MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

THURSDAY 20 JULY 2000

CHAMPLAIN ROOM

9:00 A.M.

PRESENT

Chair: A. Munter

Members: D. Beamish, W. Byrne, B. Chiarelli, L. Davis, H. Kreling, A. Loney, M. McGoldrick-Larsen

Regrets: C. Doucet, D. Holmes

CONFIRMATION OF MINUTES

That the Community Services Committee confirm the Minutes of the regular meeting of 6 July 2000.

CARRIED

INQUIRIES

Councillor L. Davis provided information about the Annual Mother/Daughter fundraising Walk for the Heart and Stroke Association, and suggested that the Health Department encourage and support employees in participating in the event.

Notes: 1. Underlining indicates new or amended recommendations approved by Committee.

2. Items requiring Council approval will be presented on 9 August 2000 in Community Services Report No. 51.

HEALTH

1. NEW AMBULANCE SYSTEM DESIGN
- Medical Officer of Health report dated 14 July 00

Dr. R. Cushman, Medical Officer of Health, expressed pride in the ambulance system design being considered by Committee, and congratulated Mr. Steve Kanellakos on his position as the new General Manager of Protective/Emergency Services for the City of Ottawa.

Dr. Cushman noted that the report is a comprehensive proposal including the system design, the short-term action plan, and a community response element with the public access defibrillators.

Ms. Joanne Yelle-Weatherall, Director, Finance and Administration, Health Department, summarized the background of the development of the system design, noting that Fitch & Associates were retained by the Transition Board to develop a blueprint for a new ambulance system in Ottawa-Carleton. The plan is a detailed one on how to save lives in a cost effective manner. The findings of the Fitch report were presented to the Medical Officer of Health, the Transition Board and the Regional Chair in early July, and Dr. Cushman then prepared the report being considered by Committee. Council will consider Committee's recommendation at the meeting of 9 August 2000, and then the Transition Board will consider the recommendation of Council.

Ms. Yelle-Weatherall noted that the deadline for assuming the service is rapidly approaching. She provided an update on the dispatch system, where the province agreed to provide 100% of the funding if Ottawa-Carleton could get endorsement from neighboring counties. She noted that it will not be acceptable if the province provides funding based on 1996 levels as it would be insufficient to improve service. She noted that the Association of Municipalities of Ontario has issued an alert that advises that they will not meet with the province again until they receive a reply on the issue of funding.

Ms. Yelle-Weatherall introduced Dr. Jay Fitch of Fitch & Associates, which was established in 1984, and has extensive experience in designing ambulance systems in Calgary, Edmonton and Saskatchewan.

Dr. Fitch advised that cardiac arrest survival rates approximate 3.7% in Ottawa-Carleton compared to 25% in Toronto and Calgary. To achieve the mandate of improved care the system must be clinically sophisticated, operationally reliable, satisfy customers, ensure value for money and be accountable for performance. The model proposed is a performance driven system, which must maintain its performance, provide response time reliability and advance care levels. The system can be measured and reviewed to ensure ongoing benefit to the community.

The system develops strategic alliances with first response providers in the community and relationships with health care providers. There are 2 clearly defined response patters: a high density area which

comprises 14% of land mass and 94% of the call volume, and a low density area which comprises 86% of the land mass, and 6% of the call volume.

The key determinant for most people who will use these services will be response times, which should be 8 minutes 59 seconds in the high density areas and 15 minutes 59 seconds in the low density areas. That standard is currently being met 5 out of 10 times in the high density areas, and 6 out 10 times in the low density areas. This will require a phase-in period over 3 years, which includes an advanced life support system, with a 56% increase in the ambulance coverage hours, multiple base stations, an increase from 31 to 43 ambulances, and a variety of improved technology requirements that need to be addressed to achieve the care mandates.

Mr. Fitch stated that dispatch is a critical component of the system. The cost of the new system is significant, and operating costs will approximate 27 million dollars in the first year, and will have a significant positive impact on the quality of life of people in the community. He added that there are only 115 days left until the ambulance system is assumed.

Dr. Cushman noted that the short term action plan has been a concern for some time, and the proposal is to spend $780,000 as of 15 August 2000, in order to improve the system, and add an additional 1500 hours of service per week, which would increase service by approximately 25%.

Dr. Cushman proposed that 1 million dollars be transferred from the short term action plan to the public access defibrillator (PAD) project, with an additional $150,000 funding required. These PAD's will be placed in targeted municipal buildings, community locations and police vehicles, and extensive training will be provided to personnel to ensure that there are capable first response health providers in the community.

Dr. Cushman distributed a report prepared by Dr. G. Dunkley, Dr. J. Maloney and Dr. G. Nichol on the selection of an automatic external defibrillator for use in the Ottawa Public Access Defibrillation Program. He summarized, noting that the competitors were roughly equal in price, however in preliminary negotiations with one manufacturer a 35% volume discount was obtained, which will permit placement of additional PAD"s in the community. The discount price has also been made available for 6 months to private organizations wishing to purchase the devices.

Dr. Cushman noted that the report advocates for the selection of one provider, Medtronic. Although the systems reviewed were similar, there were doubts expressed by the medical community about the technical and training support provided by the other supplier.

Dr. Graham Nichol advised that he works at the University of Ottawa conducting economic and effectiveness evaluations of emergency cardiovascular care. Cardiac arrest happens approximately 35,000 times per year in Canada, with a survival rate of 4% in Ottawa, which is in the middle range when compared to cities across Canada. There is a direct correlation between defibrillation and cardiac

survival, and many communities in North America have implemented a public access defibrillation program with a high survival rate.

Dr. Nichol made reference to PAD's situated in airports and casinos with tremendous success, for use by trained personnel. He noted that untrained people have also used them successfully and safely, and there have been no adverse effects on patients or people administering the device.

In response to a query from Councillor L. Davis, Dr. Nichol noted that the machine under consideration has a battery that will last for approximately 5 years. He noted that administration of defibrillation should be part of the emergency medical response, and is the first, but not only, treatment for the situation. Dr. Cushman stated that as the case becomes more problematic, an increasing level of health care providers with advanced skill will arrive at the scene. The PAD determines when a shock is indicated and will not permit a shock to be administered unless it is warranted.

Dr. Nichol advised that a recent study evaluated the effectiveness of defibrillation and advanced life support in Ontario, concluded that out of 20 cities, there is a wide range of survival from 0% to 30%. Ottawa is in the middle at 4%, so there is a tremendous opportunity to help people here by improving emergency medical services. He added that several years ago, the United States proposed the concept of public access defibrillation systems by non-medical personnel such as "first responders" who are trained to respond to medical emergencies, "traditional targeted responders" who are trained to respond to emergencies and who would be trained to defibrillate; and "non-traditional targeted responders", individuals without the duty to respond who want to be trained and assume that duty.

He explained that defibrillation can work when people, other than police, operate the PADs. One study put these units into 18 casinos in Las Vegas and security guards were instructed to provided CPR and defibrillate. A short video illustrated to committee members how easy it was for a person to operate the defibrillator. Of the 148 cases with these machines, there has been a 39% survival-to-discharge rate. Also, in a Chicago airport, these units were installed and the airport police were trained to defibrillate. This program has only been in place for six months so results are clearly preliminary; however, out of the 12 cases of sudden cardiac arrest, there has been a 75% survival-to-discharge rate. Interestingly, 60% of users were untrained bystanders. With respect to user safety of PADs, Dr. Nichol stated that there have been no adverse affects reported in the Chicago program and there have been few, if any, reports of adverse affects from uses of these devices in other settings. All defibrillators designed and marketed for public access use have both voice and visual prompts which walk the person through the process.

He went on to state that for PADs to be successful, the location of these devices must be carefully selected. He agreed that police defibrillation is a good idea, as is a "targeted responder" program where they are put into the community. He suggested aiming for a defibrillation response time interval of 2 to 3 minutes.

Councillor Davis inquired how many times a person, who has had no medical training, can use the equipment on an individual. Dr. Nichol advised that there is no limit, but it needs to be implemented as part of the chain of survival and should be integrated with the existing emergency medical system (EMS). The training program for PADs include well-defined protocols which consist of applying the machine, allowing the machine to analyze and then firing the unit, if it indicates that a shock is necessary. He confirmed that all the interpretation of the person's condition is done by the machine, not the responder, and it will advise them whether another shock is needed. To explain the ease for untrained individuals to operate the device, a physician in Seattle conducted an experiment whereby paramedics, firefighters and grade 6 students were put in a room one by one with a defibrillator and a dummy and the students did not take any longer to use the machine than the firefighters.

In response to additional questions posed by the Councillor, Dr. Cushman advised that the average cost per unit is approximately $6100. However, staff have procured a discount of approximately 35% bringing the cost to under $4000. Given the relatively low cost of this equipment, Councillor Davis thought it might be more cost-effective for people to have their own unit. Dr. Cushman agreed that the availability and the mobile availability of these units is key and it is proposed that all police patrol units have defibrillators, noting this would be particularly important in the rural areas where the coverage of police cars exceeds that of ambulances. With respect to her suggestion that people own their own defibrillators, he advised that high-risk patients do in fact have this device available to them in their homes and family members are trained to operate it. He emphasized the importance of the integration of this device with other elements in the chain of survival.

Councillor Davis referred to the short-fall of between $7-10M that the province should have been investing into Ottawa-Carleton, noting the legislation allows for 50% cost-sharing. In view of the financial support being provided to other municipalities and the fact that overall, the Region has been short-changed $35M worth of health care through ambulance service over the past several years, she wondered whether the Region should pursue this with the province for legal recourse and financial compensation for this shortfall. The Regional Solicitor, Ms. A. Taschereau-Moncion explained that the Region could not do that simply because there is no set definition of "approved costs" as the province sets the cost and the municipality pays. She added that through statute it would be very difficult to state that the province has a clear legal obligation to pay 50%. The Councillor recalled however, that the precedent has been set in other municipalities and if there is a certain amount of money allocated in health care, that should be allocated in an equitable way. She wondered whether there have been other cases where the province has been challenged in a legal way and while the Solicitor was not aware of this, she stated that the issue is to press them for a definition of "approved costs". The Councillor believed there was a need to do some lobbying at the provincial level to ask for a change in the Act that allows the Region to have a clear definition in terms of the cost.

With respect to the issue of approved costs, Chair Chiarelli interjected that it would depend on how the province perceived the system being recommended, i.e., whether they saw it to be a 'Cadillac' service. Dr. Fitch advised committee that what is being proposed is not a "Cadillac" system, but is the bare

minimum required to achieve the survival rates. It is designed to help the Region meet minimum North American standards.

Councillor Byrne requested the list of community centres where PADs are recommended to be located. Dr. Cushman advised that all community centres will be equipped with these units. Chair Munter suggested that since there are 119 units being recommended for all community centres, arenas, pools and recreation complexes, perhaps staff could break down that number by ward and provide that information to members of Committee.

Councillor Kreling inquired what lead time the municipality requires to start ordering ambulances and training people in order to stay on target. Dr. Jack Morash of Fitch & Associates, advised that the purchase of ambulances must be made by 1 December 2000 and there are a number of pieces of equipment that require the same lead time. He noted, however, that the entire schedule shows growth continuing through the three-year process. With respect to personnel resources, he advised that at this time, basic-level as well as advanced level paramedics are already in training, adding that it takes two years to train a basic level paramedic, plus an additional 6 months after that. In reply to a request from clarification from Councillor Kreling, Mr. Morash confirmed that the lead time is usually 90-120 days from the time the manufacturer receives the purchase order to delivery.

Dr. Justin Maloney opined that the questions raised by Committee members about PADs are not applicable to the model being examined for Ottawa-Carleton, because that system will focus on trained providers such as lifeguards and security guards. These individuals will also be trained to activate the EMS system. In response to the request of Councillor Byrne, he indicated that he had a list of the community centres where PADs would be located which he would make available to committee members. He referred to his submission previously distributed to Committee which included statistics illustrating long response times and a system that has been in malaise for a long time. He did not believe the RMOC or the Ministry of Health (MOH) ignored these statistics because the analysis at the time described an EMS system that was under-funded, understaffed and was in need of better training and equipment. Both the Region and the MOH focused on training and equipment: the Region funded defibrillators for area firefighters and the MOH trained the advanced paramedics. Both of these services have been working very well.

With respect to emergency services, the chain of survival speaks of 9-1-1, CPR, defibrillation and paramedics, which are services that have to be available. In front of each of those links in the chain of survival however, is the word “early” and up to now, efforts have been focused on bringing the services up to a modern standard. The task is only half completed, but the Fitch report details how to offer the services with the urgency that makes them clinically and cost-effective. Dr. Maloney stated that a lot of effort has been invested in the local EMS system and now the Region is faced with assuming the responsibility for the service. He believed the proposals contained in the Fitch report will address the concerns of long response times and an ambulance dispatch that is currently not safe. He encouraged committee to proceed now with the report recommendations.

Mr. Wayne Currie, City of Windsor, noted that in the City of Windsor, the issue of low survival rates among persons with sudden cardiac arrest was examined and a cardiac care community program was implemented. Defibrillators were promoted in the community, to educate the public and to train staff in the institutions where the machines are placed. He noted that the general public have been encouraged to use the devices.

Mr. Currie noted that there a public education campaign was undertaken to inform non-traditional users on how to use the device. He added that the machines are very easy to use and provide both visual and verbal prompts. The City of Windsor held a number of mass training events to train the general public on the use of machines.

Mr. Steve Ellis, representing MedTronic Physio Control, made a brief demonstration of the defibrillator, focusing on its ease of use and simple instructions. He noted that the machine provides a diagnosis of the patient's condition and evaluates whether a shock is warranted. A shock will not be administered unless the patient requires one.

Chair Chiarelli inquired whether there will be any legal liability exposure for the Region in using the PAD's. Ms. Taschereau-Moncion, responded that with an appropriate agreement in place and proper training, the liability for the Region will be minimal.

In response to a question from Chair Munter, Dr. Cushman confirmed that the medical panel conducted a medical evaluation of the defibrillators on the market place and made a recommendation on the preferred device.

In reply to a query from Councillor Davis, Mr. Ellis stated that the discount will be made available to private and community groups for 6 months from the date of order.

Chair Chiarelli questioned whether the Fitch & Associates report was prepared with input from the Transition Board. Ms. Yelle-Weatherall confirmed that the Board is aware of the details of the Fitch recommendations, however has not provided input on the short term action plan or public access defibrillator program. She added that Fitch & Associates are in favour of these two items in principle, but would like the opportunity for detailed review.

Chair Chiarelli inquired whether the Transition Board is likely to support the report. Dr. Cushman responded that the system design was prepared by the consultant retained by the Transition Board, and the short term action plan is an outstanding item that the Board is aware of, however the new issue is the public access defibrillators. He added that this is an important component of the new system, and needs to be addressed by the Transition Board.

Mr. Michael Dumbrell, representing Ottawa HeartSafe, commended Dr. Cushman on the report, and the leadership shown by Committee. He emphasized the importance of placing defibrillators in public places. He noted that Ottawa HeartSafe was established to place these machines in public places and train people on their benefits. After a cardiac arrest, the likelihood of survival drops by 10% each minute that passes, so PAD's are significant to patient survival.

Mr. Dumbrell requested that Committee consider requesting that the discount period for purchase of PADs be expanded to include the number of units, rather than solely the 6 month time period to permit adequate time to raise money to purchase between 50 and 100 units.

Mr. Dumbrell suggested that funds be allocated for training staff in private establishments to increase placement of the devices in the private market.

Councillor Byrne suggested that these devices be placed in the offices of large employers and the government, and suggested that the Region encourage the private sector to get involved.

In response to a question from Councillor Davis, Mr. Dumbrell noted that Ottawa HeartSafe has been a grass roots organization and requires a concerted volunteer commitment and additional fundraising assistance. He added that he would like to see PADs installed in all shopping centres and office buildings, with trained staff to operate them.

Mr. Greg Birch and Ms. Suzanne Bruneau representing Agilen Technologies, manufacturer of the Heartstream defibrillator made a presentation to Committee. She expressed concern that Agilen Technologies was not asked to bid or contacted on the new system design. She noted that the two tenders/proposals presented by Agilen were not responded to, and inquired why Medtronic was dealt with directly without consideration to other companies.

Dr. Cushman drew Committee's attention to the draft medical report reviewing the selection of an automatic defibrillator. He noted that the grounds for comparison were equal on price, technology and hardware, however the issue of service and training were a concern for one of the companies.

Dr. Justin Maloney noted that the comparison of the two machines were very similar, although there has been a problem with Laerdal, the company who services the Agilen defibrillators. The medical community has expressed significant concern about the way problems have been addressed by Laerdal, and have in fact complained to Health Canada. The medical community in Ottawa-Carleton has expressed great concern about entering into a relationship with Laerdal.

Councillor Davis stated that what the delegation was saying was that this firm was precluded from being asked to submit a bid on the basis of their service performance in the past. Normally in the tendering process there would be a list of qualified suppliers as well as a review panel to set the criteria and to establish performance measurements, and she wondered at what point the Purchasing Department got

involved, if at all. Dr. Cushman advised that there was an evaluation which determined the best decision from an independent medical point of view.

Councillor Davis thought that determining which is the best equipment comes into play *after* the bidding process and that is when analysis of that equipment should be conducted. She expressed concern that staff have jumped a step in this process and suggested that if there are other suppliers that could be looked at to maintain the integrity of the public contracting process, all qualified companies should have an opportunity to bid on the tender. According to the presenter, the Region has precluded a supplier from coming forward. She questioned whether their documents were considered in the tender process or whether they were disqualified.

Dr. Maloney explained that there are three defibrillators on the market, two of which have a presence in Canada. If the Region purchased the HeartStream model, it would be serviced and marketed by Laerdal. The Region has had significant costs associated with Laerdal over the last three years with some safety issues. He stated that the Medical Panel provided an evaluation from a strictly medical point of view.

Councillor Davis stated that if there had been problems in the past, normally there would be letters on file to show a pattern of dispute with the company and if so, it is quite valid to remove a company if it has not lived up to its obligations. She questioned whether the company in question was given notice to that affect and Dr. Maloney indicated that if there were any short-cuts taken, it is perhaps based on the medical knowledge that hospital staff would not support Laerdal. Dr. Cushman noted that with respect to the Councillor's concerns about administrative problems or technical issues, he agreed that staff may not have paid as much attention as they should have to some of the contracting issues. He was prepared to look into this particular aspect, however he was quite comfortable with the professional opinion on this.

Chair Chiarelli stated that he did not believe that the Medical Officer of Health and other administrative staff are going to make a decision that they are not prepared to live by. Therefore, the committee should follow the advice of Dr. Maloney and Dr. Cushman to go with one particular company. He believed that Councillor Davis was referring to a technicality of clearing it through the purchasing process because what we're saying is that there is only one company the medical profession is prepared to live by in this community.

Councillor Davis reiterated that if there are service concerns about a particular firm, there should have been some history of those concerns on file. Dr. Maloney stated that the medical community has gone to Health Canada with complaints about this company and a nation-wide alert has been issued based on that complaint.

Ms. Bruneau stated that Laerdal is a distributor of the defibrillators which Agilen manufactures. The issues that Dr. Maloney refers to that happened with Laerdal Medical Canada were for the HeartStart

3000, that Agilen Technologies and Hewlett Packard had nothing to do with. The product that Laerdal sells today is the HeartStream 4 Runner (labelled HeartStart FR). The issue of Laerdal not being allowed to participate in the tendering process, was not brought to the attention of Agilen Technologies; they learned from a manufacturers representative in the city that the Transition Board did not want to a bid from Laerdal. She added that their request to have a meeting to discuss the issue was declined and they were not given the option to present their technology to the Committee.

Mr. Randy Caverly, OPSEU, advised that the paramedics endorse the report. He stated that since 1997, the paramedics have come before committee putting forward presentations on this issue. He was glad to know there is an independent credible voice in the form of a consultant making representations supporting what paramedics have been saying for the past decade and he believed the issue as presented endorses many of the concerns they have raised. He stated that it is obvious increased resources are needed and that the workers providing the service to date have been working very hard. Mr. Caverly expressed the hope that the Region would deal with the issue of dispatch, rather than leaving it up to the Transition Board to decide. He indicated that other communities have contracts in place, which they believe is a necessary part of this program and they are confident that given the opportunity, they can provide the same service.

In reply to a question from Councillor Davis, Mr. Caverly replied that he believes the workers are still committed to the community; they are simply waiting to see what kind of system evolves. He believed that most paramedics are optimistic that when that time comes, they will be able to make a decision to remain in the community; and they are prepared to work through this transition phase.

With respect to the delegations' comment about the preference to work with the Region and not the Transition Board, Councillor Loney questioned what rights the Region has about possibly negotiating a contract with ambulance workers at this stage. Mr. John Kearney, Manager, Labour Relations advised that the Region is in charge at this stage. Chair Chiarelli advised that he would be putting forward several Motions which in part address this particular issue.

In discussing the report, Chair Chiarelli stated that the Region is looking at the whole issue of ambulance services as part of an emergency response system, including the issue of defibrillators and the short term action plan. As the consultant to the Transition Board, he questioned whether Dr. Fitch is of the opinion that the use of PADs are an important component of the overall emergency response system. Dr. Fitch advised that early defibrillation is a fundamental element of any modern EMS system.

The Regional Chair proposed four amending motion to the motions outlined in the report. Chair Chiarelli stated that it was quite clear that the Region, as the upper tier level of government, is designated by law to put together the new service for January 2001. That being the case, it has the legal obligation for the system design and for the financing of the system. In response to some of the concerns raised, he explained that the interface with the Transition Board is one of giving approval on the financing of this service, keeping in mind that it will be implemented from within existing budgets.

In terms of the Transition Board and the matter of dispatch, Councillor Loney inquired about the status of the various municipalities outside Ottawa-Carleton endorsing the design. Ms. Yelle-Weatherall confirmed that the Minister of Health supports transfer of the responsibility of dispatch from the Sisters of Charity to the new City of Ottawa, if approval is received from the neighbouring county councils. Staff have met separately with those counties and together with the Sisters of Charity and a Ministry representative at which time the provincial representative announced that effective 1 January 2001, Leeds and Grenville and Lanark County would be dispatched from Kingston. However, staff have received county support from Prescott-Russell and the City of Cornwall, which has been designated by the Minister of Health to provide ambulance service for Stormont, Dundas and Glengary, support the partnership with the City of Ottawa and it is expected that their council will approve a resolution to this fact next month. She was confident the Region will get approval from the two remaining county councils.

In view of this and with respect to the amending motions introduced by Chair Chiarelli, Councillor Loney wondered what the Region would be asking the Transition Board to do. Chair Chiarelli clarified that there were extensive briefings provided to the Transition Board about the Region's request for dispatch and the Chair of the Board was able to obtain a commitment from the province that the Region can have it, with the co-operation of the surrounding counties. Therefore, the Chair opined, because the Board Chair has had that level of support and that success up to this point in dealings with the province, he believed the Region should encourage him to continue that effort to obtain dispatch.

Councillor Loney suggested therefore, that the motion be amended to include an operative clause that the Board Chair continue his leadership in helping the Region to get 50% of the total cost of the system, including dispatch, and include comment to the effect "with 100% provincial funding as previously agreed".

Moved by Chair Chiarelli

That Community Services Committee recommend Council:

1. **Receive the update on the new ambulance / paramedic service including the system design report conducted by Fitch & Associates;**

2. **Approve the system design strategy to increase the ambulance fleet by 55%, increase paramedic staffing by 50%, increase the peak deployment of ambulances by 29% in high-density areas and quadruple the peak deployment of ambulances in low-density areas;**

3. **Approve the budget estimates to implement the system design commencing 1 January 2001 and approve the attached high-level system design and its goal**

to cut high-density response times between 4:46 and 9:04 minutes and low-density response times between 1:10 and 12:38 minutes;

4. **Support the Ottawa Transition Board in its efforts to secure 50% provincial funding for these expenditures, as the funding of the ambulance service was promised to be 50/50 provincial-municipal by the Minister of Finance in 1999 and work with other regions and counties in Ontario on a priority basis to secure the necessary 50/50 funding;**

5. **Approve the implementation and associated funding of $1.97 million for a Public Access Defibrillation Program, based on North American best practices and designed to increase cardiac arrest survivor rates;**

6. **Direct staff to accept the Ministry of Health and Long-Term Care's revisions to the short-term action plan to bolster service between 15 August 2000 and 31 December 2000, with a total expenditure of $780,000, with the balance of $1.02 million previously approved for the short-term action plan be allocated to public access defibrillation;**

7. **Approve:**

   a) **The system design and the additional capital funding for the start-up plan, short term action and PAD program of $8.729 million;**

   b) **An addition to the 2000 Operating Budget of $1.991 million;**

   c) **That the Finance Commissioner be directed to identify alternative funding sources for the amounts identified above prior to the Council consideration of these recommendations;**

8. **Whereas the applicable legislation requires Regional Council to designate, by September 3, 2000, the deliverer of ambulance service that will commence operation on January 1, 2001, Committee recommends that Council confirm the establishment of an in-house system, as per the attached system design;**

9. **Whereas the Transition Board, has been very successful in its attempt to gain Ministry approval for the transfer of dispatch, subject to the approval of surrounding Counties; THAT the Board be requested to continue its leadership on dispatch through to finalizing authority for a unified dispatch system to be financed 100% by the Ministry of Health, as has been previously committed by the Ministry;**

10. WHEREAS the staff persons required to create the recommended management structure for the new service will need to be regional employees prior to the creation of the single city; RESOLVED THAT the new staff will take joint direction from the Medical Officer of Health and from the new city's General Manager of Protective Emergency Services;

11. THAT Committee recommend Council requests that the capital allocation and operating allocation for EMS upgrades, PAD program, and short term action plan, the funding for which have been identified within Regional resources, be approved by the Transition Board by August 20, 2000 in order to allow the necessary staffing and investments in equipment to proceed on an urgent basis.

CARRIED as amended

2. OTTAWA-CARLETON HOUSING BOARD: COMPOSITION AND MEMBERS

Councillor Davis remarked that at a recent meeting of the Ottawa-Carleton Housing Board, it was brought to their attention that there are only two members of the board whose terms of service have not expired. She noted these are Order In Council appointments from the province and the situation has put the Board in a compromising position whereby it is not effective. She suggested that Council send a letter to the Ministry requesting that terms be extended past January 1, 2001, so that there would be a corporate memory on the board, particularly during a period of transition.

Councillor W. Byrne noted that the present composition of the Board includes 5 members of Regional Council, and at least 2 of those Councillors are not seeking re-election, and will not be members after December 31, 2000. She noted that she would like more information on the technical details of the membership situation.

Ms. Judy Forrest, Social Housing Group, provided a proposed motion prepared by the Ottawa Carleton Housing Board, which requests extension of the appointments to the Housing Board until new members are appointed, for up to one year to provide for a transition.

In response to a question from Councillor A. Loney, Ms. Forrest replied that although Regional Council does not have the authority to appoint members, it does have responsibility to recommend members for appointment by provincial cabinet.

Moved by L. Davis

Whereas appointments to Local Housing Authority (public housing) boards are made by the Province through Order-in-Council appointments; and

Whereas the Order-in-Council appointments to Ottawa-Carleton Housing's board have or will have expired by 30 September 2000 for 10 of the current membership of 12; and

Whereas the Province has not yet announced or introduced legislation to indicate future plans for public housing ownership and management; and

Whereas the Region of Ottawa-Carleton as the designated Consolidated Municipal Service Manager for this region now has the responsibility to nominate candidates for all positions on Ottawa-Carleton Housing's board; and

Whereas the next few months will be a period of transition both in relation to the creation of the new City and the devolution of social housing;

THEREFORE BE IT RESOLVED that Regional Council request the Minister of Municipal Affairs and Housing to extend the Order-in Council appointments for all existing members of the board for a period of one year or until such time as the new City of Ottawa can nominate replacements or reappointments.

CARRIED

3. MOTION TO PERMIT A CONFIDENTIAL MEETING

Moved by H. Kreling

That Agenda Item 1 of the Confidential Agenda of 20 July 2000 be considered by the Community Services Committee In Camera pursuant to subsection 11(1)(a) labour relations or employee negotiations, of the Procedural By-law.

CARRIED

ADJOURNMENT

The meeting adjourned at 1:14 p.m.

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CHAIR CO-ORDINATOR