The current land ambulance dispatch system was developed throughout the 1980’s when the Ministry of Health & Long Term Care (MOHLTC) was 100% responsible for the provision of all aspects of land ambulance service. The system is provided through a network of 23 Central Ambulance Communication Centres (CACCs) and Ambulance Communications Services (ACSs) that are 100% funded and governed by the Emergency Health Services Branch (EHSB) of the MOHLTC. Of the 23 centres, 12 are directly operated by the Province, 6 are operated by hospitals, 1 is privately operated and 4 are municipally operated.

The City of Toronto and Region of Niagara ACSs are the only two municipally operated dispatch centres that are solely integrated with their paramedic service. The Ottawa CACC is integrated and operated by the Ottawa Paramedic Service but also provides dispatch services for surrounding municipal EMS providers. The Timmins ACS is operated by the City of Timmins Police Service as a tri-service dispatch centre and in isolation of Cochrane District EMS.

1. How does the current model impact the ability of municipalities and DSSABs to deliver effective and responsive service or proactively implement service improvements or address operational issues in real-time?

The model does not permit the operators and dispatchers of CACCs/ACSs to be held accountable to the respective EM / paramedic service. Situations or strategies which require decisive action lack a clear “chain of command” that ensures the dispatch service will take the appropriate action in a timely fashion. The assignment of paramedic resources are under control of the CACC, while the paramedics’ working conditions and work direction is provided through the service operator and its respective municipalities.

2. Why does improper call prioritization put the paramedics, public, and patients at risk?

Improper call prioritization puts the public, paramedics and patients at risk for two reasons. Firstly, there is an inherent risk to the paramedics and the general public when emergency vehicles are travelling under “emergency conditions” (emergency lights and siren response). Municipalities and DSSABs are being exposed to unnecessary risk and liability as a result. Secondly, EMS is subject to variable demands and spikes in call volumes that can deplete available resources quickly. When calls are improperly prioritized as emergent, ambulance resources can be depleted to levels that cause response delays to patients whom are truly emergent.

The call prioritization tool currently utilized by Ontario CACCs/ACSs is the Dispatch Priority Card Index Version 2 (DPCI II). Despite some modifications to the series of questions being utilized, there are still a high number of patients being improperly prioritized as emergent when they are presenting to paramedics as non-emergent. Toronto EMS and Niagara Region EMS utilize an internationally developed and proven triage tool called the Advanced Medical Priority Dispatch System (AMPDS). The AMPDS system functions similarly to DPCI II but provides for 5 levels of patient acuity that mirror the Canadian Triage Acuity System (CTAS) levels developed by the Canadian Association of Emergency Physicians. This
program consistently provides better accuracy than DPCI II in determining patient acuity at time of dispatch.

3. What is the performance measurement for the CACC?

EHSB has established a benchmark from receiving the call for assistance to the dispatching of an ambulance resource of two minutes (120 seconds).

By increasing the performance and reliability of dispatch handling times, an opportunity exists for significant improvement in overall response time performance. Further, improving overall response time through efficiency in dispatch handling times will result in cost avoidance for municipalities and the Province. This economical system improvement arises when municipalities can avoid increasing resources to deal with call demand.

NOTE: Data reviewed by the OAPC over a number of years shows that most CACCs/ACSs do not meet the two minute requirement with any reliability or consistency.

4. Why do municipalities and DSSABs seek options for governance and operational control of land ambulance dispatch services?

As a result of Local Services Realignment, municipalities have a legislated responsibility to...“ensure the proper provision of land ambulance services in accordance with the needs of the municipality”. In order to provide proper service, EM/paramedic services and CACCs must operate in concert to provide seamless operations and delivery of service.

Dispatch functions as the central point through which the deployment of EMS resources are controlled and monitored, and is the first point through which deficiencies are realized and can be proactively addressed. The current system creates a disconnection in the fluency of operations through its utilization of separated CACCs/ACSs. These CACCs / ACSs have no direct accountability or responsibility to the municipalities they serve.

5. Should the Province of Ontario continue to provide legislative and regulatory oversight and 100% funding for land ambulance dispatch services?

Yes.

The Ambulance Act mandates these obligations to the Province through the Minister. Furthermore, the OAPC recognizes the importance of ensuring that provincial standards relating to the operation of communications services and the provision of a provincial radio communications infrastructure are maintained. These are important elements in ensuring the seamless delivery of high quality services to Ontarians. Therefore our communications systems must continue to maintain inter-operability across jurisdictional boundaries through a provincial framework.
The OAPC believes the role of the Province in the delivery of land ambulance services should focus solely on legislative and regulatory standards, compliance activities, and funding.

6. Where do we go from here?

The OAPC believes the current network of CACCs/ACSs operated by EHSB lacks accountability and transparency which directly impacts the overall EMS system of response. The system as it operates today places paramedics, patients and the public at unnecessary risk. Further, the poor performance of the current dispatch system places an unnecessary financial burden on municipalities.

As proven leaders in land ambulance delivery, the OAPC invites the Provincial Government to join with our strategic partners and municipal leaders to commence discussion surrounding the design of a dispatch system that will improve the safety, effectiveness, and efficiency of paramedic services in the Province of Ontario.