the challenge. They give their all everytime. Everyone has their breaking point and the stresses caused by offload delays is burning out the paramedics. Changes need to take place to put a cap on the problem before serious repercussions occur. The government needs needs to acknowledge the fact that resources are being wasted and the lives of their citizens are being put at a very high risk. For Tim Johnston and the men and women of the paramedics proffession its for now just part of the job; sitting and waiting night after night in the emergency room with their patient missing calls and wasting time.

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