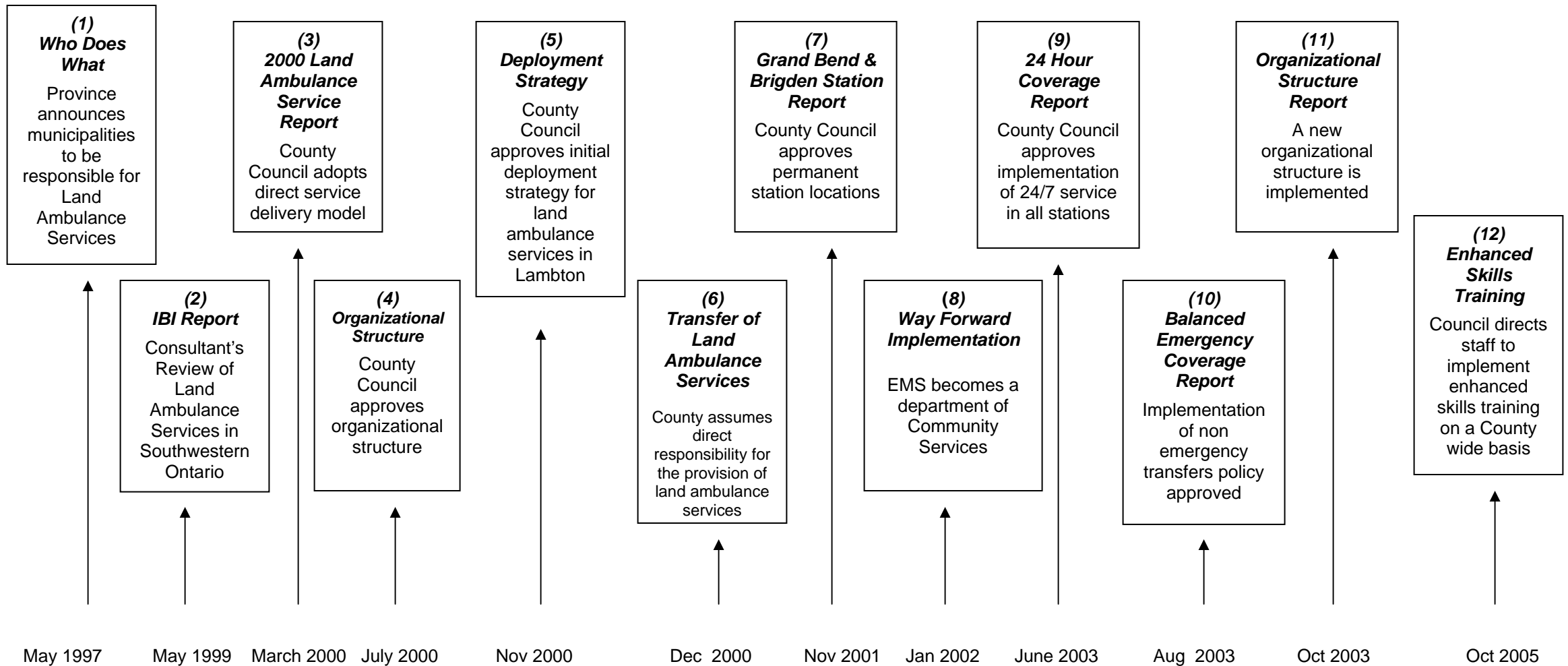


**COMMUNITY SERVICES DIVISION
EMERGENCY MEDICAL SERVICES DEPARTMENT**

HISTORICAL IMPACTS/REPORTS TIMELINE



**COMMUNITY SERVICES DIVISION
EMERGENCY MEDICAL SERVICES DEPARTMENT**

HISTORICAL IMPACTS/REPORTS TIMELINE

1. Who Does What

- In May 1997 the Provincial Government announced that municipalities would have full responsibility for funding land ambulance services as of January 1, 1998.
- In March 1999, the Province revised their position on having municipalities fund 100% of land ambulance costs and agreed to fund 50% of all “approved costs” related to ambulance services.
- The term “approved costs” was never fully defined but the Province did later clarify that they were only prepared to fund 50% of a 2% annual wage increase.
- In order to plan for the assumption of these downloaded services, the County hires a transition coordinator in early 2000.

2. IBI Report

- In January 1999, eleven Southwestern Ontario municipalities jointly engaged a consultant to carry out a review of land ambulance services. The consultant’s report was to:
 - i) Provide an analysis of the policy, operational, and financial issues which would affect the quality of patient care and costs
 - ii) Investigate the potential opportunities to improve service and realize cost containment
 - iii) Provide each municipality with the analysis and information necessary to make decisions on land ambulance service delivery
- The report provided an extensive review of the current services and presented twelve recommendations for municipalities to consider when determining how to provide the service within their own area.

3. 2000 Land Ambulance Service Report

- On March 8, 2000, County Council approved the following motion: “That the County select the direct delivery model of service and assume the full management and operation of land ambulance within the County”.
- This decision was based on the information provided in the IBI report and a separate staff report referred to as the Local Service Realignment 2000 Land Ambulance Service Report.
- As a result of this motion, staff began to determine the organizational structure of the department and how to best deliver ambulance services within the County.

4. Organizational Structure

- It was determined by Council that responsibility for ambulance services would be under the direction of the Health and Senior Services Committee and that Director of Senior Services would be the appropriate department head.
- Administratively, the department was to have an administrator, one administrative assistant, an operations manager and three shift supervisors.
- At the time of transfer, there were 44 full time paramedics and 22 part time. Of the full time paramedics, 12 were Advanced Care Paramedics.

5. Deployment Strategy

- Based on staff’s review of the call volumes, response times and level of service provided by the Province, a revised deployment strategy was approved by Council in November 2000.
- The deployment strategy maintained by the Province was as follows:

COMMUNITY SERVICES DIVISION EMERGENCY MEDICAL SERVICES DEPARTMENT

HISTORICAL IMPACTS/REPORTS TIMELINE

- i) Service was provided out of 7 stations located across the County (Brigden, Corunna, Sarnia, Petrolia, Thedford, Forest, Watford)
- ii) There were 8 front line ambulances providing services with 3 spare units
- iii) Only the Sarnia station was staffed 24 hours a day (2 vehicles). All the other stations worked on a standby basis on nights and weekends
- iv) The 1996 90th percentile response time for the County as a whole was 12.42 minutes (90% of all Code 4 calls were responded to within that time)
- v) The total number of calls handled in 1999 was 14,088
- The revised deployment strategy approved by Council was as follows:
 - i) Service would be provided out of 9 stations, with the Grand Bend station and the Brigden station to be reviewed after six months and a new station located in the northern portion of the City of Sarnia.
 - ii) The Sarnia station would continue to be staffed 24 hours a day with 2 vehicles and a third vehicle would operate 12 hours a day (to be moved to the new station when completed).
 - iii) All other stations would be staffed 12 hours on site and 12 hours on standby.

6. Transfer of Land Ambulance Services

- On December 15, 2000, the County assumed full responsibility for land ambulance services.

7. Grand Bend and Brigden Station Report

- In accordance with Council's previous motions, the station locations for Grand Bend and Brigden were re-examined. The report reviewed the statistical call data for the stations, in conjunction with other factors

such as the area's demographics, geographical area, industrial base and the seasonal fluctuations.

- The report's recommendations were accepted by County Council in November 2001.
- The recommendations were:
 - i) that the Grand Bend station be maintained
 - ii) that the Thedford station be maintained in its current location
 - iii) that the Brigden station be maintained in St Clair Township
- The implementation of these recommendations and the previous decision to locate a new station in the north part of Sarnia resulted in building four new ambulance stations during 2003/2004. The Petrolia station had previously been rented and did not meet the service's current needs.

8. Way Forward Implementation

- As a result of the Way Forward report, Emergency Medical Services was placed within the Community Services Division. Due to the relatively new nature of the service and the fact that the organizational structure had just recently been implemented, no further changes were made.

9. 24 Hour Coverage Report

- In an effort to improve emergency response times and to maintain the 1996 90th percentile, staff prepared a report recommending that 24 hour coverage be implemented across the County, on a phased in basis.
- County Council accepted staff's recommendation and instructed that the 24/7 coverage be implemented across the County by January 1, 2005.
- Staff proceeded to work towards this implementation date and the last station was moved to 24 hour coverage in December 2004.

**COMMUNITY SERVICES DIVISION
EMERGENCY MEDICAL SERVICES DEPARTMENT**

HISTORICAL IMPACTS/REPORTS TIMELINE

- Staffing was increased by 32 full time paramedics as well as several additional part time paramedics for back coverage as a result of implementing this recommendation.

- As a result of this review, the position of Operations Manager was declared redundant and a fourth shift supervisor and Quality Assurance Manager were hired.

10. Balanced Emergency Coverage Report

- In a further effort to improve emergency response times and in response to concerns that parts of the County were being left with no emergency ambulance service, changes to the deployment strategy were recommended by staff.
- The number of non-emergency calls handled by EMS was roughly 45% of the total call volume.
- In some instances, portions of the County had no available ambulances.
- Staff's recommendation was that 70% of all the County's fleet be dedicated to emergency coverage only, thus allowing only 3 vehicles to be used for non-emergency transfers, at any one time.
- Council approved implementation of this strategy as of February, 2004.

11. Organizational Structure Report

- In September 2003, a change in the organizational structure of EMS was implemented.
- When the County first assumed responsibility for the service, there was a substantial amount of work required to get the service up and running and to work through a number of transitions issues. The Operations Manager's position was responsible for many of those issues.
- Once these issues were resolved and the service moved to 24/7 across the County, it became clear the duties of the Operations Manager had become redundant and that what was required was additional on-site supervision and a greater need for training/quality assurance staff.

12. Enhanced Skills Training

- In October 2005, Council directed staff to begin implementing a set of advanced care skills for the paramedics working in rural Lambton.
- This project is being implemented during 2006 and will provide paramedics across the County with the following skill sets:
 - i) Advanced assessment and ECG interpretations
 - ii) Intravenous access and intravenous fluid administration
 - iii) Intravenous medications
 - iv) Advanced airway management
 - v) Cardio version and pacing

**COMMUNITY SERVICES DIVISION
EMERGENCY MEDICAL SERVICES DEPARTMENT**

BENCHMARKING COMPARISONS

External

- The Municipal Performance Measurement Program (MPMP) is not currently reporting/tracking any data on Emergency Medical Services.
- The Ontario Municipal CAO's Benchmarking Initiative (OMBI) is working towards benchmarking standards, although the County is not a member of this group.
- The standards suggested by this group are:
 - i) **Efficiency**
Cost per staffed vehicle hour – number of staffed ambulance hours/total costs
 - ii) **Effectiveness**
90th percentile response time for Code 4 calls
 - iii) **Community Impact**
Vehicle utilization per hour – weighted by total square kilometers
Advance Life Support Capture – percentage of time ALS arrives at scene of Code 4 call

Internal

Emergency Medical Services tracks certain indicators on an annual basis for year to year comparison purposes. Data tracked and reported on an annual basis include:

- i) # of calls responded to, broken down by Code.
- ii) 90th percentile response times compared to 1996 90th percentile.