

Land Ambulance Implementation Steering Committee

November 1, 1999 - AMO Boardroom

Meeting No. 6 - Summary Notes

In Attendance:

Dave Stewart	County of Renfrew
Roger Valley	Town of Dryden and Kenora DSSAB
Carol Mitchell	County of Huron
Marvin Caplan	City of Hamilton
Dan Ciona	County of Brant
John Cunnane	Region of Niagara
James Green	District Municipality of Muskoka
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
Dan Newman, M.P.P.	Ministry of Health & Long Term Care
Brian Coburn, M.P.P.	Ministry of Municipal Affairs & Housing
John King	Ministry of Health and Long Term Care
Mary Kardos Burton	Ministry of Health and Long Term Care
Graham Brand	Ministry of Health and Long Term Care
Peter John Sidebottom	Ministry of Municipal Affairs & Housing
Pat Vanini	AMO
Jeff Fisher	AMO

Regrets:

Roger Anderson, Chair	Region of Durham
Vince Judge	Perth County
Lynn Murray	County of Huron
Alan Craig	City of Toronto
Joseph Moore	Region of Peel
Janet Mason	Ministry of Municipal Affairs & Housing
Paul Jones	Ministry of Municipal Affairs & Housing

1. Introductions:

John King was introduced to the Committee. Mr. King is the Assistant Deputy Minister of

Health Care Programs (which includes land ambulance). He will permanently join the Committee as an MOHLTC representative.

2. Approval of Summary Notes from the May 18th meeting (Item A):

The summary notes from the last meeting were approved with minor changes which include the addition of Marvin Caplan, Joseph W. Tiernay, Tim Beadman to the Dispatch Subcommittee. The summary notes will be posted to the joint Website as approved.

Ministry staff outlined the action items from the previous meeting. The Y2K updates, the Practical Guide and the LATT report have been added to the website. Information will be added on the transfer extension as it becomes available. The Memorandum on the Judson street store has been sent out to municipalities.

- **Action: AMO staff will provide the e-mail addresses of Committee members to the Ministry of Health.**

3. Township of Lanark Highlands First Response Proposal (Items B and C):

Reeve Dave Stewart outlined the Township of Lanark Highlands First Responder Program. The program is intended to supplement land ambulance service by ensuring that well trained personnel can help stabilize patients before an ambulance can arrive on the scene. In the past, the Ministry of Health has paid for the training and the equipment for these services. The rest was usually financed by the municipality or through fund-raising efforts.

The Township received a letter from the Ministry in response to their proposal on October 19, 1999. Ministry staff felt because of the *Who Does What* reforms in 1998, the County was responsible for this type of program. The municipalities in the area feel that a precedent has been set with regard to provincial funding, and would like it maintained. Ministry staff indicated that the 50/50 funding announced on March 23rd could be used for these types of projects.

- **Action: The Ministry will discuss the issue with the County of Lanark to see how the 50/50 funding announced on March 23rd could be used for the First Responder Program.**

4. Designation (Item D):

AMO had previously recommended to the Ministry that they directly involve the municipalities impacted by this issue since this matter relates to local governance relationships. As a result, Ministry staff consulted with several affected municipalities.

Graham Brand presented this feed back to the Ministry's proposed designation process for review and comment. For Southern Ontario, it was emphasized that many counties/separated municipalities have already reached agreement on the desired delivery agent. In the North, comments were made that the DSSAB boundaries may not be the best choice for designated areas for land ambulance delivery agents. The Ministry will be sending letters to all affected municipalities setting the process in motion.

5. Labour (Item E):

AMO staff reported that their Board of Directors had adopted as the preferred labour model, an Essential Service Agreement (ESA) approach. The ESA model is currently used by the

Province. It requires the Province to legislate that before paramedics can go on strike, there must be an ESA that sets out the level of emergency services during a labour action. The Province benefits from this model, and their ESA's have provided for all emergency response and medically necessary transfers. This model would provide service to the public while still providing labour action, and municipalities would be able to achieve service improvements to the system through their contractual negotiations.

Recognizing that municipal delivery options include in house delivery, contracted operators, or hospital-based service, it was felt that this model should be applied to all full time paramedics to ensure that there is consistency across Ontario. The emergency health care of someone should not depend on where they live or who actually delivers the service for the municipality.

AMO staff had contacted officials (including CAOs and Municipal Ambulance Managers) in all of the UTM's in Southern Ontario. The majority of those contacted supported the idea of using Essential Service Agreements, and AMO's Board of Directors after reviewing the analysis of the Labour Sub-committee agreed that the ESA is the preferred approach for municipalities transferred the service under the LSR.

6. Costing Sub-committee (Items F and G):

Municipal members of the Costing Sub-committee held an initial meeting on October 22nd to discuss municipal ambulance budgeting issues. Rick Armstrong and John Cunnane outlined some of the currently documented costs facing their municipalities and others in delivering land ambulance that have not been reflected in Provincial LSR figures.

When municipalities assume responsibility for the service there will be new costs. For example, municipalities will have to pay more taxes such as the GST, the province has been able to "one time" fund unexpected expenses (i.e. maternity leave), an option unavailable to municipalities; contract providers are now assuming some risk, and will be building in dollar reserves for unforeseen expenses; there will be costs to remedy service deficits and meet the 1996 standards. (It is estimated that Durham will have to increase its staffing levels by 35,000 paramedic hours to meet the standard). WSIB, severance and leasing costs also have to be factored into municipal budgets.

Over the immediate and long term, calls and costs are going to increase because of public demands, demographic changes, and hospital restructuring. Between 1996 and 1998, Durham's call volumes increased by almost 12%. There is already political pressure to increase service in many municipalities or parts of municipalities. An analysis of 1996 response times across similar jurisdictions was provided and it showed that the response times were very different. Not all parts of Ontario's ambulance system have 24 hours service levels, ALS paramedics - or even full time paramedics. All these matters will impact the cost of services and therefore the provincial-municipal relationship.

During the Transition period municipalities have had to acquire technical assistance. To better prepare themselves, and to ensure that the best decisions on how to deliver the service are made. Municipalities have hired ambulance managers and outside lawyers and consultants. In addition, municipalities have also had to pay for costs associated with the hiring process, office space/furniture/equipment, and computer hardware/software.

In summary, municipal costs are much higher than the present provincial funding levels. For example, in 1999, the Provincial budget estimate for land ambulance costs in Durham is \$9,151,738. Whereas the Region's budget is \$11,053,819. The approved 1999 Provincial budget for the Region of Niagara is \$8,750,590. Niagara's cost for delivering the service through the lowest cost operator is \$11,430,477. If present provincial funding remains at current levels, Niagara will be paying 62% of the ambulance budget next year - not 50%.

The committee discussed whether the Durham or Niagara circumstances were typical of other places. In Niagara and Durham to costs increased by 10% to 20%, however, Sudbury's costs will jump \$1.9 million (35%-40% increase) just to deal with the compliance issue. In total their costs could increase 50%. In Peterborough it will be a 25% increase. It was clear the provincial estimates were not reflective of the cost to deal with compliance and growth factors.

Municipal officials brought forward a concern that Ministry Regional staff were making proposals to municipalities individually regarding funding to deal with complying with the 1996 standard. Municipal officials felt that this was inappropriate until the Costing Sub-committee dealt with the issue in a comprehensive manner and that there should not be different approaches. Ministry officials wondered whether this was standard information sharing as municipalities need to be aware of whether the 1996 performance standard is being met. Municipal officials agreed that this information is necessary and appreciated, but Regional staff appeared to be making financial proposals, and asking municipalities to pay for 50% of the capital costs to bring the ambulance system up to the provincial standard. Many felt that the province should fund those costs 100%.

- **Action: Ministry staff will immediately contact Regional Managers, and direct any discussions or negotiations on funding issues be postponed until the Steering Committee has agreed upon the financing strategy for these and other costs.**

After the presentation, the group approved the Terms of Reference for the Costing Sub-committee with the following changes:

- "which in turn will make recommendations to the AMO Board. The Board will then have the opportunity to express its views through a resolution that will be forwarded to the Minister of Health, "is added to the end of the last sentence of the Introduction section.
- "and inter-facility/home transfers", should be added after "health care restructuring" in the fourth point under the Activities section.
- "Identifies appropriate and preferred payment methodologies (i.e. type, timing, frequency, and the use of co-payments," will be added as the eleventh point under the Activities section.
- Under the Products/time lines section, the due date for the financial strategy is

December 1, 1999.

- That the Costing Sub-committee at its first meeting prioritize the items listed under the Activities Section of the Terms of Reference as some issues must be dealt with before the December Steering Committee meeting.
- **Action: That the Terms of Reference be revised. That the Costing Sub-committee bring forward a report with recommendations at the next Steering Committee meeting. In addition, it was agreed that the Sub-committees need to establish time lines on their product pieces and deliverables.**

Municipal officials were concerned that the Ministry of Finance may not participate on the Sub-committee. Provincial officials stated that the Ministry of Finance has already agreed to have someone sit on the Sub-committee.

7. Dispatch Sub-committee Terms of Reference (Item H):

The Dispatch Sub-committee Terms of Reference were approved with the following changes:

- “which in turn will make recommendations to the AMO Board. The Board will then have the opportunity to express its views through a resolution that will be forwarded to the Minister of Health,” replaces “will make recommendations to the government on dealing with this issue,” at the end of the Introduction section.
- “and make recommendations” will be added to the last sentence in the Purpose section.
- Under Section 2 in the Activities section, the following information is required:
 - Cost for operating and capital or project related such as technology upgrades.
 - All reports, reviews and recommendations on dispatch.
 - A detailed implementation plan for the new CAD system including time frames.
 - A detailed description of all components of the new CAD system.
 - Performance goals (clinical and response time for full t-0 to t-6).
 - Technology.
 - Under *Quality and service monitoring approaches* we should specify Q/A and Q/I.
- Under Section 6 add “and determine additional technology / resources.”
- Duration of the mandate will be January 15, 2000.

Several municipalities have expressed an interest in dispatch. The SW. Ontario group, Niagara/Brant/Haldimand-Norfolk/Hamilton Wentworth, Ottawa and the surrounding Counties, Chatham-Kent, and Sudbury. There was discussion of making some of these proposals into pilot projects. The pilots could help educate the Sub-committee on implementation issues. It would be understood that the pilots would not necessarily become the final model approved by

the Province. With ongoing municipal restructuring work, this would not be possible. It was recognized that a discussion paper and recommendation on options for municipal delivery of dispatch was a priority for those that have linked the transfer to dispatch.

Action: The Dispatch Sub-committee will report back at the next Steering Committee Meeting on different options and implementation matters.

8. Purchasing Sub-committee (Item I):

The Chair of the Purchasing Sub-committee outlined the issues discussed at their October 13th meeting. Municipalities are going to need more information (i.e. the number of vehicles they will need to meet the 1996 legislated response time standard), and they will need it soon. There is a four to six month lead time required for ordering new ambulances. This could present problems for those municipalities that assume before January 1, 2001. They may not be able to acquire in time the vehicles needed to meet the standard. It is obvious that good communication between the Ministry and the designated municipalities on this issue is essential. The Sub-committee is recommending that the information and an order form be posted on the joint website and that this be brought to the attention of municipalities.

Because of the need to increase the number of vehicles in Ontario to meet the response standard, next year's order will be large. It will be even larger because the City of Toronto will be ordering its vehicles from Judson as well. The good news is the Ministry has recently approved another manufacturer - Crestline. This will help ensure that all the vehicles needed can be ordered.

There was discussion on the MOHLTC ambulance vehicle standard. The Sub-committee asks that concerns or questions be addressed to Frank Fitzgerald, Senior Manager - Technical Services Unit, Ministry of Health and Long Term Care. Mr. Fitzgerald can be reached at 416-327-7884. His fax number is 416-327-7911, and his e-mail address is FITZGEFR@sdsx.moh.gov.on.ca. Another contact is Bill Murphy, Manager - Fleet and Equipment Services Section (416-327-8932). Mr. Murphy's fax number is 416-327-8922, and his e-mail address is MURPHYWI@sdsx.moh.gov.on.ca. They will bring forward these concerns to the Purchasing Sub-committee.

The Ontario Government Pharmacy will be available to municipalities at least until January 1, 2001. It is hoped that municipalities will receive at least six months notice before it closes.

The Chair also reported that there was discussion regarding how the Purchasing Sub-committee can best work with the Ministry of Health and Long Term Care's Equipment Review Committee. This Committee which is made up of several stakeholders, reviews the standard equipment that is placed on Ontario ambulances.

Action: The Sub-committee will come forward with proposals at the next Steering Committee meeting regarding how it can bring forward municipal concerns to the Ministry's Equipment Review Committee.

The Ministry agreed to ensure that all vehicles that are transferred to municipalities will both be safety certified, and will have a Ministry of Environment Drive Clean emissions certificate.

The Sub-committee also discussed the issue of creating a new standard for multi patient transport units. These vehicles could be used for long trips between municipalities (i.e. Niagara to and back from Hamilton hospitals). Instead of sending one person in one

ambulance, several people could be transported in these larger vehicles. The problem is that vehicles must now meet the "ambulance" standard which makes the proposal costly.

- **Action: The Sub-committee review the matter and make recommendations for standards for multi patient transport units.**

The Chair also indicated that the Sub-committee is reviewing the idea of using Judson to store contingency vehicles. The vehicles could be rented from Judson if municipalities experienced numerous catastrophic problems with their vehicles.

Municipalities and members of the Sub-committee are having difficulty acquiring 1998 vehicle cost and credit information. The Chair requested that Ministry officials pass on this important information, so municipalities can better understand their ambulance budgets.

- **Action: Ministry staff agreed to provide municipalities with their 1998 vehicle cost and credit information.**

Members of the Steering Committee felt that the Sub-committee should set time lines for deliverables on the issues it is reviewing. Provincial officials were concerned that options for municipal purchasing need to be established soon as the Judson Street Store could be closed in 2001 which could leave municipalities in a difficult position to order vehicles. The Chair of the Sub-committee pointed out that in order to do this they will need provincial information, including the Ministry's wind-down plan for Judson, information that has not been made available.

- **Action: The Sub-committee will prioritize the purchasing issues, and set deadlines for deliverables. The key issue it will deal with first is establishing municipal purchasing options including retaining the Judson Street Store. AMO staff will recommend a County representative for the Sub-committee. In order to bring forward responsible recommendations, MOHLTC must provide any requested information. Any difficulties will be brought to the attention of the Co-Chairs.**

9. Other Business:

Municipal officials asked whether or not call data would soon be available for the first nine months of 1999. There were concerns regarding some problems municipalities are having with the 1998 CDs as well. Some municipalities are also asking whether or not they can receive live data from the dispatch centres. They are being told that because of technical issues and concerns expressed by the Ministry of the Solicitor General, the data will be three days old. Ministry of Health officials said some of the technical issues may be cleared up because of the

upgrades, and that the Solicitor General's Ministry has Privacy concerns regarding some fields in their data. The 1999 data for the first six months is nearly ready to be released.

- **Action: Ministry staff will report back regarding the availability of data for 1999, the 1998 CDs and possible options for providing municipalities with live dispatch centre data.**

Concern was expressed about a meeting that was being held after the Steering Committee with Management Board officials regarding OPSEU labour. Committee representatives felt that these issues should be dealt with by the Steering Committee or its Labour Sub-committee and that one-off meetings were inappropriate.

The issue of the six demerit points that ambulance workers must not exceed was also discussed. Municipal officials would like to know when LATT's recommendations regarding changing the regulation with respect to demerit points will be acted upon. AMO has written the Minister asking the government to justify why paramedics cannot have more than six demerit points when police officer, firefighters, and school bus drivers do not have such restrictions.

If they cannot justify different standards for emergency services, the Ministry should change the regulation. Ministry officials said they were actively considering the issue.

- **Action: Ministry staff will report back regarding the demerit point issue in the near future.**

A Northern member of the Committee complained that the Ministry is not paying for its fair share of vehicles used in the unorganized areas of the province. Municipalities are supposed to receive 26% of the cost of these vehicles because they are used in the unorganized territories where the Province is responsible for service delivery. Ministry officials said they will look into the issue, but suspect that the municipality may have just received notice that a vehicle was purchased.

- **Action: Ministry officials will look into how costs are distributed for vehicles purchased in the North.**

The future of the Land Ambulance Transition Taskforce was raised. Their original terms of reference have been completed. The Ministry and AMO are wondering whether it should evolve into a technical advisory group for the Steering Committee and from which various sub-committees could draw input without losing the technical expertise while ensuring better linkages and consistency. It also begins to signal that municipalities, not the province are the system managers and that municipal input, with the assistance of their operators' experiences, is properly acknowledged in provincial policy development.

In terms of cost control, there is a transportation service in Eastern Ontario which will be closed down at the end of this year. It has been used to transfer patients to hospitals and only costs \$9 a call versus \$250 for an ambulance. It was argued that it would be in the best interest of all parties to continue to fund this service.

The next meeting will be on December 13th at 9:30 a.m.