

2. UPDATE - LAND AMBULANCE SERVICES

COMMITTEE RECOMMENDATIONS AS AMENDED

1. That Regional Council inform the Ministry of Health that:
 - a) **it is Council's intent to proceed with early assumption of ambulance service and that a date for such assumption will be set in November 1998;**
 - b) **the Request for Proposal for the Ottawa-Carleton Regional Ambulance Service (OCRAS) should be cancelled, and;**
 - c) **effective and seamless ambulance service requires control of dispatch.**

2. That Regional Council direct Land Ambulance Services staff:
 - a) **to prepare a detailed year 2000 assumption plan with milestones and timelines for Committee and Council's information early this fall;**
 - b) **to review possible options to gain more and control over the dispatch function;**
 - c) **to explore the full range of options, from purchasing/leasing cooperatives to full service delivery, with the Region of Ottawa-Carleton's neighboring Counties for 1 January 2000;**
 - d) **to begin discussions to develop multi-jurisdictional, mutual-aid agreements with neighboring Counties;**
 - e) **to send this report to other Upper Tier Municipalities in Ontario and invite them to join in the establishment of an information exchange network.;**

3. That Regional Council forward this report to the Association of Municipalities of Ontario (AMO) requesting its support.

DOCUMENTATION

1. Medical Officer of Health report dated 6 July 98 is immediately attached.
2. Extract of Draft Minute, Community Services Committee, 16 July 1998 immediately follows the report and includes a record of the vote.

EXECUTIVE SUMMARY**DEPARTMENTAL RECOMMENDATION**

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 - c) effective and seamless ambulance service requires control of dispatch;**

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 - e) to send this report to other Upper Tier Municipalities in Ontario and invite them to join in the establishment of an information exchange network, and;**
 - f) to send this report to the Association of Municipalities of Ontario (AMO) and request support.**

On 25 March 1998, Regional Council made a formal request for the early assumption of Land Ambulance Services effective 1 July 1998, and directed staff to do "all things necessary to effect the assumption". On 6 May 1998, the Ministry of Health confirmed this assumption.

Because Land Ambulance Services staff have been unable to obtain any accurate, detailed financial and operating information, and because of many unresolved key issues, the 1 July 1998 early assumption date could have put the health and safety of the residents and visitors in Ottawa-Carleton at risk.

This report recommends the deferral of the 1 July 1998 early assumption date, and identifies short, medium and longer term issues that need to be addressed.

Short Term

In early June 1998, the Ministry announced that the current, Ministry-run Judson stores would not be available to the five private operators in Ottawa-Carleton effective 1 July 1998. Access to Ontario Pharmacy remains uncertain.

The Ministry of Health informed staff that the Region would be responsible for payment administration. The Ministry of Finance recently contradicted this position, by confirming that it would maintain payment administration for Upper Tier Municipalities until 1 September 1998.

Funds for legal fees, contract negotiation, arbitration settlements, furniture replacement, extra ambulance coverage on Canada Day, insurance, bulk discounts, GST (3%), the St-Laurent Blvd. fleet center building, and all supplies and equipment cannot be accounted for in any documentation and should be considered as unfunded liabilities. The Province maintains that some of these costs are accounted for in their formula.

The licensing and transfer of vehicle ownership from the Ministry to the Region is in process, and a review of personal liability and property and vehicle coverage is underway.

No contracts or written agreements between the private operators and the Ministry exist. Regional staff are developing an interim service agreement for operators should early assumption proceed.

The financial shortfall cannot be understated. Staff are working on details.

A Land Ambulance Services Task Force made up of stakeholders held its first meeting on 23 June 1998. An Inter-departmental Steering Committee is also up and running.

Mid Term

The mid term issues include the pending Request for Proposal (RFP) for the Ministry-run Ottawa-Carleton Regional Ambulance Service (OCRAS). The Ministry maintains that even with early assumption, the Province remains in complete control of OCRAS. This is critical because OCRAS represents half the service in the Region.

The Region inherits little control over labour relations issues during the protection period (until January 2000) but assumes significant costs and potential future liabilities.

The Central Ambulance Communication Center, or dispatch, is key to the provision of high quality and cost effective land ambulance services. The Province maintains control of this critical function.

The practice of dispatch based on the closest vehicle available, regardless of geographic boundaries should continue. Multi-jurisdictional agreements with adjacent neighbouring counties need to be developed and current tiered response agreements need to be confirmed.

The proposal for extended coverage in Osgoode will be reviewed and recommendations will be brought forward for Committee and Council consideration.

Longer Term:

Land Ambulance Services are complex and form an integral part of the overall Emergency Medical Service (EMS) system. Best practices will be studied and recommendations will be made based on the specific needs of the Ottawa-Carleton community.

The practice of unlicensed, unregulated “non-emergency” service providers in Ottawa-Carleton will be reviewed.

In conclusion, the downloading of Land Ambulance Services to the Region of Ottawa-Carleton presents a unique opportunity to provide a state of the art, performance-based service. However, there is a significant amount of research, planning, and preparation to be conducted in a very short timeframe if Ottawa-Carleton is to achieve this, and have a seamless transition.

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Our File/N/Réf.
 Your File/V/Réf.

DATE 8 July 1998

TO/DEST. Coordinator
 Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **UPDATE - LAND AMBULANCE SERVICES**

DEPARTMENTAL RECOMMENDATION

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 - a) **early assumption will be reviewed in November 1998;**
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 - d) **to begin discussions to develop multi-jurisdictional, mutual-aid agreements with neighboring Counties;**
 - e) **to send this report to other Upper Tier Municipalities in Ontario and invite them to join in the establishment of an information exchange network, and;**

- f) **to send this report to the Association of Municipalities of Ontario (AMO) and request support.**

PURPOSE

This report is to make recommendations and to provide Regional Council with a status report on the 1 July 1998 early assumption of Land Ambulance Services in Ottawa-Carleton.

BACKGROUND

On 25 March 1998, Regional Council made a formal request for the early assumption of Land Ambulance Services effective 1 July 1998 and directed staff to do “all things necessary to effect the assumption.”

On 6 May 1998, Emergency Health Services Branch, Ministry of Health, confirmed assumption for the Region of Ottawa-Carleton 1 July 1998 (Annex A).

In early May 1998, a Director, Land Ambulance Services was appointed to lead the transition from the Province to the Region. While arrangements are proceeding with Ministry staff, a number of very significant hurdles must be overcome to ensure the appropriate provision of land ambulance services in Ottawa-Carleton. The fundamental principles of seamlessness, accessibility, integrity, accountability, consistency and responsiveness are guiding the Region’s move to the provision of land ambulance services.

There are currently six land ambulance service providers in Ottawa-Carleton: five private operators and one Ministry-run service. (See Annex C) The Ministry-run operation delivers about half the ambulance services in Ottawa-Carleton, with the other five private operators representing the balance.

Some of the private operators are licensed to operate part of their business operations within the Region’s geographical boundaries and another part in neighboring counties. For example, Rural/Metro Ontario operates bases out of Barrhaven and the Queensway Carleton hospital in the Region, while also serving in the Prescott-Russell area. Similar situations exist for Rockland/Orléans, Arnprior/Kanata and Carleton Place/Richmond ambulance services.

In a letter to the Minister of Health, dated 8 June 1998, Regional Chair Bob Chiarelli, addressed a number of issues outlined in this information report. (Annex B)

DISCUSSION

The 1 July 1998 early assumption target is no longer feasible because the health and safety of the residents and visitors in Ottawa-Carleton on Canada Day, and beyond could be put at risk.

The Region’s ability to ensure this transition and assume responsibility for land ambulance has been significantly impaired by the lack of information provided by the Ministry. Staff have been

told repeatedly that the Ministry's detailed information would put the Region of Ottawa-Carleton at an 'unfair advantage' should the pending Request for Proposal (RFP) ever proceed. Adding to the frustration is the lack of written guidelines or agreements.

In addition, Land Ambulance Services staff is unable to confirm any new detailed operating budget submissions from the private operators. Some of the private operators submissions differ significantly from the figures received from the Ministry.

The following section presents some of the short (before 1 July 1998), mid (before 1 January 1999) and longer term issues that staff are currently addressing.

A. SHORT TERM ISSUES

1. Judson Stores and Ontario Pharmacy

A critical issue facing the Region related to the unilateral removal of access to the current Ministry-run stores operation. Judson stores is located on Judson Street, Toronto and supplies all vehicles and non-disposable equipment and supplies, (e.g. stretchers) for all ambulance services throughout Ontario.

In early June 1998 staff were informed verbally, by Ministry staff, that effective 1 July 1998, the five private operators in Ottawa-Carleton would be cut-off, but that the Ministry-run Ottawa-Carleton Regional Ambulance Services (OCRAS) would continue to have access to Judson stores.

On 9 June 1998, staff received agreement from the Ministry of Health to utilize the OCRAS fleet center as a sourcing and purchasing agent for the Region of Ottawa-Carleton (ROC) ambulances and equipment, in essence to replace the Judson operation. This would have been an interim arrangement in which Regional staff from Supply Management and Corporate Fleet worked very closely with Ministry staff.

As of 8 June 1998, access to Ontario Pharmacy remained uncertain. Ministry staff informed us that access to the Ontario Pharmacy remains subject to the Pharmacy's final decision in respect to the continued non-profit status of the historic agents (private operators) of the Ministry. Local Ministry staff have verbally informed us that the relationship could likely continue but staff has not received any form of written or official confirmation.

2. Financial

a) Payment Administration

Because of the delay in taxation, the Ministry of Finance committed to the administration of payments related to downloading until 1 September 1998.

In early June 1998, Ministry staff advised that effective 1 July 1998 the Region would be responsible for the administration of payments to private operators (OCRAS is once again

exempt). The private operators are currently paid by the Province on a twice a month basis in sums of 24 equal payments. The private operators had expressed serious concern over receipt of payment effective 1 July 1998. Regional staff, in a letter to private operators, confirmed payment and indicated that negotiations (around the 1 July and the 1 September dates) were ongoing with the Province.

Once again, in a recent letter of 2 June 1998, addressed to Association of Municipalities of Ontario (AMO) and to Upper Tier Municipality Chief Administration Officers, Mr. Gourley, Deputy Ministry of Finance stated "The Province deferred the requirement for municipalities to make Local Services Realignment (LSR) payments for social housing, property assessment, ambulance service, GO Transit and municipal policing after 1 September 1998, and provided for municipalities to receive their first Community Reinvestment Fund (CRF) payment well before they have to make payments to the Province."

- b) In the 8 June letter to the Minister, the Regional Chair requested that the Province honour its commitment to continue payment administration until the 1 September 1998 date.
Information

As previously mentioned staff has been unable to obtain any detailed financial information from the Province. In correspondence dated 3 June 1998, the Ministry stated: "Our response to your requested budget information remains unchanged from our response to similar RMOC requests over the last 8 months. We have provided summary cost estimates for each ambulance operating site. Detailed line by line costs are considered to be the property of the individual ambulance operators. Please ask them directly for this information. Detailed line by line for OCRAS cannot be released due to the possible public tendering of this Ministry site."

The private operators have openly shared their detailed budgets with the Region. However, staff have no way of verifying the accuracy of the information provided. Working with the only information available to us, and on the assumption that the information is correct, there is a significant funding shortfall between the Province's numbers and the private operators numbers. This is further complicated by the fact that the private operators' base budgets do not include capital or one time funding costs, or many supply and service costs. The Ministry and some of the private operators have been unable to provide information to explain or resolve these financial discrepancies. Very recently staff wrote directly to the private operators requesting the release of a copy of their Ministry confirmed budgets.

- c) Unaccounted/One time costs

We believe a number of what the Ministry refers to as "one time costs" are not accounted for in any documentation provided to date. These include all legal fees, fees for collective agreements, contract negotiation, arbitration settlements and possible future impacts. There are also leases for four ambulance bases, (including the Queensway Carleton base which is currently leased at \$1.00 per year and expires in August 1998. The estimated cost after August 1998 is \$25,000 year. The three other bases are for the Ministry-run

service and therefore, no cost information is available). Other one-time or unaccounted for costs include new and/or replacement furniture, insurance, bulk discounts, G.S.T. (3% portion not rebated for), the St. Laurent Blvd. fleet centre building and all supplies and equipment from Judson stores. It is important to note that these are the unaccounted costs identified to date. Other costs may also have to be included at a future date.

There are also other significant financial problems. Assets, including vehicles and equipment are being transferred 1 July 1998 with no capital reserves. The Corporation will need to fund their replacement.

Ministry staff have unofficially indicated that we should expect early assumption costs to increase by 30% and 40%. This is partially due to the current ability of the Land Ambulance Services to draw on the various resources of the larger Ministry. Another factor relates to the current operators and the fact that their licenses cover operations both in and outside of our Region. Because of this, the private operators have requested substantial increases in their Management Compensation Plan (MCP) should the Region take assumption before the expiry of their protection period (31 December 1999).

In its recent report to Council, Hamilton-Wentworth estimated costs may be 20% higher than predicted by the Province.

It is also important for Council to keep in mind that call volume is increasing by about 2% per annum in Ontario.

3. Vehicles and Equipment

Along with assumption of responsibility for land ambulance services on July 1, 1998, the Corporation would have owned all ambulances and associated equipment in Ottawa-Carleton.

It is staff's understanding that the Ministry has completed an inventory of assets. We have requested a list of assets being transferred as soon as possible. The inventory should include all vehicles and equipment in the Ottawa-Carleton area including medical and vehicle items in service and in storeroom stock. Any claims to provincial stocks of equipment (e.g. Judson warehouse) would be negotiated. We would expect that a portion of provincial stock would be transferred to the Corporation.

The Province requires that all vehicles be safety checked prior to transfer of ownership. The Ministry agreed that safety checks could be performed by the OCRAS Fleet Centre at our expense. Licensing of vehicles will also be at our expense. Previously the Ministry utilized "perpetual" provincial plates which had no initial or renewal costs. The Ministry had indicated that the Region would be liable for payment of Provincial Sales Tax (PST) for the fair market value of the ambulances; however, our investigations with the Ministry of Transportation indicate that ambulances are exempt from payment of PST. Corporate Fleet Services will arrange for certification and licensing vehicles for transfer should the Region take early assumption.

Replacement vehicles present a major short term concern. The purchase of an ambulance is expected to require at least six months advance notice. Staff are currently negotiating with the province to provide a small number of ambulances as immediate replacement vehicles. The Ministry has an inventory of new ambulances (approximately 35 units) at the Judson Street stores. Access to replacement vehicles is seen as a fleet priority until vehicle specifications and contract administration can be developed. The Ministry has not disclosed how many vehicles were to be replaced in 1998.

The Ministry has not provided detailed fleet costing consistent with Regional fleet management practices. Negotiations continue in an effort to secure access to key fleet management data including identification of non-costed support services and equipment from the Judson Street warehouse and technical support centre. Ministry staff have advised staff that decisions on vehicle replacement have been done on an individual basis.

Plans are being developed to change signage on ambulances to remove the Ministry logos and replace them with Regional and 9-1-1 decals. No significant problems are foreseen.

4. Insurance

Regional staff is currently reviewing appropriate levels for liability, property, and vehicle coverage. Early indications show under-coverage for personal liability insurance held by individual private operators. The regulations passed pursuant to the *Ambulance Act* contain several provisions relating to minimum insurance requirements. Staff from the Finance and Legal Departments are working to ensure that we have the appropriate insurance coverage in place for early assumption.

5. Licenses/Contracts

The current private Land Ambulance Services operators operate under a "license". Ministry staff have indicated that no operator in Ontario has ever lost their license. Ministry staff informed us that there are no contracts or written agreements between the operators and the Province to address their respective duties and obligations. Licensed operators are governed by the *Ambulance Act* and related regulations.

As the Act and regulations do not adequately identify or address the duties and responsibilities of the private operators and the Region, Regional staff are in the process of developing a basic Land Ambulance Service interim agreement for operators to be signed for early assumption.

B. MID-TERM ISSUES (POST 1 JULY 1998)

6. Ottawa-Carleton Regional Ambulance Service(OCRAS)/Request For Proposal (RFP)

Another critical issue relates to the status of the Ministry-run Ottawa-Carleton Regional Ambulance Services (OCRAS). We have been advised, verbally again, by Ministry staff, that even with early assumption of responsibility, the Province remains in complete control of any and all decisions relating to the OCRAS operation. The Region's Legal staff stand by their opinion that the Ambulance Act does not support the position taken by Ministry of Health staff. OCRAS should not be any different than the other five operators and they should not be exempt from early assumption.

Ministry staff continue to indicate the Request for Proposal (RFP) will proceed. It remains the Region's position that the RFP should be cancelled. Should the Ministry wish to cease the delivery of ambulance service through OCRAS during the transition period, then the mechanism for replacing that service should rest with the Regional Council.

Regional staff have submitted an application to the courts for judicial interpretation of the *Ambulance Act* and a Freedom of Information request to obtain the information that is being denied to us. It is important to note however, that the Legal Department estimates these actions will take from three to six months.

7. Labour Relations

As long as the current license holders remain covered by the protection period, the Region is inheriting very little control over labour relations issues with early assumption. It is however becoming increasingly obvious that we are assuming significant costs and potential future liabilities.

All land ambulance services employees in the Ottawa-Carleton area are unionized members of the Ontario Public Services Employees Union (OPSEU). Currently they are governed by five collective agreements. In addition, Eastern Medical Services (EMS) will shortly be negotiating its first agreement, bringing the total to six collective agreements.

It has been the practice of the Ministry to pay for the costs of collective bargaining and to pay for any increases negotiated as part of the collective agreement. This practice was conducted as a "one time" cost and is not included in the operators base budget. The expectation is that the Corporation will now pay such costs. The Corporation however is not a party to the collective agreement or the collective bargaining process.

The 130 provincial government employees are part of the collective agreement between Management Board of Cabinet and the Ontario Public Service Employees Union. This agreement expires December 31, 1998. Increases in salary and working conditions may be negotiated by the provincial government with an expectation that these costs will be passed on to Upper Tier Municipalities. This is an additional reason for the need to clarify the status of these employees prior to the expiry of that collective agreement.

The Ministry has informed the Region that it expects the Region to pay for all outstanding grievances as of January 1, 1998. This includes grievances filed against the operators and

grievances against the Ministry of Health. The Region of Ottawa-Carleton is not a party to the collective agreement and has no ability to resolve these grievances. The information that we have received states that there are some 400 outstanding grievances. A large percentage of these are Ministry issues.

We are currently corresponding with the Ministry on these and other labour relations matters, such as potential successor rights issues, in an effort to gain greater clarity and to assess and limit future liabilities.

8. Central Ambulance Communications Centre

The Central Ambulance Communications Centre, known as “CACC” in Ontario is responsible for the dispatch of all vehicles in eastern Ontario. CACC is located at the Ministry of Health facility on St. Laurent Blvd., and is contracted on an annual basis, to the Sisters of Charity of Ottawa (Elizabeth Bruyère Health Services).

Dispatch is a key design feature that impacts both quality and cost of services, that is currently outside of our control. The Ministry has repeatedly indicated that it intends to retain the dispatch role as a Provincial government function.

In fact, on 30 June 1998, staff received information from local Ministry staff announcing the completion of an agreement between Bell Mobility and the Provincial government for a mobile radio system, including Emergency Health Services ambulance radio system. The agreement, for 15 years and \$300M, is for the consolidation and replacement of five Provincial two-way radio networks. (Annex “E”)

However, local Ministry staff also indicated openness for discussion and the possibility of increased influence and control by the Region and its neighboring counties over the dispatch function.

In all high-performance ambulance services reviewed to date, the provider carried out the dispatch function. This is in marked contrast with the current situation in Ontario (except for the City of Toronto which has traditionally paid for 50% of its ambulance service). Virtually all stakeholders and experts in the field (except for the Ministry) agree that dispatch forms the foundation of all good land ambulance services. The integration of dispatch with service delivery is essential for performance management and cost containment.

The ability of Ottawa-Carleton to affect service delivery level is greatly hindered by our lack of control over dispatch. The Region of Ottawa-Carleton has a new state of the art multi-million dollar voice radio system, a 9-1-1 bureau, highly sophisticated technology development programs including: Global Positioning System (GPS), Geographic Information System (GIS), Digital Data Transition etc....

It makes good business sense to have some responsibility and control over dispatch. Regional staff will explore all the options around dispatch including partnerships with the Province and the Region’s neighboring Counties.

9. Osgoode

Based on the 1 July 1998 early assumption target date, the Region received a submission for extended staffing coverage from Eastern Medical Services (EMS) the new provider (since 1 April 1998) of land ambulance service for Osgoode. The Osgoode base is currently staffed with 12 hours on duty and 12 hours on call. The proposal is for 16 hours on duty and 8 hours on call. The proposal is with local Ministry staff for comment.

Regional staff will review the proposal and the Ministry's comments and make a recommendation to Committee and Council.

10. Multi-Jurisdictional Agreements

This is of particular importance for Ottawa-Carleton and its adjacent counties: Lanark, Leeds and Grenville, Stormont Dundas and Glengarry, and Prescott and Russell. As outlined earlier in this report there are five private operators in Ottawa-Carleton with bases both inside and outside of our geographic area.

Ambulance are currently dispatched based on the closest vehicle available, regardless of geographic boundaries. While this practice should continue, agreements must be developed with our neighboring Upper Tier Municipalities.

Records indicate that in 1996 our upper tier neighbours responded to 6,738 calls inside Ottawa-Carleton and that Ottawa-Carleton responded to only 1,119 calls outside of Ottawa-Carleton. These numbers are not surprising, given Ottawa-Carleton contains a large urban area with the best medical facilities including trauma centers. Under the current Provincial arrangement the 6,738 responses to inside and the 1,119 calls to outside of Ottawa-Carleton are paid for from the same Provincial pot of money. It is unlikely that our neighboring Counties will continue to subsidize the over 6,000 calls, and vice versa for Ottawa-Carleton.

There are several other aspects that could be reviewed for multi-jurisdictional agreements, including the full spectrum between cooperative purchasing and complete service provision.

In the United States many communities, both urban and rural have created multi-jurisdictional agreements under which an ambulance service covers a large area which includes many communities and towns. These agreements which are often based on a "medical trade area" have produced high levels of quality of care and have maximized economies of scale.

11. Tiered Response

Currently in Ottawa-Carleton there exists a tiered response system, whereby fire personnel are deployed to certain medical emergencies concurrently with ambulance crews. Staff will confirm the continuance of the current agreement with the Tiered Response Committee.

C. LONGER TERM

12. Models

There are a multitude of Emergency Medical Service (EMS) models. Best practices will be assessed and recommendations made based on the specific needs of the residents and visitors of Ottawa-Carleton. Land ambulance is not just about transportation, it is a critical component of the larger health care system.

Outcome-based performance is measured in an effective ambulance service. High performance services have clinical excellence and reliability, customer satisfaction, a rapid patient response time, relatively low cost per unit of activity and high productivity, and are designed to minimize taxpayer subsidy.

Staff will prepare a report outlining these and other recommendations for Committee and Council's consideration. Ottawa-Carleton has a unique opportunity to implement a performance based high quality service.

13. Unlicensed Providers for Non-Emergency Services

There are currently unlicensed, unregulated non-emergency service providers in Ottawa-Carleton. By all indications this is a growing business. As part of its review of land ambulance services, staff will review best practices, conduct a cost/benefits analysis and make recommendations to Council on this, and related issues.

FINANCIAL

The financial impacts are significant. Details are currently being gathered. Staff will report these as soon as they become available.

As previously mentioned it is estimated that these costs have been significantly understated.

PUBLIC CONSULTATION

Land Ambulance Services are complex and will require the co-ordination of many service organizations. Stakeholder consultation for land ambulance services in Ottawa-Carleton will be conducted through the newly established Land Ambulance Services Task Force. (Annex D)

In addition, the Inter-departmental Land Ambulance Services Steering Committee will conduct extensive consultation with all stakeholders. The Steering Committee, has met twice and is made of representatives from the CAO's office, Human Resources, Legal, Fleet, Transportation, Communications and Health.

CONCLUSION

Staff's immediate goal is to obtain information in order to make the deferred early transition date transparent to the residents and visitors in Ottawa-Carleton.

In the mid-term, staff will conduct an extensive review of best practices. In early fall 1998 staff will bring forward a detailed plan including milestones and timeframes for the next 15 months. In the longer term, staff will develop recommendations on possible scenarios/models for Council's review. Ottawa-Carleton is fortunate to have several dedicated service providers. Staff's goal will be to provide the best service at the lowest cost by developing a state of the art, performance-based land ambulance service and to follow the fundamental principles of seamlessness, consistency, accessibility, responsiveness, accountability and integrity.

Land Ambulance Services, Health Department, will continue to keep Community Services Committee and Council informed as details become available.

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

JYW

Attach. (4)

Ministry
of
Health

Ministère
de
la Santé



Emergency Health Services Branch
5700 Yonge Street, 6th Floor
North York ON M2M 4K5

(416) 327-7907

May 6, 1998

Ms. Kelly McGee
Director, Policy and Legislative Services
Legal Department
Regional Municipality of Ottawa Carleton
111 Lisgar Street
Ottawa ON K2P 2L7

Dear Ms. McGee:

Thank you for your letter in which you provided the necessary documentation to meet the criteria established by the Ministry of Health for an Upper Tier Municipality to assume early responsibility for land ambulance service. Emergency Health Services is pleased to accept the documentation submitted by the Regional Municipality of Ottawa-Carleton as confirmation that the Region wishes and is ready to assume early responsibility, effective July 1, 1998.

Commencing today, staff from Emergency Health Services will work with the Region to action the necessary changes to meet the July 1st deadline, including the establishment of the timelines respecting the cut-off of funding by the Ministry and the takeover by the Region, and the transfer of ownership of ambulance vehicles and equipment. Emergency Health Services will provide official notice of this change to the ambulance operators in the Region.

We in Emergency Health Services look forward to the opportunity to work with the Region of Ottawa-Carleton to serve the citizens of the Region and the Province in the proper provision of ambulance service.

Sincerely,

A handwritten signature in black ink, appearing to read "Graham Brand". The signature is fluid and cursive, with a large loop at the beginning.

Graham Brand
Director

cc: C. M. Beckstead
Dr. Cushman
G. Dunkley
J. Yelle-Weatherall /

Regional Municipality of Ottawa-Carleton
Ottawa-Carleton Centre, Carlier Square
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Bob Chiarelli

June 8, 1998

ANNEX B

The Honourable Elizabeth Witmer, MPP
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor ST
Toronto, ON M7A 2C4

Fax (416) 326-1571

Dear Minister Witmer,

On 25 March 1998, Ottawa-Carleton's Regional Council made a formal request for the early assumption of land ambulance service effective 01 July 1998.

On 06 May 1998 your Emergency Health Services Branch confirmed early assumption for the Region of Ottawa-Carleton effective 01 July 1998.

In early May 1998, the Region appointed a Director, Land Ambulance Services. While arrangements are proceeding with Ministry staff, a number of significant hurdles must be overcome to ensure the appropriate provision of land ambulance service in Ottawa-Carleton and to meet the adopted fundamental principles of seamlessness, accessibility, integrity, accountability and responsiveness. These hurdles are:

1. Judson Stores- Fleet and Equipment

The first critical issue relates to Judson stores. Less than a week ago we were informed verbally by Ministry staff that effective 01 July 1998, the five licensed operators in Ottawa-Carleton would be cut off from Judson stores, but that the Ministry-run Ottawa-Carleton Regional Ambulance Services (OCRAS) would continue to have access. Ministry staff have given us less than a month to establish and stock our own supply facility. No explanation has been provided as to why this decision was taken.

We cannot reasonably be expected to find suppliers, negotiate agreements and obtain materials in less than a month. We request access by all operators to

Judson stores during a transition period until we can make appropriate arrangements. The Ministry's current position will place the health and safety of our residents and visitors at risk, and is not keeping with the principles of a seamless health service.

2. Finance

The Ministry of Finance committed to administering the payment of bills until 01 September 1998. We have been informed verbally by Ministry of Health staff that it will be the Region's responsibility to do this effective 01 July 1998.

In his letter of 02 June 1998, to all Chief Administrative Officers and to the Association of Municipalities of Ontario (AMO), Michael L. Gourley, Deputy Minister, states "The Province deferred the requirement for municipalities to make Local Services Realignment (LSR) payments for social housing, property assessment, ambulance service, GO Transit and municipal policing after 01 September 1998, and provided for municipalities to receive their first Community Reinvestment Fund (CRF) payment well before they have to make payments to the Province". We request that the Province continue its practice and honour the Ministry of Finance's commitment of 01 September 1998.

To date, Ministry staff have refused to provide detailed budgets for each of the service providers in Ottawa-Carleton. The private service providers have openly shared their individual detailed budgets with us, however, we have no way to ensure the information provided to us is correct. We are working on the only information available to us, and on the assumption that the information is correct. Based upon this information there is a significant shortfall. Without financial information from the Ministry, we are seriously jeopardizing cost effective service delivery in Ottawa-Carleton.

We request that the information relating to these detailed budgets, as well as the capital and unaccounted/unforeseen expenditures be provided as soon as possible.

3. Ottawa-Carleton Regional Ambulance Service (OCRAS) / Request for Proposal

Another critical issue relates to the status of the Ministry-run Ottawa-Carleton Regional Ambulance Service (OCRAS). We have been advised verbally by Ministry staff that even with 01 July 1998, early assumption of responsibility for the provision of land ambulance services the Provincial government remains in complete control of any and all decisions relating to the OCRAS operation. The Ambulance Act does not support this. OCRAS should not be any different than

the other five service providers and thus should not be exempt from early assumption.

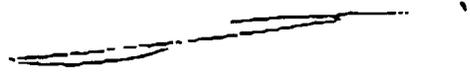
Ministry staff have also indicated that the Request for Proposal (RFP) will proceed, despite our early assumption of responsibility. The Ministry's plans to issue an RFP in Ottawa-Carleton should be cancelled. Should the Ministry wish to cease their delivery of ambulance service through OCRAS during the transition period, then the mechanism for replacing that service should rest with Regional Council.

4. Central Ambulance Communications Center

The integration of Central Ambulance Communications Center (dispatch) with service delivery is essential for performance management and cost containment. Ottawa-Carleton cannot be held accountable for the delivery of ambulance services without the control of dispatch. The Region of Ottawa-Carleton has a new state of the art multi-million dollar voice radio system, a 9-1-1 bureau, highly sophisticated technology including: Global Positioning System (GPS), Geographic Information System (GIS) and a Digital Data Transition Development Program. The Region requests the assumption of the Central Communications Center at the end of the current annual contract held by Elizabeth Bruyère Health Services.

In conclusion, the Region of Ottawa-Carleton is committed to providing the best land ambulance service at the lowest cost and to following the fundamental principles of seamlessness, accessibility, responsiveness, accountability and integrity. To accomplish this the Province must set standards and performance expectations and give the Region of Ottawa-Carleton the tools it needs, to meet those standards and expectations. This transfer must be made in partnership with you, with the primary focus being on the delivery of the best possible ambulance service for the health, safety and well-being of our residents and visitors.

Sincerely,



Bob Chiarelli
Regional Chair

ANNEX C

Ottawa-Carleton Land Ambulance Service Providers

1. Amprior/Kanata
2. Rockland/Orléans
3. Richmond/Carleton Place
4. Eastern Medical Services (EMS - Osgoode)
5. Rural/Metro Ontario (Barrhaven/Queensway Carleton Hospital)
6. Ottawa-Carleton Regional Ambulance Service (OCRAS)

The Private Operators (1-5) represent half the service, while OCRAS (6) is the other half.

ANNEX D

Task Force Members are:

René Berthiaume	Vice President of Community, Rural Metro/Ontario
Michel Chrétien	President, Rockland & Orléans Ambulance Services and President, Eastern Medical Services
Dr. Rob Cushman - Chair	Medical Officer of Health (RMOC)
Brian Ford	Chief of Police, Ottawa-Carleton Regional Police
Richard Lavictoire	Manager, Central Ambulance Communication Center
Dr. Justin Maloney	Medical Director, Base Hospital, OGH
Lyle Massender	Manager, Ministry of Health, OCRAS
Jim McIsaac	Operator, Carleton Place/Richmond Ambulance Services
Alex Munter	Regional Councillor, Chair, Community Services Committee
Andrew Orchard	President, Ottawa-Carleton Paramedics Association
Doug Powell	President, Arnprior/Kanata Ambulance Services
Gary Richardson	Regional Fire Co-ordinator, City of Ottawa
Maria Wysocki	Staff Representative, Ontario Public Service Employees Union (OPSEU)
Joanne Yelle-Weatherall	Director, Land Ambulances Services, RMOC

UPDATE - LAND AMBULANCE SERVICES

- Medical Officer of Health report dated 6 July 98

The Committee heard from Joanne Yelle-Weatherall, Director, Land Ambulance Services, Region of Ottawa-Carleton. Ms. Yelle-Weatherall summarized events beginning with Council's approval of early assumption of land ambulance services on 25 Mar 98 and leading to those described in the report.

Ms. Yelle-Weatherall gave background information on the current ambulance service providers. She indicated that the Ministry of Health still intends to hold a Request for Proposal (RFP) for the Ministry-run Ottawa-Carleton Regional Ambulance Service (OCRAS) which delivers 50% of the service. Four (4) of the private operators cover the Region of Ottawa-Carleton and neighbouring counties. This will be an important factor with early assumption since operators will need to set up separate "businesses", creating additional costs for the operators and ultimately for the RMOC. As the operators are protected under legislation until 31 Dec 99, the Region would have little control over current service, over costs and could make few changes. Operators are governed by the Ambulance Act and operating on a licence: there are no written agreements or contracts, and the Ministry of Health imposes few guidelines or standards.

Ms. Yelle-Weatherall emphasized the importance of ensuring effective public consultation on the very complex issue of land ambulance service. She added that, while not every stakeholder will be satisfied with the outcome of the transition, the hope is that all the participants will view the process as being fair and transparent. A consultation group has been set up and copies of the report were forwarded to paramedics in Ottawa-Carleton to involve them as much as possible in the process.

Ms. Yelle-Weatherall then provided the rationale for the recommendation to review early assumption in November 1998:

- the need to carefully evaluate risks and uncertainties and balance those with the ability to achieve a smooth and seamless transition
- the difficulty in accessing detailed financial and operating information
- the Ministry of Health's decision to "cut off" private operators from the store operation where they obtain their non-disposable supplies and equipment. This would have left the Region with less than one month to source and set up contracts for these supplies. As well staff were unable to obtain information on what these costs are
- the fact that a number of other unaccounted-for costs such as legal fees, contract negotiations and costs associated with special events such as Canada Day, are not available

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- early assumption will require a full-time manager to deal with day-to-day operations of the six current operators; there may be other significant labour relations and legal costs as well.

The speaker said that Council's decision for early assumption has helped staff gain expertise and learn more about the business. However, it would have been preferable to have the support of other upper tier municipalities, as well as that of the Association of Municipalities of Ontario (AMO) for negotiating with the Ministry of Health.

With respect to the RFP for Ottawa-Carleton Regional Ambulance Service which is still pending, Ms. Yelle-Weatherall indicated that senior staff from the Ministry of Health agreed it should be cancelled and said they would lobby Cabinet to do so. Staff have learned that, regrettably, Cabinet is still moving forward with the RFP. With regard to dispatch issues, local Ministry staff indicate there is now room for discussion. The Land Ambulance Transition Task Force will recommend that upper tier municipalities have more involvement and control over this function. In addition to dispatch, issues ranging from co-operative purchasing to full service delivery can be discussed with neighbouring counties. As well, staff will meet with the Regional Tiered Response Committee to ensure their continued participation. The area of non-emergency services, currently hotly debated by stakeholders, will be the subject of a future report to Committee and Council. Staff have also been reviewing best practices and hope to complete this work by September.

Ms. Yelle-Weatherall concluded her presentation by highlighting the recommendations before Committee.

The Committee Chair, A. Munter, commended Ms. Yelle-Weatherall for doing a remarkable job in bringing the Committee up-to-date on this matter. He asked whether it would be fair to say the current operators are "franchisees" of the Ministry of Health, and that their costs are strictly prescribed by Ministry. Ms. Yelle-Weatherall agreed with this description. She added that operators have two budgets, one that is set by the Ministry, with any surplus or profit returning to the Ministry and the second a Management Compensation Plan (this is how operators get paid). The latter is an un-audited budget and is set up according to the volume of calls. Nothing is known about the Ministry of Health-run ambulance service, other than the fact the Province intends to proceed with the RFP for this service.

In response to a concern expressed by Councillor Clive Doucet, Ms. Yelle-Weatherall clarified an earlier comment about the Ministry having no operating standards. She indicated that operators are governed by *The Ambulance Act*; there are no written agreements between operators and the Ministry of Health, and it is her understanding no one has ever lost their license in the Province of Ontario. The Director, Policy and Legislative Services, Ms. Kelly McGee added that *The Ambulance Act* does contain

details in terms of required training and levels of standards for the operators in the vehicle, and the necessary safeguards are there for Ministry-set standards.

Ms. Yelle-Weatherall described Paramedics as highly-skilled, trained, competent individuals. She spoke about the role played by the Base Hospital (Ottawa General) in land ambulance services, and that of its director, Dr. Justin Maloney who is responsible for quality assurance and for training.

In response to a question from Councillor A. Loney, Ms. Yelle-Weatherall indicated staff have been unable to obtain copies of the RFPs for the various services. The Councillor spoke of participating in the RFP process for Osgoode, and he expressed the view that the very detailed RFP and the response to it constitute, de facto, a contract since the winning firm is selected according to its response. He pointed out that having this documentation would place the Region in a better position when negotiating future contracts.

Myles Cassidy, representing Rural Metro Ontario

Mr. Cassidy applauded efforts at early assumption from both a business and a philosophical point of view; if the Region pays the bills, it should have a say in what is provided. He spoke about the uncertainties experienced by ambulance service staff since the downloading to upper tier municipalities, i.e., whether the system will change drastically, whether they will be employed, whether their wages will diminish. He posited that the sooner these questions are answered, the sooner ambulance staff will be able to concentrate more on their jobs. He said he thought the term “franchisees” to describe private operators was a good one, since assets owned by anyone other than the Ministry of Health are few and operations are either funded by the Ministry or owned by it. Mr. Cassidy said he thought staff had clarified the training issue well. He spoke about the requirements of *The Ambulance Act* which are that the operator provide attendants trained to a certain level, maintain the vehicles in his care and guarantee that attendants are in the vehicle within two minutes. Subsequent to this, everything is completely up to dispatch and response times depend entirely on where vehicles are, how busy a day it is and where incidents occur.

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Randy Caverly, Ambulance Workers' Union

Mr. Caverly thanked regional staff for the work and the resources devoted to this issue, saying this speaks well to the direction the community is taking and to the outcome of the process. He said he has found both regional staff and Members of Council approachable, and he said this was a refreshing change after dealing with the Ministry of Health. He expressed concern about moving the target date to the end of the protection period, saying the upper tier municipalities have received special status under Bill 152 to assume early ownership. By changing the target date, these rights are being waived and special lines of communication are being lost. If the target date is maintained, there is no incentive for the Ministry to provide any further information because the Region will only be one other player. Mr. Caverly felt there was some advantage in having an early date, both to move towards the tender process and to make demands for special lines of communication.

Committee Chair Munter pointed out that setting an early assumption date has brought the Region to this point and has shown the Ministry that Council sees this as an important responsibility which it takes seriously. He expressed the view the delay does not mean the matter is being pushed off until the end of 1999, simply that the matter must come back in November for further discussion. The original argument for assumption on 1 July, i.e., paying for the service should allow the Region to make decisions about it, still holds. The threat that the Province will make irreversible changes by tendering the service and leave the RMOC with a "fait accompli" is a powerful motivator for Council to send the clear message it is still interested in early assumption and in becoming fully responsible as early as possible. Chair Munter put forward the view Council will soon have to address what form the service will take once Council is fully responsible for it. He expressed his appreciation for the presentations made and he stressed the importance of continuing to make every effort to communicate with all parties involved in the process.

The Committee agreed with a suggestion from Councillor Loney that Recommendation 1 be amended to state it is still Council's intention to assume land ambulance services as early as possible. Councillor Loney reiterated the importance of clearly communicating this message to Ministry of Health officials.

Moved by A. Loney

1. **That Regional Council inform the Ministry of Health that:**
 - a) **it is Council's intent to proceed with early assumption of ambulance service and that a date for such assumption will be set in November 1998;**
 - b) **the Request for Proposal for the Ottawa-Carleton Regional Ambulance Service (OCRAS) should be cancelled, and;**
 - c) **effective and seamless ambulance service requires control of dispatch;**
2. **That Regional Council direct Land Ambulance Services staff:**
 - a) **to prepare a detailed year 2000 assumption plan with milestones and timelines for Committee and Council's information early this fall;**
 - b) **to review possible options to gain more and control over the dispatch function;**
 - c) **to explore the full range of options, from purchasing/leasing cooperatives to full service delivery, with the Region of Ottawa-Carleton's neighboring Counties for 1 January 2000;**
 - d) **to begin discussions to develop multi-jurisdictional, mutual-aid agreements with neighboring Counties;**
 - e) **to send this report to other Upper Tier Municipalities in Ontario and invite them to join in the establishment of an information exchange network.**
3. **That Regional Council forward this report to the Association of Municipalities of Ontario (AMO) requesting AMO's support.**