~ Tuesday, October 1 ~

Welcome and Introductions
The Association of Municipal Emergency Medical Services of Ontario

The Chair welcomed the members and acknowledged the generous contributions of the vendors that sponsored meals or breaks in addition to paying for a vendor booth including: A-1 Uniforms, Crestline Coach, Controle PC International Inc., Demers Ambulance, Emergency Vehicle Restoration Ltd., Equipment Medical Rive-Nord Inc., Stryker Canada LP and Medca Canada Inc., Zoll Medical.

Approval of Minutes from May 14, 15 & 16, 2002 – Approved as distributed.

Report from Executive

The Chair reported that on Thursday, representatives from Conestoga, Centennial and Niagara Colleges will discuss concerns regarding some unions’ demands for compensation for preceptoring PCPs.

At the annual meeting in September, the Canadian EMS Directors group announced that membership is now open to municipalities. The annual membership fee is $500. Mr. Armstrong encouraged members of AMEMSO to join the national organization to ensure that the Ontario perspective is heard at the national level. It has been suggested that AMEMSO partner with the national EMS directors group for the 2003 annual conference. Details of how the vendor revenue would be split between organizations would have to be discussed, along with how the agenda would be set, etc. The issue was tabled for further discussion later in the conference.

Denis Merrall suggested that a permanent committee be formed to be responsible for planning and organizing the annual conference and could also assist with planning the regular meetings throughout the year. It would be tasked with developing a standardized agenda that would be used as a template for organizing all annual conferences. The host community would be involved with the planning committee in order to plan some of the events including co-ordinating the participation of local politicians, arranging spousal programs and events around local attractions, etc. This issue was also tabled for further discussion later in the conference.

The Chair reviewed the voting procedures for the election for the position of Chair and Director-Northern Remote. There will be one vote per municipality for Chair, and only members from the northern group will be allowed to vote for the Director-Northern Remote. The issue of proxy voting was addressed prior to the meeting. It was noted that all other open positions on the Board were filled by acclamation and Brian Bildfell has agreed to fill the position of Vice-Chair that was vacated by Ron Kelusky. A voting area will be set up in the lobby and voting will commence Wednesday morning and close in the afternoon. Elizabeth Glibbery and Annette Laferriere will be present to open and count the ballots.

Mr. Armstrong advised that Dan Newman will provide greetings from the province at the awards ceremony and that Major General Richard Rohmer will present the exemplary medals awards.
Other Issues:

- LAISC has agreed to set a framework around how to address cross border billing issues and has developed a Terms of Reference for the Cross Border Working Group, which will only address cross border billing issues from 2002 forward. A letter will be going to the Marjory Wilcox at the EHS Branch requesting clarification on a number of issues brought forward by the working group. Richard urged members of AMEMSO to review any recommendations of LAISC and provide input. Minutes of the meeting will be distributed to AMEMSO members. LAISC has recommended that municipalities not pay cross border billing charges issued by other municipalities until assurances that the cost per call and call volume numbers can be verified.

- Issues related to 50% Ministry funding of all costs are still being discussed at LAISC, including why air ambulance wage increases of more than the 2% cap imposed on land ambulance services are being funded.

- There is continued discussion over the rationale the Ministry used for reviewing the enhancement funding requests to meet compliance submitted by municipalities. The province has not explained the inconsistencies in the approval of some funding requests while denying similar funding requests from other municipalities. Conditions placed on the funding announcements were seen as unacceptable by LAISC. In addition, the instructions given to some municipalities on whether or not to submit requests for additional funding were inconsistent.

The meeting adjourned at 5:25 p.m.

~ Wednesday, October 2 ~

**Seminars:**

Dr. Paul Bradford  An EMS Response to Bio-Chemical Terrorism  
Dr. Don Eby  ALS in Rural and Remote Communities  
Dr. Curtis Fedoruk  Anatomy of a Successful P.A.D. Program  
Mr. Bruce Krauter  Development of a Children's Safety Village - The Chatham-Kent Story

**Ontario Base Hospital Group – Rationalization Working Group, Dr. Brian Schwartz, Tara Friske**

Dr. Schwartz is the past Chair of the Ontario Base Hospital Group (OBHG) (formerly the Provincial Base Hospital Advisory Group) and a member of the Rationalization Working Group, which has been tasked by the OBHG to develop recommendations to present to EHS. He introduced Tara Friske, Chair of the Rationalization Working Group, Marty
Epp, current Chair of OBHG, Dr. Don Eby, Chair of the advisory committee of OBHG and John Fader, Chair of the Data Base Working Group.

The Rationalization Working Group is looking at defining the future role of the base hospital, by first identifying who the stakeholders are and soliciting input from all stakeholders on how they are serviced. This is the first opportunity the base hospital has had to formally solicit input from all stakeholders including AMEMSO.

Tara Friske reviewed the formation and mandate of the working group and noted that the MOHLTC has set short timelines for completion of a report by the group. The working group includes representatives from across the province, including physicians and program directors. Ms. Friske encouraged the members of AMEMSO to provide their input on a variety of issues surrounding base hospital performance by submitting a completed questionnaire as soon as possible, which will be sent to all stakeholders via email through Richard Armstrong. The working group will be submitting a preliminary report to OBHG in November and the final report including recommendations will go to the MOHLTC in December. All stakeholders will be kept informed through all stages of the process through a communications plan developed by the working group. Any updates from the working group, minutes, and the final report will be shared with members of AMEMSO through Richard Armstrong. Dr. Schwartz encouraged everyone to contact any member of the working group to provide formal or informal input into the process.

Ms. Friske reported that this review is part of the MOHLTC’s plan to review each health program to ensure fiscal responsibility. Involving OBHG at the outset allows for a balanced review process. Ms. Friske’s Powerpoint presentation will be forwarded to the members.

**OMBI EMS Expert Panel - Anthony Di Monte, Co-Chair**

Anthony Di Monte provided an update on the Ontario Municipal Benchmarking Initiative EMS Expert Panel, which has developed a theoretical model to measure performance based on benchmarking and best practice principles. He advised that the group will be meeting in Durham Region on October 23 and 24 and urged anyone interested in participating in the event to contact him by Wednesday, October 9 in order to confirm space availability. The focus on Day 1 will be on training for the expert panel from the OMBI. The focus on Day 2 will be on EMS and the next steps for the group. He stressed the commitment of CAOs from across the province to the benchmarking process and their desire to be proactive in municipal performance measurement.

**Keynote Speaker ~ Jim Knowlton ~ Managing Change**

**Other Business**
Anthony Di Monte shared a presentation, prepared by a paramedic with the City of Ottawa, which illustrates how EMS has changed over the years. To obtain a copy of the presentation on CD, send your request to Anthony Di Monte at anthony.dimonte@ottawa.ca.

The meeting adjourned at 3:25 p.m.

~ Thursday, October 3 ~

Election Results

Brian Bildfell announced the results of the election for Chair and Director-Northern Remote:

Chair: Richard Armstrong
Director-Northern Remote: Jocelyn Bourgoin

Inspections and Investigations ~ Jim Van Pelt

Mr. Van Pelt began by congratulating the members of AMEMSO for the work they’ve done in the transition of land ambulance. Mr. Van Pelt presented an introduction to the Investigation, Certification & Regulatory Compliance Group. He reviewed the structure and roles of the EHSB and the ICRCG, along with the vision and mission. He noted that the new identification card will be wallet-sized. All MOHLTC required information will be on one side and the reverse can be used by the UTM/DDA. The issue of issuing one card per employee per UTM/DDA was raised, which would mean that one paramedic could have multiple cards if they work for multiple services.

The ambulance service identification card application will be changed to reflect certain circumstances, such as a long delay for the base hospital to certify the paramedic. Mr. Van Pelt stressed that it is the responsibility of the UTM/DDA to ensure that staff is qualified and acknowledged the current difference in base hospital requirements for paramedic certification. He also stressed the need for the UTM/DDA to notify ICRCG when staff are hired or leave services in order to maintain the Human Resources Inventory. Reference to symptom relief and defib is not on the application form.

Mr. Van Pelt requested that UTM/DDAs provide the ICRCG with the name and email address of the person to contact in order to revise the provincial HRIS database, as soon as possible. After the current information is corrected, the application forms for ID cards will be used to maintain the database.

Q&A:
• Ambulance Service Review – John Byard asked when UTMs/DDAs can expect to receive reports on reviews that, in some cases, took place more than one year ago. Mr. Van Pelt acknowledged that there are approximately 20 reports outstanding, due to staffing shortages. An electronic document review system is being developed, which should make the process quicker in the future. There is a backlog of certificates to be issued due to lack of staff.

• Jocelyn Bourgoin raised the concern that if symptom relief and defib are added to the application form for ID cards, it could have severe consequences on the provision of service in the North, where paramedics who are being trained would not be available to staff vehicles. Mr. Van Pelt acknowledged the difficulties facing the north and promised to provide assistance to ensure that vehicles are staffed.

• Jim King inquired about the status of CACC reviews, which impacts on UTMs meeting response times. Mr. Van Pelt advised that EHS is working on the development of performance agreements and that most CACCs are covered by agreements, which measure performance effectiveness. He is hopeful that the recent announcement of an additional $3.5 million for dispatch centres will address staff shortages and wages issues.

Richard Armstrong urged the members to review the recent amendments to legislation on the AMO-EHS web site stating that many of the issues brought forward by UTMs/DDAs have been addressed in the new protocols. Mr. Van Pelt's Powerpoint presentation will be distributed to the membership via email.

**Cross Border Billings ~ Richard Armstrong**

Richard Armstrong advised that some UTMs/DDAs have issued invoices for cross border billings. LAISC has recommended that these invoices not be paid until consistency in calculating cost per call rates (whether to include Code 8s, accuracy of ARIS data, issues around billing for repatriation, etc.) is established. According to the legislation, UTMs should only be billing for a positive net number of calls. The LAISC position is that it should be a provincial responsibility to collect cross border billing charges and add or subtract to the funding templates as appropriate.

A sub-committee has been formed to look at resolving outstanding issues regarding call reconciliation. Carmen D'Angelo, Tim Beadman and Dan Hammond are part of the sub-committee along with municipal representatives (i.e. Treasurers) of UTMs/DSSABs. Carmen D'Angelo reported that if UTMs/DSSABs do not have an inter-municipal agreement, the default in legislation is expected to be used in billing for 2001 calls. Input from AMEMSO is requested regarding billing for 2002 calls. There is pressure for some Counties to move forward with billing, as this could have a significant impact to taxes. His understanding is that if the UTM/DSSAB is in a revenue position for cross border billing, they must write off the funds received on the base template at 100% dollars. For those that must pay out, they will receive 50% back from the Ministry.
Tim Beadman reported that the sub-committee has requested clarification from the Ministry on the legislation and will not make any recommendations to LAISC until this information is received. Once this information is received, he will share it with AMEMSO to get feedback from the membership. From a tertiary care centre standpoint, he feels that there should be no billing for repatriation.

**GMCP Report ~ Roon Kasperavicius**

Mr. Kasperavicius provided an update on the status of the Government Mobile Communications Project. A copy of the Powerpoint presentation will be distributed to the membership and is also available on the AMO-EHS web site.

Mr. Kasperavicius thanked the Southwest EMS group for the assistance they provided to Comstall in installing the new mobile radios and requested that all of the old radios be returned to EHS as soon as possible, as they must be returned to Bell.

Questions/Concerns:
- Brian Bildfell noted that health & safety issues have been identified in the cut-over for EMS that did not affect the police cut-over. Paramedics and Dispatchers have expressed frustration with poor radio communications in Windsor-Essex, with dispatch filing ~80 incidents related to communications since the transition. Mr. Kasperavicius advised that Bell Mobility and the EHS branch have investigated the complaints and found that some problems were user related, but not all of the problems have been solved. They are considering other options (i.e. use of portables only). The Windsor-Essex area has been identified as an area of the province that has poor radio communications.
- For those dispatch sites that are currently “non-ARIS”, the infrastructure and equipment will need to be added.
- Conrad Marier noted that new radios will not address the problems experienced with old transmitters that need to be replaced.
- Gord MacEachen raised the concern about the lack of on-site radio repair siting that the cost of bringing radios away for service is unreasonable, along with the downtime of the vehicle, etc. Mr. Kasperavicius advised that EHS is currently looking for less costly repair alternatives.

**Compensation for Preceptoring PCPs ~ Bill Jeffrey, Conestoga College and Donna Cunningham, Niagara College**

John Prno reported that PCPs in some areas are taking exception to ACPs receiving a stipend for preceptoring ACP students and want to be compensated for preceptoring PCP students.

Bill Jeffrey represents the Heads of Health Sciences Departments for 24 Colleges, which meet 3-4 times per year to discuss provincial issues in the delivery of programs.
This group reports to the Vice Presidents group, which in turn reports to the Council of Presidents. He reported that all of the Colleges that offer the paramedic program have been approached to provide compensation. Some of the Colleges already provide free tuition or books, but they want to avoid providing compensation in the form of an hourly rate, as this could set a precedent for other programs. Some colleges pay hospitals to compensate for excessive use of supplies during training, but they do not pay hospital staff that provides the training. Most professional organizations and regulatory Colleges feel that preceptoring is a professional obligation. In Waterloo, it was decided that a lump sum payment to the association as a stop gap measure, rather than paying an hourly rate. Mr. Jeffrey asked for input from the members.

John Prno stated that in Waterloo the union negotiated outside of the collective agreement with another organization (not their employer) for financial benefit, which contravenes the agreement.

Many providers include preceptoring as part of the job specification. The group discussed the ramifications of paying preceptors an additional hourly fee, i.e. how difficult it may be to track hours, filling in for sick leave, etc. It might also lead to increased demands in future negotiations with the unions.

Mr. Jeffrey asked that AMEMSO provide a letter of support, or their position in writing, for consideration during the discussion with College representatives.

**Data Base Working Group ~ Richard Armstrong**

Richard Armstrong reported that at the last meeting of the LAISC FOI group, the province acknowledged the need to establish a database that will meet the needs of all UTMs/DDAs, the Ministry and Base Hospitals. A joint database working group has been proposed to look at what the current system provides and to determine any additional needs required. Membership on the working group will include representatives of the Province, Base Hospital and UTMs/DDAs. It is expected that the working group will initially have to commit a fair amount of time, but most of the work could be done through e-mail and conference calls. AMEMSO members would be informed of the progress of the committee and will be asked for comments/input prior to finalizing the project.

Richard will send out an email with an outline of the role of the committee and request nominations. Depending on number of nominations received, a vote may be held.

**Future Directions ~ Membership Discussion**

Richard Armstrong will send out a questionnaire to all members in order to identify the key issues and priorities for AMEMSO to focus on over the next two years. The Executive Committee will review the results of the survey and bring it back to the membership for discussion at the next meeting.
**Sub-Committee Review and Restructuring**

Rick will circulate a sub-committee list and ask for confirmation of membership and comments. The sub-committees will be structured around the LAISC sub-committees.

Executive Committee members will be assigned to each sub-committee to get the sub-committee started. Sub-committees can then nominate the chair of those committees. Sub-committees will be asked to report their progress to the Executive Committee, which will then compile the information in a newsletter to go out to the membership.

The sub-committees will re-convene at the next conference to discuss action plans. The first task will be for each to develop a Terms of Reference.

It was suggested that the success of the conference be evaluated. The Southwest group, primarily responsible for planning the conference, plans to meet to discuss what worked well and what didn’t, including the agenda, etc. An evaluation questionnaire will be designed and distributed to the members.

**Other Business**

Jocelyn Bourgoin thanked everyone for their support in posting openings in the North for 1-2 week periods over the summer. He expressed his gratitude to all those who responded, especially John Prno and staff from Waterloo for the overwhelming support demonstrated.

Dan Hammond distributed copies of the Terms of Ref. on Cross Border Billing and a letter going to province.

John Prno will send out information on the application process for nominating people for exemplary service awards.

Brent Browett noted that there have been inconsistencies on whether or not defibrillation is a controlled act. In a letter from the College of Physicians and Surgeons, it was stated that it was not a controlled act, yet in a discussion with Dr. Fedoruk, he stated that it was a controlled act.

**Future Meetings**

The membership agreed to hold the next meeting at Blue Mountain Resort in Collingwood on February 16, 17 & 18, 2003. Terri Burton will contact Blue Mountain and advise the members when it has been confirmed.
The Eastern Ontario members will host the May 2003 meeting. Terri Burton will follow up with Dan Chevrier to finalize the dates.

Richard Armstrong will distribute a notice to the membership asking to hear from those interested in participating on a permanent conference planning committee. John Prno has volunteered to continue to coordinate the awards event.

The current five-year plan calls for the Niagara to host the 2003 conference, Sudbury in 2004 and Ottawa in 2005. The National EMS Directors group, at it’s annual meeting in September, has opened up their membership to AMEMSO members and has proposed that AMEMSO hold a joint conference with the national group in Ottawa in 2003. The national group has enlisted the assistance of a consultant to plan the event. John Prno advised that the vendors have indicated that they will not participate in two conferences next fall, but would be willing to participate in a longer event if a joint conference is held. The group discussed whether or not it would benefit AMEMSO to hold a joint conference. Most members felt that AMEMSO should take the lead in organizing if a joint conference is held in Ottawa. It was noted that if held in Ottawa, the Governor General would likely agree to present the awards, which would significantly raise the profile of the event.

Motion by Richard Armstrong: The AMEMSO Executive Committee will contact the Executive Committee of the National Group to discuss in detail the aspects of hosting a joint conference. Seconded by Jim McIsaac. Motion Carried. The results of this discussion will be forwarded to AMEMSO members for comment.

The meeting adjourned at 3:30 p.m.

~ Friday, October 4 ~

Conrad Marier thanked everyone who assisted with and participated in the 2002 Annual AMEMSO Conference. He gave a Powerpoint presentation including digital photos of the various events.

Base Hospital Rationalization Working Group (BHRWG)

Richard Armstrong advised that the BHWRG has requested that a member of AMEMSO sit on the sub-committee as an ex-officio member. Richard volunteered to do so if agreed to by the members. He felt that the Base Hospitals are coming to understand that DDAs are clients and stressed the importance of ensuring that AMEMSO members have the opportunity to provide input into any restructuring of the base hospitals. Richard will provide AMEMSO members with any correspondence related to the consultation process.
Motion by Jim King that Richard Armstrong represent AMEMSO on the Base Hospital Rationalization Working Group as an ex-officio member. Seconded by Brian Bildfell. All in favour. Motion carried.

Response Time Framework Funding

John Cunnane advised that the province expects providers to report monthly on response time compliance, however they have not given clear instructions on what the reporting mechanism will be. It will be made clear at the next LAISC meeting that since the province only provided ~50% of the funding requested to meet response times, that the funding is insufficient to meet 100% compliance. Richard also asked that when providers meet with the Ministry to discuss how the funding was arrived at, that the Ministry be reminded that funding was insufficient to meet 100% compliance and request the balance.

Regular reporting of compliance may provide useful in highlighting the inability of providers to meet response times due to dispatching issues, i.e. re-routing resources to transfers rather than dedicating to Code 3’s and 4’s.

Jim King noted that Halton has not been advised of what the response time targets are. Richard will ask for clarification at the next LAISC meeting and ask that Dispatch also be accountable to the same standards.

Richard will update the members after the next LAISC meeting. Recommendations will be drafted by the Executive Committee and distributed regarding how to respond to the Ministry regarding the funding announcement.

Influenza Inoculation

The group discussed recent changes to the legislation regarding inoculation of paramedics, whereby influenza inoculation is no longer mandatory as long as the paramedic receives training about the ramifications of deciding not to be immunized and signs a document stating that they understood the training. There was concern that many paramedics will opt out, although the unions assured the MOHLTC that this will not affect service, as most paramedics are still likely to be immunized. In addition, the following concerns were raised:

- “local service area” was not adequately defined and leaves too much room for interpretation.
- Dispatch must ensure that non-immunized paramedics are not dispatched to an outbreak area
- Training packages must be in a self-learning format

Richard will draft a letter to the Minister outlining the concerns and circulate it for comment prior to submitting it.
Inter-Facility Transfers

Denis Merrall and Ron Kelusky sit on the sub-committee that is dealing with inter-facility transfer issues. The draft final report has been circulated, but there have been some concerns raised regarding implementing the recommendations. Larger city hospitals have acknowledged the need for change, however hospitals in smaller towns still prefer to use emergency vehicles for transfers because it is a free service. Denis does not see a change in behaviour until services are allowed to bill hospitals for inter-facility transfers. One suggestion is to reserve a certain number of ambulances for emergency use only, which would create a longer wait for transfers, which may in turn prompt the hospitals to look for alternate service. The problem is that Dispatch continues to ignore UTMs/DSSABs deployment plans.

Richard reported that LAISC has finally recognized the need for new funding to address the issue.

Funding

John Cunnane has advised Jeff Fisher that members have raised a number of concerns about funding, that will be brought to the next meeting of LAISC.

Richard suggested asking the Ministry to commit to a 3-year funding model, so that providers can budget more effectively based on confirmed funding rather than being unsure of how much will be distributed by the province.

Peter Tozer will send letter from field office to Jeff Fisher prior to Monday.

Motion by Brian Bildfell: The position of AMEMSO is established before agreeing to the criteria of accountability that is presented by the field offices. 2 opposed. Motion Carried.

Conrad Marier expressed the concern that if the accountability issue is not agreed to by UTMs/DSSABs, the province will delay transferring funds. He suggested that LAISC recommends transfer of funds and then debate the issue of accountability.

Inconsistencies in funding approvals between Regional Offices were discussed. John Cunnane asked each UTM/DSSAB submit a summary of funding that was requested vs. funding that was received. Richard will compile the information, by capital, operating and response time funding. This issue will be brought to LAISC in order to identify the inconsistencies.

Motion to Adjourn at 10:50 a.m. by Conrad Marier. All in Favour. Motion Carried.