BACKGROUND:

The Province of Ontario funds and operates the Central Ambulance Communications Centre (CACC), or Land Ambulance dispatch centre for the Middlesex-London Emergency Medical Services Authority (MLEMS) as well as six other Counties. Dispatch operations are held at “arm’s length” from all EMS operations creating communications and inter-operability challenges.

The London CACC is operated by the Ministry of Health and Long-Term Care (MoHLTC). London CACC serves the areas of:

- Middlesex-London Emergency Medical Services
- Grey County
- Bruce County
- Huron County
- Perth County
- Oneida of the Thames
- Oxford County
- Elgin County

Land Ambulance dispatch centres in Toronto, Ottawa, Timmins, and the Region of Niagara are operated by their respective municipalities and are funded at 100% by the Province, as per provincial legislation. Toronto and Niagara utilize a different triage tool known as Advanced Medical Priority Dispatch System (AMPDS), while the rest of Ontario utilizes a provincially developed Dispatch Priority Card Index II tool (DPCI II). This report recommends that the County of Middlesex reassert the County’s interest to the Province of Ontario in assuming operational control of the London CACC, at no cost to municipal ratepayers, and that the triage tool be examined and advanced technology be implemented as soon as possible in order to ensure cost effective efficient and responsive land ambulance dispatching services for the residents served by the London Central Ambulance Communication Centre.
SUBJECT: LAND AMBULANCE DISPATCH UPDATE

London CACC’s ambulance communication officers (ACOs) receive incoming 9-1-1 and non-urgent inter-facility transportation requests, and dispatch paramedics and ambulances to these calls. London CACC also “tiers” the Fire and Rescue and Police Services to a subset of certain medical calls under a tiered response agreement sponsored by the EMS Services that operate in the London CACC service area.

Through standards established by Municipal Councils, system performance and EMS deployment is the responsibility of the Chief of EMS. To this end, a deployment plan that provides direction on paramedic utilization is provided to the London CACC. There is no accountability framework, in which the London CACC reports back or provides information on system performance. Middlesex-London EMS has few tools to monitor CACC adherence to our deployment plan or utilization of EMS resources. Often, EMS leadership relies on paramedics to provide information on deployment, at which time EMS leadership will work with the London CACC on a retro-active basis. In short, the London CACC provides no detailed information on adherence to the EMS deployment plan.

This provincially-operated Land Ambulance dispatch system presents concerns as it:

- Directly impacts the ability of the EMS to deliver effective and responsive paramedic services;
- Limits opportunities for the EMS to assess and implement system improvements;
- Has not kept pace with dispatch technology advancements, thus creating an inefficient dispatch system;
- At times has not been able to ensure that staffing levels meet the call demand level with the system;
- Inhibits the EMS’s ability to proactively address operational issues in real time;
- Potentially increases risks (to the patient and public) by failing to appropriately prioritize calls for service. In some areas of the province, up to 80% of calls received at respective CACCs are assigned as life-threatening; where in fact only 10 to 15% of these calls return to hospital in this condition; and

Inappropriately “silos” paramedic operations from EMS communications. For example, it is difficult to obtain dispatch related information from the Province. Although a deployment plan is provided annually to the London CACC, there is no accountability to the Chief of EMS for the dispatch centre’s adherence to it. Further, there is neither a performance agreement nor accountability framework for the dispatching of paramedics and the strategic positioning of ambulances in anticipation of the next call.
SUBJECT: LAND AMBULANCE DISPATCH UPDATE

In August 2011, Warden Joanne Vanderheyden met with Ontario Health Minister Deb Matthews and on August 19th, 2014 with Minister Dr. Eric Hoskins to request that the Province of Ontario transfer responsibility for Land Ambulance Dispatch to Middlesex County. Since that time, the Ontario Association of Paramedic Chiefs has continued to advance the position that municipal oversight of Land Ambulance Dispatch requires municipal control.

On Tuesday December 10, 2013 Ontario’s Auditor General Bonnie Lysyk tabled the 2013 Report. Included in this report was a review of Land Ambulance Services in Ontario. Part of the Land Ambulance Service review included an audit, findings and recommendations on Land Ambulance Dispatch in Ontario. Some of the more significant findings included:

- During 2012, none of the 20 dispatch centres who recorded their dispatch times, dispatched 90% of emergency calls within the two minutes required by Ministry policy.

- Only one of the 22 dispatch centres is currently able to provide callers with the locations of publicly accessible automated external defibrillators (AEDs).

- Only about 25% of patients requesting ambulances actually require an urgent (lights and siren) response, but about yet approximately 66% of calls are currently prioritized by the DPCI II tool at the most urgent code.

- In of the quarters analyzed, dispatch staff were approximately 60% compliant in documenting both the reason for deviations from the recommended priority code and the reason for not providing pre-arrival instructions to callers. (For example, for patients experiencing cardiac arrest, DPCI II requires dispatchers to suggest that callers perform CPR – cardio pulmonary resuscitation – and then instruct callers on how to perform CPR).

- The Ministry’s analyses of dispatching performance did not include certain systemic issues that would highlight the need for additional training, such as insufficient medical knowledge and/or understanding of the dispatch protocol, or insufficient computer skills to effectively use the dispatch tool.

Two of the six dispatch centres reviewed were not providing timely feedback to staff on their performance. One of the dispatch centres had not completed any individual staff audits during half of the six months reviewed. At the other, in most cases there was no evidence that feedback on areas requiring improvement was provided after the reviews.
SUBJECT: LAND AMBULANCE DISPATCH UPDATE

Legislative Context

The Ambulance Act, 2000 (the “Act”) as amended, provides in Part II(4), that the Minister of Health and Long-Term Care has the “duty and power” to establish and maintain EMS communications services “alone or in cooperation” with others, and to fund such services. Thus, the Minister has the power to transfer operations to Middlesex County/MLEMS and the duty to fund communications operations at 100%.

Provincial Landscape

There are 22 land ambulance CACCs located throughout the province:
• 11 CACCs are operated directly by the Ministry of Health and Long-Term Care, including London CACC.
• Six are operated by hospitals.
• Four are operated by municipalities: Toronto, Ottawa, Niagara Region, and Timmins.
• One is privately contracted.

Every CACC except Toronto and Niagara utilize a triage tool known as the Dispatch Priority Card Index II (DPCI II) triage tool. This is the methodology used by Ontario ACOs to triage incoming calls and assign to paramedics. DPCI II was developed internally by the Province of Ontario. To our knowledge, there have been no independent studies assessing the quality, efficacy, or accuracy of this triage tool.

The Province has been unwilling to share detailed dispatch system information with EMS chiefs across the Province. Only after the Ontario Association of Paramedic Chiefs (OAPC) submitted a freedom of information request under the Freedom of Information and Protection of Privacy Act was information provided about an internal provincial study on the sensitivity and specificity of the DPCI II triage tool. EMS dispatch in Niagara and Toronto utilize the Advanced Medical Priority Dispatch System (AMPDS) triage tool, an internationally recognized and independently validated triage tool.

Council approved a motion on January 28th, 2014:

• That the County of Middlesex formally express to the Minister of Health and Long Term Care, their request to assume operational control of the London Central Ambulance Communications Centre;

• And that the assumed dispatch centre utilize advanced technology and evidence-based call triaging tools to provide the most cost effective, efficient and responsive dispatching of ambulance resources throughout the service area;
And that in accordance with the provisions in the Ambulance Act, the Province of Ontario continue to provide 100% funding for all costs related to the assumed dispatch centre;

ANALYSIS:

In the fall of 2014, Health Minister, Dr. Eric Hoskins instructed that a working committee on Land Ambulance Dispatch be formed.

The Provincial/Municipal Land Ambulance Dispatch Working Group met for the first time on Thursday December 4, 2014. During the meeting the first order of business was to discuss and review our Terms of Reference that will guide this new committee.

The Committee is comprised of the following:

Richard Jackson, EHS----Committee Co-Chair
Preston Holmes, EHS
Marjorie Wilcox, EHS
Liz Highland, Health Services Cluster
Shelley Edworthy, Health Services Cluster
Matt Wilson, AMO
Tarmo Ukkivi, OAPC
Peter Dundas, OAPC
Norm Gale, OAPC
Neal Roberts, OAPC, ---Committee Co-Chair

The purpose of the first meeting was to review the draft terms of reference and issues affecting Land Ambulance Dispatch within the Province of Ontario.

The scope of the Committee is to deal with two main areas:

- Dispatch Technology
- Medical Triage

The committee will be meeting frequently over the next two months in order to complete a report that will be forwarded to the Minister of Health (no later than February 28, 2015).