

Land Ambulance Implementation Steering Committee

May 18, 1999 - AMO Boardroom

Meeting No. 4 - Summary Notes

Attendance:

CHAIR: Dave Stewart, Reeve, Village of Cobden, (Representing the County of Renfrew)
Marvin Caplan, Councillor, City of Hamilton
Dan Ciona, CAO, County of Brant
John Cunnane, Public Health Department, Region of Niagara
James Green, Commissioner of Planning and Economic Development,
District Municipality of Muskoka
Greg Keating, Commissioner, Health and Social Services,
City of Chatham
Brian MacRae, CAO, City of Thunder Bay
Carol Mitchell, Warden, County of Huron
Joseph Moore, Manager Emergency Programs, Region of Peel
Joseph W. Tiernay, CAO, County of Peterborough
Joanne Yelle-Weatherall, Director of Land Ambulance Services, Region of Ottawa-Carleton

Ministry of Health

Mary Kardos Burton, Executive Director, Health Systems
Graham Brand, Director, Emergency Health Services Branch

Ministry of Municipal Affairs and Housing

Peter-John Sidebottom, Ministry of Municipal Affairs and Housing

AMO Staff

Jeff Fisher, Policy Advisor

Regrets

Roger Anderson, Chair, Region of Durham
Mark McDonald, Chief Administrative Officer, County of Elgin
Doug Wuksinic, Commissioner of Corporate Affairs, Region of Sudbury
Alan Craig, EMS Planner, City of Toronto
Roger Valley, Mayor, City of Dryden
Vince Judge, Mayor, Town of North Perth
Janet Mason, ADM, Policy, Ministry of Municipal Affairs and Housing
Paul Jones, Director, Local Government Policy Branch, Ministry of Municipal Affairs and Housing

Page 2

1. Approval of Summary Notes from the April 16th meeting (Item A):

The summary notes from the last meeting were approved, and will be added to the joint Website.

2. Business Arising from the Second Meeting:

a) Labour Sub-committee:

The Labour Sub-committee met on May 10th, and dealt with several issues - most of which hinged on who is the employer. The group is trying to determine who the “employer” is in different situations under Ontario Labour Relations Board (OLRB) tests. For those municipalities that are contracting out the service, and do not want to have the liabilities of being the “employer”, the Sub-committee will outline what pitfalls to avoid. They should have an interim report ready by the end of this summer.

The group at the moment is trying to determine who the present employers are in the system, what unions are involved, and which legislation applies. There are numerous types of employers - municipalities, crown operators, the private sector, the Ministry of Health, volunteer departments and hospitals. There are several unions - CUPE, OPSEU, and SEIU that are stakeholders. The *Labour Relations Act*, the *Crown Employees Collective Bargaining Act*, and the *Hospital Labour Disputes Arbitration Act* are the three pieces of legislation that govern most of the transition labour issues.

There are also specific issues. The MBS/OPSEU agreement and the seniority regulation (10/99) is one that the group will be looking into. It appears that this regulation will have more of an impact where paramedics are transferred into local fire departments. The interpretation of the regulation is in dispute. There is a case involving OPSEU, MBS, and York Region which should be heard by the OLRB in November.

Pay Equity is another issue the Sub-committee will be raising. There are two main issues. The first is whether the transferred paramedics create a “changed circumstance” under the Act. The second is whether a group from the health sector who have a proxy, can use paramedics as a comparison. Municipalities that meet the OLRB tests for not being an employer will not be impacted.

The Steering Committee discussed how to deal with strike situations. Regarding the issue of successor rights, Provincial officials stated that only hospital employees have these rights. The paramedics that work for Crown Agents fall under the *Crown Employees Collective Bargaining Act*, so do not have successor rights. There are however a few private sector ambulance services that are not Crown Agents. Their employees would fall under the *Labour Relations Act*, and would have these rights.

The Sub-committee will also review some of the training issues revolving around the transition. In the past the province was responsible for the ongoing training of land ambulance paramedics. The Ministry of Health also paid for the training of Advanced Life Support Paramedics in many jurisdictions under OPALs. There has only been one College in Ontario that trained paramedics, but more colleges will be training paramedics in the future.

Page 3

Provincial officials at the Steering Committee indicated that the funding for paramedic training through base hospitals will continue. The province will also set minimum training standards through Guidelines. It was pointed out by Steering Committee members that municipalities can access training on new equipment through vendors.

At the Sub-committee meeting the issue of WSIB costs and reoccurring injuries was discussed. The Sub-committee will report on the WSIB cost impacts for Schedule 1 and 2 employers.

Schedule 2 employers may have to create a separate division for land ambulance employees that are part of Schedule 1 to receive money for reoccurring injuries. More provincial information is needed, so municipalities can decide which options are best reducing WSIB costs.

The municipal members of the Steering Committee were concerned about the potential municipal liability issues during the 1998-2001 transition period and beyond. Members wanted to know whether the province or the municipalities are responsible for WSIB, grievance, and severance costs. Municipalities also need to know who will be responsible for the liability of reoccurring injuries and WSIB NEER Awards if the original injury occurred between January 1, 1998 and December 31, 2000. Grievances for issues that occurred during the transfer may be awarded after a municipality takes over the management of the service. Who will be responsible for this is a concern for many municipalities.

Provincial officials indicated that they were no sure about who was responsible for WSIB and Grievance liability. The issue around severance is still under consideration.

Action - MOH staff will report back at the next Steering Committee meeting about severance, WSIB, and grievance liability issues.

b) Purchasing Sub-committee Terms of Reference (*Item B*):

The Chair of the Purchasing Sub-Committee reported out on the group's May 14th meeting. The Sub-committee would like the Ministry of Health to write a letter to designated municipalities stating that municipalities will have access to the OGP and the Judson Street Store until at least January 1, 2001 - even if they take early assumption of the service. This will give the Sub-committee and municipalities needed time to resolve the purchasing question.

The Committee is looking at several purchasing options - Operator consortiums; purchasing ambulances through large operators like Rural Metro or Laidlaw; a municipal purchasing organization; municipal consortiums (i.e. the Southwestern Ontario, or a group of Counties); municipalities purchasing vehicles on their own; or a modified Judson Street Store option.

Because of these numerous options, Judson must become more competitive if it is going to become a province wide option. For example, municipalities are losing thousands of dollars on items that only need simple repairs. Three thousand dollar stretchers have been sent back to Judson. The Municipalities were then credited \$600, but then charged \$1800 (reconditioned) to \$3000 (new) for replacement stretchers. This was done for items that only needed replacement parts that cost a few dollars. Judson is working hard to help municipalities find parts for suppliers, so repairs can be done in-house at a much lower cost. The Sub-committee encourages municipalities to look into these issues.

Page 4

There are presently two firms that can sell ambulances in Ontario - Demers of Quebec and McCoy Millar (Rural Metro) from the U.S.. The Sub-committee will also be looking at how ambulances are purchased in other provinces. Some are selling their ambulances to a hot off-shore market after only three years of use - as opposed to remounting and using them for 7 to 10 years. In the United States entire fleets are being replaced after only a few years through leasing programs.

Municipalities are going to have to order next year's ambulances before the end of June. Municipal members want to make sure that all of the ambulance services have been contacted about the need to place orders. Provincial officials said that the Regional Managers had contacted them.

Action - MOH staff were directed to write a letter to designated municipalities confirming the Judson Street Store/OGP policy change. In addition MOH staff will check on the status of the ambulance order and contact those municipalities that have not ordered again to remind them of the June deadline.

c) Website Project:

The Ministry has begun tracking information on the site. There were 80 visits since the last meeting, but no question had been posted by users. WSIB information will be added to the site when it is ready. More links will also be added to the site as well.

d) Land Ambulance Transition Task Force:

The next LATT meeting will be in the form of a conference call on Tuesday June 22nd.

Action - The province will upload the table of the LATT recommendations onto the joint Website as soon as they receive approval from the government.

e) The Land Ambulance Practical Guide (*Item C*):

A draft of the Land Ambulance Practical Guide was handed out to members of the Steering Committee

Action - Municipal members of the Committee are to report back to AMO any comments they have regarding the guide. AMO will pass them onto MOH. MOH staff will report what the response was at the next meeting.

f) Crown Operators and OPSEU Negotiations:

The negotiations were put on hold during the election period.

g) Tax Assessment and Census Data for Unincorporated Areas

It was reported that Roger Valley did get the needed information from his local MCSS office.

Action - AMO staff will contact Roger Valley about reporting to the Steering Committee regarding the information he received.

h) Call Release Data:

MOH staff indicated that they will release the data as soon as they receive the needed approvals. It was unlikely that it would be ready by the promised May 14th date. The front end of the CD will be improved from the last ones that were sent out.

Municipal representatives were concerned about the continuing delays in the release of the CDs. They did not understand why the call data needed any approvals to be released. It is information that municipalities have paid for, and need to use to assess the best methods for delivering the service. The delays are frustrating efforts to plan, write RFPs, or develop agreements with potential suppliers.

Municipal members enquired whether they will have to wait for the new cabinet to be announced before any approvals would be forthcoming. Their concern was the Ministry would not be ready to approve anything until later in the summer.

Action - MOH staff and AMO will raise municipal concerns about the delays.

i) OPALs Study:

The Ministry will not discuss the status of the data for the study with the OPALs committee until they know when OPALs communities will be assuming land ambulance services. There will be some equipment that will be transferred to municipalities. Municipal officials were concerned that the province continue to fund the present base hospital paramedic programs they presently do. MOH officials indicated that there were no plans to change the base hospitals funding structure.

j) State of Readiness (*Item D*):

A contact list was handed out to the group. The original list of people was developed by Dennis Brown and Dan Hammond who phoned each of the designated municipalities and asked who should be on the contact list. Committee members have been added to the new list.

Municipal members pointed out that when the original list was created, most municipalities did not have ambulance people in place, so CAOs were the contacts. Ambulance people may not receive needed information in adequate time, so it was agreed that there should be two lists. The original list, and one that has land ambulance co-ordinators on it.

Page 6

One person asked why Northern contacts were not listed. The reason is that there are 180 municipalities in the North. The Ministry is not sure who to send information to in the North. A municipal representative asked who received the original CDs in the North. MOH official said that the DSSABs did.

The Kenora DSSAB has passed a resolution stating that they do not wish to assume ambulance services at this time. Ministry and municipal representatives have met, and are trying to build a flexible service delivery models for the North. The Original Ministry plan envisioned that DSSABs would become the delivery agents. There was concern stated by some municipal representatives that the DSSABs would have the right of first refusal, or would just be designated by the Minister. Ministry staff have indicated that this is not the case.

In the South the Ministry indicated that it has been hard to get agreements between some separated cities and counties on the issue of who should be designated, and how the service should be billed. MOH feels that these agreements need to be resolved soon. The Minister does have the right designate the service provider - including designating the Ministry. The Ministry staff will be seeking direction on a process for the designation of delivery agents in the South and the North.

Action - AMO and MOH staff will prepare questions for the Steering Committee to review at its next meeting. They will also create a second contact list of land ambulance co-ordinators that will appear on the web site, and be used for Ministry correspondence. Committee members should notify AMO of any changes that should be made on the contact list distributed by MOH.

3. Letter to Regional Managers (*Item E*):

A letter has been sent to Regional Managers stating that the Province will not become involved in the day to day operations of municipal ambulance services. Municipal officials felt the language in the letter was not strong enough. Provincial officials said that there was a follow up meeting with Regional managers after the letter went out, and the managers were quite responsive to municipal concerns regarding land ambulance services.

4. Non-legislative Options for Time Extensions (*Item F*):

Municipal representatives were concerned about who will be responsible for delivering land ambulance services between January 1, 2000 and when municipalities assume the service at sometime during 2000. Some providers may choose to no longer deliver the service because they received a good compensation package or because they were not selected to run the municipal service. The Province will negotiate with the other providers in the area to run the services in those sections of a municipalities no longer serviced. According the MOH officials, the Ministry will be responsible for negotiating and delivering ambulance services until municipalities assume the service.

Some municipal representatives were concerned that this service may be delivered at a Premium cost. It was pointed out that the Ministry will now have to share the cost 50/50, and the private sector services may keep their prices reasonable because they are going to want to run municipal services in the future.

Some municipal officials were concerned about the fact that a May 10th memo went out to municipalities from the Steering Committee under only one of the Co-chairs signatures. Ministry officials pointed out that it went under Ministry letterhead. Municipal officials still felt that in the future all correspondence from the Steering Committee should be signed by both the Provincial and Municipal Co-chairs. They were also concerned about the tone of the letter as well.

4. Muskoka District RFP Process (*Item G*):

Jim Green gave a presentation on the District of Muskoka's RFP process. Council decided to choose a provider through an RFP process in April 1998. The District hired a Land Ambulance Advisor that same month to help them through the process. The Council also appointed a medically based Technical Advisory Group in June.

The RFP document took five months to prepare and was issued in February 1999. They met with bidders in March, and the closing date for submissions was April 1999. Two submissions were received, and reviewed by the Technical Advisory Group. They provided advice to Council which chose the Muskoka Ambulance Service in June. Contract negotiations will be conducted between June and September 1999.

Throughout the process and presently municipal staff have met with other UTM's, their base hospital, MOH Regional Office and other stakeholders to gather information.

5. Price Waterhouse Coopers Report (*Item H*):

The Price Waterhouse Coopers (PWC) study was conducted between September to December 1998. They reviewed the system from an ADS perspective. The scope of the report was limited. The report studied of each dispatch delivery model based on provincial cost assumptions. This was unusual because there was a split in the system. Municipalities were going to be responsible for managing the ambulances, but the communications system was still going to be the responsibility of the Province. PWC was not contracted to review the impact of costs on municipalities. They were to look at dispatch in isolation from the rest of the system, and look at the impacts on provincial costs.

This was difficult. Dispatch represents 15% of the cost of the entire ambulance system. Even though the focus of the report was dispatch, PWC could not look at the communications and ambulance systems in isolation. A model that reduces dispatch cost by 20%, but increases costs in the rest of the system by 5% will in the end increase costs. So, at times they did look at the impacts on the ambulance system, but it not in a holistic way that looks at the whole system. They feel this work still needs to be done.

PWC built on previous government studies and the work of the Land Ambulance Transition Taskforce. They conducted site visits, met with Regional Managers and talked to some municipal people. They looked at to whom the ambulance system should be accountable. The system is really an extension of the hospitals. It is closer to the health care system than it is to Emergency Services.

PWC created a spectrum of different options by looking at management responsibility (MOH, municipal, hospitals or ADS); the number of management units (not number of dispatch centres); and bundling of services (number of functions performed). Using the above they created eight models that they reviewed. One was a status quo option, one was a Ministry option, one was a hospital based system, two were municipally run models, and three were RFP models (that municipalities could bid for).

They judged each option by looking at whether the option created a seamless environment; reduced administrative costs; was aligned closely with the health care system; was able to be streamlined; and could incorporate a performance management system. PWC recommended that an RFP system be instituted because of savings that could be achieved through consolidation.

PWC regarded this as a drawback to having municipalities run the system. The other options could be consolidated to eight or fewer units which saves money.

Some municipal representatives felt this was a bias in the report. One person asked who the dispatch system was supposed to be accountable to - operators, UTMs, or the Province. They also pointed out that they need dispatch to institute performance based contracts with ambulance service providers. At the moment accountability is loose in the system. Ambulances are called for transfers where they are not needed. Some municipal representatives felt they need more control over the system. Savings could also be achieved through integration.

6. Government Mobile Communications Project (*Items I and J*):

The Government Mobile Communications Project is a \$300 million Private-Public partnership between Bell Mobility and the Ontario Government to outsource and modernize the government's aging mobile radio system for 15 years. Several Ministry's have collaborated to develop the network including Transportation, the Solicitor General, Natural Resources, and Corrections - as well as Ministry of Health for the provincial ambulance system. The goal is to create a single common network for most of Ontario's public safety agencies (including municipalities) that will be upgraded in seven years. It began on July 1, 1998 and is now entering Phase 2 (design and engineering) of 5. The City of Guelph has recently joined the network with over 170 employees connected.

It is not a commercial network. The mandate of the project is to provide voice dispatch radio services throughout most of the Province. Emergencies take precedence throughout the system. It will be able to operate in digital or analog modes with the ability to do group calls. In fact it allows different emergency agencies to communicate with each other. The service will be in operation and maintained 24 hours a day, and is constantly monitored to ensure that it runs smoothly.

7. Other Business:

The next meeting will be called at the discretion of the Co-chairs.