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Information Previously Distributed

DATE

3 May 2000

To be listed on the Community Services
Agenda, 18 May 2000

TO/DEST.

The Chair and Members
of Council

FROM/EXP.

Medical Officer of Health

SUBJECT/OBJET

**AMBULANCE HEALTH SERVICES: RESPONSE BY THE
PROVINCE TO THE FUNDING REQUEST FOR CAPITAL
BUDGET AND SHORT TERM ACTION PLAN**

INTRODUCTION

The purpose of this report is to inform Community Services Committee and Regional Council that the Ministry of Health & Long-Term Care (MOH<C) has agreed to fund only \$232,631 (25% of the cost of replacement defibrillators) of the total estimated requirement of \$7.16 million requested for the 2000 Capital Transition Budget and the Short Term Action Plan for Ambulance Health Services.

BACKGROUND

Capital Budget

Regional Council approved the Region's 2000 Capital Transition Budget in December 1999. The capital budget provided for one time costs to prepare for the transition of ambulance health services from the Province to the Region by 01 January 2001 at an estimated total cost of \$3.569 million. Council's approval of this budget assumed 50/50 shared funding with the Province. The budget included such items as the purchase of additional ambulances and medical equipment, replacement of existing failing defibrillators, updating technology and refurbishment of existing vehicles and equipment.

On 10 March 2000, Regional staff sent a request, supporting the Base Hospital recommendation, to the Province to replace the existing defibrillators.

On 16 March 2000, Ambulance Health Services staff requested funding (Annex A) from the Province for its share (\$1,784,250) which represents half of the proposed Capital Transition Budget of

\$3,568,500 for ambulance health services. This included the estimated cost for replacement of the existing defibrillators.

Short Term Action Plan

Following an update report from staff, Regional Council approved a number of recommendations on 23 February 2000 to begin preparations for the transition of ambulance health services and an interim action plan to address critical issues. One of the recommendations directed,

“That an immediate action plan be prepared for funding prior to full assumption of the service in 2001. Upon approval of 50/50 cost sharing from the Province, immediately implement measures (estimated \$4-6 million) such as those listed in the body of this report that will provide some interim measures to re-dress critical problems caused by the Province’s underfunding of the system.”

Based on Council’s directive, a request for shared funding dated 29 March 2000 was sent to the Province outlining a proposed Short Term Action Plan (Annex B) to re-dress these critical problems estimated at \$3,591,310. This cost is not considered a one-time cost but is operational in nature and thus would be ongoing from year to year.

DISCUSSION

On 23 March 1999, the Provincial Minister of Finance announced that the Province would initiate a 50/50 cost sharing arrangement with all Upper Tier Municipalities retroactive to 01 January 1999 for ambulance services. To date, the Province has not defined what it considers to be “approved” costs since its March 1999 cost sharing announcement.

In the interim, the Province has taken the position that it will not approve any expenditures beyond the 1999 operational baseline funding until it has defined what “approved” costs are to include.

Following funding requests from the Region of Ottawa-Carleton for the Province’s portion of the proposed 2000 Capital Transition Budget, including defibrillator replacement, and the Region’s Short Term Action Plan, replies were received from the Province on 10 April 2000 (Annex C, D, and E) to all requests.

Capital Budget including Defibrillator Replacement

In response to the Region’s defibrillator replacement request of 10 March 2000, the Province only agreed to fund 25% or \$232,631 of the new defibrillator replacement costs. The total cost was \$930,312 leaving the Region to fund the 75% balance of \$697,681.

In response to the Region's 16 March 2000 request for the Province's 50% share, or \$1.784 million, of the total capital budget requirements estimated at \$3.569 million, the Province replied that it will not provide any funding for any item outlined in the Region's 2000 Capital budget for ambulance services, beyond its stated allowance for the replacement of defibrillators.

Based on the Region's proposed capital transition expenditures of \$3,568,500, the Province has only agreed to fund \$232,631 for the new defibrillators leaving an estimated \$3,335,869 outstanding, of which \$1,784,250 has been approved by Regional Council. At the present time, this leaves \$1,551,619 of unfunded requirements for the transition of ambulance services.

Short Term Action Plan

In addition, and in response to the Region's request of 29 March 2000 for the funding of its proposed Short Term Action Plan to provide immediate relief to the Region's ailing ambulance service, the Province states that it *'has established the level of grants to municipalities as a sharing of the amounts that were used to calculate the 1999 billings to Municipalities. The process for adjusting the current standard of funding through the identification of approved costs is still under consideration.'* At the present time, it appears that since the Province has not defined what their intended "approved" costs are, they will not consider Upper Tier Municipalities' requests for funding regardless of the state of the current services.

CONCLUSION

The Region of Ottawa-Carleton requested 50/50 cost sharing for the 2000 Capital Transition Budget (total \$3.569 million) and for the Short Term Action Plan (total \$3.591 million). The Province has agreed to only fund \$232,631 (25% of the cost of replacement defibrillators) of the total estimated requirement of \$7.16 million.

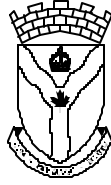
While none are ideal, the following options are submitted for consideration:

- Do not proceed until a meeting is held with Ministry officials and appropriate shared funding arrangements are negotiated and agreed to;
- Fund a portion of the proposed 2000 Capital Transition Budget and/or a portion of the proposed Short Term Action Plan;
- Provide 100% funding for items outlined in the 2000 Capital Transition Budget and/or the Short Term Action Plan.

*Original signed by
Robert Cushman, MD, FRCPC*

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Land Ambulance Services
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ANNEX A

16 March 2000

Mr. Blake Forsyth
Regional Manager
Ministry of Health and Long Term Care
Eastern Ontario Emergency Health Services
75 Spring Street
P.O. Box 790
Almonte, Ontario
K0A 1A0

Dear Mr. Forsyth:

**Re: Funding Request
Ambulance Services - Region of Ottawa-Carleton**

I wanted to update and provide a request to you on some issues regarding funding.

As part of the 2000 Capital Budget adopted by Regional Council on 22 December 1999, our Ambulance Health Services Division identified a transition project whereby an additional \$3,568,500 total investment, is necessary to prepare for the assumption of ambulance services beginning 01 January 2001. Based on widely recognized North American industry standards, we estimated the necessary number of additional ambulances, equipment and systems required for service delivery to the residents and visitors to Ottawa-Carleton. This one-time investment is over and above the current level of funding presently shared between your Ministry and the Region. A detailed breakdown of the budgeted expenditures can be found in the attached Annex A.

As you know, the Region remains committed to operating a fully integrated system, including dispatch. You will note that the attached breakdown includes capital expenditures which are itemized as ambulance related and dispatch related. Currently the Province funds dispatch at the 100% level. The Region has outlined in this request, a number of dispatch related technologies that are necessary to improve the performance of the system and were outlined in our original dispatch proposal in your possession.

The Region, like all other Upper Tier Municipalities (UTMs) in Ontario, and with the support of the Association of Municipalities of Ontario (AMO) believe that the Province must fund 100% of the downloaded ambulance services to meet the 1996 requirements as set out in the legislation (Section 42, Regulation 501/97). For several months the Municipal EMS Directors across the Province have been

anxiously awaiting the announcement of the proposed enhancement by the Provincial government. We still await the Province's proposed enhancement for Ottawa-Carleton.

Unfortunately, the situation in the urban centres of Ottawa-Carleton is much worse than other urban centres in the Province. As you know, the urban centres in Ottawa-Carleton have response times of up to 50% longer than others in the Province. Therefore, even if the Province agrees to 100% fund to meet the 1996 Provincial standard as set out in the legislation, the Region would still be left far behind. In addition, the Region is very concerned that if future funding is based on the Ministry's 1999 budget estimates it will be seriously under funded compared to other municipalities in the Province. I have raised both of these issues at the AMO/MOH<C Land Ambulance Implementation Steering Committee and expect that the Province would take these issues into consideration in their decision related to funding Ottawa-Carleton.

Would you please review the attached planned capital expenditures and provide your concurrence so we can come to a consensus on the level of funding required by the Province, as soon as possible, as these costs are anticipated to occur during this year.

On a final note, and as you are already aware, the Region of Ottawa-Carleton will be submitting an additional request in the very near future, as directed by Regional Council February 23, 2000. The additional funding request will hopefully provide some short term relief to the system, until the Region assumes full responsibility for ambulance services January 1, 2001.

If you have any questions regarding any aspect of the planned expenditures, or any information that may assist us please contact me at 560-6053 ext. 3557 or Joanne Myles at ext. 3567.

Thank you for your cooperation.

Yours truly,

*Original Signed by
Joanne Myles for:*

Joanne Yelle-Weatherall
Director, Ambulance Health Services

/hf

Attach. (1)

cc: R. Cushman, Medical Officer of Health, Region of Ottawa-Carleton
K. Kirkpatrick, Director and Deputy Treasurer, Region of Ottawa-Carleton
G. Cantello, Manager Commercial Contract Law, Region of Ottawa-Carleton
J. Myles, Manager Ambulance Health Services, Region of Ottawa-Carleton

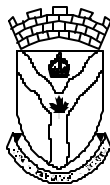
**Region of Ottawa-Carleton
Ambulance Health Services
2000 Capital Budget**

I - Transition Project for 2000 - Ambulance Related**\$**

1) Vehicle Refurbishment (43 vehicles)			
- Replacement of Ministry of Health logos/markings with Region of Ottawa-Carleton	\$1,500/vehicle	64,500	
- Maintenance investment - bring existing fleet up to Regional standards	\$4,000/vehicle	172,000	
			236,500
2) Additional Vehicles & Equipment			
- Purchase of additional ambulances (7 units)	\$100,000 each	700,000	
- Defibrillators (40 units)	\$21,700 each	868,000	
- Additional medical equipment for new ambulances	\$30,000 each	210,000	
- Additional/replacement medical equipment for existing ambulances	\$3,000 each	129,000	
			1,907,000
3) On-Board Data Collection System (50 vehicles)	\$3,000/vehicle		150,000
4) Consultant			
- Transition expertise and implementation assistance to performance based system			150,000
5) Communication			
- Development of information campaign, education material including fact sheets, web site, training and orientation packages			100,000
6) Unforeseen			
- including technology linkages (software applications/hardware), occupational health & safety requirements, etc.		250,000	
Total - Ambulance Related			2,793,500
 <u>II - Transition Project for 2000 - Dispatch Related</u>			
1) Radio & Global Positioning System Equipment			
- Regional Radio system (50 units)	\$10,000 each	500,000	
- Global Positioning System (GPS) - Vehicles	\$2,500/vehicle	125,000	
- GPS - Dispatch		100,000	
			725,000
2) Advanced Medical Priority Dispatch System (AMPDS)			50,000
Total - Ambulance Related			775,000
Total 2000 Capital Budget			3,568,500

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Ambulance Health Services
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Services d'ambulance
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29 March 2000

Mr. Blake Forsyth
Regional Manager
Emergency Health Services Branch, East Ontario
Ministry of Health and Long-Term Care
75 Spring Street, P.O. Box 790
Almonte, Ontario
K0A 1A0

Dear Blake:

As you know, Regional Council approved \$4 to \$6 million dollars for a "Short Term Action Plan" at its meeting of February 23rd, 2000.

Recent data analysis shows that the Region has 90th percentile response times for life threatening emergencies in the urban areas, of up to 50% longer than any other urban area of the Province, and that survival rates from cardiac arrests dropped even further in 1999, to 3.8%. This is a clarion call for action.

Attached for your information and review is the Region's proposed Plan. Based on the information available to the Region, the measures outlined in the Plan should provide some interim relief (until 01 January 2001) and re-address some of the critical problems in the existing system, including long response times and low survival rates.

Joanne Yelle-Weatherall will be contacting you in a few days for your feedback, and so you can let us know what your timelines will be in deciding on this funding request.

Sincerely,

Original Signed by
Robert Cushman, MD, FRCPC
Medical Officer of Health

cc: R. Chiarelli, Regional Chair
A. Munter, Councillor and Chair of Community Services Committee
J. Yelle-Weatherall, Director, Ambulance Health Services
C.M. Beckstead, Chief Administrative Officer
M. Kardos Burton, Executive Director, Health Care Programs, MOH<C
G. Brand, Director, Emergency Health Services Branch, MOH<C
J. King, Assistant Deputy Minister, Health Care Programs Division, MOH<C

Ambulance Health Services

Region of Ottawa-Carleton

Short Term Action Plan Proposal

**Submitted to the
Ministry of Health and Long-Term Care**

28 March 2000

DRAFT DRAFT DRAFT

I. INTRODUCTION

The current “level of effort” ambulance service has many inter-related system problems that result in long response times and very poor survival rates for all residents and visitors in Ottawa-Carleton.

Beginning 01 January 2001 the Region of Ottawa-Carleton will be fully responsible for the provision of ambulance services. The goal is to implement a “performance based system” as soon as possible for the community.

While the Region is only responsible for funding 50% of the cost of ambulance services until January 2001, the excessively long response times and low survival rates necessitate immediate action as outlined in this report.

II. DISCUSSION

The proposed measures should be considered as temporary and should be in effect only until 01 January 2001, at which time the Region of Ottawa-Carleton will implement its’ new ambulance services system.

While there can be no performance guarantees without the complete integration of dispatch, the following measures should provide some improvement in the short term.

A. Staffing and Vehicle Enhancements for Emergency Services

The current service provides about 141,200 paid hours of service per year. However, in practice the number of hours that a staffed vehicle is available to respond to calls is significantly less. Productive hours are lost due to the following:

Deployment: As a result of dispatch having limited technology, primitive call prioritization, limited access to data and little use of historical demand patterns, the deployment of ambulances is inefficient. This results in a loss of hours causing poor response times, not getting the appropriate resource to the call, and ultimately affecting morbidity and mortality rates.

Shift Change: When paramedics arrive for work they are not immediately available for calls because they must first prepare their equipment and their vehicle. The preparation currently takes up to half an hour. In 1998 there were about 14,000 shift changes. Based on these numbers, shift changes alone translate into about 7,000 lost hours each year, or 5%.

Vehicle Servicing: Vehicles requiring servicing or repair are often attended by on duty paramedics. This practice, like the others listed above results in fewer paramedics available for emergency calls.

Hospital Emergency Room Delays: While no one is able to quantify exactly how long paramedics wait on average in hospital emergency rooms to have their patients assessed and triaged, everyone knows that the time lost is of some significance. A delay of just 15 minutes per patient translates into 189 hours each year.

Others: Other circumstances such as: on duty paramedics booking off for illness or injury result in fewer resources being available, and ultimately result in a less effective and efficient ambulance system.

Recommendations:

- 1. Increase the numbers of staff and vehicles available to meet the emergency call requirements and match the additional resources to the specific demands.*
- 2. Stagger shift starts to reflect peak call demand.*
- 3. Stop the use of paramedics for vehicle servicing. (#'s 1,2,3 approx. \$2.3million)*
- 4. Complete a study to more accurately review and analyze lost time hours and recommend corrective measures for the long term in the new system (approx. \$50,000).*
- 5. Complete a study to review and analyze call volumes and historical trends, deployment strategies/plans, staffing patterns and base/post locations (approx. \$150,000).*
- 6. Hire and train four Regional transition supervisors to observe, evaluate and report on current processes in deployment, field operations and clinical aspects of the system. These positions will be trained in performance based fundamentals and assist with transition planning and implementation of the new Regional service for 2001 (approx. \$300,000).*

Total estimated cost: \$2,8 million.

B. Staffing and Vehicle Enhancements for Non-Emergency Services

No reliable data exists for the supply and demand of inter-facility transfers. It is unclear what percentage of transfer calls require an ambulance or alternative methods of patient transportation under the Ambulance Act. In addition, the current data does not indicate requested times for service and there is a lack of coordination between medical facilities and the ambulance service. A comprehensive review is required. The review must be conducted

by the Region of Ottawa-Carleton in cooperation with the hospitals and other health care facilities.

While little factual information exists, patients are waiting too long for transfers. More unit hours need to be added to the non-emergency service to reduce the excessive wait times and to improve the quality of care to our patients, as well as the cooperative effort between all agencies.

Recommendations:

1. *Increase the number of staff and vehicles available to meet the non emergency call requirements and to match the additional resources to the specific demands (\$431,310).*
2. *Stagger shifts to meet peak call demand.*
3. *Complete a study of supply and demand of inter-facility transfers (\$50,000).*

Total estimated cost: \$481,310.

C. **Fleet Maintenance**

Additional unit hours for both emergency and non emergency services will require more maintenance and repairs, and will result in the depletion of available spare vehicles.

The existing fleet centre will require more staff and extended hours to be more accessible to operations. Based on input from the existing fleet centre, the additional fleet maintenance will require three additional person years (one store person and two mechanics).

The seven new ambulances ordered by the Region of Ottawa-Carleton will alleviate some of the demand on fleet beginning January 2001.

Recommendation:

1. *Approve funding for three new fleet positions.*

Total estimated cost: \$150,000.

D. **Supply and Inventory Control**

In the existing system the paramedics must return to their base station location to re-stock their drugs and supplies. This practice results in fewer resources available to respond to calls.

The Base Hospital, with the approval of the MOH<C is currently planning for the implementation of four PYXIS inventory and supply units. Having a PYXIS unit at each of the hospital emergency departments will eliminate the requirement for drugs and supplies at the base stations; and will improve the overall efficiency and effectiveness of supply and inventory control.

The Region would like to incorporate similar supply and inventory principles by having all consumables provided through the PYXIS units. The Region believes that this would greatly reduce loss, waste and/or duplication.

Recommendation:

- 1. Purchase additional PYXIS unit space for other consumable supplies (8 @ \$5,000 per year = \$40,000).***
- 2. Complete a physical inventory and a study to review and analyze requirements, turnover etc. of supplies (\$20,000).***

Total estimated cost: \$60,000.

E. Training and Orientation

Training and orientation is required for all paramedics to transition from the current “level of effort” system, to the new “performance based” system . In conjunction with the Base Hospital Program of Ottawa-Carleton, the Region will begin training and orientation as soon as funding is approved by the Province.

Recommendation:

- 1. Approve funding for training and orientation.***

Estimated cost: \$100,000

III. CONCLUSION

The short term actions proposed should provide some interim relief to the existing system. The Region will work in close cooperation with the Base Hospital and Ministry staff to implement the action items once the Province approves funding.

ANNEX C

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée



Emergency Health
Services Branch
75 Spring Street, Box 790
Almonte, ON K0A 1A0

Direction des services
de santé d'urgence
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Facsimile/Télécopier: (613) 256-4318

File: RMOC

April 10th, 2000

Ms. Joanne Yelle-Weatherall
Director
Land Ambulance Services
Regional Municipality of Ottawa-Carleton
495 Richmond Road, 7th Floor
Ottawa, ON K2A 4A4

Re: Funding Request Ambulance Services – Region of Ottawa

Dear Ms. Yelle-Weatherall:

Thank you for your letter of March 16th, 2000 regarding your Ambulance Health Services 2000 Capital Budget adopted by your Regional Council last December. As requested, my comments regarding your planned expenditures are as follows:

Land Ambulance Related Costs

1)a) Replacement of Ministry of Health logos/markings (\$64,500).

We will remove the Ministry of Health logo prior to transfer. Therefore, this forecast expenditure would not be necessary.

b) Maintenance Investment (\$172,000).

The vehicles will be transferred to the Region with Safety Certificates and Drive Clean Pass Inspection reports. This process is outlined on the AMO-EHS web page.

Any additional expenditure beyond these provincially regulated standards would be the responsibility of the Municipality.

2)a) Purchase 7 additional ambulances (\$700,000).

This item was addressed in my January 4th, 2000 letter to Ms. Myles of your Department. Any purchases in excess of the 1999 operational baseline funding would remain the responsibility of the Municipality.

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Ms. Joanne Yelle-Weatherall - Funding Request Ambulance Services Region of Ottawa

Page #2

- b) Additional medical equipment for new ambulances (\$210,000)

Funding for equipment beyond the 1999 base line funding would be the responsibility of the Municipality.

- c) Defibrillators (\$868,000).

Please refer to my letter to regarding your recent Defibrillator Purchase.

- d) Additional/replacement medical equipment for existing ambulances (\$129,000).

The acquisition of additional equipment beyond the published equipment standards is not the responsibility of the Ministry.

- 3) On-Board Data Collection System (\$150,000).

This type of equipment exceeds the existing Ontario standard for data collection. Capital and operating costs would be borne by your Municipality.

- 4/5) Consultants and Communication (worker orientation)(\$250,000).

These items are not currently accepted as cost shared expenditures.

I suggest that you refer your request to the Land Ambulance Implementation Steering Committee for consideration.

- 6) Unforeseen (\$250,000).

There is no provision for cost sharing of unforeseen expenditures.

Dispatch Related Costs

- 1) Global Positioning Equipment and New Regional Mobile Radios (\$725,000).

As suggested in the January 20th, 2000 and February 2nd, 2000 letters to you from Mr. Frank FitzGerald, input regarding the general design of the new CAD system should be directed to Mr. Tim Beadman as the appointed Municipal Representative on the ARIS2 Project Team.

The items listed in your capital budget do not form part of the ARIS2 technical specification standard. As such, these additional costs would be borne by your Municipality and possibly the neighboring Municipalities for which you maintain dispatch responsibility.

Ms. Joanne Yelle-Weatherall - Funding Request Ambulance Services Region of Ottawa

Page # 3

2) Advanced Medical Priority Dispatch System (\$50,000).

An updated medical prioritization system is currently being developed by the Kingston Base Hospital, their Medical Director and Queens Health Science Center at no cost to the Province or Municipalities.

Trusting that you find this information of some assistance in your expenditure forecasting.

Yours truly,



R. Blake Forsyth
Regional Manager
East Ontario

RBF/gm

cc Dr. R. Cushman, Medical Officer of Health, Ottawa Carleton Health Department
J. Myles, Manager, Land Ambulance Health Services, R.M.O.C.

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée



ANNEX D
Ontario

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File: RMOC 167BH

April 10th, 2000

Ms. Joanne Yelle-Weatherall
Director
Land Ambulance Services
Regional Municipality of Ottawa-Carleton
495 Richmond Road, 7th Floor
Ottawa, ON K2A 4A4

Re: Defibrillator Replacement

Dear Ms. Yelle-Weatherall:

I am responding to your fax of March 10th, 2000 about the provision of defibrillator services in your area.

As you know, the Ministry of Health and Long-Term Care (MOHLTC) and the Upper Tier Municipalities (UTMs) are committed to a partnership approach to the provision of land ambulance services and this includes defibrillation services. Approved Base Hospitals, as agents of the MOHLTC, are responsible to participate in that partnership.

If the need for a defibrillator replacement, based on age, excessive maintenance costs etc. is demonstrated, then the costs of unit(s) that meet but do not exceed Ministry equipment standard are shared. If the standard is exceeded due to a desire by your Municipality to change the procedures associated with the use of defibrillators, then costs associated with these changes are borne fully by the Municipality. Also, you indicate that the Laerdal HS3000 QR is inadequate as a diagnostic tool in the A.L.S. system mandated by OPALS. This is not correct. The Medical Directors from all OPALS participating communities agreed that the HS3000 QR with a manual module would be the standard for OPALS. As I stated previously, if the Municipality wishes to exceed the standard, the costs associated with the change would be borne by the Municipality.

The Zoll M series Multi Pro Plus proposed by Ottawa-Carleton significantly exceeds the standards for the Ministry defibrillator specification. A Zoll M series monitor defibrillator similar to the Ministry specification has been calculated at a cost of \$15,367/unit including all accessories, batteries and GST.

...../2

Ms. Joanne Yelle-Weatherall - Defibrillator Replacement RecommendationPage # 2

Therefore, the following calculations would apply:

- a) 34 Zoll Defibrillator Monitor units
(adjusted equivalent to MOHLTC equipment standard)
- $$34 \times \$15,367 \times 50\% = \$261,239$$
- b) Minus 50% of trade in value of
32 Laerdal 3000QR @ \$1,788/unit = $32 \times \$1,788 \times 50\% =$ (\$28,608)
- c) 1 free Zoll DM unit on closure of transaction
- Total 35 units = **\$232,631**
(Ministry share)

Please provide us with your preference regarding the distribution of these funds.

Trust that you find this satisfactory and please feel free to call.

Yours truly,



R. Blake Forsyth
Regional Manager
East Ontario

RBF/gm

cc Dr. J. Maloney, Medical Director, Ottawa Base Hospital
Dr. R. Cushman, Medical Officer of Health, Ottawa-Carleton Health Department
C.M. Beckstead, C.A.O., Regional Municipality of Ottawa-Carleton
G. Brand Director Emergency Health Services MOHLTC
M. Bates Senior Manager Patient Care Services MOHLTC
M. Kardos Burton Executive Director Health Care Programs MOHLTC
J. King Assistant Deputy Minister, Health Care Programs Division MOHLTC

ANNEX E**Ministry of Health
and Long-Term Care****Ministère de la Santé
et des Soins de longue durée****Emergency Health
Services Branch
75 Spring Street, Box 790
Almonte, ON KOA 1A0****Direction des services
de santé d'urgence
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Almonte, ON KOA 1A0****Telephone/Téléphone: (613) 256-3070
Facsimile/Télocopier: (613) 256-4318****File: RMOC****April 10th, 2000** File of the
MEDICAL OFFICES OF HEALTH
received**APR 12 2000****Dr. R. Cushman
Medical Officer of Health
Region of Ottawa-Carleton
495 Richmond Road
Ottawa, ON K2A 4A4**

Dear Dr. Cushman

Thank you for your letter of March 29, 2000, including the copy of your "Short Term Action Plan" and funding request. Hopefully, the following comments will provide you with some insight into our current position regarding requests such as yours.

In your letter you have indicated that you wish to know the timelines in respect to the provision of additional Ministry funding which you are requesting during the interim period prior to your January 1, 2001 assumption of responsibility. First, it is important to note that prior to March of 1999, Municipalities were responsible for funding the total cost of land ambulance services. However, following an announcement by the Minister of Finance in March of 1999, the Province assumed responsibility for half of the approved land ambulance costs within Ontario. This announcement by the Finance Minister was based on the legislated authority of the Minister of Health and Long Term Care to make grants to municipalities for the purpose of ensuring the provision of land ambulance services.

For the year 2000, the Ministry has established the level of grants to municipalities as a sharing of the amounts that were used to calculate the 1999 billings to Municipalities. The process for adjusting the current standard of funding through the identification of approved costs is still under consideration. Therefore, I am unable to further address your requests at this time. Should additional information on approved costs, grants or funding by the Ministry become available I will make every effort to reconsider the items detailed in your Short Term Action Plan.

Yours truly,

**R. Blake Forsyth
Regional Manager
East Ontario**

cc R Chiarelli, Regional Chair, Regional Municipality of Ottawa-Carleton
A. Munter, Councillor and Chair of Community Services Committee
J. Yelle-Weatherall, Director, Ambulance Health Services
C.M. Beckstead, Chief Administrative Officer, R.M.O.C.
M. Kardos Burton, Executive Director, Health Care Programs, MOH<C
G. Brand, Director, Emergency Health Services Branch, MOH<C
J. King, Assistant Deputy Minister, Health Care Programs Division, MOH<C