

Land Ambulance Implementation Steering Committee

February 4, 1999 - AMO Boardroom

Meeting No. 1 - Summary Notes

In Attendance:

Roger Anderson, Chair, Region of Durham
Marvin Caplan, Regional Councillor, City of Hamilton
Dan Ciona, CAO, County of Brant
John Cunnane, Public Health Department, Region of Niagara
James Green, Commissioner of Planning & Economic Development, District of Muskoka
Greg Keating, Commissioner of Health & Social Services, City of Chatham-Kent
Brian MacRae, City Manager, City of Thunder Bay
Mark McDonald, Administrator Clerk, County of Elgin
Joe Moore, Manager of Emergency Programs, Region of Peel
Doug Wuksinic, Region of Sudbury
Dave Stewart, Reeve, Village of Cobden
Joe Tiernay, CAO, County of Peterborough
Ron Sapsford, ADM, Health System Management, MOH
Mary Kardos Burton, Executive Director, Health Systems, MOH
Graham Brand, Director, Emergency Health Services Branch, MOH
Tim Hudak, MPP, Parliamentary Assistant to the Minister of Health
Ernie Hardeman, MPP, Parliamentary Assistant to the Minister of Municipal Affairs & Housing
Pat Vanini, Director of Policy and Government Relations, AMO
Jeff Fisher, Policy Advisor, AMO

Regrets:

Joanne Yelle-Weatherall, Director of Land Ambulance Services, Region of Ottawa-Carleton
Alan Craig, EMS Planner, City of Toronto
Vince Judge, Mayor, Town of North Perth
Carol Mitchell, Warden, County of Huron
Jim Rule, CAO, Region of Sudbury
Roger Valley, Mayor, Town of Dryden
Dennis Brown, Project Manager, Standards & Quality Assurances WDW, MOH

1. Terms of Reference:

AMO representatives wanted to make a few changes to ensure the Committee had an active, not a passive role. First, they wanted to add "...**and communicate to municipalities**" to the end of the second last paragraph of the Introduction section.

Secondly, they wanted to change point four of the Activities section, so it reads “Make recommendations to the Minister of Health on **the development of** provincial policies and practices, **and current policies and practices** relating to municipal responsibilities under the Act and regulatory standards and feedback on matters related to the integration of emergency services, **and review policies and procedures that come out of the Land Ambulance Transition Task Force.**”

AMO representatives also wanted to extend the duration of the mandate to January 1, 2001 to coincide with section one under Activities where the committee is charged with “...post Year 2000, the monitoring/evaluation of the transfer.”

Finally, the municipal representatives wanted any sub-working groups to report through to the Steering Committee, and requested the following wording change, “...**and report through to the Steering Committee,**” at the end of the last sentence in the Chair section.

- **Action - Ministry of Health (MOH) officials have agreed to contact the Minister regarding these changes and report back at the next Committee meeting.**

2. Communications:

AMO representatives wanted MOH officials to pass on new information, decisions, and any changes in policy to municipal officials as quickly as possible, and ensure AMO is advised. The example of the recent decision by MOH to transfer ambulances with certification was cited as an example. Municipalities have been making plans based on the assumption that they would have to deal with these costs. Almost all municipalities were not aware of this change in policy. Another issue that must be communicated is that cross border charges for ambulance services to municipalities will be based on call location not weighted assessment that was previously assumed.

- **Action - MOH officials will confirm that the Province of Ontario will transfer ambulances to municipalities with certification.**

It was thought that a land ambulance web page on AMO’s Municom website. It would link to the Ministry of Health site, and would include a “Did You Know...” section which would include the latest information from the Ministry. There would also be a Contact section, so municipalities with specific questions would be referred to the right person at MOH to answer the questions. The objective is to avoid getting different answers from different people on the same question. Responses would be quick, and be published on the website, so other municipalities would not have to ask the same questions. The expectations and respective roles of municipalities, the Ministry of Health, operators, base hospitals and other groups need to be outlined on the site.

- **Action - AMO and MOH staff will report back to the Committee at the next meeting regarding plans for a new web page on the Municom website. It is expected that the website will be ready by the end of February unless there are technical issues**

3. Legislative and Regulatory Update:

The bill dealing with certification on land ambulance fell off of the Order Paper in December. The Province hopes to have the Legislative amendments passed in the Spring session to create a certification system for operators. If the new bill is not passed, MOH has a back up plan to make regulations under the current Act that reflect as much as possible the LATT recommendations. The regulations will have to be passed because there is a sunset clause for the current regulations governing operators. There will also be regulations regarding arbitration and cost sharing in March.

Municipalities also would like to especially be notified of regulations they must have regard for when dealing with the land ambulance issue. MOH officials assured the Committee the new regulations would not have cost impacts on municipalities, but it was pointed out that having a licensed instead of a certification approach could affect RFPs.

- **Action - MOH staff will provide the Committee with the current regulations, the LATT recommended regulation changes, and a summary of the proposed regulation changes that are being worked on by the Ministry.**

The regulations on service standards are already in place. Municipalities must attain the 1996 service standard, so land ambulances should be able to make calls at the 90th percentile at the same time or less than they did in 1996. The information on 90th percentile times is in the CD MOH sent out just before Christmas.

Some municipal representatives wanted some clarification on the role of UTMs. It was felt that conflicts of interest could occur when lower tier municipalities want to deliver land ambulance services for the UTM through an RFP process. UTMs need to know whether or not they need to do RFPs in these cases. Questions arose about how to deal with any conflicts through the business process.

- **Action - MOH staff will respond to this question at the next meeting.**

4. Municipal Transition Issues:

AMO provided a list of additional municipal land ambulance issues that representatives had developed. They include - costs and standards; demographics and future costs; seamlessness and the cross boundary issue; Ministry restructuring in the field; the Judson Street Store/Ontario Pharmacy issue; communications of decisions (when does a recommendation become a policy); the state of readiness; the strict time lines; Y2K; labour and successor rights issues (i.e. regulation 10/99); municipal service and functions; licensing and/or certification of operators; access to financial and call data; the co-payment issue; the true cost of the service; the issue of fairness; issues in the North and First Nations; and dispatch.

One municipal representative raised the issue that the Ministry is restructuring during the transition phase. His municipality must now develop a new working relationship with a new area office that is hundreds of miles away. It was questioned whether or not the restructuring could wait until after the transition date.

Ministry officials recognized the problem, and said other municipalities are not affected in this manner. MOH is doing the restructuring because in the past there were too many different boundaries in the Ministry which created confusion. MOH is attempting to have all their departments follow the same boundaries as MCSS.

- **Action - Ministry staff will look into whether they can delay the restructuring process in areas where it may affect the transition.**

One municipal member of the committee was concerned that the OPAL study may drive up paramedic costs because standards in some areas have increased because of it. Provincial staff pointed out that if OPALs was not run in a community it does not affect the 1996 standards. Another person pointed out that non OPAL communities that would like to upgrade their service will not be getting the provincial subsidy that OPAL communities received. MOH official pointed out that most of the additional OPAL costs were due to training, and these costs may not be borne by municipalities because paramedics are going to be expected to pay for their own training in the future.

One municipal official asked whether you could move advanced paramedics within a municipal jurisdiction. This would improve service in some areas, but lower service below the 1996 standard in the parts of the community that benefitted from the OPAL study.

- **Action - MOH officials will report how municipalities could move advanced paramedics within their communities.**

The issue of fairness was discussed. Communities like Sudbury and Hamilton with an older population, and a lower tax base may face more financial challenges than younger (demographically) and wealthier communities such as Peel. Even if the downloading of Land Ambulance is revenue neutral globally, in some communities it may not be. This problem will grow because Ontario's population as a whole is growing older, and calls are increasing. Other communities like Renfrew county and the North have additional geographic problems. These areas are very large, so it may be especially difficult to service them without significantly new investment in infrastructure and resulting increases in costs which will certainly exceed any "revenue neutrality" concept.

Municipalities also had an interest in co-payments. At the moment only base hospitals and the Ministry receive the revenue generated from these fees. Municipalities feel that they should receive a portion because they are now paying for the service. MOH official pointed out that they receive funds to offset the costs of the air ambulance service, and Hospitals receive the fees because they do the paperwork for billings. The fees generate \$8 million a year and the province receives a quarter of that. Municipal officials feel that taxpayer will not understand why they are delivering a service, and not receiving revenues generated from it. Provincial officials felt that if municipalities receive these funds at the expense of the Province, revenue neutrality will be affected. Other parts of the LSR will have to be changed to make up for the lost provincial revenue. Municipal representatives felt that alternative revenue sources to help deliver service need to be considered.

Municipalities also felt that another way money could be reinvested into land ambulance is by using the savings from the hospital restructuring process to pay for inter-hospital transfers. It was pointed out that the present situation is bad economics because municipalities pay for these transfers, but have no control over their costs. These transfer costs may not be taken into account when restructuring plans are made because neither the Province or the hospitals pay these costs. Municipal officials felt that OHIP was the better organization to pay for inter-facility transfers as they are a medical decision, not an initial emergency call.

The status of the Judson Street stores and Ontario Pharmacy was also discussed. MOH officials said the stores will remain open for servicing the unorganized territories and First Nation communities, but will not be available to municipalities. It will no longer act as an ambulance dealership as well. One person asked why there could not be a phased in transition as opposed to cutting the service off cold. Someone else pointed out that it takes time for organizations to learn about delivering new services.

One person asked why whole fleets needed to be replaced. Ministry officials said that only certain ambulances needed to be replaced - not whole fleets. Capitalization costs were included in the bills that municipalities received. Some communities chose to fix vehicles as opposed to purchasing new ones. But, there may be a fairness issue. Some communities have received fleets where most of the ambulances need to be replaced soon. In addition it will cost municipalities up to 35% more to purchase ambulances without bulk rates. They may also have to pay GST and PST.

- **Action - AMO and MOH officials will create a subcommittee that will look at options on how municipalities can create a bulk purchasing center similar to the Judson Street Stores and the Ontario Pharmacy. It will review transitional issues in moving from the Ontario government's service to a municipal one. It will also review any unaccounted for costs that municipalities may have regarding the transfer of equipment.**

The group also discussed bench marking. Municipal officials felt that the process cannot be a cookie cutter approach. There must be flexibility. The Police adequacy regulations were a "best practices". This could be applied to land ambulance. It also has to be outcome oriented. The Ministry must recognize that municipalities pay for the service and must consider local circumstances in their business planning. Ministry expectations must be made clear and be communicated to municipalities.

The communications dispatch issue was then discussed. The Price Waterhouse Cooper report is now completed and has been provided to the Ministry. Municipal representatives felt it was essential for them to manage this function to ensure that they can control non-emergency transfers as well as emergency response and have accountability for the land ambulance function. If they took over the dispatch function, municipalities would want financial credit for delivering the service. An AMO representative heard that the consolidation of dispatch was still occurring, and felt that it should stop until the Ministry makes a final decision on the issue. MOH officials said it was only occurring in Oshawa, and that was because a building was no longer going to be able to be used by the Ministry. A further update will be provided at the next meeting.

The Committee discussed how other groups could be incorporated into the Steering Committee. Many stakeholders (base hospitals, operators, DHCs and others) do not know what their roles will be after the transition takes place. It was decided that these groups could be invited to meetings as needed. It was pointed out that groups like DHCs need to be contacted about the activities of the Committee, and discussion on their role needs to be clarified vis a vis the municipal role. There is a concern of overlap and duplication.

The next issue the committee discussed was the tight deadlines of the implementation process. The Ministry will be doing assessments on the state readiness in March and June through its local offices. AMO is in the process of collecting information from its members. Many are concerned that the September 30th date is too short a time frame to go through a proper analysis and decision making process. Municipalities are still not sure about how the RFP process will work. If they are forced into the default position (if available), they will have to pay operators a premium to deliver the service. There was also a concern that municipalities and emergency services will have enough to worry about on January 1, 2000 with the Y2K problem. Some did not understand why province would not endorse the extension because municipalities are paying for the service either way.

Provincial representatives were concerned that if extensions were given, municipalities would delay the implementation process, and the transition would be facing the same problems six months from now. They also pointed out that municipalities wanted time lines in the beginning because of "say for pay" concerns. The Province would be handling the Y2K problems as relates to dispatch and equipment. There was some debate as to who would be paying for these costs - municipalities, MOH, or both.

It was felt that the Committee should proceed as if the present time lines continued. AMO's Board of Directors have for a six month extension to both time lines (letter attached). The Province should deal with this immediately. Part of the problem now is due to the fact that the final decision on Land Ambulance was not made until December 16, 1998. The Legislative changes to allow the extensions would have to be passed in the Spring session.

- **Action - AMO will follow up on the request for the extension and report back at the next meeting.**

Municipalities had a concern that they do not have the actual operator costs to assist them in negotiating with providers. The information is needed to do proper budgets for the service. The Ministry cannot release this information under the privacy law, and some operators are reluctant to release this information because other competitors may see their costs.

Costs are higher than estimated. It was felt that there were a lot of hidden costs that were not addressed in the CRF such as WSIB and leasing. For example, Niagara Region's costs increased \$421,000. Much of it was due to WSIB responsibilities. These costs were not included in the provincial estimates. One municipality was concerned that they were going to be charged money by hospital to use the land where a transferred MOH ambulance building is sitting. The Province previously leased the land for one dollar a year. Who pays for the costs of drugs, defibrators, ARS supplies in OPAL and non OPAL communities has to be worked out. These issues must be dealt with soon if municipalities are to proceed with a proper decision making process.

- **Action - MOH officials will determine who pays for ambulance equipment in ambulances for the OPAL and non OPAL communities. They will also look into the issue of leases where other organizations own the land where provincial buildings are located.**

The status of delivery agents in the North is not decided. Kenora DSSAB is pursuing delivery status. The Ministry stated that it will deliver and pay for services in the unorganized territories in the North and First Nation communities. Northern Ontario officials will be meeting, and Brian MacRae will report their comments at the next meeting.

The committee will meet at 10:30 a.m. on March 4th in the AMO Boardroom for a full day session.