

**7. OTTAWA PARAMEDIC SERVICE 2016 ANNUAL REPORT**  
**RAPPORT ANNUEL DE 2016 DU SERVICES PARAMÉDIC D'OTTAWA**

**COMMITTEE RECOMMENDATIONS**

That Council receive this report for information.

**RECOMMANDATIONS DU COMITÉ**

Que le Conseil reçoive le rapport aux fins d'information.

**DIRECTION TO STAFF:**

1. That Staff meet with individual Councillors who wish to have information on how the new paramedic hires have improved report times.
2. That staff prepare a report on how the addition of paramedics have improved response times some time during the 1<sup>st</sup> quarter of 2018.

**INSTRUCTIONS AU PERSONNEL**

1. Que le personnel rencontre individuellement chacun des conseillers qui souhaitent en savoir plus sur la manière dont les récentes embauches de paramédics ont amélioré les délais d'intervention.
2. Que le personnel rédige un rapport faisant état de la manière dont l'embauche de paramédics a amélioré les délais d'intervention à un certain moment du premier trimestre de 2018.

DOCUMENTATION/DOCUMENTATION

1. Chief, Ottawa Paramedic Services report dated 24 August 2017 (ACS2017-EPS-GEN-0011)

Rapport du Chef, Service Paramédic d'Ottawa, daté le 24 août 2017 (ACS2017-EPS-GEN-0011)

2. Extract of draft Minutes, Community and Protective Services Committee, 31 August 2017.

Extrait de l'ébauche du procès-verbal, Comité des services communautaires et de protection, le 31 août 2017

**COMMUNITY AND PROTECTIVE  
SERVICES COMMITTEE  
REPORT 25  
13 SEPTEMBER 2017**

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**COMITÉ DES SERVICES  
COMMUNAUTAIRES ET DE  
PROTECTION  
RAPPORT 25  
LE 13 SEPTEMBRE 2017**

**Report to  
Rapport au:**

**Community and Protective Services Committee  
Comité des services communautaires et de protection  
31 August 2017 / 31 août 2017**

**and Council  
et au Conseil  
13 September 2017 / 13 septembre 2017**

**Submitted on August 24, 2017  
Soumis le 24 août 2017**

**Submitted by  
Soumis par:  
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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2017-EPS-GEN-0011**

**SUBJECT: Ottawa Paramedic Service 2016 Annual Report**

**OBJET: Rapport Annuel de 2016 du Services Paramédic d'Ottawa**

## **REPORT RECOMMENDATIONS**

**That the Community and Protective Services Committee recommend Council receive this report for information.**

## **RECOMMANDATIONS DU RAPPORT**

**Que le Comité des services communautaires et de protection recommande au Conseil de recevoir le rapport aux fins d'information.**

## **EXECUTIVE SUMMARY**

### **Assumption and Analysis**

The Ottawa Paramedic Service provides progressive out of hospital patient care and is dedicated to the communities and visitors of the Nation's Capital. The purpose of this report is to present an overview of the Ottawa Paramedic Service, to highlight the performance of the Service over the previous year and to provide information on some of the successful programs and services delivered in 2016.

In 2016, the Ottawa Paramedic Service response volume was 137,993, an increase of 3% over the previous year. Staff will continue to monitor service demand and emerging trends and report impacts to Council.

In 2016, the Ministry of Health, Emergency Health Services Branch conducted a two-day certification review of the Ottawa Paramedic Service. The Ottawa Paramedic Service was required to provide evidence of meeting quality requirements set out in the legislation and standards in order to remain a certified land ambulance operator in the Province of Ontario. The City was successful in exceeding the certification requirements to operate the Land Ambulance Service portion of the Ottawa Paramedic Service.

This report confirms that the Service had a overall improvement of its 2015 performance and met the community percentile target set for the arrival of a person trained, qualified and equipped to provide defibrillation for sudden cardiac arrest. However, the Service fell short on meeting the legislated and Council approved response time target for patients categorized as CTAS 1 under the Canadian Triage and Acuity Scale (CTAS) in

2016, which represents the most critical patients (i.e. life threatening). 2015 was the first year that the response time fell below the approved percentile rank. Staff will continue to monitor this performance in relation to the pending hiring in 2017 and 2018, outlined below.

In 2016, Council approved the Ottawa Paramedic Service Review Report (ACS2016-EPS-GEN-0005, Community and Protective Services Committee October 20, 2016). As a result, the Ottawa Paramedic Service is hiring 24 full time equivalents and purchasing five (5) Emergency Response Vehicles in 2017 and hiring 14 full time equivalents and purchasing one (1) Emergency Response Vehicle in 2018, subject to Council approval of the 2018 budget. The Service has also implemented a number of other mitigation strategies, such as Paramedic Response Units, the Off-Load Nurse Pilot Program, the Community Paramedicine Partnership with West Carleton Family Health Centre, Targeted Engagement Diversion, Heart Safe City, the Neonatal Transport Team Pilot Program and the Mental Health Strategy, to address increase demands on the service. The Paramedic Service continues to monitor performance indicators and evaluate new and innovative solutions in the interest of providing the highest quality of medical care to all patients. First quarter results indicate the investments made for new paramedics are having a positive impact as response time performance continues to improve. However, the Service is also monitoring the impact of the Ministry of Health and Long Term Care's required updates to two policies, the Transfer of Care and End of Shift policy. The End of Shift policy was subsequently grieved by CUPE 503 and received an Arbitration Award which reinstated the policy. The Service will report back to Committee on the impacts and on response time performance as part of the 2017 Ottawa Paramedic Service Annual Report.

### **Financial Implications**

There are no financial implications associated with this report.

### **Public Consultation/Input**

There are no public consultations associated with this report.

## **BACKGROUND**

The Ottawa Paramedic Service provides progressive out of hospital patient care and is dedicated to the communities and visitors of the Nation's Capital. The Service strives to be a dynamic leader in delivering and improving paramedicine, continuously seeking new knowledge and applying innovation. When a member of the public requires immediate medical care, an entire team of dedicated, highly qualified people come together to deliver excellence in clinical care. The Service consists of a team that includes Paramedics, Communications Officers, Equipment and Supply Technicians, Trainers, Quality Assurance Staff and critical Support Staff.

The Ottawa Paramedic Service provides emergency medical coverage across the City of Ottawa (2,791 square kilometers), while the Ottawa Central Ambulance Communication Centre provides dispatching services to over 10,000 square kilometers of Eastern Ontario including the United Counties of Prescott Russell, Cornwall and the United Counties of Stormont, Dundas and Glengarry. The Service provides a fully integrated advanced life support system delivering state of the art medical services to more than one million residents and visitors.

The City of Ottawa operates the Paramedic Service on behalf of Ontario's Ministry of Health and Long Term Care and is certified every three (3) years. The parameters of this responsibility are defined through a Land Ambulance Agreement and the *Ambulance Act of Ontario*, whereby the Province of Ontario funds 50% of land ambulance services and 100% of the cost for the Ottawa Central Ambulance Communications Centre.

On October 28, 2004, the Emergency and Protective Services Committee directed that annually, staff report back to Committee and Council prior to budget on performance trends, mitigation strategies and associated financial impacts to ensure the Service can maintain its baseline performance targets. As well, the Ottawa Paramedic Service reports annually to the Ministry of Health and Long Term Care on response time performance.

This report highlights the service demand (response volume), as well as the Service's performance for 2016.

## DISCUSSION

### Performance Trends

The highest priority for the Ottawa Paramedic Service is to provide the best possible clinical care to the residents and visitors of Ottawa. The Service regularly analyzes response times, response volumes and patient outcomes in order to maximize the deployment and usage of paramedic resources. The primary measures that determine service demand and associated resource requirements are: total number of 9-1-1 calls received, total number of patients assessed, treated, and transported as well as the total number of Paramedic resources required to respond, also known as response volume.

### *Paramedic Response Volume*

Year over year response volume continues to increase in the City of Ottawa, this can be attributed to a number factors including population growth and an aging patient demographic. In 2016, the Paramedic Service response volume was 137,993, representing a 3% increase over the previous year. The five-year trend demonstrates a 14.1% overall increase.

Table 1 represents the response volume and the annual percentage growth over the last five years.

Table 1: Response Volumes

Year	Responses	% Change
2012	120,898	11.6%
2013	119,292	-1.3%
2014	127,883	7.2%
2015	133,965	4.7%
2016	137,993	3.0%

Year	Responses	% Change
Total		14.1%

### *Response Volume by Ward*

Table 2 below shows the Ottawa Paramedic Service response volume by ward. In general, the more densely populated a ward, the higher the response volume. Note that the Ottawa Paramedic Service also responds to calls outside of the City boundaries and as such, the total response volume is greater than the total ward responses.

Table 2: Response Volume by Ward

Ward	Ward Number	Response Volume
Rideau-Vanier	12	13,209
Alta Vista	18	12,478
College	8	11,417
Rideau-Rockcliffe	13	9,859
Somerset	14	9,778
Kitchissippi	15	8,931
Bay	7	8,659
River	16	7,193
Capital	17	6,361
Orléans	1	5,521
Gloucester-Southgate	10	5,029
Beacon Hill-Cyrville	11	4,846
Kanata South	23	4,236
Barrhaven	3	4,091
Knoxdale-Merivale	9	3,869
Innes	2	3,511



<b>Ward</b>	<b>Ward Number</b>	<b>Response Volume</b>
Kanata North	4	3,496
Cumberland	19	3,040
Rideau-Goulbourn	21	2,987
Gloucester-South Nepean	22	2,505
Stittsville	6	2,280
Osgoode	20	2,200
West Carleton-March	5	1,853

### ***Paramedic Response Time Standards***

The legislated response time reporting framework is defined as the elapsed time from when the first Paramedic Unit is notified of the call for service to the arrival of a Paramedic resource on scene (ambulance or single response unit). Response times across the Province of Ontario are measured and reported publicly by the Ministry of Health and Long Term Care (MOHLTC).

Response time performance is based on Canadian Triage Acuity Scale (CTAS), which sets a score for the acuity level of a patient, with CTAS 1 being the highest acuity. The MOHLTC determines the time target for CTAS 1 patients while the percentile rank is the Council-approved performance standard. The percentage represents how often a Paramedic Unit has arrived on scene to provide paramedic services to patients within the established targeted response time, categorized based on the CTAS score.

The acuity of the patient (CTAS score) can only be determined once a paramedic has arrived on scene to conduct a medical assessment.

Table 3 outlines the legislated response time standard targets and results from 2013 to 2016. As a result of year over year call volume increases, 2015 was the first time the Ottawa Paramedic Service fell below the response time standard for patients categorized as CTAS 1. In 2016, the Service saw an improvement but the response time standard fell below the approved percentile rank. Staff will continue to monitor this performance in relation to the pending hiring of 24 full time equivalents in 2017 and

another 14 full time equivalents in 2018, as approved by Council. Table 4 outlines the call volume by category.

Table 3: Response Time Performance

Category (Acuity)	Target Time (minutes)	Council Approved Percentile Rank	2013	2014	2015	2016
CTAS 1 (Life Threatening)	8:00*	75%	83.6%	79.5%	72.5%	73.2%
CTAS 2 (Urgent)	10:00	75%	85.5%	82.9%	80.8%	78.6%
CTAS 3	15:00	75%	95.4%	93.5%	91.9%	90.9%
CTAS 4	20:00	75%	98.7%	98.0%	96.4%	95.6%
CTAS 5	25:00	75%	99.6%	99.2%	97.6%	97.5%

\*Mandated by provincial regulations

Table 4: Call Volume by Category

Category (Acuity)	Call Volumes
CTAS 1 (Life Threatening)	1.2%
CTAS 2 (Urgent)	33.3%
CTAS 3	43.6%
CTAS 4	13.2%
CTAS 5	8.8%

***Community Target for Cardiac Arrest***

In cases of sudden cardiac arrest (SCA), response time is defined as the elapsed time from when the first Paramedic Unit is notified to the arrival of any person trained and equipped to provide defibrillation. The SCA response time is positively impacted if a public access defibrillator is available at the scene or by the arrival of a paramedic, police officer, firefighter or OC Transpo Security, who are all equipped with a defibrillator in their vehicles.

Table 5 shows the City of Ottawa’s performance against the legislated response time standard for SCA. In 2016, the Ottawa Paramedic Service saw an improvement in the response time performance which is now meeting the legislated response time. The Paramedic Service continues to look at ways to improve this response time.

Table 5: Response Time Performance

Category	Target Time (minutes)	Council Approved Percentile Rank	2013	2014	2015	2016
Sudden Cardiac Arrest (SCA)	6:00*	65%	73.5%	63.0%	63.7%	69.3%

\*Mandated by provincial regulations

***Ottawa Central Ambulance Communications Centre System Performance***

The Ottawa Central Ambulance Communications Centre (OCACC) receives and triages 9-1-1 calls and dispatches paramedic resources across 10,000 square kilometers of Eastern Ontario.

In 2016, the OCACC answered a total of 133,450 emergency calls, which required 172,747 emergency vehicle responses, an increase of 4.7% from 2015. Worthy of note, some emergency calls require more than one resource due to the number of patients that require transport to the hospital.

The Ministry of Health and Long Term Care has created response time standards (call processing times) for all ambulance communications centres in the Province of Ontario.

This standard applies to Sudden Cardiac Arrest, CTAS 1 and CTAS 2 patients only. The response time standards are measured as the time difference between when the call is received at the communications centre and when a Paramedic Unit has been notified of an emergency call. Municipalities must report annually to the Ministry of Health on the percentage of time this performance is achieved within two (2) minutes. Table 5 demonstrates the City of Ottawa call processing times for CTAS 1, CTAS 2 and Sudden Cardiac Arrest patients. Calls under the CTAS 2 category are not meeting the target due to the current provincial call taking algorithm (DPCI) which gathers more detailed information before dispatching a unit.

Table 6: OCACC Call Processing Times

Category	Target Time (minutes)	Percentile Rank	2013	2014	2015	2016
CTAS 1	2:00	80%	86.2%	86.8%	88.9%	84.8%
CTAS 2	2:00*	75%				67.6%
Sudden Cardiac Arrest	2:00	75%	79.4%	89.1%	88.7%	87.5%

\*New performance standard mandated by MOH in 2016 Ministry of Health Certification Review

### **Ministry of Health and Long Term Care Certification / Investigation**

In 2016, the Ministry of Health, Emergency Health Services Branch conducted a two-day certification review of the Ottawa Paramedic Service. This review occurs every three years. The Ottawa Paramedic Service was required to provide evidence of meeting quality requirements set out in the legislation and standards in order to remain a certified land ambulance operator in the Province of Ontario. The City was successful in exceeding the certification requirements to operate the Land Ambulance Service portion.

The Ottawa Paramedic Service received an investigation report from the MOHLTC's Emergency Health Services Branch on November 29, 2016. The report alleged that the OCACC had been dispatching ambulances from the United Counties of Prescott-Russell (UCPR) Paramedic Service into the City of Ottawa unnecessarily. The Ministry investigated thirteen (13) calls on the night shift of August 6, 2016 that were assigned to UCPR ambulances.

The MOHLTC concluded that the Ottawa Paramedic Service was "using all the tools available to them to dispatch the closest ambulance based on their regional knowledge, existing local operating policies, directives and paramedic service deployment plans."

Notwithstanding that protocols were followed, the MOHLTC found as part of their investigation that two (2) local operating policies (LOPs), specifically the "transfer of care" (TOC) and the Ministry-approved "end of shift" (EOS) policies, required updating.

OPS agreed to comply with the direction of the MOHLTC, as required, and both the new TOC and EOS policies were implemented on March 3, 2017. Subsequently, CUPE 503 launched a policy grievance relating to the end of shift changes. As a result, an Arbitration Award reinstated the thirty (30) minute end of shift policy, which is required to be implemented by September 5, 2017. The change will create operational impacts as paramedics will now be out-of-service during the final thirty (30) minutes of each shift to ensure the unit returns to headquarters for processing before the next shift. Staff will monitor the impacts of these changes and report back to Council as part of the 2017 Ottawa Paramedic Service Annual Report.

### **Mitigation Strategies**

Since amalgamation, the demand for the Paramedic Service has increased year-over-year and has recently begun to outpace current staffing levels and vehicle availability. Council has made investments over the past fifteen years to address growth and meet response time standards, including the approval of 12 full time equivalents in 2015, 12 full time equivalents in 2016, 24 full time equivalents in 2017 and 14 full time equivalents in 2018 to meet the increase in response volume. In addition, the Paramedic Service has implemented the following mitigation strategies to help offset the demand.

### ***Paramedic Response Unit***

The Paramedic Response Unit (PRU) is a vehicle staffed with a single Primary Care Paramedic. These Units are strategically placed around the city to provide for a more rapid response. The primary function of this Unit is to increase capacity by providing rapid first response and to initiate patient care. Upon arrival, the PRU can downgrade the call and/or cancel a transport unit (ambulance), thereby allowing the transport crew to respond to the next emergency call. The PRU provides continual coverage in their assigned area, as they do not transport patients to hospital and are immediately available upon clearing a call. The Paramedic Response Unit initiative utilized by the Ottawa Paramedic Service is an industry best practice for deployment and has been adopted by many other Paramedic Services in Ontario and across the country.

In 2016, Paramedic Response Units completed 12, 286 responses, reaching the patient in eight (8) minutes, 78.9% of the time. The Paramedic Service response ratio is 1.3:1. PRUs have been used for the last several years and these units are invaluable in ensuring quick response and appropriate care for residents.

### ***Off-Load Nurse Pilot Program***

The Operations Division of the Ottawa Paramedic Service continues to oversee the 100% provincially funded Off-Load Nurse Pilot Program. This program is a partnership between the Ontario Ministry of Health and Long Term Care, local emergency departments and the Ottawa Paramedic Service. This initiative allows Paramedics to transfer the care of a patient to the designated off-load nurse within the hospital's emergency department in an effort to expedite the return of paramedic resources to the community, thus increasing availability to respond to other medical emergencies. In 2016, the Province committed \$1.5 million for the 2015-16 fiscal year to continue the pilot project. Table 6 outlines the time the Paramedic Service has gained as a result of the Off-Load Nurse Pilot Program.

[Table 7: Time Saving From Dedicated Off-Load Nurse Pilot Program](#)

Year	Time Gained by OLN (Hours)	Time Spent Waiting in Excess of 30 minutes (Hours)
2011	15,202	40,370
2012	17,244	38,753
2013	19,619	29,577
2014	24,423	27,445
2015	26,581	31,900
2016	26,649	36,213

***Community Paramedicine Partnership with the West Carleton Family Health Centre (WCFHC)***

In 2014, the Ottawa Paramedic Service identified a single Community Paramedic to work with the West Carleton Family Health Team as part of a community paramedicine pilot program. In 2016, the Ministry of Health and Long Term Care announced that the funding for this program would extend until October 31, 2017. In August 2016, the Ottawa Paramedic Service and the WCFHC applied this funding to increase the total number of Community Paramedics to three for the WCFHC catchment area. Community Paramedics are an integral part of the Family Health Team and are responsible for conducting proactive home visits to complex medical needs patients.

The program aims to reduce the impact of patients on health services including the use of Paramedic Services, while improving patient's quality of life. The mobility of a community paramedicine service makes it particularly useful to patients in Rural Northwest with respect to being able to stay well at home.

This initiative has proven to be very successful. The program has 166 active clients of which 153 were clients that are in the Ottawa catchment area. The program is popular

and continues to grow and is 100% funded through the Ministry of Health and Long Term Care.

### ***Targeted Engagement Diversion (TED)***

The successful partnership between the Ottawa Paramedic Service, Ottawa Inner-City Health, the Shepherds of Good Hope, The Ottawa Hospital and the Ottawa Police Service continued throughout 2016. The Program works to identify and assist vulnerable, homeless individuals who suffer from substance abuse issues as well as severe and persistent mental health issues and as a result, frequently use 9-1-1 services. As part of the TED program, Paramedics transport specific homeless patients to a specialized clinic as an alternative to bringing them to the hospital's emergency department. TED is a unique initiative that aims to deliver enhanced and specialized care to a vulnerable patient demographic while also addressing the steady increase in demand for Paramedic resources. Ottawa's homeless population is estimated to be greater than 7,300 people, over 4,000 of which have been identified as people who could benefit from Targeted Engagement Diversion. In 2016, 768 patients, or approximately 2 patients per day, were transferred to the Shepherds of Good Hope rather than an emergency department.

### ***Heart Safe City***

The Ottawa Paramedic Service continues to be a leader with the Heart Safe City initiative, a partnership between the Paramedic Service, Heart & Stroke Foundation, Advanced Coronary treatment (ACT) Foundation, Maharaja's Ball and private businesses. This program has resulted in the placement of over 900 automatic external defibrillators (AEDs) in public buildings as well as police, fire and OC Transpo vehicles since 2001. Since then, the Public Access Defibrillator program has directly contributed to bystanders saving 116 lives. In an effort to strengthen the "chain of survival", in 2016 the Community Medicine Team delivered 620 First Aid, CPR and AED courses to a total of 12, 186 individuals.

### ***Neonatal Transport Team Pilot Program***

In partnership with the Children's Hospital of Eastern Ontario, the Service is participating in a pilot program to help the region's youngest patients. A dedicated,



specialty equipped ambulance serves CHEO's neonatal transport team which was purchased through a grant provided by the CHEO Foundation. This ambulance provides the team with the equipment they need to respond as quickly as possible in an emergency. The ambulance is equipped with a power lift that can smoothly move fragile patients in and out of the vehicle which eliminate the need for two paramedic crews and the risk of workplace injuries. The team responded to 364 calls in 2016. The Paramedic Service will continue to monitor the success of this program.

### **Post Traumatic Stress Disorder Legislation and Mental Health Strategy**

In 2016, new legislation was passed recognizing post traumatic stress disorder (PTSD) as a work-related illness for police, firefighters and paramedics. Under the new legislation, PTSD is assumed to be work-related for first responders.

In response, the Emergency and Protective Services Department is creating a Mental Health Strategy which will launch in Q2 2017. The focus of the strategy is around prevention, awareness and support. The Paramedic Service has introduced a "family day" as part of the new hire orientation program whereby new recruits immediate family members are invited into the Service to learn about the stressors of the job and how they can support their family members and to make them aware of the signs and symptoms of post traumatic stress injuries.

### **Growth Impacts**

The Ottawa Paramedic Service remains committed to establishing an accountable, open and transparent relationship with the public. The Service is trusted to provide an established level of care prescribed by legislation and has an accountability framework that promotes adherence to this level of care.

Response volumes have increased by 14.1% over the previous five years. Due to this year-over-year increase, the Service is not meeting its provincially mandated and Council approved response time target for CTAS 1 patients. In March 2016, Council approved the hiring of 12 full time equivalents and four (4) Emergency Response Vehicles to address the 2015 growth.

In 2016, the Ottawa Paramedic Service Review Report (ACS2016-EPS-GEN-0005) further identified current and future operational needs, detailed projections and efficiency opportunities. In response to this Service Review, Council approved hiring 24 full time equivalents and five (5) Emergency Response Vehicles in 2017 and 14 full time equivalents and one (1) Emergency Response Vehicle in 2018.

### **2017 Update**

First quarter results indicate that the investments made for new paramedics are having a positive impact as response time performance continues to improve. The Service will continue to monitor performance and trends and report back to Council as part of the 2017 Annual Report.

In 2017, the Paramedic Service also continues to monitor narcotic overdose calls to watch for trends and to respond to calls. The Service participates in the Opioid Task Force, led by Ottawa Public Health, and continues to work with community partners to take proactive measures to deal with overdose prevention and response. The Paramedic Service is training Ottawa Fire Service staff to administer Naloxone and is in discussion with Ottawa Police Service about training police officers.

Further, the Paramedic Service continues to support Ottawa 2017 events as a member of the Special Events Advisory Team and provides medical coverage and response capacity.

### **RURAL IMPLICATIONS**

There are no rural implications associated with this report.

### **CONSULTATION**

There were no consultations required as part of this information report.

### **COMMENTS BY THE WARD COUNCILLOR(S)**

Not applicable as this is a City-wide report.

### **ADVISORY COMMITTEE(S) COMMENTS**

There are no Advisory Committee comments associated with this report.

### **LEGAL IMPLICATIONS**

The City of Ottawa has an obligation pursuant to Subsection 6(1)(b) of the *Ambulance Act* “for ensuring the proper provision of land ambulance services in the municipality in accordance with the needs of persons in the municipality.” In discharging this responsibility, the City must “ensure the supply of vehicles, equipment, services, information and any other thing necessary for the proper provision of land ambulance services in the municipality in accordance with this *Act* and the regulations.” The determination of what constitute the “needs of persons in the municipality” is left to City Council and is effectively determined by Council’s establishment of the response time standards required by the regulations to the *Ambulance Act*, which are referenced earlier in this Report. The discretion in City Council to make this decision as to ambulance service standards acknowledges its policy-making role in balancing the service expectations of residents in the municipality with the cost of providing a particular level of ambulance service, “bearing in mind the budgetary restraints imposed and the availability of personnel and equipment”, to use the phrase articulated by the Supreme Court of Canada.

Where the City fails to meet service standards that have been established by Council in its policy-making role, the City is exposed to the risk of claims alleging failure in meeting the duty of care to persons who have suffered injury or loss. Given the nature of the service provided by paramedics and the potential consequences of failing to meet a duty of care, the value of such claims can be significant. In order to mitigate against the risk of such claims where there is evidence that the service standard can no longer be met with the resources available, the courts have recognized that a public authority ought to either move to lower the service standard in accordance with its policy-making role – subject, of course, to any statutory minimum service standard – or, alternatively, allocate the resources necessary to ensure that the standard can be met. The Ottawa Paramedic Service Review Report (ACS2016-EPS-GEN-0005, Council October 26, 2016) recommended the latter approach as the appropriate one in the circumstances.

This report informs that the additional resources allocated by Council on October 26, 2016, had a positive impact on the CTAS 1 (life threatening) response time performance in 2016 (i.e. 72.5% to 73.2%), and further, the 2017 first quarter results indicate that response time performance continues to improve.

#### **RISK MANAGEMENT IMPLICATIONS**

There are no risk implications associated with receiving this report for information.

#### **ASSET MANAGEMENT IMPLICATIONS**

There are no asset management implications associated with this report.

#### **FINANCIAL IMPLICATIONS**

There are no financial implications associated with this report.

#### **ACCESSIBILITY IMPACTS**

There are no accessibility implications associated with this report.

#### **ENVIRONMENTAL IMPLICATIONS**

There are no environmental implications associated with this report.

#### **TECHNOLOGY IMPLICATIONS**

There are no technology implications associated with this report.

#### **TERM OF COUNCIL PRIORITIES**

There are no impacts on the Term of Council Priorities associated with this report.

#### **DISPOSITION**

The Ottawa Paramedic Service will action any direction received as part of consideration of this report.