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Hamilton Paramedic Service

Hamilton

AMBULANCE SERVICE & DISPATCH REVIEW

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CONSULTANT FINAL REPORT

HAMILTON PARAMEDIC SERVICE

AMBULANCE SERVICE & DISPATCH REVIEW

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Purpose of the Report

Hamilton Paramedic Service (HPS) identified a number of operational issues and problems with the current provincial dispatch model. It requested Fitch & Associates prepare a report outlining the impact of dispatch delivery of ambulance service in the City, the potential options for dispatch delivery, along with the strengths, weaknesses, and potential courses of action for the City of Hamilton.

Fitch & Associates Qualifications —

Throughout its 30+-year history, Fitch & Associates has earned credibility by implementing innovative customized solutions in the public safety and healthcare arenas. The Firm has consulted with over 1,000 communities in all 50 U.S. states, most Canadian Provinces and in 12 other countries.

Projects have ranged from objective reviews, analysis and system design issues, communications system design, productivity, consolidation, mergers and strategic partnership designs and enhancement studies to detailed operational, financial and transition management services. In addition to review and design services, the firm has developed, and managed on an interim basis, both land and air EMS systems as well as communication centers for top public safety systems.

Fitch & Associates has reviewed, designed and supported the development of EMS systems and communications centers for major Canadian communities including the Region of Niagara and Ottawa in Ontario, the Cities of Calgary and Edmonton, Alberta, The Provinces of British Columbia, Alberta, Manitoba Saskatchewan, Nova Scotia and Newfoundland. We also designed and implemented the Medical Transportation Coordination Center for the Province of Manitoba, Canada.

Background

The Hamilton Central Ambulance Communications Centre (Hamilton CACC), which is operated directly by the Ministry of Health and Long Term Care, currently provides ambulance/paramedic dispatching services to Hamilton, Brant County, Haldimand County, Norfolk County and the Six Nations. The total number of calls handled by Hamilton CACC (2014) is approximately 112,500. Hamilton Paramedic Service (2014) responded to approximately 72,500 or 65% of the total calls annually.

The provision of ambulance services in Ontario is governed by the *Ambulance Act.* Under the Act, the duties and powers of the Minister of Health and Long Term Care include ensuring "the existence throughout Ontario of a balanced and integrated system of ambulance services and communication services used in dispatching ambulances." Central Ambulance Communications Centre's (CACC's) dispatch all land ambulances. Only ambulance services certified under the *Ambulance Act* may operate in the province.

On January 1, 2000, the responsibility for providing land ambulance services was transferred from the province to 40 upper tier municipalities and 10 designated delivery agents in remote areas. The province announced that it would also fund 50% of the approved costs of land ambulances.

The *Ambulance Act* states that every municipality will "be responsible for ensuring the proper provision of land ambulance services in the municipality in accordance with the needs of persons in the municipality."

Under the Act, the province will continue to pay the full cost of dispatching land ambulances. Across Ontario, land ambulance services are dispatched by 22-ambulance dispatch Centre's, 11 of which are operated directly by the province (including Hamilton CACC). The remaining 11 are operated under a performance agreement with the province (6 are operated by hospitals, 4 by municipalities, and 1 by a private operator). In Ontario no person or municipality is allowed to operate an ambulance communication service unless authorized to do so by the Minister of Health & Long Term Care.

The Problem/Issues

Numerous Ontario municipalities, including Hamilton share a common concern over ambulance dispatch. The primary issue is that of a third party ambulance communications centre (non-municipal) having full authority to deploy the municipality's Paramedic resources and the consequential effects of such decisions on the municipality's capabilities to sustain rapid response time performance, and to operate the service effectively, within the approved operating budget.

The Ministry operated Hamilton CACC has full responsibility and control for all aspects of ambulance service movement, answering and processing/triaging of incoming requests for ambulance/paramedic service, the assignment of ambulances/ERV's to emergency and non-emergency calls, and the deployment of available resources to provide ambulance/ERV coverage within the Municipality. Each of the Paramedic Services has a specific deployment plan to address ambulance/Paramedic coverage across the municipality. These plans have been agreed to and signed off by the service and Hamilton CACC. However, under the current legislation a dispatcher can decide to override the approved deployment plan in order to provide coverage. Paramedics and Supervisors are required by statute to follow all directions of the dispatcher with respect to specific call responses and vehicle deployment. The Hamilton Paramedic Service does not have the authority to assign or deploy paramedic crews or to override assignment or deployment decisions made by a dispatcher.

The province through its CACC also controls all call data generated by the computer aided dispatch (CAD) system. Under the current model the municipality has very little opportunity to impact on the efficiency, effectiveness and productivity of the daily operations of the Paramedic Service.

The performance of the provincially operated Hamilton CACC directly affects the municipality's delivery of Paramedic Services, and impacts on the operational performance and management of productivity and costs. The current dispatch model does not promote a partnership approach with Hamilton Paramedic Service. Efficiency and service excellence can only be achieved when both partners work together to share a common goal, which is to provide excellence in service delivery to the community we serve. However, in this case it appears that Hamilton CACC functions in a business structure in which the goals and objectives of the Paramedic Service operations and the Hamilton CACC are not well aligned. As a result, dispatch is disconnected from key parts of the system.

Because dispatch is essential to effective operations, its performance impacts on other parts of the system and on its ability to perform and aggressively improve service. The current provincial dispatch model does not promote the type of creativity and innovation that is necessary to achieve service excellence. Across North America, including Canada, there are many examples of ambulance dispatch systems that have achieved service excellence and as such have received accreditation as a "Centre of Excellence" by the International Academy of Emergency Dispatch (IAED). The IAED is a non-profit standard setting organization promoting safe and effective emergency services dispatch worldwide. This independent process is similar to the accreditation process for many other health systems, such as hospitals. In Ontario, only Toronto and Niagara are currently accredited as ambulance dispatch "Centres of Excellence".

EMS/Paramedic Systems must achieve clinical excellence, response time reliability, consumer satisfaction, economic efficiency and continuous improvement, simultaneously to consistently provide excellent care for patients. The current system does not allow for these to be achieved. EMS/Paramedic dispatch is a complex, contentious issue and an integral component of achieving that goal. Failure to perform cannot only be detrimental to patients, it reduces public confidence, negatively impacts the work environment and increases turnover. Dispatch quality and responsiveness also have a direct correlation to the costs of producing acceptable response times and other desired clinical outcomes.

There are a number of significant operational challenges that have been identified with the provincial Hamilton CACC model of pre-hospital call taking and dispatching including:

Response Time Performance:

The dispatch response/call processing time is measured from the time the dispatcher picks up the call until the time the ambulance/ERV crew is given the call information.

Prior to 2013 the provincial dispatch standard for answering and processing 911 calls in Ontario was 2 minutes or under at the 90th percentile. In 2013 the province changed the standard to allow each provincial dispatch centre to choose the percentage of urgent calls it would need to dispatch within 02:00 minutes. As a result, the new standard for dispatch compliance ranges from 70-90th percentile depending on the individual dispatch centre. The new standards are based on measuring patient acuity as measured by paramedics after arriving on-scene and have assessed the patient (retrospectively), rather than on the information provided

by the caller at the time of the 911 call. We are not aware of any other jurisdiction that is using a retrospective response time measure.

In North America and many other jurisdictions the best practice standard for ambulance dispatch response/processing time is 2 minutes or under at the 90th percentile, which means that 9 times out of ten the call should be processed in under 2 minutes. According to the information provided to HPS by the Ministry, the 90th percentile response times for Hamilton CACC for 2015 was 03.01 minutes, more than a full minute over what is considered best practice.

The Ontario Municipal Benchmarking Initiative (OMBI) also utilizes the best practice standard of 2 minutes at the 90th percentile (see Fig.1).

A one-minute delay at dispatch may have a significant impact on patient outcome depending on the nature and acuity of the patient. The overall performance impact of a one-minute delay in dispatching a response vehicle is not only detrimental to the patient as this delay in response also contributes indirectly to increased costs for both the municipality and the province (province pays 50%.) In order for the Paramedic Service (Fleet Operations) to achieve a one-minute reduction in response times it would take considerable financial effort, the service would need to significantly enhance both staffing and fleet. Given the current Hamilton Paramedic response time the enhancements needed to achieve a one-minute reduction could range from 7-10% of current available resources, or approximately $4-5 million annually.

The general public does not understand or necessarily care about who does what when they have an emergency and call 911; they want help as soon as possible. It is unlikely that the general public would be aware that responsibility for the 911 call answering, processing and the assignment of 911 calls are the responsibility of the provincially operated Hamilton CACC dispatch and not the City of Hamilton Paramedic Service.

"Chute *Time" is the time it takes a paramedic crew to go mobile on a call once notified by dispatch.* Although Hamilton Paramedic Service has a very good average chute time (2015 average=01.02 min.) the combined dispatch call processing time and paramedic chute time brings the actual time to go mobile to over 4 minutes (*Information provided by the MOHLTC*). About 75% of the time spent from when the phone rings in the dispatch until an ambulance is enroute to the call is consumed with dispatch call handling, and that is where the largest system improvements need to be made.

Combining state of the art technology to reduce call taking/processing times and real time paging technology would result in significant efficiencies in performance and cost.

The Central Ambulance Communications Centre's performance profoundly impacts both clinical outcomes (response times) and cost (efficiency) of service delivery.

Figure 1*: Ontario Municipal Benchmarking Initiative (OMBI) 2014 (2015 Not yet reported)*

How long does it take from the time a call is received and dispatched to EMS unit?

Fig 8.7 90th Percentile Response Time – EMS TO-2 Code 4 (AMPDS 1 and 2/DE, optional in C)

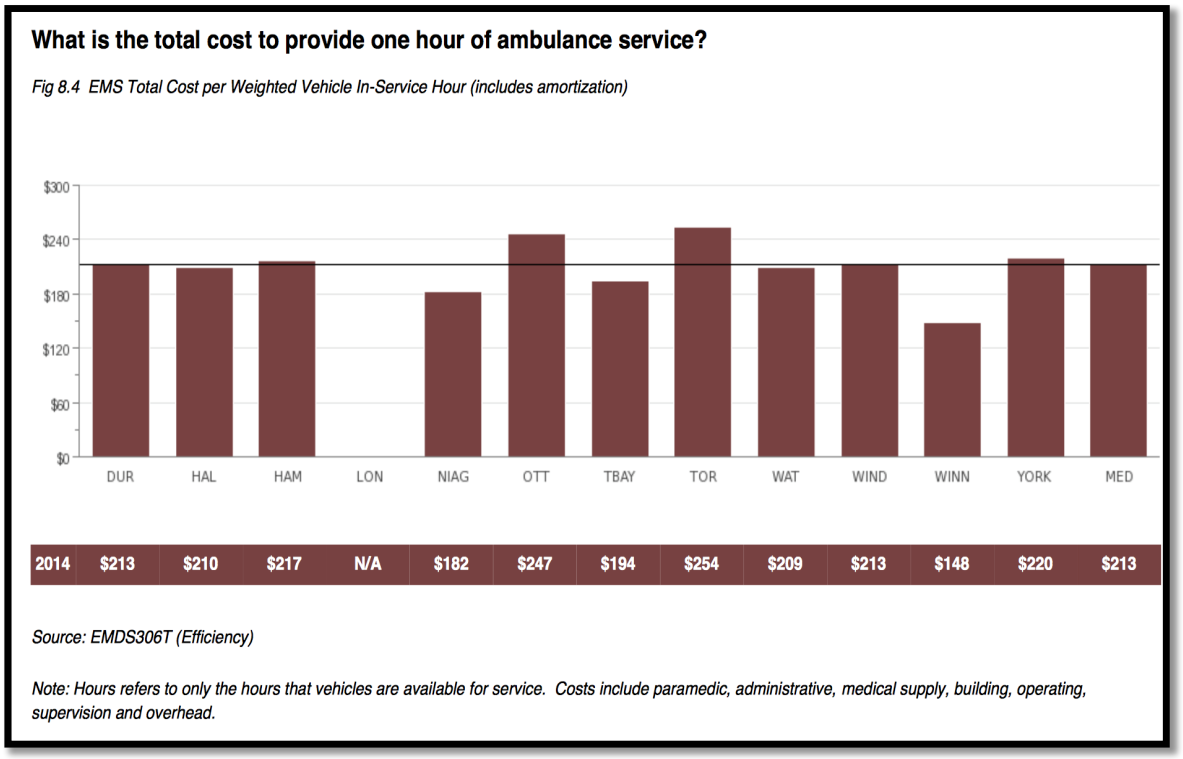
Municipality	EMS TO-2, Code 4, 90th Percentile Response Time (min:sec)		
	2012	2013	2014
DUR	2:29	No data available	3:07
HAL	2:53		2:49
HAM	3:10		2:59
NIAG	1:55		1:58
OTT	2:35		N/A
TBAY	2:18		2:50
TOR	2:59		3:04
WAT	3:50		3:53
WIND	3:27		N/A
WINN	N/A		2:41
YORK	2:41		2:57
MED	2:47		2:57

Source: 2014 - EMDS480; 2012 – EMDS419E (Community Impact)

Note: This data was not collected in 2013, therefore only two years of data is available.

The Ministry of Health and Long Term Care directly operates all land ambulance dispatch service in Ontario with the exception of Toronto and Niagara.

Figure 2: ***OMBI Cost to provide one hour of ambulance service 2014 (2015 OMBI not yet reported).***



Fleet Deployment Issues:

Deployment is defined in the English dictionary as "assigning people to serve in various locations" and "the use of something or someone in an effective way".

Hamilton Paramedic Service (HPS) is responsible for developing deployment plans to meet the needs of the people they serve. These plans can be fluid as the number of available units will fluctuate depending on call volumes, times of day etc. Deployment requires real time monitoring and quick retroactive analysis of incidents in order to ensure that they are deployed in accordance with the service plans. Hamilton Paramedic Service does not have real time monitoring or operational control over deployment. Under the current dispatch model, it is Hamilton CACC that monitors and manages the deployment of the paramedic services resources. At times Hamilton CACC does not follow the service deployment plan. Further, the dispatch information is not shared with the City of Hamilton in a timely fashion, which restricts the ability to perform a timely retrospective analysis. As previously stated, Hamilton CACC functions in a business structure in which the goals and objectives of the Paramedic

Service and Hamilton CACC are not well aligned. As a result dispatch is disconnected from other key parts of the system. Under the legislation, a dispatcher has the authority to override service deployment plans in accordance with provincial policies. Effective deployment and utilization of resources is central to the Hamilton Paramedic Service operational and financial sustainability as call demand increases over time.

Technology Issues:

Hamilton CACC utilizes a computer aided dispatch program (CAD) along with global positioning satellite system to dispatch all ambulance service resources in its catchment area. This CAD system has the capability of operating upgraded state of the art technology currently utilized in dispatch and paramedic services in North America, United Kingdom, and many other jurisdictions. Locally, Niagara EMS is an example of an integrated paramedic and dispatch service operating with state of the art technology in both fleet and dispatch. At this time Hamilton CACC lacks best practice operating technology that could integrate with the Paramedic Service to ensure greater accuracy, reduce call taking and dispatching time, thereby reducing overall response time. Although the province is currently looking at ways to improve the provincial dispatch system both technically and operationally there are no timeframes or details available as to how or when this might occur.

Dispatching ambulance systems when demand and unit availability changes from moment to moment is complex. Technology, along with process improvement can enhance the performance of the entire system, while reducing the potential for human error in the system.

Some examples of technology commonly utilized in North America and elsewhere that would enhance the performance of the entire system (dispatch & Fleet) are:

- Medical Priority Dispatch System (MPDS) – A commercial medical prioritization tool produced by Priority Dispatch Corp. This product is used in 45 countries, including most of the provinces in Canada. In Ontario only Toronto and Niagara presently utilize MPDS. The rest of the province utilizes the Ontario Built Dispatch Priority Card Index System (DPCI 11).
- Headstart – An automatic real time paging system that alerts the closest/fastest response vehicle prior to the call being processed by the dispatch centre.
- Simultaneous Fire Dispatch – Technology that allows Fire to be dispatched at the same time as the ambulance through a CAD-to-CAD interface.

- Deployment Planning & Demand Monitoring Systems – (e.g. MARVLIS, Optima Predict) are real time temporal and spatial analysis tools that provide a complete overview of the effectiveness of your resource deployment.
- Mobile Data Terminals in all vehicles – Integrate directly with the dispatch CAD, GPS, systems to provide silent real time information to responding vehicles, including, call routing, updated information, traffic congestion, safety alerts.

Note: The above are just a few examples of the types of best practice technologies that are being utilized to enhance performance and efficiency in state of the art Ambulance Dispatch Centre's in North America. In Ontario only Niagara and Toronto currently utilize such technology.

Dispatch Call Screening Tool (Triage).

Hamilton CACC utilizes the provincially designed Dispatch Priority Card Index 11 (DPCI 11) call prioritization system, which is used throughout Ontario, except in Toronto and Niagara where they use the Ambulance Medical Priority Dispatch System (AMPDS). The DPCI 11 tends to over-prioritize 911 calls when compared to other available 911 call screening tools such as AMPDS. In Hamilton CACC approximately 70% of 911 calls are assigned as Code 4 emergency calls (lights/siren), of those calls approximately 8% are confirmed as code 4 emergency calls by the paramedic crew. Once assigned to a code 4 emergency call the responding ambulance/ERV cannot be re-assigned. In systems (US, Canada, UK), utilizing other call screening tools such as AMPDS the average is approximately 40% of calls are assigned as emergency calls. Over prioritization of calls results is inefficient use of valuable resources; this can leave few or no ambulances available to respond to calls that are truly life threatening or urgent. A more efficient system of screening and assigning high priority calls would reduce the number of high priority 911 calls, thereby reducing the pressure on the entire system, including the potential fatigue and stress impact to paramedic staff who are responding (lights & Sirens) to the calls dispatched as high priority.

A reduction in high priority calls, combined with improved technology may also reduce duplication of service by improving the coordination of emergency response by external agencies, such as Fire (Tiered Response).

Off-Load Delays

Although Hamilton Paramedic Service has done a good job of managing and reducing off-load delays at area Hospitals, the lost time unit hours are still over 20%. The three Hamilton hospitals receiving adult patients are currently ranked by the Ministry of Health and the local Health Integrated Network System as being 65th, 71st, and 73rd of the 73 major Ontario hospitals with respect to their management of ambulance off load times. This loss of productivity is inefficient, both operationally and financially. Reduction of off-load delays would increase productivity and contribute to improved performance. There are examples of success in reducing off-load delays, such as Niagara EMS where all Health Care partners agreed to work together, resulting in agreements that have significantly reduced off-load delays. The off-loads are monitored in real time at the integrated Niagara ACS (dispatch), with agreed upon actions to be taken by dispatch management at certain trigger points to direct staff to off-load patients depending on numbers of ambulances available to respond to calls for service.

In order to further improve the off load delay situation in Hamilton it is necessary for all health care partners to understand the need to work as an integrated team with the same goals and objectives. The paramedic service, the ambulance dispatch and the hospital system in Hamilton need to be aligned with one objective, that is to provide the very best care possible, whether it be pre-hospital (Paramedic) or in the emergency department. If the priorities and focus are not well aligned it will be very difficult to continue to improve the off-load delay performance. It is well understood that off-load delays are at times inevitable, however as noted above there are examples where off-load delays have been significantly reduced through agreed upon off-load performance standards.

The City with its legislated responsibility to ensure adequate ambulance resources, and to fund the provision of those resources, has a keen interest in ensuring all parties work towards meeting their interests.

It is important to understand the significant role the ambulance dispatch centre should play in the monitoring and managing of the off-load issue. A modern ambulance dispatch centre does much more than just dispatch ambulances. It is the system's real time command centre and should function much like an air traffic control centre. It manages a number of critical processes, as well as managing all of the system's field assets. The dispatch centre is responsible for routing ambulances to the appropriate health care facilities, which in many cases is pre-determined by

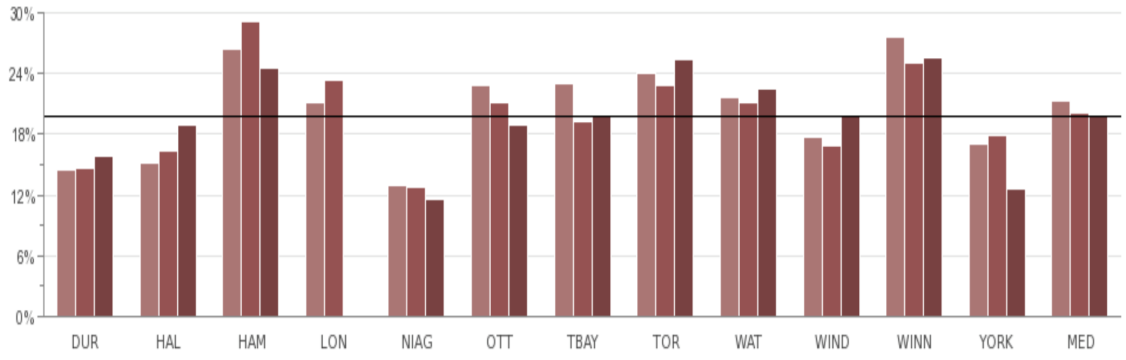
patient destination protocols (PDP) for certain types of illness or injury (Stroke, Cardiac, Trauma etc.).

For 911 calls that do not fall under the pre-determined Patient Destination Protocols a general Patient Distribution System should be used in order to fairly distribute patients to area hospitals, thus avoiding "clumping" or overloading the number of ambulance arrivals at one destination. It is critical that all partners understand the significance off-load delays play in compromising the ability for the City of Hamilton to ensure the proper provision of ambulance service to the community.

Figure 3: ***OMBI – Time Spent in Off-Load delay 2014 (2015 OMBI not yet reported).***

What percent of time do ambulances spend at the hospital?

Fig 8.2 Percent of Ambulance Time Lost to Hospital Turnaround



2012	14.5%	15.2%	26.5%	21.1%	13.0%	22.8%	23.1%	24.1%	21.6%	17.8%	27.7%	17.0%	21.4%
2013	14.7%	16.4%	29.2%	23.3%	12.8%	21.2%	19.2%	22.9%	21.1%	16.9%	25.1%	17.9%	20.2%
2014	15.9%	19.0%	24.5%	N/A	11.5%	18.9%	19.9%	25.5%	22.5%	19.7%	25.6%	12.6%	19.7%

Source: EMDS150 (Community Impact)

Note: Time spent in hospital includes the time it takes to transfer a patient, delays in transfer care due to lack of hospital resources (off-load delay), paperwork and other activities. The more time paramedics spend in the hospital process equates to less time they are available to respond to calls.

Operational Data

A modern Ambulance Communications Centre does more than just dispatch ambulances and other response vehicles/agencies. It is the systems real time command centre. It also collects real time data that can be used to improve the performance of the system as a whole. This function is accomplished most effectively when the communications centre is fully integrated with the organization that has responsibility for the systems performance.

In this case all data is "owned" and controlled by the province, all call data is generated by the provincial computer aided dispatch system. Selected information is generated and forwarded to the ambulance services across the province. According to HPS it is not uncommon to wait 30-40 days for their data to be downloaded. When real time data is not available the system cannot respond rapidly and effectively to correct any performance issues. For example, the process to review a single days call events to better understand an issue or critical event requires an inordinate amount of work and documentation, with no guarantee of actually being able to access the required original dispatch information in a timely fashion.

The above operational issues have been identified as the key issues that need to be addressed and improved upon regardless of which dispatch option is eventually selected as the most preferred model for Hamilton. There is no doubt that the issues and challenges with the current Provincial ambulance dispatch system directly affect the municipality's ability to monitor productivity and manage performance and costs.

Governance Options:

There are multiple options to be considered, they include:

- Status Quo
- Partnership Model with the Province
- Integrated Hamilton Emergency Services Model
- Consolidated Hamilton Emergency Services Model
- Fully Integrated Hamilton Paramedic Service/Dispatch Model
- Direct Delivery Model for Hamilton, Brant, Haldimand, Norfolk and Six Nations

A detailed description of each follows:

Regardless of the model there are a number of factors that must be considered when reviewing the governance options, including:

- The dispatch system will be tied to the Paramedic system, allowing them to work in concert and with the same priorities
- Patients will receive the quickest/closest, most appropriate medical response
- Technology will be upgraded to allow for better communications and tracking of response vehicles
- Local partnerships will be explored that will help to quantify savings and benefits of shared services/integration
- Higher standards will be introduced, including defined dispatch process times and total incident response times
- Will demonstrate innovation and provides the province with an opportunity to assess a different type of dispatch operation
- Will address many local concerns regarding the quality if ambulance dispatch

Dispatch Governance Models:

Status Quo Model

Which means the current model where municipalities have little opportunity to influence policy and strategy. This model would require the municipality to continue to pressure the province to implement workable solutions to address the deficiencies in a timely manner.

- The province would continue to pay 100% for all costs associated with this model.
- Basically no benefit or barrier as this is the current model.

Partnership Model with the Province

Would allow the province to continue to operate Hamilton CACC with direct operational oversight by Hamilton Paramedic Service in the form of a performance agreement between Hamilton Paramedic Service and the province. The performance agreement would outline the expectations of the Paramedic Service and the performance standards to be met by Hamilton CACC. This model would likely be of interest to the other land ambulance providers in the Hamilton CACC catchment area.

The province would continue to pay 100% for this modified model.

Barriers: The province has so far resisted any type of municipal oversight or performance agreements within their directly operated CACC's. Even with a performance agreement there is no way to ensure compliance as provincial legislation and policy would take precedence over many of the standards contained in the performance agreement.

Integrated Hamilton Emergency Services Model

A directly operated ambulance dispatch service, potentially integrated with the other Hamilton emergency service/s. This type of model is being reviewed in a number of Municipalities in Ontario (Waterloo, Sudbury, and Niagara).

The integrated model allows each service to operate their own dispatch, while providing some economy of scale by utilizing one large facility for multiple emergency services. As an example, the current Hamilton CACC facility is large and has recently been upgraded, and could accommodate an integrated Hamilton Paramedic and Fire Service Dispatch Centre. This model has potential for improving performance for both emergency services. Integrating into one centre would enable operational efficiencies, by reducing call processing time and the unnecessary duplication of service to non-life threatening medical calls. A reduction in the number of calls that are prioritized as life threatening by dispatch would result in an optimal utilization of tiered Fire response based on medical evidence. This model would also improve the emergency medical response coverage, as Fire would have increased availability to respond to life threatening calls. Unlike the current manual system of transferring calls to fire dispatch, the transfer of calls from the paramedic dispatch to fire would be automated, simultaneous and seamless.

The province would continue to pay 100% of the costs to operate the Ambulance dispatch centre. The municipality would continue to pay 100% of the cost to operate the fire dispatch, including leasing, maintenance etc.

Barriers: There would be added costs for the service/s that would be re-locating into the new facility. The province is unlikely to re-locate the Hamilton CACC due to the fact that it has recently been upgraded and is a large modern facility.

Consolidated Hamilton Emergency Services Model

A consolidated emergency services dispatch centre is one where an emergency services central communications service operated by the City would provide call taking and dispatching for all of the emergency services. This model is much more difficult to achieve as dispatchers and call takers are required to be cross-trained, requiring staff to become proficient at call taking and dispatching for more than one type of emergency service. Call taking and processing for Police, Fire and HPS are very different. As an example emergency medical call taking and dispatching is very complex and requires significant training to become certified and proficient in medical triage, vocabulary, and knowledge.

The province would be expected to share in the cost of the centre, however this would need to be a negotiated item

Barriers: The consolidated model is very complex, especially in larger municipalities and can take many years to plan and implement. There are lots of issues that would need to be reviewed, addressed and resolved, including labor relations issues, training, disparity in wage rates, and cultural issues.

A fully integrated Hamilton Paramedic Service/Dispatch Model

The Paramedic Service and the dispatch Centre are fully integrated into one Emergency Medical Services System, with one HPS management team. Most important is that this model functions in a business structure in which the goals and objectives are well aligned. This model has been successful in Niagara and Toronto.

The province would pay 100% for all costs associated with the dispatch operation.

Barriers: While this model works well in Niagara and Toronto, the province is unlikely to allow the break up the existing Hamilton CACC catchment area, which includes: Brant, Haldimand, Norfolk Counties and the Six Nations.

Direct Delivery Model for Hamilton, Brant, Haldimand, Norfolk, and Six Nations

This model would likely require agreement from the other 4 municipalities and the Six Nations prior to any submission to the province. This model could function very similar to the Ottawa CACC model, whereby the Dispatch Centre is operated by the Ottawa Paramedic Service, but also provides dispatch service to surrounding municipalities in their catchment area. Hamilton Paramedic Service would operate the dispatch centre under a performance agreement with the province, similar to Niagara, Toronto, Ottawa, and Timmins. The area paramedic services within the catchment area would have input into service delivery through agreements and committees. This model would also function in a business model where the goals and objectives of the paramedic services and dispatch are well aligned.

This model has proven successful and is cost effective for the province as the new dispatch service could be housed in the current Hamilton CACC facility.

This model would be funded 100% by the province.

Barriers: In the last 3 or 4 years there have been a number of municipalities that have submitted dispatch proposals to the province for consideration. The province has so far not given any indication that they are prepared to consider any further governance changes.

The province is currently reviewing/evaluating the provincial ambulance dispatch system. The purpose of the evaluation is to develop a series of options for the optimal delivery model for ambulance communications centres across Ontario. The province will be seeking input from selected key stakeholders, including Municipalities, Paramedic Chiefs amongst others.

Next Steps: (A decision to move the dispatch agenda forward)

The City of Hamilton and its paramedic Service will need to decide which governance model best meets the needs of the City and the community in the short term and the long term. The short-term goal is to significantly improve the performance of the ambulance dispatch service. The long-term goal is a gradual full implementation of the preferred governance model.

In the short-term, improved performance could be achieved through enhanced technology (pages 9 & 10) and by providing real time data along with direct operational oversight by HPS.

Achiving the long term goal will require the preparation of a very detailed proposal or business case to the province outlining the benefits of the specific model to the Province, the City of Hamilton, the municipalities within the dispatch catchment area, the public, and other emergency services. Based on previous submissions from Ontario municipalities, the province has been extremely reluctant to enter into discussions regarding the dispatch governance issue. However the Province recently announced that they are seeking a consultant to conduct a program evaluation of the provincial ambulance communications services. The purpose of the evaluation is to develop a series of options for the optimal delivery model for ambulance communication services. The evaluation will look at various service delivery and best practice models, and will take into account regional diversity and geographic differences. The development of a business case for a new model for Hamilton and surrounding areas may provide the province with an opportunity to evaluate the new model as part of the provincial evaluation process.

As outlined in the report the current ministry operated Hamilton CACC also provides ambulance dispatching for Brant County (including the City of Brantford), Haldimand County, Norfolk County and the Six Nations. The City of Hamilton may wish to open up discussions with the above municipalities in order to advise them of their plans and to seek their support prior to any formal discussions/proposals to the Province of Ontario.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