

Land Ambulance Implementation Steering Committee
December 13, 1999 - AMO Boardroom
Meeting No. 7 - Summary Notes

In Attendance:

Roger Anderson, Co-chair	Region of Durham
Dan Newman, M.P.P., Co-chair	Ministry of Health & Long Term Care
Dave Stewart	County of Renfrew
Roger Valley	Town of Dryden and Kenora DSSAB
Dan Ciona	County of Brant
John Cunnane	Region of Niagara
Greg Keating	City of Chatham-Kent
Mark McDonald	County of Elgin
Joseph W. Tiernay	County of Peterborough
Doug Wuksinic	Region of Sudbury
Jim Wilson	County of Perth
Brian MacRae	City of Thunder Bay
Joanne Yelle-Weatherall	Regional Municipality of Ottawa-Carleton
Alan Craig	City of Toronto
John King	Ministry of Health and Long Term Care
Graham Brand	Ministry of Health and Long Term Care
Keith Madley	Ministry of Health and Long Term Care
John Gross	Ministry of Health and Long Term Care
Peter John Sidebottom	Ministry of Municipal Affairs & Housing
Pat Vanini	AMO
Jeff Fisher	AMO

Regrets:

Vince Judge	Perth County
Carol Mitchell	County of Huron
Marvin Caplan	City of Hamilton
Lynn Murray	County of Huron
Joseph Moore	Region of Peel
James Green	District Municipality of Muskoka
Brian Coburn, M.P.P.	Ministry of Municipal Affairs & Housing
Janet Mason	Ministry of Municipal Affairs & Housing
Mary Kardos Burton	Ministry of Health and Long Term Care

1. Approval of Summary Notes from the November 1st meeting (Item A):

The summary notes from the last meeting were approved and will be loaded onto the Joint web site.

2. Time Lines and Legislation (Items B, C, and D):

Bill 11 - Bill 11, *the Red Tape Reduction Act, 1999* has gone through Committee and is awaiting third reading. It is anticipated that it will pass the House before December 23rd. The Bill deals with several ambulance related issues including operator certification, and billing issues.

Bill 14 - Municipal members of the Sub-committee had several concerns regarding Bill 14, *the More Tax Cuts for Jobs, Growth and Prosperity Act*. Municipal officials feel that the Bill limits the ability of municipalities to negotiate with one or several of the current providers in their jurisdiction.

The Ministry of Health and Long Term Care (MOHLTC) officials argue that this is not a policy change, because in their view it was never the intention of the *Ambulance Act* to allow municipalities to have agreements with just some of their existing operators without an RFP being issued. The idea of using only some of the current providers (without going through an RFP process) within jurisdiction had not been raised with Ministry officials until recently by Wellington County.

Municipalities are concerned because there have been legal opinions expressed that indicate they did have the option of choosing which current operators they wanted to negotiate with. Municipal representatives felt that Ministry officials were well aware of these views, and of municipal plans to utilize this option for almost two years as many Regional Managers have attended Council meetings. In September, officials in Haldimand-Norfolk sent the MOHLTC a letter indicating that they wanted to negotiate with three of the six operators in the Region. The Ministry's own documents seem to support this interpretation as well. Both the *Land Ambulance Practical Guide* and the *Local Services Realignment (LSR) - a User's Guide* state that "... delivery agents may: enter into an agreement with one or more existing land ambulance operators...".

Ministry officials pointed out that the issue in Haldimand-Norfolk was different. Some of the operators wanted to amalgamate to become one company. This new entity would not be considered a current provider under the Act. Municipal officials still felt that there are more UTMs that will be impacted by this apparent limitation in the legislation.

In addition, there are time constraints because of the September 3rd 2000 deadline for notice. In the North and in areas of the South where municipalities have not been designated, this is a real concern. They may not be notified until March, and by September 3rd, they will have to notify the Ministry and current operators who will be delivering the service as of January 1, 2001. There was some concern that the notification from the Ministry will not occur until after March because key issues such as the ambulance service boundaries in the North have not been addressed.

This provision may also cost municipalities more money because many will be forced to issue expensive RFPs. The results of RFPs that have been responded to have not indicated that costs will decrease because of an RFP process. If municipalities wait to negotiate with current providers, they may put themselves in a bad negotiating position because if no decision is rendered by September 3rd, municipalities must negotiate with current providers. The Ministry officials said the RFP process may not have to be long or expensive because the process was not defined in the Act.

Municipal officials felt that the Province had given them a tough job to do. They should let municipalities decide how they want to implement the ambulance services in their regions.

One municipal official asked what happens if one of the providers in a municipality (i.e. the Ministry of Health) does not want to deliver the service after December 31, 2000. Could they block negotiations with the other providers?

- **Action: The Ministry will respond to AMO's letter regarding Bill 14.**

Bill 29 - Municipal members of the Committee were very concerned about the impact of this bill. It fixes municipalities to a set model of deployment which may not be appropriate, and maybe costly in many areas of Ontario (i.e. northern and rural communities). At the same time, It may eliminate the volunteer departments presently used in many municipalities.

The legislation sets a standard based on property - not on outcomes, so residents may not be better served even though their costs increase. Even if the standards were based on outcomes, municipal officials felt that the service was assigned to the municipal sector. Local officials should be making these day to day operating and service decisions - not the province - unless the government of Ontario is prepared to pay the additional costs.

- **Action: AMO will write all MPPs a letter detailing municipal concerns regarding Bill 29, *Ambulance Amendment Act (Minimum readiness)*.**

3. Future Committee Structures (*Item E*):

The government proposed that the Committee embark on a new partnership. The Ministry no longer views the Steering Committee as an advisory body. It should be capable of assisting both orders of government in making joint decisions on ambulance issues. It is hoped that on most of these issues members will be able to come to a joint agreement. The discussion on Bill 29 is an example of this. The Current Terms of Reference are broad enough to cover this new role of the Land Ambulance Implementation Steering Committee.

Municipal officials supported the idea, but questioned whether the Ministry was prepared to give up its traditional role - where decisions were made unilaterally. Even if the Ministry bought into this change, there was concern that the rest of the government may not. Ministry officials said they will try their utmost to move in this direction.

Municipal officials felt that the Province could demonstrate this commitment by making some positive changes. Municipalities need to know what "approved costs" are. From the provincial handout it does not look like they will be 50% of the total municipal cost to deliver the service. Municipal officials felt that the province should not dictate standards, and then pass the costs onto municipal Councils. Ministry officials argued that the financial

relationship cannot be open ended either. The province should not be paying for “Cadillac” services. Instead it should pay to an agreed upon provincial standard. This standard should be the focus of future municipal/provincial discussions. Municipal officials pointed out that they, like the province, can not afford a “Cadillac” either.

One municipal representative was concerned that the 1996 response times not remain as the provincial standard - at least for their municipality. The response times in that municipality were 50% longer than in other similar sized jurisdictions in Ontario. At the same time other municipalities may feel the 1996 response times are adequate, and may not wish to move to a different standard.

Committee members felt that the standard had to be able to evolve and be flexible. It needs to deal with the uniqueness of Ontario’s various communities (i.e. Toronto and the North). One person argued that we should deal with the problem in two phases. The first phase would be to get all municipalities up to the present legislated 1996 response time standard. In phase two, we could implement these new flexible standards. Municipal members felt that the province, as part of the new partnership, should fund 100% of the capital costs of completing phase 1 - which was their standard.

Ministry officials recognized that ambulance is a health care service. Municipal officials argued that other components in the health care sector impacted on the delivery and cost of land ambulance. Municipalities need to be involved in any health care restructuring discussions if there is to be a real partnership.

Municipal members expressed the view that another first step in the partnership would be dealing with the labour framework. Ministry and government officials have expressed concern about implementing an Essential Service Agreement (ESA) framework for those municipalities who were downloaded the service under the LSR. A municipal Committee member asked why using ESAs was good enough for the province, they could not be applied to municipalities when they assume the service? Going to interest arbitration will increase both the municipal and provincial costs.

Municipal members suggested amending the section in Bill 14 which limits municipal options; making no more blind siding announcements; and immediately releasing the 1999 call data and future data at agreed-to interludes would also signal that the Ministry is serious about a new partnership. One Committee member was also concerned about the “Advisory Council” described in Bill 11. Ministry officials stated that this only provided the flexibility for the Minister to create one. No decisions have been made about the Council (or if there will even be one). The Ministry is looking for advice from the Steering Committee.

- **Action: Municipal officials will discuss the partnership proposal and bring comments back to the next meeting.**

The future of the Land Ambulance Transition Taskforce (LATT) was also discussed. Ministry officials wondered whether components of the the Taskforce could become a technical advisory group for the Steering Committee. A LATT member argued that members of the Taskforce had put their best efforts forward for two years. They should be

consulted before any change occurs.

- **Action: The Ministry will call a LATT meeting to discuss the future role of the Taskforce.**

4. Letter of Understanding (Item F):

The Ministry handed out a draft copy of a Letter of Understanding that municipalities will have to sign before they assume the service. York, Durham and Niagara will receive final copies before they assume in January.

The Ministry was asked whether the Province will sign the document as well. It will be signed by the Ministry of Health's Director of Emergency Health Services. This may change if an elected municipal official signs the Letter. It was felt that to reduce red tape the Letter of understanding should be signed by municipal and provincial staff.

5. Costing Sub-committee:

The Costing Sub-committee met on December 6th. AMO officials presented the municipal proposal to deal with costs to the Steering Committee.

The municipal members of the Sub-committee propose that municipalities work under a global budget funding model where the previous year's budget is used as the base budget allocation for the following year. The Committee will discuss how ambulance budgets will be determined for the first year of municipal service. After this, the budget would be based on the actual costs municipalities had for their delivery of the service. Additional funding would be based on the quality and quantity of the service to be determined by a needs assessment. It is recommended that the current payment mechanism the province presently utilizes with ambulance operators should continue (i.e., payments would come every two weeks or 26 times per year). A mechanism would be put in place for one time emergency funding - which is currently available.

Municipalities do not want line by line reviews of their ambulance budgets. Provincial officials also stated that they are not looking for a detailed regulatory environment either. Trying to find small savings on issues that account for 2% of an ambulance budget is not an efficient use of each party's management resources. The funding model should provide a broad policy framework, and allow local flexibility and innovation. In addition to predictability and stability, it should also be fair and equitable to all the municipalities delivering the service.

There was some concern raised by municipal members of the Sub-committee regarding the size and the flexibility of the Province's funding envelope. It is hoped that the government recognizes that ambulance cost will increase throughout the province for the following reasons:

Provincial costs are not municipal costs - Certain items such as WSIB, insurance, leases are excluded from the budgets of Ministry run services. In addition, the province benefits from not paying federal/provincial taxes, and from bulk purchasing. One time emergency funding is also not included in these budgets. The Region of Niagara conducted an RFP. They reviewed an in-house option and received bids from a hospital and the private sector. The hospital option was the cheapest for Niagara taxpayers, but it was still almost \$2

million higher than the Province's cost - for the same level of service.

At the moment, municipalities do not have the legislated right the province enjoys to have Essential Service Agreements negotiated before paramedics go on strike. They will have to negotiate that privilege - usually in exchange for increased wages. Without a change to the labour framework to move to a mandated ESA approach, many will find that their paramedics are in "right to strike" or arbitration environments where Councils have little or no control over labour costs, which represent 85% of the cost of land ambulance. There is also likely to be a shortage of paramedics in the near future because of demand increases and because community colleges are expanding their one year program to two years. This will drive wages up in the near future.

Meeting the 1996 Provincial Standard - The *Ambulance Act* requires that municipalities maintain the same response times that were met by services in their area in 1996. At the moment, the Ministry is not meeting this standard in most areas of the Province. It is estimated that 50% of the UTMs are not at the 1996 standard. To meet the standard, it is estimated by the Province that the costs will increase \$40 million province-wide.

Growth in Demand - The demand for ambulance services will be increasing dramatically over the next few years because the population in many parts of the province is increasing and aging. At the same time, the health care system is being restructured which is increasing the number of transfers as health care facilities become more specialized. Emergency rooms and hospitals are closing which is increasing the amount of time ambulances need to fully respond to emergencies. For example, call volumes in London-Middlesex increased over 40% between 1995 and 1998. The need for timely call data is important to future planning.

In the past, response times and service levels were hidden in provincial averages. Taxpayers did not know how their service compared to other services in similar jurisdictions. Municipalities and their constituents are now finding that service and response times are uneven across the Province in similar jurisdictions and there can be significant differences within a jurisdiction. Residents are demanding that they receive faster response times with full time, if not ALS paramedics, 24 hours a day coverage, particularly if similar jurisdictions have the same service.

Transitional Costs - The Municipal members of the Costing Sub-committee have found that there are additional costs that the province must fund. Not unlike the other transferred services, such as Ontario Works, municipalities have had to invest in staff and consultants to better understand the ambulance business and ensure that the best decisions are made on behalf of their property taxpayers. The learning curve for municipalities for this transfer was even steeper because of the lack of experience with this service. Time and money have been spent on assessing delivery options, running RFPs, and negotiating agreements with operators and unions. There are also technical services, infrastructure and administration costs that have not been calculated in the LSR figures. A survey of these additional costs is underway to help our case for one-time transition funding as was provided with Ontario Works.

Provincial Standards - Any reduced response time standards change or other increased provincial service standards will also increase costs. Changes in vehicle, equipment and employment standards could also drive up costs. The Province has promised a 10% reduction in response times in the *Blueprint*. While there seems to be a focus on fixing the

current problems, this is still on the agenda for the future.

Municipal representatives noted that there is no incentive for municipalities to expend money unnecessarily, and to not be diligent in controlling costs. They serve the same taxpayers the province does. The only difference is that they are closer to those taxpayers.

In conclusion, the Municipal members of the Sub-committee recommend that the Province agree to fund the above costs and increases at 50% save and except that:

- i) the capital cost (i.e. vehicles, equipment and stations) of bringing the ambulance services up to the 1996 standard should be funded 100% by the Province. The Province should not be downloading services that do not meet their own legislated requirements.
- ii) dispatch should continue to be 100% provincial cost no matter what municipal management option(s) emerges. The Ministry presently funds municipalities, and hospitals 100% of the cost to run dispatch centres. There is no reason why this arrangement should not continue and the legislation remain as is.
- iii) transitional costs that would not have been expended if the download had not occurred should be funded 100% by the provincial government.

The Municipal members of the Steering Committee endorsed the recommendations.

Provincial officials did indicate that they were committed, at the very least, to funding 50% of the needed upgrades to meet the 1996 standard. It is not known whether the funding to constantly meet the 1996 standard will be perpetual or not. The Province noted that when municipalities assumed 100% financial responsibility for ambulance services on January 1, 1998, the service across the province was close to meeting the 1996 standard. Any changes the Province would have made that year to enhance the service would have been charged to municipalities.

One person asked what the consequences would be if a municipality did not meet the standard. The Province is not contemplating any action yet, but municipalities may have to face lawsuits if something goes wrong in a particular case. The Courts may penalize municipalities if the legislated standard are not met.

Another person wanted to emphasize the problem municipalities have in rural areas. Some rural parts of their community receive 29-35 minute response times. This is unacceptable to many local residents. While they recognize that times in urban areas will be faster, there is an expectation that the service will improve. The province pointed out that the partnership may help this situation out - if new standards (including rural ones) are pursued.

The Province is still committed to funding dispatch 100%.

Municipalities need answers on the other costing issues soon. Niagara has gone through the RFP process as the Province has asked. The cost for delivering the service as noted above is still \$2 million higher than the Provincial cost. Niagara needs to know soon whether or not they will receive money based on the Provincial cost or the municipal cost. Municipal budgets are finalized by February.

The issue of notice was also raised. The Region of York did not sign a “reasonable efforts” agreement with the Province. It was their understanding that the Province, to avoid paying in lieu of notice, has told its paramedics that if they begin working for the Region on January 1st instead of the Ministry service, they will be deemed to have resigned, and will not receive an enhanced severance package or payment in lieu of notice. Ministry officials said that this is not the case. Paramedics cannot show up for work at the Ministry service because it will be closed. The Ministry understands that they have taken a job with York, so there is a debate of what is owed these employees. Whatever the cost is, it will be 100% funded by the Province.

- **Action: AMO will take costing proposal to the upcoming AMO Board and will forward this Board position to MOHLTC. In the meantime, the ministry should be confident that this will be AMO’s position. The Committee will need a response soon from the Ministry because municipal budgets are being finalized over the next month.**

6. The 1996 Response Time Standard (*Item G*):

There are 28 areas across the province that are not meeting the legislated response time standard. It is recognized that the 1996 response times may not be the ideal standard. It will be difficult to compare times in 1996 and 2000 because of changes in demographics and ambulance stations. This is especially true for municipalities relying on ambulances from other jurisdictions.

Some members wondered whether the standard should be for cardiac patients only, or whether the standard should be based on a regional average. Others felt that there should be a urban/suburban/rural or high/low density standards. There is the problem of managing expectations. Where should municipalities make investments - in urban areas where people are a mile away from ambulance stations, or in rural areas where an ambulance can be 30 minutes away? Some felt the best way to manage expectations is to base future standards on medical efficacy, so we they are based on what will save the most lives. One person advised the group not to focus on averages because it is the individual calls that count. A municipality can have a good average, but if something goes wrong on a call (it may not even be related to the response time), the municipality will still be responsible.

There is bench marking work being done by the CAO/Ministry of Municipal Affairs and Housing group, but MOHLTC is not involved. One person felt that the problem with this approach is no matter what a municipality/operator does, they will not meet the standard. Either they will be well below it, or spending too much money on the service.

There is an opportunity for changing the Regulations on response times. Because of the Bill 11 amendments, new regulations will have to amended as well. This needs to be done by May 1st. The Committee will discuss this issue at the next meeting. The municipal members of the Committee felt that this amendment should be developed through the new provincial/municipal partnership discussed earlier.

It should be noted that there are other standards that must be met under the *Ambulance Act* and Regulations. Information on these standards will be put on the joint web site.

The Ministry estimates that \$11.6 million will have to be invested province wide in Capital

infrastructure (stations, vehicles and equipment) to meet the 1996 standard. Operating costs will also have to increase as well. This was determined in consultation with municipal ambulance managers. One person said that their municipality was not contacted, and they were concerned that the Ministry may dictate where ambulances and stations should be placed within their community. Ministry officials said that not all municipalities were contacted, but that local municipalities would determine where stations and ambulances were placed.

- **Action: The Steering Committee will discuss the issue of Standards at the January meeting. The Ministry will provide the Committee with draft *Ambulance Act* regulations, so members can comment on them.**

7. Purchasing Sub-committee:

The Chair of the Purchasing Sub-committee brought forward two recommendations.

Judson Street Store/Ontario Government Pharmacy - The first proposal relates to the Ministry's Judson Street Store and the Ontario Government Pharmacy (OGP). The Emergency Health Service Distribution Centre (185 Judson Street, Toronto) provides vehicles, equipment and technical assistance to support the ambulance services across the province. The OGP provides the consumables used by paramedics. The government has assured municipalities that both the facilities will remain open and available to ambulance services until at least the transfer date of January 1, 2001. The Sub-committee feels that it should remain open for at least a further five years.

Besides vehicles, the Distribution Centre inventories some 360 items of medical, accessory, automotive and conversion equipment that are not locally readily available to many ambulance services. The equipment can also be made available quickly in emergency situations. Rush orders received by 3 p.m. can be shipped to arrive the next day in most areas of the Province. The Fleet & Equipment Services Section staff also provides technical support to ambulance service operators and their servicing garages. Information regarding vehicle and conversion repairs, downtime/components failure trends, and preventative maintenance are provided to ambulance fleets. Section staff also negotiate with the manufacturers for warranty and policy adjustments, and can provide advice on occupational health and safety issues.

These services are important to municipalities, and because of the transfer extension, many will not be assuming responsibility for the service until January 1, 2001. The ability to deal with these technical issues, as well as new purchasing arrangements at the same time as the transfer will be profound. The Sub-committee feels that it would be in the best interests of the service transfer to keep the facility open at least for five years, which will provide a better opportunity to become familiar with the operation and look at innovative ways of using ambulance service dollars wisely and effectively, as municipalities develop a better understanding of the ambulance business. Orders for vehicles in 2001 must be made soon. Nothing else is available to municipalities in the short term.

There are definite cost saving advantages as well, since items are bulk-purchased and done through multi-year contracts. Service contracts are in place to recycle, recondition and reissue high cost medical equipment and automotive components. Through conversations with vendors, it is the Committee's understanding that savings could be as high as 15% to 40% compared to retail pricing. Further work will look at what savings

could be derived for property taxpayers from reduced federal taxes if items are purchased from either of these facilities.

The Province will have to maintain Judson (or its equivalent) to meet its own obligations. The Ministry is still, and may continue to be responsible for delivering ambulance services in some areas of Northern Ontario and in First Nation Communities. Their services will likewise require vehicles, equipment and medical supplies. Municipal officials from the North were very concerned about losing Judson - especially with the tight time frames and financial pressures they are under.

The Fleet & Equipment Services Section is also used by the province for the technical evaluation and testing of EHS vehicles and equipment. This section has a key role in the development related standards, as well as the technical review of submissions by vendors for vehicle certification.

For these reasons, the municipal members of the Sub-committee feel that the the government should commit keeping the "Judson Street Stores" and the Ontario Government Pharmacy open and available to municipalities for a minium of five years. The Municipal members of the Steering Committee endorsed the recommendation. A similar resolution was passed by the Municipal Ambulance Directors at their December meeting.

Ministry officials indicated the Province could carry on with both services, but that the advantages of bulk purchasing decline if the number of municipalities ordering from them erodes. If the advantages erode too much, the Ministry might be forced to close the facilities. MOHLTC will need to discuss the tax advantages of giving vehicles/equipment to municipalities (tax free) with Ministry of Finance officials. Both the Ministry and the municipality may have to jointly own the vehicles.

- **Action: AMO staff will raise this issue at the AMO Board and will forward this information to MOHLTC.**
- **Action: The Ministry will provide the 1998 transaction information to interested municipalities.**

The Ambulance Equipment and Supplies Review Committee - The Ambulance Equipment and Supplies Review Committee (AESRC) reviews, assesses and recommends the equipment and supplies that become provincial standards for all ambulances in Ontario. It reviews the patient care, technical, occupational health and safety and cost implications of this equipment.

At the present time the AESRC Committee's membership is mostly made of MOHLTC representatives, although there are members from outside the Ministry. The Ministry has asked that a municipal representative be appointed. Appointing one person to represent all of the municipalities in Ontario is not reasonable or appropriate. It is doubtful that the one member would have much influence since the majority of the AESRC members are Ministry officials which seems unfair given the transfer of the service to municipalities and the cost-shared situation.

The recommendation is that no municipal officials be appointed to the AESRC, but rather the Land Ambulance Purchasing Sub-committee review any proposals before the AESRC. The Purchasing Sub-committee has broader representation from the municipal sector as well as one of the provincial representatives sits on both committees. This option will also allow the Sub-committee to forward any concerns to the LAISC which in turn can be discussed directly with the Ministry and AMO's Board of Directors if necessary.

The Municipal members of the Steering Committee endorsed the recommendations. This issue was also raised at the last Ambulance Directors meeting. The Directors passed a resolution that the the Base Hospital's Medical Advisory Committee also be involved in the process.

- **Action: AMO staff will raise this issue at the AMO Board and will forward this information to MOHLTC. The Ministry can respond to either the Purchasing Sub-committee or the Steering Committee.**

The Chair of the Sub-committee has asked that the Ministry's position paper on Land Ambulance Equipment Approval be reworded before it is loaded on the joint web-site. The position paper made it sound as if municipalities could not have "unapproved" equipment in their vehicles. The Ministry should not be telling municipalities what equipment should be placed in ambulances when it is not being funded by the province. There is still a concern that the Ministry says will not be liable if something goes wrong that involves non-standard equipment. This appeared to be micro managing. MOHLTC officials felt that there could be legitimate health and safety concerns with non-standard equipment.

8. Dispatch:

Provincial and municipal officials on the Sub-committee have come to an agreement on several dispatch principles. They are as follows.

- Ambulances are owned by municipalities, and municipalities are evaluated and held accountable to a regulated performance standard.
- The number one priority of dispatch is to ensure that ambulances are available to handle emergency calls within each jurisdiction and within the provincially mandated response times; recognizing that the dispatch function drives effectiveness.
- The system should continue to be 100% funded by the provincial government. The province presently funds hospitals, municipalities and other agencies to preform this function. There is no reason why this should not continue. Universal devolution to the municipalities, at this time, is not being considered.
- Dispatch must receive the necessary technological and human resources to ensure municipalities and operators meet a high standard of care and perform a safe and effective job.
- Municipalities should have the right, if they choose, to manage dispatch;

municipalities should not be forced to assume management of dispatch.

- One size does not fit all, and there needs to be flexibility for different models.
- Municipalities must control dispatch protocols, procedures or policies that will apply to their ambulance fleets, but the five principles in the Ambulance Act must be upheld.

Several models of municipal dispatch are also being reviewed by the Sub-committee. They are as follows:

- **Contracted One Municipality (multi-jurisdictional area)** where provincial staff, equipment and facilities are handed over to a municipality which manages delivery of dispatch to several UTMs.
- **Status quo (Ministry, Hospitals or Other entities Deliver Dispatch)** where the Ministry (or other non-municipal entities on behalf of the Ministry) deliver the service.
- **The Multi-jurisdictional Municipal Corporation** where a number of UTMs join together to form a corporation to oversee dispatch in the area.
- **A Municipal Board for a Provincial CACC** where the Province still runs the CACC, but a an Advisory Board is created where municipal representatives are in the majority.
- **The Integrated Model** where ambulance dispatch would be integrated with police, fire or both in one municipal dispatch centre.
- **Action: Tim Beadman has been appointed as the Municipal representative on the ARIS Replacement project.**

Provincial officials have agreed that the CACC boundaries can change - although the number of CACC management units should not increase.

The 1998 and first half of 1999 call data CDs should be fixed and available at the end of the month. The data for the rest of 1999 should be ready by March 2000.

9. Y2K Update:

The Ministry is confident that the ambulance system is Y2K compliant. There was a problem with a equipment in a dispatch centre in the North, but it will be fixed by mid-December, and there will be back up facilities available should there be problems. The Ministry is also comfortable that almost of the Operators are compliant. Problems have been identified and fixed.

The cost of ambulance up-staffing for Y2K will be funded 100% by the Provincial

government.

10. Other Business/Next Meeting:

The next meeting will be on January 25th 10:30 a.m.