REGION OF OTTAWA-CARLETON | REPORT
RÉGION D'OTTAWA-CARLETON | RAPPORT

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DATE 15 February 2000

TO/DEST. Co-ordinator, Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **AMBULANCE HEALTH SERVICES UPDATE**

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## DEPARTMENTAL RECOMMENDATIONS

**Given many unresolved issues, new legislation and increasing uncertainties, Community Services Committee recommend Council direct staff:**

1. **To postpone the Request for Proposal (RFP) process and begin preparations to put in place an in-house ambulance service for 01 January 2001, conditional on the resolution of certain labour relations issues.**

2. **That, should the labour relations issues not be resolved by 08 March 2000, the Province be advised that its failure to include dispatch and provide adequate data has made it impossible to accept responsibility for the service.**

3. **That, should the service be provided in-house, staff objectively review and report on the system by 01 January 2003 to determine whether or not to proceed with an RFP for ambulance services.**

4. **That an immediate action plan be prepared for funding prior to full assumption of the service in 2001. Upon approval of 50/50 cost sharing from the Province immediately implement measures (estimated $4 - 6 million) such as those listed in the body of this report that will provide some interim measures to re-dress critical problems caused by the Province's under funding of the system.**

5. **To prepare a detailed system plan that will outline the operational, management, and total financial requirements (estimated $20 - 25 million) and make a detailed submission to the Transition Board for their consideration in preparation for the 2001 budget.**

**6. To continue to work to obtain the Ministry of Health and Long-Term Care's concurrence on the full integration of dispatch which is critical to providing response times that meet acceptable standards for proper clinical care.**

BACKGROUND

Outstanding Issues - Funding and Dispatch

In 1998 the Province downloaded land ambulance services to Upper Tier Municipalities (UTMs). While the UTMs had no control over the service, they were made responsible for paying 100% of the bill for that service as determined by the Province.

When downloading was first announced, the Region was advised by the Province, that the cost of ambulance service for Ottawa-Carleton was $8 million a year. In 1998, the Province billed the Region for $14 million (100% of the 1998 cost). In March 1999 the Province announced that it would institute a 50/50 cost sharing formula with the Region for 1999, and that the transfer of responsibility for ambulance services would be delayed for one year until 01 January 2001. In 1999 the Region paid 50% of the Province's bill of $13.7 million, and in 2000 the Province estimates that the Region will pay 50% of $14.8 million.

In 1998, as the Region evaluated the condition of the existing system and the poor survival rates being achieved, Council was advised that the real cost of an ambulance service that would meet the needs of the residents in Ottawa Carleton is between $20 and $25 million a year. From the outset, the Region of Ottawa-Carleton has consistently stated, that the service in Ottawa-Carleton is seriously under funded and that to make any real impact on the system, the integration of dispatch is essential.

It is important to understand why dispatch is so critical to the success of an ambulance system. Dispatchers control where the ambulances are located at any given time. Because ambulances rarely sit in their base stations waiting to be called to an emergency, it is critical that the system also have command of the location of each ambulance. This allows the system to respond to very dynamic conditions. With modern dispatch technology it is possible to ensure that the fleet of ambulances is where it needs to be in order to be effective. There are currently between nine and twenty ambulances in service in Ottawa-Carleton. Even with twice that many in service inefficient dispatch could make it very difficult to obtain reduced response times or improved survival rates. Without control of where, how or when assets are deployed large investments may not result in improved response times or in saved lives.

In order to provide the level of service that our residents need it is essential to build an integrated ambulance system. The City of Toronto controls dispatch and this allows them to have the best service in Ontario. System accountability has been a top priority in the process that Council has undertaken. The integration of dispatch with the one service provider is the only way to achieve this accountability. Without dispatch it would be impossible to expect a private provider to meet objective performance standards. Without dispatch the operator can only be asked to provide a number of ambulances and crews, not to provide a system with performance expectations.

The Regional Chair has written to the Premier of Ontario and to the Minister of Health and Long-Term Care seven times since June 1998 requesting a speedy resolution to the dispatch issue. Staff with Ambulance services along with the Medical Officer of Health have participated in a two-year effort to secure an agreement on dispatch. There has been no response to the Regional Chair's letter of 14 January 2000 making one last request to Minister Witmer.

The dispatch issue continues to be unresolved one month later. Despite this, there is hope for a future decision on dispatch based on recommendations from the Joint Provincial AMO/MOH&LTC Land Ambulance Implementation Steering Committee (LAISC) in which the Region forwarded the dispatch issue. The Region's Director of Ambulance Health Services is a member of LAISC and the sub-committee dealing with the dispatch issue. The sub-committee made recommendations to the LAISC in January 2000 supporting the devolution necessary for Ottawa-Carleton's control of dispatch. The next steps are for the recommendations to proceed to the Association of Municipalities of Ontario (AMO) Board, which in turn, will make a recommendation to the Minister of Health and Long-Term Care.

Staff remain optimistic that the Province will eventually transfer dispatch, however, they cannot predict when this will happen, or under what terms and conditions. It could be well into summer before we have an answer as all other efforts to advance the time frame have been unsuccessful.

Since the Province has not provided a definitive answer on dispatch, the issuance of the performance based RFP cannot be made within the legislated time frame. Therefore staff recommend an in-house service be adopted to ensure the smooth integration of dispatch as soon as possible after the Provincial decision has been made. This is in keeping with Council's direction to provide quality patient care in the Region through the transition to a performance based system.

Regional Council's Direction on Ambulance Service Assumption

On 14 July 1999 Regional Council approved staff's recommendation: "That staff be directed to prepare a Request for Proposal (RFP), in which the two private sector operators and the Region of Ottawa-Carleton will be asked to submit a proposal".

Staff proceeded to develop the RFP and continue to work with a variety of groups to resolve the dispatch issue. A separate and independent internal preparation team began work last fall. The knowledge and staff experience gained on the internal preparation team will be transferred to work with the Director of Ambulance Health Services in the Health Department to assist with the transition. The consultant retained by the internal preparation team was to work predominantly on system design and organizational structure. The consultants will continue to work with the Director of Ambulance Health Services to prepare the detailed system design plan that will precisely match available resources to patient requirements and known demand patterns.

New Information

In December 1999 Ministry staff reported that legislated response time standards were not being met in over 100 communities throughout Ontario. For the first time, Regional staff were able to compare response times for life threatening emergencies in the urban areas of Ottawa-Carleton to

those of others in Ontario (based on 1998 data). The results were disturbing and showed that response times in the urban areas of Ottawa-Carleton, for life threatening emergencies at the 90th percentile are significantly worse (up to 50% longer) than most other urban centres in the Province (see Annex A). The Ministry has said that the 1999 call data will be released by March 2000. With the steady increase in call volumes and no additional resources in the ambulance system for several years, one can expect that the 1999 response times will have worsened.

The Regulation dealing with response times, (501/97, Section 42) may have a direct impact on funding for Ottawa-Carleton. In essence, the legislation says that response times for 1998 and beyond will be at the same level as those for 1996. According to this standard, urban centres in Ottawa-Carleton (Ottawa and Vanier for example) would continue to receive 50% funding for response times for life threatening emergencies at the 90th percentile of between 14 and 16 minutes. Other urban centres in Ontario had response times of about 10 minutes in 1996. The 1996 standard could potentially constrain our efforts to improve pre-hospital patient care in Ottawa-Carleton by limiting the Province's funding contribution to 50% of the under serviced levels.

Three new pieces of legislation were also introduced in December 1999: More Tax Cuts for Jobs, Growth and Prosperity (Bill 14), the Red Tape Reduction Act (Bill 11), and To Provide for the Minimum Staffing and Equipping of Ambulance Stations (Bill 29). The main area of concern for Ottawa-Carleton is the legislation requiring certain decisions regarding assumption of the ambulance service. The legislated requirement that a service provider be selected by 30 September 2000 was recently advanced by almost one month to 03 September 2000. The Region of Ottawa-Carleton must advise the Minister of "who" the service provider will be in Ottawa-Carleton by that date.

Given that dispatch has not been resolved, and the shortage of time to the new legislated deadline for Ministry notification of 03 September 2000, staff recommend the development of an in-house service for 01 January 2001.

## DISCUSSION

### Regional Government Commitments

The Region has repeatedly demonstrated its commitment to improve the unacceptable performance of the existing ambulance service. In June 1998, Regional Council directed staff to proceed to take "early assumption" of the service. Unable to obtain information from the Ministry, Regional staff proceeded with a Freedom of Information and Protection of Privacy Act (FIPPA) request and participated in a judicial inquiry; but, in the end, were not able to get the information required or the co-operation from the Ministry to enable a smooth transition. Regional staff also conducted a comprehensive North Amercian best practices review, enlisted a number of recognized industry experts that continue to provide support, contracted for an independent audit of response times, actively participated in a number of AMO conferences and committees, consulted extensively with stakeholders in the community, and developed partnerships with allied agencies.

In December 1999, Regional Council approved a $3.6 million capital transition budget to prepare to implement the new ambulance system for our community. The budget includes new advanced defibrillators, valued at close to a million dollars. The defibrillators will be available, and paramedics will be trained before the summer of 2000. Staff has also ordered seven additional ambulances and will spend about $200,000 to bring the existing Ministry fleet up to Regional standard. Technology upgrades are also planned with a view to improve the quality of care and reduce response times.

Additional Interim Enhancement Measures

Over the next few months, Regional staff will work with industry experts to develop a detailed system design plan that is specific to the needs of all of Ottawa-Carleton's communities. The system design plan will enable staff to submit a detailed operational and capital budget for the year 2001 and beyond.

The Ministry estimates the total 1999 bill (before adjustments) for the existing level of ambulance service to be $14.8 million. To bring ambulance services to the acceptable North American industry standard, staff estimate the cost may be up to $10 million more.

Unfortunately, the Region has no ability to guarantee improvements in the existing system, however, given the situation, staff recommend that, if the Province agrees to a 50/50 cost share, measures from the following package be implemented immediately to begin to improve on the level of care that the residents of Ottawa-Carleton receive from the existing system. The estimated cost is $4 - 6 million and will be revised once the system design is complete.

*Staffing and Vehicle Enhancements for Emergency Calls*

Call volumes have increased steadily over the years, while the resources available to the system have been frozen since 1993. Staffing and vehicle enhancements will provide more unit hours on the road and will enable more paramedics to be available at peak times to respond to emergency calls.

*Patient Care Liaison Paramedics*

There are currently a substantial number of lost unit hours in the existing system. Lost unit hours are defined as staffed ambulances, that for a variety of reasons are not available to respond to calls. Patient care liaison paramedics can assist and support field paramedics to expedite the completion of calls by helping with patients, equipment and supply issues; and thus make more paramedics available to respond to emergency calls and reduce response times.

*Staffing and Vehicle Enhancements for Inter-Facility Transfers*

Patients requiring an ambulance in non emergency situations include medically unstable, and medically stable patients with the potential to become unstable at any time. For example, a stable patient could be someone going from one facility to another for cardiac diagnosis.

According to the Ministry's 1998 raw call data, about 24% of medical calls were for non emergency transfers. Growth in demand for non emergency transfers will increase gradually due to an aging population, earlier hospital discharges, more seriously ill patients being treated out of hospital, and hospital restructuring / specialization.

The Ministry's management of ambulance patient transfer services is complex and has a long history of unsuccessful solutions to service requirements. In 1994 the Ministry removed three ambulances from emergency duty and converted these to patient transfer vehicles. While this alleviated some pressure for the hospitals, the removal of ambulances from the emergency side of the business has contributed to response time deterioration.

More unit hours need to be added to the non emergency system as an interim measure, to reduce what is often excessively long wait times for patients.

*Training*

Under the current Ministry run system, Primary Care Paramedics receive 16 hours and Advanced Life Support Paramedics receive about 24 hours of Continuing Medical Education (CME). The Ontario Emergency Medical Services (EMS) Director's group has proposed that training be increased to 40 hours per year for Primary Care Paramedics and 80 hours per year for Advanced Life Support Paramedics. While the Paramedics have extensive formal Community College education and in-hospital training, ongoing CME is required to upgrade their skills to keep up with advanced medical practices, new technology, and new equipment.

The current dispatch system and its practices, including call taking methods and deployment are antiquated and inefficient. Training is required to implement advanced unit hour deployment, workload distribution, the new Computer Aided Dispatch (CAD) and Advanced Medical Priority Dispatch System (AMPDS) protocols.

FINANCIAL COMMENT

The Province has downloaded an ambulance system that does not meet the legislated standards set by its own Ministry of Health and Long-Term Care. The system is seriously under funded.

All Upper Tier Municipalities (UTMs) in Ontario with the support of the Association of Municipalities of Ontario (AMO) have requested 100% funding from the Province to bring the system up to the Ministry's own standards. Once the standard has been reached, the UTMs agree to cost share 50/50 with the Province.

Staff will prepare an immediate plan for implementation prior to full assumption of the service on 01 January 2001. The plan will include alternative funding recommendations by the Finance Department. As soon as the Province approves the 50/50 funding, Regional staff will begin to implement interim measures such as those listed in this report.

Since 1998, Regional staff have estimated that the true cost of providing an effective and efficient industry standard ambulance service is between $20 and $25 million. Once a comprehensive system design is completed this spring, staff will be able to advise Committee and Council on the detailed operating and capital costs for the new ambulance system for the year 2001, and submit its request to the Province for 50/50 cost sharing approval.

CONCLUSION

Given the many unresolved issues, the deadline for service delivery and the uncertainties that lie ahead, Regional staff recommend that the direct assumption of the ambulance service for a two year period be conditional on the successful resolution of labour relations.

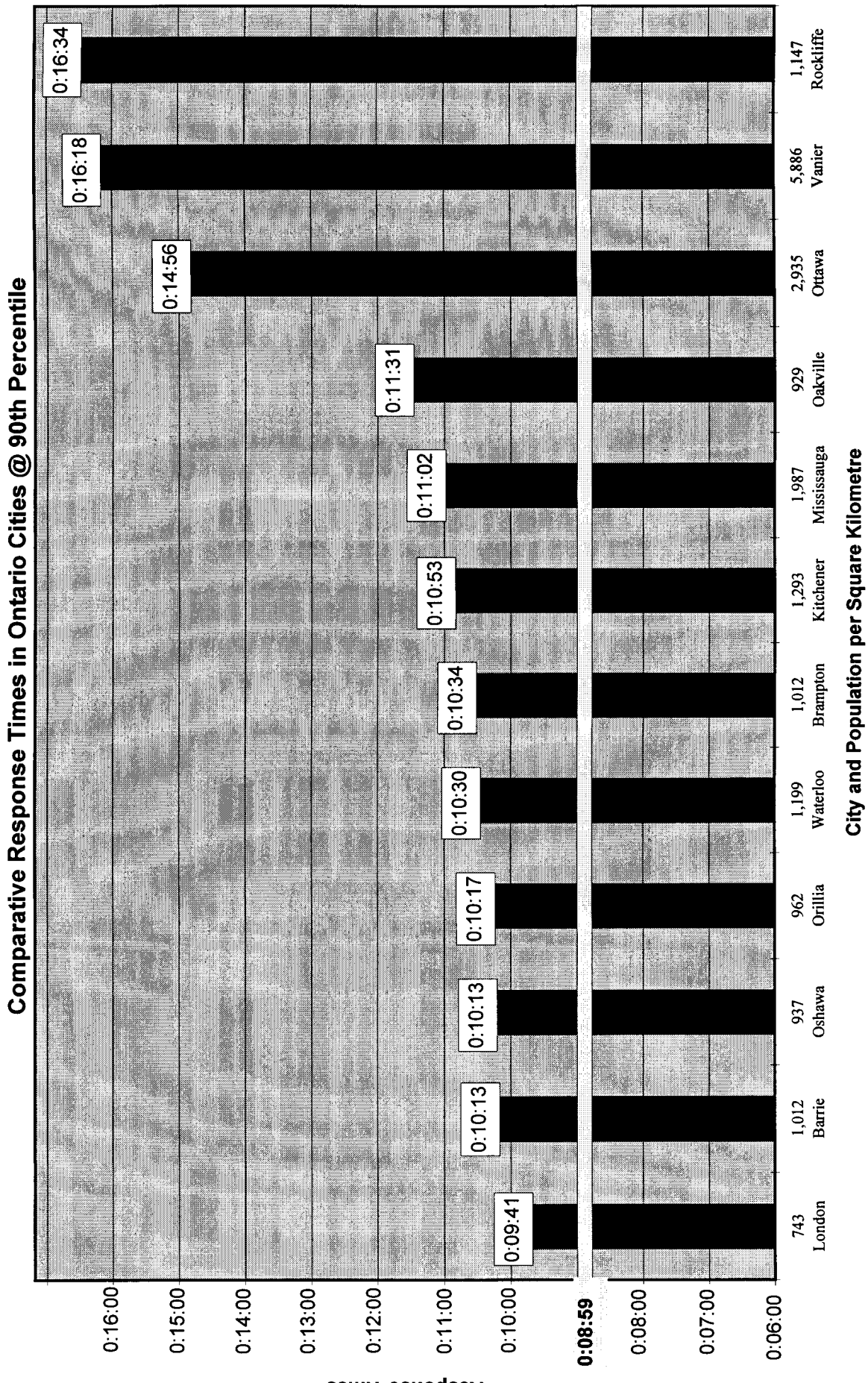
This course of action will allow us to control costs more effectively given these unknowns and to build stability and performance improvements into the system over time. At this point in time, it is staff's judgement that this is the preferred route to achieve Regional Council's goal of providing the best ambulance service at a reasonable cost and to avoid third party entanglements during this transition period.

In two years, the internal system should be reviewed to determine whether an acceptable level of performance and cost has been established. The recommendations of the review would be used by Council to determine whether operations should continue, or if an RFP process should be initiated.

In the event that a resolution of labour relations issues cannot be achieved in the stated timeframe, the Region will be left with no choice but to inform the Province that assumption of the service is impossible.

It is important to note that guaranteed response time improvements can only occur when dispatch is included in the overall ambulance system. Once dispatch is included, the system can be designed to match high quality resources to call demand, at a reasonable price. However, with the information on excessively long response times, poor survival rates and the Ministry's decision on dispatch still outstanding, staff recommend that once the Ministry approves the 50/50 funding, Council take the immediate interim actions outlined in this report in an attempt to bring some relief to the system until the new city can take over full responsibility on 01 January 2001.

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


Comparative Response Times in Ontario Cities @ 90th Percentile
Response Times
0:16:00
0:15:00
0:14:00
0:13:00
0:12:00
0:11:00
0:10:00
0:08:59
0:08:00
0:07:00
0:06:00
0:09:41
0:10:13
0:10:13
0:10:17
0:10:30
0:10:34
0:10:53
0:11:02
0:11:31
0:14:56
0:16:18
0:16:34
743 London
1,012 Barrie
937 Oshawa
962 Orillia
1,199 Waterloo
1,012 Brampton
1,293 Kitchener
1,987 Mississauga
929 Oakville
2,935 Ottawa
5,886 Vanier
1,147 Rockliffe
City and Population per Square Kilometre