THE REGIONAL MUNICIPALITY OF PEEL

HEALTH SYSTEM INTEGRATION COMMITTEE

AGENDA HSIC-3/2015

DATE: Thursday, October 29, 2015
TIME: 1:00 PM – 3:30 PM
LOCATION: Regional Council Chamber, 5th Floor
10 Peel Centre Drive, Suite A
Brampton, ON

MEMBERS: F. Dale; A. Groves; E. Moore; M. Palleschi; C. Parrish; P. Saito; B. Shaughnessy

ADVISORY MEMBERS: M. Anderson; C. Brereton; M. DiEmanuele; C. Hecimovich; B. MacLeod; S. McLeod

Chaired by Councillor P. Saito or Vice-Chair Councillor B. Shaughnessy

1. DECLARATIONS OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. DELEGATIONS

4. REPORTS

4.1. Paramedic Offload Delay Update (Oral)
Presentation by Peter F. Dundas, Chief and Director of Paramedic Services
and Kiki Ferrari, Executive Director of Clinical Services, William Osler
Health System

4.2. Central West Local Health Integrated Network and William Osler Health System
Hospital Capital Planning (Oral) (See also Item 4.3)
Presentation by Scott McLeod, Chief Executive Officer, Central West Local
Health Integration Network (LHIN) and Matthew Anderson, President &
Chief Executive Officer, William Osler Health System

4.3. Hospital Capital Planning (For information) (See also Item 4.2)

4.4. Ambulance Patient Co-Payment (For information)
Presentation by Janette Smith, Commissioner of Health Services
5. COMMUNICATIONS

6. IN CAMERA MATTERS

7. OTHER BUSINESS

8. NEXT MEETING

   To be determined.

9. ADJOURNMENT
Paramedic Offload Delay Update

Presented By
P. F. Dundas, Chief & Director, Paramedic Services
K. Ferrari, Executive Director, Clinical Services, William Osler Health System

October 29, 2015
What is Offload Delay?
Background

• Brampton Civic Emergency Department
  ➢ >135,000 ED visits per year with 16% arriving by ambulance
  ➢ Busiest single site ED in Canada!

• Credit Valley Emergency Department
  ➢ >106,900 ED visits per year with 16% arriving by ambulance
  ➢ Busiest ED in the Mississauga–Halton area

• Mississauga Emergency Department
  ➢ >96,000 ED visits per year with 20% arriving by ambulance
  ➢ Large volume of patient's from Toronto area

• Long standing collaborative relationship with Peel Regional Paramedic Services
Hospital Nursing Program

• Dedicated Nurse in ER to look after a maximum of 4 low acuity patients brought in by paramedics
• 100% funded by Province
• Currently staffed 24 hours per day 7 days per week at all three hospitals
• Goal – to reduce paramedic in hospital time so they can be available in the community
Opportunity

- Challenge with offload hours and increasing volumes of patients arriving by ambulance
- Reduced ambulance coverage in the community
- Hospital offload nurse challenged with high volumes of patients and less than optimal wait times
# Hospital Comparison 2011

<table>
<thead>
<tr>
<th>2011</th>
<th>Credit Valley</th>
<th>Mississauga</th>
<th>Brampton Civic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Offload (min)</td>
<td>50</td>
<td>59</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td>90th Percentile Offload (min)</td>
<td>103</td>
<td>130</td>
<td>110</td>
<td>113</td>
</tr>
<tr>
<td>Total Of Patients on Offload</td>
<td>13,722</td>
<td>14,029</td>
<td>18,719</td>
<td>46,470</td>
</tr>
<tr>
<td>Total Offload Hours</td>
<td>11,386</td>
<td>13,763</td>
<td>16,853</td>
<td>42,002</td>
</tr>
</tbody>
</table>
Trillium Methodology

Leadership, Creativity, Innovation

Kaizen
- Quick Strike ★
- 1-6 Days ★★
- Process Mapping ★★
- Cause & Effect ★★
- Basic “Blocking & Tackling” Tools

Lean
- One Piece Flow
- Cells
- Visual Controls ★
- Pull Systems ★★
- Kanban
- Setup Production
- TPM

Six Sigma
- DMAIC Process
- Statistical Tools ★
- Value Stream Mapping ★
- PFMEA
- Cp and Cpk
- Gage R&R
- ANOVA, Hypothesis Tests, DOE, Optimization

Teaming and Employee Involvement

Knowledge Of Tools

Focus On Improvement
- Simple Tactical Focus
- Obvious Quick Fixes
- Containment
- Plug Holes In Dike

Closed Loop Performance

(c) iSixSigma.com
Hospital Objectives

- Civic - Reduce the amount of offload delay for patients to 30 minutes for 90% of our patients by 2014

- Credit Valley - Reduce the amount of offload delay for patients to 27 minutes for 90% of our patients by 2014

- Mississauga - Reduce the amount of offload delay for patients to 27 minutes for 90% of our patients by 2015
Focus of Improvement

- **Triage**
  - Register patient at bedside

- **Transfer of Care** (Dedicated offload nurse)
  - Eliminate offload nurse time to leave station
  - Create a new ED process flow based on ED bed availability and patient condition (CTAS levels)
Focus of Improvement

- **Physicians Initial Assessment**
  - Eliminate duplication of electrocardiogram when not required

- **Surge Communication**
  - Two-way communication when overwhelmed by patient volume or call demand

- **Paramedics**
  - Decrease unproductive time distributing ambulance call reports
## Hospital Comparison 2011 to 2014

<table>
<thead>
<tr>
<th></th>
<th>Credit Valley</th>
<th>Mississauga</th>
<th>Brampton Civic</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2014 (2011)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Offload (min)</td>
<td>36 (50)</td>
<td>52 (59)</td>
<td>35 (54)</td>
<td>41 (54)</td>
</tr>
<tr>
<td>90th Percentile Offload (min)</td>
<td>67 (103)</td>
<td>108 (130)</td>
<td>64 (110)</td>
<td>74 (113)</td>
</tr>
<tr>
<td>Total Nu. Of Patients on Offload</td>
<td>15,863 (13,722)</td>
<td>15,615 (14,029)</td>
<td>25,335 (18,719)</td>
<td>56,813 (46,470)</td>
</tr>
<tr>
<td>Total Offload Hours</td>
<td>9,560 (11,386)</td>
<td>13,448 (13,763)</td>
<td>14,838 (16,853)</td>
<td>37,846 (42,002)</td>
</tr>
</tbody>
</table>
Offload Initiative: With Process Improvement and Offload Nurse

- Projected Offload before initiative
- With Offload Nurses
- With Process Improvement & Offload Nurses

Offload Hours

- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015 estimate
Key Factors

A trusting, collaborative and transparent partnership at all levels

Strong leadership
Paramedic Offload Delay
DATE: October 19, 2015
REPORT TITLE: HOSPITAL CAPITAL PLANNING
FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE
To provide additional information requested by Council on hospital capital planning, and to accompany the presentation being made by the Central West Local Health Integration Network and William Osler Health Centre.

REPORT HIGHLIGHTS
- On March 26, 2015, Trillium Health Partners provided a delegation to Regional Council outlining their service challenges and capital plans.
- Regional Council supported a resolution requesting the province invest $5 million for Trillium Health Partners to proceed with planning for 955 new beds across their 3 hospital sites.
- In recognition that the Region is served by other hospitals, staff were directed to provide an update on the other hospital capital plans and investigate the status of a hospital levy in development charges.
- Since the delegation, Trillium Health Partners has received nearly $118 million for the redevelopment of The Credit Valley Hospital site and the $5 million planning grant for which they were advocating.

DISCUSSION
1. Background
On March 26, 2015, Michelle DiEmanuele, President and CEO and Edward Sellers, Board Chair, Trillium Health Partners delegated to Regional Council providing an overview of their service challenges and outlined their capital plan. The presentation provided insight into the issues that both The Credit Valley and Mississauga Hospital sites face in caring for increasing volumes of patients and they asked Council to support their request to the province for a $5 million planning grant. The delegation resulted in direction for staff to provide an update on capital plans for the other hospitals serving Peel and to investigate the feasibility of including a hospital levy in development charges.

As a reminder, hospital planning and accountabilities fall under the Local Health Integration Networks (LHINs) (see Appendix I). The LHINs have oversight responsibilities for hospitals and other health service providers through Service Accountability Agreements. Since LHIN boundaries do not follow Regional boundaries, Peel Region is served by both the
Mississauga Halton LHIN and the Central West LHIN. Trillium Health Partners is located within the Mississauga Halton LHIN boundary. William Osler Health System and Headwaters Health Care Centres are located within the Central West LHIN.

Since Council has heard from Trillium Health Partners which is part of the Mississauga Halton LHIN; the Central West LHIN and its area hospitals, William Osler Health System and Headwaters Health Care Centre, are providing an update on their capital plans as an accompaniment to this report.

2. Update

a) Trillium Health Partners

Since their delegation, Trillium Health Partners have received $117.74 million from the province to support the redevelopment of The Credit Valley Hospital site and a $5 million planning grant which they requested from the province to proceed with planning for 955 new hospital beds across their 3 hospital sites: The Credit Valley Hospital, Mississauga Hospital and Queensway Health Centre.

Currently, the redevelopment construction at The Credit Valley Hospital is underway. It is expected to be complete in the spring of 2018 and includes renovations and expansions to existing hospital space. Specifically, the following are being undertaken:

- An expanded emergency department to more than double the current size with new pediatric and mental health treatment areas, 22 new treatment bays offering improved patient privacy, and 16 temporary treatment bays to ensure adequate capacity during construction;
- An expanded surgical and peri-operative suite;
- Two new operating rooms and associated post-anesthetic care spaces;
- An expanded critical care unit more than double the current size with five new beds; and
- An expanded diagnostic imaging department that will have new, state-of-the-art equipment.

b) Development Charges

The existing provincial Development Charges (DC) Act specifically lists hospital as an ineligible service. This means that municipalities may not collect DCs for the purpose of funding new hospital construction.

In March of 2015, the province introduced “Bill 73, Smart Growth for our Communities Act” (Bill 73) that includes several proposed changes to the existing DC Act. One of these proposed changes would be to move the list of ineligible services out of the DC Act and place it into regulations. As part of this process the Province has indicated that it intends to remove waste diversion from the list of ineligible services, but not hospitals. Thus under the proposals included through Bill 73, municipalities would still be barred from collecting DCs for hospital infrastructure. At present Bill 73 is undergoing second reading debate.

As reported to Council, prior to introducing Bill 73, the Province undertook consultations with stakeholders from October 2013 to January 2014. As part of this consultation the
Region of Peel submitted its position to the Province on a variety of DC related issues in January of 2014. The position given to the Province on hospitals was that the Province should fully fund growth related hospital infrastructure or consider giving municipalities the discretion to levy DCs for this service.

c) Region’s Historical Contribution to Hospitals

Under old DC and lot levy legislation the Region collected funds from new development for hospital construction. From 1996 to 2008 the Region committed and contributed the following amounts to local hospitals from these funds.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Regional Contribution - in Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit Valley</td>
<td>$33.9</td>
</tr>
<tr>
<td>Trillium - Mississauga *</td>
<td>16.7</td>
</tr>
<tr>
<td>Peel Memorial</td>
<td>4.0</td>
</tr>
<tr>
<td>Brampton Civic</td>
<td>33.6</td>
</tr>
<tr>
<td>Headwaters</td>
<td>3.0</td>
</tr>
<tr>
<td>Total</td>
<td>$91.2</td>
</tr>
</tbody>
</table>

*Currently the Region of Peel is still holding $2.9 million for Trillium based on a 1997 Council commitment that was dependent on matching funding from the Province.
CONCLUSION

Updates on all of the Region’s hospital capital plans provide an overall understanding of Peel’s health system’s future plans and could be a catalyst for potential partnership opportunities for the Region of Peel while planning for the needs for Peel residents.

Janette Smith, Commissioner of Health Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES

1. Appendix I - Health System Overview - Hospitals

For further information regarding this report, please contact Dawn Langtry, Director, extension 4138, dawn.langtry@peelregion.ca.

Authored By: Claudine Bennett and Dawn Langtry
Overview of the Health System: A Region of Peel Perspective

January 2015
DATE: October 21, 2015
REPORT TITLE: AMBULANCE PATIENT CO-PAYMENT
FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE
To follow-up on Council direction referring the ambulance co-payment issue to the Health System Integration Committee (HSIC), so that a policy discussion with our health system partners could be facilitated.

REPORT HIGHLIGHTS
- The issue of ambulance patient co-payment is complex, impacting other health system partners.
- On June 25th, 2015 Regional Council referred the issue to the Health System Integration Committee for a policy discussion and to determine what, if any, further action should be taken at this time.

DISCUSSION
During the 2015 Health Services budget presentation, the Commissioner of Health Services was directed to report on the collection of the $45 ambulance patient co-payment, the allocation of the revenues to hospitals and the Ministry of Health and Long-Term Care, and the actual cost of patient transport to hospitals.

On June 25, 2015 Regional Council received a report titled “Review of Ambulance Co-Payment” (Appendix I). The report provided a summary of previous advocacy by the Region of Peel regarding the allocation of revenues from the ambulance co-payment, government policy regarding the co-payment, and the revenues from the co-payment.
Given the complex nature of the issue and the fact that any decision could affect various interests and stakeholders in our local health system, particularly hospitals, the issue was referred to the Health System Integration Committee to facilitate a policy discussion and determine what, if any action should be taken at this time.

Janette Smith, Commissioner of Health Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES


For further information regarding this report, please contact Dawn Langtry, Director, extension 4138, dawn.langtry@peelregion.ca.

Authored By: Claudine Bennett
REPORT
Meeting Date: 2015-06-25
Regional Council

DATE: June 17, 2015
REPORT TITLE: REVIEW OF AMBULANCE PATIENT CO-PAYMENT
FROM: Janette Smith, Commissioner of Health Services

RECOMMENDATION

That the ambulance patient co-payment issue be referred to the Health System Integration Committee (HSIC) to review potential options and facilitate a policy discussion between the Region of Peel and external health stakeholders.

REPORT HIGHLIGHTS

- The ambulance patient co-payment is a fee ($45) charged by hospitals to most patients transported to hospital by ambulance.
- The co-payment was introduced in 1992 when the Ontario government funded and operated land ambulance and has not changed, despite the transition of ambulance to municipalities.
- In 2011 Peel Regional Council passed a resolution calling on the provincial government to make changes to the co-payment. See Appendix II for Council resolution.
- Most revenues are retained by hospitals to support clinical services.

DISCUSSION

1. Background

In Ontario, the costs for the operation of land ambulance services are shared 50:50 between municipalities and the provincial government. In addition to this funding, most patients who are transported to a hospital by ambulance are required to pay an ambulance patient user fee or “co-payment”. Appendix I provides an overview of the oversight and funding of Paramedic Services.

During the 2015 Health Services budget presentation, the Commissioner of Health Services was directed to report on the collection of the $45 ambulance patient co-payment, the allocation of the revenues to hospitals and the Ministry of Health and Long-Term Care (Ministry), and the actual cost of patient transport to hospital.

a) Previous Regional Advocacy

In 2011, Regional Council raised concern regarding the allocation of revenues from the co-payment, as it did not reflect municipal responsibility for delivering ambulance services and cost sharing with the Ministry of Health and Long-Term Care (Ministry). Through the report, dated June 23, 2011, titled “Provincial Fees in Health Services”,
Council endorsed advocacy calling on the Ministry to allocate 100 per cent of co-payment revenues to the Region, and that the co-payment be reviewed and adjusted to reflect a rate based on today’s costs for delivering this service. A copy of the Council resolution can be found in Appendix II. The resolution was shared with the Ontario Premier, the Minister of Health and Long-Term Care, and other municipalities responsible for land ambulance. Regional Council received a response from the Premier indicating that the resolution was forwarded to the Health Minister, but no response was received from the Minister.

2. Findings

The rules governing the co-payment rate, the collection of the co-payment, and the allocation of revenues to hospitals and the Ministry have not changed since last reported to Council in June 2011. In fact, the rate and rules in Ontario have not been reviewed or changed since 1992. At that time, the provincial government was responsible for 100 per cent funding and operation of land ambulance and the rate represented approximately 20 per cent of the total average cost of a land ambulance call.

For Peel, staff estimate the average cost per ambulance call is approximately $785, based on the cost to provide coverage for 104,700 calls (in 2015) within the Council-approved response time framework. This call volume is served through Peel Paramedics total budgeted expenditures of $82,238,375, which includes all materials, staff, internal allocations and contributions to reserves. Of these expenditures 49.2 per cent is funded by the province.

a) Rate and Rules in Ontario

The rate and rules are established through regulations under the Health Insurance Act (Act) which defines the co-payment, sets the $45 rate for insured patients, and requires co-payment to the hospital. An “uninsured” rate applies to those patients without an Ontario Health Insurance Plan (OHIP) card, and to ambulance transports that are deemed not medically necessary. In addition to the Act, the Ministry’s “Ambulance Co-Payment Billing Manual” (Billing Manual) sets the “uninsured” rate at $240 per trip, and directs hospitals to remit $15 from every billable ambulance trip to the Ministry.

The Act exempts some patients from paying the fee. Exemptions are provided for patients receiving benefits through Ontario Works and the Ontario Disability Support Program, long-term care home residents, those receiving approved home care services, and select others.
b) Ontario Rates Lowest Nationally

All provinces require co-payments for ambulance service, and structure these co-payments differently, with some charging a combination of flat rate plus mileage and other fees. Overall, the highest co-payments are in Manitoba ($512) and Alberta ($385). Co-payments in British Columbia, Quebec, and the Maritime provinces range from $115 to $150. Ontario’s co-payment remains the lowest in Canada. Appendix III provides an overview of the co-payment rates across Canada.

c) Ministry and Hospital Revenues

Over the past five years (2010-2014), Ministry revenues from the $15 per trip remittance by some hospitals across the province have averaged just over $2 million annually, which translates into approximately 145,000 billable trips. Ministry revenues from the co-payment have been generally declining over the past ten years and contribute a very small part of the provincial share of all costs for land ambulance, which is approximately $900 million annually. Co-payment revenues are significantly lower than expected, which Ministry staff have attributed to the number of patients currently exempt from paying any co-payment. In addition, hospitals’ remittance of the $15 per trip to the Ministry has not been applied consistently.

Peel hospital leadership have underscored the need to understand ambulance billing within the context of the health system, and community demands. As the Act permits, co-payment revenues have been directed to pay for clinical services, allowing hospitals to address growing pressures on emergency departments and other clinical services.
3. Proposed Direction

The ambulance patient co-payment is a complex policy issue that involves the funding and delivery of critical health services across many stakeholders in the health system. It is not clear what the intent of the original policy was and its relevance in the current context. It does not reflect municipal responsibility for delivering land ambulance, nor is it being consistently applied. Furthermore, despite previous advocacy it appears this issue is not a priority for the ministry. Given the service demands and pressures on paramedic services, and the health system in general, staff recommend that the issue be reviewed at the Health System Integration Committee of Council to facilitate a policy discussion with our health system partners.

Janette Smith, Commissioner of Health Services

Approved for Submission:

D. Szwarc, Chief Administrative Officer

APPENDICES

Appendix I - Oversight and Funding of Paramedic Services in Peel Region
Appendix II - Council Resolution on Ambulance Co-Payment
Appendix III - Ambulance Co-Payment Rates - All Provinces (2014-15)

For further information regarding this report, please contact Dawn Langtry, Director, extension 4138, dawn.langtry@peelregion.ca.

Authored By: Cullen Perry, Research and Policy Analyst
Appendix I
Oversight and Funding of Paramedic Services in Peel Region
A Region of Peel Perspective

MINISTRY OF HEALTH AND LONG-TERM CARE

EMERGENCY HEALTH SERVICES BRANCH
Maintains regulatory and accountability/oversight for land and air ambulance in Ontario

Performance Agreement & 100% funding

Oversight & Funding
• Certifies all ambulance operators
• Operating funding cost-shared (50%)
• Sets Patient Care Standards
• Approves paramedic certification

MISSISSAUGA CENTRAL AMBULANCE COMMUNICATIONS CENTRE (CACC)
Deploys, coordinates and directs movement of ambulance resources in Peel and Halton

Deploys Ambulances

PEEL REGIONAL PARAMEDIC SERVICES
• 48 ambulances and 8 rapid response units
• 103,771 calls (2014)

SUNNYBROOK CENTRE FOR PREHOSPITAL MEDICINE (“Base Hospital”)
• Provides medical directives, oversight, and continuing medical education to paramedics.
• Dr. S. Cheskes serves as Medical Director for PRPS and some neighbouring jurisdictions.

Medical Oversight

Direct Operation
Appendix II
Council Resolution on Ambulance Co-Payment

June 23, 2011

Moved by Councillor Miles,
Seconded by Councillor Fonseca;

Whereas, the Region of Peel assumed responsibility for the delivery of land ambulance service January 1, 2001;

And whereas, the Region of Peel entered into an agreement with the Ministry of Health and Long-Term Care (the Ministry) for a subsidized 50/50 cost sharing model;

And whereas, the operating funding for ambulance delivery supported by the Region is provided through Regional tax dollars;

And whereas, the current distribution of revenues from ambulance user co-payments does not reflect the municipal responsibilities for delivering ambulance services and the 50/50 cost sharing with the Ministry;

And whereas, the ambulance user fee of $45 has not been adjusted for nearly 20 years;

Therefore be it resolved, that the Regional Chair write to the Premier of Ontario and the Minister of Health and Long-Term Care, on behalf of Regional Council, requesting that 100 per cent of the funds collected through ambulance user co-payments be allocated to the Region of Peel to lessen the burden on the Regional taxpayer;

And further, that the ambulance user fee co-payment be reviewed and adjusted to reflect a rate which is based on today’s costs for delivering this essential service;

And further, that a copy of this resolution be sent to all designated delivery agents in Ontario, Peel-area MPPs, the CEOs and Chairs of the Mississauga-Halton and Central West Local Health Integration Networks, and the Presidents of all three Peel-area hospitals.

Carried 2011-627
### Appendix III

#### Ambulance Co-Payment Rates - All Provinces (2014-15)

<table>
<thead>
<tr>
<th>Ambulance Oversight and Funding</th>
<th>Delivery (fee collection)</th>
<th>Fee Structure</th>
<th>Fee Exemptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>BC Ambulance Service</td>
<td>• Insured: $50 to respond (treat and release) + $80 to transport. &lt;br&gt;• Uninsured: $530</td>
<td>• Inter-hospital: free &lt;br&gt;• Appeal process for some groups: veterans, income assistance recipients, First Nations; and for financial hardship.</td>
</tr>
<tr>
<td>• Oversight by BC Emergency Health Services (part of Provincial Health Services Authority), with funding from Ministry of Health.</td>
<td>(part of BC Emergency Health Services)  &lt;br&gt;(BC Ambulance Service collects fee)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alberta</td>
<td>Alberta Health Services</td>
<td>• Insured: $250 to respond (treat and release); $385 to respond and transport. &lt;br&gt;• Uninsured: $200 surcharge on insured rates. &lt;br&gt;• Fees waived some group (e.g. low income, seniors)</td>
<td>• Exemption for all 65+yrs (through Blue Cross/AB Health program), First Nations, and residents on income supports (Income Support, Adult Health Benefits or Alberta Child Health Benefits.)</td>
</tr>
<tr>
<td>• Oversight and funding by Alberta Health (Ministry) with Alberta Health Services (single health authority for all Alberta)</td>
<td>directly, or various operators under contract with AHS, including some municipalities (Alberta Health Services collects fee)</td>
<td></td>
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<tr>
<td>Saskatchewan</td>
<td>Regional health authorities or various operators under contract with health authorities. (Operator collects fee)</td>
<td>• Insured: $245-$325 to respond + $2.30/km to transport (rural areas). &lt;br&gt;Uninsured: $330 + $2.90/km &lt;br&gt;• Seniors fee cap. Fees waived for low-income.</td>
<td>• Fee capped at $275 for all seniors. &lt;br&gt;• Full coverage for low-income families.</td>
</tr>
<tr>
<td>• Oversight and funding by Ministry of Health</td>
<td>Regional health authority directly, and various operators under contract with operators (e.g. City of Winnipeg) (Operator collects fee)</td>
<td>• Rates vary by community (e.g. Winnipeg rates below). &lt;br&gt;• Insured: $206 to respond (treat and release); $512 to respond and transport. &lt;br&gt;• Uninsured: $327 to respond (treat and release); $818 to respond and transport.</td>
<td></td>
</tr>
<tr>
<td>Ambulance Oversight and Funding</td>
<td>Delivery (fee collection)</td>
<td>Fee Structure</td>
<td>Fee Exemptions</td>
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<tr>
<td><strong>Ontario</strong></td>
<td>Municipality directly, or operator under contract with municipality. (Hospital collects fee)</td>
<td>• Insured: $45 to respond and transport. $240 if not medically necessary. • Uninsured: $240 to respond and transport</td>
<td>• Exemptions for those receiving benefits or assistance under OW, ODSP or FBA Acts or is a resident of a LTC home, home for special care or home/residence for psychiatric care</td>
</tr>
<tr>
<td>Oversight by Ministry of Health and Long-Term Care. Funding cost-shared (50:50) between Ministry and municipalities.</td>
<td></td>
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<tr>
<td><strong>Quebec</strong></td>
<td>Health and Social Service Agencies (regional health authorities) contract to various commercial and non-profit operators. (Operator collects fee)</td>
<td>• Insured: $125 to respond + $1.75/km to transport (Canadian) • Directs claims by certain groups for possible coverage by various federal, provincial, municipal and non-profit services.</td>
<td>• Exemptions for seniors 65 years+, patients on income security, and others.</td>
</tr>
<tr>
<td>Oversight and funding by Ministry of Health and Social Services.</td>
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<tr>
<td><strong>New Brunswick</strong></td>
<td>Ambulance New Brunswick contracts delivery to New Brunswick EMS (subsidiary of Medavie). (Ambulance New Brunswick collects fee)</td>
<td>• Insured: $130.60 to respond and transport. • Uninsured: $650</td>
<td>• Fees waived for low-income groups.</td>
</tr>
<tr>
<td>Oversight and funding by Department of Health to Ambulance New Brunswick (public company)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Nova Scotia</strong></td>
<td>Nova Scotia EMS (ie. provincial government) (Department collects fee)</td>
<td>• Insured: $146.55 to respond and transport. • Partially insured: $732.95 (out-of-province and 3rd party insured). • Uninsured: $1,099.35 (visitors)</td>
<td>• Fee assistance and reduced fees for some groups • Appeal process to waive fee for reasons of financial hardship.</td>
</tr>
<tr>
<td>Oversight and funding by Department of Health and Wellness, through Nova Scotia EMS Program</td>
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</tr>
<tr>
<td><strong>Prince Edward Island</strong></td>
<td>Health PEI contracts delivery to Island EMS</td>
<td>• Insured: $150 to respond and transport.</td>
<td>Seniors 65+ free (emergencies only)</td>
</tr>
<tr>
<td>Ambulance Oversight and Funding</td>
<td>Delivery (fee collection)</td>
<td>Fee Structure</td>
<td>Fee Exemptions</td>
</tr>
<tr>
<td>--------------------------------</td>
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<td>----------------</td>
</tr>
<tr>
<td>Ministry of Health and Wellness, through Health PEI (single health authority for province)</td>
<td>(Medavie) (Operator collects fee)</td>
<td>• Uninsured: $600 (non-residents)</td>
<td></td>
</tr>
<tr>
<td><strong>Newfoundland &amp; Labrador</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Oversight and funding by Department of Health and Community Services to Regional Health Authorities</td>
<td>Regional Health Authorities contract to local operators (Regional Health Authority collects fee)</td>
<td>• Insured: $115 to respond. • Uninsured: $115 + $125 admin fee + $1.84/km.</td>
<td>• Some exemptions for those receiving income supports;</td>
</tr>
</tbody>
</table>
Health System Integration Committee (HSIC)

Ambulance Patient Co-Payment

Janette Smith, Commissioner Health Services

October 29, 2015
OVERSIGHT AND FUNDING OF PARAMEDIC SERVICES IN PEEL REGION
A Region of Peel Perspective

MINISTRY OF HEALTH AND LONG-TERM CARE

EMERGENCY HEALTH SERVICES BRANCH
Maintains regulatory and accountability/oversight for land and air ambulance in Ontario

MISSISSAUGA CENTRAL AMBULANCE COMMUNICATIONS CENTRE (CACC)
Deploys, coordinates and directs movement of ambulance resources in Peel and Halton

SUNNYBROOK CENTRE FOR PREHOSPITAL MEDICINE (“Base Hospital”)
- Provides medical directives, oversight, and continuing medical education to paramedics.
- Dr S. Cheskes serves as Medical Director for PRPS and some neighbouring jurisdictions.

Oversight & Funding
- Certifies all ambulance operators
- Operating funding cost-shared (50%)
- Sets Patient Care Standards
- Approves paramedic certification

Direct Operation

Performance Agreement & 100% funding

Deploys Ambulances

PEEL REGIONAL PARAMEDIC SERVICES
- 48 ambulances and 8 rapid response units
- 104,700 calls (2015)

Medical Oversight

October 2015
Ambulance Co-Payment

- Ambulance transport not covered under Canada Health Act.
- $45 patient co-payment for those with OHIP.
- $240 patient co-payment for uninsured or transports deemed ‘not medically necessary’.
- Fee is waived for many lower income and vulnerable residents.
- Co-payment is collected by hospitals.
Ministry Revenues

Ambulance User Co-Payment: Ministry Revenues in Ontario, (2002-Present)
## Variation Across Provinces

<table>
<thead>
<tr>
<th>Province</th>
<th>Insured Co-Payment for Ambulance Response and Transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>$130</td>
</tr>
<tr>
<td>Alberta</td>
<td>$385</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>$245-$325 plus mileage</td>
</tr>
<tr>
<td>Manitoba* (Winnipeg)</td>
<td>$512</td>
</tr>
<tr>
<td>Ontario</td>
<td>$45</td>
</tr>
<tr>
<td>Quebec</td>
<td>$125 plus mileage</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>$130.60</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>$146.50</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>$150</td>
</tr>
<tr>
<td>Newfoundland</td>
<td>$115</td>
</tr>
</tbody>
</table>

* Rates vary by community
History of the Co-Payment Issue in Peel

• June 23, 2011 Council Resolution - Provincial Advocacy
  – Allocate 100% of co-payment to Region of Peel.
  – Review and adjust co-payment to reflect cost of ambulance service delivery.

• 2015 Health Services Budget discussion
Policy Options

1. Advocate to the province that the co-payment be adjusted to more closely reflect current cost to deliver service.

2. Advocate to the province that 100% of funds collected be allocated to municipalities.

3. Advocate to the province that a portion of funds collected be allocated to municipalities.

4. Maintain the status quo. Focus on other advocacy priorities.
Discussion