



LAND AMBULANCE IMPLEMENTATION STEERING COMMITTEE

November 19, 2001 at 11:00 am– Meeting 14

Summary Notes

In Attendance

Roger Anderson	Region of Durham
Bart Maves, M.P.P.	Parliamentary Assistant to the Minister of Health and Long Term Care
Dave Canfield	City of Kenora
John Cunnane	Region of Niagara
Anthony DiMonte	City of Ottawa
Ron Kelusky	City of Toronto
David Alexandriw	City of Toronto
Rick Armstrong	Region of Durham
Brian MacRae	City of Thunder Bay
Denis Merrill	County of Middlesex
Carol Mitchell	Municipality of Central Huron
Joe Moore	Region of Peel
Lynn Murray	County of Huron
Elizabeth Tanner	County of Peterborough
Jim Wilson	County of Perth
Pat Vanini	Association of Municipalities of Ontario
Jeff Fisher	Association of Municipalities of Ontario
Gail Ure	Ministry of Health and Long Term Care
Ralph Walton	Ministry of Municipal Affairs and Housing
Malcolm Bates	Ministry of Health and Long Term Care
John Gross	Ministry of Health and Long Term Care
Leeanne Colvin	Ministry of Health and Long Term Care
Dennis Brown	Ministry of Health and Long Term Care
Lisa Darrach	Ministry of Health and Long Term Care

Item 1: Introductions

The Municipal Co-chair was very pleased to see the representative from the Ministry of Finance. He hoped that if the member could not make a future meeting, they would ensure that an alternate could. The Co-chair also noted that it had been six months since the last time the Committee met face to face, and hoped that meetings would be held more frequently in the future.

Item 2: Approval of Notes from the August 13, 2001 Teleconference and the April 23, 2001 meeting

The minutes for both the August teleconference and the April meeting were approved, and both will be added to the AMO-EHS website. One member requested that the draft minutes be circulated earlier – especially since the time between meetings is several months. People who were unable to attend the meetings need updates sooner. It was agreed that drafts would be sent out within a few weeks of LAISC meetings.

Action: The Ministry will load the minutes from the August teleconference and the April meeting onto the AMO-EHS website.

Item 3: FOI & Investigations Subcommittee

The Co-chair of the FOI/Investigations Sub-committee outlined a proposed Investigations protocol the group had drafted. The Sub-committee has already established that the Ministry and municipalities can share information under the *Freedom of Information and Protection of Privacy Act*, and the *Municipal Freedom of Information and Protection of Privacy Act* because both Orders of government are responsible for ambulance services under the *Ambulance Act*, so there is a “consistent purpose”. The draft protocol entrenches this position, so information, data, tapes and reports can be shared.

The document provides municipalities with other protections as well. Municipal representatives will be entitled to be present at interviews between Ministry staff and paramedics if they are conducted during the course of an investigation. Municipalities will be notified if the province plans on opening an investigation with regard to a particular incident. The Co-chair was pleased that both sides could develop these ground rules in a productive, co-operative and responsible spirit.

Ministry officials were asked if the government approved the protocol. They said that it appears to be acceptable, but they will check with their legal department to ensure that there is nothing in the protocol that conflicts with other government obligations. They should be able to approve the document before the next LAISC meeting. Municipal members said they would contact AMO before the next meeting if they saw any problems with the protocol.

The Sub-committee Chair also noted that the group would be bringing forward a similar protocol on inspections. There will likely be two types of inspections. One for vehicles, equipment and bases where provincial inspectors will be allowed to immediately access ambulance areas to ensure that there is compliance with provincial standards. The second type of inspection would involve access to files and documents. This information may take municipalities more time to assemble, as many of the personnel files are offsite in human resource departments. There would be an expectation that the Ministry would give ambulance services some notice before they arrived.

Action: The Ministry will look at approving the Investigations protocol before the next LAISC meeting. Municipal members should make AMO aware of any of their concerns as soon as possible.

The Co-chair also discussed some municipal concerns regarding the human resource database that the Ministry administers. There is a tremendous amount of municipal administrative work involved in this, and there are questions regarding the value of the exercise. Municipalities agreed that they should ensure that they have the information required under the legislation and standards, and it should remain available, upon request, of Ministry investigators/inspectors without the need to transmit the information periodically. This matter will be further discussed at the FOI Subcommittee.

In a way this issue relates to another one – provincial ID cards. Provincial officials use this database to issue ID cards and numbers, so ambulance officials can access secure areas, and will be recognized immediately by other emergency service providers – such as police and hospital officials. The Ministry's current practices respecting issuance of these cards do not include a number of municipal officials and employees who are now key components of municipal ambulance services. At the same time, Regional Managers and Administrative support staff at the Ministry are issued these cards. It was felt by municipal officials that if the cards are intended to be a common identifier that is universally recognized for providers of ambulance service then it should be the municipalities who determine who should be eligible to receive these cards. Failure to acknowledge the legitimate needs of the UTMs/DDAs in this regard will result in the implementation of alternative approaches within the municipalities, which will defeat the purpose of province-wide card.

The ID card issue is being raised at this time because the City of Toronto's cards will become out of date next year, and a new one is being developed for the World Youth Day event. Currently, municipalities have two options. They can use the provincial ID card, or they can develop their own (if they follow the legislation). The Province issues the ID numbers. Toronto is working with the Ministry on a new card. The FOI/Investigations Sub-committee is trying to determine if a province-wide card could be established that could also be used for ancillary municipal purposes. One side would have relevant provincial EMS information, and the other could be reserved for information that UTM/DDAs need for their employees. Someone asked whether there would need to be a regulatory change. The Ministry said that it was procedural, and under the Certification Standard which is easier to change.

One Provincial representative noted that it might take a year for these cards to gain acceptance in the broader community. It is not just police officers and hospitals that need to be aware of what the new cards will look like. Private security firms also need to be made aware of the changes.

Action: The FOI Subcommittee will further discuss whether it is sufficient for UTM/DDAs to simply collect and retain information requested for the HR database, and provide to MOHLTC officials upon request, and further whether the Ministry will agree to provide ID cards to municipal officials who have been designated by a UTM/DDA CAO to be responsible for providing ambulance service.

Finally, the Sub-committee Co-chair discussed the issue of paramedic flu shots. Numerous paramedics are refusing to have the shots. He was asked to bring the issue forward, but felt that it was more appropriate that it be dealt with at LAISC, and not at the FOI/Investigations Sub-committee.

Under current regulations, paramedics are supposed to receive a flu shot before the end of Fall (December 20th) as one of their qualifications. There is currently a case at the Superior Court that will determine whether this qualification is legal or not. It was also noted that not all health care workers (i.e. nurses in long-term care facilities and doctors) are required to get the shots. It was the original intention of the government that they do, but legislation in these areas was not passed, and because of the ambulance transfer and the resulting *Ambulance Act*, paramedics are now required to have flu shots. One provincial official noted that in some health care situations there may not be a requirement, but health care workers are kept away from patients if they are sick. The Ministry will check into the exact rules around this.

Some union officials are organizing paramedics and advocating that they not comply. They are pointing out that no action was taken against 40 paramedics who refused to have the shots last year by the Province or the municipality they worked in. In some municipalities as much as 50% of the paramedics are indicating that they will not have the flu shot. It is primarily a GTA problem, but it is becoming an issue in some large communities throughout Ontario. In other municipalities the issue has not been raised by union representatives as a problem, and flu shots are being scheduled and administered. The Chair of the Ontario EMS Directors & Managers has agreed to try and determine the extent of the problem by the beginning of December. The Municipal Co-chair of LAISC will also discuss the issue with the Chairs of those communities impacted by this problem.

There was some concern that if this qualification is put into question, paramedics may refuse to adhere to other requirements. Municipal officials wanted to know what the government will do if a paramedic refuses to have the shot. They wanted to know if the Ministry would support municipalities at Labour Board hearings if unions opposed layoffs for non-compliance to the standard. One municipal official noted that the government would have to cover half of the municipal legal costs because of the

commitment to 50/50 funding. The Provincial Co-chair said the government would support municipalities on the flu shot issue. It was also noted that the Municipal sector should take a firm stand as well, and not allow paramedics who have not had flu shots to work until they have done so.

Down staffing due to layoffs would be difficult if there are large numbers of people who refuse the shots. In one community, 100 people may have to be suspended. It will be difficult and costly to replace them. Even if municipalities and the province take no action against employees who refuse to comply, hospitals may refuse paramedics, who have not had a shot, access to ERs.

It will take a while for the Court case to be resolved, as it has not begun yet. A municipal person felt that something had to be done soon as there is an expectation of a pandemic flu crisis.

One person asked whether the Paramedic Association should be contacted. They are arguing for the right to organize as a profession under the *Regulated Health Professions Act*, but it will be difficult to proceed with this initiative if there is a general refusal to have flu shots. Some felt that the public should be made aware of the risks of contaminating patients (especially seniors) if the flu shots are not taken.

One person suspected that more compliance would have occurred if the flu shots had been voluntary. A provincial representative noted that there has been an increase in compliance in the Long-Term Care sector in recent years. The Ministry will provide the compliance numbers for those institutions for the next meeting.

This will be discussed again at the December meeting.

Action: The Ontario EMS Directors & Managers will provide information on the extent of the flu shot problem for December LAISC meeting.

Action: The Ministry will find out the flu shot compliance figures for the long-term care sector, and the rules to protect patients from contamination if there are personnel who have not taken a flu shot.

Item 4: Inter-facility Transfers

Provincial officials wanted to proceed with developing and implementing proposals as soon as possible. There was a concern that it might be September 2002 before any of the reforms can be implemented. The group discussed whether a consultant should conduct an immediate study; whether a working group of LAISC should develop proposals; or whether a working group should work in conjunction with a consultant. There was also discussion around who should choose the consultant, and how the final product would be shared. The Ministry wondered whether municipalities could help fund the study. This was not deemed to be feasible given the quick timelines.

One municipal official noted that non-emergency transfers was not a problem in their municipality because they had educated hospital officials in their community that ambulance service was only to be used by patients requiring the service. They were concerned that the Inter-facility study would result in more work being imposed on municipalities.

It was also noted that any proposals regarding inter-facility reforms would not result in ambulance service cost reductions. This is especially true since numerous services are not meeting response times now. They would, however, contain costs in the future because the number of transfers is growing.

Concern was also raised about consultants that the Ministry has hired to do these studies, and their ability to produce independent reports. Issues were raised about the Terms of Reference, and whether they would be broad enough. The Ministry agreed to circulate them to LAISC members for comment before they are approved and released.

It was agreed that the Province would pay for the study, but municipal officials would be involved in choosing the consultant. A Steering Committee will be created that will be co-chaired by the current LAISC Co-chairs. The new committee will direct the work of the consultant. Draft and final reports would also be reported through the new Steering Committee

Action: The Ministry will circulate the Terms of Reference to Committee members. There will need to be a quick turnaround for comments.

Item 5: Dispatch

The Provincial Co-chair noted that the Ministry has received the final report from the consultant reviewing the Hamilton CACC. They are not at liberty to release the document yet as the Management Board Secretariat is currently negotiating with the union. They will look at giving some information, in a limited way, to municipalities that are served by the CACC. One municipal representative, who was involved in the drafting of the Hamilton CACC Review Terms of Reference, noted that the Terms of Reference for the study did say that the interim report would be shared with stakeholders. They felt, that at a minimum, the interim report should be released. Municipal representatives also noted that the unions already likely knew all the problems with the dispatch centres. Provincial officials will discuss the issue with Management Board, and respond within a week.

The member from Ottawa noted that their municipality had a lot of concerns regarding how dispatch was being managed in their Community, and there have been no responses to their queries regarding the City of Ottawa assuming the management of dispatch. They wanted to know how best to proceed with moving the issue forward. The Provincial Co-chair said that he would work with Ottawa to resolve the matter. The member from Ottawa also enquired about a rumour regarding the privatization of

ambulance dispatch. The provincial Co-chair said the government had no intentions to privatize ambulance dispatch.

Action: Provincial officials will contact the Management Board Secretariat about releasing the interim report over the next week.

Item 6: Funding Template Update and Status (Phase I)

The Ministry has received all of the phase one templates from municipalities. All but twelve have been approved. The rest will be reviewed in the new year because the Ministry is currently working on several projects.

One municipal representative raised a concern that the rules are changing under the template. In fact, letters from the Ministry actually state that the Ministry is making changes. For example, linen, which has been regarded as an operating item, is now viewed as a capital one. There was concern expressed that the Ministry was unilaterally changing the template. They wondered if it was related to the budget difficulties the province is experiencing. Other municipal officials noted that they received funding for items that are now being questioned in other jurisdictions. One official noted that the

Ministry Field office did not request line-by-line details on the template when he previously worked at a municipality. At his current one, the regional office is demanding line-by-line details. Municipal officials argued that this was not agreed to in the template and it is not legally possible for municipalities to provide detailed information to the Ministry if they contract out the service. They were very concerned about the inconsistency of how the template was being implemented. A municipal official requested that the EMS Directors Group consolidate the municipal concerns and send them to AMO. AMO will discuss them with Ministry staff.

One person asked whether they should submit their 2002 funding template. Ministry officials were unaware that one should be submitted. They thought that if an increase were needed, a business case would be prepared for the Branch to review. Municipal members argued that this was not the case. Templates were to be submitted year by year because items like salaries, equipment and gas prices increase. This is why templates were submitted for the years 2000 and 2001. It was originally contemplated that the phase 1 template would be combined with the Response Time Improvement Framework (Phase II). But, because of delays in that process, it never happened. The issue will be discussed at the Standards Sub-committee.

One person asked about reconciliation. No methodology has been developed. Again, it was to be combined with the Response Time Improvement Framework (Phase II), but it never happened. One municipal official noted that the reconciliation was not to be done line-by-line. In fact, according to the original principles, it was to be no more detailed than the original template. The Standards Sub-committee will address this issue as well.

A municipal member asked about the CRF and the funding template. The representative from the Ministry of Finance indicated that they needed an approved budget from the Ministry of Health and Long-Term Care, and an indication from the Ministry of Municipal Affairs and Housing on how the CRF would be shared between the municipalities served by the DDA before they could proceed. Currently there are only a few DDAs that do not have either one or both of these.

Action: The Ontario EMS Directors & Managers will provide AMO with a list of inconsistencies between what has been approved in some jurisdictions, and not in others.

Action: AMO will discuss the matter of consistency with Ministry officials.

Action: the Standards Sub-committee will address the need for a 2002 template, and end of year reconciliations.

Item 7: Response Time Improvement Framework (Phase II)

All but four of the phase two municipal response time framework documents (for provincial funding to meet the 1996 response time standard) have been received by the Ministry. They are waiting receipt of the remaining framework documents in order to complete their final analysis. Some municipal members wanted to set a final deadline

for the four municipalities, as the original deadline was the end of September. If they are not in, those municipalities may forfeit response time dollars. Others argued that this was not appropriate. AMO has agreed to contact the four municipalities that have not submitted their framework forms, and request that they do so as soon as possible. The Ontario EMS Directors & Managers agreed to assist them if they need it.

There was some concern expressed about the \$10 million that was announced to fund meeting the standards. Municipal members felt that this would be a good first step, but clearly more money was needed. It was also noted that provincial funding needs to flow soon. Ambulance services are costing millions of dollars more than anticipated, and municipalities are under severe budget constraints. Councils are not going to understand the delays in provincial funding – especially if taxes have to increase

Action: AMO staff will contact the four municipalities that have not submitted their templates and request that they do so as soon as possible.

Item 8: Purchasing Subcommittee

The new terms of reference for the Purchasing Sub-committee were approved. The new Committee is a combination of the old Purchasing Sub-committee and the Ministry's

Ambulance Equipment and Supplies Review Committee. Frank Fitzgerald, from the Ministry will become a Co-chair of the new Committee.

Item 9: Update on Amendment to Regulation 257 (Paramedic Qualifications)

Ministry officials said that an amendment to Regulation 257 was approved by the government and gazetted on October 27th. The new regulation will appear on the AMO-EHS website. A letter with the new regulation attached will be sent out to municipalities within the next few days.

The amendment will extend the deadline for part-time employees to attain the EMCA qualification. Currently part-time employees have until January 1, 2002. The new time frame will be January 1, 2006. They will be required to be enrolled in an upgrading program to achieve this credential while they are working.

Those personnel that were employed as paramedics before 1975 and are trained in symptom relief and defibrillation are grand fathered, but other full timers will need to meet the qualifications. There will be an impact on some municipal services, but Ministry officials noted that there are 21 base hospital sites in Ontario that offer one day courses in symptom relief and defibrillation for those grand fathered paramedics.

Ministry staff also said that the amendments to Regulation 257 give paramedic graduates a 210 day extension to pass their EMCA qualification exam, and the Ministry has increased the number of times the test will be offered from two to three per year.

A northern member of the Committee noted that while the larger communities in the North have local colleges that offer courses, smaller communities do not. He is aware of one community that will have no qualified paramedics to deliver the service. They are wondering whether they have to rely on first response teams or air ambulance services. Committee members were reminded that the response times in some northern communities are over 50 minutes.

Action: Ministry staff will follow up with the relevant Base Hospital about the issue in the specific community mentioned by the northern member.

Item 10: Cross-Border Billings

Carman D'Angelo, the Ambulance Manager for Oxford County, gave a presentation on the cross-border billing issue. He noted that it was prioritized as the number one ambulance issue, outside of provincial funding, at the last Ontario EMS Directors & Managers meeting. At the current time, there has been no establishment of an inter-municipal agreement relative to billing of ambulance calls, and many UTMs/DDAs have passed resolutions that they will apply the Regulation rather than enter into an inter-municipal agreement.

For the year 2000, the Ministry will be doing the billings for inter-municipal calls. Municipal members noted that it is near the end of 2001, and the Ministry has not done the billings as of yet or transferred the money – even though the figures were used to calculate provincial funding on the phase one templates. A Ministry representative said that the 1998, 1999 and 2000 billings would be reconciled together soon. One municipal official asked that the reconciliation be done carefully as their municipality was over billed \$600 000.

For 2001 and after, municipalities are responsible for their own billings, and there are additional problems. The regulation, in fact, may be unworkable. The first problem is determining what a call is. Is it a code 8 (stand-by)? What if the stand-by location is not in the municipality that is going to receive the bill? Even with this decided, the ARIS data is not always reliable, so there is the potential of over and under billing.

There is also a problem with what is included as an ambulance cost on the bill. Municipalities are supposed to charge an average cost per call. To calculate this, they need to identify their total costs, and divide the figure by the total number of calls. Does the total cost include items not on the phase 1 template (i.e. wages beyond 2%, administrative cost beyond 10% or the use of ALS paramedics)? How does the municipality being billed verify these costs? How does a municipality verify the total number of calls?

It was noted that the Ministry had not yet requested costing information from those municipalities that assumed responsibility for land ambulance in 2000. Representatives from those municipalities wondered how the Ministry was going to calculate average costs per call without that information.

Rendezvous create problems as well. If for example, a patient travels from Niagara Region to City of London, and a rendezvous occurs in Oxford, the ambulance code describes the “pick-up” as in Oxford and thus it is not categorized as an inter-municipal call.

There are fairness concerns. The average cost per call varies in numerous municipalities, and the range is quite wide. Some municipalities have complained that they owe communities (after reconciliation) money even though they do more calls in the community, than they receive in return. Communities with higher costs per call argue that this is the cost to them of doing business.

Tertiary care centres are concerned about paying the costs to return patients from their hospitals to other jurisdictions. If a Niagara ambulance takes a patient back to the Region from a Hamilton hospital, the City of Hamilton has to pay Niagara for the ambulance trip – even if the patient is a citizen of Niagara.

Some wanted to review the dispute resolution system and dispatch protocols. The issue could be resolved through mutual aid agreements if it was just about emergency

coverage, but it involves inter-facility transfers. It is hoped that a resolution of the non-emergency transfer issues will help remove some of the obstacles to solving the problems around cross-border billings. It is an important issue to the municipal sector. One municipal official noted that \$250,000 has a 1% impact on their tax base. The issue is also entangled with the CRF.

Action: The Ministry will report back on the status of the 1998, 1999, and year 2000 billings to LAISC. They will also communicate this information to UTM/DDAs.

Action: There will be a Sub-committee set up to review the cross-border billing issue. The Chair of the Sub-committee will be Elizabeth Tanner, and it should include members from the Ontario EMS Directors & Managers Association, municipal administrators and treasurers. The Ontario EMS Directors & Managers, and municipal administrator and treasurer associations should approve any proposals from the Committee before they are presented to LAISC.

Item 11: Update on Patient Priority System

Deferred.

Item 12: Managing the Transfer

Deferred.

Item 13: Other Business / Next Meeting Date

The next meeting of LAISC will be on December 17, 2001 at 10:00 a.m. in the AMO Boardroom. The focus of the meeting will be the flu shot issue, ID cards, non-emergency transfers and provincial funding.