

INFORMATION REPORT

TO:	Chair and Members Healthy and Safe Communities Committee
COMMITTEE DATE:	September 10, 2018
SUBJECT/REPORT NO:	Dispatch Governance and Information Data Update (CES17022(a) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Michael Sanderson (905) 546-2424 Ext. 7741
SUBMITTED BY:	Paul Johnson General Manager Healthy and Safe Communities Department
SIGNATURE:	

Council Direction:

At its meeting of May 24, 2017, Council directed the following:

- (a) That staff be directed and authorized to meet with representatives of the Ministry of Health and Long Term Care to discuss alternatives for collaboration in the operation of the Hamilton ambulance dispatch centre including:
 - (i) Pursuing the establishment in the short term of a performance contract or alternative governance models for land ambulance dispatch outlining roles, responsibilities and performance expectations;
 - (ii) Pursuing the provision of current, real time, data from the computerized ambulance dispatch system to support contemporaneous decision making, land ambulance service delivery, and the needs of our partners including hospitals and other emergency services; and
 - (iii) Determining the feasibility, terms and costs for the City of Hamilton to assume operation of ambulance dispatch function for the City of Hamilton in the same manner as has been developed for the City of Toronto, the Region of Niagara, or the City of Ottawa.
- (b) That staff be directed to report back to the Emergency & Community Services Committee within 6 months with respect to the items outlined herein.

Information:

The Emergency Health Program Management and Delivery Branch of the Ministry of Health and Long Term Care (MOHLTC) has responsibility for oversight and management of the Land Ambulance Dispatch programs established and funded by the Ministry in accordance with the *Ambulance Act R.S.O. 1990*.

Following the May 24, 2017 Council meeting, the Hamilton Paramedic Services Chief corresponded with the Director of the Branch on June 6, 2017. A follow up discussion was held with the Director and various staff on August 25, 2017, and further discussions occurred on November 3, 2017, December 15, 2017, and February 15, 2018.

Item (a)(i) in the Council direction addresses the establishment, in the short term, of a performance contract or alternative governance models for land ambulance dispatch outlining roles, responsibilities and performance expectations. On or about the date of the August 25, 2017 meeting, staff received an executive summary of a review the MOHLTC had undertaken regarding the Ontario Ambulance Communications service delivery model (attached as Appendix A to Report CES17022(a)).

In addition to evaluating the potential implications of three delivery models the executive summary highlighted:

- Performance Management and Monitoring;
- Leadership and Structures;
- Infrastructure Technology Requirements;
- People and Roles; and,
- Health Care System Integration.

It was identified early in the discussions, that with the MOHLTC evaluating the future direction of Land Ambulance Dispatch delivery based on the recently completed report, there would be no ability to initiate a change in service delivery or governance within the ambulance dispatch centre (Hamilton CACC) responsible for assessment and assignment of all ambulance calls within the City of Hamilton. Slightly more than 70% of all calls managed through the Hamilton CACC are for our Paramedic Service.

In the fall of 2017, subsequent to our initial governance discussion with the Director, we received a copy of the full Deloitte Report through our Provincial Association, the Ontario Association of Paramedic Chiefs (OAPC). The full report expands significantly on the background details and analysis of the consultants. It remains that the MOHLTC still needs to determine future direction with respect to service delivery models and governance.

The second item in Council direction, item (a)(ii) directs pursuing the provision of current, real time, data from the computerized ambulance dispatch system to support

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contemporaneous decision making, land ambulance service delivery, and the needs of our partners including hospitals and other emergency services. With the assistance of peer services, the OAPC, and the cooperation of Director of the Emergency Health Program Management and Delivery Branch, we are able to report more success in moving toward this objective.

Following site visits to Essex-Windsor Paramedic Service to view and evaluate the proof of “Real Time Data” (RTD) concept trial they have been engaged in, discussions with our electronic patient care report (ePCR) vendor, discussions with the Ottawa Paramedic Service regarding their RTD dashboard project, and a series of meetings with the MOHLTC, we are now in the final stages of implementing two data projects:

1) CADLink

Through the CADLink project key dispatch information will be provided at the time it is entered by the dispatcher into their Computer Assisted Dispatch (CAD) program to our ePCR vendor (InterDev Technologies).

This information will then be provided to the responding paramedic crews on the mobile computer terminal already present in the ambulance, including times, call detail information, and any necessary call flags or alerts. Further, the call location will be pre-populated on a proprietary mapping program, linked to our existing Automatic Vehicle Locating (AVL) system, and provide enhanced turn by turn directions to the responding paramedics for route management.

The information will automatically initiate an ePCR for the call and pre-populate elements of the ePCR to assist the responding paramedic in documentation as well as improving the quality of documentation. Most importantly, once the paramedic has completed the ePCR the full call information, including dispatcher details will be available to our service for analysis and to support decision making. The availability of this information will significantly improve the timing of the availability of dispatch information and enhance the reliability of linking the dispatch information to the patient outcomes.

Proof of concept trials have been concluded successfully, necessary adjustments to the computer programs on our vehicle based lap top computers are in the process of being made, and initial training of paramedic staff on the new system is planned to commence in September 2018. The actual RTD data stream is now live and in place to our ePCR vendor to support the project. Operational implementation is planned on a gradual basis to facilitate change management and learning processes with a target of full implementation being completed by March 2019.

2) “Real Time Data” (RTD) Dashboard

The RTD Dashboard project includes the use of the same RTD data feed to populate live operational dashboards that are tailored individually for paramedic service operations, paramedic service senior management, hospital emergency department operational management, and ambulance dispatch operations. The trial development of the RTD Dashboard was completed by the Ottawa Paramedic Service who have graciously extended the backbone of the system to us with minimal modifications costs.

The focus of the RTD Dashboard is on supporting awareness of available vehicle status, current response time performance, hospital patient distribution awareness and decision making, and the creation of a “landing board” view of ambulance arrivals for the hospitals. As with the CADLink project, the information is available for retrospective analysis as well as ensuring current views.

We are currently having the Hamilton specific information adapted into the developed program through our Ottawa Paramedic Service partners at a cost anticipated to be less than \$10,000, and are securing the necessary licenses to allow the information to be viewed at the required locations (dispatch, emergency departments, mobile computer terminals in supervisor vehicles, etc.). We anticipate the initial dashboard being available to assist operations in September 2018 with refinement to further tailor the dashboard for Hamilton needs to follow after a period of use.

The third item in Council direction, item (a)(iii) is to determine the feasibility, terms and costs for the City of Hamilton to assume operation of ambulance dispatch function for the City of Hamilton in the same manner as has been developed for the City of Toronto, the Region of Niagara, or the City of Ottawa;

As the MOHLTC is not currently prepared to engage in the discussions pending completion of their review and determination of future direction from the June 2017 Deloitte Report, no action has yet been taken on this item.

However, Hamilton’s Paramedic Chief has been invited to participate in, and has been attending, the recently created MOHLTC Ambulance Dispatch Implementation Table (ADIT) as an OAPC representative. The focus of the ADIT includes various technological and operational issues, including the implementation of an enhanced call screening tool, provincially. This participation should enhance our awareness of, and input to, the development of change in response to the Deloitte Report.

Appendices and Schedules Attached

Appendix A to Report CES17022(a): Ontario Ministry of Health and Long Term Care
- Review of the Ambulance Communications
Delivery Model – Executive Summary, June
2017