



Report to: Manitoulin-Sudbury District Services Board

From: Michael Maclsaac, Chief of Paramedic Services  
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Date: November 24, 2016

Re: Central Ambulance Communication Centre - Issue Report

## Recommendation

That the Manitoulin Sudbury District Service Board accept this report and accompanying resolution demonstrating the DSB rationale to request the Ministry of Health and Long Term Care to migrate the Manitoulin-Sudbury DSB over into a single ambulance communications centre.

## Background

Through provincial download of ambulance services, the Ministry of Health and Long Term Care (MOHLTC) has retained full responsibility for the funding and oversight of the provincial ambulance dispatching system. Currently there are 22 Central Ambulance Communication Centres (CACCs) within the province of Ontario with the MOHLTC directly operating approximately half of them, and a mix of contract providers (hospitals, municipalities, local municipal 911 centres, etc.) operating the rest.

Outside of the focus of this report, the provincial ambulance dispatching system is currently under review from a variety of perspectives. A consultant has been hired to review and consult on possible improvements in methodologies and efficiencies within the provincial ambulance dispatch system. Additionally, the MOHLTC has committed to improve upon dispatching services by 2018, namely by way of triaging patients more effectively. This decision came after a 2013 recommendation by the Auditor General that indicated that the province should assess the effectiveness of the two communications dispatch protocols currently in use in Ontario and adjust appropriately to reduce the over-prioritization of patients.

## History

The responsibility for movement of ambulances within Manitoulin-Sudbury DSB has historically fallen under three CACCs: Sudbury, Timmins and Sault Ste. Marie. The rationale for this design initially related to an issue of radio communication and telephone system capacity that predated municipal download and the advent of the direct delivery model.

The service design immediately following ambulance download in 2000 had a single Emergency Medical Services Manager responsible for the stations dispatched by Timmins and Sault Ste. Marie. Accordingly, the administrative impact was limited. More recently, the DSB system has a single Field Superintendent responsible for the entire service at any given time. These front line managers are required to intervene directly as an advocate in the day-to-day communications between Paramedics and CACCs. Additionally, internal policy dictates that the Field Superintendent, wherever possible, is to monitor radio communications as an additional level of oversight over operations. Regular interaction between the CACC Supervisors and the Field Superintendents has become routine and has brought the challenge of three CACC system to the forefront.

Lastly, the current operational communication system is based upon technology emanating from Bell Mobility cellular towers. The radio setup has the capacity to allow for Field Superintendents to listen to all calls for service within a talk group regardless of geography. Under multiple CACCs there are multiple talk groups. In summary, while the current technology can allow for audio oversight across the entirety of the districts, the technicality of belonging to multiple CACCs has limited this ability and the Field Superintendents are operating without passive knowledge of call activities in areas outside of the geographical CACC generated talk groups.

## **Objectives**

Manitoulin-Sudbury DSB recognizes the unnecessary complexities of having to deal with three dispatch centres, and the possible future benefits of consolidating the entire operation within one CACC. From the perspectives of quality assurance, inter-regional transportation, multi casualty incidents, and investigations, operating under one CACC would aid in decreasing unnecessary complexities in not only the movement of vehicles but also in oversight. Consideration in consolidation of the entire operation under one CACC would mitigate many of the historical challenges.

The responsibility of Manitoulin-Sudbury DSB for Health and Safety of its paramedics is captured in legislation. The segregation of the service amongst three CACCs, where in an overwhelmingly majority of the time only the Sudbury CACC is accessible to the on duty Superintendents is of particular concern. The loss of integration under one CACC means that 3 of the 12 Paramedic crews operated by the DSB cannot be monitored for safety in real time. The Superintendents must depend on the communication centre to monitor the paramedics, recognize risk that (which is truly the responsibility of the employer), and take appropriate action. The employer cannot divest themselves of their responsibility over the safety of their employees.

The Manitoulin-Sudbury DSB is responsible for the development and dissemination of a Deployment Plan that is designed to assist the communications centres in appropriate methodology for service delivery and designated limitations. The inability of the Superintendent to monitor real time activity continues to negatively impact on successful service delivery as challenges to the deployment plan cannot be mitigated. One example of this challenge surrounds end of shift activities. While the Deployment Plan sets specific limitations to assignment of end of shift work, there is no capacity for the managers of the service to remain aware of these activities due to lack of communications access. This simple example has significant impact to cost containment, hours of work exemptions and overall safety and wellbeing of staff.

The introduction of Post Traumatic Stress Disorder (PTSD) legislation for first responders in the Province of Ontario as a presumptive disorder has resulted in a rapid evolution of responsibility to the Paramedic service and responsible delivery agency. Manitoulin-Sudbury DSB is such an organization. A major risk mitigation strategy for employee wellness is monitoring of activities by the senior team and Superintendents while on duty. The process of doing so is compliant with the strategies set out in the education program titled Road to Mental Readiness (R2MR). This education program focuses the establishment of resilience for Paramedics, but also challenges the employers to maintain a vigilant awareness of what is taking place in the workplace. While such a process is challenging given the unique geographic of Manitoulin-Sudbury DSB, the lack of a single communication center and resulting lack of any capacity to maintain round the clock monitoring of personnel ensures that the employer responsibility is impossible.

### **What Neighbouring Services are Doing**

The incidence of Paramedic Services being dispatched by multiple CACCs has historically not been limited to Manitoulin-Sudbury DSB. An example of such a design was in the Regional Municipality of York where the Paramedic Service was dispatched by a CACC in Barrie (Georgian), a CACC in Oshawa, and a CACC in Mississauga. The MOHLTC acknowledged the municipality's concern over the design and collapsed the service under a single CACC.

Recent discussions with senior MOHLTC Emergency Health Services Branch (EHSB) staff has confirmed that there may only be one other delivery agent in the province of Ontario operating paramedic services through two CACCs, and that only Manitoulin-Sudbury DSB has the only service dispatched by three CACCs.

### **Funding Parameters**

Funding of all aspects of ambulance communications is 100% MOHLTC responsibility. As such, there is no municipal financial responsibility for ambulance communications. With that stated, the MOHLTC Emergency Health Services Branch has stated that the processing of 911 calls, and the transfer of calls to land ambulance communications does have municipal involvement. While it is the opinion of this DSB the transfer number is programmable, any such municipal involvement has not been confirmed.

### **Conclusion**

Manitoulin-Sudbury District Service Board operates across over 45,000 square kilometers. The service is currently dispatched from three separate CACCs. Operating under such a process presents multiple challenges in effective service delivery and ensuring the Health and Safety of staff. A resolution to request the MOHLTC to migrate the Manitoulin-Sudbury DSB within a single CACC would effectively improve the DSB ability to ensure its employees are safe and operate an efficient manner.