

System-wide perspective ensures patient safety over the border



Mark Vandemoort photo

Dennis Delano (second from left), operations supervisor, from Niagara Emergency Medical Services (EMS), was the first ambulance paramedic in Ontario to receive an enhanced driver's license, which he is proudly showing here. The Western Hemisphere Travel Initiative, implemented by the United States, requires Canadian citizens entering the country by land or water — including Ontario paramedics taking emergency or acute care patients over the border — to present a passport, a provincial enhanced driver's license, or a Trusted Traveller Program card such as Nexus, Sentri or Fast. Delano is joined (left to right) from Niagara EMS by Elfriede Lane, manager of operations and commander; John Cunnane, director; and Steve Van Valkenburg, associate director; and from Emergency Health Services Branch, Direct Services by Anthony Campeau, manager, land ambulance programs; and David Reeleder, manager, performance improvement. In the background, right, is the Peace Bridge over the Niagara River.

Each year, more than 500 Ontario patients in emergency or acute care situations are transported by ambulance to hospitals in the United States. “When we are taking a patient over the border, their survival can often depend on rapid ambulance transport,” said Dennis Brown, senior manager, performance and quality management, Emergency Health Services Branch (EHS), Direct Services. But the rules for all Canadians entering the United States by land or water changed on June 1, 2009, with the implementation by the U.S. of the Western Hemisphere Travel Initiative (WHTI). WHTI requires Canadian citizens entering the country to present a passport, a provincial enhanced driver's license, or a Trusted Traveller Program card such as Nexus, Sentri or Fast.

“We were concerned about WHTI's impact on existing policies and protocols and documentation requirements for paramedics entering the U.S.,” Brown said. “Both had the potential to cause delays at the border.”

Cross-functional team looks at big picture

In early 2008, EHS formed a cross-functional team to identify and respond to these impacts. Joining Brown on the project team from EHS were Anthony Campeau, manager, land ambulance programs; Rob Nishman, manager, policy and operational assessment; and David Reeleder, manager, performance improvement; and from LHIN Liaison Branch in Health System Accountability and Performance, Gary Thompson, senior program consultant.

From the beginning the team took a system-wide perspective: a strategy was needed to ensure that WHTI would not negatively impact Ontario patients or stakeholders.

One of the challenges of the project was the multi-jurisdictional reach of WHTI. In Ontario, paramedics are employed by municipalities; health care and issuing driver's licenses are a provincial responsibility; while legislation and policies for entering countries are the responsibility of federal governments.

...continued on page 2

...continued from cover

“With all levels of government involved in two different countries, no single stakeholder could complete this project on their own,” said Reeleder, who served as the coordinating lead for the WHTI team.

Multinational stakeholder list

At the federal level in Canada, the team worked with the Canadian Border Services Agency and the Consulate General of Canada.

At the provincial level, the team worked with Ontario Cabinet Office, Intergovernmental Affairs, Ministries of Transportation and Government Services, ServiceOntario, CritiCall Ontario, Critical Care Secretariat and the Association of Municipal Emergency Medical Services of Ontario. Hospitals as well as municipal and First Nations emergency medical service organizations were also consulted.

From the U.S., the team worked with the Department of Homeland Security, Citizenship and Immigration Services, Customs and Border Protection, and port authorities and emergency medical service organizations in the states of New York, Michigan and Minnesota.

Meeting with stakeholders

EHS organized a one-day meeting with stakeholders from both sides of the border, representing all levels of government. The project team came away from that meeting with two objectives:

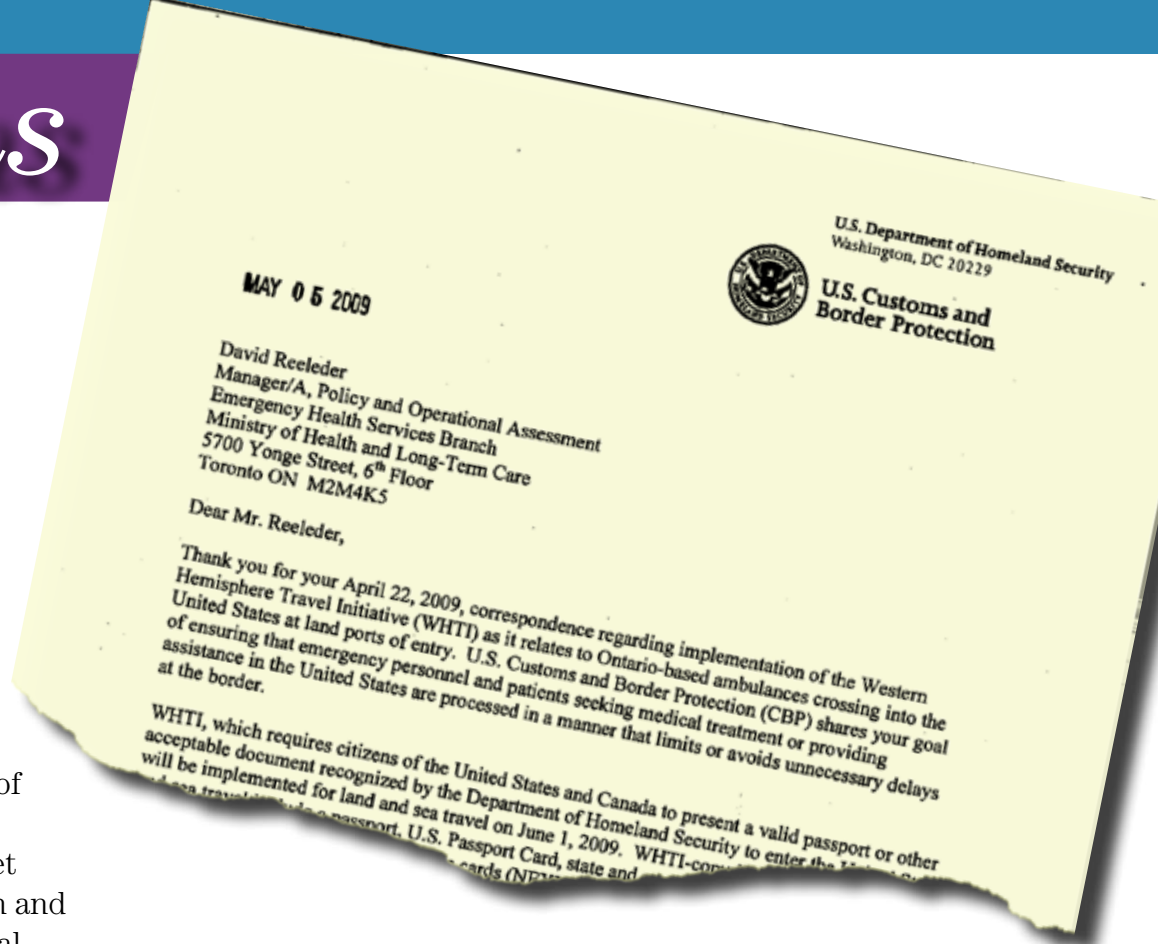
- To obtain written clarification from U.S federal officials that existing policies and protocols would continue to apply when Ontario paramedics were transporting emergency air- and land-ambulance patients across the border
- To obtain expedited access to an Ontario enhanced driver’s license for municipal paramedics in the province.

This work culminated in EHS receiving a letter in May 2009, from the United States Department of Homeland Security, which gave Ontario the assurance that — in emergency situations only — U.S. border crossing officials would continue to honour existing policies, protocols and proof-of-citizenship documents for Canadian emergency medical personnel entering the country.

“But equally important, the letter made it clear that the most expedient way to enter the U.S. in emergency situations would be for the paramedics to have identification that’s compliant with WHTI,” Reeleder said.

Enhanced driver’s license launches

ServiceOntario was already working with the Ministry of Transportation on the launch of the province’s first enhanced driver’s license, known as an EDL. The license is ideal for people who frequently enter the U.S. by motor vehicle, including ambulance paramedics. It has an electronic chip that expedites the exchange of information required when crossing the border and,



similar to a regular driver’s license, it can be easily stored inside a wallet.

The project team approached these two groups to secure paramedics early access to the EDL application process before WHTI came into effect.

“We are on the front line of delivery of public services to Ontario citizens and we recognized the unique needs of Ontario’s ambulance paramedics given the implementation of WHTI,” said Christine Levin, a regional manager in ServiceOntario’s Customer Care Division. “In partnership with the Ministry of Health and Long-Term Care, we worked to make it as efficient as possible for Ontario’s ambulance paramedics to apply for their EDLs.”

A ServiceOntario and MOHLTC team worked across the province with municipal and First Nations emergency medical service organizations, representatives from regional chapters of the Ontario Paramedics Association, as well as the Association of Municipal Emergency Medical Services of Ontario, to create a schedule of dedicated EDL appointments for paramedics at one of nine ServiceOntario locations where EDLs are issued.

Public benefits from lessons learned

The early launch of the EDL to paramedics familiarized ServiceOntario with the application process, helping them to make it work that much better for the wider public program.

The EDL application process is more involved than that for a regular driver’s license, including completion of a number of documents as well as an interview. “We realized there were things we could do to improve the communications materials about these requirements,” Levin said. “The Ontario public benefited from the collective effort of ServiceOntario and the Ministries of Health and Long-Term Care and Transportation to accommodate the needs of the paramedics.”

Reeleder described the joint effort between the three organizations as a “classic win-win situation.”

“Working collaboratively allowed us meet our objective of having as many paramedics as possible receive an enhanced driver’s license quickly,” he said. Approximately 500 Ontario paramedics received their license before the WHTI land rules came into effect.

Brown added, “I am pleased to report that since the implementation of WHTI, there have been no reports of undue difficulties or delays in crossing the U.S. border from any of Ontario’s emergency medical service organizations.” ■

