ADDITIONAL COUNCIL AGENDA

WEDNESDAY, OCTOBER 26, 2011

---

10. Unfinished Business

UB-1 Recommendation BC-0024-2011 of the Budget Committee Report 4-2011, as follows:

1. That the Corporate Report dated September 27, 2011 from the Commissioner of Transportation and Works with respect to the option to reduce the 2012 budget suspension of the driveway windrow snow clearing pilot program be received;

2. That staff investigate the feasibility of establishing a volunteer based driveway windrow snow clearing program for seniors and the disabled, as discussed at the Budget Committee meeting on October 19, 2011, and report their findings to Council at their meeting on October 26, 2011; and

3. That decisions regarding the hiring of staff related to the establishment of a volunteer based driveway windrow snow clearing program for seniors and the disabled, as discussed at the Budget Committee meeting on October 19, 2011, be referred to Council

13. Motions

(f) Ian Watson - the date of passing should be October 18, 2011 not October 28, 2011.

12. CORRESPONDENCE

(a) Information Items: I-5

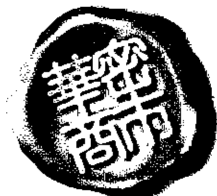
I-5 Letter dated October 24, 2011, from the Mississauga Chinese Business Association in response to the by-law – prohibiting people to possess, sell, offer for sale, trade or distribute Shark's Fin within the City of Mississauga.

Receive/Refer to Shark Finning Committee

(b) Direction Items – D-2

D-2 Letter dated October 14, 2011, from the Region of Peel with respect to the paramedic and fire service related studies, **requesting that the City endorse the study and the Fire Chief of the City of Mississauga on the Steering Committee.**

I-5



密西沙加華商會
MISSISSAUGA CHINESE BUSINESS ASSOCIATION

October 24, 2011

City Councilors
City of Mississauga
300 Civic Centre Drive
Mississauga ON
L5B 3C1

COUNCIL AGENDA
OCT 26 2011

Honorary Advisor
Mayor Hazel McCallion
City of Mississauga

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Website:mcba-canada.com
E-mail:mcba@mcba-canada.com

Dear City Councilors,

Re: By-law prohibiting people to possess, sell, offer for sale, trade or distribute Shark's Fin within the City of Mississauga

---

Mississauga Chinese Business Association and its members wish to express our strong disappointment about the passing of the above by-law in such a rush and inconsiderate manner.

Whilst we would like to reiterate that we support environment protection and condemn the inhumane practice of illegal shark finning, the way the by-law was passed is undemocratic, biased, unethical and discriminating!

Despite the fact that the City's Legal Services Department advised that Municipal Authority does not extend to passing a By-Law to prohibit the consumption and sale of shark's fin or shark's fin food products, it was passed anyway, without enforcement details. It is abnormal and I do not know whether the proposers did not want to face the queries and challenges of the public by putting the item under hidden agenda. Again, the scary part is that Council "unanimously" passed the by-law that was not on the Meeting Agenda but apparently in Councils "Private" Agenda.

If Council does not respect the advice from the City's Legal Service Department, why waste the taxpayer's money to have this department? If you argued that the conclusion of the advice was wrong, you are challenging the professionalism and ability of your legal service department.

The By-Law also quoted "over 70 million sharks are being slaughtered every year for their fins". It is misleading both in the number and the facts: Most of the sharks are caught in the proper and legal way. It is unfair and prejudiced. It misled the public by using the unproved information from Internet, and giving an impression that all sharks are illegally finned.

Furthermore, a City By-Law for total ban of sale and consumption is not the solution to prevent and resolve the problem of illegal shark finning either.

One of the reasons stated on the By-Law was "the consumption of shark's fin and shark's fin derivative products by humans may cause serious health risks, including risks from mercury". This reason was unfounded and fabricated. No issue has ever been raised that the consumption of shark's fin food products affect the health, safety and well-being of persons, or that there is any consumer protection issue. If the shark's fin is alleged to contain high levels of mercury and heavy metals, then it is no different from the consumption of tobacco and alcohol, which should be left to the choice of the consumers.

I-5(a)

The only item in the list of section 10(2) that may relate to the proposed By-Law under consideration is that of "animals". The allegation is that shark's fin food products have been obtained through cruelty to animals, and thus bring the proposed By-Law within the By-Laws making powers of a Municipality. But the harvest of animals for use as food consumption per se cannot be considered as animal cruelty; otherwise the City of Mississauga must ban sale and consumption of all animal parts in order to be fair. Will you open the topic regarding the cruelty to seal and geese, for its liver?

Furthermore, the illegal practice of shark finning does not occur within the City of Mississauga. Any By-Law passed by the City of Mississauga will have absolutely no impact on those perpetrating these illegal acts. Rather, such a By-Law will only unfairly target those who are dealing in shark's fin products legally obtained.

One of reasons for Council to enact such a by-law is to "protect the sharks" as experts predict it could result in the loss of many shark species within a decade, which again is not proved. However, banning of shark's fin consumption does not serve the protection purpose unless consumption of any part of the shark is banned.

Under this new By-Law, it is clear that only the "Chinese" are targeted as they are the main consumers for shark's fin, but not the many local Canadians and Europeans who consumes shark's meat, which are sold in most fish markets / supermarkets. We cannot think of a better word than "discrimination and racism" against Chinese.

In fact, all the imported shark's fins are under the strict control of Federal Government (please refer to Bob Dechert's statement, which is attached for your easy reference). They are legally imported and traded in Canada. Banning the consumption and possession of a product that is legally obtainable in Canada is contravening the Charter of Rights, and has no legal standing. Most of the imported shark's fins are handled at Pearson Airport, Mississauga. Is City of Mississauga going to stop the trade right at the port of first entry? Are they treated as people in possession of shark's fin and prosecuted?? Which Act should be observed, Federal or Municipal?

A civilized country of law should not have public policy determined by a pressure group like third world. It jeopardizes the freedom and democracy of Canada.

In closing, we repeat our regret that Council Members have acted without regard to principles: shark's fin consumption has been in existence for hundred's of years, why the rush, when we are talking about formatting a By-Law? We'd think any By-Law introduction should be carefully thought out. If Council Members can freely override the Legal Services Department, we are closer to a dictatorial society!

Please consult the Legal Service Department (if you are still taking their advices) and we reserve the right to challenge in court after consultation with our legal counsel.

Yours truly,

Stephen Chu
President

Encl: Bob Dechert's Statement

cc. Mayor Hazel McCallion

I-5(b)

Bob Dechert, MP
Mississauga-Erindale

Statement

August 4, 2011
FOR IMMEDIATE RELEASE

Dechert's Statement on the Issue of Shark Fin Products

Mississauga, Ontario - Bob Dechert, Parliamentary Secretary to the Minister of Foreign Affairs and Member of Parliament for Mississauga-Erindale issued the following statement:

"As the following information clarifies, Canada has detailed regulations regarding the shark fishing practices and the importation of endangered species of sharks. We are working with the United Nations and other international agencies to promote sustainable and humane fishing practices with respect to shark and other fish species."

- The act of removing the fins from sharks and discarding the remainder of the carcass (finning) has been prohibited in Canada since 1994 by regulation under the Fisheries Act. However, it is not illegal to sell shark fins in Canada. On the Atlantic and Pacific coasts, the main shark fishery is for spiny dogfish with a minor directed fishery of porbeagle shark (up to 135 tonnes) to account for bycatch in pelagic longline fisheries. Canada also allows for the retention of a limited amount of blue shark and shortfin mako sharks that are incidentally harvested in other fisheries.
- DFO promotes the full utilization of all harvested marine resources by having the carcasses landed as well as the fins. For enforcement purposes, shark fins cannot make up more than 5 per cent of the overall weight of shark onboard a Canadian fishing vessel (5% rule).
- In 2007, Canada released its National Plan of Action for the Conservation and Management of Sharks (NPOA sharks) in response to international calls on States to do so within the United Nations' Food and Agriculture Organization (FAO). Canada has worked closely with the United States and other countries to adopt stricter management measures for various shark species such as porbeagle and shortfin mako sharks and recently worked with the European Community and others to ban any retention of big eye thresher sharks in the Atlantic Ocean.
- Many shark species are listed under the Convention on International Trade in Endangered Species of Fauna and Flora (CITES). As a Party to CITES, Canada has a legal obligation to prevent the import of products from shark species that are listed as endangered.

\- 30 -

For further information contact:
Diane Bubanko
Office of Bob Dechert, MP
Office:(905) 897-1952

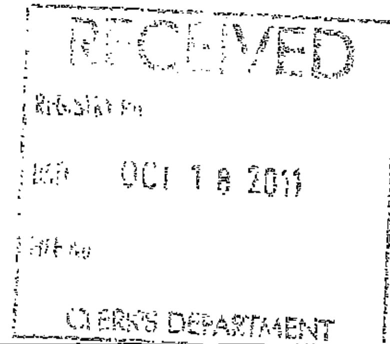
COUNCIL AGENDA
OCT 26 2011

D-2

Region of Peel
Working for you

The Region of Peel is the proud recipient of the National Quality Institute Order of Excellence, Quality; the National Quality Institute Canada Award of Excellence Gold Award, Healthy Workplace; and a 2008 IPAC/Deloitte Public Sector Leadership Gold Award.

October 14, 2011 Resolution No. 2011-956



Ms. Crystal Greer
City Clerk
City of Mississauga
300 City Centre Drive
Mississauga ON L5B 3C1

Dear Ms. Greer:

Subject:: Paramedic and Fire Services Related Studies

I am writing to advise that Regional Council approved a resolution at its meeting held on September 22, 2011 to move forward with a study of the delivery and funding of Fire and Paramedic services in the Region of Peel. The study will identify opportunities to increase the effectiveness of the services' response to emergency calls. The full resolution No. 2011-956 can be found below.

The resolution is as follows:

> "That the Region of Peel undertakes a study of the delivery and funding of Fire and Paramedic services in the Region of Peel to identify opportunities to increase the effectiveness of the Fire and Paramedic response to emergency calls;
>
> And further, that a Steering Committee be established to develop the Terms of Reference for the study, and report back to the Emergency and Protective Services Committee (EPSC) and Regional Council for approval of those Terms of Reference and an estimate of the cost of undertaking the study;
>
> And further, that the members of the Steering Committee include all of the Council members of EPSC and the Chief of Peel Regional Paramedic Services as well as the Fire Chiefs from each municipality and union representatives from paramedics and firefighters of each municipality;
>
> And further that the Councils for the Cities of Brampton and Mississauga, and Town of Caledon be asked to endorse the study and the participation of the Chiefs of their Fire Services on the Steering Committee;
>
> And further that the union representing the Peel Regional Paramedics, and the unions representing the Firefighters in Brampton, Caledon and Mississauga, each be invited to appoint a representative to be a member of the Steering Committee;

Corporate Services
10 Peel Centre Dr., Brampton, ON L6T 4B9
Tel: 905-791-7800 www.peelregion.ca
Office of the Regional Clerk

D-2(a)

And further that the Minister of Health and Long-Term Care be invited to send a senior staff person to be a member of the Steering Committee;

And further that Dr. Sheldon Cheskes, Medical Director, Sunnybrook Centre for Pre-Hospital Medicine be invited to be a member of the Steering Committee;

And further, that once the Terms of Reference are approved, that the study proceed upon agreement from the Cities of Brampton and Mississauga, and Town of Caledon to share equally the cost of the study with the Region of Peel."

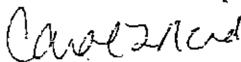
The resolution requires that a Steering Committee be formed to oversee the study. As identified in the fourth paragraph of the resolution, the Region of Peel is looking to the Councils for the Cities of Brampton and Mississauga and the Town of Caledon to each endorse the study and the participation of the Chiefs of their Fire Services on the Steering Committee.

I ask that your office please notify the Region of Peel through the Regional Clerk's Office when your Council has endorsed the study and Fire Chief participation. Once all Councils have endorsed the study, the Region of Peel will coordinate the first meeting of the Steering Committee to develop the terms of reference before hiring a vendor to conduct the study.

For further reference, a copy of the report to Emergency and Protective Services Committee, titled "Paramedic and Fire Services Related Studies" is attached as an appendix to this letter.

Thank you for your time and attention to this matter. Please contact Dawn Langtry, Director, Strategic Policy, Planning and Initiatives at (905) 791-7800 extension 4138 or via email at Dawn.Langtry@peelregion.ca if you have any questions.

Sincerely,



Carol Reid
Regional Clerk and Director of Clerk's

CR:cp

c: Janette Smith, Commissioner of Health Services
Dawn Langtry, Director, Strategic Policy, Planning and Initiatives

Correspondence Distribution:

Mr. Peter Fay
City Clerk
City of Brampton
2 Wellington Street West
Brampton ON L6Y 4R2

Ms. Karen Landry
Town Clerk
Town of Caledon
6311 Old Church Road
Caledon East ON L7C 1J6

D-2(b)

REPORT
Meeting Date: September 15, 2011
Emergency and Protective Services Committee

For Information

DATE: August 9, 2011

REPORT TITLE: **PARAMEDIC AND FIRE SERVICES RELATED STUDIES**

FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE

To provide information on current or recent Paramedic and Fire Service related studies as directed by Council June 9, 2011.

REPORT HIGHLIGHTS

- The Region of Peel's medical response system is seen as one of the best in North America.
- Tiered response agreements are in place with fire partners to ensure a rapid response is maintained for immediate threats to life or calls involving extrication or some form of rescue.
- The Winnipeg approach to service delivery is not the model which staff would recommend for the Region of Peel and there are other models to review.
- As indicated by Dr. Cheskes at the June 9, 2011 Council meeting, there is no medical evidence that supports recommending that Peel change from its current model to the Winnipeg model.
- Two fire and paramedic related studies that are underway and 3 completed relevant studies are summarized in the report

DISCUSSION

1. Background

The Region of Peel commenced direct delivery of the land ambulance service in Peel on December 1, 2004. While Peel Region provides the service, medical oversight is provided by the Base Hospital, specifically Sunnybrook Centre for Pre-Hospital Medicine. The Ministry of Health and Long-Term Care retains control of the legislation, dispatch centre, licensing and standards.

Paramedic and Fire Services in Peel have continuously worked together to improve response times and patient outcomes. Tiered response agreements are in place with all three municipal Fire Services. Through these agreements, Fire Services are dispatched for obvious immediate threats to life (e.g. choking, unconscious, cardiac arrest, absence of breathing or severe respiratory distress and chest pain when paramedics are dispatched on

D-2(c)

a code 4 response) and to calls where Fire Services would normally be required such as an extrication, mass casualty incident or a rescue of some form.

The Region funds and provides Fire Services with the necessary medical supplies and equipment needed to respond to these types of calls. The Base Hospital Medical Director for Paramedic Services, is also the Medical Director for all three Fire Services and advises the tiered response committee. Through various research projects with Paramedic and Fire Services, Peel residents continue to see a reduction in the loss of life and improved medical outcomes. Although this is only a small percentage of the overall call demand for Paramedic Services these are the most critical of patients and the outcomes are considered some of the best in North America.

In late fall 2010, Region of Peel staff accompanied the Fire Services from Brampton and Mississauga to the City of Winnipeg to learn more about Winnipeg's service delivery model and its possible applicability for Peel.

During the May 19, 2011 Emergency and Protective Services Committee (EPSC) meeting a report (attached as Appendix I) was presented on the site visit outlining the Winnipeg Fire Paramedic Service Delivery Model; differences between the two provinces and communities' regulatory framework and service delivery model; areas of concern with Winnipeg model; and areas to explore further. The report concluded that with the current legislative and funding framework in Ontario, and Peel's current positive medical outcomes, the Winnipeg approach to service delivery is not the model which staff would recommend for the Region of Peel.

At the June 9, 2011 Regional Council meeting Dr. Cheskes, Paramedic's Medical Director, delegated to Council and presented his annual report. At the conclusion of his delegation the question was raised about the need for a Peel study.

Council was advised that there was no Council direction to staff to undertake a study. It was suggested by members that area municipal councils should pass a resolution in support of a Peel specific study and that the resolutions be brought to the next Emergency and Protective Services Committee meeting, September 15, 2011.

Dr. Cheskes was asked to comment on his site visit to Winnipeg and a Peel specific study. Dr. Cheskes stated he visited Winnipeg at the invitation of Winnipeg's Medical Director. He stated that the Winnipeg delivery model appears to work for Winnipeg; however, he noted that the geography is quite different from Peel and that 50 per cent of their calls come from a one kilometre radius from City Hall. Dr. Cheskes stated that there is no medical evidence that the Winnipeg model improves patient care and no medical evidence from what he observed in Winnipeg that would support him recommending that Peel change from its current model. He reiterated from his annual report that Peel's medical outcomes are recognized across North America as being among the best.

Dr. Cheskes stated that any potential study should not only look at cost, but also medical outcomes, and the value of a study depends on the question being asked. If the question being asked has a predetermined answer, then the study is not worthwhile from his perspective.

From the Regional Council meeting of June 9, 2011, staff were directed to bring back a report to the Emergency and Protective Services Committee outlining the scope and results, if available, of the two studies currently underway regarding paramedic and fire services.

D-2(d)

The studies were looking at two separate issues related to paramedic and fire responses to a select group of emergency calls:

- Simultaneous dispatching of Paramedics and Fire and,
- An evidence-informed study addressing the role of fire services in delivering tiered response calls.

2. Current Studies

The two studies identified at the June 9, 2011 Council meeting have not concluded at the time of writing this report.

a. Simultaneous Dispatch Study

The purpose of this study is to look at implementing a technology platform that will provide fire services with enhanced technology to assist in the simultaneous dispatching of both paramedics and fire services in order to not delay response to a tiered response medical call. The study involves the Office of the Fire Marshall, Ministry of Health and Long-Term Care-Emergency Health Services Branch and Health Services IT Cluster, and the Association of Municipal Emergency Medical Services of Ontario (AMEMSO).

The 2010 Regional Fire Coordinator, Fire Chief Brad Bigrigg, shared Peel fire data with the study group as has Peel Regional Paramedic Services. Phase 1 of the study is to commence in the Fall of this year. Peel requested to be one of the pilot sites.

It should be noted that the Mississauga Central Ambulance Communications Centre (CACC) has advised the Peel tiered response group that this is not an issue in Peel. Their system allows for fire to be notified before paramedic response is activated.

b. Association of Municipal Emergency Medical Services of Ontario (AMEMSO) Study to Review Fire Department Role in Tiered Response

AMEMSO commissioned Performance Concepts to research and recommend the most effective and efficient utilization of fire services to respond to certain emergency medical call types. Selected sites, including Peel, were to be consulted and also provide independent data sets from both fire and paramedic services to inform the study. Letters were sent to all CAOs and City Managers identified as partners in the study requesting their participation.

The purpose of the study is to provide an impartial, evidence-informed discussion paper for decision makers to consider the clinical, operational and financial cost/benefit impacts of fire services expanding tiered response calls to include all code 4 dispatched calls.

Key responsibilities of the consultant group include:

- Research the impact to patient outcomes from having fire services respond to every emergency medical call (dispatched as code 4);
- Research the actual and potential costs (operations, capital, training, wages) of utilizing firefighters to respond to every emergency medical call (dispatched as code 4);
- Consultation with key stakeholders (AMEMSO, the Ontario Base Hospital Group, paramedic unions, AMO, the Ontario Association of Fire Chiefs, the Ontario

Professional Firefighters Association and other stakeholders as deemed appropriate.); and

- Development of an evidence-informed paper that considers all relevant information; including recommendations for use by municipalities and the Province.

In Peel this would be a call response of over 61,000 or 76 per cent of overall volume. Currently Fire Services respond to approximately 37 per cent of all of Peel's code 3 and 4 emergency calls. This number would also include those incidents where Fire Services are required such as a motor vehicle collision, entrapment or rescue.

The study has been delayed as fire services in all of the study areas including Brampton and Mississauga Fire & Emergency Services, with the exception of Kitchener, have declined to participate in the study.

Performance Concepts is still moving forward using the paramedic services data and will report back on simultaneous dispatching reviews and will identify the types of medical response calls which fire are responding to. Unfortunately, without the cooperation of the fire services the full outcomes of the initial study scope will not be available. The discussion paper is to be shared with AMEMSO some time in the Fall.

It should also be noted that the Ontario Professional Firefighters Association appears to be campaigning its position on this issue.

3. Additional Studies

In follow up to the discussion with Council regarding existing studies, staff have researched and reviewed numerous papers, reports and studies. In addition to the two studies underway, three other studies have relevance to the subject matter of this report.

- City of Hamilton – Potential for Integrating Fire and Land Ambulance Services completed in October 2000
- City of Toronto – KPMG Completed in Summer 2011
- Santa Clara County California – Civil Grand Jury Report May 2011 – Fire Response Protocol and Consolidation Opportunities

In Appendix II is a high level summary of the questions and resulting recommendations or conclusion of these studies. Complete versions of each report are available through Clerk's.

4. Elements of Potential Peel Specific Study

If Peel were directed to conduct a specific study with the Cities of Brampton and Mississauga and the Town of Caledon to identify opportunities to increase effectiveness of the Fire and Paramedic response to emergency calls, Regional staff will be required to:

- Meet with City / Town staff to develop draft terms of reference, scope, timeframes and budget for the study, to be cost-shared by the Region and three area municipalities.
- Formally approach the Ministry of Health and Long-Term Care to determine if municipal fire services take an expanded role in emergency medical response, similar to Winnipeg, would Fire Services receive provincial subsidy similar to Paramedic Services.
- Have each of the area municipal Councils approve participation and cost-share in the study.

D-2(f)

- Report back to Emergency and Protective Services Committee with results of bullets 1 to 3 above before proceeding to release a request for proposal to hire a vendor to conduct the study.

It should be noted that Paramedic Services is currently engaged in three other initiatives to ensure cost-effectiveness and addressing the increasing service demand needs of the aging population. They are:

- Community Paramedicine – This is a Term of Council Priority to explore options to reduce non-essential transports to area hospitals and to partner with area health care providers to reduce admissions and length of stays in hospitals.
- Evaluation of the Make Ready crews – As part of the Divisional Model design, the Program is incorporating systems which will permit Paramedics to be more readily available in the community. The make ready assistants will perform those tasks currently carried out by a Paramedic which keeps them from being deployed in the community such as vehicle cleanliness, stocking, readiness, maintenance, and gross decontamination. This role will be introduced at the first co-located Reporting Station this Fall. An evaluation will occur later next year to identify efficiencies in areas such as time management, reaction and response times and the utilization of resources in deployment algorithm.
- Evaluation of the Rapid Response Units - Rapid response has been introduced into the community where a single Paramedic is deployed in an SUV type vehicle and responds to all code 4 emergency responses. This model of system delivery responds to calls, renders care prior to a transport ambulance arriving, and has the ability to cancel transport units from calls if the patient has refused. The program is currently reviewing the efficiency of the model in reducing response time as well as how it impacts the overall unit hour activity.

All of these reviews will be brought back to EPSC for their information and will also allow the Program to inform their annual budget assumptions.

D-2(9)

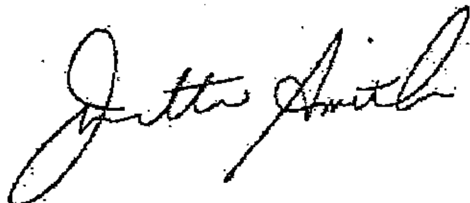
CONCLUSION

The existing delivery model for emergency medical responses in Peel is recognized as one of the best in North America for a select acuity group of patients where immediate and responsive care is essential to maintain life. The tiered response criteria established and agreed to by all parties captures these critical calls.

Staff, in cooperation with their partners and the medical community, continually looks at improvements to ensure that the Peel community experiences superior medical outcomes.

Given the current studies underway or completed and the Medical Director's feedback, we do not recommend an investment in a Peel study specific to the Winnipeg model. Any study should look at the multiple models of fire and paramedic services that may be relevant to Peel.

We should however, formally approach the province to determine if local fire services would be eligible for provincial subsidy for their role in tiered response for life threatening calls, and report back to EPSC.



Janette Smith
Commissioner of Health Services

Approved for Submission:

per D. Szwarc, Chief Administrative Officer

For further information regarding this report, please contact Peter F Dundas at extension 3921 or via email at peter.dundas@peelregion.ca

Authored By: Peter F Dundas, Chief and Director, Paramedic Services

c. Legislative Services

D-2(A)

PARAMEDIC AND FIRE SERVICES RELATED STUDIES

APPENDIX I

REPORT
Meeting Date: May 19, 2011
Emergency and Protective
Services Committee

For Information

DATE: April 15, 2011

REPORT TITLE: **SITE VISIT TO WINNIPEG FIRE PARAMEDIC SERVICES**

FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE

The purpose of this report is to share the learnings from a joint Fire and Paramedic senior staff site visit to Winnipeg Fire Paramedic Services to review their delivery model of pre-hospital medical care.

REPORT HIGHLIGHTS

- In late fall 2010, Peel Regional staff accompanied Brampton and Mississauga Fire and Emergency Services staff to Winnipeg.
- In 2000, a consultant recommended the complete integration of Winnipeg Fire and Paramedic services into one department with fully cross-trained staff.
- This was not achieved due to labour relations issues but one of four staff on the fire truck is now a licensed primary care paramedic.
- Winnipeg senior financial staff indicated no cost savings were attained because there was not full integration.
- Winnipeg medical outcomes were not found to be superior to Peel.
- Ontario's current legislation, regulatory framework and funding model as well as the provincially operated dispatch model do not support the Winnipeg model in Peel.
- Winnipeg's expanded scope of paramedical practice in the community health framework needs to be explored in Peel.

DISCUSSION

1. Background

The Region of Peel commenced direct delivery of the land ambulance service in Peel on December 1, 2004. While Peel Region provides the service, medical oversight is provided by the Base Hospital, specifically Sunnybrook Osler Centre for Pre-Hospital Care. The term Base Hospital is defined as a hospital which is designated by the Ministry of Health and Long-Term Care to have a program that monitors both the quality of care and certification of paramedics within their designated catchment area. The Ministry of Health and Long-Term Care retains control of the legislation, dispatch centre, licensing and standards.

Paramedic and Fire Services have worked together to improve response times and patient outcomes. Tiered response agreements are in place with all three Fire Services. Through

D-2(i)

these agreements, Fire Services are dispatched simultaneously for immediate threats to life (e.g. choking, unconscious, cardiac arrest, absence of breathing or severe respiratory distress and chest pain when paramedics are dispatched on a Code 4 Response) and to calls where Fire Services would normally be required such as an extrication, mass casualty incident or a rescue of some form. The Region funds and provides Fire Services with the necessary medical supplies and equipment needed to respond to theses types of calls. Dr. Sheldon Cheskes, the Base Hospital Medical Director for Paramedic Services, is also the Medical Director for all three Fire Services. Through research projects with Paramedic and Fire Services through the Resuscitation Outcomes Consortium, Peel residents continue to see a reduction in the loss of life and improved medical outcomes.

In addition to research to improve medical outcomes, staff continue to look for opportunities to improve the cost effectiveness of service delivery.

2. Winnipeg Fire Paramedic Service

In late fall 2010, Peel Regional Paramedic Services was invited to accompany Brampton and Mississauga Fire and Emergency Services on a trip to Winnipeg to learn more about its service delivery model and possible applicability for Peel.

a) Historical Overview

The City of Winnipeg had amalgamated multiple ambulance and fire services in to a single municipal Paramedic Service and a single municipal Fire Department. Paramedic and Fire Services developed tiered response agreements for life threatening medical calls, but operated as separate departments. In addition, co-housing of paramedics in fire halls started in the early 1980's.

In 2000, a consultant recommended the complete integration of Fire and Paramedic Services into one department where all personnel were fully cross-trained to fight fires and provide emergency medical care. The recommendations also called for a revamped organizational structure; cohesive plan for cross-training personnel; a new salary and advancement structure for the fully cross-trained system; and rationalization of existing fire and paramedic stations.

b) Current Service Delivery Model

Winnipeg was not able to implement a fully integrated, fully cross-trained service delivery model due to labour relations issues. However, it did amalgamate Fire and Paramedics into one department with one Chief with two operational units where Fire and Paramedic Services each retained its own union and professional identity.

The service delivery model includes:

- One of the four staff on the fire trucks is a licensed primary care paramedic with fire fighting skills;
- Every ambulance will have one advanced care and one primary care paramedic (not complete at this time);
- A single dispatch centre closely linked to police dispatch with specific protocols to dispatch fire only (e.g. fall not dangerous, traffic accident no injuries); Paramedic Services only (e.g. headache and numbness, fall possibly dangerous); or both (e.g. ineffective breathing, chest pain, headache not alert); and
- Medical Supervisor positions added to Paramedic operational unit to oversee both fire and paramedics' medical practice while in the field.

Winnipeg senior staff indicated several key factors that drove support and implementation for the current service delivery model:

- A zero per cent tax increase for multiple years;
- Need to improve response times and patient outcomes. At the time, there was a significant difference in response times between Fire and Paramedics;
- An incentive to increase the skill level for fire and paramedic staff. An incentive for the Paramedic union was the opportunity for primary care paramedics to upgrade to advanced care paramedics. This did not exist before;
- Strong administrative and medical leadership;
- Presence of opinion leaders among both fire fighters and paramedics;
- Professional licensing and Canadian Medical Association accredited training for paramedics; and
- Enabling provincial legislation.

c) Legislation and Funding

Manitoba legislation (*The Ambulance Act of Manitoba*) stipulates that all first-responding organizations that respond to greater than 1500 medical calls per year include a responder trained to the primary care paramedic level which includes fire apparatus. The Medical Director is directly employed by the City of Winnipeg.

Funding for Paramedic Services is 50 per cent user, 25 per cent city and 25 per cent provincial, while fire services receive 8 per cent of its budget from the province.

d) Outcome Measurement

Winnipeg reported a decrease in response time. However, it should be noted that 50 per cent of the 100,000 calls per year for both Fire and Paramedics are within a one kilometer radius of the downtown core.

Winnipeg senior financial staff indicated that there were no cost savings realized because the Services did not fully integrate. Senior staff in the department feel there has been cost avoidance through increased cancelled calls without ambulance responses and decreased pre-hospital scene time intervals.

With respect to medical outcomes, Winnipeg provides many of the same pre-hospital medical programs as in Peel (e.g. STEMI program, stroke by pass program) and Regional staff did not find any differences in medical outcomes to recommend the Winnipeg model for Peel. Representatives from the Base Hospital, including Dr. Cheskes, also visited Winnipeg on a separate trip and are in a better position to provide medical opinion to Council on Winnipeg's service delivery model.

3. Lessons Learned for Peel

The trip to Winnipeg was worthwhile and provided an opportunity to understand the similarities and differences between the two provinces and communities as well as identify areas to explore further in Peel.

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PARAMEDIC AND FIRE SERVICES RELATED STUDIES

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SITE VISIT TO WINNIPEG FIRE PARAMEDIC SERVICES

a) Legislation and Regulatory Framework Differences

There are significant differences between Peel and Winnipeg that impact the ability of implementing a similar service delivery model in Peel. Most significantly is the difference in legislation and regulatory frameworks governing land ambulance. As mentioned earlier in the report, medical oversight is provided by the Base Hospital for Peel Paramedics not the Service itself. As Paramedics are not a regulated health profession, all medical acts are delegated and overseen by the Base Hospital Medical Director. Medical Directors can only delegate medical acts to paramedics who work for a land ambulance Designated Delivery Agent. Peel Region is the only Designated Delivery Agent in our community.

b) Dispatch Models

Winnipeg operates its own combined dispatch using sophisticated technology (Medical Priority Dispatch System) to determine call severity and appropriate response which allows them to rationalize the type of response required (e.g. Fire only, Paramedics only or dual). This is a significant difference from Peel. In Ontario, except for Toronto and Niagara, the province has retained control of the dispatch system.

The distribution of 911 calls between Peel and Winnipeg is another significant difference. As mentioned, 50 per cent of Winnipeg's call volume is one kilometer from the city core involving alcohol, homeless individuals and/or mental health issues. The staff reported that this results in a substantial number of cancelled calls without ambulance response or transport. The Region does not have a similar call profile that would result in the cost avoidance from cancelled calls.

c) Areas of Concern

Regional staff also identified a number of areas that raised concerns with the prospect of emulating the current Winnipeg service delivery model in Peel. The cross-trained fire fighter primary care paramedic is paid more than the primary care paramedic in Paramedic Services and it is creating a retention problem for the Paramedic operation unit in Winnipeg. The more experienced primary care paramedics do not want to remain at a lower pay and move to vacancies in the fire service operational unit. To retain the staff, over time it may drive up the primary care paramedic salaries and lead to the two positions alternatively pushing the salaries higher.

The other concern is the unit hour activity (UHA) for the Paramedic Service. Unit hour activity is a measure of how busy the system is. UHA is expressed as a number between zero and one. At the theoretical value of one, all ambulance crews are tied up with a patient or on call all the time. The staff should be busy enough to maintain medical skills, but also have sufficient time for completion of medical documentation and lunch breaks, and be available to respond to 911 calls. In the Paramedic industry, the target is a unit hour activity (UHA) of 0.32 to 0.35 to be most cost effective. Any higher, the service and staff experience a stressed system which impacts response time, increases overtime costs at end of shift and leads to an inability to provide lunch or other breaks. Winnipeg staff point to cost avoidance through adding fewer ambulances, however, the UHA for the Paramedic operational unit ranges from 0.58 to 0.60. Peel currently operates at 0.41 UHA. The addition of cross-trained paramedic with Fire Services does not reduce the need for adequate transport ambulance resources.

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Both of these issues (pay and UHA) have led to substantial morale issues in the Winnipeg Paramedic operational unit. It should also be noted that during the visit, staff indicated that Fire response had started to experience "transport delay" i.e. the fire service could not leave the scene as they had to wait for an ambulance to arrive.

The funding model in Winnipeg has a significant element of user fees as well as Provincial subsidy, unlike in Ontario where user fees are prohibited, except for the current $45 ambulance fee that is collected by the hospitals. In Ontario the delivery of Paramedic Services is seen as part of the health system and therefore has been able to attract funding sources outside of the property tax base. Fire services have traditionally been seen as largely related to the protection of property and funded that way; for example fire service standards are reflected in property insurance rates and stations are geographically based in relation to property. The Winnipeg model if applied in Ontario has the potential to add property tax costs to the fire service that may not enjoy the benefit of subsidy as part of the health system, and must be carefully considered.

d) Community Paramedicine

While there are some major differences between the two jurisdictions and some concerns, there are some lessons learned that definitely are worth exploring in Peel. In Winnipeg, paramedics have been more integrated into the community health and social services framework. Through a pilot project, paramedics are the on-site health professional for a not-for-profit organization providing day time Drop-In Shelter, a 20 cell intoxicated persons detention area, 25 bed detox unit, 31 bed transitional housing unit and emergency overnight shelter.

Through the Region's Strategic Plan Term of Council Priority, the Health Services department is exploring the feasibility of expanding the paramedic scope of practice in the community (commonly known as community paramedicine). A recent literature review found that community paramedicine research to date is lacking, but one randomized controlled trial showed that paramedics may safely practice with an expanded scope, improving patient outcomes and satisfaction. Peel is partnering with York Region to further explore the benefits and feasibility of expanding Paramedic's scope of practice in the community including what training, legislation and regulations would need to change. An expanded scope of practice could potentially produce cost savings in the health system by reducing the number of transports to the hospitals.

Winnipeg is also exploring the concept of a virtual waiting room. A virtual waiting room could mean paramedics waiting with a client at the call location (e.g. long term care home) but sending patient information to the hospital triage nurse who adds the patient to the triage queue. Paramedic Services then transports the patient when the hospital is ready to receive the patient.

e) Co-Housed Stations

Winnipeg has also been successful at integrating the fire and paramedic stations after many years of co-locating (same building but separate quarters). The Region and Fire Services are now building three co-located stations and in some there are shared amenities such as fitness facilities. It is estimated that by co-locating the stations, there will be operating savings. Over time, with these co-located stations, it is hoped that more integrated stations will become the norm.

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PARAMEDIC AND FIRE SERVICES RELATED STUDIES

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SITE VISIT TO WINNIPEG FIRE PARAMEDIC SERVICES

4. Other Priorities for Peel

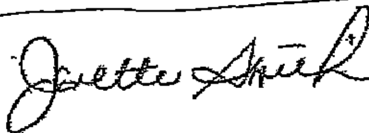
A major efficiency to be realized with Peel Paramedics is addressing offload delay in the hospital emergency rooms. Freeing up paramedic time from hospital offload delay will provide resources to address the call volume growth from the growing and aging population. Offload delay was reduced by 4.4 per cent from 2009 to 2010 and staff have targeted a 40 per cent reduction over this term of Council.

In addition, Peel Paramedics, Fire and Police should continue to work together to educate the community and reduce the number of inappropriate 911 calls.

CONCLUSION

The current partnership that Paramedic Services has with its Fire Service partners has resulted in improved patient outcomes and response times, and is recognized across the country.

It is essential that staff continue to search out more cost-efficient ways to provide pre-hospital medical care and reduce the costs to the health care system through research, process reviews and site visits to view other service delivery models. Although the Winnipeg delivery model had interesting aspects to consider for future service delivery, with the current legislative and funding framework in Ontario, and given Peel's current medical outcomes, it is not the model which staff would recommend for the Region of Peel.



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c. Legislative Services

Chief/Director, Paramedic Services

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PARAMEDIC AND FIRE SERVICES RELATED STUDIES

APPENDIX II

Related Paramedic and Fire Studies – Summary

Study Area		
City of Toronto (Single Tier) Core Services Review – KPMG 2011	**Option** Consider integrating Emergency Medical Services (EMS) and Fire organizationally and developing new models to shift more resources to EMS response and less to fire response over time.	**Risk and Implications** With decreasing demands for fire emergency response and increasing demands for EMS response, EMS response times have been deteriorating while fire response times are consistent . Fire has twice the budget, but the largest majority of calls for service are for EMS. Finding the right way to allocate available emergency resources is a major challenge for modern cities. Cultural issues, the history of the services, the pride of service and the high esteem with which the services are held are all major barriers to change. Simply integrating the organizations will not create massive change initially, but it should start the long process to providing more efficient emergency response
Santa Clara County – California, Civil Grand Jury Report 2011	**Two lines of inquiry** 1) Why do fire departments use a "one size fits all" approach, deploying a full blown firefighting contingent to every emergency, given that the majority of calls are medical in nature? 2) Has leadership considered various forms of consolidation among fire departments to improve effectiveness and reduce costs while maintaining service levels?	**Conclusion** The Grand Jury found that in fire departments an outmoded service delivery model does not match today's emergency response needs. Emergency response suffers when publicly funded and independently operated fire departments are cobbled together with contracted ambulance service. Given that fire departments deliver essentially the same services in a uniform manner, three areas for improvement exist: 1) Managing fire department personnel more effectively 2) Changing fire department response protocol to an emergency response department model to better respond to the nearly 70% of emergency calls that are medical in nature. 3) Exploring and implementing consolidation opportunities.
The New City of Hamilton (Single Tier) Potential for	**Purpose of Investigation** The integration of the two services (EMS and Fire) was under consideration for the following	**Conclusion and Recommendation** • Full integration of EMS and Fire cannot be rushed. Previous experiences has shown that full

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PARAMEDIC AND FIRE SERVICES RELATED STUDIES

Integrating Fire and Land Ambulance Services October 2000	reasons: 1) To enhance their overall performance, over that which would be achieved if they continue to operate separately 2) To reduce the costs, or increase costs containment, over that which would be achieved if the two functions continue to operate separately.	integration is a long term undertaking, up to 10 years. Success is contingent on achieving strong commitments from all key stakeholders and the satisfactory resolution of both cultural differences and a host of collective bargaining issues pertaining to labour, conditions of employment wages and benefits • Full integration will result in higher, not lower, operating costs. The additional cost being attributed to cross training and wage parity. • Recommended a "shared support services" model – the two services should operate as two operating divisions and share capital, infrastructure and support services.