

REGION OF OTTAWA CARLETON
 RÉGION D'OTTAWA CARLETON

REPORT
RAPPORT

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DATE	21 April 1999
TO/DEST.	Co-ordinator, Community Services Committee
FROM/EXP.	Medical Officer of Health
SUBJECT/OBJET	LAND AMBULANCES HEALTH SERVICES YEAR 2000 DIRECTIONS DOCUMENT - PHASE II

DEPARTMENTAL RECOMMENDATIONS

That the Community Services Committee receive and table the following:

- 1. That the report entitled "Land Ambulance Health Services Year 2000 Directions Document - Phase II" be tabled to the meeting of 17 June 99 to allow for additional public consultation.**
- 2. That staff be directed to prepare a Request for Proposal, in which the two private sector operators and the Region of Ottawa-Carleton will be asked to submit a proposal.**
- 3. That the next steps in the process, as outlined in Annex A, be approved.**

BACKGROUND

Land Ambulance Health Services Year 2000 Directions Document - Phase I

On 14 October 1998, Regional Council approved the Land Ambulance Health Services Year 2000 Directions Document Phase I report. The report outlined a detailed plan including milestones and timelines to prepare for a high quality, reasonably priced pre-hospital emergency land ambulance health service for the Region in the year 2000 and beyond. Council also approved a number of fundamental system design principles including: performance based, one service provider, integrated dispatch, comprehensive public consultation, and to proceed with an Expression of Interest (EOI).

The plan that Regional Council put in place in early October 1998, focused on *what* the Ottawa-Carleton community needs and not *who* should provide land ambulance service. Council's approach supported the possibility of any land ambulance service delivery model (public, private or a combination thereof) for Ottawa-Carleton.

The principles and plan adopted by Council have received wide praise from many recognized industry experts from across North America, as well as acceptance from stakeholders including public and private organizations.

What we know about the service in Ottawa-Carleton

Extensive research and an independent audit have confirmed a number of serious problems with the Provincial download of ambulance services:

- *Current response times are very poor*

The independent audit of the Ministry of Health's 1997 ambulance response times revealed a response time crisis in our community. High performance ambulance systems in North America have response times of 8:59 or less at the ninetieth percentile, for life threatening emergencies in urban settings. The results for Ottawa-Carleton showed that 90% of the time it took between 12 and 16 minutes for an ambulance to respond to a life threatening emergency in the urban core. This is very significant because we also know now that 90% of the total call volume in our Region occurs in the 300 square kilometers around the centre core.

- *Dispatch is essential to making any improvements to the system, and to holding any provider accountable for service delivery*

Without dispatch the Region of Ottawa-Carleton cannot have a performance based system, and thus, it will be extremely difficult to improve on the Ministry of Health's current poor response times. In a level of effort system, particularly one without the provider operating the dispatch, it is very difficult to measure how well the system is doing, and who is responsible to ensure the performance of the system. It will also be extremely difficult to pinpoint accountability for costs and results. A level of effort system measures activities (i.e. number of ambulances) and not results (i.e. time for Advanced Life Support Paramedics to respond to an emergency). In life and death emergency situations, results count, not how hard you try.

- *The provincial announcement of 23 March 1999*

The announcement by the Minister of Finance of 23 March 1999 will have an impact on the provisions of the Ambulance Act and the Region of Ottawa-Carleton. There are three main issues Council should be aware of:

i. 30 September 1999 deadline

The 30 September 1999 date will be replaced by 30 September 2000. The September 2000 date will be the new date by which an Upper Tier Municipality (UTM) has to make its choices regarding the delivery of ambulance service.

ii. Does assuming before 2001 become “early assumption”?

According to the Ministry of Health the protection period will not change and will remain in effect until 31 December 1999. The protection period was put in place to protect the entitlement of those licensed operators during that period of time. Early assumption refers to the UTM assuming, with approval of the Ministry of Health the responsibility for the proper provision of Land Ambulance Services in the municipality at anytime during the protection period.

After 1 January 2000 the Region will not be in a period of early assumption since the protection period will have ended.

The other item of significance in regard to early assumption is that Upper Tier Municipalities would start to pay for the costs of ambulance directly.

iii. Existing operators between January 2000 and January 2001

The Ministry of Health has indicated that there will not be automatic responsibility to assume the existing private operators after their licenses expire at the end of the protection period. It remains open for the Region to choose to assume one or all of the existing operators for a specified period of time.

Expression of Interest

Council directed staff to proceed with an Expression of Interest (EOI). The EOI provided potential service providers with an opportunity to submit information on their organization and gave Council an opportunity to see who was available in the market place. Proceeding to the EOI also left all of Council’s options open fairly and transparently (i. Deciding to provide the service in house, proceeding to an RFP with the private sector pre-qualified organizations, or proceed to RFP with private sector pre-qualified organizations and the Region). Canadian Medical Response and Rural/Metro Ontario replied to the EOI and have been deemed to be qualified.

INTRODUCTION

The purpose of this report is to obtain Council's approval on the next steps for the transition of land ambulance service from the Province to the Region.

This report also addresses Community Services Committee's (CSC) motion of 4 March 1999 that directed staff to consult with the Land Ambulance Health Services Consultation Group, to discuss options for service delivery without control of dispatch. At the meeting held 24 March 1999 a few options were raised and, subsequently, researched by members of the Internal Land Ambulance Steering Committee.

DISCUSSION

The last several months of research has provided the Region of Ottawa-Carleton with a clear understanding of what the current service is, and how it could be improved. It is time to enter Phase II in preparation for full assumption of the service. Phase II will determine *who* will provide the service in the new system.

A. Three Possible Options

- Proceed with a Request for Proposal for the two private sector providers who qualified as a result of the Expression of Interest (EOI) process, or
- Proceed to develop a Land Ambulance Health Services Division in the Region's Health Department or,
- Proceed with an RFP for the two private sector providers who qualified as a result of the EOI as well as prepare a Regional response to the RFP.

During the review of services across North America staff found examples of both good and bad private and public ambulance practices. The public-private debate is becoming ever more present in all of Ontario. While there are passionate arguments on both sides of the debate, staff are unable, at this point, to definitively advise Council whether a public sector provider or a private sector provider would best meet the Region of Ottawa-Carleton's goal of providing the best service at the most reasonable cost to the residents. To provide more specific and reliable information on detailed costs, and quality, it is necessary to complete a full system design.

To continue the fair, open and transparent process that Council adopted to date, and to answer the question of *who* could best provide the service for our community, staff recommend proceeding to an RFP for the two private sector providers who pre-qualified as a result of the EOI as well as preparing a Regional response to the RFP.

This approach is in keeping with Regional Council's fundamental principles of providing land ambulance service as described in the Year 2000 Directions Document report - Phase I. An RFP for the two private operators and a Regional department will create the closest thing to a level playing field.

In the fall of 1998, after completing several months of review, including site visits, a literature search and an independent audit of response times for Ottawa-Carleton, staff were able to provide Regional Council with an estimate of between \$20 and \$25 million dollars for the new system.

Regional staff believe it is essential that Ottawa-Carleton respond to the RFP for three reasons.

First, proceeding to an RFP will give Council explicit system design details and full cost information about our system.

Second, the Region's response to the RFP will also serve as its contingency plan should it not proceed to be the service provider. It is an important step toward protecting public health in the event of a default by a private operator. This level of system design is essential if the Region of Ottawa-Carleton is to be in a position to have an immediate and completely seamless take over in case of a major breach by the private sector provider.

Third, it will serve as staff's main guide in overseeing the day to day operation of the private contractor. If the service is provided by one of the two private sector operators, it will be essential for staff to have as good, or better expertise and understanding to monitor a private sector provider on a continuous basis.

B. The Internal Independent Bid Preparation Team

The membership of the internal bid team would be lead by Doug Brousseau, Deputy Commissioner, Environment and Transportation Department. The Regional bid preparation team would be completely independent of the Regional staff directly involved in land ambulance services to date. New consultants with specific performance based ambulance experience and expertise would also be retained to assist the internal group in preparing the bid. It is estimated that the consultants cost to prepare an internal bid/contingency and monitoring plan is between \$250-\$400 thousand dollars.

Committee and Council should also be aware that there are only a handful of individuals with performance based experience and expertise in Canada. Three of these experts (Toronto, Edmonton and Calgary) have worked with Ottawa-Carleton over the last several months to assist in the preparation for full assumption of the land ambulance service and will not be involved in any way with the bid preparation team.

C. The Independent Bid Evaluation Team

The RFP submissions will be evaluated by the independent team of experts as outlined in Annex C. This team will be completely isolated from the Regional bid preparation team. The team is made up of Regional staff and individuals external to the Corporation who have a vast amount of expertise and experience in performance based land ambulance systems.

D. The Process

Regional staff recommend that Community Services Committee table this report to allow for broader public consultation for a period of about six weeks. Staff recommend the report be brought back to Community Services Committee on 17 June 1999 for discussion and debate, and proceed to Regional Council on 23 June 1999.

Staff also recommend that the RFP not be released until Chair Chiarelli receives a response to his letter to the Premier on the full integration of dispatch.

The date for full assumption and service improvements to this community are entirely dependent on the resolution of the dispatch issue. The process outlined in Annex A shows the timeframe required for each activity but does not outline all dates as the key component of dispatch is yet to be resolved.

E. The unanswered question-dispatch

On 14 December 1998 Regional staff met with senior Ministry of Health staff in Ottawa to discuss dispatch. Ministry staff were provided with a detailed outline of how the Region could integrate the dispatch centre into its operation. Regional staff have also met with our neighbouring counties.

This very challenging exercise is obviously further complicated by the fact that the Province has not provided an answer on the dispatch question. The Ministry of Health has missed two agreed two deadlines, one on 31 January 1999 and the second on 12 February 1999. At the writing of this report, the Minister's office has said: "... the government is reviewing the consultants report on dispatch and looking at some possible options". The Minister's office has also said that they were unable to tell Regional staff when there will be an answer on dispatch.

On 23 April 1999 Chair Chiarelli wrote to the Honourable Mike Harris, requesting that Ottawa-Carleton be designated a pilot site for the full integration of dispatch into the ambulance operations. A copy of the letter is in Annex B.

F. Community Services Committee, 4 March 1999 directive to review options without dispatch

As directed by Community Services Committee Regional staff called a special meeting of the Land Ambulance Health Services Consultation Group (LAHSCG) on 24 March 1999, to discuss possible options without dispatch. The options raised during the consultation included:

- refuse to provide service
- operate dispatch without the Ministry
- continue in a level of effort system for a year
- conduct a Request for Proposal for a level of effort system for a year
- create a Regional department level of effort system for a year.

The review and analysis of the options raised by LAHSCG on 24 March 1999 once again confirmed there are no legitimate options for a performance based system without the control of dispatch. Without dispatch it is impossible to control costs to the Regional taxpayer or the quality of service they will receive.

PUBLIC CONSULTATION

The Land Ambulance Health Services Consultation Group continue to be consulted on a regular basis. Staff have also met with the ACT Foundation, MPP John Baird, and with the neighbouring counties to discuss dispatch and other possible cooperative efforts. Update letter No. 14 was also sent to the Paramedics in April 1999. Many Paramedics have responded by providing input throughout the process.

As a member of the Provincial Task Force on land ambulance downloading, the Region's Director, Land Ambulance Health Services is working with the Association of Municipalities of Ontario (AMO) on issues affecting all Upper Tier Municipalities.

The tabling of this report will allow for broader public consultation over the next six weeks.

CONCLUSION

The Land Ambulance Health Services Directions Document - Phase I, which was approved by Council in October 1998, outlined the basic principles to be followed and the process to establish *what* the Ottawa-Carleton community needed and *how* the service could be delivered in 2000 and beyond.

This report, Phase II, establishes the process to select *who* will provide the service. Staff are recommending proceeding to an RFP for the two private operators and the Region of Ottawa-Carleton. Staff are also recommending this next step because a Regional bid will also serve as the Region of Ottawa-Carleton's detailed day to day operational contingency plan in the event of a default by a private operator. In addition it will provide staff with an in-depth understanding of the operations should a private sector provider be selected for the new system.

Proceeding to the RFP with the two pre-qualified private companies and an independent Regional bid team will provide Council with the detailed information they need to determine *who* will provide the best quality service at the most reasonable cost.

To ensure the continued success of the open and transparent process, the Regional ambulance staff or those external parties involved to date, will not participate in any way in the preparation of the Regional bid.

All efforts continue to be made to obtain a commitment from the Province to integrate dispatch in an effort to improve the quality of the system. As a follow up to the letter to the Premier, a second, more detailed plan is being prepared by staff.

Choosing any of the options without the control of dispatch, abandons the fundamental principle of ensuring set standards of care to the residents of Ottawa-Carleton. While the downloading of ambulance services carries very significant financial consequences, there is a great opportunity to improve the service for pre-hospital care for our residents.

*Approved by
Robert Cushman, MD, MBA, FRCPC*

Next Steps
Land Ambulance Health Services Download Transition

• Dispatch letter from Chair Chiarelli to the Premier	23 April 1999	Ongoing Public Consultation
• Directions Document Phase II Report to Community Services Committee for tabling	6 May 1999	Ongoing Public Consultation
• Directions Document Phase II Report to Community Services Committee for discussion and debate	17 June 1999	Ongoing Public Consultation
• Directions Document Phase II Report to Council	23 June 1999	Ongoing Public Consultation
• Receive approval to integrate dispatch from Premier	?	Ongoing Public Consultation
• Release Request for Proposal	?	Ongoing Public Consultation
• Close Request for Proposal	9 weeks after release	Ongoing Public Consultation
• Evaluation Team Review of RFP submissions	3 weeks	Ongoing Public Consultation
• Report to Community Services Committee on successful RFP bidder	5 weeks after RFP closure	Ongoing Public Consultation
• Report to Council on successful RFP bidder	following CSC	Ongoing Public Consultation
• Negotiate Contract	3 weeks	Ongoing Public Consultation
• Advise Province on service provider	No later than 30 Sept. 2000	Ongoing Public Consultation

22 April 1999

The Honourable Mike Harris
Premier of Ontario
Legislative Building
Queen's Park
Toronto, Ontario
M7A 1A1

Dear Premier Harris:

Re: Dispatch Pilot Project

The Region of Ottawa-Carleton respectfully requests that the Province of Ontario work in partnership with the Region of Ottawa-Carleton to establish a fully integrated dispatch, pilot project in our community.

The pilot would be similar to the dispatch-ambulance model that has been highly successful in the City of Toronto for many years. The Region of Ottawa-Carleton would expect the Province to fulfil its previous commitment to purchase a new Y2K compliant Computer Aided Dispatch (CAD) system. The Region would also expect that the Province would 50 / 50 cost share on start up costs and cover the annual operating cost of the centre as you do with the current licensee (Sisters of Charity). The Region of Ottawa-Carleton would be responsible either itself or through a service delivery agent for maintaining the infrastructure, and staffing and operating the centre.

I have asked Regional staff to refine the dispatch proposal that was given to senior Ministry of Health bureaucrats on December 14, 1998, and to have a second meeting with our neighbouring counties to further discuss our partnership with them on this, and other possible ventures such as co-operative purchasing.

I believe this proposal is a win-win opportunity for the Province and the Region of Ottawa-Carleton and will result in improved ambulance service. I look forward to hearing from you very soon.

*Original signed by
Bob Chiarelli
Regional Chair*

cc: Merv Beckstead, Chief Administrative Officer
Dr. Rob Cushman, Medical Officer of Health
Joanne Yelle-Weatherall, Director, Land Ambulance Health Services
Regional Councillors
John Baird, MPP
The Honourable Elizabeth Witmer, Provincial Minister of Health
Michael Powers, President, Association of Municipalities of Ontario
Land Ambulance Health Services Public Consultation Group

Land Ambulance Health Services Request For Proposal**Bid Evaluation Team**

1. Dr. Robert Cushman, Medical Officer of Health, Region of Ottawa-Carleton
2. Joanne Yelle-Weatherall, Director, Land Ambulance Health Services, Region of Ottawa-Carleton
3. Geoff Cantello, Manager, Commercial Contract Law, Region of Ottawa-Carleton
4. Pete Larocque, Manager, Financial Policy Research, Finance.
5. Donna Carter, Manager, Corporate Programs and Administration, CAO's.
6. Dr. Justin Maloney, Director, Base Hospital Program, Ottawa Hospital
7. Jerry Overton, Executive Director, Emergency Medical Services, Richmond Ambulance Authority
8. Tom Sampson, Director, Emergency Medical Services, Calgary, Alberta
9. Steve Rapanos, Chief, Emergency Medical Services, Edmonton, Alberta
10. Alan Craig, Director, Senior EMS Planner, City of Toronto, Ambulance

Bid Preparation Team

1. Doug Brousseau (Team leader), Deputy Commissioner, Environment and Transportation Department
2. Glen Ford, Director, Supply Management, Finance Department
3. Kelly McGee, Director, Policy and Legislative Services, Legal Department
4. Performance based system ambulance consultant to be determined.