

Land Ambulance Implementation Steering Committee

September 29, 1999 - AMO Boardroom

Meeting No. 5 - Summary Notes

In Attendance:

Roger Anderson, Chair	Region of Durham
Marvin Caplan	City of Hamilton
Dan Ciona	County of Brant
John Cunnane	Region of Niagara
James Green	District Municipality of Muskoka
Vince Judge	North Perth
Greg Keating	City of Chatham-Kent
Mark McDonald	County of Elgin
Joseph Moore	Region of Peel
Lynn Murray	County of Huron
Dave Stewart	Village of Cobden
Joseph W. Tiernay	County of Peterborough
Doug Wuksinic	Region of Sudbury
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
Mary Kardos Burton	Ministry of Health
Graham Brand	Ministry of Health
Peter John Sidebottom	Ministry of Municipal Affairs & Housing

Regrets:

Alan Craig	City of Toronto
Brian MacRae	City of Thunder Bay
Carol Mitchell	County of Huron
Roger Valley	Town of Dryden and Kenora DSSAB
Janet Mason	Ministry of Municipal Affairs & Housing
Paul Jones	Ministry of Municipal Affairs & Housing

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

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

2. Extensions and Forthcoming Legislative/Regulatory Changes (*Item B*):

Municipal members of the Committee emphasized how imperative it is for the provincial government to quickly pass the legislation that will allow municipalities to assume the responsibility of land ambulance between January 1, 2000 and January 1, 2001. Provincial officials agreed to relay municipal concerns about any delays to the government. At this time, they can only say that it should be passed this fall. The session begins on October 21st.

Ministry officials also outlined how the changes would work. Once the legislation is proclaimed, Councils will be able to request that the Minister of Health allow them to give notice to current operators delivering the service in their jurisdiction. The length of time of the notice will be set out in the legislation. The various Operators around the province have to give their employees between 4-6 months notice of termination. The Legislation will also include provisions that will allow the province to institute an Operator certification scheme to replace the current licensing practice.

Municipal members wondered why they had to give the Operators notice because they did not have direct contract relations with them. Provincial officials maintained that this would still be a requirement. Municipalities will only be able to request that they be allowed to give notice **after the legislation has been proclaimed**, so municipalities that have handed in notice will have to do so again if they do not intend to assume the service on January 1, 2000, but rather a later date.

Since there was some confusion surrounding how the extensions would be implemented, it was suggested that one person at EHS headquarters be responsible for relaying any information regarding the extensions. In addition to the Q & As, examples should be added to the web site - so the issue is communicated more clearly to municipalities.

- **Action: The province will add more information on the web site regarding the extensions - including examples. In addition, the Practical Guide and the LATT recommendations should also be added.**

The Municipal Co-chair raised a Y2K concern of municipalities that have handed in their notice on September 30th, so they can assume on January 1, 2000. The three municipalities that will assume on that date, York, Durham and Niagara, do not want to be liable for service problems because the Ministry did not resolve all Y2K issues. The Ministry can make no guarantees but is confident that Y2K matters have been handled and municipalities would like a letter to this effect. With a 50/50 funding arrangement, Y2K liability would be shared between MOH and municipalities whether or not municipalities have assumed the service.

At the moment there are only two Y2K problems the Ministry needs to deal with before the new year. The first is a dispatch problem in Sault Ste. Marie, and the second issue is the Bell Canada Zenith 90000 number that is used to call ambulances in some parts of the province. Both issues are being dealt with now. The other Y2K issues have been double and triple checked including all the vehicles and equipment. One municipal official suggested that this assurance be put in writing.

- **Action: The Ministry will write to municipalities with a Y2K update before the next meeting.**

MOH officials reiterated that the provincial government will be responsible for delivering ambulance service in the year 2000 until municipalities assume it. Municipal officials were concerned that next year's costs will increase dramatically. Operators received 5.5 times their management compensation, so some may choose to retire. Municipal representatives wondered whether there should be a Provincial cap on what the municipalities are responsible for (beyond the 50/50 announcement) if the cost increases too much. (i.e. managing the open-ended nature of the service and the unfunded aspect of the transfer).

The province does not anticipate increased costs in extending arrangements with current operators on January 1, 2000. The Ministry will be continuing the existing cash flow in 2000 with the existing operators. After September 30th has passed they will notify current operators (except for those in Durham, York and Niagara) that they can continue to deliver the service. If an Operator is not interested they must give the Province three months notice. In those situations, they would negotiate with other Operators in the area or hire paramedics as contract employees to deliver the service.

A municipal official asked whether or not the date in the legislation for municipal assumption should be moved to administrative regulation to provide more flexibility. MOH officials said they would explore this suggestion, but the current intention was to set January 1, 2000 in legislation as the date responsibility would transfer from the province to UTMs and designated delivery agents. If delivery agents are not designated by January 1, 2001 (for example in the North), the Ministry would remain the deemed delivery agent.

In response to whether the OPALs study standard for the number of ALS paramedics would be applied across the province, Ministry officials advised that it would not apply. There was a formula for OPALs that was set by the researchers - not the province. Some municipal representatives said that their goal is to have one ALS paramedic in each ambulance. Concern was expressed that because of the study, some communities are ahead of others in terms of access to advanced paramedics because the OPALs study provided free training.

3. State of Readiness (*Items C and D*):

The Ministry handed out a chart with the status of the transition in various communities throughout the province. It is based on written information provided by municipalities. In addition, a list of municipal land ambulance co-ordinators (provided by a group of co-ordinators that is meeting regularly) was also handed out.

- **Action: Steering Committee members are asked to review the two documents, and let the Ministry know of any additions, deletions or changes at the next meeting.**

It was decided that there was no point in sending out a readiness questionnaire at this time because of the pending legislation. After the legislation is passed, MOH and AMO staff will prepare draft survey questions for the Steering Committee's approval. They will most likely be faxed to municipalities in early January.

In terms of an update on the North, a DSSAB meeting (NOSDA) is going to be held on October 7th and 8th which may reveal the interest of DSSABs.

- **Action: Feedback from NOSDA will be sought and shared with the committee.**

4. Costing Sub-committee (*Item E*):

AMO staff handed out a copy of the draft Terms of Reference for the Sub-committee. Ministry officials and Municipal representatives were not ready to provide comments. There was some concern expressed that the Terms of Reference be approved soon, so work can begin on this key issue, as the Province must be needing to resolve this quickly. It is hoped that the Sub-committee would be able to provide some proposals before the next Steering Committee meeting.

Since local governments have been hiring consultants to provide expert advice on delivery options, and land ambulance co-ordinators to increase their level of expertise and prepare for the transition, the committee wondered whether those costs would be part of the province's cost-sharing. They are now funded 100% by each municipality. Provincial officials said that these costs could be considered as part of the discussions as well as dealing with retroactivity. It is the Ministry's position that all the approved costs associated with land ambulance services will be covered by the 50/50 announcement - except for dispatch which is not part of the 50/50 announcement and is funded 100% by the Province.

This 50/50 funding formula would need to look at investments needed to upgrade services in areas that do not meet the 1996 response time standards in the *Ambulance Act*. Municipal representatives felt that 50/50 was unfair because municipalities were being forced to meet a provincial standard that Ministry officials did not abide by while they ran the service. They felt that the investments for these upgrades to meet the Provincial standard should be funded 100% by the province.

There are also some circumstances where the municipality may be meeting the 1996 service standard, but the service is still inadequate and how would these service enhancements be treated. There are many areas that have been traditionally under serviced. Some areas that are similar in size and density may have a 1996 response time of 29 minutes while for others the standard is nine minutes. These conflicting standards could mean that some municipalities will be receiving more provincial money than other areas.

There was also discussion on whether the 50/50 funding for enhancements would come through CRF adjustments or some other means. It was decided that these types of questions demonstrated the need for a senior Ministry of Finance official to be on the Costing Sub-committee. AMO will be contacting its nominees for the Sub-committee over the next week and await response from the Province on the costing terms of reference.

The Purchasing Sub-committee municipal representatives discussed the issue of inter-hospital transfers, and the costs of returning patients home for municipalities with medical centres. These costs are quite high, and taxpayers in these communities may question why their property taxes are paying for ambulance trips for non-residents. This and the issue of cross boundary calls is an ongoing issue. Municipalities are finding that their ambulances leave their jurisdiction for a call and do not return until the end of the day.

The challenge is to find the tools to reduce the cost of inter-facility transfers. Discussion ensued around the role that hospitals and doctors play in the transfer budgets. While quality care is important, there is a growing perspective that other options may be feasible. Without cost control in land ambulance transfers both municipal and provincial taxpayers are vulnerable. One municipal official said their local hospital is going to reduce its transportation budget, arguing that the municipality will assume the cost next year. These costs can be quite dramatic in the North and in rural areas where trips can range from two to six hours. In Calgary, hospitals are being charged for the use of municipal ambulances. To reduce their costs, local hospitals established their own inter-facility transfer system. Vehicles are

available for patients within one half hour, and Alberta taxpayers have saved money because the transfer service is cheaper to deliver than utilizing emergency vehicles.

It is also troubling to some municipal representatives that it is the hospitals and the Ministry that are receiving the co-payments for the service. In Ottawa-Carleton this amounts to more than \$1 million a year. A Ministry official said the figure was not that high because no co-payments are charged for transfers to and from hospitals and Long Term Care facilities.

- **Action: Municipal officials will make AMO aware of any concerns they have regarding the Costing Terms of Reference by October 6th. Soon after, AMO will work with MOH staff to have the Terms finalized and approved. The Costing Sub-committee will also review the issue of inter-facility transfers and the accountability issue. MOH will request that a senior Ministry of Finance official be on the Costing Sub-committee.**

5. Purchasing Sub-committee and the Judson Street Store (*Items F, G, H*):

The Province has agreed to allow municipalities (whether or not they assume management of the ambulance service) to access the Judson Street Store equipment and vehicles and the Ontario Government Pharmacy for drugs until January 1, 2001. The Steering Committee approved the text of the memorandum.

- **Action: MOH staff will send out the memorandum on the Judson Street Store.**

Members felt that Judson is a valuable tool for both the provincial and municipal governments because of the expertise of the staff and its buying power. The City of Toronto recently conducted an RFP for vehicles and found that it was cheaper to buy through the Judson Street Store.

Some municipal officials expressed concern that they receive proper notice if the government decides to shut down the Judson Street Store. Municipalities may have to order a large number of vehicles next year to meet their response time obligations under the *Ambulance Act*. Members wondered if suppliers should be warned about the potential of large orders next year. Provincial officials said for the chassis it will not matter, but they will warn the company that does the conversions.

- **Action: Provincial staff will contact suppliers to warn them about a possible increase in demand for ambulances. The Purchasing Sub-committee will continue to monitor this issue.**

Discussion also occurred on whether the standards were too high for the ambulances in Ontario. There seems to be few ambulance manufacturers, and none in Ontario. The Chair of the Purchasing Sub-committee said that the standards are not too high. In fact, the standards have recently been cut back. The cost per unit compares favorably to other jurisdictions. Quebec, for example, spends \$30,000 more per vehicle than the Ontario Government. At the moment an EHS Equipment Committee reviews new equipment on the market and determines whether or not the equipment should become part of the standard.

- **Action: The Purchasing Sub-committee should review how the municipal interests can best be incorporated in the Standards development process and equipment review.**

Part of the problem for the high costs is the lack of suppliers. Ford seems to be the only supplier for chassis', so it is difficult for the Ministry to receive discounts or special treatment for them. In fact,

vehicles ordered in June of this year will not be delivered until April 2000. There are some American companies that supply ambulances, but the Canadian government will not allow those vehicles to cross the border unless they are in compliance with Department of Transportation standards.

Where money may be saved is in vehicles for non-urgent transfers. For routine transfers, an \$80,000 vehicle may not be necessary.

- **Action: The Purchasing Sub-committee will review standards for vehicles for non-urgent transfers.**

There was also discussion on whether the specifications are not detailed enough in some areas. Some ambulance crews are apparently complaining that seats do not have lumbar support or hand rests. Because of the increasing standby and the cold winters and hot summers, paramedics can be in vehicles most of the day. There could be some WSIB implications. Ministry officials said most of the WSIB concerns surrounded the issue of lifting stretchers (which has been addressed) - not seats. However, it was the Ministry's understanding that all the vehicles the province purchased do have arm rests. As part of a grievance settlement the Ministry of Health must reinstate a Health and Safety Committee in Ottawa. They could review this issue.

In terms of vehicle certification, there will be a 30 day period where vehicles can be transferred with certification. Municipalities are to work with their Regional Office to co-ordinate the transfer. The issue of Drive Clean certification also needs to be addressed because most of the vehicles are diesel.

- **Action: The Purchasing Sub-committee will review the Provincial RFPs and standards of the vehicles - especially with regard to their impact on WSIB. They will also review how Drive Clean will be implemented.**

As well, municipalities are being charged sales tax (based on the value of the vehicle) on ambulances that were being transferred to municipalities by the Ministry of Transportation (MTO). This surprised Ministry officials because the City of Toronto was not charged any tax. It did not seem to make sense because the province would have to pay 50% of the money being charged by MTO. The issue of taxes being charged on transferred vehicles was dealt with by the Land Ambulance Transition Task Force (LATT) a year ago. They recommended that no taxes be charged - including GST. Ministry of Finance representatives should be asked to review this matter.

John Cunnane requested that two new municipal members be added to the Purchasing Sub-committee. They are Tim Beadman from the Region of Sudbury and John Prno from the Region of Waterloo. One person suggested that an MTO official be called in to sit on the Sub-committee as well in light of the taxation matter.

- **Action: That Tim Beadman and John Prno sit on the Purchasing Sub-committee. That the Ministry of Health request that the Ministry of Transportation work with the Sub-committee as it looks at the issue of taxes being charged on transferred equipment and vehicles.**

6. Severance, WSIB, and Grievance Liability Issues (*Items I, J*):

To staff an ambulance, the Ministry budgets 11.6 people. All the WSIB costs, including worker replacement costs, are already included in these budgets. One municipality experienced that where the Ministry is delivering the service, WSIB costs are not being charged, so those municipalities will probably see their costs rise. In Niagara these costs amount to \$200,000 per year.

Ministry of Health officials reiterated that the province will cover the accrued severance cost up to December 31, 1999. For those municipalities that do not use the present operators, the money will be forwarded directly to the operator. The money will be transferred to municipalities that choose to use the present operators. Starting on January 1, 2000, it is the Province's position that municipalities and the province will begin to fund severance 50/50. It is estimated that the costs will be \$500,000 per year for the entire province. The annual costs of reoccurring injuries is also apparently going to be shared 50/50, and is also estimated to be nominal.

Many municipalities are engaging in recruitment strategies for hiring their paramedics. The Ministry is reluctant to be involved in them because they must ensure that they protect their employees because of the "reasonable efforts" clause in their labour agreement with OPSEU. This is having an impact on communications with all of the paramedics because the Ministry staff are meeting with only their own employees. It is up to the other Operators to communicate with their paramedics.

The group then discussed some of the issues around labour relations. There are several different pieces of labour legislation that apply to paramedics. Some are volunteers; others are hospital based and must settle disputes through interest arbitration; there are municipal based services which have the full right to strike; and there are Ministry and services run by Crown Operators that must have Essential Service Agreements (ESAs) in place before they strike. York, Toronto and Durham have recently reached agreements with CUPE. The union has agreed to negotiate ESAs before they strike. Municipal officials felt that they should be given the same tools the government gave itself when it ran the service.

- **Action: The Labour Sub-committee should review labour options for the municipal delivery of land ambulance services which will require an AMO policy position. This will be shared with the Steering Committee.**

7. Dispatch (*Items K, L, M, N, O, P, Q*):

Ministry of Health staff said that there does not appear to be a coherent municipal position surrounding

dispatch. Some municipalities are saying that we need to manage dispatch now, and others are saying that they do not want it now and a few never want it. At the moment, MOH/LTC has received two proposals, one from Ottawa-Carleton, and one from Niagara.

Ottawa-Carleton and Niagara representatives gave a presentation on municipal dispatch for the information of the Steering Committee. Ottawa-Carleton will not release its RFP until there is a positive decision on dispatch as they want to develop a high performance system. At the present time there are 5 private operators and one Ministry run service in the Region. Paramedics from Ottawa-Carleton and five surrounding counties are dispatched (although part of four of the five Counties are dispatched out of Kingston). Renfrew County is happy with the dispatch centre that is presently being used in the area.

The Region of Niagara has already gone through an RFP process, and selected a supplier for its ambulance service - Hotel Dieu Hospital. It is a level of effort system at this time. They would like a municipally controlled service to deliver the dispatch to the present CACC area - Niagara, Hamilton, Haldimand-Norfolk, and Brant/Brantford. These other regions are contemplating numerous ambulance delivery models. Both proposals have received the support from the municipalities impacted by them.

The purpose of the two municipal proposals is to take advantage of the efficiencies of proximity and other benefits to improve dispatching and reduce response times. The municipally run dispatch systems can be more accountable (because one agency will have control over all aspects of the system), have a higher quality of service (through better technology), and contain costs. Information through an extensive evaluation process would become available which can be used to improve ambulance delivery systems and establish appropriate funding requirements.

The Parliamentary Assistant to the Minister of Municipal Affairs and Housing indicated that the issue of dispatch cannot be decided until after the governance issues in Ottawa-Carleton, Haldimand-Norfolk, and Hamilton-Wentworth are resolved over the next two months.

It was decided that a Dispatch Sub-Committee would be created to look at options for dispatch, and bring back the matter to the Steering Committee later in the year. Draft Terms of Reference were circulated.

- **Action: Municipal officials will make AMO aware of any concerns they have regarding the Terms of Reference by October 6th. Soon after, AMO will work with MOH staff to have the Terms finalized and approved. Pat Vanini, Marvin Caplan, Joseph W. Tiernay, Tim Beadman, John Cunnane, Joe Moore, Dave Stewart, and Joanne Yelle-Weatherall will be the municipal representatives.**

8. Other Business (*Items R, S, T, U*):

Ministry staff requested that municipal officials respond to the Draft Discussion Document on Designation soon, so the province can proceed with this important issue.

The next meeting will be on November 1st at 10:30 am.