

# Land Ambulance Implementation Steering Committee

March 4, 1999 - AMO Boardroom

## Meeting No. 2 - Summary Notes

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### In Attendance:

Roger Anderson, Chair, Region of Durham  
Roger Valley, Mayor, Town of Dryden  
Dan Ciona, CAO, County of Brant  
John Cunnane, Public Health Department, Region of Niagara  
Mark McDonald, CAO, County of Elgin  
Joe Moore, Manager of Emergency Programs, Region of Peel  
Doug Wuksinic, Region of Sudbury  
Joe Tiernay, CAO, County of Peterborough  
Mary Kardos Burton, Executive Director, Health Systems, MOH  
Graham Brand, Director, Emergency Health Services Branch, MOH  
Dennis Brown, Project Manager, Standards & Quality Assurances WDW, MOH  
Tim Hudak, MPP, Parliamentary Assistant to the Minister of Health  
Ernie Hardeman, MPP, Parliamentary Assistant to the Minister of Municipal Affairs & Housing  
Peter J. Sidebottom, Policy, MMAH  
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  
Marvin Caplan, Regional Councillor, City of Hamilton  
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  
Dave Stewart, Reeve, Village of Cobden  
Ron Sapsford, ADM, Health System Management, MOH  
**(Attendance of members from Eastern Ontario were affected by the snowstorm)**

## 1. Terms of Reference:

Provincial officials have not yet received approvals for the changes to the Terms of Reference that municipal officials requested at our February meeting. They just need to go through the approval system.

- **Action - MOH officials will seek to have the Terms of Reference approved, and report back to the Steering Committee.**

## 2. Communicating and Use of the Website:

**See the sample AMO Ministry of Health Home Page attachment, and the handouts entitled *Land Ambulance Implementation Steering Committee Web Site* and *Ministry of Health Contact List*.**

The Website for the Committee will be [www.amo-ehs.com](http://www.amo-ehs.com). It will be a public site that everyone will be able to access. Members of the Committee wanted to know how quickly we can have the Summary Notes added onto the Website. They did not want to wait until the next meeting's approval of the notes to have them loaded onto the site. The Summary Notes will be sent out for review and members of the Committee will have 48 hours to respond. After the 48-hour period the notes will be loaded onto the Website.

- **Action - AMO and MOH staff will work on a one page protocol that outlines how information will be loaded on the Website before the next meeting.**

The Ministry then discussed the Land Ambulance Transition Tool Kit (**see the attachment entitled *Land Ambulance Transition Tool Kit Project Proposal, March 4, 1999***). This project would provide comprehensive information and reference source information for municipalities involved in the land ambulance transfer. It will outline all the necessary steps municipalities must undertake to assume the responsibilities of the service on January 1, 2000. This will include a comprehensive planning checklist and a catalogue of existing information sources.

Municipal officials supported the proposal although they did not want to call the document a "tool kit." They felt that it was necessary to have the guide ready by April or May of this year. There was concern that this time line might not be adequate to deal with some of the complex issues that the guide must address. MOH officials pointed out that the kit will be a working document, and can be amended when important implementation issues are decided. Municipal officials wanted the guide to address issues such as how and when municipalities can obtain their CRF funding for land ambulances; the need for a census in the unorganized areas in the North; the issue of dispatch; and one official wanted to know whether the data CD-ROM for municipalities will be included with the document.

- **Action - MOH officials should proceed with the "tool kit" project, and have it ready no later than April or May 1999. The project will be renamed, and MOH officials and AMO will discuss how to integrate the document onto the joint Website.**

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## 3. Legislative and Regulatory Update:

**See the attachments entitled *Proposed Changes to Regulation 492/97 as Amended by Regulation 354/98, Ambulance Act - Ontario Regulation 492/97, Update on Proposed Amendments to Regulation 501/97, and Recommended Amendments to Regulation 501/97.***

Dennis Brown of EHS outlined the issues surrounding with the regulatory framework for dealing with operator certification. The Province needs to amend the *Ambulance Act* to create the regulations recommended by the Land Ambulance Transition Task Force (LATT). These Legislative changes were part of the Red Tape bill that died on the order paper in December of last year.

MOH is preparing regulations based on the current *Ambulance Act* that will try to mirror the LATT recommendations as much as possible in the event the Bill does not pass. This must be done because the current regulations governing operators have a sunset clause.

Bill 81 dealt with the apportionment of costs and arbitration issues. Regulation 492/97 has been amended by Regulation 354/98. There is a new proposal that the regulation be amended further to deal with the time and manner of payments. A different definition of weighted assessment is proposed. The impact of the proposed regulation in the North depends on local circumstances. It would apply in areas where MOH is still designated as the delivery agent. If a DSSAB is designated, it would not apply. In areas where neither MOH or a DSSAB is delivering the service, Regulation 492/97 would apply, but the proposed arbitration regulation would not.

Municipal officials expressed concern that the proposed definition of weighted assessment may not be workable in the North because of the unorganized territories. There are situations now in the North where one person is paying three times what a neighbor is paying for the same service. Information will be passed onto MMAH officials about the problems with the formula. The issue will be dealt with at DSSAB meetings on March 10<sup>th</sup> and 22<sup>nd</sup>. It was noted that ASBs will be better able to deal with these costing issues because they have the power to tax. MOH said the proposed regulation will give DSSABs that power for land ambulance.

It should be noted that by January 1, 2000 municipalities can institute agreements that would override these regulations where there is agreement.

The definition of "total cost" in the regulation needs to be discussed, so only the costs related to land ambulance services are charged.

The Province also stated that ambulances will come to municipalities certified.

**4. Other Action Items from the Last Meeting:**

1. It was clarified that an upper tier municipality will need to go through an RFP process before they could consider transferring land ambulance to a lower tier fire department. The intent of the legislation was to open up land ambulance to competition - especially for the private sector.

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2. MOH is going to proceed with their restructuring process because of the need to ensure that all MOH departments are following the same boundaries. The District of Muskoka was the only municipality

concerned with these changes. It has been moved into the Sudbury MOH region. The municipality has been notified that the new MOH region is prepared to help and provide the necessary level of service.

3. Municipalities can relocate Advanced Care Paramedics to spread them across a County or a Region. Municipal decisions to relocate Advanced Care Paramedics will not be overruled by the Ministry or by Base Hospitals. The Base Hospital Medical Director may however limit the procedures that paramedics can deliver if the municipality or delivery agent re-deploys paramedics to an area where the paramedic's medical skills cannot be used effectively or their skill competency cannot be maintained. For some paramedic skills, rapid response time to the patient is essential for a positive outcome. The skills of paramedics deployed to rural areas or areas with response times of greater than 10 to 15 minutes may have limited or no value. It was clarified that the OPAL' study pays for items that are directly consumed by the study. These items would include defibrillation equipment.

**Action - MOH officials will contact the OPAL study to ensure that enough information has been gathered, so the study will not be jeopardized.**

- IV AMO, LAS and EHS officials will be meeting at the Judson Street Store on March 10<sup>th</sup>. The purpose of the meeting is to determine what the Judson Street Store provides, and to obtain financial and budget information, so a business plan can be developed. John Cunnane has agreed to join the subcommittee. Both Ministry and municipal officials are optimistic that the bulk purchasing issue can be dealt with to everyone's satisfaction. Pharmaceuticals can be purchased from the Ontario Government Pharmacy by Municipal Public Health units. Municipalities could also explore purchasing drugs from the OHA.

**Action - MOH and AMO staff will update Committee members on the status of the Judson Street Store issue at the next meeting. AMO will explore opportunities via a visit to the Ontario Government Pharmacy.**

- V There has been no decision made on extending the time lines six months. Ministry officials do not know when the decision will be made. The Kenora DSSAB has determined it will deliver land ambulance, but the DSSAB will not be official until April, and therefore does not expect a business plan can be ready by September. Other DSSABs have not agreed to be delivery agents, so no one knows who will be responsible for the service. This will mean the North will have even tighter deadlines than Southern Ontario. Sudbury's implementation will be affected until Service Delivery agents are determined in the North because the Region is surrounded by DSSABs. They need to know whom they will have to negotiate with regarding cross boundary issues to proceed. Another municipality in Southern Ontario advised that a current provider is not interested in delivering the service which will make it very difficult to meet current deadlines.

**Action - MOH officials will immediately report to municipalities when the decision on time extensions is dealt with.**

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## 5. Dispatch:

*Time lines* - No decision has been made on the issue of dispatch. The consultant's report is

completed and the matter is under review.

- **Action - MOH officials will immediately report to municipalities when the decision on dispatch is dealt with.**

*Function* - Ministry Staff then gave a presentation on the role of dispatch in the delivering land ambulance (**see the attachment entitled *Central Ambulance Communication Centres***). Municipal officials were concerned that there was a perception that they wanted to dispatch to reduce the costs of the service. Their main goal for managing dispatch is to reduce response times and improve the present service. In addition, municipalities need dispatch to be able to monitor the service, and to be able to predict costs for future budgeting. Municipal officials added that the City of Toronto is running dispatch, and there have been no service problems.

There were question raised about the level of dispatch services in the South West part of the Province. Apparently three investigations have taken place regarding response times. Another municipal official noted that there is a lot of tension between provincial dispatch centres and municipal emergency services now. Provincial officials indicated that they are trying to improve those relations. They are upgrading the dispatch system, so municipalities can use a computer terminal to directly link with the dispatch centre.

One person asked why municipalities could not deliver integrated fire/police/ambulance dispatch since the Province is doing it in a number of cases. It has also been done in Arlington Virginia. MOH officials said that they do it for volunteer systems, and they take the initial call. They are not involved in follow up. When they deliver police dispatch, they need a police officer in the dispatch room.

One concern was raised about one community running dispatch for other ambulance services. The City in charge of dispatch might employ "preferential dispatch" to better their financial position. But, many felt that performance agreements, partnerships or mutual aide agreements might resolve that problem. It was also noted that municipal ambulance services cannot collect user fees, so they would benefit less from "preferential dispatch." Municipal officials were concerned that the Province might be moving to set up special purpose bodies, either province-wide (e.g. Ontario Provincial Assessment Corporation) or regional to deliver dispatch without municipal input or agreement. Provincial officials assured the Committee that Province would not force any model on municipalities.

The integration of land and air ambulance in the North was raised. The province changed the rules two years ago regarding when people will be air lifted to hospitals. The net effect is more land ambulance trips in the North between facilities. It was reported that air ambulance service between Dryden and Winnipeg is being supplemented by land ambulance. Ambulances are now expected to drive over the 2700 km of ice roads in the north with snow plows in front of them clearing the roads. These changes will mean excessive costs for Northern municipalities. The

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North is concerned air ambulance guidelines could change again, increasing the costs to municipalities and endangering lives. Ministry officials said no changes are planned, and they recognize that municipalities are paying partners in ambulance services, so must be consulted before any other policy changes should they be proposed. The Ministry advised no policy change is being considered.

## 6. Data:

The 1998 data should be ready to be released to municipalities in the near future. There have been some changes to the data. It was noticed that a few codes were used the wrong way, so ambulance stations were not plotted correctly and municipalities were incorrectly identified. Corrections to the data have been made. The Province asked whether municipalities just wanted the 1998 data, or the 1998 data and the data over the last four years that has already been released. Municipal officials unanimously requested that the data over the last four years be rereleased to municipalities.

There was some concern that the information was inaccurate. For example, the Region of Sudbury found that its 90 percentile times were at 45 minutes based on the data that has been sent by the province so far. This is significant. The information is also software specific. It can only be accessed by Access and Map Info. One municipality said the data could only be accessed by a standalone computer within a single directory. Municipal and provincial officials found the interface and report format difficult to understand.

- **Action - MOH officials will look at ways to improve the interface of the CD-ROMs. MOH will release revised 1998 and previous four years data.**

One official asked whether or not municipalities could receive all the data from the province including address information. The Province was concerned that releasing this information might violate the *Freedom of Information and Privacy Act*. Municipal officials felt that they were governed by a similar act, so the Province does not have to worry about the release of private information.

- **Action - The Province will respond to the Committee regarding what information can be released, and the applicability of the municipal requirement for F.O.I.**

## 7. Non-emergency Transfers:

The province has developed a ***Guide to Choosing Appropriate Patient Transportation (see attached)***. The guide details when land ambulance should be used. It errs on the side of caution to ensure the safety of consumers. Municipalities are concerned that they are out of loop at the present time when decisions are made about the use of ambulances. At the moment it is the attending physicians, the hospitals and dispatch that order ambulances for non-emergency patients. There is no cost control incentives in the system.

MOH is committed to educating doctors and hospital staff about inter-facility transfers. Municipalities may be able to develop better relations with hospitals than the Province has had to improve the problem. Municipal officials were still concerned that hospitals would continue to order ambulances for inappropriate cases because of convenience and cost avoidance. There

is no monitoring of compliance. It was felt that the Province or passengers should pay for trips beyond the scope of the guidelines.

The tightening of the guidelines actually may increase costs to municipalities especially in the North where travel times can be over six hours long. There is also a fairness issue in the North. If the Province is picking up the tab for non-essential ambulance trips for people in the unorganized territories and First Nations, property taxpayers are going to expect the same level of service from their municipalities.

Patients are sometimes transported in vehicles that look like ambulances, but are not. They are private sector vehicles that at the present time are not regulated. Niagra Region and the City of Toronto are beginning to regulate these vehicles. Provincially the Ministry of Transportation is responsible. One person noted that municipalities could save money if they purchased some of these vehicles and used them instead. Others felt that if these trips are beyond the guidelines, municipalities should not be transporting these people at all.

There is also abuse in the system. People are using ambulances to get from rural areas to urban areas for free. To discourage this the Province started charging co-payments, but many leave the hospitals before they can be charged. Provincial officials pointed out that this is not a new problem. They had to contend with it when they delivered the service. Municipal officials pointed out that the cost to the whole system might be small, but it is now a property tax issue, municipality by municipality.

## **8. Cross Boundary Issues:**

The Province is collecting the data now for its 1998 reconciliation which should be ready by April.

Some rural municipalities are concerned that their ambulances drop patients off in metropolitan areas, and then are dispatched for non-emergency transfers throughout the day - leaving rural areas without their ambulance. The Province feels that these municipalities might actually financially benefit from this. The larger urban areas will be charged for these trips. What eventually will happen is the large urban areas will find that it will be cheaper to purchase more ambulances than to pay other municipalities for these trips. Rural officials are still concerned that their property taxpayers will not understand why the ambulance they pay for is not available to serve them.

## **9. Labour Issues:**

**See the *Schedule B Transfers - Negotiated Transfer* document and the AMO Alert entitled *Regulation Forces Recognition of Seniority of Crown Employees*.**

The Ministry reviewed the February letter from Roger Anderson to Tim Hudak and the attached report on outstanding labour issues. Committee members felt that these issues were too complex to deal with presently at the Committee level, and require additional expertise. In addition there may be more labour issues not raised in the February correspondence.

- **Action - AMO and MOH officials will create a subcommittee that will look at labour issues arising from the transfer. It will include Committee members and people from outside the group with human resource experience. The group will immediately deal with the issues raised in the February correspondence between the Co-chairs, and outline other issues that must be addressed. The City of Toronto staff should be utilized because they have direct experience in dealing with some of these issues. MOH will ensure the necessary Provincial experts are available. The sub-committee should build a grid with the various options available to municipalities and the human resource responsibilities they entail for issues like WSIB, pay equity, successor rights, and essential service agreements.**

Ministry officials confirmed that the Management Board Secretariat is facilitating meeting between Crown operators and their unions.

- **Action - MOH and AMO staff will discuss what role municipalities should play in these negotiations.**

#### **10. Northern Ontario State of Readiness:**

The Ministry reported on the state of readiness in the North (**see the attachment entitled *Land Ambulance Local Service Realignment Readiness Summary Sheet - Northern Ontario***). Only one DSSAB has agreed to take over land ambulance services, and that was the Kenora DSSAB which is doing it reluctantly. The Kenora DSSAB will not exist until April. Other Northern municipalities wanted the MOH summary report to be reworded to reflect the fact that they did not voluntarily agree to deliver the service. They must because of legislative requirements. They may not be ready for January 1, 2000.

Proceeding with land ambulance and costings/billings are affected by the lack of a census and updated assessment information.

- **Action - MMAH officials will report back at the next meeting on the status of a census and Ministry of Finance assessment in the unorganized territories of the North.**

The province also needs to look at the tax capacity of the North. Land ambulance is like the police services issue in the north. The service costs more to deliver there, and the capacity of the property assessment base is low and may not grow in proportion to the cost of services as demographics change. This issue is also occurring with roads in the north. Municipalities have seen the number of roads they are responsible for increase by one third when their property tax assessment base is less than \$1 million.

#### **11. Status of the 1999 CRF:**

The Province is still collecting information for the CRF adjustments. They hope to have it ready by next month. Municipal governments are very concerned that they are being expected to have budgets prepared without this vital information. They cannot run deficits, and they do not want to

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have to prepare supplementary budgets. This is especially needed in the North many municipalities depend on CRF. Some are hearing that their ambulance costs will be 35%-45%

higher this year than in 1998. Others have found that \$240,000 of capital expenditures are needed to deliver the service. Municipalities will require an extension to tax ratio date of March 31, 1999, if the province cannot give them the 1999 CRF figures. AMO has requested an extension from the Minister of Finance.

Provincial officials committed that the CRF and costs will balance and be readjusted.

**Action - Provincial officials will report back on the status of the CRF figures at the next meeting. They will also pass on municipal concerns about the delays to Ministry of Finance officials.**

## **12. Other Business:**

Municipalities would like the ambulances to be transferred from the Province to them tax free. They would also like to discuss the issue of liability. When the federal government downloaded airports to municipalities, they purchased insurance for these new municipal airport corporations. Municipalities still paid the insurance costs, but at lower bulk rates. Municipalities are hoping similar arrangements could be made for land ambulance.

Municipalities are concerned about the Y2K issue. Ministry officials stated that all of their equipment has been checked for Y2K problems.

The committee will meet on April 16 at . Members will be solicited for preferable dates.