Ministry of Health and Long-Term Care

NEW Directions

March 27, 2009

Cross-Functional Team Enhances Public Safety

In true stewardship fashion, the Emergency Health Services Branch (EHS) and the Health Services Cluster (HSC) have worked together to advance and improve pre-hospital care to Ontarians. The result? A new dispatch protocol which will connect ambulances and patients faster than ever.

Stewardship in action saves lives

Understanding the value of collaboration, EHS, in Corporate and Direct Services, and HSC formed a cross-functional team to develop and implement an upgraded version of the software for Ontario's ambulance dispatch centres. The team consisted of:

- EHS (responsible for the dispatch centers)
- HSC (responsible for the technology and software in ambulance dispatch centres)
- Physicians from the Medical Advisory Committee
- Individuals from the Provincial Base Hospital Group
- Communications and training officers
- Municipal ambulance representatives.

Over the past three and one-half years, the various operational and technical working groups, under the leadership of the team, met often to define the need, develop the medical logic model to be used, design the software, direct the testing of the software, and define staff training and an implementation strategy for the new program.

"The partnership between strategic management and information technology was a critical one," said Dennis Brown. "We needed to work together to make sure the dispatching of ambulances to life-threatening calls was of the highest quality."

The Need

Across the province, eighteen Central Ambulance Communications Centres, under the direction of EHS, handle over 1,500,000 calls annually. Communications officers interact with emergency 9-1-1 callers, ambulance services, hospital staff, and other emergency response organizations such as police and fire services, sending ambulances in response to emergency and pre-arranged non-emergency calls.

Ambulance communications and ambulance delivery work in tandem as they assign ambulance response priorities to each call (see sidebar on page 3). They also make decisions about ancillary support, such as advanced life support services or the notification of fire or police services.

Since the early 1980s, they have used software called the Dispatch Priority Care Index to designate levels of emergency response to incoming 9-1-1 calls. The software was state-of-the art technology for many years, and assisted in saving countless lives. But as other technologies advanced, it became clear the software was in need of an upgrade.

Staff photo

Angela Handford, an ambulance communications officer with the Mississauga Central Ambulance Communications Centre, works at a dispatch desk.

Ambulance communications and ambulance delivery work in tandem as they assign ambulance response priorities to each call.

The Solution

The cross-functional team produced a new medically based dispatch system. The upgraded software organizes the flow of questions posed to 9-1-1 callers. Guiding communications officers, the software identifies common life-threatening conditions, matching them to recommended levels of response and resources. As a result, dispatching of ambulances to life-threatening emergencies is more accurate and timelier. For example, if a caller complains of chest pains, the software steers the communications officer to send an ambulance urgently to the scene, and to

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Ontario

New HSIMI structure reflects strategic and business planning focus

Health System Information Management and Investment (HSIMI) has made some refinements to its stewardship organizational structure. "We continue to review and adjust our structure to ensure we can deliver on our mandate," said John McKinley, Assistant Deputy Minister, HSIMI.

HSIMI was created in January 2008 by integrating the Health System Investment and Funding and Health System Information Management divisions.

Within the Health Data Branch, the data quality and standards functions have been separated into two units. "We have a dedicated team looking at the quality of health data," said Christina Hoy, director of the Health Data Branch. "Quality information was always important to us, but in the past there was no one who could say: 'My job is to ensure and improve the quality of health system data or supporting standards,' " Hoy said.

Quality data supports ministry decision-making, as well as Local Health Integration Networks (LHINs) and health service providers. Educating ministry staff and external stakeholders about data standards and quality will also be part of the branch's role, Hoy noted.

A new position of Team Manager, Business Processes, which reports to the director of the Health Data Branch, has also been created to provide dedicated leadership in the area of strategic and business planning.

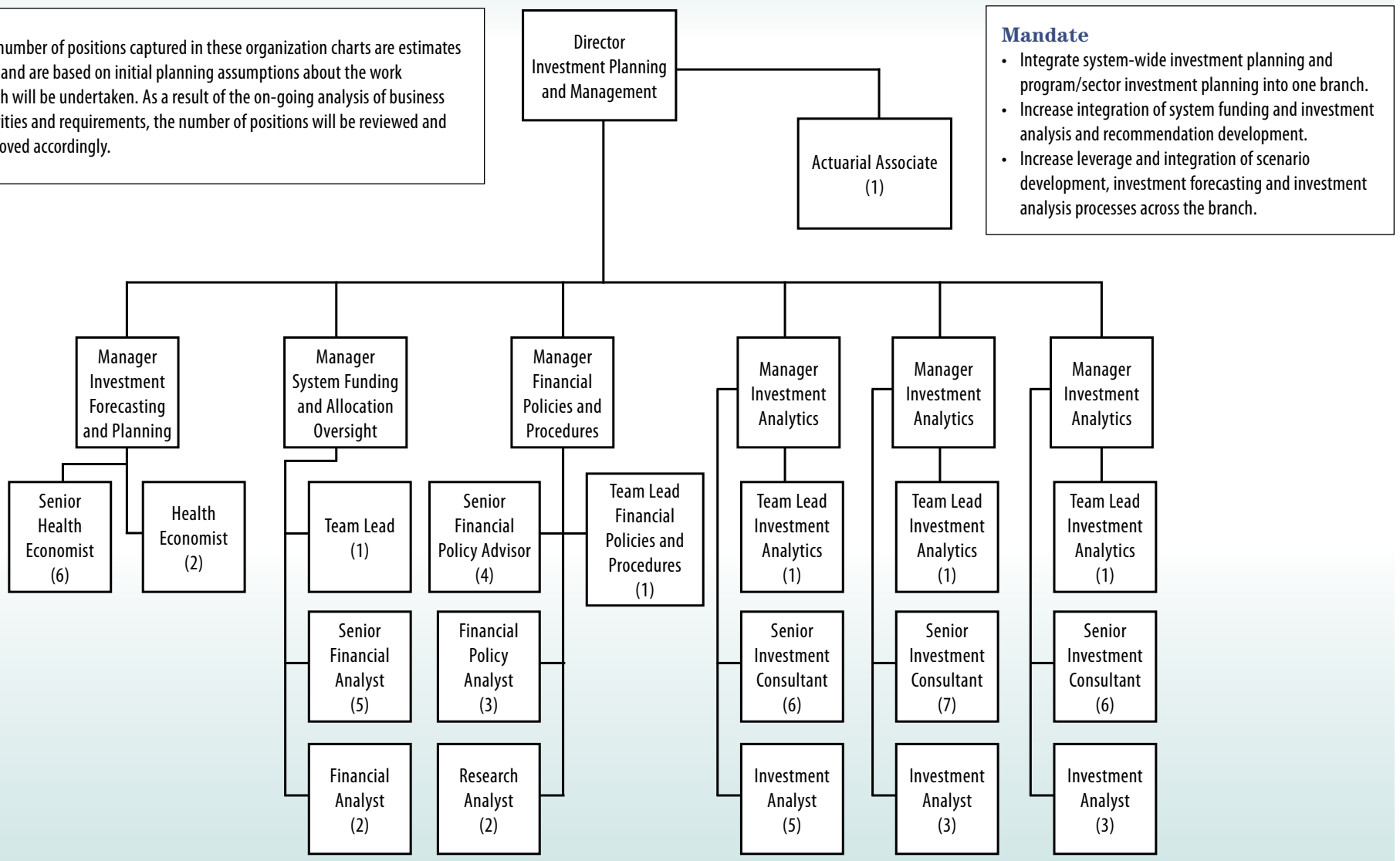
The Investment Planning and Management Branch has also been strengthened by the addition of three Investment Analytics team leads. "We provide analysis that impacts on major funding, financial planning and investment decisions for the health system," said Cristina Perez, director of the Investment Planning and Management Branch. "These new positions will significantly improve our capacity and expertise to provide the analysis required for investment decisions throughout the ministry."

Together, these steps will result in changes in reporting relationships for about 20 people in total across the two branches. The reporting relationship changes for both branches are effective April 6, 2009. An updated organizational chart for the division and the two branches are shown below and on pages pages 3 and 4. ■

Health System Information Management and Investment

Investment Planning and Management Branch Organizational Chart

The number of positions captured in these organization charts are estimates only and are based on initial planning assumptions about the work which will be undertaken. As a result of the on-going analysis of business priorities and requirements, the number of positions will be reviewed and approved accordingly.



Mandate

- Integrate system-wide investment planning and program/sector investment planning into one branch.
- Increase integration of system funding and investment analysis and recommendation development.
- Increase leverage and integration of scenario development, investment forecasting and investment analysis processes across the branch.

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provide first aid instructions to assist the patient while the ambulance is enroute.

Reaction from the communications officers has been extremely positive, and plans are to roll out the protocol across the province in 2009. EHS and HSC will continue to work together to assess the new protocol. For example, the Medical Advisory Committee will provide input into the medical aspects of the tool.

"The improved software tool, and the cross-functional team that created it, are testimony to stewardship in action. The new protocol is one more example of how the ministry works harmoniously and productively with other health care partners, for the benefit of Ontarians", said Brown. ■

Cross-Functional Team Enhances Public Safety

The four ambulance response priorities are:

Code 1 Deferrable calls (i.e. routine transfer from hospital to home)	**Code 2** Inter-facility transport (i.e. scheduled appointment e.g. dialysis)
Code 3 Requires a prompt response (i.e. back pain with no other medical complications)	**Code 4** Life threatening calls (i.e. unconscious, chest pain / heart problem, etc.)

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Health System Information Management and Investment

Health Data Branch Organizational Chart

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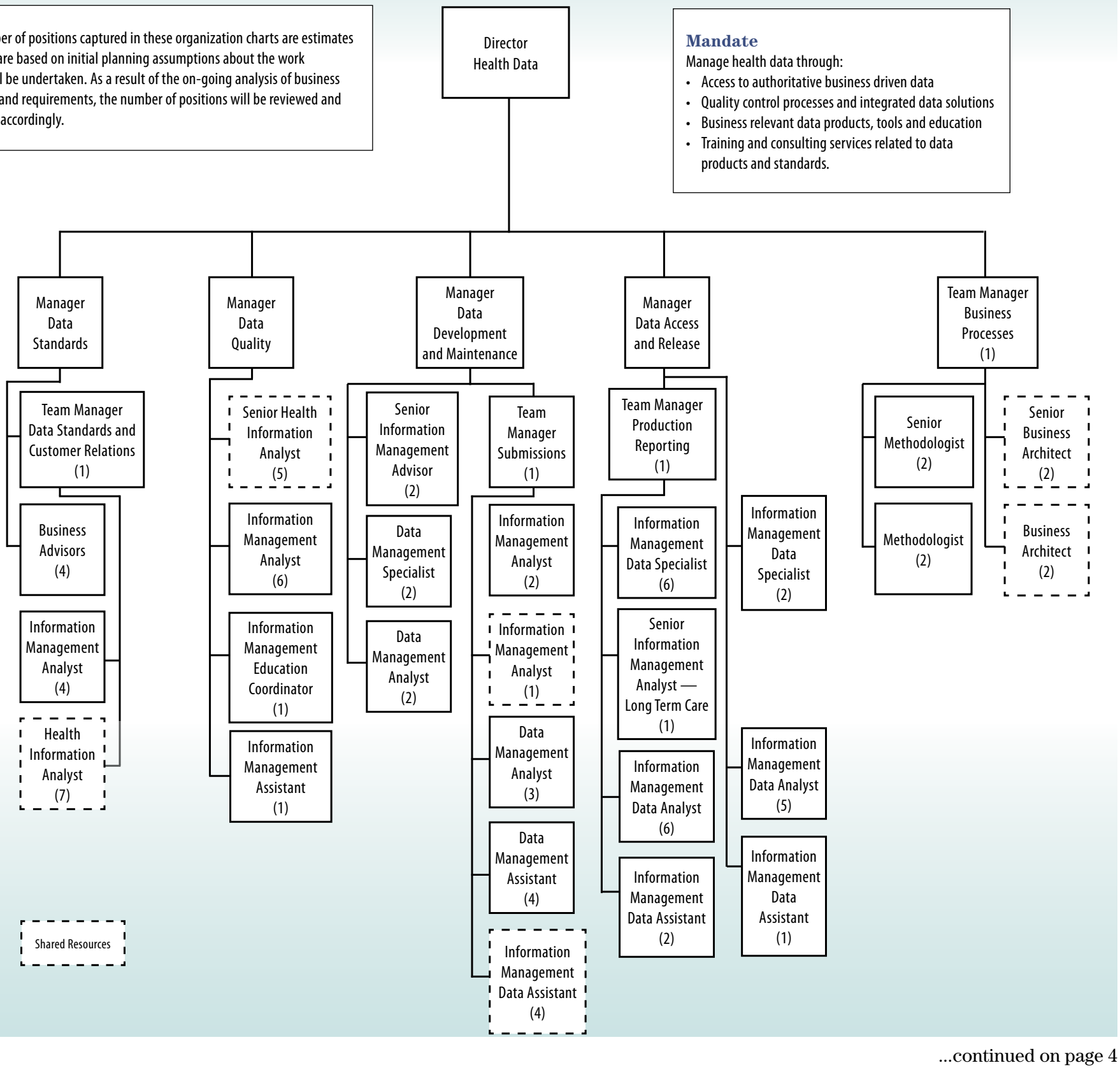

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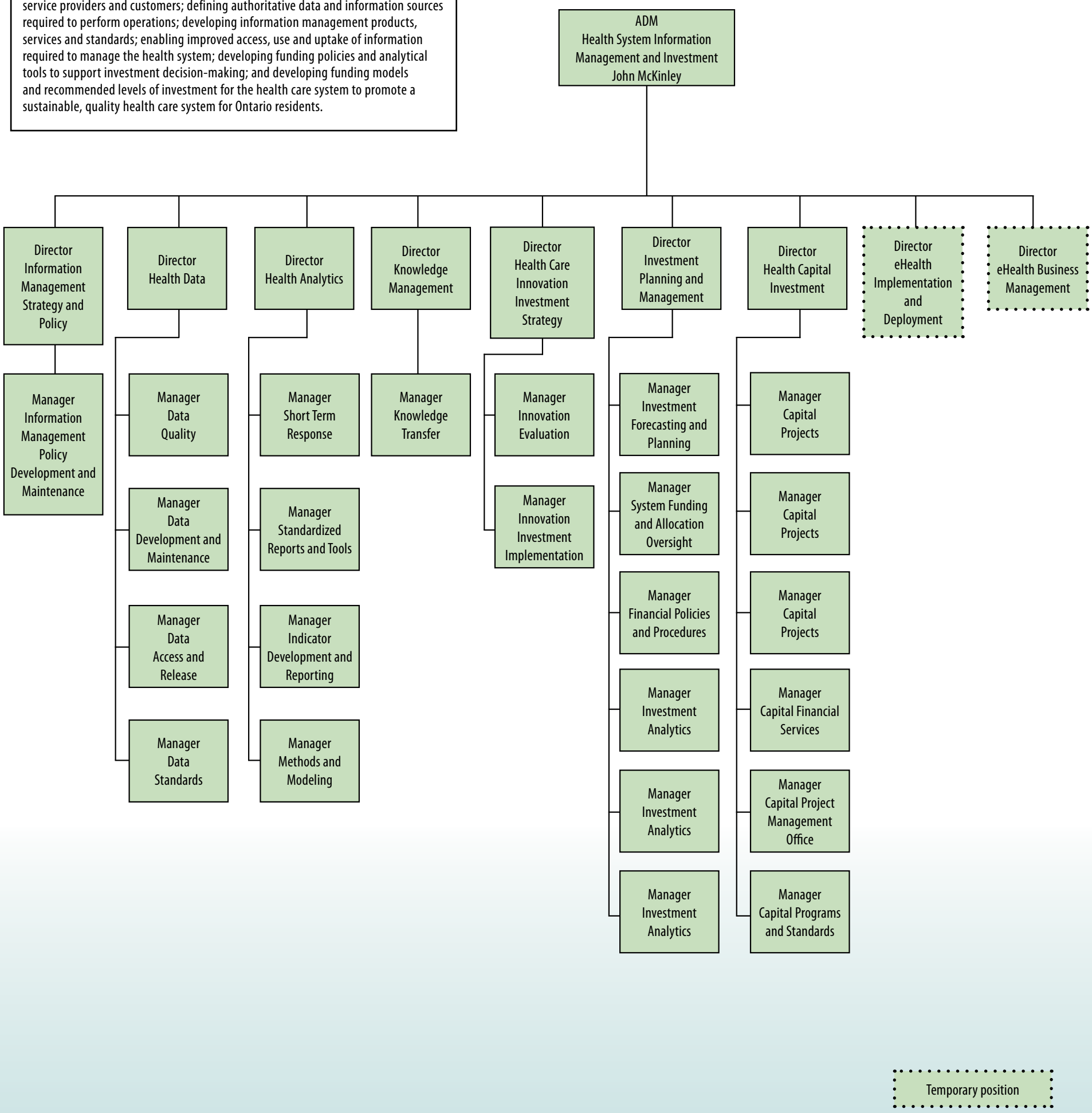
Health System Information Management and Investment

Organizational Chart

The Health System Information Management and Investment Division provides health information, funding policies and investment funding options which enable evidence-based decision-making to ensure a sustainable health care system for Ontario. This includes: supporting information management stewardship functions, including planning, managing, funding, and monitoring of Ontario's health system, service providers and customers; defining authoritative data and information sources required to perform operations; developing information management products, services and standards; enabling improved access, use and uptake of information required to manage the health system; developing funding policies and analytical tools to support investment decision-making; and developing funding models and recommended levels of investment for the health care system to promote a sustainable, quality health care system for Ontario residents.



NEW Directions

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- Ask your manager
- E-mail your questions or comments to the feedback account at **anewdirection.moh@ontario.ca**