Community and Health Services Department
Office of the Commissioner

MEMORANDUM

TO: Community and Health Services Committee

FROM: Adelina Urbanski, Commissioner of Community and Health Services

DATE: October 10, 2012

RE: **Overview of Released Report – Evaluation of the Niagara Ambulance Communications Service Demonstration Project**

On September 11, 2012, the Ontario Association of Paramedic Chiefs (OAPC) was provided a copy of the Evaluation of the Niagara Ambulance Communications Service Demonstration Project from the Ministry of Health and Long-Term Care. The report was released as part of a freedom of information request issued by the OAPC. The report was prepared by Price Waterhouse Coopers LLP, who was retained by the Ministry to conduct an external evaluation of the project. The report was dated April 2010.

The report states there were differences between Niagara's reported performance results and those generated by the Ministry. As well, there were inconsistencies in the data collected by the Ministry due to differences in the application of the definitions of performance measures. As such, a comparison of Niagara's performance to similar centres could not be completed. Apart from the absence of comparator performance metrics, the report does comment on several of Niagara's unique features. The comments contain no quantitative information to support its findings; however, the report is consistent with some of the recommendations provided in the Greater Toronto Area Central Ambulance Communications Centre Consultant Project.

Findings of the Niagara Report relevant to the Greater Toronto Area Central Ambulance Communications Centre Consultant Project are as follows:

- Call Triaging System - The Niagara report supports the implementation of the call triage tool to replace the system used at Ministry centres. The report noted the reduction in unnecessary emergency calls and the resulting efficiency improvements.

- Automated Technologies – The Niagara report supports the additional technology including business intelligence and electronic notification systems.

- Integration with Service Delivery - The Niagara report noted the benefits of integrating the communications function with EMS operations.

- Financial Costs - Costs at the Niagara centre were reported as being higher than at the other comparator centres primarily due to the limited geographic area served by the centre. The GTA report recommends a consolidation of existing centres to realize cost efficiencies.

The report concluded that overall, it appeared as though the Region of Niagara has provided a good level of service to the residents of Niagara and their integrated emergency medical service performed to an acceptable level throughout the period of the demonstration project.

The recommendations of the Greater Toronto Area Central Ambulance Communications Centre Consultant Project were:

1. Immediately take whatever steps may be necessary to convince the Province that governance and operational responsibility for land ambulance dispatch services in the GTA should be transferred to the municipalities. And further, that the Province should assume a legislative, regulatory, and continued funding role only. The Ministry of Health and Long-Term Care (the Ministry) currently provides 100% of operating costs to non-ministry dispatch centres in the province.

2. Adopt a 'Single GTA Dispatch' center model with mutual backup and redundant services with Toronto Emergency Medical Services Dispatch. However, there could be reasons, that are not purely financial, for municipalities to contemplate other options, such as a consolidation into two centres, or an integrated model in which every municipality would have its own centre. The 'Single GTA Dispatch' model should be the primary option, based on operational and financial efficiencies while the integrated model should be the lowest on the list of considered models.

3. Implement a shared governance and responsibility amongst the five municipalities as detailed within the consultant report.

4. Adopt all the technical systems and operational programs detailed in the consultant report, including a business intelligence and information system program that provides up-to-the-moment dispatch and fleet responder information to managers and dispatchers so that response resources can be adjusted as required and efficiencies and productivity achieved.

5. Adopt either the Medical Priority Dispatch System or Criteria-Based Dispatch as a call-taking and prioritization tool to replace the Province's Dispatch Priority Card Index II.

Currently, staff are awaiting the scheduling of discussions with the Minister's senior policy staff to develop solutions to these recommendations. Staff will provide Committee with a progress update in early 2013 on any developments.

Adelina Urbanski
Commissioner of Community and Health Services

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