DURHAM REGION

December 14, 2016

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

The Regional Municipality of Durham

Corporate Services
Department
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Matthew L. Gaskell
Commissioner of
Corporate Services

RE: Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health, re: Ambulance Dispatch Reforms
Our File: P00

Honourable Premier, please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on December 14, 2016, Council adopted the following recommendations of the Committee:

"A) That Peel Region's report on initiating ambulance dispatch reforms be endorsed; and

B) That the Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPPs and the GTA upper-tier municipalities and County of Simcoe be so advised."

Please find enclosed a copy of the Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health, for your information.

Debi A. Wilcox, MPA, CMO, CMM III
Regional Clerk/Director of Legislative Services

DW/np

Attach.

c:
The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Joe Dickson, MPP (Ajax/Pickering)

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2009.

Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
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D. Kelly, Regional Clerk, The Regional Municipality of York
J. Daly, County Clerk, County of Simcoe
Dr. R. Kyle, Commissioner and Medical Officer of Health

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MEMORANDUM

To: Committee of the Whole

From: Dr. Robert Kyle

Date: December 7, 2016

Re: Ambulance Dispatch Reforms

On October 18, 2016, Peel's Commissioner of Health Services forwarded the attached report to local municipalities for endorsement.

In essence, Peel Region urges the Government of Ontario to initiate ambulance dispatch reforms, rather than expanding medical response through fire services (attached), as the preferred method to improve response times and patient outcomes. As outlined in the report, this position is supported by AMO (June, 14, 2016 and, subsequently, November 21, 2016 (attached)). Regional Council has also endorsed the initiation of ambulance dispatch reforms on several occasions.

Accordingly, I recommend that the Committee of the Whole recommends to Regional Council that:

a) Peel Region's report on initiating ambulance dispatch reforms is endorsed; and

b) The Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPPs and the GTA upper-tier municipalities and County of Simcoe are so advised.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Region of Peel
Working for you

REPORT
Meeting Date: 2016-10-27
Regional Council

DATE: October 18, 2016

REPORT TITLE: **PROPOSED PROVINCIAL CONSULTATION ON EXPANDING MEDICAL RESPONSE THROUGH FIRE SERVICES**

FROM: Janette Smith, Commissioner of Health Services

RECOMMENDATION

That the Regional Chair and the Chair of the Health System Integration Committee request to meet with the Minister of Health and Long-Term Care to indicate that the Region of Peel does not support further exploration of alternative models of emergency medical response and to advocate that the Province initiate dispatch reforms to lead to improved emergency medical response times and patient outcomes;

And further, that the subject report be referred to the Government Relations Committee to include dispatch reform as an advocacy priority for the Region of Peel;

And further, that a copy of the report from the Commissioner of Health Services, titled "Proposed Provincial Consultation on Expanding Medical Response through Fire Services", be provided to the Boards of Directors for the Central West Local Health Integration Network, Mississauga Halton Local Health Integration Network, William Osler Health System and Trillium Health Partners and the local municipalities for their endorsement;

And further, that a copy of the report titled, "Proposed Provincial Consultation on Expanding Medical Response through Fire Services" from the Commissioner of Health Services, be provided to the Association of Municipalities of Ontario and all Peel area MPP's for their information.

REPORT HIGHLIGHTS

- Between 2011 and 2013, Regional Council through the Fire and Paramedic Services Related Study Steering Committee explored alternative fire and paramedic service models and recommended to maintain the current emergency medical response model.
- In June 2016, the Ontario Government announced plans to consult on the possibility of allowing full-time firefighters, who are also certified and employed as paramedics, to provide patient care as paramedics when both an ambulance and fire truck are dispatched in tiered response conditions. The timelines and approach for the provincial consultation have not yet been announced.
- The Association of Municipalities of Ontario has raised concerns from a municipal perspective about the proposed model and has highlighted that there are more pressing emergency response issues that need to be addressed, such as dispatch reform.
- Improvements to the ambulance dispatch system will have bigger impacts as it would improve the way all 911 medical calls are handled, ensuring appropriate and timely medical response and improved patient outcomes.

DISCUSSION

1. Background

At the July 7, 2016 Regional Council meeting, Dr. Sheldon Cheskes, Medical Director for Peel Regional Paramedic Services, was asked to provide his input on the provincial government's recent announcement to conduct a consultation on how and whether to expand pre-hospital medical responses through fire services. Regional staff were requested to report back on the provincial consultation and the previous work undertaken by the Region of Peel to determine the most effective model of emergency medical response.

a) Region of Peel's Role in Emergency Medical Response

The Region of Peel is responsible for the provision of land ambulance services across Peel. The Ministry of Health and Long-Term Care provides oversight to the land ambulance (paramedic) system in Ontario and shares operating costs on a 50:50 basis with municipalities. The Sunnybrook Centre for Prehospital Medicine (Base Hospital) provides medical directives and oversight to Peel Regional Paramedic Services.

Ambulances are dispatched by the Mississauga Central Ambulance Communication Centre (Dispatch Centres) operated by the Ministry of Health and Long-Term Care. Under the tiered response agreement, the Dispatch Centres can mobilize municipal fire services simultaneously with paramedic services to ensure the fastest possible response time. Fire Services are dispatched to life-threatening emergencies, including scenarios where a person is choking, unconscious, having a cardiac arrest and where there is an absence of breathing or severe respiratory distress.

An overview of paramedic and fire services oversight and funding is included as Appendix I.

b) Fire and Paramedics Services Study

On September 11, 2011, Regional Council passed a recommendation to undertake a study of the delivery and funding of fire and paramedic services. The purpose of the proposed study was to identify opportunities to increase the effectiveness of fire and paramedic response to emergency medical calls, while maintaining or improving the current high standard of medical outcomes. At the same time, Council endorsed the proposed composition of a Steering Committee to guide the proposed study, together with a two-stage process to seek approval from the three local municipalities and Regional Council. All four Councils approved the Peel-based study in principle and the composition of the Fire and Paramedic Services Related Steering Committee, which included the following members:

- Regional Chair;
- Six Regional Councillors;
- Chief and Director of Peel Regional Paramedic Services;
- Medical Director, Sunnybrook Centre for Prehospital Medicine – Regions of Halton and Peel;
- Fire Chiefs from all three local municipalities;
- President and one additional member, Ontario Public Service Employees Union (Local 277, representing Peel Regional Paramedic Services);

- President, Mississauga Professional Fire Fighters Association (Local 1212);
- President, Brampton Professional Fire Firefighters Association (Local 1068);
- President, Caledon Professional Fire Fighters Association (Local 4686);
- Representatives from the Province, including the Office of the Fire Marshall and the Emergency Health Services Branch of Ministry of Health and Long-Term Care.

In July 2012, Regional Council approved the scope, deliverables and approach for conducting a "Fire and Paramedic Services Related Study" in Peel. At the same time, staff learned of a similar study being conducted for the City of Toronto. Therefore, Regional Council decided to put a hold on the Peel-specific study until the study in Toronto was complete.

On June 25, 2013, the City of Toronto released their report, titled, "A Service and Organizational Study of Toronto's Emergency Medical Services and Fire Services". The report included a literature review and environmental scan of emergency response models in comparable jurisdictions across Canada, the US and internationally. The report concluded that there was no evidence to suggest that alternative models of emergency medical response and delivery systems were associated with improved patient outcomes, and that the City of Toronto should not implement any changes to the current emergency medical response system. Given that the findings of the City of Toronto's report aligned with the majority of the deliverables planned for the Peel study, the Fire and Paramedic Services Related Study Steering Committee recommended that, a Peel-specific study was not needed and that the findings of the Toronto report be accepted. In October 2013, Regional Council approved this recommendation and disbanded the Committee. A copy of the final report of the Committee, dated August 22, 2013 and titled "City of Toronto Study Findings and Proposed Direction for Peel Fire and Paramedic Services Study" is available through the Clerks Department.

2. Findings

At the annual Ontario Professional Fire Fighters Association Convention on June 13, 2016, Premier Kathleen Wynne announced plans to consult on the possibility of allowing full-time firefighters, who are also certified and employed as paramedics, to provide patient care as paramedics when both an ambulance and fire truck are dispatched in tiered response conditions. At this time, very little is known about the proposed provincial consultations, including the timelines and planned approach.

The Base Hospital maintains its position that there is no evidence to suggest that the current paramedic services delivery model requires change. At the July 7, 2016 Regional Council meeting, Dr. Cheskes was asked about the Province's announcement to consult on the expansion of emergency medical responses through fire services. Dr. Cheskes stated that the system that is currently in place in Peel is amongst the best in the world and that he sees no reason to change it. He noted that he has visited areas with fire-based systems and he has not found one that can provide the same standard as is currently provided in the Region of Peel.

A literature review recently conducted by Regional staff supports Dr. Cheskes' perspective. The review aimed to identify any recent literature regarding the impact of alternative fire and paramedic service models on patient outcomes. The review identified no findings indicating improved patient outcomes associated with alternative fire and paramedic service models of pre-hospital emergency medical care.

a) Response by the Association of Municipalities of Ontario

On June 14, 2016, the Association of Municipalities of Ontario (AMO) issued a response to the Premier's proposed consultation, highlighting a number of concerns with the proposal from a municipal perspective. Initial areas of concern highlighted in AMO's response include:

- **Labour-related matters**, including the impact on different associations/union representation and other issues around salary and pensions.
- **Workforce capacity**, including implications for training and certification requirements, as well and the number of firefighters currently qualified.
- **Concern for public safety**, including patient care standards and the management of personal health information.
- **Base hospital physicians**, namely a lack of clarity around appropriate medical oversight.
- **Governance**, including challenges related to paramedics and firefighters having different employers as well as different budgeting and reporting requirements.

In addition to these employer-focused concerns, AMO has indicated that evidence of better patient outcomes would be required to warrant changes to the current emergency response model. Further, AMO has highlighted that there are more pressing emergency response issues, such as dispatch reform and offload delay, which, if addressed, would have a positive impact on paramedic response times and patient safety. The full response put out by the Association of Municipalities of Ontario is included as Appendix II.

b) Dispatch Advocacy a Priority for Council

Provincial dispatch system reform has been identified as an evidence-informed approach to improving emergency medical response in Ontario. Investment in dispatch reform would have a bigger impact on the overall intent of improving emergency medical response. Improvements to the provincially operated ambulance dispatch system will improve the way all 911 medical calls are handled, ensuring appropriate and timely medical response and improved patient outcomes. Reports from the Auditor General (2013, 2015) have highlighted that the current triage tool used by the provincial dispatch centres over-prioritizes ambulance calls, meaning more calls are categorized as life-threatening than necessary. In Peel, 72 per cent of calls are coded as life-threatening, compared to 40 per cent in jurisdictions that use more accurate triage tools (e.g. Toronto and Niagara). Over-prioritization places unnecessary demand on the paramedic system and puts patient safety at risk. Since 2006, the Region of Peel has actively advocated for changes to the dispatch technology and communication systems, to better match patient need with paramedic response in the community.

An update on "Regional Ambulance Communications Centre Advocacy" was provided at the July 7, 2016 Regional Council meeting. As noted in this report, the Region of Peel continues to push the Ministry of Health and Long-Term Care to expedite improvements related to the ambulance dispatch system by implementing the Medical Priority Dispatch System (triage tool) across the province. Given that the Mississauga Dispatch Centre that serves Halton and Peel is among the busiest in the province, Regional staff have also joined efforts with Halton to advocate that the Mississauga Dispatch Centre be a priority for implementation of improvements.

While Regional staff are encouraged by the cooperative dialogue that has been achieved through advocacy and meetings with Ministry of Health and Long-Term Care staff, commitments to specific changes and timelines have not been announced.

CONCLUSION

Recent discussions about changes to the emergency medical response model distract time, attention, and resources away from the critical improvements that need to be made to the provincial paramedic dispatch system. Council, with the assistance of staff, will advocate to the Province and work with our local partners to redirect attention and advance progress towards making important changes to the provincial dispatch system. In addition to improving patient outcomes and improving paramedic response times, dispatch reform has the potential to improve overall health system functioning and enhance the capacity of the local health system to respond to urgent needs in the community.

Janette Smith, Commissioner of Health Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES

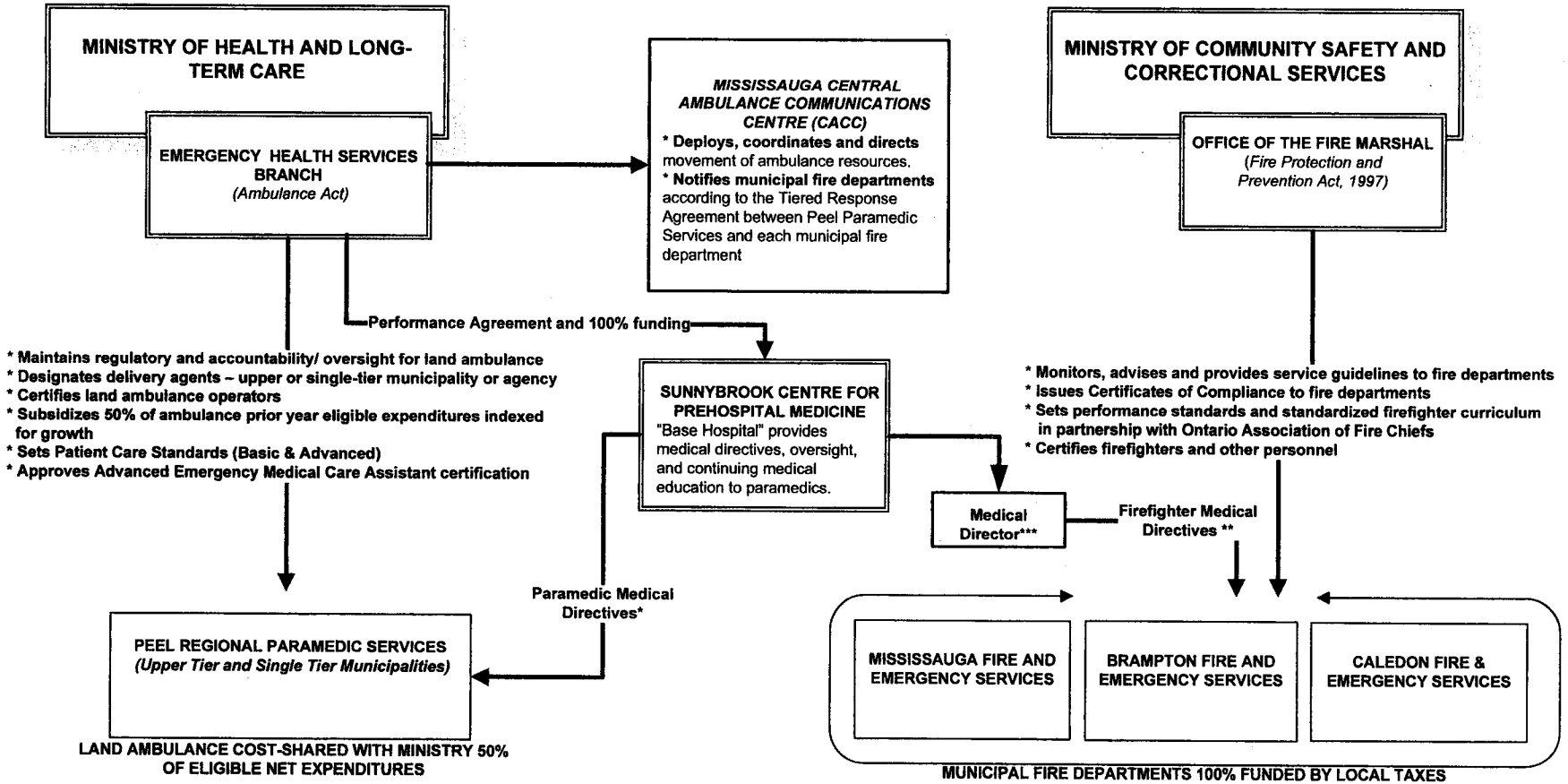
1. Appendix I - Oversight and Funding of Paramedic and Fire Services in Peel Region
2. Appendix II – AMO's Response: "Government to Consult on Expanding Medical Responses through Fire Services"

For further information regarding this report, please contact Dawn Langtry, Director, Strategic Policy, Planning, and Initiatives.

Authored By: Nicole Britten and Liz Estey

APPENDIX I
PROPOSED PROVINCIAL CONSULTATION ON EXPANDING MEDICAL RESPONSE THROUGH FIRE SERVICES

OVERSIGHT AND FUNDING OF PARAMEDIC AND FIRE SERVICES IN PEEL REGION
A Region of Peel Perspective



* **Paramedic Medical Directives** provide detailed clinical instruction and protocols to Peel Paramedics, along with delegated medical acts by the Medical Director (Dr. Cheskes) based on legislated schedules and Ministry Patient Care Standards.

** **Firefighter Medical Directives** are overseen by an independent medical director (in Peel's case, Dr. Cheskes) who provides protocols and delegation to firefighters providing patient care at the Emergency Medical Responder (EMR) level of care. The Medical Director oversees all participation in prehospital research and provides all quality assistance and changes to the medical program.

*****Medical Director for Fire Services:** Fire services can have a contractual relationship with a medical director and support of a base hospital (eg. Brampton, Caledon, Mississauga and Toronto Fire Services), or independently contract a base hospital doctor who is funded separately, or can be physician with no affiliation to a base hospital. Any physician may be a medical director for fire service, provided that they adhere to the College of Physicians and Surgeons of Ontario guidelines governing delegation to non-physicians.

June 2012

GOVERNMENT TO CONSULT ON EXPANDING MEDICAL RESPONSES THROUGH FIRE SERVICES

June 14, 2016

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We were told in recent meetings with the Minister of Health and Long-Term Care and the Premier that the government wanted to consult on "how and whether" a permissive voluntary approach that would enable municipal governments, if they chose, to allow full-time firefighters, who are also certified and employed as paramedics, to provide patient care as paramedics in tier response conditions. The Premier shared this yesterday with the OPFFA at its annual conference.

This is a different approach from the OPFFA's initial proposal of expanding the ability of any full-time firefighter to provide enhanced symptom relief after additional training. Fire services can currently administer epi pens, CPR, and defibrillation. The latest proposal raises a number of issues from an employer's perspective that demand careful, full review and consideration. We have been assured that the interest is to have a fully informed policy analysis. The Minister has promised AMO that it will receive any current provincial analysis that has already been worked up. The timing and consultation process has not been confirmed as yet.

Some of the initial areas of concern:

- **Labour related matters:** such as impact on collective bargaining as fire fighters and paramedics are represented by different associations/unions; wage parity matters; how to prevent interest arbitration from making decisions that would rest with the employer; do pension related impacts arise (NRA 65 and NRA 60); who has the disciplinary role/representation.
- **Capacity of the workforce:** how many full time firefighters are currently qualified, trained paramedics; what risks arise in a 24/7 fire services model; staying certified and training requirements; managing the 'culture' of fire and paramedics.
- **Public safety:** treatment of personal health information; patient care standards; communicable disease; certification; adherence to standards.
- Liability and insurance implications.
- **Base hospital physicians:** how is medical oversight provided to a fire fighter who is also wearing a paramedic services hat.
- **Governance:** land ambulance/paramedic services and fire services have different employers and governance accountability, which also means different budgeting along with revenue and expenditure requirements and other reporting requirements.
- Costs will be impacted by all of the above and likely by more factors and will add to fiscal pressures.

OPFFA cites a quicker response time than ambulance. However, fire service response doesn't start until the truck has left the station whereas ambulance response begins when the 911 call is actioned. Understanding what this really means for service and the expectation for better patient outcomes is important to this policy decision. The problem of dispatch and offload at hospital emergency rooms, and the constraints they place on ambulance services, have been well documented and action has been promised. However, the solutions are not proceeding quickly. Improvements to dispatch, triage tools, and emergency room transfers would have a positive impact and improve ambulance services without attracting the type of issues that the OPFFA proposal raises.

AMO will be working with experts in all the areas of concern as we look at the technical, practical, financial, and governing concerns. We will keep you informed as this provincial consultation is undertaken.

Ministry of Health and Long-Term Care

Patients First: Expanding Medical Responses

Discussion Paper

November 2016

Ontario

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Introduction: Purpose and Scope

The ambulance system in Ontario is a key component in supporting the Ministry of Health and Long-Term Care's *Patients First: Action Plan for Health Care* by providing access to care.

The Ministry of Health, and Long-Term Care (MOHLTC) is leading the government's public consultations on the potential expansion of municipalities choosing to use the services of full-time firefighters who are also employed as paramedics with a Province of Ontario certified ambulance service, to provide patient care up to the Primary Care Paramedic level in tiered response conditions, and put in place the appropriate provincial oversight regime to ensure high-quality patient care. "Tiered response" is defined as the response of more than one emergency agency to an emergency medical incident.

Tiered response provides an additional access point to emergency services.

The number of patients transported by land ambulance is increasing year-over-year at approximately a 3.5% growth rate from 2009-2014.[1] Currently, Ontario's ambulance system transports approximately 1,000,000 patients.[2]

In response to this growing demand for ambulance services, the government is undertaking a multi-year modernization of the services that will improve patients' journeys, increase the availability of ambulances, improve response times and ensure sustainability. This will mean:

- More ambulances available for higher acuity patients by having a more accurate dispatch triage tool;
- Fewer responses required for lower acuity patients through dispatch diversion strategies;
- Patients receive the right care, faster, avoiding ambulance offload delays by creating alternate destination strategies; and,
- Enhanced evidence-based decision making by improving data collection and analytics.

The ministry is engaging targeted stakeholders to receive feedback into whether there is existing capacity for full-time firefighters to provide an additional access point for higher acuity patients (Canadian Triage and Acuity Scale - CTAS 1 patients that represent 1%

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[1] Ministry of Health and Long-Term Care, Computed Aided Dispatch (CAD) Database
[2] Ibid

of patients transported)[3]. This would be an optional model that municipalities can choose to implement at Councils' discretion based upon local decision and needs.

The purpose of this consultation is to gather the necessary information and evidence to determine the viability of the optional service of expanding medical responses and the necessary components of such a program:

Topic	Sample Question
Labour Agreement Impacts	• What is the potential impact of the proposed model for front-line workers?
Capacity of workforce	• What may be required to build the capacity of your workforce to deliver on the proposed model?
Municipal interest and readiness (early adopters)	• Can your organization identify potential municipalities that may adopt the proposed model in the near future?

Generally speaking, in Ontario, firefighters and paramedics have very different scopes of practice (roles and responsibilities), training backgrounds, and mandate that would require a further exploration of the proposal's impacts on patient outcome, municipal and provincial oversight and delivery, employment of emergency health service personnel, and overall impacts on legislation and funding of existing services.

When considering changes to land ambulance services, the ministry uses an evidence-based approach – any change to services must contribute to improving patient outcomes, financial sustainability and government priorities.

While legislative changes may be required should this model be implemented (e.g. to provide provincial regulatory oversight), legislative changes regarding responsibilities for service delivery (e.g. municipal Councils' responsibility to determine the services provided by fire departments) and the associated costs (e.g. the costs of services delivered by fire departments will continue to be the responsibility of the municipality) are out-of-scope of this discussion and consultation.

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[3] CTAS is a five-level triage scale with the highest severity level 1 and lowest severity level 5 used to assign a level of acuity in patients and more accurately define the patient's needs for care primarily based on the optimal time to medical intervention.

The Consultation Process

The government is seeking advice and input through a combination of a discussion paper and voluntary, web-based survey for written feedback from employers and other technical experts. Questions like the ones above will be referenced in the survey.

As this optional service may impact numerous government levels (municipal, provincial), bargaining agencies, employers, physicians, and patients, all with diverse interests and positions, the government will be consulting with these groups to ensure that the proposed model benefits patients.

It is expected that there is a diverse range of stakeholders with differing interests and positions. The goal of consultation is to determine service viability and opportunities.

Background on Ambulance Services

The ministry has legislated provincial accountability and must balance the broader health care system and integration with other health care providers - ensuring that patients receive the right care, at the right time, in the right place.

Ontario's current emergency health services system is designated to service the entire province and its more than 13.7M citizens. The system currently transports more than 1,000,000 patients each year.[4]

Under the *Ambulance Act* the ministry has the duty and power under legislation to:

1. Ensure a balanced and integrated system of ambulance service and ambulance communication services (land and air);
2. Provide, alone or with others, and fund ambulance dispatch services;
3. Establish and ensure compliance with standards for the management, operation, and use of such services;
4. Monitor, inspect, and evaluate ambulance services and investigate complaints relating to ambulance services; and,
5. Designate hospitals as base hospitals to provide certification, delegation of medical acts, continuing medical education and monitoring of Paramedics.

Under the *Ambulance Act*, municipalities are responsible for the costs and for ensuring the proper provision of land ambulance services in accordance with the needs of persons in the municipalities by:

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[4] Ministry of Health and Long-Term Care, Computed Aided Dispatch (CAD) Database

- Operating or selecting persons to provide land ambulance services;
- Entering into agreements for the management, operation and use of land ambulances;
- Ensuring the supply of vehicles, equipment, services, information, and staffing;
- Determining the appropriate level of service;
- Developing deployment plans for the delivery of service
- Ensuring the local emergency preparedness and response; and,
- Providing local administration and ensuring compliance with the Ambulance Act, regulations and standards.

The ministry provides:

- 50% of approved costs of providing municipal land ambulance services
- 100% of approved costs for dispatch
- 100% of approved First Nations ambulance services' costs
- 100% of the approved base hospital costs

The regulatory framework under the *Ambulance Act* only applies to certified ambulance services and the paramedics they employ and does not extend to patient care delivered by others (e.g. fire services). As a result, the Minister's duties and powers are restricted to the regulation of ambulance services and do not extend to others.

If others were to provide the same scope of practice, to the same patients, at the same scene as paramedics regulated under the *Ambulance Act*, there is an expectation that these would have a framework that is the same or similar to paramedics.

Context: Current Role of Paramedics Versus Firefighters

In Ontario, health care services and patient care are provided by regulated practitioners such as physicians, nurses, and paramedics. Public safety services are provided by public safety officials such as firefighters and police.

Some of the key differences are noted below:

	Health Care	Public Safety
	Paramedics	**Firefighters**
Legislation Governing Services	*Ambulance Act*	*Fire Protection and Prevention Act (FPPA)*
Associated Provincial Ministry	Ministry of Health and Long-Term Care (MOHLTC) undertakes a monitoring/regulatory role, establishing	Ministry of Community Safety and Correctional Services (MCSCS) the Office of the Fire

	Health Care	Public Safety
	Paramedics	**Firefighters**
	patient care standards, certifying ambulance services operators and conducting investigations related to ambulance services	Marshall and Emergency Management (OFMEM) provides guidelines and training and administers the FPPA
Provincial Standards	There is regulated performance reporting (province-wide) for Emergency Medical Services (EMS)	There are no legislated provincial standards for the delivery of fire service programs, including first aid. Most fire services point to standards developed by the National Fire Protection Association (NFPA) headquartered in the USA
Municipal Responsibility for Services	50 upper-tier municipalities Municipalities are responsible for the cost and proper provision of land ambulance services in accordance with the needs of persons in the municipality	~ 400 lower-tier municipalities Municipalities are responsible for establishing the necessary level and type of fire protection services in accordance with their needs and circumstances
Funding	50-50 cost sharing initiative between the province and municipalities for ambulance services 100% provincial funding for ambulance dispatch services, approved costs for services in First Nations communities and territories without municipal organization	100% funded by lower-tier municipalities (provincial cost sharing for fire protection services does not exist)
Dispatch Services	EMS uses centralized dispatch services	Each fire service is responsible to establish alone or with others fire dispatch
Examples of Bargaining Units for Employees	CUPE (paramedics) CAW (paramedics) SEIU (paramedics) OPSEU (paramedics) Unifor (paramedics)	OPFFA (full-time firefighters)

While there are legislated provincial standards for the delivery of land ambulance services, there are currently no legislated provincial standards for the delivery of fire service programs, including first aid. No reference is made regarding medical responses by fire services under the *Fire Protection and Prevention Act.*

While upper-tier municipalities (i.e. regional government) have discretion to provide services based upon the needs of their municipality for land ambulance services, lower-tier municipalities (i.e. cities, towns) establish the necessary level and type of fire protection services based upon their needs.

Notification of medical calls is established through a tiered-response agreement that is negotiated between the upper-tier and the lower-tier municipalities.

Under the *Fire Protection and Prevention Act* (FPPA), municipalities are responsible for the delivery of fire protection services in their communities. Municipalities must determine the appropriate level of fire protection services, including public fire safety education, fire prevention services and fire suppression services for their community based on municipal circumstances.

A number of municipalities in Ontario, through their fire departments, respond to some medical calls based on the tiered response agreements with varying capabilities.

With the exception of CTAS 1 patients, medical evidence suggests that there is little if any benefit to tiered response; as such, some municipalities are decreasing the number of medical calls to which its fire service respond.

Simultaneous Notification Pilots

One way the ministry is working on leveraging the capacity of full-time firefighters in medical emergencies is through the simultaneous notification pilots to determine if earlier notification to fire services on a sub-set of ambulance calls would improve patient outcomes.

In 2010, the Office of the Fire Marshal of Ontario requested that their fire dispatch services receive notification of critical incidents and medical emergencies simultaneously with emergency medical providers in order to improve fire service response times.

To examine the effectiveness of new data sharing processes and techniques, the ministry launched the 2014 Emergency Medical Services—Technology Interoperability Framework (EMS-TIF) project. This project completed its mandate to deliver three potential technology solutions to improve communications with ambulance and fire services via projects. One of these technologies was Simultaneous Notification, a system that automatically notifies a fire dispatch service to respond in the event of an emergency call for medical assistance, as determined by existing municipal tiered response agreements.

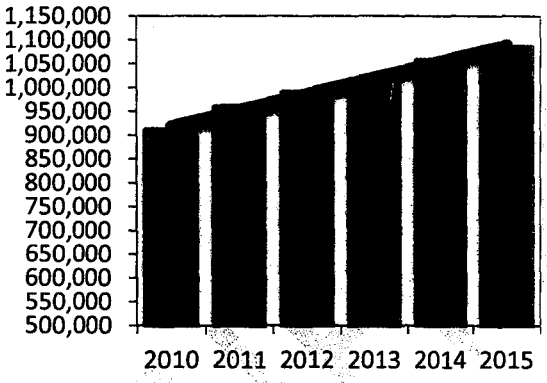
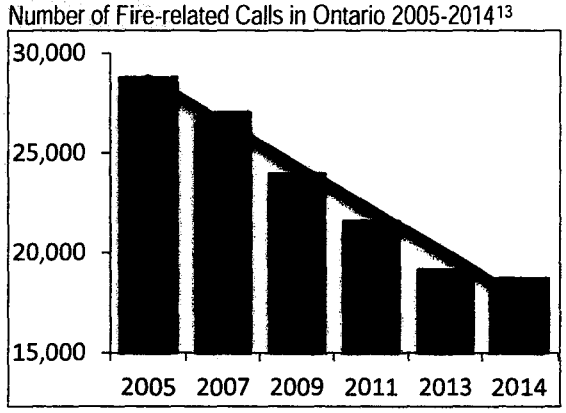
The other two projects are the Real Time View (RTV) and Bidirectional Data Sharing/Interoperability Capability:

- **RTV** provides decision-support information in real time to assist paramedic service supervisors in on-scene support decisions, management of offload delays within the hospital emergency department and resource management decisions (proactive ambulance additions, paramedic overtime/meal breaks, etc.).
- **Bidirectional Data Sharing/Interoperability Capability** provides a technology capable of supporting the secure sharing of data between ministry ambulance dispatch systems and related municipal systems, such as an electronic patient care report (ePCR).

Currently, the ministry works with municipalities to assist with dispatch functions and currently dispatches more than 100 fire departments and provides tiered response notification to 290 fire departments to respond to medical emergencies along with paramedic services.

The government will use an evidence-based approach to determine the future direction of Simultaneous Notification.

Overview of Capacity of Workforce

	Land Ambulance Services	Fire Services
Number of Workers	~8,000 municipal paramedics province-wide 22 dispatch centres across Ontario: 11 are ministry-operated 11 are operated under transfer payment agreements (6 hospitals, 4 municipalities, 1 private)[5]	30,000 firefighters in Ontario (~11,300 are full-time, ~19,300 volunteer, ~300 part-time)[6] Over 400 fire departments [municipal - 32 are full-time, 191 composite, 226 volunteer. Northern Fire Protection Program (NFPP) – 1 composite, 48 volunteer][7]
Number of calls and percent change in calls	Approximately 1 million calls in 2014[8] Number of patients transported by land ambulance is increasing year-over-year at approximately a 3.5% growth rate from 2009-2014 [9] Total Patients Transported (Land/Air)[10]  	Fire services respond to more than 400,000 calls annually (461,830 in 2014) of which less than 19,000 were fire-related (4-5% of all calls).[11] There has been a 35% reduction in the number of fire-related responses since 2005. [12] Number of Fire-related Calls in Ontario 2005-2014[13] 
Average Cost Per Hour	2014 average cost per hour $213[14]	2014 average cost per hour $331[15]

[5] Ministry of Health and Long-Term Care, Human Resource Report from the Ambulance Services
[6] Ministry of Community Safety and Correctional Services
[7] Ibid
[8] Ministry of Health and Long-Term Care, Computed Aided Dispatch (CAD) Database
[9] Ministry of Health and Long-Term Care, Computed Aided Dispatch (CAD) Database
[10] Ibid
[11] 2013 and 2014 Ontario Municipal Benchmarking Initiative (OMBI) Report and Office of the Fire Marshal
[12] 2013 and 2014 Ontario Municipal Benchmarking Initiative (OMBI) Report
[13] Ibid
[14] Ministry of Health and Long-Term Care, Computed Aided Dispatch (CAD) Database
[15] 2013 and 2014 Ontario Municipal Benchmarking Initiative (OMBI) Report

Paramedic Versus First Responder

Paramedics provide a medical response with provincial legislative standards (including protection of personal health information, legislated medical oversight, penalties for offences).

There are three levels of paramedic scope of practice in Ontario. The ministry is exploring the potential option to allow eligible municipalities to choose to allow full-time firefighters to provide care up to the first level (Primary Care Paramedic level):

- PCP: Primary Care Paramedic
- ACP: Advanced Care Paramedic
- CCP: Critical Care Paramedic

Emergency Medical Responder (EMR) is considered a basic level for medical responses and firefighters are typically trained to this level. EMRs are not permitted to perform as a paramedic as the paramedic scope of practice is dramatically expanded beyond that of the EMR level of training.

EMRs typically perform first aid, oxygen administration and automated external defibrillation (AED).

First aid is used to help an injured person until medical treatment is available (e.g. physician, paramedic).

First Aid patient assessments use an ABC principle:

a) Airway - keep a path open for air to go from the mouth to the lungs. For example, turning an ill person on their side if they have vomited or a choking person with no airway can be helped with abdominal thrusts, sometimes called the Heimlich maneuver.

b) Breathing - move air from the outside into the lungs. For example, blowing air into someone else's mouth while holding their nose shut and watching their chest rise from the air you blow in.

c) Circulation (or Compressions) – CPR.

In Ontario, the *Fire Protection and Prevention Act* governs fire services and does not obligate fire services to respond to medical emergencies – and accordingly have no specific regulatory oversight under the *Fire Protection and Prevention Act* for this purpose (as ambulance services do under the *Ambulance Act*). In addition, unlike paramedics, firefighters are not a prescribed Health Information Custodian under the *Personal Health Information Protection Act.*

Paramedics are authorized to perform several controlled medical acts and complex medical care not currently provided by firefighters.

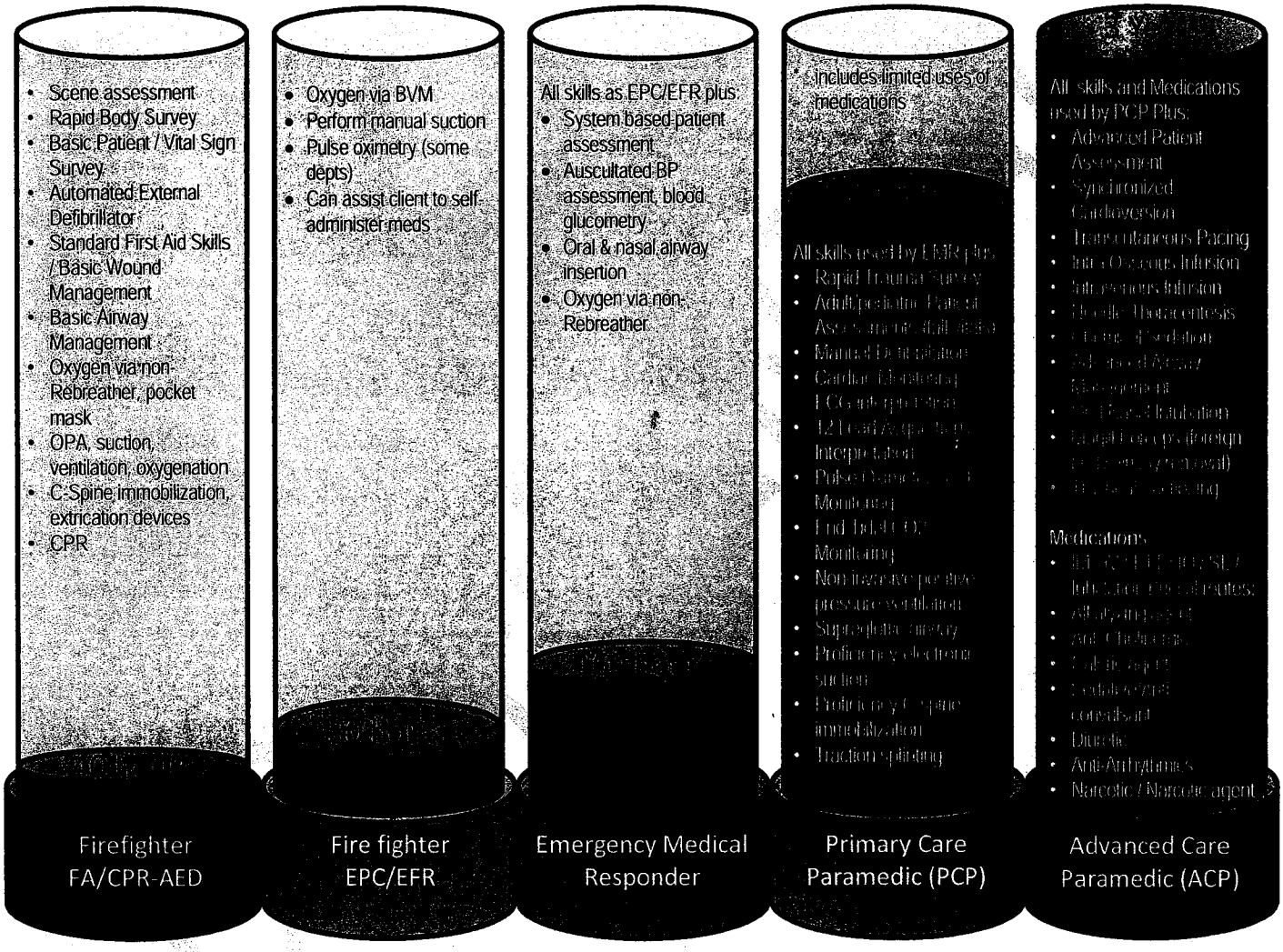
For instance:

Proficiency
Cardiopulmonary Resuscitation - Health Care Providers (CPR-HCP)
12-Lead ECG
manual defibrillation
patient immobilization
blood glucose testing
oxygen therapy
pulse oxymetry monitoring
Initiate an Intravenous (IV) Line
Monitor IV with normal saline, Thiamine, multivitamin preparations and potassium chloride (KCL)

Medication
Naloxone (Narcan)
Glucagon
Acetaminophen (Tylenol)
Epinephrine (syringe administer)
Ketorolac (Torodol)
Salbutamol (Ventolin)
Glucose IV
Gravol IV
Dimenhydrinate (Gravol)
Nitroglycerine (spray)
Acetylsalicylic Acid (ASA)

Skills and Knowledge Guide for Pre-hospital Care in Ontario

The diagram below provides a general illustrative overview of the different skills and knowledge attained by firefighters and paramedics.



Conclusion

The ministry recognizes and respects the important expertise that your organization brings to the table. Your contribution will help inform next steps as the ministry explores the viability of this optional service and opportunities to improve overall patient experience.


Ontario

GOVERNMENT TO CONSULT ON EXPANDING MEDICAL RESPONSES THROUGH FIRE SERVICES

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June 14, 2016

We were told in recent meetings with the Minister of Health and Long-Term Care and the Premier that the government wanted to consult on "how and whether" a permissive voluntary approach that would enable municipal governments, if they chose, to allow full-time firefighters, who are also certified and employed as paramedics, to provide patient care as paramedics in tier response conditions. The Premier shared this yesterday with the OPFFA at its annual conference.

This is a different approach from the OPFFA's initial proposal of expanding the ability of any full-time firefighter to provide enhanced symptom relief after additional training. Fire services can currently administer epi pens, CPR, and defibrillation. The latest proposal raises a number of issues from an employer's perspective that demand careful, full review and consideration. We have been assured that the interest is to have a fully informed policy analysis. The Minister has promised AMO that it will receive any current provincial analysis that has already been worked up. The timing and consultation process has not been confirmed as yet.

Some of the initial areas of concern:

- **Labour related matters:** such as impact on collective bargaining as fire fighters and paramedics are represented by different associations/unions; wage parity matters; how to prevent interest arbitration from making decisions that would rest with the employer; do pension related impacts arise (NRA 65 and NRA 60); who has the disciplinary role/representation.
- **Capacity of the workforce:** how many full time firefighters are currently qualified, trained paramedics; what risks arise in a 24/7 fire services model; staying certified and training requirements; managing the 'culture' of fire and paramedics.
- **Public safety:** treatment of personal health information; patient care standards; communicable disease; certification; adherence to standards.
- **Liability and insurance implications.**
- **Base hospital physicians:** how is medical oversight provided to a fire fighter who is also wearing a paramedic services hat.
- **Governance:** land ambulance/paramedic services and fire services have different employers and governance accountability, which also means different budgeting along with revenue and expenditure requirements and other reporting requirements.
- **Costs will be impacted by all of the above and likely by more factors and will add to fiscal pressures.**

OPFFA cites a quicker response time than ambulance. However, fire service response doesn't start until the truck has left the station whereas ambulance response begins when the 911 call is actioned. Understanding what this really means for service and the expectation for better patient outcomes is important to this policy decision. The problem of dispatch and offload at hospital emergency rooms, and the constraints they place on ambulance services, have been well documented and action has been promised. However, the solutions are not proceeding quickly. Improvements to dispatch, triage tools, and emergency room transfers would have a positive impact and improve ambulance services without attracting the type of issues that the OPFFA proposal raises.

AMO will be working with experts in all the areas of concern as we look at the technical, practical, financial, and governing concerns. We will keep you informed as this provincial consultation is undertaken.

From: AMO Communications [mailto:communicate@amo.on.ca]

November 21, 2016

Members' Update: Province Releases Discussion Paper on Expanding Medical Responses through Fire Services

The Ministry of Health and Long-Term Care (MOHLTC) has released a discussion paper (attached) on a controversial proposal by the Ontario Professional Fire Fighters Association (OPFFA). The proposal would allow full-time firefighters, who are also certified primary care paramedics, to provide patient care in a tiered response situation. The Province says this approach would be voluntary for municipalities. AMO flagged this consultation in our June 14th communique, Government to Consult on Expanding Medical Responses through Fire Services.

Premier Wynne, speaking at both the June OPFFA conference and the August AMO conference, clearly said that she and Cabinet want consultations before making an evidence-based decision on this proposal, which is expected early in 2017.

Municipal governments are deeply concerned about the direct and significant impact of the proposal on municipal emergency services, both financially and operationally. We will read the MOHLTC discussion paper carefully, but to date, there has been no evidence or cost-benefit analysis seen that shows such an approach would improve patient outcomes.

Given the lack of evidence, we don't know why this proposal is now a provincial priority, especially as municipalities would bear all the costs, labour challenges, and risks. Fire services are 100% funded by municipalities and only an elected Municipal Council has the authority to determine the level and type of fire protection services needed by its community. We are also concerned that if any Municipal Council agrees to this proposal it would be replicated throughout Ontario by the current interest arbitration system.

Municipal governments strongly prefer to work with the Province to improve and modernize our cost-shared land ambulance/EMS services. Specifically, municipalities have been asking the Province for years now to make improvements to land ambulance dispatch that would directly improve patient outcomes.

The MOHLTC discussion paper provides a clear overview of Land Ambulance and Fire Services Workforce Capacity. It demonstrates both the rising demand for paramedic services and decline in fire-related calls. We are very concerned about using municipal fire services to provide paramedic care – a shared provincial-municipal funding responsibility.

	Land Ambulance Services	**Fire Services**
Number of Workers	~8,000 municipal paramedics province-wide 22 dispatch centres across Ontario: 11 are ministry-operated 11 are operated under transfer payment agreements (6 hospitals,	30,000 firefighters in Ontario (~11,300 are full-time, ~19,300 volunteer, ~300 part-time) Over 400 fire departments [municipal - 32 are full-time, 191 composite, 226 volunteer. Northern Fire Protection Program (NFPP) - 1 composite, 48 volunteer]

	4 municipalities, 1 private)	
Number of calls and percent change in calls	Approximately 1 million calls in 2014 Number of patients transported by land ambulance increased by about 3.5% year-over-year from 2009-2014	Fire services respond to more than 400,000 calls annually (461,830 in 2014) of which less than 19,000 were fire-related (4-5% of all calls). The number of fire-related responses has dropped 35% since 2005.
Average Cost Per Hour	2014 average cost per hour $213	2014 average cost per hour $331

Source: MOHLTC November 2016

AMO will fully review this discussion paper (attached) through its Task Force, which includes membership from Northwestern Ontario Municipal Association (NOMA), Federation of Northern Ontario Municipalities (FONOM), Emergency Services Steering Committee (ESSC), Ontario Association of Paramedic Chiefs (OAPC), and Ontario Association of Fire Chiefs (OAFC).

Over the next months, MOHLTC will hold separate meetings with municipal employers, unions and associations, as well as technical medical advisors and will also accept written submissions from these stakeholders. AMO will take the lead in organizing these MOHLTC consultation meetings for municipal employers, including ROMA, OSUM, NOMA, FONOM, LUMCO, MARCO, EOWC and WOWC, along with the municipal staff associations we have been working closely with on this matter.

AMO will update members as this matter develops.

For more information, please contact:
Monika Turner, Director of Policy, mturner@amo.on.ca, 416-971-9856 ext. 318.

AMO Association of Municipalities Ontario