INFORMATION REPORT

TO:	Chairs and Members Emergency & Community Services Committee
COMMITTEE DATE:	May 8, 2017
SUBJECT/REPORT NO:	Ambulance Communications and Dispatch Services Advocacy (CES17022) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Michael Sanderson 905-546-2424 ext. 7741
SUBMITTED BY: **SIGNATURE:**	Vicki Woodcox Acting General Manager Community & Emergency Services Department

Council Direction:

At its April 13, 2016 meeting, Council received Item 5.5, correspondence from Frank Dale, Regional Chair and Chief Executive Officer, Region of Peel, to The Honourable Eric Hoskins, Minister of Health and Long-Term Care, requesting support for the Region of Peel's resolution regarding Ambulance Communications and Dispatch Services Advocacy and referred the item to staff for a report to the Emergency & Community Service Committee.

Information:

Regional Municipality of Peel Council wrote to The Honourable Erick Hoskins, Minister of Health and Long Term Care, advising of their Resolution Number 2016-144. A broad range of stakeholders, including Association of Municipalities of Ontario, were copied on this letter and Resolution and asked for endorsement.

Peel Resolution 2016-144 outlined the following:

> *"That the Ministry of Health and Long-Term Care be requested to expedite the improvements related to the ambulance dispatch system by implementing the Medical Priority Dispatch System, as described in the report of the Commissioner of Health Services titled "Ambulance Communications and Dispatch Services Advocacy", across the Province of Ontario;*
>
> *And further, that the Mississauga Dispatch Centre, given the call volumes, be given priority for implementation;*

And further, that a copy of the subject report be sent to all designated delivery agents for land ambulance in Ontario, the boards and CEO's of the Local Health Integration Networks, the Community Care Access Centres and hospitals serving Peel, and the Association of Municipalities of Ontario, and the Association of Paramedics Chiefs, for endorsement."

The intent of their correspondence is supported by the Hamilton Paramedic Service and it is our understanding that changes to that effect have already been initiated by the MOHLTC. Further, at the October 2016 general meeting of the Ontario Association of Paramedic Chiefs (OAPC) the Director of the Ministry of Health and Long Term Care (MOHLTC) Emergency Health Services Branch (EHSB) indicated that the procurement process for the requested instrument was underway and that the first anticipated ambulance dispatch centre to receive the tool and training would likely be the MOHLTC operated ambulance dispatch centre located in Mississauga.

As background, under authority of the Ambulance Act the MOHLTC, Emergency Health Services Branch (EHSB), has responsibility for the operation of all ambulance dispatch operations. It fulfils this responsibility either directly, through the operation of the dispatch centre, or indirectly through a transfer payment operation. The MOHLTC provides 100% of approved funding for the operation of ambulance dispatch centres irrespective of whether the centre is directly or indirectly operated.

Part of the operation of an ambulance dispatch centre includes the utilization of a dispatch call-taking screening tool which is essentially a series of scripted questions the call-taker asks in a standard fashion. Caller responses to this series of questions determine the priority, or urgency, of response the call-taker will assign to the call. Priorities can range from Code 1 (deferrable, non-emergency); Code 2 (scheduled, time critical); Code 3 (prompt but not life-threatening emergency); and Code 4 (potentially life threatening emergency).

The MOHLTC EHSB mandates use of a call-taking screening tool called the Dispatch Priority Card Index (DPCI) for use by all call-takers in all but two (2) of the dispatch centres across the entire province. The DPCI system is an "in house" created system unique to the Province of Ontario and not utilized in any other jurisdiction.

Two transfer payment dispatch centres, operated respectively by the City of Toronto and the Region of Niagara, have been approved by the MOHLTC EHSB to utilize a different call-taking screening tool, the Medical Priority Dispatch System (MPDS). MPDS is much more widely used in almost every advanced jurisdiction as an evidence based tool. Users of this commercially designed call-screening tool are distributed across every Canadian province, the US, UK, Australia, and New Zealand. MPDS has been demonstrated to have sensitivity in determining which caller conditions may

require an emergency, lights and siren, response, and reducing the number of calls that are over-prioritized. The sensitivity and specificity of the MPDS call-taking tool when used correctly improves the availability of municipal resources by allowing them to be better targeted to the calls requiring emergency response and allowing queuing of lower priority calls in a safe and effective manner to better manage peaks in service demand.

The background issues related to the efficacy of using MPDS rather than DPCI have been well documented in various studies and reports including the 2015 Auditor General analysis of Land Ambulance Services.

As background to this analysis, in accordance with the Ambulance Act all paramedics are required to follow the direction of the dispatcher. This includes responding to the call in the manner designated as result of the callers' responses to the scripted call-taker questions. For example if the call-taker says it is a Code 4 call it is assigned by the dispatcher to the closest available ambulance resource and the assigned paramedics must immediately respond to that call with the vehicles emergency warning systems (lights and/or siren) activated.

Further, the MOHLTC EHSB establishes all policies and procedures for the operation of the dispatch centres. An ambulance assigned to a Code 4 call cannot be diverted by the dispatcher to another call unless another ambulance can make it to the original call quicker.

With about 70% of the calls assigned to Hamilton paramedics through DPCI as a Code 4 call; in comparison to 45-50% in comparable services using MPDS, this creates a barrier to our more effective utilization of our available resources. There are daily examples of paramedics being assigned to lights and siren responses simply because the patient is "sweating", is "drowsy", or any other range of lesser ailments that would not trigger a life threatening response using MPDS.

The MOHLTC EHSB response to the 2015 Auditor General report outlined that an analysis of the two call-taker screening systems had been completed by medical experts and that the MOHLTC has committed to moving forward with a change to a new screening system to be implemented by September 2018.

Since that time the MOHLTC has advised the ambulance services that utilization of a new call-taking screening tool procured through the normal government processes is underway and likely to be implemented in the first of several MOHLTC dispatch centres in 2017.

The actual date of transition of the MOHLTC operated dispatch centre responsible for the Hamilton area has not been determined. At the service level we have been actively

pushing for an early implementation as the Niagara experience clearly demonstrates that the transition to a call screening tool such as MPDS can be operationally implemented within six (6) months.

Further background details regarding the operation of the MOHLTC ambulance dispatch centres, and potential opportunities for enhanced governance or operation of the centre responsible for the dispatch of Hamilton Paramedic Service are attached as Appendix A to Report CES17022 (Hamilton Paramedic Service – Ambulance Service & Dispatch Review, as prepared by Fitch and Associates).

APPENDICES AND SCHEDULES ATTACHED

Appendix A to Report CES17022: Hamilton Paramedic Service – Ambulance Service & Dispatch Review