Putting Patients At Risk:

Interviews with Ontario Paramedics on the Consequences of Closing Local Hospital Emergency Departments

Ontario Health Coalition June 18, 2009

Summary

In the in-depth interviews in this report, we have surveyed more than 50 primary care and advanced care paramedics in every geographic region of Ontario to get a true picture of the impact of small and rural hospital emergency department closures for ambulance services and the patients they serve. These interviews comprise a representative sample of the paramedics working in the areas threatened with emergency department closures.

Key Findings

- Every paramedic expressed concerns about the closures of local emergency departments.
- Every paramedic we interviewed stated that ambulances cannot replace the functions provided in local hospitals' emergency departments. A list of the services that paramedics cannot provide in ambulances is in Section II of the report.
- Every paramedic gave concrete examples of how the plan to close local Emergency Departments will increase risks for patients, worsen wait times, deprive communities of access to care, or cause poorer care outcomes and even death.
- Most paramedics reported, from their experience, that the plan to close local emergency departments would lead to new costs for more ambulances, more paramedics and more training requirements. These have not been put in place in any area where the local ERs are under threat of closure.

Claims by politicians and LHIN officials that equivalent or better care could result from the closure of a local emergency departments led the Ontario Health Coalition to do in-depth interviews with 50 paramedics of different levels of training in every geographic area of Ontario. The goal was to determine the clinical implications for patients of closing down local community emergency departments and the impact on regional ambulance

Ontario's Paramedics Respond

What does the closure of local Emergency Departments mean for patients? For ambulance services? Can you replace all local Emergency Department care in an ambulance?

In Their Own Words

"To take the small town hospital away would put a huge hole in the health care system, not just for the immediate community, but for the whole province it'll strain the system."

"It denies access to a good portion of the patients we service and it'll put extreme pressure on ambulance services because we're already experiencing offload delays and it'll just increase those offload delays."

"Ultimately this will result in patients dying because they need care from a physician. Ultimately patients will die, without question…and those that survive will have poorer outcomes. The longer patients wait before they have definitive diagnosis and care in an emergency department with physicians the greater the chance of a permanent deficit as a result of the injury."

"An ambulance is an uncontrolled environment. We don't have diagnostics. A CTAS 1 patient needs blood work, x-ray, that sort of thing. You can't sustain life in a 10 by 12 area. We don't have the drugs that may be needed, we have a handful, but not the whole gamut of drugs."

"… you're going to require physicians. You can't replace them in an ambulance. That's absurd."

services. Could local emergency room care not only be replaced in ambulances, but patients could somehow be safer traveling further for their emergencies? The answer was a resounding "no".

Primary Care Paramedics (the most common type of paramedic in Ontario) gave the following examples of care they cannot provide:	Advanced Care Paramedics gave the following examples of care they cannot provide:
• IVs (intravenous lines) • Diagnostics, including X-ray, CT scan, Ultrasound • Many drugs including pain drugs, cardiac drugs • Intubation (establishment of artificial airway) • Blood transfusions • Manual defibrillation • Chest needles • Cardioverting • Pacing • Suturing • Thrombolysis (clot busting for strokes etc.) • Completely obstructed airway – (crikes/ needle cricothyroidotomy) • Surgery	• Completely obstructed airway (crikes/cricothyroidotomy) • Chest tubes insertion • Surgery • Sequencing for intubations • Thrombolysis (clot busting for strokes etc.) • Administration of many heart medications • Complex obstetrical care • Diagnostics, including X-ray, CT Scan, Ultrasound • Blood transfusions

Paramedics save lives. They are a vitally important part of the health care system. The paramedics we interviewed expressed pride in their work. Many gave examples of excellent care provided by paramedics and the importance of pre-hospital care. Many spoke with frustration about long offload delays in which they are held up waiting with patients in overcrowded emergency departments. Many reported that the offload delays are already a serious problem – even before the planned emergency department closures. Many reported a need for more support for paramedic training.

There was total consensus among the paramedics we interviewed across Ontario that the plan to close local emergency departments will put patients at risk.

In Their Own Words:

"We don't have x-rays, chest tubes, advanced airway techniques. I can intubate someone but if the intubation fails I have no backup adjuncts. You can do a chest needle but if that fails I can't do a chest tube. There is equipment at the hospital I don't have and it's just me, on person. It's not the same as a team of people. If you're lucky you might have a fireman to hand you things, but it's not the same."

"We can't initiate IV therapy, intubation, advanced cardiac life support, and under advanced cardiac life support includes drugs. We can't do manual defibrillation. We can't pace them. There's no blood products. There's no capability for central lines. These are things physicians would be able to do."

To say we can provide all the care necessary is an impossibility – we're not ER physicians. There's no way we can put the equipment required in the back of an ambulance. For example CTAS level 1 and 2 patients-- car accidents. You get a good multi trauma. That patient needs blood work. They need diagnostic procedures to determine the severity of their injuries and the course of action….Sure you can stack your shelves in an ambulance, but they need blood transfusions and we don't have the blood. If you spread the blood out among all ambulances it would make the shortage of blood worse. Plus you'd need refrigerator units to keep the blood cool. It's just not feasible."