One-Number-to-Call
One Year Post-Implementation Evaluation

Critical Care Services Ontario (CCSO), was directed by the Ministry of Health and Long-Term Care (MOHLTC), to evaluate the first phase of the One-Number-To-Call (ONTC) initiative at one year post-implementation. The purpose of this evaluation was to assess whether ONTC has achieved its intended goals. The evaluation used a combination of pre-post and post only design and assessed the following goals outlined by the ONTC initiative:

- Provide a single point of contact for ED (Emergency Department) physicians through CritiCall Ontario for both specialist consultation and coordination of transport
- Ensure patients receive timely access to care at the closest and most appropriate hospital and via the most appropriate method of transport
- Enhance integration between CritiCall Ontario and emergency transport providers, reduce duplication and streamline access to emergency health services

This evaluation is based on the understanding that the overall objective of the ONTC initiative is to contribute towards the MOHLTC's global goal of *patient centered care i.e., '*Patients First: Action Plan for Health Care'. For ONTC to contribute towards this goal, it would be valuable to understand the system from the view of the patient, and to identify the gaps that remain. To attain this, collecting data for the whole journey of the ONTC patient is essential.

The first phase of ONTC initiative has laid the ground work and has encouraged data collection and integration between emergency transport providers including Central Ambulance Communication Centres/Emergency Medical Services (CACCs/EMS), Ornge and CritiCall Ontario. This process should continue and steps taken to implement and strengthen information sharing between CritiCall Ontario and the two emergency transport providers, to maximize the potential of ONTC and sustain measureable positive outcomes.

KEY FINDINGS: SURVEY

1) Respondents reported that the responsibility for arranging patient transport primarily belonged to:
   - ED clerks: 44%
   - ED physicians: 13%
   - ED nurses: 36%
   - Multiple staff : 7%
2) 14% of respondents are still not familiar with the ONTC initiative.
3) 53% of respondents agreed that ONTC has decreased the workload of ED physicians.
4) Almost half (47%) of respondents reported having to provide information for the same ONTC patient more than once.
5) 88% agreed that ONTC has been successful in providing a single point of contact for ED physicians for specialist consultation.

*"Really appreciate the service – makes our job as rural family docs doing emerg much easier. Without this service [ONTC] we would spend far too much time begging for help from **specialists** and costing patients valuable/critical time."*

6) 82% agreed that ONTC provides a single point of contact for coordination of transport.
7) Average time spent on telephone calls with Criticall Ontario, as reported by respondents:
   - 51% reported 5-9 minutes
   - 35% reported ≥ 10 minutes
8) 32% of respondents were unsure if ONTC should be expanded for urgent and emergent patients beyond the initial Life or Limb cohort.

KEY FINDINGS: DATA

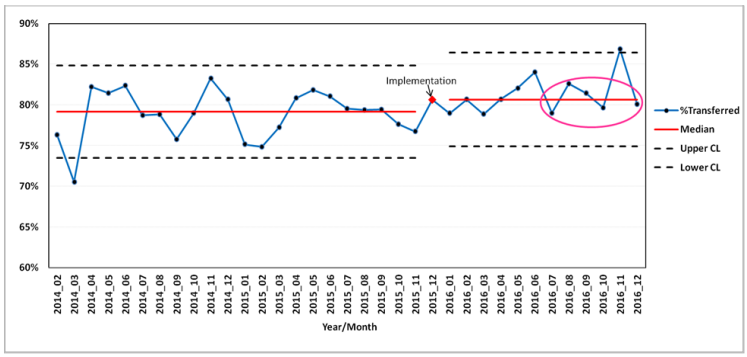
9) CritiCall Ontario coordinated transport for 3,301 (73%) patients of the 4,535 potential ONTC cases reported between the months of January and December 2016.
10) For 27% (1,234) of ONTC patients, referring physicians declined coordination of transport by CritiCall Ontario, a 3 percentage point increase as compared to that reported in the six-month evalution (27% vs. 24%).
11) 43% of patients were transferred using air (Ornge) and 57% using land (CACCs/EMS).

KEY FINDINGS: DATA

12) The data to monitor potential efficiencies in having a single point of contact for coordinating transport for Life or Limb patients requiring interfacility transfers is still very siloed. The evaluation findings show a lack of congruence between the data collected by Ornge, CritiCall and CACCs/EMS.

13) The % of patients being transferred within 4 hours has increased post-ONTC however, this increase is not significant. The data shows frequent variations (mostly downward) in the later half of the implementation year (Fig. 1).

Figure 1: % of confirmed Life or Limb patients transferred within 4 hours pre and post—ONTC implementation



CONCLUSIONS

Issues related to governance and project management hampered the ability for all providers to fully participate in the evaluation and hence for the evaluation to have as much strength as it might have. The ONTC initiative did not have a logic framework, an essential component of program development. The initiative also fell short in developing SMART (Specific, Measurable, Attainable, Relevant, Time bound) goals. Data integration is an essential feature of an efficient *single point* of contact service however, data silos still remain and after a year of ONTC implementation, integration of CACCs/EMS data with Ornge and CritiCall Ontario has much room for improvement. Currently, the CACCs/EMS data set does not have an identifier to identify ONTC's Phase 1 target population i.e. Life or Limb patients.

A key goal of ONTC was to reduce the workload on ED physicians for coordinating transport of patients. Survey results indicate that this is a task undertaken only by 13% of ED physicians and in 27% of cases identified, having transport coordinated by CritiCall Ontario was declined. This potentially signals problems with selection of mode of transport or timeliness / availability of transport providers. Some hospitals may be choosing to send their own staff to accompany patients during transport as opposed to waiting for arrival of Critical Care Paramedics. This issue requires further examination to identify possible issues and potential solutions.

The continued development and future success of ONTC will require stronger commitment for collaborative decision making by multiple partners and better integration of data between CritiCall Ontario, Ornge and CACCs/EMS. A year is a short time to effect system-level changes and achieve the outlined program goals, however, this evaluation begins to reveal where further refinements and improvements can be made, to maximize the potential of the ONTC model and sustain positive outcomes.

SCOPE FOR FURTHER IMPROVEMENTS

SYSTEM RELATED

1) Consideration for collecting time stamps to track the complete journey of the patient would not only be important from the point of view of the patient experience, but would also establish a process for collecting secondary data elements, such as Estimated Time of Arrival, patient packaging and handover times. These measures would assist in quantifying the benefits of ONTC by calculating *value for money.* Having access to such time stamps would allow to calculate 'lost hours to handover' i.e. the time land and air ambulances spend waiting in hospitals to handover a patient to the relevant emergency department when this time could be used providing services to other patients in need.
2) Data silos need to be addressed to streamline the transport process. Integration of data between CACCs/EMS, Ornge and CritiCall

PROGRAM RELATED

Ontario should be addressed prior to consideration of expanding the service to other patient populations.

3) To facilitate program monitoring and evaluation (M&E), a process should be developed to provide access to an agreed upon data set for call log extracts (records at the level of calls).
4) Develop a program logic model to provide clarity on the link between program goals, inputs, activities and output measures used to deliver the required outcomes.
5) SMART objectives are required for determining the best measures for M&E of the program.
6) Continuous monitoring and performance management of the initiative is important for maintaining sustained gains.
7) Continued communication and education of ONTC users is suggested to increase awareness and provide important program updates.