Note from ADSAB CAO: Following is a brief summary of the outstanding EMS Funding issues. The summary was developed so these issues could be brought forward to the Northern Caucus and in order to have a summary for our meeting at AMO. The summary and the related documents have been distributed to the Executive Assistant of Mr. David Orazietti who is the lead of the Northern Caucus and to Mr. Mike Brown MPP. The related documents were previous reports to this Board which provide an additional level of detail.

Algoma District Services Administration Board

Emergency Medical Services

Summary of Outstanding Funding Issues

The following is a very brief summary of the funding issues related to the provision of land ambulance services in the Algoma District Services Administration Board (ADSAB) jurisdiction. There are more detailed reports available on each of these issues and the impact on the ADSAB jurisdiction.

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Base Funding - 2001 Base Budget Submission

A budget template was imposed by the Ministry of Health and Long Term Care with input from the Land Ambulance Implementation Steering Committee (LAISC) but no input from any District Social Services Administration Boards. LAISC had no authority to set the template on behalf of the DSSABs. The inadequacy of the budget template was typical of a transfer process that did not have local transition teams, no formal transition planning and no transition funding. These transition elements were present in all other Local Service Realignment transfers but absent in the land ambulance transfer. Most of the following problems can be directly linked back to the inadequate transition consultation and planning.

The Ministry insisted that we sign the template budget they unilaterally developed although we disagreed that it was a reasonable reflection of the transferred service as it excluded supervisory staff previously funded as part of ongoing budgets and Elliot Lake transfer crew costs. We were told to sign or

else no funds would flow. We were assured that any problems could be dealt with through an appeal process. The final budget imposed by the Ministry was $255,122 less than the original submission. We appealed the base budget on three occasions. Firstly, in June 2001 as a base budget appeal, secondly on October 1, 2001 as part of the EMS Response Time Framework and finally on January 18, 2002 on the suggestion of the provincial Emergency Health Services Director. We have never had an opportunity to negotiate on this base budget and still do not (as of August 2004) have an acceptable answer to our appeals.

Solution Requested:
The Ministry needs to accept the ADSAB 2004 EMS budget and fund 50% of actual delivery costs.

Refusal to Fund Scheduling Changes

As a result of the unilateral imposition of the EMCA educational requirement, approximately 40% of the staff providing ambulance service in the ADSAB jurisdiction prior to December 31, 2000 were ineligible to work as of January 1, 2002. We have confirmed that no local or province wide service or financial impact analysis had occurred related to this dramatic upgrading of educational requirements. In order to attract and retain EMCA qualified staff for our eight bases, we had to significantly increase wages and also improve the hours of work. Staff were simply refusing to work at the old EMA rate and were refusing to remain on-call for extended periods with low on-site hours.

In June 2001, we went to a new schedule in six of the eight bases by implementing a 12 hour on-site and 12 hour on-call schedule seven days per week. This scheduling change was far more reflective of actual call patterns than the Monday to Friday 8 hour on-site and 16 hour on-call pattern typical of these bases. This change reduced response times, but more importantly, prevented the wholesale collapse of ambulance services in these communities due to the inability to attract and retain qualified EMCA staff. Despite several requests, the Ministry has refused to fund this increase in costs.

Solution Requested:
Ministry needs to recognize the cost impact of new educational requirements and to fund 50% of actual delivery costs.

Cross Border Billing

Prior to ambulance services been downloaded, the issue of cross-border billing did not exist. However, with the imposition of a municipal share, LAISIC determined that some mechanism should exist for inter-jurisdictional attribution of costs. As noted earlier, DSSABs were not represented nor did they consent to the LAISC process. Rather than allow each jurisdiction to negotiate among themselves whether or not there would be an inter-jurisdictional transfer of funds, the Ministry unilaterally assigned assumed revenue or expenditure amounts as part of the base budgets. This was done without any local consultation or the provision of any financial / statistical information. The Algoma DSSAB was assumed to be receiving net cross border revenue of $10,000 in 2001 and subsequent years. No information was ever supplied to justify the original funding template calculations. Essentially, the Ministry's position is that Algoma is receiving net revenue of $10,000 from other Delivery Agents whether or not it actually receives that revenue. ADSAB, like all the other jurisdictions, has neither paid nor received any monies related to cross border billing.

This problem remains outstanding. There appears to be no serious effort to resolve it as the Ministry relies on the legislative provisions which no delivery agents are prepared to use. In simple terms, the regulations contain two options.

1. Each delivery agent is to meet with their neighbouring Delivery Agents and try to work out a mutually agreeable formula for cross border billing of ambulance services.

2. If they cannot agree on a formula for cost sharing, then the default option of the provincial government will fall into place. The default option means that each entity will calculate their cost per call (total cost of operations/no. of calls per year). After contacting each other, each declares the number of pickups in the others area, the one with the most calls done in the others area gets to send the bill for only the excess number of calls done times their cost per call.

Even if the two of the parties come to a mutual agreement on a costing factor between themselves, it is imperative that their adjacent Delivery Agents agree to the same solution. Because ambulance services commonly cross multiple Delivery Agents jurisdictions, each Delivery Agent would need multiple

agreements. At an absolute minimum, ADSAB would need identical agreements with the City of Thunder Bay, the Cochrane DSSAB, the Sault Ste. Marie DSSAB, the Manitoulin Sudbury DSSAB and the City of Sudbury. Each of these DSSABs would in turn need identical agreements with their neighbouring delivery agents. In Southern Ontario, the minimum number of required agreements is even higher. This approach is ridiculous.

Solution Requested:
The Ministry needs to remove any reference to cross border billing revenue or expenditure in the funding template.

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First Nations Funding

The initial base budget template put forward by the Ministry had arbitrary amounts assigned for the net impact of First Nations services. No information was ever supplied to justify the original funding template calculations. The First Nations funding has become a crisis through the Ministry's insistence that the total amount payable to DSSABs should be reduced based on call volumes. In the case of this Board, they are also claiming that funds were designated and paid to this Board which should have been allocated to the Sault Ste. Marie DSSAB.

At the time of the transfer, the amount in the ADSAB funding template detailed as the Ministry's 100% share for First Nations services was $232,000. Like all other components of the original 2001 base budget template, there were no details to substantiate this calculation. There was no detail showing how the First Nations amount had been calculated, no detail showing what First Nations were included in the calculations and no rationale as to how First Nations funding was calculated.

From the forced signing of the original base budget in 2001 until February 23, 2004, we had received no correspondence or any other form of contact on this matter. A meeting was called by Mr Cruickshank Senior Field Manager in February 2004 but we were not advised as to the purpose of the meeting. Nevertheless, on the agenda which we prepared and presented at the meeting, the inadequacy of the present $232,000 provided by the Ministry for First Nations service was one of the twelve items which we wanted to discuss.

The position, which we put forward at the meeting was that based on Band membership of the First Nations within our jurisdiction and the First Nation in

the Thunder Bay jurisdiction served by this Board, the Ministry should be funding approximately 10% of the EMS costs. We noted that member municipalities and the TWOMO area paid for EMS costs based on an assessment based formula. If we had similar assessment based information for the First Nations we would prefer to use that as the basis for the allocation of costs to retain consistently with regards to cost allocation. Since, to our knowledge such information did not exist, we felt the next logical option was to look at Band membership on the First Nations within our jurisdiction and the Pic Mobert First Nation which we serve compared to the overall population in the ADSAB jurisdiction. The population model would be similar to that used by Health Units to allocate other health costs for programs which are provided to the entire population within a jurisdiction.

The response we got from Mr. Cruickshank was that he was here to discuss the retroactive reduction of the First Nations funding flowed to this Board. He put forward the position that based on call volumes the $232,000 amount should be reduced by approximately $75,000 a year retroactive to January 1, 2001. He stated that the original calculation should have allocated about $75,000 annually to the Sault Ste. Marie DSSAB.

Despite these statements and the threat of a retroactive clawback of funding we have had no subsequent correspondence from the Ministry related to First Nations costs in the ADSAB jurisdiction.

Solution Requested:
The Ministry should fund First Nations land ambulance services based on band membership of the First Nations within our jurisdiction and service area.

Cost Impact of Inter-facility Transfers

The regionalization and centralization of health care resources has dramatically increased the number of non-emergency inter-facility transfers. The removal of ambulances from their designated locations so they can perform these medically necessary but non-emergency transfers jeopardizes the delivery of true emergency responses to life threatening events.

The incidence of out of district transfers for emergency cases also has increased due to staff shortages and the loss of critical care capacity in those

district hospitals. Having ambulances leave the ADSAB jurisdiction for long periods of time directly impacts on the ability of the remaining EMS resources to respond to local emergencies.

In the ADSAB jurisdiction, the impact of inter facility transfers impacts most significantly in two areas.

The transfer of patients from Elliot Lake to Sudbury for specialized emergency treatment, specialized ongoing treatments and diagnostic services removes an ambulance from the Elliot Lake community for a period exceeding 6 hours. Prior to the transfer in January 2001, the Ministry fully funded the overtime costs associated with these transfers on a year end reconciliation basis with the Elliot Lake Ambulance Service. Despite this fact, they refused to recognize these costs as part of the 2001 ADSAB base funding template. In May 2001, a transfer crew was hired by ADSAB to ensure these medically necessary transfers were continued without putting Elliot Lake emergency coverage into jeopardy. After several submissions, this transfer service was finally funded by the Ministry effective April 01, 2002. Unfortunately, the transfer service was not funded appropriately as an increase in the base budget but instead was funded under the Response Time Framework funding.

The second area in which these medically necessary but non -emergency transfers were creating a significant negative impact on emergency response times was the Blind River / Central Algoma area. In fact, it was the Ministry's concern with increasing emergency response times which lead to the development of options related to improving these response times. Initially, the response of the ADSAB Board was to propose a reduction in the availability of ambulances for non-emergency transfers to a specific and fewer number of days per week. However, at the direct urging of the Sault Area Hospital and other service providers, this approach was abandoned due to the negative impact on patients and hospital services.

On July 22, 2004, ADSAB agreed to staff a day crew scheduled at the Thessalon base on exactly the same basis as the day crew now scheduled for the Elliot Lake base. This second crew would provide emergency coverage while the existing crew completes transfers. The bulk of these transfers will be to the Sault Area Hospital in Sault Ste. Marie but some would also be to St. Joseph Hospital in Elliot Lake. On average, 6.4 medically necessary transfers are occurring per week from the Thessalon Hospital and Algoma Manor to Sault Ste. Marie. These transfers average 3-4 hours per call . The crew doing transfers would benefit the Blind River District Health Centre, the Thessalon Hospital, the Algoma Manor and the Richard's Landing Hospital and all of the

residents of these areas.

The hiring process for this crew is now underway. Once hiring has been completed and the service is underway, a submission will be forwarded to the Ministry for 50% funding on the same basis as the funding provided for the Elliot Lake service.

Solution Requested:
The Ministry needs to accept responsibility for funding medically necessary non-emergency transfers and fund 50% of actual delivery costs.

Summary

The cost drivers impacting the delivery of Emergency Medical Services are clearly beyond the control of the designated Delivery Agents. **Accordingly, the Ministry of Health needs to truly partner with the municipal sector and fund 50% of actual costs.**