

LAND AMBULANCES HEALTH SERVICES YEAR 2000  
DIRECTIONS DOCUMENT - PHASE II

**COMMITTEE RECOMMENDATIONS AS AMENDED**

- 1. No Committee Recommendation (Medical Officer of Health report dated 21 Apr 99).**
  
- 2. That Council receive the report on Public Consultation dated 16 Jun 99 from the Medical Officer of Health for information.**
  
- 3. That the following be referred to Council, with no Committee decision:**  
  
**That Recommendation 1 (of the staff report dated 21 Apr 99) be modified by adding “the RFP will include a breakdown for transfer services and the ability to submit offers for either services or both. In addition, all qualified firms be invited to submit an RFP for transfer services only”.**

**DOCUMENTATION**

1. Medical Officer of Health report dated 21 Apr 99 and Public Consultation Document dated 16 Jun 99 are immediately attached.
  
2. Summary of Motions Presented to the Community Services Committee on 17 Jun 99 appears at Appendix 1.
  
3. Extract of Draft Minute, Community Services Committee, 17 June 99, follows the Summary of Motions and contains a record of all votes.
  
4. Committee Co-ordinator memorandum dated 8 July 99, listing correspondence received regarding Land Ambulance Services appears at Appendix 2. (Copies of the correspondence are on file with the Regional Clerk)
  
5. Two (2) Petitions totaling 480 names in support of not-for-profit ambulance services are on file with the Regional Clerk.

REGION OF OTTAWA CARLETON  
 RÉGION D'OTTAWA CARLETON

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REPORT  
RAPPORT

Our File/N/Réf.	LAHSPHaseII-apr21.doc
Your File/V/Réf.	RC
DATE	21 April 1999
TO/DEST.	Co-ordinator, Community Services Committee
FROM/EXP.	Medical Officer of Health
SUBJECT/OBJET	<b>LAND AMBULANCES HEALTH SERVICES YEAR 2000        DIRECTIONS DOCUMENT - PHASE II</b>

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### DEPARTMENTAL RECOMMENDATIONS

**That the Community Services Committee recommend Council approve the following:**

- 1. That staff be directed to prepare a Request for Proposal, in which the two private sector operators and the Region of Ottawa-Carleton will be asked to submit a proposal.**
- 2. That the next steps in the process, as outlined in Annex A, be approved.**

### BACKGROUND

#### Land Ambulance Health Services Year 2000 Directions Document - Phase I

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

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

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

### What we know about the service in Ottawa-Carleton

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

- *Current response times are very poor*

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

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

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

- *The provincial announcement of 23 March 1999*

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

i. 30 September 1999 deadline

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

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

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

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

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

iii. Existing operators between January 2000 and January 2001

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

### Expression of Interest

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

### INTRODUCTION

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

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

## DISCUSSION

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

### A. Three Possible Options

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

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

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

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

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

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

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

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

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

#### *B. The Internal Independent Bid Preparation Team*

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

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

#### *C. The Independent Bid Evaluation Team*

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

*D. The Process*

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

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

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

*E. The unanswered question-dispatch*

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

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

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

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

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

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

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

### PUBLIC CONSULTATION

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

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

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

### CONCLUSION

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

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

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

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

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



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

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

**Next Steps**  
**Land Ambulance Health Services Download Transition**

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

22 April 1999

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

Dear Premier Harris:

**Re: Dispatch Pilot Project**

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

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

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

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

*Original signed by  
Bob Chiarelli  
Regional Chair*

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

**Land Ambulance Health Services Request For Proposal**

**Bid Evaluation Team**

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

**Bid Preparation Team**

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

REGION OF OTTAWA-CARLETON  
RÉGION D'OTTAWA-CARLETON

REPORT  
RAPPORT

Our File/N/Réf.  
 Your File/V/Réf.            RC

DATE                            16 June 1999

TO/DEST.                      Co-ordinator, Community Services Committee

FROM/EXP.                    Medical Officer of Health

SUBJECT/OBJET              **LAND AMBULANCE HEALTH SERVICES - PUBLIC  
 CONSULTATION**

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### **DEPARTMENTAL RECOMMENDATION**

**That the Community Services Committee recommend Council receive this information report as an addendum to the Land Ambulance Health Services Directions Document - Phase II report (tabled with the Community Services Committee on 6 May 1999).**

### **BACKGROUND**

The Region's strategy, in the development of the overall process to deal with the downloading of ambulance service from the Province to the Region, has been guided by one overriding factor - *patient care*.

In October 1998, Regional Council approved a number of fundamental principles outlined in the Year 2000 Directions Document - Phase I. The focus was on "what" was required to ensure quality patient care and "how" it could be best achieved.

The Year 2000 Directions Document - Phase II report recommended that staff proceed with a Request for Proposal (RFP) for the two private sector providers, who pre-qualified through the Expression of Interest (EOI) and an independent Regional bid. The report also outlined the process, timelines, and the bid preparation and evaluation teams.

The report was made public on 30 April 1999 and was tabled at the Community Services Committee meeting of 6 May 1999 to allow for additional public consultation.

### **PURPOSE**

The purpose of this addendum information report is to outline the public consultation activities undertaken by staff since the 6 May 1999 Community Services Committee meeting and to identify and address issues raised during the consultation process.

## INTRODUCTION

Public consultation has been a cornerstone of the preparation for Land Ambulance Health Services in Ottawa-Carleton. Consultation on the Year 2000 Directions Document - Phase II, as presented to Community Services Committee on 6 May 1999 included:

- Land Ambulance Health Services Consultation Group meeting (2 June 1999).
- Public Forum (8 June 1999).
- Conversations with private citizens, Paramedics and groups (Ongoing).

## DISCUSSION

This section deals with the issues raised during public consultation. A detailed list of issues raised is in Annex A. For ease of reporting and understanding, staff have grouped the issues into three categories:

- High Performance System Design
- Accountability
- Process

### I. High Performance System Design

System design is key to ensuring patient care standards are attained. A single service provider and an integrated dispatch are common to all high performance models. System design will address performance criteria and standards, which in turn will determine the resources, technology and training required to meet these standards.

Ambulance systems are comprised of several interdependent components. Changing one component (such as adding more ambulances to the fleet) without addressing the remaining components will not necessarily produce cost-effective improvements in service.

This is not a level of effort system. Contractual obligations require the operator to meet or exceed performance standards or be financially penalized, or replaced.

#### i. Profits vs. Patient Care

Quality patient care is the measurable outcome. The level and quality of care is established through strong medical control, which is an integral component of system design. In the new system, the provider will have no role in the billing or collection of any fees for services delivered. The system will be publicly funded and publicly controlled through the Region of Ottawa-Carleton.

#### ii. Comparisons

A number of different approaches are being taken by other Upper Tier Municipalities (UTM) in Ontario. These include RFP bid processes, non-competitive negotiations of

contracts with existing providers and direct public service delivery. Annex B illustrates the status of various UTM's in Southwestern Ontario.



The selection of a service provider in Ottawa-Carleton cannot be compared to others in Ontario. This is *not* a level of effort design. No amount of effort or good intention will replace the need to meet the established standards designed to optimize prehospital patient care.

Ambulance services have undergone dramatic changes including legislative and technological advances. The proposed system has little or nothing in common with how the ambulance services were delivered two decades ago.

## II. Accountability

Regardless of whether the service provider is public or private, the Region of Ottawa-Carleton will ultimately be responsible for the service. The Region will be required to meet as a minimum the Ambulance Act and its regulations. Through the Region the ambulance service will be accountable for the first time to the patients and the taxpayers.

The Regional Corporation will provide all of the infrastructure; manage the finances and business affairs; co-ordinate public information and media relations; establish, monitor and report performance outcomes.

The existing Provincial system is not responding well to the pressures of increased call volume and taxpayers expectations for decent service. It is time for clear accountability and a performance based system.

## III. Process

The structure of the Request for Proposal and evaluation process was designed to best represent the principles of a high performance system and a fair and transparent selection process as established by Regional Council. The evaluation process is structured to assess and select the best proposal or system design for Ottawa-Carleton, *not* to choose between a public or private provider.

### i. Bid Evaluation Team

Staff has selected highly respected, knowledgeable and experienced ambulance industry experts for the bid evaluation team. The team also includes medical, legal, financial, Corporate and public health expertise. An effort has also been made to include community representation. The Bid Evaluation Team members are listed in Annex C.

It is not physically possible to build all the required expertise into the bid evaluation team, so Dr. Cushman will call on a number of additional resources to advise on issues which will include local hospital emergency departments, rural servicing and tiered response.

Joanne Yelle-Weatherall, Director Land Ambulance Health Services will not be on the bid evaluation team. Ms. Yelle-Weatherall will act as the one point of contact and administrative co-ordinator throughout the process.

Staff will prepare a governance report for Committee and Council's consideration. The report will outline the organizational structures, roles and responsibilities.

ii. Bid Evaluation Process

The bid evaluation will be based on clearly established criteria and a point system, to be approved by Regional Council and defined in the Request for Proposal. Evaluators will assign points, not votes. It will be virtually impossible to end in a tie. Annex D illustrates the organizational structure of the evaluation reporting process.

iii. Internal Bid Preparation Team

Land Ambulance Health Services staff will not influence the Regional bid preparation team. In the next few weeks, staff will prepare a report for Committee and Council outlining the principles to ensure a clear separation between Land Ambulance Health Services staff and the Regional bid team.

At the Community Services Committee meeting of 6 May 1999, Committee asked staff to identify the members of the Regional bid preparation team. The leader of the Regional bid preparation team has provided a list of members in Annex E.

iv. Possible Service Interruptions

During the public consultation process, concerns were raised about possible service interruptions. Only North American cities that have allowed the unregulated, free market environment have found companies entering and leaving the non-emergency market place.

The proposed Ottawa-Carleton design has proven successful in North America's high performance contract systems. It should be noted that contracts require substantial financial surety postings which make premature market exit by private contractors prohibitive. In performance based contract systems, contractors have served the locations through the term of the contract.

v. True Costs of Public Sector Bid

Concerns were raised during consultation that the Regional bid would have an unfair advantage by drawing upon Corporate services such as legal, payroll, etc. While this may be efficient for the Corporation, it is seen as an unfair practice by the private sector.

In order to ensure the competitive process operates fairly, Regional staff will engage a consultant to conduct an independent audit of the bid. The consultant will be directed to review the true costs identified by the Regional bid.

## STAKEHOLDER CONSULTATION

Many sectors including base and receiving hospitals, police and fire departments interact in and impact on the provision of prehospital care. To ensure the community receives consistently high

quality medical care, the interdependent contributions of all stakeholders in the system must be well coordinated. Performance based systems require the operator to meet clinical and response time standards, and clearly defines their obligations in the tiered response. Key stakeholders will continue to be consulted in the system design in order to develop a well integrated, quality patient care service.

### NEXT STEPS

Regional staff will develop the RFP document. In addition, staff are proposing the following reports / discussion papers:

- "*Principles Report*" to address clear separation between Land Ambulance Health Services staff and the Regional bid team. The report will also identify the major tasks to be completed and the sequence required to maintain the integrity of the process.
- "*Governance Report*" to outline the organizational structure, reporting relationships and the roles and responsibilities of each.
- "*Levels of Service Report*" to address response times and clinical care standards.
- "*Response to Dispatch Proposal Report*" this report will explain the results of the neighbouring County Council meetings and hopefully the Provincial government response to the Region's request for dispatch.

### CONCLUSION

The recent public consultation has highlighted the emotionally charged debate about whether the Region of Ottawa-Carleton should have a publicly or privately operated ambulance system. In the heat of the debate, it is important to remind ourselves that this will be a publicly funded and publicly controlled service provided by the Region of Ottawa-Carleton. Consequently, the public versus private debate is confined **only** to who will operate the service, not to how it will be funded or controlled.

We must not lose sight of the single most important issue - *patient care*. There is widespread agreement in the community that improvement can, and must be made in the speed of response and quality of prehospital care. Staff have focused from the onset on the quality of patient care, and we have done our best to design a competitive process that is fair to all participants. The operator that is ultimately selected, be it public or private, will be the one that can provide the best quality care at the most reasonable cost for the citizens of Ottawa-Carleton.

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

## Issues Raised

### High Performance System Design

- comment that the Base Hospital and the Ottawa Hospitals have no position on public vs. private, quality patient care is the issue.
- concern with lack of Fire / Tiered Response stakeholder involvement in bid evaluation process.
- suggestion that stakeholders need a mechanism for input and conflict resolution.
- concern about dispatch - how to proceed if Province holds on to dispatch.
- concern that there are not enough ambulances.
- concern that private companies must satisfy shareholders first - patients and staff second.
- concern with lack of performance or motivation of performance with private (i.e. slower response time, less patient time).
- concern with multiple competing agencies hindering patient care.
- concern with personal interaction with patients will be diminished with private sector.
- concern that use of the private sector is the Americanization of our health care.
- concern that retention of paramedics may be a problem, (particularly ALS) if private.
- Ottawa-Carleton make a decision to go public like the Region of Durham did.

### Accountability

- it's a life saving service not a life saving business
- concern with community and patient
- concern with accountability (both private and public)
- private service must be accountable to its client
- success for private depends on its ability to deliver service
- Region will give system away to private sector.

### Process

- concern with the makeup of the bid evaluation team being either pro public or pro private
- concern with the makeup of the bid preparation team having an unfair advantage
- clear separation of the bid evaluation and bid preparation team
- concern with the bid evaluation team "voting"
- suggestion that local Emergency Medical Services (EMS) expertise would be required on the bid preparation team
- concern that the decision needed to be sooner rather than later
- suggestion that competition provides best service and best cost
- concern that having to pay for profit increases cost of system

- need for governance structure
- private service puts people at risk (pull out if not profitable)
- concern that there will be a competing marketplace (multiple providers) for prehospital care
- concern with wages and benefits being cut with private sector
- concern of user fees if private
- can't trust if for profit
- concern with public bureaucracy adding cost to service
- concern with raising taxes, inefficiency if public does it
- concern with pockets of unprofitable areas being ignored by private sector
- concern with private sector collusion - 2 large companies - agree to take parts of Ontario, therefore no competition
- profit and good practice are not mutually exclusive

**Status of Upper Tier Municipalities (UTM's) in Southwestern Ontario**

**I. Decisions Made**

<i>1.</i>	<i>Public Service Provider</i>	<i>Estimate time of Readiness</i>
a)	Dufferin County <ul style="list-style-type: none"> <li>discussions with Base Hospital as Service Provider</li> </ul>	January 2001
b)	Durham Region <ul style="list-style-type: none"> <li>become Service Provider</li> </ul>	1 <sup>st</sup> Quarter 2000
c)	York Region <ul style="list-style-type: none"> <li>become Service Provider</li> </ul>	1 <sup>st</sup> Quarter 2000
d)	Toronto <ul style="list-style-type: none"> <li>already assumed</li> </ul>	January 1, 1998

<i>2.</i>	<i>Existing Service Providers (Operators)</i>	<i>Estimate time of Readiness</i>
a)	Halton Region <ul style="list-style-type: none"> <li>decision to enter into 2 year contract with existing service providers</li> </ul>	1 <sup>st</sup> Quarter 2000
b)	Lanark County <ul style="list-style-type: none"> <li>holding discussions with existing operators regarding options</li> </ul>	January 2001
c)	Waterloo Region <ul style="list-style-type: none"> <li>decision to enter into 2 year contract with existing service providers</li> </ul>	1 <sup>st</sup> Quarter 2000
d)	Hamilton-Wentworth <ul style="list-style-type: none"> <li>decision to enter into 2 year contract with existing service providers</li> </ul>	January 2001

**II. Decisions Pending**

<i>1.</i>	<i>RFP</i>	<i>Estimate time of Readiness</i>
a)	Muskoka District <ul style="list-style-type: none"> <li>RFP closed - decision expected Summer 1999</li> </ul>	1 <sup>st</sup> Quarter 2000
b)	Niagara Region <ul style="list-style-type: none"> <li>RFP released - decision expected Summer 1999</li> </ul>	2 <sup>nd</sup> Quarter 2000
c)	Peel Region <ul style="list-style-type: none"> <li>RFP released - decision expected Fall 1999</li> </ul>	January 2001

## II. Decisions Pending (cont.)

2.	<i>Staff Report to Council</i>	<i>Estimate time of Readiness</i>
a)	Essex County • report prepared - decision pending	January 2001
b)	Prescott - Russell • report prepared - decision expected Fall 1999	January 2001
c)	Renfrew County • prepared - decision expected Fall 1999	January 2001
d)	Simcoe County • decision expected Fall 1999	January 2001
e)	Stormont, Dundas and Glengarry • report being prepared	January 2001
f)	Wellington County • report being prepared	January 2001
g)	Ottawa-Carleton • report prepared - decision pending	

3.	<i>Engaged in Consultant Study of Delivery Options</i>	<i>Estimate time of Readiness</i>
a)	Bruce County	January 2001
b)	Chatham - Kent County	January 2001
c)	Elgin County	January 2001
d)	Grey County	January 2001
e)	Haldimand - Norfolk	January 2001
f)	Huron County	January 2001
g)	Lambton County	January 2001
h)	Middlesex County	January 2001
i)	Oxford County	January 2001
j)	Perth County	January 2001

4.	<i>Possible Consolidations - Awaiting Decisions</i>	<i>Estimate time of Readiness</i>
a)	Brant County with Brantford	January 2001
b)	Frontenac County with • Leeds and Grenville County • Lennox and Addington County • Prince Edward County	January 2001
c)	Haliburton County with • Northumberland County • Victoria County • Peterborough County	January 2001
d)	Hastings County • holding discussions with neighbouring UTM's to	

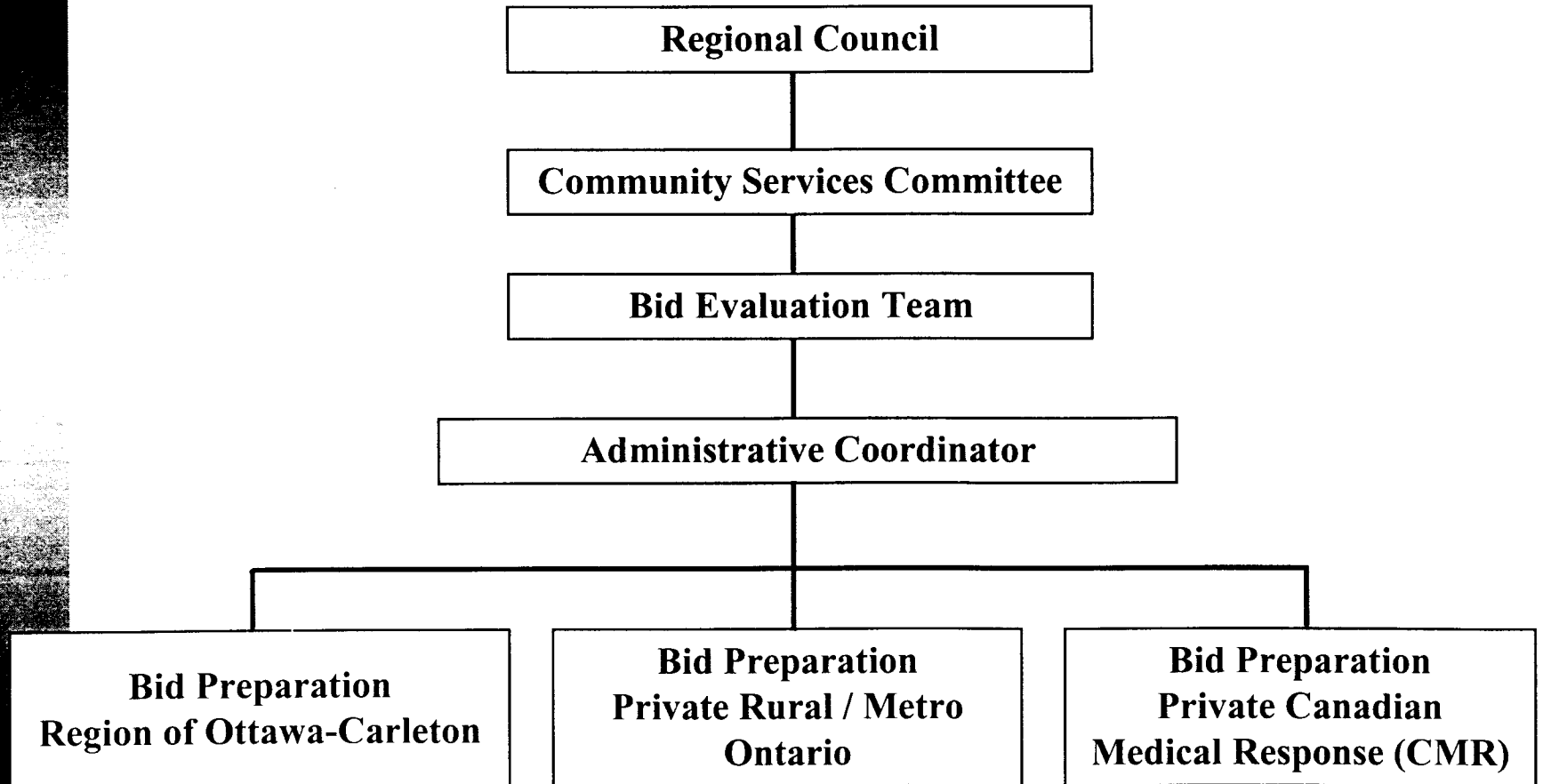
	explore consolidation options	January 2001
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**Bid Evaluation Team**

	<i>Name</i>	<i>Title</i>	<i>Expertise</i>
1.	Dr. Rob Cushman	Medical Officer of Health Region of Ottawa- Carleton	Public Health and will consult on: <ul style="list-style-type: none"> <li>• fire - urban / rural</li> <li>• tiered response</li> <li>• hospitals</li> </ul>
2.	Dr. Justin Maloney	Medical Director, Base Hospital Program	Pre-hospital emergency medical authority
3.	Jerry Overton	Executive Director, Richmond Ambulance Authority	International Emergency Medical Services
4.	Steve Rapanos  Tom Sampson	Chief, Emergency Medical Services, City of Edmonton  Director, Emergency Medical Services, City of Calgary	International Emergency Medical Services
5.	Alan Craig	Director, EMS Program Development and Quality Service Toronto Ambulance	International Emergency Medical Services
6.	Jean Pigott	Resident of Ottawa- Carleton	Ottawa-Carleton community
7.	Donna Carter  Pete Larocque  Geoff Cantello	Manager, Corporate policy and programs, CAO's Office  Manager, policy research, Finance Department  Manager, commercial contract law	Legal, finance, human resources and administration
8.	Brigitte Lalonde	President, Ottawa- Carleton Paramedic Association	Paramedic street level input

**Land Ambulance Health Services Request for Proposal  
Organization Structure**



**Region of Ottawa-Carleton Bid Preparation Team**

1. Doug Brousseau, Acting Deputy Commissioner - Transportation,  
Environment and Transportation Department
  
2. Glen Ford, Director, Supply Management Services Division, Finance Department
  
3. Kelly McGee, Director, Policy & Legislative Services, Legal Department
  
4. Tony Boettger, Acting Commissioner, Human Resources Department
  
5. Consultant with performance based ambulance experience and expertise  
(To be determined)

SUMMARY OF MOTIONS PRESENTED TO THE

COMMUNITY SERVICES COMMITTEE ON

17 JUNE 1999 RE:

LAND AMBULANCE HEALTH SERVICES

Moved by D. Holmes

WHEREAS the first and foremost concern for Council must be protecting the health and safety of the residents of Ottawa-Carleton with an ambulance service that can meet emergency needs; and

WHEREAS the Expression of Interest (EOI) process was designed simply to give the region an indication of how many potential service providers were available in order that Council could “direct staff to either (i) develop a full, in-house service, or, (ii) proceed with a Request for Proposal” (*Land Ambulance Directions Report, approved by Council Oct. 14, 1998*).

WHEREAS the EOI process determined that only two large North American companies are interested in taking over Ottawa-Carleton’s ambulance service and no other private, public or community-based agencies are available; and

WHEREAS this lack of real competition risks making the region vulnerable to cost increases dictated by the two large players who dominate the market, as has happened in other sectors such as garbage collection; and

WHEREAS the rest of the emergency response system (fire, police, 911) and the rest of the emergency health system (hospitals) are publicly-funded, publicly-administered; and

WHEREAS there has been strong public support for the principle of maintaining the emergency health response system as a publicly-run service like the rest of the emergency response and acute care health systems; and

WHEREAS the possible consolidation of fire departments in coming years opens up the option of integration between certain fire and ambulance functions (i.e. one central dispatch), which would become virtually impossible if it meant attempting to merge a public fire department with a private company’s ambulance service; and

WHEREAS the region will be facing many issues with the provincial government over the coming years as it assumes responsibility for ambulance service and it would be wise to maintain direct contact with the province, rather than be forced to deal with some of these issues through a third party; and

THEREFORE BE IT RESOLVED THAT Committee and Council endorse the principle of a public, not-for-profit ambulance service, subject to staff engaging independent consultants with expertise in ambulance services to prepare a report, including:

- a service plan
- a financial plan
- accountability measures to ensure performance.

LOST

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NAYS: D. Beamish, H. Kreling, A. Loney, M. McGoldrick-Larsen, B. Chiarelli 5

YEAS: W. Byrne, L. Davis, C. Doucet, D. Holmes, A. Munter 5

Moved by A. Munter

**That Recommendation 1 of the Medical Officer of Health's report dated 21 Apr 99 be amended as follows:**

1. **That all proposals be required to spell out, in detail, the wages and benefits to be paid to staff.**

CARRIED

2. **That an independent legal opinion be obtained from specialists in international trade law on the North American Free Trade Agreement (NAFTA) implications of contracting with an American-owned company, in terms of NAFTA's requirements for compensation of lost profits.**

CARRIED  
(D. Beamish  
dissented)

3. **That the RFP process include a parallel investigation by staff of the two companies' record of service in the United States, including litigation, U.S. government investigations and relationships with municipalities.**

CARRIED  
(D. Beamish,  
L. Davis dissented)

4. **That the RFP responses be required to include disclosure of their anticipated rates of return and its proportion of the contract.**

CARRIED  
(D. Beamish,  
H. Kreling dissented)

5. That all bidders be required to commit that, if successful, they will not lobby the Ministry of Health, directly or indirectly (through the Ambulance Operator Association) for increased user fees for ambulance service and that this commitment be included in the contract.

LOST

NAYS: L. Davis, C. Doucet, A. Loney, M. McGoldrick-Larsen, B. Chiarelli 5  
YEAS: D. Beamish, W. Byrne, D. Holmes, H. Kreling, A. Munter 5

Moved by L. Davis

**That Recommendation 1 be modified by adding “the RFP will include a breakdown for transfer services and the ability to submit offers for either services or both. In addition, all qualified firms be invited to submit an RFP for transfer services only.**

REFERRED to  
Council with additional  
information to be provided  
by staff.

Moved by A. Loney (Staff Report Recommendations)

**That the Community Services Committee recommend Council approve the following:**

1. **That staff be directed to prepare a Request for Proposal, in which the two private sector operators and the Region of Ottawa-Carleton will be asked to submit a proposal.**
2. **That the next steps in the process, as outlined in Annex A, be approved.**

LOST

NAYS: W. Byrne, L. Davis, C. Doucet, D. Holmes, A. Munter 5

YEAS: D. Beamish, H. Kreling, A. Loney, M. McGoldrick-Larsen, B. Chiarelli 5

LAND AMBULANCES HEALTH SERVICES YEAR 2000  
DIRECTIONS DOCUMENT - PHASE II

- Medical Officer of Health report dated 21 Apr 99 (Tabled on 6 May 99)
- Public Consultation Document dated 16 Jun 99

At the outset, the Committee Chair, A. Munter, asked those present to show respect for the opinion of others, given the strong views on the land ambulance issue held by the different factions. Chair Munter introduced Ms. Joanne Yelle-Weatherall, Director, Land Ambulance Health Services Division and Mr. Allan Craig, external consultant to the Region of Ottawa-Carleton.

Joanne Yelle-Weatherall reported on the public consultation activities undertaken since the report was first tabled on 6 May 99. She emphasized that the purpose of this meeting was not to decide whether the future system will be public or private. Staff are seeking approval to proceed with a Request for Proposals (RFP) from the two bidders and from the Region itself. Ms Yelle-Weatherall indicated that the public forum on 8 June elicited many comments which staff have grouped into three main categories:

1. System Design

The RFP will specify detailed performance criteria and establish strict standards. The successful bidder will have to meet contractual obligations, and failing this, will be penalized or replaced. Separate, independent medical oversight will be a key component to ensure compliance with the contract as well as the best clinical care for patients. Ms. Yelle-Weatherall referred the Committee to Annex B of the Public Consultation report, which provides details about what other Upper Tier Municipalities (UTMs) in Ontario have done with their systems. She pointed out that, regardless of what other municipalities may have decided, Ottawa-Carleton cannot be compared because the Region is proposing a high performance model, not a level of service system.

2. Accountability

The new system will be publicly funded and publicly controlled. The RMOC will be regulated by the *Ambulance Act* and will be accountable to its citizens regardless of who delivers the day-to-day operations. In the new system, the Region will demand clear-cut accountability. To protect public health, the Region will own all the assets and control all the infrastructure. The Region will manage the finances: the provider will have nothing to do with billing, there will be no credit card usage required. The Region will direct public and media relations. The Region will establish, monitor, and report on pre-determined performance outcomes.



3. Process

The process was carefully developed to evaluate the best proposal for patient care, not to decide if the system should be private or public. In response to concerns raised about the Bid Evaluation Team, staff have made the following changes to its composition since first reported on 6 May:

- Joanne Yelle-Weatherall has been removed from the team and will be administrative co-ordinator;
- Tom Sampson and Steve Rapanos have been grouped to form one (1) evaluation submission;
- Donna Carter, Pete Larocque and Geoff Cantello form another evaluation submission;
- Jean Pigott has been added to represent the Ottawa-Carleton community;
- Brigitte Lalonde will represent the street level experience and patient care issues.

In addition, the bid evaluation criteria and the point system will be submitted to Committee and Council for review and approval and will then be included into the RFP. Joanne Yelle-Weatherall said staff will prepare a report in the next few weeks to address the issue of separation between the regional Bid Preparation Team and the existing group of land ambulance services staff.

Ms Yelle-Weatherall said service interruption was another issue raised at the public forum. She indicated that staff have researched allegations that private sector operators pulled out of certain cities and, to the best of staff's knowledge, no one under contract in a high performance system has done this. This has occurred in free market cities and referred to non-emergency operations.

In order to address concerns about the "true cost" of a public sector bid, staff recommend the retention of a consultant to do an independent audit of the regional bid.

Ms. Yelle-Weatherall concluded her presentation by describing a number of reports to be submitted to Committee and Council in the near future. These include:

- a Principles report, to outline the separation between land ambulance staff and the regional Bid Preparation Team;
- a Governance/Organizational Structure report to outline the structure, reporting relationships and roles and responsibilities of each of the groups;
- a Level of Service report to address response times and clinical care. These issues have been raised by local rural municipalities;

- a Response to the Dispatch Proposal, to explain the results of the meetings with neighbouring county councils, and hopefully to report on the Province's position as well.

She reiterated that the entire process is about patient care, and staff recommend the RMOC go through the RFP process and not eliminate any option for service providers.

In response to questions from Chair Munter, Joanne Yelle-Weatherall provided information on the status of dispatch, which remains an obstacle in the Region's path. The Regional Chair has recently submitted a proposal to the Premier of Ontario, but to date there has been no response to the proposal. Regional staff are meeting with neighbouring county councils who have expressed concerns about this matter.

Chair Munter sought clarification on the process, specifically, whether the fact that the Region has sought Expressions of Interest (EOI) compels it to proceed to the RFP stage or develop an in-house service. Joanne Yelle-Weatherall indicated that the report of 22 September 98 clearly stated that, at any time in the process, the Region could decide to move forward, and this was made clear to both bidders.

Councillor L. Davis expressed disappointment with the recommendations, saying that the issue of patient transfers is integral both in terms of human costs and service costs. She said she was assured throughout the process that no options would be eliminated but, in fact, a local company has been left out of the process and should have been allowed to present an EOI for transfer services. Councillor Davis pointed out that approximately 14,000 transfers are done annually at a cost of \$5 million. She asked why this option has been eliminated, since it presents a good opportunity to ensure transfers are done in a more humane manner and to free-up the highly trained, skilled paramedics so they can be the first respondents at accident sites.

Joanne Yelle-Weatherall explained that the proposal covers the activities the Region is responsible for under the *Ambulance Act*, and medical transfer services are not among these services. She indicated that the Ottawa Hospital has recently gone to tender for medical transfer services, and has awarded the contract. Councillor Davis pointed out that an ambulance driver spends a portion of his day doing transfers while response times are double what they should be. The Medical Officer of Health, Dr. R. Cushman, reiterated that staff are responding to the requirements of the *Ambulance Act*, and want to establish a system with as much vertical and horizontal integration as possible. He reminded the Committee there is only a certain amount of funding in the envelope, and the real costs are expected to be higher than what the Region is paying. To improve the service to the desired extent will mean having to pay more and the interdependence of services will have to be examined as the Region proceeds. Ms. Yelle-Weatherall pointed out that, in the future, system performance standards will be established for emergency and non-

emergency calls. Because of this, it is important not to base the design of the future performance-based system on the current level-of-effort system.

Councillor Davis expressed the view staff are side-stepping the issue, and she felt this was the right time to discuss the matter. She said she found it offensive that this option has not been brought forward, since paramedics would rather be on the street providing the service they are trained to provide instead of arriving 9 hours later to transport a patient waiting to go home.

Councillor D. Beamish asked that staff clarify what the Region will own. Joanne Yelle-Weatherall said the Region will own the technology, the vehicles, everything needed to protect public health if, in a worse-case scenario, there is a breach of contract and the Region needs to ensure service. The private sector operators will bring management expertise and provide day-to-day activities. Councillor Beamish wanted to know why an RFP was chosen over a tender document. Joanne Yelle-Weatherall indicated that the RFP will be a very detailed document, describing response times and levels of clinical care required to attain the Region's goal of providing the best patient care at the most reasonable cost. The RFP will also provide a way to consult extensively with stakeholders.

Councillor Beamish asked that staff prepare a report for submission prior to the 14 July Council meeting, addressing the issues of the \$45 co-payment for ambulance services, the recent Ottawa Hospital tender for inter-facility transfer services and explaining the difference between stable/unstable non-emergency patients.

Councillor W. Byrne asked whether any of the two bidders have connections with American companies. Joanne Yelle-Weatherall replied in the affirmative, but she deferred to representatives from the companies to respond in greater detail to the question. Councillor Byrne made reference to correspondence from the Council of Canadians indicating there may be problems, because of the North American Free Trade Agreement (NAFTA), with trying to "take back" a service that has been privatized and awarded to an American firm, and the possibility of the Region being liable in this instance. Joanne Yelle-Weatherall said Legal Department staff will research this question and report back later in the meeting.

At this juncture, 53 public delegations were heard, and their comments are appended at Annex 1.

Committee Discussion

Chair Munter presented a Motion from Councillor D. Holmes, calling for Committee and Council to endorse the principle of public, not-for-profit ambulance service, subject to an independent consultant being engaged to develop a service plan, a financial plan and accountability measures to ensure performance.

Councillor Holmes said that, at the beginning, she had endorsed the RFP process to see how the public would align itself and who could provide the most efficient response. After much consideration, and hearing from her constituents, she began to wonder what would be left if the Region controlled the system, owned the infrastructure, the vehicles, the computerized systems, set policy and handled billing. The only thing left was management expertise, and she wondered whether the message being sent was that private sector expertise was better than public sector expertise. She noted there is a very highly trained component in the ambulance industry and the issue is whether the Region wants to invest in those employees. A private contractor would likely have a lower benefit package, or continue to use part time or casual staff in order not to have to pay benefits. Councillor Holmes did not want to proceed in this manner with possible future employees. She posited the current employees don't want a private company that will re-negotiate its contract every five years, putting their jobs at risk with every re-negotiation. For these reasons, she has come down on the side of a public health system and believes Council should get on with deciding what it wants, in order to retain the highly-trained professionals working in Ottawa-Carleton.

Councillor Holmes asked that the Legal Department look into the negative newspaper reports about the companies eligible to submit an RFP. She expressed the belief that ambulance services should be publicly managed, owned and governed, notwithstanding the fact this will mean more difficulty for regional staff in setting up a new department.

Councillor Byrne pointed out that the Committee has heard from many different segments of society and from other health care providers, that a for-profit approach to ambulance services would not serve the Region well. She spoke about the risks and consequences of going with a private company in light of comments about NAFTA, about just cause, about the possibility of litigation and related costs and the impact any of these would have on service to the public. Councillor Byrne said another concern relates to the cost for decent service, which has varied between \$12 and 20 million, and the impact a "monopoly" one or two companies would have on prices. She expressed the view the Region could handle these costs through self-management, and would provide the quality service taxpayers deserve for their tax dollar.

Councillor Byrne said that, while regional staff have been thorough in their public consultation, she would have liked to have seen Open Houses being held across the Region, with options presented to the public. She indicated the calls and correspondence she received have been overwhelmingly in support of public management of the ambulance system, and since she has been elected to serve her constituents, she supports this approach.

Councillor C. Doucet posited that, by contracting out services, there is no longer a democratic system and the interaction between the public and its elected officials is lost. He said he thought that those who assist persons in various life-threatening situations should belong to all of society and should not provide their services for profit. Councillor Doucet spoke about being able to respond quickly to complaints and not having to wait until a contract is up for re-negotiation before addressing the public's concerns. He agreed that many services can be privatized, but politicians and the medical system should belong to everyone. He expressed the hope Council would follow the example of Halton, Durham and other regions and take responsibility for the public's health.

Councillor A. Loney expressed concern about the confusion and the erroneous impressions circulating in the community regarding ambulance services and what Council is trying to do at this stage of the process. He indicated that, on balance, he preferred a public system, controlled by Council, however he was not ready to make the decision at this time, and neither was this the last opportunity for this to be done. He referred to comments about the Region not having precise numbers, and he posited the RFP is a good way to obtain those numbers.

Councillor Loney said the notion that the Region wants to save money or reduce its budget for ambulance service is unfortunate and totally erroneous. He clarified Council's concerns center around the costs related to an entire group of downloaded services, and there is no intention of providing ambulance services "on the cheap". Council has endorsed a performance-based system, and has decided not to allow small operators to bid because of a preference for only one operator. With respect to the Paramedics, Councillor Loney reminded those present Council has unanimously endorsed the principle it will do whatever is necessary to retain them in any new system established. He made reference to the fact the Region still has no answer on the dispatch function, universally considered the most important aspect of a performance-based system, whether publicly or privately run. This, and the fact that the Province of Ontario has been reticent to provide data to regional staff, has contributed to the length of the process.

Councillor Loney made reference to the comment about only management expertise being left to provide. He pointed out this is a crucial aspect of any system adopted. Council will provide substantial capital investments, and staff must outline how the system will be managed and what the costs will be with knowledgeable help from consultants.

Councillor Loney wanted to reserve the decision as to whether to select one of the bidders or the submission from regional staff, and to examine the numbers provided in both

instances. He added that his decision will not rest only on price, but it will have to be made with more information than there is presently. He asked that the Holmes Motion be rejected, and he moved the staff recommendations.

Councillor M. McGoldrick-Larsen began by thanking all the presenters for their professionalism, their knowledge and for recognizing that Council has a difficult decision to make. The Councillor said the only way to conclude a process that has been open and transparent is to proceed with the RFP: not proceeding with the RFP would be disrespectful of the process established by Council to ensure consistency and accountability to all Ottawa-Carleton taxpayers.

Councillor McGoldrick-Larsen pointed out that, in order to do the work they do, Paramedics have to be compassionate and caring persons, and she acknowledged these professionals are not always given the recognition they deserve. She asked that staff investigate a comment from Mr. d'Angelo, one of the presenters, who said he could show it would be cheaper for the Region to provide the service. Councillor McGoldrick-Larsen concluded by saying a performance-based system will be a better system and is long overdue. She asked for a bit more patience from the Paramedics and the industry and that they bear with Council until it has the numbers it needs to make an informed decision.

Councillor H. Kreling said he agreed with those who say that, in the very critical areas of health care and emergency response systems, Americanization and moving to a two-tier system is not what is envisioned for Ottawa-Carleton or for Canada, and nor is this recommended by staff. He called the RFP the next step in the process, and something designed to provide additional information to Council. Councillor Kreling pointed out that, for the past twenty years, the Province has left ambulance services under-funded, and has controlled the system in such a manner that precluded anyone working inside it from speaking out for fear of reprisals. The Region has embarked on a clear and transparent process which should be carried forward to the RFP. Councillor Kreling said he did not believe he was voting on whether the system will be privatized, but was being given an opportunity to further explore the management and cost sides of the issue in a fair and equal manner, along with the two private sector bidders, regional staff, industry experts, paramedics, all of whom have had the benefit of the process to-date.

Councillor Kreling stated he supports Council's commitment to move to a performance-based system, and a critical component of that system is the dispatch function. He expressed the hope the Province would soon respond positively to the Region's requests in this regard, because without control of dispatch, the goals Council has set will not be achieved. He expressed his support for the staff recommendations.

Councillor D. Beamish began by saying some of those present today have mis-represented the facts in public forums and have needlessly alarmed certain elements of the community. He cited the example of a seniors' group, who were told they would have to pay for an ambulance before getting into it, and who believed this was the case when they left the

meeting. In another instance, a flyer was distributed which contained mis-information, and which contributed to more unease among the population. Councillor Beamish said he regretted the fact that the Province has chosen to download so many services to municipalities, however the population has been alerted to the fact the ambulance industry has problems. Council has been given an opportunity to modernize the system, to obtain the best technology available, to secure more personnel, more vehicles, and generally improve the service. None of those presently employed need to worry about their jobs because there will be more jobs to ensure Ottawa-Carleton residents get as good a service as they can get. Councillor Beamish said this will be done either publicly or privately, and the entire community will benefit by knowing the pros and cons of either system. He posited it would be irresponsible just to create a regional department and give it whatever funding it wants, given that the Region delivers millions of dollars in human services, and that taking funds from one area will affect another. Councillor Beamish emphasized the need to take the utmost care in designing and funding the ambulance system, and he expressed the hope people will be little more responsible than they have been in the weeks leading up to this point.

Councillor Davis said she had felt, coming into this issue, that it was important to leave personal bias aside, to get all the facts and numbers and to proceed as recommended by staff. She pointed out most of the information she has comes from being a frequent user of ambulance services over the past decades, both for her children and for herself. The presentations today have clearly shown the deplorable conditions paramedics have to work under, the fact that they get no benefits, that they have to hold two or three jobs to make a living. Councillor Davis posited that, no matter what the cost is, the Region will have to pay it, and she expressed the view there is no room for profit in an ambulance service. She said she would have liked more information, to know the industry standards, what reasonable costs would be, and she expected some of that information would be forthcoming before Council deals with this matter. Councillor Davis indicated all the calls she received have been in support of a public system, and she regretted that so much mis-information has been circulating. She said she would have expected that, with only two parties being qualified to bid, all the background checks would have been made and only companies with exemplary records could have submitted a bid. She said she regretted that a lot of negative information has come forward in such a public forum.

Chair Munter began by thanking the Committee for a thoughtful debate and he reiterated the commitment to improving the ambulance service so that it is the best service possible. He also thanked regional staff, saying they have put remarkable effort into this matter, and will continue to do so until the issue is resolved. He continued by saying that, had the Expression of Interest (EOI) phase brought forward a variety of potential bidders, i.e., the Ottawa Hospital, a consortium of small, local providers, a consortium of paramedics, fire departments, if there had been more options, he might feel better about it. He reminded those present that at the start of the EOI process, there was no commitment to proceed to the RFP. That process produced two big players, one Canadian, one American, and since

either company would bring management expertise from very different systems, this is a legitimate issue to raise and debate.

Chair Munter pointed out there are practical and philosophical reasons to opt for a public system at this time. The first reason is the Paramedics, who some have dismissed as a special interest group; they are the ones who deliver the service and they are saying they don't want to be dragged into a for-profit environment. Chair Munter said he agreed that the people delivering a health service have to be partners, they have to have stability in order to do their job, feed their families, pay their mortgages. He added that many are being recruited by other jurisdictions with public systems and this should be of concern to Council, because of the investment made in the training of these individuals and their investment in the community.

Chair Munter spoke about other services delivered by the private sector, i.e., nursing homes, home care, citing them as illustrations of the bottom line in relation to health services. If, on January 1, 2001, Council finds itself with a private system, it will be important to consider where this might lead and looking south of the border to see the long-term results is not far-fetched. Chair Munter expressed his support for Councillor Holmes' Motion. He indicated that, in the event it does not carry, he will leave the Chair, and propose a number of amendments to the staff recommendations to address concerns raised by some of the presenters.

Moved by D. Holmes

**WHEREAS the first and foremost concern for Council must be protecting the health and safety of the residents of Ottawa-Carleton with an ambulance service that can meet emergency needs; and,**

**WHEREAS the Expression of Interest (EOI) process was designed simply to give the region an indication of how many potential service providers were available in order that Council could "direct staff to either (i) develop a full, in-house service, or, (ii) proceed with a Request for Proposal" (*Land Ambulance Directions Report, approved by Council Ottawa-Carleton. 14, 1998*),**

**WHEREAS the EOI process determined that only two large North American companies are interested in taking over Ottawa-Carleton's ambulance service and no other private, public or community-based agencies are available; and,**

**WHEREAS this lack of real competition risks making the region vulnerable to cost increases dictated by the two large players who dominate the market, as has happened in other sectors such as garbage collection; and,**

**WHEREAS the rest of the emergency response system (fire, police, 911) and the rest**



**of the emergency health system (hospitals) are publicly-funded, publicly-administered; and,**

**WHEREAS there has been strong public support for the principle of maintaining the emergency health response system as a publicly-run service like the rest of the emergency response and acute care health systems; and,**

**WHEREAS the possible consolidation of fire departments in coming years opens up the option of integration between certain fire and ambulance functions (i.e. one central dispatch), which would become virtually impossible if it meant attempting to merge a public fire department with a private company's ambulance service; and,**

**WHEREAS the region will be facing many issues with the provincial government over the coming years as it assumes responsibility for ambulance service and it would be wise to maintain direct contact with the province, rather than be forced to deal with some of these issues through a third party;**

**THEREFORE BE IT RESOLVED THAT Committee and Council endorse the principle of a public, not-for-profit ambulance service, subject to staff engaging independent consultants with expertise in ambulance services to prepare a report, including:**

- **a service plan**
- **a financial plan**
- **accountability measures to ensure performance.**

LOST

NAYS: D. Beamish, B. Chiarelli, H. Kreling, A. Loney, M. McGoldrick-Larsen 5  
YEAS: W. Byrne, L. Davis, C. Doucet, D. Holmes, A. Munter 5

Councillor McGoldrick-Larsen requested a staff comment on each amendment put forward. Responding to the matter of the proposals having to disclose wages and benefits to be paid, Allan Craig indicated it would be neither unusual nor unreasonable to request this information from bidders.

Moved by A. Munter

1. **That all proposals be required to spell out, in detail, the wages and benefits to be paid to staff.**

CARRIED

Moved by A. Munter

2. **That an independent legal opinion be obtained from specialists in international trade law on the North American Free Trade Agreement (NAFTA) implications of contracting with an American-owned company, in terms of NAFTA's requirements for compensation of lost profits.**

CARRIED

(D. Beamish dissented)

Some Committee members questioned the need for a parallel investigation of the bidders' record in the United States and for an outside legal firm to do the work. Allan Craig said the EOI document contained a specific requirement to submit a detailed litigation history of all Emergency Medical Service matters and these were included in the responses. He suggested what could be researched is the foundation of some of the newspaper reports relative to the actual facts. Another important fact is that one of the bidders has approximately \$2.5 million in sales, with thousands of employees, and it is difficult to balance this against anything else they might do.

Councillor Loney proposed that regional legal staff undertake the investigation and let the Committee know if they need additional resources. Councillor Beamish posited the Region itself might not stand such close scrutiny since it is involved in many lawsuits and Ministry of Environment violations.

Moved by A. Munter

3. **That the RFP process include a parallel investigation by staff of the two companies' record of service in the United States and Canada, including litigation, U.S. government investigations and relationships with municipalities.**

CARRIED

(D. Beamish, L. Davis  
dissented)

With respect to the next Motion, Councillor Munter indicated this is routine procedure on applications to increase utility rates. Since concerns have been expressed about a large part of the Region's spending being profit, this should be part of the document. Responding to a question posed by Councillor Kreling, Allan Craig said it is a little unusual in these contracts to request this information, and he deferred to Legal Department staff to indicate whether companies can be compelled to provide the information. Ms. Taschereau-Moncion confirmed it would be appropriate to request this information in the RFP.

Councillor Beamish asked if this meant regional staff would have to provide service for 10% less if one of the other bids comes in at 10% lower cost. Councillor Munter said this could be the case. He reminded Committee members that the actual RFP document would be coming before Committee, providing another opportunity for modifications before it is finalized.

Moved by A. Munter

4. **That the RFP responses be required to include disclosure of their anticipated rates of return and its proportion of the contract.**

CARRIED  
(D. Beamish, H. Kreling  
dissented)

Commenting on the next proposed Amendment, Councillor Loney posited it was ridiculous to try to prevent anyone from lobbying. It is up to the Region to state that user fees are not permitted, however the successful bidder may need more money to deliver the service and would have to approach the Region if this were the case. Chair Munter clarified that the amendment refers to additional monies coming from the general tax base, and not from user fees.

Councillor Davis posited there is currently a "user fee" of \$45 dollars, and the proposed Motion could prevent the Region from lobbying the Province to get its part of that funding at a future date. Approving the amendment could mean it remaining in effect for a considerable period of time. Councillor McGoldrick-Larsen brought up the fact that the Motion could infringe on freedom of speech provisions. This was confirmed by Ms. Taschereau-Moncion, who indicated she would not recommend this be included in the RFP.

Moved by A. Munter

5. That all bidders be required to commit that, if successful, they will not lobby the Ministry of Health, directly or indirectly (through the Ambulance Operator Association) for increased user fees for ambulance service and that this commitment be included in the contract.

LOST

NAYS: L. Davis, C. Doucet, A. Loney, M. McGoldrick-Larsen, B. Chiarelli 5  
YEAS: D. Beamish, W. Byrne, D. Holmes, H. Kreling, A. Munter 5

Speaking to her Motion, Councillor Davis said proceeding with the RFP would not preclude opportunities for an employee-based bid for transfer services. Replying to a question from Councillor Beamish, Joanne Yelle-Weatherall clarified the Ottawa Hospital has awarded a contract for inter-facility transfers or to patients' homes, in the latter instance for a fee. She recalled that, early in the process, she made the commitment that regional staff would look at the requirements of the *Ambulance Act* as they relate to medically-required, non-emergency transfers. The Ottawa Hospital has tendered for inter-facility, non-emergency transfers and, in its document, it states that Upper Tier Municipalities (UTMs) in Ontario have the ability to regulate that service not now regulated or covered under the *Ambulance Act*. The Region's RFP refers only to the services covered under the Act.

Councillor Beamish asked how staff intend to deal with this issue. Allan Craig clarified that the intention of the Act is to prevent persons other than licensed ambulance companies from transporting people who may require continuous medical attention during the transport. The *Highway Traffic Act* was amended as part of the Omnibus Bill to permit UTMs to move into this gray area and regulate it to address the current situation.

Mr. Craig said the Ottawa Hospital tender should apply only to persons outside the definition of "ambulance patient" under the *Ambulance Act*, and it isn't exactly clear whether this is what the hospital intends to do in offering the service: Councillor Davis' proposal would be a component of licensed ambulance service.

Councillor Davis inquired whether the Ottawa Hospital target clientele was the 14,000 transfers currently being done. Dr. Cushman confirmed this was the case. He added that regional staff began discussions with the hospital early on and two variables must be considered:

- the Ottawa Hospital is a single facility with multiple sites; because of this, there will be a higher volume of inter-facility transfers between the sites;

- it is important for paramedic “down time” and for the resiliency of the system that transfers be done, to ensure ambulances are not idle until they are needed.

Councillor Davis asked whether this means the hospital will proactively inform emergency patients whose treatment is complete that, for a fee, they can be transferred to their homes in an ambulance. Ms. Yelle-Weatherall replied that, if a patient needs an ambulance, that person should be provided with an ambulance. Councillor Davis posited this may not be bad news for the Region: if the Ottawa Hospital is only transporting its patients from one of its sites to another, there will be less of a burden on the Region’s system. J. Yelle-Weatherall added it is important to keep in mind that, in a performance-based system, there will be response time requirements for emergency and non-emergency service, regardless of whether the provider is public or private. Councillor Davis asked whether it would be possible to obtain information on the successful bid prior to this matter going before Council. Dr. Cushman wanted to clarify, pursuant to discussions with Dr. Justin Maloney, Director, Base Hospital, Ottawa Hospital, that there will be no fee for transfers between campuses of the hospital itself, however if a patient wants to go home, service will be available for a fee.

Councillor Beamish suggested there may be some merit in referring Councillor Davis’ Motion to Council, accompanied by a one-page information sheet on this issue of transfers. Councillor Loney expressed support for this approach, indicating the option is to defeat the Motion because there is not enough information at the present time, and some information conflicts with statements made earlier.

The Committee then considered the staff recommendations, as amended by the foregoing Motions:

Moved by A. Loney

**That the Community Services Committee recommend Council approve the following:**

- 1. That staff be directed to prepare a Request for Proposal, in which the two private sector operators and the Region of Ottawa-Carleton will be asked to submit a proposal.**

2. **That the next steps in the process, as outlined in Annex A, be approved.**

LOST

NAYS: W. Byrne, L. Davis, C. Doucet, D. Holmes, A. Munter 5

YEAS: D. Beamish, H. Kreling, A. Loney, M. McGoldrick-Larsen, B. Chiarelli 5

Moved by L. Davis

**That Recommendation 1 be modified by adding “the RFP will include a breakdown for transfer services and the ability to submit offers for either services or both. In addition, all qualified firms be invited to submit an RFP for transfer services only”.**

REFERRED to Council with no  
Committee decision).

Chair Munter clarified for those present that two options have come forward, and both have been defeated on a tie vote. This means the report to Council will contain no Committee recommendation other than Councillor Davis' Motion which was referred to Council with a request for additional information from staff.

**ANNEX 1**

Public Delegations

Jean Legault, Disabled Persons Community Resources and Joan Black,  
former President, DPCR Board of Directors

Ms. Black raised the concerns of persons with disabilities and on social assistance about possible increases to the patient's share of ambulance services. This cost, which may be a hardship now, will be more so if privatization of ambulance services occurs. In addition, hospitals with increasing budgets may not be able to cover the costs of services provided to patients with disabilities, causing hardship for these individuals and their families. Another issue concerns persons with disabilities who are considered in stable condition and are asked to leave the hospital. Waiting times for transfers are longer and those who don't have the use of a power chair or a walker will experience additional hardship.

Phil Sweetnam, Goulbourn Chamber of Commerce<sup>1</sup>

Mr. Sweetnam spoke in favour of the staff recommendations, saying this is the only way to demonstrate that Council has been a careful steward of public funds. He noted it was his experience that the profit margin in a competitive quote situation is small compared to the costs generated by an expanding bureaucracy. Governments are most effective at setting standards for public facilities while the private sector is usually the most cost-effective way of delivering the service. Mr. Sweetnam continued by saying ambulance service does not have unique characteristics that cannot be specified in a contract and delivered by a private as well as a public company. He cited air ambulance and laboratory services as good examples of health services well delivered by private sector companies.

Mr. Sweetnam emphasized the importance of having a scrupulously fair bid process. In this regard, the composition of the Bid Evaluation Committee is important. He suggested that more community expertise is desirable, and he proposed that representatives from the Chamber of Commerce or the Board of Trade could provide a good understanding of the issues.

Councillor Davis asked whether Mr. Sweetnam had any fears about the Region receiving an artificially low bid in the first year then finding a subsequent contract to be much higher in price. Mr. Sweetnam indicated he would have liked to have seen the contract divided up into smaller units, however regional staff have said efficiencies may be lost by having more than one bidder. He expressed confidence in staff's evaluation, and in the fact that companies such as Laidlaw and Rural/Metro Ontario will still be in business elsewhere in Canada and the U.S. and available to make subsequent bids.

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<sup>1</sup> The complete text of this submission is on file with the Committee Co-ordinator

Doug Powell, Owner/Operator, Arnprior/Kanata Ambulance Service<sup>2</sup>

Mr. Powell began by applauding regional staff for the fine effort they have put into dealing with the complex issue of ambulance service and for the learning curve needed to understand the industry at large. He concurred with decisions about the single service provider, a performance-based system and efforts at controlling dispatch.

Mr. Powell went on to say that, at this time, the Region is being offered a chance to regionalize Emergency Ambulance Services and get 50% funding from the Province. He expressed the view the Region would be better served by a publicly-run service, since control would be maintained locally and the middle-man would be eliminated in any future negotiations with the Province. A governance structure will be required to oversee ambulance operations within the Region, and to provide a legislatively empowered body to deal with internal and external ambulance issues. Mr. Powell emphasized the importance of arriving at a decision to alleviate the growing morale problem within the local system and to prevent the exodus of highly trained paramedics to other jurisdictions.

Gary Holmes, Canadian Mental Health Association

Mr. Holmes spoke in support of a non-profit ambulance system, saying there are concerns about accessibility should the system be privatized. He put forward the view that profit seems at odds with persons experiencing mental illness. He suggested there be a general level of training in mental illness for paramedics. Other concerns include medicine and properly-maintained vehicles, the need for an integrated dispatch system, the ability to access service when and where it is needed and the impact of long-term costs.

Professor G. Swimmer, Carleton University

Professor Swimmer began by saying that, in 1991, he was asked by the Government of Ontario to review the various aspects of the Emergency Medical System (EMS), specifically the structure and governance of a land-based ambulance system. He expressed agreement with the need for a performance-based system with a single provider who hopefully will control dispatch, however he said he was not optimistic about the RMOC's ability to take this function away from the Ministry of Health. An ambulance system is not a transportation system, but an EMS, and if governments have not seen fit to have private bids for fire and police services, the same should apply to ambulances.

Professor Swimmer stressed the importance of understanding that there has never been a private system, although there have been private ambulance companies. The Region's proposed model would not be much different except that private companies would potentially have more room to operate. At the present time, there are basically no risks for service providers, since the Ministry pays all the bills and with the determination of

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<sup>2</sup> The complete text of this submission is on file with the Committee Co-ordinator.



ambulance workers as crown employees, there has been virtually no difference in costs among services.

Professor Swimmer highlighted some possible scenarios in a private system:

- ⇒ companies lowering their operating costs by cutting salaries, resulting in labour strife, and declining morale among the Paramedics, the most important component of an EMS;
- ⇒ companies submitting low bids to get a first contract then threatening to walk away unless changes are made to service requirements or payments, as has been done in the U.S.

Professor Swimmer expressed the belief the citizens of Ottawa-Carleton want a first-rate system and are prepared to pay for it. The only way to ensure long-term quality of the system is to retain public control. This doesn't mean that increased efficiencies under a region-wide public system are impossible, because there are numerous ways to improve service and reduce costs for non-emergency transfers. Other examples include the greater use of designated two-patient ambulances and/or scheduled runs between hospitals.

The Medical Officer of Health, Dr. R. Cushman, pointed out that the RFP should clarify most of the issues raised by Professor Swimmer in his presentation. Professor Swimmer expressed a number of concerns with the RFP process:

- ⇒ how will the Region cost the extra dollars in time and effort associated with monitoring a private contract as opposed to having a department provide the service;
- ⇒ even if the Region controls all the resources, an enormous amount of lead-time would be required to dismiss and replace a contractor who is in default.

Councillor Davis asked whether Professor Swimmer would comment on creative ways to put money from non-medical transfers back into the system. He replied by saying he didn't believe a totally separate transfer system would work. While this would result in better response times, there would also be a lot of people and a lot of capital equipment "sitting idle" for periods of time. It has been the Ministry's view that doing transfers as part of the ambulance system represents better use of capital and personnel.

Professor Walter Dekeseredy, University of Ottawa

Professor Dekeseredy said he has devoted 20 years doing systematic and rigorous studies of health related issues and social policy. He has extensive expertise in large-scale survey research and like many in his field, he is fundamentally concerned about data and facts. Without offending staff involved in the presentation, he has seen neither facts nor evidence suggesting, or firmly showing, the differences between publicly managed and privately managed systems. Professor Dekeseredy expressed the view it is incumbent on researchers to gather data from those who have used the service, to consult the general public, to conduct surveys about their perceptions and to compare the quality of privately-run and publicly-run services. He pointed out that tax dollars have paid for the highly-skilled, highly-trained people sitting in the room. It is incumbent on Council to demonstrate its good faith and support for these individuals. Professor Dekeseredy spoke about the increasing brain-drain experienced in Canada, where people from all fields are leaving because they are deemed to be competent, especially in the U.S. He asked that staff present the public with hard data before any decision is made.

Responding to a query from Councillor Davis about the lack of hard data, Joanne Yelle-Weatherall said staff have presented what is thought to be the best way to reach Council's goal. She reiterated that the RFP will bring forward much of the information that is not currently available, and this is one of the reasons staff are requesting to move forward.

Debbie Champ, Linda O'Connor, Citizens for Reliable Ambulance Services Here (CRASH)

Ms. Champ described CRASH as a grassroots advocacy group, consisting of citizens and ratepayers. It receives funding from individuals and from local organizations. Members of CRASH have put in hundreds of hours educating the public about ambulance issues. Ms. Champ said many residents have been accused of being purely emotional and lacking an understanding of the issue: to discount them is to discount all the population. Over 93% of respondents have asked that the ambulance system not be privatized, and 79% have indicated a willingness to pay higher taxes to maintain a public system. Ms. Champ recalled the five principles set out by T. C. Douglas for a Canadian medical system: "pre-payment, universal coverage, high quality service, administration by a public body responsible to the Legislature and in a form acceptable to both those providing the service and those receiving it". She asked that the Committee not approve the staff recommendations.

Linda O'Connor, said CRASH has set-up a call-in number where citizens can leave a message and express their feelings about ambulance services. Representatives have a tape containing sample messages which Committee members may want to listen to at their convenience.

D. Benedict, CRASH

Mr. Benedict said he is active in the No-Name Seniors' Network and is the Co-Chair of the Ontario Coalition of Senior Citizens' Organizations. He expressed the hope that, as a user of ambulance services, he would be able to continue accessing those services. Senior citizens are concerned with the impact on service if the Region moves to a private, bottom-line operator. He made reference to the head of a large Health Management Organization (HMO) in the U.S. who asked why HMOs should not have the same opportunity as MacDonald's Restaurants to hit the bottom line. He pointed out that, if Council feels that health services are MacDonald-type services, it must move to a private operator.

Mr. Benedict made reference to staff having looked at examples of service across North America, and he pleaded they take another look. He noted that, in the health field, the U.S. has one of the meanest and most expensive systems in the entire industrialized world. He said he was pleased with Councillor Davis for having brought up the issue of costs, because how can sensible decisions be made without this information? He asked whether Council wants to call for bids and open the door to the kinds of lawsuits that forced the federal government, under NAFTA, to stop forbidding additives in gasoline and other similar actions. Mr. Benedict stressed the need to maintain and strengthen the public health system and to look for efficiencies within it, but it must be maintained as a system that fits in with the goals of Canadian health and Canadian dignity.

Nicholas Patterson, Economist

Mr. Patterson posited that most of those in attendance belong to a collective bargaining unit and they are promoting a public rather than a private system because they know that, as regional employees, they will have a "pushover" to deal with, it will be very difficult to get fired and the Union will protect them. He noted that, as a taxpayer, he is more concerned about how tax dollars are spent. Ottawa already has the highest taxes in the entire country. The staff report should contain real, adult research on how the system works elsewhere, as well as make international comparisons. Mr. Patterson made reference to the information being disseminated by CRASH, saying all it shows is what a highly successful company Laidlaw has become. Members of CRASH have such an intense hatred of the private sector that they think showing a company makes a profit and is a successful company means it is a bad company.

Michel Chrétien, President, Service d'ambulances Rockland/Orléans Ambulance Service<sup>3</sup>

Mr. Chrétien said he has been involved in emergency pre-hospital care for 18 years, both as a paramedic and as a Manager. He was confident that, given the appropriate infrastructure and funding, the Emergency Medical Services (EMS) of the RMOC will be cost-efficient and will provide the most advanced pre-hospital care the community

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<sup>3</sup> The complete text of this submission is on file with the Committee Co-ordinator

deserves. The team led by Dr. Cushman and Ms. Yelle-Weatherall is taking the right steps to ensure the best level of patient care at the best possible cost.

Mr. Chrétien said he and most of his colleagues support the establishment of a regional department to provide the EMS. As a second choice, the RFP and a bid from the Region can be supported. He felt that local regional management has been forgotten as part of the Bid Preparation Team and the Region should include one local, non-bidding operator on the team. He concluded his presentation by thanking staff for recognizing the valuable resources provided by the paramedics and he asked that this recognition also be extended to supervisors and management staff

Shirley Walker, CRASH

Ms. Walker said the main reason she joined CRASH is because she wants to contribute to the betterment of society. She called the paramedics highly skilled individuals who receive up to two and one-half years of training to reach the Paramedic 2 level. They care about their patients and want to help maintain a public system of ambulance service. They provide quality care based on critical thinking. Ms. Walker spoke about both of the bidders currently being in litigation, and she asked who is delivering the service in the areas these companies vacated. She asked how much money are cities spending in court trying to enforce the contracts. She posited this money would be better spent trying to enhance ambulance systems. Ms. Walker said Council can learn an expensive lesson from cities like Chicago and Hartford. She concluded by saying that, as a taxpayer, she feels all her money should be spent on improved ambulance services. She urged the Committee to support a publicly-run company.

Walter Robinson, Federal Director, Canadian Taxpayers' Federation (CTF)<sup>4</sup>

Mr. Robinson described the mandate of the CTF as being a watchdog on government spending, advocating fiscal and democratic reforms and mobilizing citizens to exercise their democratic rights and responsibilities. The CTF encourages local governments to utilize Alternate Service Delivery (ASD), as a strategy to cope with the continuous downloading of responsibilities from other levels of government. Some options are commercialization, privatization, not for profit entities or employee takeover corporations to assist with service delivery and to help fulfill government mandates.

Mr. Robinson admitted to a personal bias towards private delivery of public services, but he encouraged the Committee to move from the EOI to the RFP process. He noted that, across the world, private companies are delivering outstanding services in public works, transportation, non-clinical services, community centres, museum and library management and many other areas.

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<sup>4</sup> The complete text of this submission is on file with the Committee Co-ordinator.

Mr. Robinson concluded his presentation by saying it is Councillors' job to ensure the best services are delivered to taxpayers in a cost-efficient, effective and un-compromised manner. He added this does not mean all services have to be delivered from an in-house perspective. He posited that taxpayers don't really care who delivers their services as long as they are accessible, efficient, effective and affordable.

Councillor Byrne asked whether the CTF advocates alternate service delivery models for police and fire services. Mr. Robinson indicated he has had personal experience in both these areas in Australia and New Zealand. He added that whether the company is public or private, it is paid to save lives. It is the responsibility of Council to ensure contracts are structured to achieve this goal.

Councillor Doucet wondered if there are any services the CTF believes should remain in the public domain. Mr. Robinson said it is for Council to make this determination, and this is why he is encouraging Committee members to continue with the process they have set out.

James Pratt, Director, Educational Affairs, Carleton University Students' Association

Mr. Pratt said students have a vested interest the ambulance issue because they will have to live with any decision that is made today. He said he found the use of the words "publicly funded" curious, saying this means the Chrysler Corporation is a publicly-funded organization since it is selling a service that the public buys. He pointed out that American medical response by any other name is still American as all the stocks are traded on the New York Stock Exchange. He suggested that the NAFTA issue be resolved prior to the contract being awarded.

Mr. Pratt said it appears the only thing the Region is getting is management expertise. He suggested the managers should be hired publicly. He posited that managers accountable to a Board of Directors in the U.S. will not have the residents of Ottawa-Carleton as their main concern. Mr. Pratt noted that, in the last provincial election, 55% of the population voted against the privatization agenda, however for some reason, their votes didn't count. The Canadian system is one of checks and balances and Council must ensure these continue to be provided.

Leo Paoletti

Mr. Paoletti noted that, as a taxpayer living in Ottawa West, he support the staff recommendation to proceed to an RFP. This is the best way to ensure the RMOC is getting the best service. This doesn't mean staff are favouring private over public, rather it provides an opportunity to explore both options in a fair and equitable manner. Mr. Paoletti noted many other services are provided by private companies. Open competition is the only way to make a full and fair comparison of the options available. It is Council's responsibility to serve taxpayers and not special interest groups. Mr. Paoletti reiterated

his support for a fair, open and comprehensive bidding process to supply the service. He added that he is neither pro-Canadian nor pro-American, and that discriminating against the bids goes against the NAFTA principles.

Maureen Goodspeed, St Patrick's Home

Ms. Goodspeed called ambulance services a critical component of the health care system that should be available to all citizens regardless of their ability to pay. St Patrick's Home houses 212 elderly persons, and, in the last twelve months, usage of ambulance service has increased by 50%. Staff depend on timely, reliable availability of ambulances as the physical condition of residents becomes more frail and more complex. The service is a vital link to necessary medical assistance. A for-profit system would jeopardize and destroy the universal availability of service, and would increase both the physical and financial burdens carried by vulnerable members of society. The proposal to privatize the service is an attack on the integrity of the public health system. It would represent a big step towards accepting one level of care for those with money and another level for those without. Privatization should be opposed in the interest of justice as well as in the interest of delivering satisfactory health care.

Councillor Kreling pointed out that nowhere in the staff report, nor in any of the documents submitted in the past, does Council state it intends to move to a tiered medical system and to requiring people to pay for ambulance services. Ms. Goodspeed clarified her comments are only intended to make the Committee aware of concerns that are paramount to certain groups of ambulance users.

Heather Farrow representing the Council of Canadians

Ms. Farrow asked why experiment with a system that works well, notwithstanding the fact that recent cuts in health care have led to diminishing quality. A public, not for profit system is focused on care. In private systems, cost and quality are difficult to control and monitor whereas public, not for profit systems are accountable to voters, not to multi-national shareholders. The public system does not waste money on advertising and administration. Studies in the U.S. prove that a lot of money is wasted on administration as compared to public health care. Working conditions in a public system are also much better.

Ms. Farrow indicated that the Council of Canadian asks that the RMOC not try this experiment with American multi-nationals because the consequences of reversing such a decision would be too severe. Under the terms of NAFTA, if an American company makes an investment in Canada, the Canadian government cannot change its mind about that investment without paying significant compensation. This could mean paying fair market value and possibly compensation for the loss of future profits. Compensation case decisions would be made by a NAFTA trade panel, a body not accountable to Canadians,

and the Region would come under significant pressure from the federal government to make a settlement.

Mary Sue Smith, Ottawa-Carleton Health Coalition<sup>5</sup>

Ms. Smith provided background information on the Ottawa-Carleton Health Coalition, a non-profit, non-partisan organization formed in May 1996 and affiliated with the Ontario and Canadian Health Coalitions. She expressed the Coalition's support for a publicly-financed ambulance service delivered by the RMOC, that will guarantee respect for the principles of Canadian Medicare and puts the needs of patients first.

Ms. Smith pointed out that, at present, no level of government in Ontario uses public tax dollars to provide private, for-profit ambulance services. The pressures to privatize ambulance services should be strongly resisted. Private, for-profit companies will either cut quality or raise costs to meet the requirements of their shareholders since they are not accountable to the public. The Ottawa-Carleton Health Coalition urges Council to support a publicly-funded and publicly-delivered non-profit service for the Region.

Councillor Loney asked which of the local providers in the private sector in Ottawa-Carleton has become not-for-profit, as mentioned in Ms. Smith's presentation. She replied that any private ambulance operator in Ontario is considered a crown agent and, as such, all costs are strictly controlled by the Ministry of Health. The operator is not working in a free enterprise situation.

René Berthiaume, Vice-President, Community Affairs and New Client Development,  
Rural/Metro Ontario

Mr. Berthiaume began by saying the staff report proposes that two private companies and the Region of Ottawa-Carleton compete for the privilege of providing ambulance services to the residents of Ottawa-Carleton. It proposes there be a full, open and fair comparison of the benefits and costs of publicly-operated and public/private partnership models. Whether the Region chooses a contractor or operates in-house, land ambulance will remain a public service under the control of the Region. The Region doesn't know what it will cost to operate a performance-based service or, more importantly, whether a public service can deliver it more effectively than a public/private partnership. The RFP process is the best way to get the information Council needs to make an informed decision, in the best interest of the electorate.

Mr. Berthiaume said it was unfortunate that special interest groups, opposed to the RFP process, have resorted to fear-mongering, and don't want Councillors to give reasoned consideration to the facts. The facts are that Canada's health care system has always operated as a public/private partnership, offering all Canadians universal, publicly-funded, medical care. In Ontario, private companies provide laboratory services, X-ray services, cardiograms, home care and many other services universally available and paid for with

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<sup>5</sup> The complete text of this submission is on file with the Committee Co-ordinator.

public funds. Doctors are private individuals providing contract services paid for by governments. In Ottawa-Carleton, private service providers have been partners in the delivery of land ambulance services for decades and Rural/Metro Ontario has been one of those partners.

Mr. Berthiaume said he has been a paramedic for 29 years and his family has been in the ambulance business in Eastern Ontario for over 70 years. He is a recipient of the Governor General of Canada's Exemplary Service Medal for emergency medical services. In a recent study, the area served by Rural/Metro had the fastest response time in the Region. Rural/Metro has the highest ratio of Level 2 paramedics working in the service. The company constantly strives to provide the best emergency medical services and paramedics employed by Rural/Metro work at saving lives, in the same manner as public service paramedics do.

Mr. Berthiaume said the facts simply don't support the contention that, because Rural/Metro employees are not public servants, they are unable to serve the public as well as employees of the Ontario Ministry of Health. Over the last two decades, study after study has shown that private operations deliver a better level of service for considerably lower costs. Under the Ontario New Democratic Party government, three regional services were taken over by the Province: costs immediately rose by 30% with no improvement in service.

Mr. Berthiaume concluded his presentation by asking what the opponents of the RFP fear. If they truly believe a public service operation can do the job better, they can prove this by responding to the RFP. As elected representatives, Councillors should not give a blank cheque to any group, no matter how dedicated it may be. The citizens of Ottawa-Carleton deserve the best service at the best cost and Councillors need to know all the facts before making the right decision. Mr. Berthiaume urged the Committee to approve the staff recommendations.

Replying to a question from Councillor Loney, Mr. Berthiaume explained that the Management Compensation Package, a component of the contract with the Ministry of Health, allows the company to retain funds as profit. Councillor Loney asked whether a private sector operator would be anxious to retain the services of all the paramedics in Ottawa-Carleton. Mr. Berthiaume said Rural/Metro Ontario indicated, at the Expression of Interest stage, that it would respect the Region's request in this regard. It has also had meetings with Union representatives to discuss how other staff could be used in a new system. Councillor Loney wondered whether the speaker was aware of information provided by the Ontario Public Service Employees' Union (OPSEU) which says nobody is allowed to make a profit in the ambulance business in Ontario. Mr. Berthiaume replied in the affirmative. He added that he sat on the Swimmer Commission when documents were submitted showing that public service was costing more and producing less work and making the point that public operations were profitable. The decision about ambulance



workers being crown agents was handed down for the purposes of collective bargaining only, and it applied at the time to the central negotiations for the Province of Ontario.

Councillor Loney made reference to the RFP process for the Osgoode Ambulance contract, and he asked whether there had been any mention in that document about the not-for-profit aspect. Mr. Berthiaume said this had not been a consideration: Rural/Metro Ontario responded to that RFP and provided a number of models the Ministry could have responded to. However the Ministry chose not to respond. The operators who today suggest they support a public system are the ones that cut employees' revenues. He added, replying to a further question from the Councillor, that the Region's process to date has been more open than the one used by the Province in the past, which was binding and absolutely unacceptable to any public model.

Councillor Holmes inquired whether the remuneration of Rural/Metro employees was greater or lesser than that of other local providers. Mr. Berthiaume said compensation to employees is basically the same because of central negotiations and paramedics are paid according to their level of expertise. He expressed the belief that the company's benefit package is better than that of other companies.

Councillor Davis asked whether responding to an RFP for transfer services alone or for the entire package would pose a problem for Rural/Metro Ontario. Mr. Berthiaume indicated the company is ready to respond to all the needs of Ottawa-Carleton. He reiterated his support for the single provider approach, saying this is the best way to deliver service under the current legislation.

In reply to questions from Councillor Byrne, Mr. Berthiaume explained that the Province of Ontario works with an Operational Budget and a Management Compensation Budget, the latter being the profit component within operations. Public funds for operations purposes are examined through a year-end settlement with the Ministry of Health. The government of Ontario pays 100% of the operational budget, and the Region will now have to provide these funds. Mr. Berthiaume indicated that, as one of the pioneers of the industry, he has looked forward to change for the past 15 years, and has worked to establish a high performance system and timed response criteria. Should Rural/Metro have the best response to the RFP, it will be given the privilege to serve, but if not, another company will.

Councillor Byrne asked whether Rural/Metro Ontario has any relationship with an American affiliate. Mr. Berthiaume indicated there is a company called Rural/Metro Ontario Medical Services, a Nova Scotia company, owned by Rural/Metro Canada. Both are managed by Ontarians: the Chief Administrative Officer is from Lindsay, ON., the Chief Executive Officer is from Port Colborne, ON, and the Vice-Presidents are himself and D. Wilkinson. Thirty percent (30%) of the company is owned by employees and the company operates in the United States, in Central and South America and in Canada.

Councillor McGoldrick-Larsen asked whether the Region's corporate policy states that only tenders from 100% Canadian companies will be accepted. Mr. Geoff Cantello, regional Legal Department, replied in the negative, expressing the belief this could not be legally done and indicating that tenders are accepted from all interested parties. Councillor McGoldrick-Larsen asked whether Mr. Berthiaume could say what percentage of those who own stock in Rural/Metro Ontario are Canadian. He replied he could not provide exact numbers, but the company started operations in Ontario in June 1997. He clarified that it transacts on the NASDAQ and that 30% of employees own stock in the company. The Canadian company is the one that would be responding to the RFP. Mr. Berthiaume clarified, in response to questions from Chair Munter, that Rural/Metro Ontario is owned by an American company. The majority of stockholders are American, but it is managed by Ontarians.

Councillor Kreling asked whether Mr. Berthiaume could indicate what would be the major difference between the new system and the scenario under which the company currently operates. Mr. Berthiaume said the major difference is that companies currently operate under a level of effort system, where callers hope an ambulance arrives on time. The RFP will provide guaranteed response times and these will be mandated through the contract, whether it is with a private or a public provider.

#### Dorothy Rourke, CRASH

Ms. Rourke posited that, had the Region operated under a democratic process, it would have provided information to the public about this issue at the outset, and would have asked which system people favoured. It would have been discovered there is massive rejection for privatizing ambulance services. Ms. Rourke said that looking at the American experience is an insult to all Canadians who are reputed to have the best health care system in the world. She suggested the Region navigate carefully around the NAFTA situation, as it could end up at the mercy of an American ambulance system too expensive to get out of.

#### Myles Cassidy, St Lawrence Ambulance Service

Mr. Cassidy said his company was deemed a private company for many years, and several of its workers are fifteen-year veterans. The debate over the past two years has left the impression these workers are less dedicated than public workers, and this is an insult to them. Mr. Cassidy stated they do the best job he has seen in the paramedic system. He noted there has been a lot of mis-information about the ambulance system, i.e., that changes will involve extra billing and that patients will need a credit card before getting into an ambulance. Mr. Cassidy said this issue is worthy of debate on the facts and not on public mis-information. Many have commented on the lack of data related to the RFP and Mr. Cassidy noted the only way to address all these concerns is for all players to put their proposals on the table and to choose the best one. Looking at all the facts will result in a public system.

In response to a question from Dr. Cushman, Allan Craig expressed the belief everyone supports the current legislation that prohibits ambulance services from requesting, collecting, billing or attempting to extort any fee from any person, other than those fees remitted to the Province of Ontario. There are no indications that the Region is proposing to institute fees for ambulance services.

Niels Norgard, Advanced Level Paramedic

Mr. Norgard said one piece of misleading information is that so-called private companies already operate ambulance services in Ontario and have been doing so for many years. In reality, the McKechnie Decision of 1989 specified that “all ambulance services are crown agents; they have no control over the means of production, no opportunity for profit, no chance of loss and no ownership of the tools”. The Management Compensation Package may be compared to the salary paid to any manager in any system. There have not been truly private ambulance services since the mid 1970s when the provincial government saw a need to increase standards and reliability and established the present system. Another misconception is that the majority of ambulance systems are privately run, with a small number being managed directly by the Ministry. In truth, slightly more than 50% of ambulance services are provided directly by the Ministry or by public, municipal services; the balance of service is provided by crown agents. Contracting to a private company is totally untested. Mr. Norgard said he wants to ensure there is no doubt that Ontario ambulance services do not presently operate on a for-profit basis. This situation could change if the Region allows the service to be contracted to either of the two bidders.

Bruce Griffin, Paramedic

Mr. Griffin said he quit his full time ambulance job because of contracting out. The new company in Osgoode reduced employees’ benefits and it is expected wages and benefits will be cut with each new contract so the company can remain profitable. Service levels were also reduced: the RFP called for two advanced level paramedics per vehicle and the contractor has not been providing this mandatory component. Regional staff can’t be faulted for not being aware of this because no one will report it.

Mr. Griffin posited that the Osgoode situation provides a glimpse of what happens with contracted services. He said there are talented people currently working in the system. If they are put on contract, they will leave or, for those who can’t leave because of other commitments, they will become demoralized. If the Region adopts a public/private combination, it should employ ambulance staff as regional employees and sub-contract the management expertise and the vehicles. Mr. Griffin pointed out that the stress on ambulance workers is unbearable. He asked that the decision be made today, because this is a life-saving service, not a life-saving business, and the two cannot be interchanged.

Councillor Loney said he had been appalled at the process used by the Province in the Osgoode contract and he didn’t think it had been fair to anyone, mostly to the public. The

Councillor had understood the issue of crown agents had been settled, that paramedics would be in the Union: he asked whether this was not the case. Mr. Griffin said he was offered the same wages, but his benefit package was reduced, and the same applies today. This has led to further resignations with nobody to replace lost staff. Councillor Loney thanked the speaker for bringing this matter to the Committee's attention.

Councillor Holmes asked whether staff would be able to confirm or deny any of the allegations made against the companies bidding for the contract or any of the various newspaper articles relating to service interruptions in Hartford, Conn. or elsewhere. Mr. Cantello said he was not aware of any of the allegations that have been made, however any specific information would be examined as part of the RFP process. As well, the Legal Department is represented on the Bid Evaluation Team.

Councillor Davis asked whether there exists a post-contract monitoring process, with built-in penalties. Allan Graig said one method successfully employed elsewhere is an irrevocable Letter of Credit to cover two to three months of service, and this would represent a considerable amount of money in Ottawa-Carleton. With regards to the RMOC also having to submit a bond, Mr. Craig said an internal bid would be different; Council would be looking for the ability to replace the management group should it fail to deliver and this would also apply to a public system.

#### Carmen d'Angelo, Paramedic

Mr. d'Angelo stated that a regionally-operated service is the least expensive option, and he indicated he could provide information to support this statement. It offers the least risk and minimum service disruption. He referred to staff recommending the Region retain ownership of vehicles and technology, but he said without the paramedics, there is no ambulance service. Mr. d'Angelo asked what happens when a private operator goes bankrupt, or when there is a dispute, or when the contractor leaves the area, as has happened in Chicago, Philadelphia and Birmingham.

Mr. d'Angelo continued by saying a regionally-operated system is the most accountable. The Region's ability to make changes or amend budgets will be limited if it enters into a contract. A regional system will set priorities, response times, numbers of vehicles. A regional system invests in the paramedics, encouraging them to remain in Ottawa-Carleton as opposed to moving to areas such as Toronto, York or Durham Regions. Mr. d'Angelo spoke about the myth that Ottawa-Carleton doesn't have the expertise to run an ambulance service, and he noted the expertise will come with the retention of an ambulance service director.

Councillor McGoldrick-Larsen asked for a staff comment on contracts having "gone bad" in some American cities, as mentioned by several speakers. Joanne Yelle-Weatherall indicated staff have ascertained that service providers who pulled out of certain markets did not have a contract and operated under a free market concept: in Chicago, these were

non-emergency services. The Councillor wanted to know whether the Region would be restricted from providing a higher level of service within the contract. Ms. Yelle-Weatherall replied that Council will determine what kind of service it provides, how much it pays for it, and the provisions can be amended in a subsequent contract.

Bonnie Basker, CRASH

Ms. Basker said she was opposed to the further privatization of any and all aspects of health services, including ambulances. Regional staff are unsure about operating costs, there is no information about liability under NAFTA and there is no appreciation of how small the Region is compared to the large U.S. conglomerate that provides service in many countries around the world. For all these reasons, the Region has to be careful about what steps it takes.

In the last provincial elections, Premier Harris said he supported the privatization of health care, and the de-listing of services has already begun. Increasingly, people are expected to obtain private insurance for health care. Reassurances from regional staff notwithstanding, it appears a two-tier system is on its way. Ms. Basker said public services not supported by the middle class are poor services, and the population needs to be concerned about what will happen to the poor and the disabled in the community.

Michael Dick, Paramedic<sup>6</sup>

Mr. Dick presented figures which illustrate that private ambulance services are not cheaper, they will result in a deterioration of service and to an outflow of experienced paramedics to other publicly-run services in Ontario. He spoke about Durham Region having commissioned an independent report which showed that a regional model was most accountable to the public and that awarding a contract to a private company would cost 30% more. With these savings, Durham Region is now training additional paramedics and putting additional vehicles on the road. Mr. Dick said he did not believe Rural/Metro has come to Ontario for the betterment of Ottawa-Carleton citizens, it has come for the betterment of its shareholders. He expressed the view it is shameful that anyone should profit from people involved in accidents or other calamities. He asked that Council follow the lead of Durham Region and bring the ambulance service in-house.

Replying to a question from Councillor Loney, Mr. Dick indicated that Durham Region had not felt it wanted to “waste its time with an RFP” to determine whether the price of a contract with a private firm was higher than with a public company.

David Calvert, Ontario Public Service Employees Union (OPSEU)

Mr. Calvert said he is employed by the Children’s Aid Society (CAS). He posited the Region will face many of the same problems the CAS has faced if it decides to hire a

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<sup>6</sup> The complete text of this submission is on file with the Committee Co-ordinator

private company to provide the service it funds. He posited there is loss of control the moment the service is put in the hands of a private contractor. As to the contention that the RFP will guarantee the future, Mr. Calvert expressed the view there are no guarantees, as the circumstances will be completely different and the profits will be heading South.

Gord Milligan, Paramedic

Mr. Milligan said that, in February 1999, he experienced the emergency service from the other side, when he had to wait 13 minutes before an ambulance arrived for his daughter. Mr. Milligan resides in Barrhaven, less than one (1) km. from an ambulance depot. He said something has to be done to better co-ordinate the service, and all components of the emergency response system have to work together. He asked that the Region not entrust ambulance service to an American company, that it leave aside budgetary considerations and not let the service be governed by making profits.

Marc Ouimet, Paramedic

Mr. Ouimet spoke about how a potential private system would differ from the existing one, and how this would adversely affect the care provided to residents of Ontario. Under the Management Compensation Package, vehicles, equipment and training are provided and salaries and benefits are regulated by the Province. Under a private, for profit model, "big players" would under-bid one another for a big contract. Staffing levels may have to be adjusted in the contractor's attempt to operate within performance-based parameters. Equipment standards, training levels, vehicle safety and employee benefits and salaries would be adversely affected, causing an outward migration of paramedics seeking job stability.

Mr. Ouimet said he couldn't see how the residents of OC can benefit by regional staff overseeing service delivery and a private operator getting his salary and generating profits for shareholders. The Region's report clearly shows the Province has neglected to keep up with growing population demands for increased ambulance coverage, so much so that a higher percentage of fire department calls are now medically-related. He asked that the Region use its constituents' money wisely by putting it into service delivery rather than in shareholders' pockets. He indicated that the paramedics would be proud to work for a publicly-run company in Ottawa-Carleton.

Gaëtane Myre-Cadieux

Mme. Myre-Cadieux read excerpts of a letter from her son, a recent graduate of the paramedic program at la Cité collégiale, who has gone to work in Toronto. She said her son had not wanted to leave the area, but he was able to get a full-time job, and is consequently more secure about his future. She noted the Toronto ambulance system is considered a first class, public system. Mme. Myre-Cadieux posited privatization equals

profit and will come at a cost. The priority should be the care provided, and she urged that Council retain a public sector system.

Bill Cole, President, Ottawa Professional Firefighters' Association

Mr. Cole said he has spoken before about the merits of fire-based EMS, but for some reason, the Fire Chiefs in the Region have elected to "sit on their hands" in this matter. The question that has to be asked why the fire service provides an overwhelming amount of service in the U. S., but this option will never get a good debate given the Chiefs' position.

Mr. Cole went on to say that commitments were given, during the last election, about regional reform and the relationship between fire and ambulance services. He posited that a five-to-seven year contract with a private operator will severely limit the Region's flexibility to consider this issue in the future. He spoke about submitting documents and newspaper articles from Hartford, Conn., which deal with contractors paring at the service to increase profits, trying to repudiate contracts and renegotiate larger ones because the profit element was not enough, information about the securities issue, inside trading, etc. Mr. Cole said the community has to have faith in emergency medical services. He pointed out that Rural/Metro Ontario is in the sphere of control of an American company, and he said it makes no sense to him to peel away a layer of the scarce health dollars for company stockholders.

Councillor Byrne asked whether Mr. Cole would comment on the presentation from the Canadian Taxpayers' Association with respect to Alternate Service Delivery methods for firefighters. He replied the issue is all about risk, and he posited the public would not tolerate mistakes in police, fire and ambulance services, because the consequences are too great. A recent study undertaken by EKOS Research on behalf of the City of Ottawa on the privatization of emergency services revealed that well over 90% of the population did not favour this option. Councillor Byrne asked to be provided with a copy of the survey.

Responding to comments from several speakers about the lack of public consultation, Chair Munter felt it was important to state that both the Committee and regional staff have made every effort to ensure the public was aware of the issue. Councillor McGoldrick-Larsen added there has been a lot of media coverage, and all the debates were well-advertised. At her suggestion, a public forum was held. Throughout the process, staff have met with stakeholder groups, over and above the habitual consultation process, and as directed by Council.

Valerie Edmondson, Nepean resident and business person

Ms. Edmondson began by saying that, as a business person, she is generally in favour of privatization, but not when it comes to ambulance services, police or firefighters. She posited the interests of the general public will be better served by a public system. She

noted it has taken five years to get 70 paramedics, and she expressed doubt about whether a private firm would be able to pay them well enough to keep them here. It has been pointed out that Toronto ambulance, a publicly-run service, has already been recruiting in Ottawa-Carleton and offering better salaries to paramedics. Many paramedics are awaiting a decision on this issue before deciding whether to accept other offers.

Ms. Edmondson said Premier Mike Harris has promised to trim the best response time in Nepean, 13 minutes, by 10%. This is insufficient, because it will still leave a rate of 11.7%, 30% more than the standard. She posited that the dispatch centre is not the only cause of the delays: more equipment and more personnel are required. Ottawa-Carleton residents should accept nothing less than the best paramedics, with the best equipment possible, to attain a response time of 9 minutes or less, 90% of the time. Ms. Edmondson asked that local tax dollars be kept working for local residents and that the Region develop an in-house service.

#### Gerry Pingitore, Fire Department Tiered Response

Mr. Pingitore pointed out that, throughout the consultative process with the Land Ambulance Consultation Group, it was made clear that the Fire Departments in the Region are major stakeholders and play a vital part in the delivery of pre-hospital, emergency care. To ensure the continued success of the tiered response agreements, it is essential to have representation of the fire service on the Bid Evaluation Team. Mr. Pingitore noted that, in the Directions Document (staff report) it is apparent that experience with the Region's tiered response system is inadequate. In order to provide regional staff with an in-depth understanding of who will provide the best quality service at the most reasonable price without adding costs to other municipal budgets, and to evaluate the RFP tiered response component, a qualified representative from the Tiered Response Committee should be on the Bid Evaluation Team. Mr. Pingitore listed service and staffing levels, performance standards for both urban and rural settings, replacement of equipment and disposable supplies, training, transportation of firefighters back to fire halls and resolution policies as some of the issues that need to be discussed.

Mr. Pingitore expressed the view the Tiered Response Committee may still be somewhat concerned about Dr. Cushman consulting with it on tiered response matters. He pointed out that, for the majority of fire departments in the Region, 60% of calls are medical calls. This impacts every operating budget and fire services need to have a say, and a clear understanding of the issues. He asked whether Dr. Cushman could elaborate on how the consultation would occur throughout the evaluation process. Dr. Cushman suggested Mr. Pingitore's comments be tabled with the Committee. He added that the composition of the bid evaluation team is not carved in stone, and through the ongoing process, there may be other opportunities to look into this matter.

#### Brian Cullen, Paramedic



Mr. Cullen posited that a monopoly is being established, with only two bidders vying for the contract. He expressed concern about what would happen in five years when the contract is up for re-negotiation. Both firms have parent companies in the U.S. and have established that profitability is important. In other communities, response times have been re-negotiated: will the Region be in a strong bargaining position in five years, will there be another private option at that time, or will the Region be at the mercy of the service provider? Mr. Cullen asked whether turning over the control of dispatch to a private operator didn't represent a conflict. He suggested that, as there are too many questions at this time, the only option is to stay the public route.

Frank McGregor, Paramedic

Mr. McGregor made reference to a report commissioned by the Region which illustrates that failures can occur when entering into a contract with a private provider (Solid Waste Division, Collections Operations Briefing, January 1998). The report summarizes relevant competitiveness issues and benefits and presents findings and suggestions for the next solid waste tender. It speaks about a healthy competitive field, saying that "having a small...field can result in disadvantageous prices in contract terms and even make awarding a contract to a less qualified firm appear more attractive than it would be under competitive conditions. Quality of service depends on the municipality's ability to replace the contractor if they do not perform...and a municipality is again at a disadvantage unless the competitive field is healthy". Mr. McGregor pointed out that, to date, the Region has received only 2 submissions, and, as suggested by the earlier report, this could place the Region at a disadvantage in terms of the tendering process, the awarding of the contract, and the quality of service during the term of the contract. He asked whether Council was willing to accept 21 months of sub-standard ambulance service, how long will the public wait, and will there be a consortium of local providers to provide ambulance service until a new provider is found.

Randy Caverly, OPSEU

Mr. Caverly said he represents the ambulance workers in the Ottawa Valley who respond to calls for emergency service and who speak as one on this issue. He expressed his appreciation for the time spent in the last 18 months studying the issue, and the hope that, ultimately, Council will decide it is best to continue with a public, not for profit model. Mr. Caverly noted that staff have examined the following three options of service delivery:

- a two party bid
- an in-house service delivery
- a three party bid.

Staff have recommended a three party bid that includes a public component. There are three important reasons to have the public component:

- to educate Council on the system and costs involved
- to prepare a contingency plan in the event the service provider is unable to live up to contract requirements
- to provide contract oversight.

Mr. Caverly said there is little comment on the regional component winning the bid. This is a fatal flaw in the document and will result in a flawed outcome. He asked that staff be directed to review this matter and come back with further recommendations. In the interim, the Committee should defeat the recommendations that are before it. Mr. Caverly said managed competition has its place, but it is very difficult under the best of circumstances. He posited these are far from being the best circumstances, as the Region has no control over a number of issues. The paramedics want a continuation of the public, not-for-profit model, and believe this is in the best interest of the public and the patients.

Dr. Cushman asked Mr. Caverly to explain why no bid was received from a public consortium of some kind, and what help OPSEU could bring to bear in the preparation of the public bid. Mr. Caverly replied a workers' bid was not presented because they were unable to get the required financing. He added that the majority of providers were also unable to secure financing, resulting in only two multi-national companies being able to bid. Commenting on the dissatisfaction with the current ambulance system, Mr. Caverly indicated the paramedics would be the first to share this dissatisfaction, and it would be unfair to blame them for the system's shortcomings. The Ministry of Health has demonstrated to the public that civil servants work hard. In the ambulance industry, this was done by increasing the vehicle utilization or activity rate to over 50%, an indication of a high volume service, and between 60 and 65% which means people are busy doing calls. This is one of the highest figures measured in North America and means that calls wait for crews to clear up before doing the next call. The response time is the exact opposite, which means vehicles wait for calls as they come so they are free to do the next call quickly. Mr. Caverly said that, under a new system, and with changing the measurement to response times, there will be very good response times.

Councillor Holmes wanted to know whether there are any positions that are not being filled and what is the level of competency compared to that in Toronto. Mr. Caverly indicated there has just been an influx of workers in the system, however Ottawa-Carleton is still behind in the advanced paramedic category. He added that the Province has entered into a short-term phase of competition for higher trained workers and this will continue until there is some stability in training levels across the Province.

Responding to the question about how Ottawa-Carleton compares with Toronto, Allan Craig said that 47% of the entire workforce, including those dedicated to transfers, are advanced level life support paramedics. He pointed out this is a service that badly needs to grow its advance capability so there is no difference.

Sean Conlon, Paramedic

Mr. Conlon tabled a Petition signed by the Paramedics of the Region in favour of a publicly-operated ambulance system, based on their experience and understanding of human tragedy. He said front line workers believe a public system is best, and they are in the best position to know.

Bruce Ryan, Paramedic

Mr. Ryan cited articles appearing in the Hartford (Conn.) Courant, 18 January 1999, alleging actions by AMR to “whittle away ambulance standards”, and quoting an unnamed executive who said “there is an inherent conflict between trying to answer the profit-driven concerns of shareholders and doing a good job on the street”. He said these are just a few examples of how contractual guarantees are subject to re-negotiation, no matter how iron-clad a contract is. There will always be differences in legal interpretations, and in the middle of the legal wrangling are the patients who require and deserve a safe, reliable ambulance service. He provided the following illustrations of his contentions:

- Big Springs, Texas, July 1989: Rural/Metro Corporation goes in front of the City’s Ambulance Advisory Committee, claiming an anticipated a loss of revenue for 1990 and requesting an additional \$57,000 to cover the loss. They also request a 25% increase in the City’s cash subsidy and indicate that the fee for service will increase by \$30 to 40 dollars per patient transported. Following the meeting, Rural/Metro is granted a five-year extension.
- In 1994, the fourth year of the contract, several areas of non-compliance are noted. These include: failure to produce monthly operational reports; not making EMS continuing education available to local fire departments; failure to staff two ALS and two BLS vehicles; frequently reported average response times well above the standard established in the contract.

Mr. Ryan said short term compliance with any contract is to be expected, but after a private monopoly has been established, changes that benefit the provider will be sought, and the guarantees won’t seem so sure. No guarantees are given when a contractor’s clauses allow re-negotiations. He requested that the Committee reject the RFP process.

Robert V. Patrick, Retired Paramedic<sup>7</sup>

Mr. Patrick provided historical background on the development of a “balanced integrated Ambulance Delivery System” with standards as a result of pressure from many front and the advent of Medicare. He pointed out that, over the past twenty years, none of the many studies of the Ontario Ambulance Deliver System have recommended a private, for-

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<sup>7</sup> The complete text of this submission is on file with the Committee Co-ordinator.

profit delivery system however every study has indicated that improvements could be made.

Mr. Patrick referred to the cost of ambulance service to the Region amounting to \$20 million per year, resulting in \$100 million over a five-year contract period. He asked how much of that amount would go into providing service when private contractors factor in their legal costs, leasing and maintenance costs and profit margins for shareholders. He concluded his presentation by asking that the RMOC take advantage of the co-funding available from the Province and operate ambulances as a service of regional government.

Brigitte Lalonde, Ottawa-Carleton Paramedics' Association

Ms. Lalonde began by saying one reality remains: there are sick and injured people in this region, and any person present may one day require ambulance service. At that time, everyone would want the best paramedics at their side. Ms. Lalonde posited there has never been an adequate ambulance service in the region. Many things improved with the involvement of the Base Hospital and the birth of Advanced Care Paramedics in 1995, but the system is still policy driven; all efforts are put into justifying Ministry policies at all costs and patient care is an after-thought.

Ms. Lalonde pointed out that, since the creation of the Association in 1995, efforts have been made to bring patient issues to the forefront. However, consultation was never implemented. The Ministry of Health refused to acknowledge the Association's existence and omitted its name from Minutes of meetings it attended. She said a system cannot be run from the top. If the front line workers are not involved in the decision-making, if they disagree with management's philosophy, if the management team seems to have no respect for, and confidence in, the workers, and if there is no common goal, energy is lost. Conversely, if the workforce is in harmony and content, productivity increases.

Ms. Lalonde continued by saying this is the first time in years that ambulance workers see the potential for positive change. She asked that Council pledge to do what is right for patients and not try to nickel and dime the health of the citizens of Ottawa-Carleton. The paramedics of Ottawa-Carleton want the freedom to exercise their trade with a medical focus, not a financial one. The Region did the right thing in implementing 9-1-1 service and ambulance service is simply the second phase. Ms. Lalonde called paramedics "a bunch of passionate people who are action-oriented", and who deal every day with people who cannot have them sitting on the fence. She said paramedics find it hard to wait for the Region's decision and want to be part of the solution.

Lorne Cowx, Paramedic, Central York Region

Mr. Cowx said York Region is one of the first to decide it would run the ambulance service, and paramedics couldn't be more happy. He posited that a privately-run service leaves residents at risk. The same companies that abandoned markets in the U. S. are

ving for the Ottawa-Carleton contract. The stock of both companies declined in the past months, and one has responded by reducing its workforce by 2100 employees. Mr. Cowx spoke about a regionally-run service maintaining accountability to taxpayers. He expressed the hope that Ottawa-Carleton, as sole provider of ambulance service, will lead the way in North America and will maintain a publicly-run system, and the integrity of ambulance service and paramedics.

Brian Moloughney, Chief Steward, OPSEU

Mr. Moloughney reiterated that paramedics are passionate, caring people, who have carried their passion into their analysis of the issue. He commented on the length of time staff has been reviewing this matter, saying people in the workplace have been asking when a decision would be taken. While there is a demoralizing effect to the uncertainty, it can be stated that the status quo will not be part of the new arrangement.

Mr. Moloughney referred to the IBI Group report as a benchmark study of ambulance services in Ontario. Its conclusions clearly state that a public, not-for-profit model is the most cost-effective and the private model is more expensive: these findings have been reaffirmed in other jurisdictions. The speaker said he found interesting that IBI representatives have not been asked to come forward and explain their findings to the Committee.

Gary Smith, Paramedic, Durham Region

Mr. Smith wanted to clarify that Durham Region was the first to select a public model of ambulance service, not York Region. He referred to comments made by the representative of Rural/Metro Ontario about having the fastest response times and the largest number of paramedic 2s in the service, noting that, in fact, the Ministry of Health is responsible this. The company also tried to portray itself as Canadian when in fact it is an American company whose primary interest is to make money.

Mr. Smith spoke about billing for service, noting that companies are actively lobbying the Ministry to have it de-list ambulance services from OHIP. This will open the door to American-style detailed billing. He expressed the hope the Committee will listen to the message being conveyed by the paramedics and retain a public ambulance system.

Responding to a question from Councillor Davis about how transfers are handled in Durham, Mr. Smith said it was important that transfers remain as part of the system, as they provide “down time” so paramedics can relax between emergency, life-threatening calls. In the event of a disaster, there are extra vehicles that can be focused on the disaster.

Tim Luesby, Paramedic

Draft Minute, Community Services Committee  
17 June 1999

Mr. Luesby submitted a Petition from taxpayers in support of not-for-profit ambulance services. He made reference to correspondence from Mr. Ed Hiscoe<sup>8</sup>, who operated Twin City Ambulance Services until the Ontario Government took over ambulance service. Mr. Luesby called Mr. Hiscoe uniquely qualified to comment on matter before the Committee. He urges Council to continue a public, not-for-profit system, for eventual inclusion in a regional fire department and a regional ambulance services under the direction of an Emergency Services Co-ordinator appointed by Council.

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<sup>8</sup> The complete text of Mr. Hiscoe's statement is on file with the Committee Co-ordinator.

Steve Leu, Paramedic

Mr. Leu said he is employed by Rural/Metro Ontario, and as an employee, he has serious doubts about the ability of private, for-profit companies to manage the future ambulance service. He pointed out that 100% of paramedics currently working for Rural/Metro in Nepean support a public model. He posited that the low response times in Nepean are due to the efforts of several agencies that work as part of a seamless model of service delivery and to “a little bit of luck”. He asked that paramedics be made regional staff.

Jean Hamel, Paramedic

Mr. Hamel began by saying he loves his job as much today as he did when he started 12 years ago. The patient comes first, and this is the first thing paramedics learn in their training, along with all the other specializations. Paramedics often work without a lunch break, they miss family engagements, but the patient comes first. Mr. Hamel said the day he is told that profits come first will be the day he hangs up his stethoscope.

Our File/N/Réf.                    07-99-0052  
Your File/V/Réf.

DATE                                    8 July 1999

TO/DEST.                            The Chair and Members of Council

FROM/EXP.                         Co-ordinator, Community Services Committee

SUBJECT/OBJET                    **CORRESPONDENCE RE: LAND AMBULANCE SERVICES**

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Attached for reference is a list of miscellaneous correspondence received regarding Land Ambulance Services, and held on file with the Regional Clerk.

May 26, 1999:     Bill Cole, President, Ottawa Professional Fire Fighters' Association

May 27, 1999:     Neil Martin, President, OPSEU Local 475 to  
                           Mr. René Berthiaume, Rural/Metro Ontario

May 31, 1999:     Alida Reardon, Présidente, Conseil des résidents,  
                           Centre d'accueil Champlain

June 1, 1999:      Maria Neil, President, Ottawa-Carleton Council of Women

June 1, 1999:      Michel Chrétien, Président, Services d'ambulances Rockland

June 1, 1999:      Sister Mona Martin, Executive Director  
                           St. Patrick's Home of Ottawa Inc.

June 2, 1999:      D. R. Powell, Arnprior & Kanata Ambulance Services

June 9, 1999:      Sylvia Corthorn, Board Member, Head Injury Association

June 9, 1999:      Robert A. Shephard, Innova Envelope Inc.

June 14, 1999:     Edmond G. Hiscoe, District Fire Services Advisor (Retired)

June 15, 1999:     Peter Bleyer, Executive Director, The Council of Canadians

June 15, 1999:     François Galipeau

June 17, 1999:     Ottawa Carleton Health Coalition

June 17, 1999:     Mayor Janet Stavinga, Township of Goulbourn



- June 17, 1999: D.R. Powell, Arnprior & Kanata Ambulance Services
- June 17, 1999: Phil Sweetnam, Goulbourn Chamber of Commerce
- June 17, 1999: Nicholas J. Patterson, Canadian Development Institute
- June 17, 1999: Walter Robinson, Federal Director, Canadian Taxpayers Federation
- June 17, 1999: Robert V. Patrick (Retired Ambulance Paramedic 1)
- June 30, 1999: Margaret George, Executive Director, Regional Palliative Care Consortium

*M.J. Beauregard*