Presentation to Ministers

August 16, 2010

The Northwestern Ontario Municipal Association represents the interests of 36 municipalities from Kenora and Rainy River in the west to Wawa in the east. Our mission is "to provide leadership in advocating regional interests to all orders of government and other organizations."

We have identified a number of issues that are of priority to our membership and will outline them by Ministry or Department.

Ministry of Municipal Affairs

OMPF Reconciliation

Each year the government estimates municipal social service costs for eligible municipalities when making annual OMPF allocations. Reconciliation adjusts for actual costs incurred, not estimates: this represents a significant difference! We are pleased that the 2008 reconciliation amounts have been both announced and distributed and we thank you for your efforts on that front. A positive announcement regarding the government's plans to reconcile actual costs for 2009 is needed soon. It is vital that the Ministry find a way to move this forward in a much more timely manner to assist municipalities with their budget process.

In the interim, it is vital that the current OMPF and the Mitigation Fund remain in place for Northern Municipalities….without it many simply cannot survive.

Northern Communities Grant

Many of our municipalities are experiencing significant reductions in their tax revenues due to the loss of our large industries. In many municipalities, one industry was the prime contributor to the tax base and the loss of that operation has had a serious impact on revenues. We again ask for an increase of $75 per household to the Northern Communities Grant (currently $235 per household) to help to offset these shortages and allow our municipalities to maintain current service levels.

Energy & Infrastructure

An important part of growing the North relates to energy. We appreciated the opportunity to meet with Minister Duguid during his recent visit to Thunder Bay to provide our views regarding plans to upgrade and link transmission facilities in the Northwest.

NOMA appreciates the invitation to participate in the Infrastructure Consultation in Thunder Bay that is in the process of being rescheduled and we look forward to a productive dialogue on our infrastructure concerns at that time.

Transmission Upgrades

We have tried to make clear the importance of transmission upgrades in the region to facilitate transmission capacity that is sufficient to connect many remote First Nations communities to the grid. In particular, we want to again express our support for the development of the East of Nipigon to Pickle Lake line, the upgrade of the line from Beardmore to Longlac TS and Nakina, and the enhancement of service from Pickle Lake or Dryden through to Ear Falls and Red Lake. These improvements will facilitate economic development for the entire region and will provide new opportunities for those communities to grow and prosper. In particular, transmission capacity is vital to the development of mining opportunities within the Ring of Fire. Equally significant are the upgrades to Pickle Lake and Red Lake as that will enable a transmission connection to a large number of First Nation communities, thereby enabling them to “get off diesel and on to the grid”.

Electricity Pricing

The price of electricity is a crucial factor for the long term operation of and investment in forestry and mining operations. High energy costs continue to negatively impact the economic growth of Northern Ontario. The announcement in the 2010 Budget of the Northern Industrial Electricity Rate Program is a good first step in the recognition of the need for a permanent, affordable industrial energy rate for Ontario but more must be done to ensure that it is feasible to mine or harvest and process our abundant natural

resources - - - creating good, well-paying jobs in the North.

The proponents of the Chromium development in the Ring of Fire area north of Greenstone have made it clear that without a decrease in Ontario's electricity costs they will need to establish a processing facility elsewhere. We encourage the Minister to implement a permanent, affordable industrial energy rate that will help to power the economic development potential of our region in the same way that the development of the Niagara Falls generating facilities spurred the development of Ontario's industrial heartland. We strongly believe that this should be one of the priorities of the Growth Plan for Northern Ontario

Atikokan Generating Station

The Town of Atikokan has been under a cloud of uncertainty in regards to the continuity of their OPG Generating Plant for many years. The Atikokan Generating Station accounts for a full one-third of the municipal tax base and provides 90 well-paying jobs that are critical to the future of the community. The availability of power is vital to many mining developments in the area and across the Northwest.

Testing was completed successfully nearly a year ago to determine that the plant can be converted to wood pellets and in 2009, the Minister of Energy and Infrastructure of the day, George Smitherman, announced that OPG would focus on converting the Atikokan Generating Station in 2012. However, the current Minister has not yet directed the Ontario Power Authority to start the process by negotiating a contract with Ontario Power Generation. Precious time is slipping away and we encourage the Minister to take the necessary steps to ensure that the conversion plan can proceed on schedule and eliminate the uncertainty.

Non-urgent Patient Transportation

Non-urgent Patient Transportation concerns have become increasingly frustrating and expensive for municipalities. Municipalities in the Northwest, either directly or indirectly through their DSSABs or in the case of the District of Thunder Bay through the City's EMS, are currently directing and funding Emergency Medical Services (EMS) to provide emergency service that aligns with police and fire services.

As discussed during our meeting this past February, each time a non-urgent transfer request is filled there is a compromise in the ability of EMS to provide emergency service. In many of the smaller rural communities, there is only one ambulance at any given time. Currently a staffed ambulance is leaving the municipality for hours, even a day at a time to deliver non-urgent patients - leaving the municipality without mandated EMS vehicle and paramedic staff which multiplies risk, liability and cost to the municipality. There is also a serious impact should a resident within the community become suddenly and severely ill while the ambulance is out of the community on a non-urgent patient transport call.

The provision of non-urgent transportation by EMS is not only highly inefficient and ineffective, but also unreliable, causing frustrations for communities where as much as 50% of their emergency service funds are being used to provide non-urgent transfers. This is unacceptable and unaffordable.

We recently provided your office a discussion paper (Appendix 1) that outlines four (4) options for the provision of non-urgent patient transportation through a separate entity. Our preferred option would be the development of a provincial patient transportation system. Our rationale for choosing this method is two-fold:

1) In discussing the challenges of Northwestern Ontario non-urgent patient transportation with EMS providers across the province, we have come to learn that the problems of non-urgent patient transportation are wide spread. The

specific issues in the southern parts of the Province may be somewhat different but the root cause is the lack of a non-urgent patient transportation system. We believe that the Province is best suited to provide this much-needed service and to work with each region to address local challenges.

2) The lack of regulation of medical transportation services in Ontario is a serious issue and one that is wholly in the hands of the Province. As such, we are hesitant to recommend that a municipal or private sector operator be entrusted with the development and implementation of non-urgent patient transportation services. We are concerned that this lack of regulation has the potential to cause significant challenges regarding liability and quality control in varying jurisdictions. Any patient that is transferred by a non-urgent transportation service should have confidence in the safety and quality of the service they will receive, whether they live in Kanata or Kenora. Therefore we believe that a province-wide system that is regulated by the Government of Ontario would provide the best care to the people of this province.

We appreciate the opportunity to discuss the paper with you and look forward to working with you and your staff towards the best solution.

EMS Funding Formula

Part of the solution to the challenges of non-urgent patient transportation, lies in addressing the broader issues relating to the funding formula for EMS. As outlined in the recent position paper by the Northern Ontario Service Deliverers' Association "Emergency Medical Service Concerns in Northern Ontario" (Appendix 2), the current funding formulas for Land Ambulance services are "complex and confusing". Further, "clawbacks and the timing of funding announcements create serious budgeting and cash flow issues for DSSABs."

Our member municipalities are also the local funders and Directors of the DSSABs and have contributed our voice to the position paper. As such, we are supportive of the changes that NOSDA has recommended to the funding formula for EMS:

1) That the funding formula for EMS as related to TWOMO and provided by the Ministry of Health and Long-Term Care be harmonized with those of other Ministries;
2) That the timing and flow of related funds owing to DSSABs be coordinated and paid to coincide to the fiscal periods to which they apply;
3) That the Ministry of Health and Long-Term Care pay the difference between the

current and the proposed funding formulae; and,

4) That provincial Ministries commit to providing notice of the funding streams in the second quarter of the DDA's fiscal period each year, and that the flow of funds coincide with the fiscal year of the DDA's.

We encourage you to work with NOSDA to address these issues as the provided solutions would be of significant assistance to our municipalities.

Northern Development, Mines & Forestry

NOMA is appreciative of the efforts of Northern Development, Mines and Forestry across the Northwest. We recognize that the department has a huge load on its shoulders and that the transfer of programs and services between MNR & MNDMF has been a work in progress. We thank the Minister and his staff for their continued availability to our organization as issues arise.

Forest Tenure

Northerners live, work and play within the Boreal Forest. We understand, respect and benefit from a sustainable forest industry that also respects the environment within which it operates. We know that a healthy forest means a healthy economy for Northern Ontario, Ontario and Canada.

It is vital that the ongoing Forest Tenure review be focused on not only managing the forests, but also better maximizing the value of the forest resources through better paying and skilled jobs, investment, research and development. NOMA has outlined five principles that must be applied in developing reforms to the Forest Tenure system:

1) Accommodate the business needs of the existing operating users both large and small, the dormant ones who are waiting for the market to return in order to restart their facilities and encourage new entrants, particularly value added in order to protect the existing job base and encourage new job creation in the forestry sector.

2) Encourage fuller use of the forestry resources and promote the sustainability of the harvest.

3) Reduce government bureaucracy in order to obtain and retain greater competitiveness with those outside Ontario.

4) Permanent legislated protection of Ontario's 26 million cubic meters of sustainable industrial fibre.

5) Move quickly to clarify the considerable ambiguity around the existing proposals including Forest Tenure and Pricing, the Provincial Wood Supply Competitive Process, and Sustainable Forest Licenses, in order to stabilize future forest sector investments.

Growth Plan for Northern Ontario

We again thank the Province of Ontario for choosing the North for the second Growth Plan for Ontario. We are somewhat concerned with the delay in releasing the final plan – early reports indicated the document would be revealed in Spring 2010 but recent communiqués suggest it may now be the end of the year. We commend the Minister and his department on their diligence in preparing the Growth Plan but are extremely concerned that the extended delay will continue to foster cynicism and negativity. We encourage the Minister to provide a clear message regarding the timing of the release of the final plan to ensure a positive atmosphere.

We again reiterate our belief that the Plan must be developed and implemented by Northerners. Implementation of the Plan cannot succeed if it is administered from and by Queens Park and the Government of Ontario. We believe that the current Places to Grow Secretariat must be split into two separate Secretariats with one focusing on Northern Ontario, attached to the Ministry of Northern Development, Mines and Forestry and physically located in the North.

We also call for development of a panel of Northern Residents, nominated by key organizations based in the North, to guide the Northern Growth Secretariat in facilitating and monitoring the implementation of the Growth Plan for Northern Ontario.

Ring of Fire Coordinator

We were pleased to see the announcement in the Budget and subsequent job posting regarding the hiring of a Ring of Fire Coordinator. As noted in our recent letter to your office, it is NOMA's firm belief that the Ring of Fire Coordinator must be located in Northwestern Ontario to provide a strong and informed local contact on issues relating to the development of the Ring of Fire. The addition of this senior management position

to the Northwest Region would be a further indication of your Government's commitment to expand Provincial Government job opportunities in the Northwest and would exhibit your Government's support of the Northwest as a solid location for business.

Endangered Species Act

We continue to be concerned with the possible negative impacts of the *Endangered Species Act, 2007* on our forest sector.

For the past three years, NOMA, the Ontario Forestry Coalition and forest sector representatives from across the Province have asked the government to implement a long term regulation under section 55(1)(b) of the *Endangered Species Act* which recognizes that the primary objectives of the ESA are met through the *Crown Forest Sustainability Act* and its required Forest Management Plans. We have asked that this regulation recognize the *Crown Forest Sustainability Act* and Forest Management Plans as equivalent processes to the *Endangered Species Act* with respect to planning for and providing for species at risk. Implementation of this requested regulation would reduce red tape and provide some much needed stability for the Ontario forest industry and ensure economic growth.

The recent introduction of the *Open for Business Act, 2010* would have been an excellent opportunity for the Government to implement the *Endangered Species Act* amendments that we have been calling for over the past three years and would indeed be a reduction of duplicative processes. However, instead of introducing what has been recommended time and again as a way to improve efficiency in forest management processes while still ensuring that species at risk are protected, this legislation proposes exactly the opposite.

Bill 68 proposes to change the rigorous *Crown Forest Sustainability Act* to give the *Endangered Species Act* higher authority when there is a conflict between an ESA agreement, permit or instrument and a previously approved Forest Management Plan. Implementation of the proposed changes will still require forest companies to undergo two duplicative processes but this proposal puts top billing with the ESA process – a process that was not developed by professional foresters, that would expose the industry to on-going and expensive legal challenges from special interests groups, and that reduces the efficiency and stability of the forest industry in Ontario.

NOMA is opposed to the proposed changes to the *Crown Forest Sustainability Act* and in our formal submission we have recommended that the committee remove this section from Bill 68. Further we have proposed that the *Endangered Species Act, 2007* be amended to recognize that the primary objectives of the ESA are met through the *Crown Forest Sustainability Act, 1994* and its required Forest Management Plans and to recognize the *Crown Forest Sustainability Act* and Forest Management Plans as equivalent processes to the *Endangered Species Act* with respect to planning for and providing for species at risk.

Far North Act

Bill 191, *The Far North Act* has met significant opposition across the Province. NOMA, the Nishnawbe Aski Nation, the Congress of Aboriginal Peoples, the Northwestern Ontario Associated Chambers of Commerce, the Prospectors and Developers Association of Canada, the Ontario Chamber of Commerce, the Ontario Waterpower Association, and the Ontario Forest Industries Association are just a few of the groups who have raised their voices in opposition to this proposed legislation.

We are particularly concerned that Bill 191 does not achieve an appropriate balance between responsible economic development – particularly for First Nations communities that make up most of the population of the Far North – and protection of the unique values that the Far North represents. The legislation proposes prescribed limits to land use that are not based on either science or consultation. Land use planning in the Far North should begin with widespread geological mapping and mineral exploration but sadly, this legislation puts the "cart before the horse" and sets the limits to usability first.

We believe that *The Far North Act* does not properly consider the need for economic development by the people who live in the region and puts at risk the possibility of mining, forestry and waterpower development projects that could substantially enrich the lives of the people who have lived there and preserved the lands for thousands of years.

We reiterate our strong conviction that *The Far North Act* should be withdrawn immediately.

Transportation

Transportation issues continue to be a high priority within Northwestern Ontario. Our roads and highways are vital arteries of commerce for the entire region.

We thank you for the significant investments that have been made and are planned to upgrade our Northern highways – in particular the four-laning of Highway 11/17 between Nipigon and Thunder Bay and the four-laning of Highway 17 between Kenora and the Manitoba border. We are confident that these improvements will increase road safety and the movement of goods and services.

TransCanada Highway Improvements

The TransCanada Highway is an essential corridor that connects the West to the East. Each day, we witness the thousands of transport trucks that pass along our roadways as they travel to their destination with valuable goods in tow. These trucks are an important part of the economy of many small towns along Highway 17 and it is vital to ensure that they continue to travel across Ontario rather than detouring through the United States. We recommend that the following steps be taken to reduce the leakage of trans-national traffic to the United States highway routes:

1) Recognize our long distances by raising the speed limit on all our highways by 10 km per hour, making it more consistent with other jurisdictions;

2) Provide more scenic pullouts and rest stops, more public heated and accessible washrooms, and garbage receptacles at all pullouts;

3) Provide wide shoulders, obstacle-free, gently sloping verges, where practical, in all highway reconstruction projects, to reduce the severity of off-the-road incidents and wild animal encounters; and

4) Incorporate four lane divided highways as the standard design for the highway replacement program.

Water Boards

Municipalities in Northwestern Ontario have demonstrated their commitment to the provision and delivery of safe potable water to their residents, according to approved Province of Ontario guidelines. NOMA is extremely concerned that Bill 13: *Sustainable Water and Wastewater Systems Improvement and Maintenance Act, 2010* proposes a significant restructuring of municipal water and wastewater services without consultation with those directly affected.

Of particular concern is the proposed creation of water boards. The distance between Northwestern Ontario communities, the age of the infrastructure in some municipalities, and the size and condition of same, make the implementation of water boards an added cost that is non-realistic and unaffordable to already strained municipalities.

We are mindful of Premier McGuinty's statement to the Ontario Municipal Water Association regarding the Watertight recommendations prior to the 2007 Provincial election where he wrote, "Our government will not implement the recommendations regarding the creation of an Ontario Water Board."

We do recognize that Bill 13 is Private Members Business and not Government legislation as the legislation has been proposed by the former Minister of Public Infrastructure Renewal and a long time member of the Liberal Caucus. We urge each of you to consider our concerns and the previous promise of the Premier on this issue and to cast your vote against Bill 13.

Appendices

Appendix 1: “Non-Emergency Patient Transportation Challenges and the Role of Emergency Medical Services” by Norm Gale, Chief of EMS, City of Thunder Bay

Appendix 2: “Emergency Medical Service Concerns in Northern Ontario Position Paper” by the Northern Ontario Service Deliverers Association

DISCUSSION PAPER for the
NORTHWESTERN ONTARIO MUNICIPAL ASSOCIATION

NON-EMERGENCY PATIENT TRANSPORTATION CHALLENGES
AND THE ROLE OF EMERGENCY MEDICAL SERVICES

23 July 2010

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EXECUTIVE SUMMARY

This discussion paper outlines the past and current circumstances of the provision of non-emergency patient transportation services by emergency medical services (EMS) in the Districts of Thunder Bay, Kenora, and Rainy River. No stakeholder, be it medical provider, EMS agency, hospital, long-term care facility, patient, nor family is satisfied with the current situation.

At their request, this paper is written to inform the Northwestern Ontario Municipal Association (NOMA) on the subject and to make recommendations. This discussion paper recommends that non-emergency patient transportation service be provided by a separate entity(s) and be regulated and funded by the Province of Ontario. Four structural options are outlined. No budget estimates are provided.

This discussion paper represents the collective opinion of the EMS Leaders for the three respective Districts.

BACKGROUND

EMS' perform two types of patient calls: emergency and non-emergency patient transportation (generally inter-facility). In both cases, patients are transported by paramedics using an ambulance from an emergency scene to a hospital emergency department or between health care facilities. Emergency transportation is within EMS' legal mandate (the Ambulance Act), while non-emergency transportation is not. Emergency transportation includes people who have suffered an injury or illness that is life or limb threatening, and for whom constant medical attention and a stretcher are required. Many non-emergency patients are able to walk and are in no immediate distress yet utilize an ambulance for transportation, usually under a doctor's order because there is no alternative transportation. Others require medically necessary, but not emergency, diagnostic or other types of medical care and treatment.

EMS agencies are designed and funded to provide emergency assessment, treatment, and transportation services, most often for 911 response but also for emergency inter-facility transportation. Although EMS is neither designed nor funded to provide non-emergency transportation, EMS is not legally precluded from doing so. The problem, however, is that each time a non-emergency transportation request is fulfilled, there is a compromise in EMS' ability to provide emergency service.

In many of the smaller rural communities, there is only one ambulance at any given time (and often at night the paramedics are on 'stand-by'). When paramedics are dispatched for a non-emergency call, there is often no back-up ambulance available when a 911 or emergency call comes in. In Thunder Bay, emergency call volume has increased by approximately 76% in the past 10 years, leading to severe pressure on EMS resources. As the same paramedics in the same ambulances perform both emergency and non-emergency calls, non-emergency transportation requests are placed at the end of the queue, thus leading to significant delays and increased patient and provider frustration which confounds the provision of health care services. In sum, no one is satisfied with EMS' provision of non-emergency patient transportation services.

Since non-emergency patient transportation comes at the expense of emergency operations, there would be no budget reductions to EMS agencies should non-emergency transfers be eliminated. EMS would not, for example, reduce staffing or alter deployment strategies with a reduction in non-emergency demand. EMS emergency response would simply become more effective and reliable. Accordingly, EMS budgets would require consistent funding should non-emergency transportation responsibility be formally assumed by another entity. Each option in this paper requires Provincial funding.

HISTORICAL PRECEDENT

EMS has for more than 30 years provided non-emergency transportation services. But prior to 1990s, ambulances in the north and other rural areas were often staffed by volunteers (on stand-by) with only basic training. Today, ambulances are staffed by professional and well-qualified paramedics utilizing sophisticated life-saving medical equipment.

Subsequent to Provincial re-alignment of services, EMS agencies focused on the provision of emergency services, while non-emergency transportation was relegated to lower status. Increased health and safety due diligence and Employment Standards Act provisions further confound EMS' ability to provide non-emergency transportation services.

In Thunder Bay, alternative transportation exists. HAGI, for example and a private medical transportation service (MTS) overseen by the Thunder Bay Regional Health Sciences Centre which provide alternative medical transportation. In Northwestern Ontario, there are no transportation alternatives in areas outside of the City of Thunder Bay. In the absence of alternatives, EMS agencies are the only option. The provision of non-emergency transportation by EMS, however, is not only inefficient and ineffective, it is also unreliable.

ELSEWHERE IN ONTARIO – THE USE OF MTS

In other, especially urban, areas of Ontario, the private-sector (through MTS) provide this service on a user pay basis and with funding from user hospitals. These MTS' employ attendants with basic training, and the vehicles are generally de-commissioned ambulances or vans with basic first aid equipment. With proper regulation and oversight, this is an appropriate method to transport non-emergency patients. The MTS industry, however, remains unregulated in Ontario. Oversight is generally provided by user hospitals through performance contracts.

FUNDING

MTS generate revenue by charging the patient (or the respective insurance) a user fee. When EMS is utilized, there is no fee to the patient, and municipalities have no legal mechanism to charge the patient or hospital. Each time EMS moves a patient, however, the respective hospital may in some circumstances charge the patient (or the patient's insurance) a user fee. When EMS responds to a 911 call, the receiving hospital charges the patient for service. In both cases, these funds are retained by the hospital as revenue and are not transferred to EMS or the respective municipality. It should be noted though, that the MOHLTC now funds EMS operations at approximately 50%.

CURRENT SITUATION

Municipalities are currently directing and funding EMS to provide emergency medical service and as such EMS forms part of the respective municipal emergency response regimen, as EMS is akin and aligned with the police and fire services. Generally, EMS are well integrated with allied emergency services, but EMS are not well positioned to provide non-emergency transportation services which require the ambulance and paramedics to leave the respective community. 911 coverage demands and Occupational Health & Safety (OH&S) and Employment Standards Act (ESA) implications are not considered by hospitals when requesting non-emergency patient transportation. EMS in rural communities may, however, provide non-emergency patient transportation that is within normal working hours and within the community with little difficulty.

The solution to this problem is a separate entity(s) / infrastructure which would provide non-emergency patient transportation. Funding for this infrastructure would come from the Province or be self-sustaining (if the private sector was involved), or some combination thereof. Existing EMS agencies would be left to focus on their core and legal mandate – emergency medical service and emergency patient transportation.

RECOMMENDATION

The provision of non-emergency patient transportation be provided by a separate entity(s), which are not municipal EMS.

The Province of Ontario should provide regulatory oversight through the MOHLTC and fund this necessary health care service at 100%. Municipalities should not be responsible for providing non-emergency, but medically necessary patient transportation for medical and health care purposes.

OPTIONS

1. **A provincial patient transportation system.** This transportation system would operate as a separate entity and provide seamless service across the Province. In the north, service would be delivered from select communities. Transportation vehicles equipped with stretchers, oxygen, an automated defibrillator, and other basic first aid supplies would be staffed by personnel with training including advanced first aid, CPR, and lifting techniques.

2. **EMS agencies to provide the service.** A regimen similar to option 1, but existing EMS agencies provide the service through existing infrastructure. Importantly, there would be no compromise to existing emergency operations. This service would be provided through a separate division of the EMS agency. Existing competencies, such as leadership, administration, HR, finance, OH&S, etc could be utilized. The Province would fund this new division at 100%, including the increased administrative burden for the existing EMS agency.

3. **The private sector provide the service.** The private sector penetrates the industry to a greater degree as it has in other areas of the Province. In the absence of an ability to generate sufficient revenue because of insufficient call volume,

financial support would be required. The Province through the MOHLTC provides regulatory oversight and funding.

4. **Transfer bus.** A public or private sector option in which a regularly scheduled bus / van would be provided to provide transportation on all the major highway corridors. This bus / van would transport all persons, including stretcher patients, requiring non-emergency medical care. There is precedent in other jurisdictions for this alternative. This alternative may not be well-suited for all northern jurisdictions, however, so EMS agencies would need to individually review its utility. The current system of travel grants is a barrier to this alternative as it is more attractive now for people to travel on their own. Accordingly, the Northern Health Travel Grant Program would need to be adjusted to encourage people and hospitals to utilize this alternative. This option would require additional funding, but travel costs are borne by the MOHLTC, hospitals, EMS, and patients already.

CONCLUSION

The current system of EMS providing non-emergency patient transportation services is unsustainable, given 911 call volume demands and OH&S and ESA concerns. Non-emergency patient transportation provided by EMS is inefficient, ineffective, and unreliable, contributing to a poor patient experience with our health care system and to perhaps worse patient outcomes.

No stakeholder is satisfied with the status quo.

Each of the above recommendations, enacted singularly or in tandem, represent an improvement to the status quo. Although each of the recommendations involve Provincial funding, these are not necessarily *new* funds, as efficiencies may be realized from existing operations.

An improved patient transportation system could realize cost-savings through:

i) reduced necessity for RN escorts;
ii) time spent by MDs arranging transportation;
iii) reduced human resource costs for EMS; and
iv) possible reductions to Northern Health Travel Grant Program costs.

An improved patient transportation system could realize improved service and improved patient care through:

i) better scheduling for patient care;
ii) earlier repatriation and better discharge planning;
iii) improved health care provider satisfaction; and most importantly
iv) more timely access to health care.

Emergency Medical Service(EMS) Concerns in Northern Ontario

POSITION PAPER

AUGUST, 2010

This Position Paper identifies two key, problematic issues affecting Municipal Service Managers in Northern Ontario: Non-Emergent Patient Transfers as well as formulaic and operational(payment timing) anomalies that result in inequities in the Provincial Government share of First Nations and Territories Without Municipal Organization(TWOMO) funding of Emergency Medical Services(EMS). These services are delivered by Designated Delivery Agents (DDA's), that include Northern Ontario Service Deliverers Association members. This paper makes recommendations to address these problematic issues.

1.0 INTRODUCTION

The Northern Ontario Service Deliverers Association (NOSDA) is an incorporated body that brings together 10 of Northern Ontario's 12 Municipal Service Managers. All ten are responsible for the local planning, coordination and delivery of a range of community health and social services that the Province of Ontario divested to them to locally manage. These services represent a significant portion of the social infrastructure of all Northern Ontario's municipalities and also account for a substantial portion of the property taxes that Northern Ontario municipalities dedicate to the social support infrastructure of their municipalities.

NOSDA is primarily composed of nine District Social Services Administration Boards (DSSABs) that are unique to Northern Ontario; and a municipality (also known as a Consolidated Municipal Service Manager (CMSMs) – the City of Greater Sudbury).

Northern Ontario's municipal service managers collectively have annual expenditures in excess of $650,000,000 and together employ over 1,000 people. We thus represent a significant component of Northern Ontario's economy and labour force.

We plan and coordinate the Northern Ontario delivery of public services and infrastructure programs that result in measurable gains to the quality of life of Northerners through:

- the provision of financial and other supports to persons having difficulty entering or re-entering the labour force;
- the creation, maintenance and provision of affordable, social housing;
- the provision of quality of early learning and child care services that reassure parents their children are in safe, nurturing environments while they busy themselves at work or upgrading their skills;
- the provision of emergency medical services in times of medical crisis.

Seven of the ten NOSDA members are responsible for Land Ambulance services. There are several issues of concern to our members related to Land Ambulance and Emergency Medical Services (EMS) in Northern Ontario. They are:

- Non-Emergent Patient Transfers
- Reduced (First Nations) Funding and Townships without Municipal Organization (TWOMO) Funding of EMS.

Recent studies show that Non-Emergent Patient Transfers amount to over half of all patient trips in Ontario. Further, the complex and uncoordinated timing of payment streams for EMS due to disparate funding sources within the Ministry of Health and Long-Term Care, creates cash flow problems for Municipal Service Managers responsible for EMS in Northern Ontario.

2.0 NON-EMERGENT PATIENT TRANSFERS

Recent research into Ambulance Services and Emergency Medical Services—Ontario-Wide and particularly in Northern Ontario—indicates that ~~–O~~ntario patients are often moved through the healthcare system from facility to facility or from facilities to home with home care support for care as a result of restructuring and regionalization of healthcare services. Patients can no longer expect to have all their healthcare needs met at a single facility".[i]

The non-emergent ambulance trip issue is very significant in the North due to a lack of transportation alternatives, as well as distances and economy of scale problems due to a small, widely dispersed, aging-in-place population across Northern Ontario.

A 2009 study which took place in Ontario using a population health-based methodology and data from 2004-2005, based on a random sample of 5,000 land ambulance transfers showed a full 80 per cent of patient transfers in Ontario are routine and non-urgent.[ii] Yet most of these inter-facility transfers rely on fully equipped ambulances staffed by highly-trained paramedics—the same system used for emergency 911. Some key findings from the study include:

- The total cost of land-transfers during the study period was $283 million. The average cost for an individual, one-way inter-facility patient transfer was $704; round trip transfers averaged $1,408. It can be assumed these costs are higher in Northern Ontario due to distances involved, and a lack of competitive alternatives.

- During the study period, 85,000 patients—or about a quarter of all transferred patients in the study group—were moved between healthcare facilities for non-urgent physician appointments, dialysis and return trips to the patient's home facility or residence. The median age of transferred patients was 75 years.

The Province of Ontario began to systematically collect detailed information about inter-facility patient transfers in a new database in 2003, when little was known about inter-facility patient transfers. At the urging of many interested groups, the Ministry of Health and Long-Term Care commissioned a consulting firm to examine the inter-facility patient transfer issue in Ontario in 2002. The findings confirmed the concerns raised by municipalities, EMS groups and others across the province[iii].

2.1 Background

Emergency Medical Services (EMS) are provincially mandated and regulated but locally administered, most often by municipal governments by way of District Social Service Administration Boards or CMSM's in Northern Ontario.

Ambulance services and other patient transportation are non-insured services under the Canada Health Act, and coverage is left up to the discretion of the provinces. In 2001, when Ontario municipalities assumed responsibility for ambulance services, they also accepted responsibility to provide 50 per cent of the funding necessary to run them jointly with the Ministry of Health and Long-Term Care. **Since then, it is widely acknowledged that costs have not been equally balanced, as municipalities now cover more than 50 per cent of ambulance costs**[iv]. Further, **"since the downloading of land ambulance services in 2001 there has been a substantial increase in the transporting of medically stable patients between health facilities and other locations"**[v].

According to the governing legislation,

"ambulance means a conveyance used or intended to be used for the transportation of persons who, (A) have either suffered a trauma or an acute onset of illness either of which could endanger their life, limb or function, or (B) have been judged by a physician to be in and unstable medical condition and to require, while being transported, the care of a physician, nurse other health care provider, emergency medical attendant or paramedic, and the use of a stretcher;"

There are currently three levels of priority when it comes to transporting patients between Ontario healthcare facilities:

"An emergent transfer involves a life-threatening situation, is time-sensitive and receives priority. An urgent transfer is not as serious as an emergent transfer, but may still be time sensitive and should be completed within a specific timeframe. A non-urgent transfer is considered routine and does not involve an immediate threat to life or limb, or care that is time-sensitive".

In Northern Ontario, Emergency Medical Services (EMS) performs two types of patient calls: emergency and non-emergency. In both cases, patients are transported by paramedics using an ambulance from an emergency scene to a hospital emergency department or between health care facilities or the patient's residence. Emergency transportation is within EMS' legal mandate; while non-emergency transportation is not. Emergency transportation includes people who have suffered an injury or illness that is life or limb threatening, and for whom a paramedic level of care and a stretcher are required. Many non-emergency patients are able to walk and are in no immediate distress, yet utilize an ambulance for transportation, usually under a doctor's order because there is no alternative transportation, while paramedics are readily available and there is no cost associated to the sending facility.[vi]

EMS organizations are designed and funded to provide emergency assessment, treatment and transportation services. Although EMS is not designed or funded to provide non-emergent transportation, EMS is not precluded from doing so. The problem is that each time a non-emergent transportation request is fulfilled, there is a compromise in the EMS' ability to provide emergency services.

In many of the smaller rural communities in Northern Ontario, there is only one ambulance at any given time. When paramedics are dispatched for a non-emergency call, there is no back-up ambulance available when a 911 or emergency call comes in. In Thunder Bay, emergency call volume has increased by about 100 per cent in the past 10 years, leading to severe pressure on EMS resources. This increase has been experienced, to a greater or lesser extent, across both North East and North West Ontario[vii]. The Institute of Clinical Evaluative Sciences (ICES) researchers say the situation is likely to intensify. Data shows that over a three year period, inter-facility patient transfers in Ontario increased by 40 per cent—from an average of 1,000 transfers per day in 2005 to 1,375 per day in 2008[viii].

Non-emergency transportation requests are placed at the end of the queue, thus leading to significant delays and increased patient and provider frustration which confounds the provision of health care services[ix]. Further, the significant increase in Scheduled Transfers has negatively impacted Northern DSSAB/CMSM Designated Delivery Agent's (DDA) ability to respond in a timely manner to urgent life-threatening calls.

EMS has provided non-emergency transportation services for more than 30 years. However, prior to the 1990s, ambulances were often staffed by volunteers with little training. Today, ambulances are staffed by professional and well-qualified paramedics utilizing expensive medical equipment. Subsequent to Provincial re-alignment of services, EMS agencies focused on the provision of emergency services, while non-emergent transportation was relegated. Increased health and safety due diligence and Employment Standards Act provisions further confound EMS' ability to provide non-emergent transportation services. There are few non-emergent transportation alternatives in areas outside of urban areas in the North. The provision of non-emergent transportation by EMS is not only highly inefficient and ineffective, it is unreliable[x]. With few alternatives, discharged patients are sometimes forced to make risky transportation decisions, which impact the Northern Health Travel Grant system.

In urban areas in Southern Ontario, this problem has largely been reconciled by private medical transportation organizations that provide this service on a user pay basis. Oversight is generally provided by user hospitals which set their own standards and expectations. These transfer services charge a user fee to the user hospitals. These organizations employ attendants with minimal training, and the vehicles are generally de-commissioned ambulances or vans with scant medical equipment. With proper oversight, this is an appropriate method to transport non-emergency patients. The industry, however, is unregulated in Ontario. While this type of service is fraught with its own difficulties and risk management problems, there is no equivalent service in most areas of Northern Ontario[xi].

When EMS is utilized, there is no fee to the patient or the user hospital, and municipalities have no legal mechanism to charge the patient or the hospital. Hospitals charge all emergency patients $45. These funds are not transferred to EMS or the respective municipalities. The Ministry of Health and Long-Term Care (MOHLTC) also funds service to First Nations and unorganized areas at 100 per cent[xii].

Municipalities are currently directing and funding EMS to provide emergency service, akin and aligned with police and fire services. Generally, EMS are well integrated with allied emergency services but are not well positioned to provide non-emergent services.

The solution to this problem could be some form of separate infrastructure, similar to that realized in Southern Ontario or at least some form of alternative transportation, which would focus on non-emergency transportation. Further, some consideration may be given to a separate funding stream to the municipalities to provide non-emergency transportation within the existing structure, but this would need to be considered by the municipalities given particular exigencies each faces. Funding of this infrastructure ought to be from the Province at 100 per cent, or mechanisms should be created that permit the service to be financially self-sustaining[xiii].

The Ministry has been aware of patient transfer issues throughout Ontario and it has commissioned studies on this matter in the recent past. However, there does not appear to be any solution put forward by the Ministry to deal with this situation.

2.2 Discussion

Does Ministry need to place a higher priority on the patient transfer issue? The short answer is **YES**.

This matter was discussed in a January, 2010 Teleconference of all DSSAB-based EMS providers in Northern Ontario, hosted by NOSDA and Chaired by Mr. Sten Lif, CAO of the Kenora District Services Board. There was a general consensus that there needs to be an increase in MOHLTC funding for non-emergent patient transfers for ambulance services in Northern Ontario as the geography and distances contribute to greater expenses than services in Southern Ontario. Although it was noted a few larger centres in Northern Ontario have one or more transfer services; for most communities in the North transfer services are not proving to be viable. Deployment plans have been upgraded by services to address the non-emergent transfer issue, but as a result, hospitals are now upgrading patient priority codes so that dispatch cannot refuse calls for transfers. Those services handling out-of-province transfers such as Sault Ste. Marie (Michigan) and Kenora (Manitoba) have increased complications and costs. Studies conducted by LHINs brought the patient transportation issue forward; however, they have not placed any emphasis on the matter and it is not a high priority for them. It was further discussed at the NOSDA Annual General Meeting in April, 2010.

To summarize, in Northern Ontario:

- The demands on EMS systems are increasing yearly.
- EMS systems are providing service that is —beyond" their legislated mandate.
- EMS systems are not designed to provide non-emergency service.
- When EMS provides this service, it is inefficient and ineffective.
- When EMS provides this service, it always comes at the expense of emergency service coverage.
- Historically, EMS had provided this service, but circumstances have changed considerably.
- Long transport times are normal.
- Options for travel in the North are limited to private vehicles, public transportation or Emergency Medical Services (EMS). This is tantamount to an undue hardship for seniors and individuals with limited ability to travel long distances.

2.3 Recommendations:

2.3.1 THAT COPIES OF THIS POSITION PAPER BE DISTRIBUTED TO THE PREMIER, THE MINISTER OF HEALTH AND LONG TERM CARE, THE NORTHEAST AND NORTHWEST LOCAL HEALTH INTEGRATION NETWORKS, THE ASSOCIATION OF MUNICIPALITIES OF ONTARIO, THE NORTHERN ONTARIO MUNICIPAL ASSOCIATION, THE FEDERATION OF NORTHERN ONTARIO MUNICIPALITIES, THE ASSOCIATION OF MUNICIPAL EMERGENCY MEDICAL SERVICES OF ONTARIO, AND TO SELECTED OFFICIALS AT THE MINISTRY OF HEALTH AND LONG-TERM CARE FOR CONSIDERATION AND ACTION THROUGH THE CREATION OF A WORKING GROUP, WITH REPRESENTATION FROM THE ABOVE ORGANIZATIONS AND OTHERS AS APPROPRIATE, TO ADDRESS THIS MAJOR CONCERN.

2.3.2 THAT CONSIDERATION BE GIVEN TO TREATING NON-EMERGENT TRANSFERS AS „SPECIAL EVENTS" AND CHARGE COSTS BACK TO HOSPITALS FOR TRANSPORTATION OF PATIENTS THAT DO NOT FALL WITHIN THE GUIDELINES OF DEPLOYMENT PLANS.

2.3.3 CONSIDER GIVING NOTICE THAT SERVICES WILL NOT „UP" STAFF AND SHOULD DEMAND MEDICAL ESCORTS FOR NON- EMERGENT PATIENT TRANSFERS, TO ENCOURAGE HOSPITALS, MOHLTC, AND LHINS TO TAKE A CLOSER LOOK AT THE ISSUE.

3.0 FUNDING ANOMOLIES AND INEQUITIES IN THE PROVINCIAL SHARE OF EMS FUNDING FOR TERRITORIES WITHOUT MUNICIPAL ORGANIZATION (TWOMO"S)

3.1 Background

The current funding provided by the Ministry for land ambulance to DSSABs/CMSMs or Designated Delivery Agents (DDAs) is basically broken into three distinct streams: each of them are calculated and allocated without consideration of the other. When the Ministry announces each stream separately and at different times of the year it does not consider the effect one has on the other. This has significant consequences on determining the local share. However, timing of funding allocation announcements affect the ability of the service provider to effectively operate within budget. Further, TWOMO funding is not a —grant" to be provided by the Ministry. According to ***Ontario Regulation 129/99***, it is the apportioned costs associated with the provision of land ambulance services in the territory without municipal organization. The regulation also indicates the —***Ministry shall pay to the delivery agent the share of the costs apportioned to the territory without municipal organization in the designated area"***. As other streams of funding are reduced, TWOMO funding is not adjusted accordingly despite requests made by the Designated Delivery Agent (DDA).

3.2 Discussion

It is clear that the Ministry should assist District Social Service Administration Boards in ensuring the Ministry of Finance (MOF) provides funding based on the Regulation (***Ontario Reg. 129/99***) with respect to TWOMO funding in the same manner as other Ministries (Ministry of Municipal Affairs and Housing (MMAH), Ministry of Community and Social Services (MCSS) and Ministry of Children and Youth Services (MCYS)) do for their programs and services.

Funding formulas used by the MOHLTC and the Ministry of Finance for Land Ambulance services are complex and confusing. Claw backs and the timing of funding announcements create serious budgeting and cash flow issues for DSSABs. There is no rationale for why MOHLTC/MOF do not fund land ambulance programs in a way that is similar to how other Ministries fund services delivered by DSSABs.

While the Ministry considers the funding it provides for TWOMO to be a ‗grant', that is not how ***Ontario Reg. 129/99*** regards it. The Regulation states that the TWOMO share is an apportioned cost (similar to a local municipal share) and the Ministry is required to pay the delivery agent the share apportioned to TWOMO. The Ministry is not adjusting this funding stream, as other streams of funding are changed. **This places an additional burden and an undue hardship on local municipalities and their local property tax bases, and is unfair.**

The Ministry has made the **existing** funding of land ambulance a difficult process to understand and calculate. It is currently difficult to explain its different nuances to municipal funding partners. The following will help to explain the problems associated with the funding streams and how they can be overcome with a more simplified process and with little additional funding from the Ministry - if the TWOMO share is considered as a local share in the same way as other Ministries treat it.

Funding for Land Ambulance services is provided by the Ministry of Health and Long-Term Care (MOHLTC) in three separate streams.

- First Nations funding is provided based on a formula calculated by the Ministry for the provision of services to First Nations communities. The amount is generally communicated to the Designated Delivery Agent (DDA) well after the designated delivery agent's budget is set. This is problematic for annual budgeting on the part of the service deliverer.
- TWOMO funding is for the costs associated with the provision of land ambulance services in the territories without municipal organization. It is provided by the MOHLTC as a "grant" and is based on the designated delivery agent's budget submission. The amount is calculated by the designated delivery agent based on an approved apportionment formula and provided by the Ministry as a "grant", based on the DDA's calendar year budget submission. The Ministry communicates the approved funding amount to the DDA, generally mid-to-late in the calendar year, however the Ministry flows funding based on its fiscal year which is three (3) months in arrears of the DDA's fiscal year.
- Fifty per cent funding is provided to ensure that "municipalities" are contributing 50 per cent of the cost of the land ambulance program after all other funding has been used to offset expenditures. However, once again the funding provided is based on the DDA's fiscal year but not communicated until its (DDA's) 4th quarter.
- The Ministry determines each funding stream in isolation to the other funding streams and fails to adjust the others that are subsequently affected by the original calculation. This ignores the impact of the first calculation on other, implicated calculations.

The **existing** funding relationship as seen by the designated delivery agent is as follows:

TOTAL PROGRAM COSTS
LESS First Nations funding (calculated by the Ministry)
EQUALS Net program costs

LESS TWOMO funding (calculated as a percentage of the net program costs)
EQUALS Net program costs for sharing with MOHLTC

LESS 50 per cent funding (50 % of the net program costs for sharing)
EQUALS net local share for municipalities (for example, ***see the Current Funding Model in Appendix 1- all figures in 2009 dollar amounts – the last year complete figures are available.)***

3.3 Issues:

1. The designated delivery agents provide their budget to the Ministry based on historical data identifying prior year revenues from the Ministry as budget estimates. The Ministry announces funding allocations separately and at different times during the budget year. Timing of funding allocation announcements affect the ability of the service provider to effectively operate within budget.

2. Each funding stream is calculated or allocated without consideration of the other funding streams. The impact of an increase or decrease in one funding stream is not addressed in the other funding streams.

3. TWOMO funding is not a ‗grant' to be provided by the Ministry. According to ***Ontario Regulation 129/99***, it is the apportioned costs associated with the provision of land ambulance services in the territory without municipal organization. The regulation also indicates the ―*Ministry shall pay to the delivery agent the share of the costs apportioned to the territory without municipal organization in the designated area*". As other streams of funding are reduced, TWOMO funding is not adjusted accordingly despite requests made by the D.D.A's.

MCSS, MCYS, and MMAH also provide program funding and share in the net local costs of each program based on the approved allocation for TWOMO. The approved allocation for TWOMO is a percentage of the net local share of the costs.

The MOHLTC should assist District Social Service Administration Boards in ensuring that the Ministry of Finance provides funding, based on the Regulation (***Ontario Reg. 129/99***) with respect to TWOMO funding, in the same manner as other Ministries (MMAH, MCSS and MCYS) do for their programs and services provided by the D.D.A.'s/DSSAB's.

3.4 Recommendations:

3.4.1 THAT THE FUNDING FORMULA FOR EMS AS RELATED TO TWOMO AND PROVIDED BY THE MINISTRY OF HEALTH AND LONG-TERM CARE BE HARMONIZED WITH THOSE OF OTHER MINISTRIES

3.4.2 THAT THE TIMING AND FLOW OF RELATED FUNDS OWING TO DSSAB"SBE COORDINATED AND PAID TO COINCIDE TO THE FISCAL PERIODS TO WHICH THEY APPLY.

3.4.3 THAT THE MINISTRY OF HEALTH AND LONG-TERM CARE PAY THE DIFFERENCE BETWEEN THE CURRENT AND THE PROPOSED FUNDING FORMULAE, AS FOLLOWS (ALL 2009 FIGURES):

ALGOMA	**$200,661**
COCHRANE	**$330,548**
KENORA	**$332,511**
MANITOULIN-SUDBURY	**$419,376**
NIPISSING	**$202,398**
RAINY RIVER	**$80,404**
CITY OF SAULT STE. MARIE	**$372,454**
TIMISKAMING	**$97,650**
TOTAL	**$2,036,002**

3.4.4 THAT PROVINCIAL MINISTRIES COMMIT TO PROVIDING NOTICE OF THE FUNDING STREAMS IN THE SECOND QUARTER OF THE DDA"SFISCAL PERIOD EACH YEAR, AND THAT THE FLOW OF FUNDS COINCIDE WITH THE FISCAL YEAR OF THE DDAs.

4.0 CONCLUSION

NOSDA looks forward to entering a dialogue with Ministry of Health and Long-Term Care officials and others to address the Non-Emergent Patient Transfer issue and the funding formula and timing inequities inherent in the current calculation methods and cash flow related to First Nations and TWOMO land ambulance funding.

These issues are creating undue hardship for the small, scattered populations that the Northern CMSMs and DSSABs are responsible for, and we are seeking an open and encompassing process to alleviate the problems that these issues impose on the taxpayers that are represented by our members' Boards.

We are certain that by working together, NOSDA, the Ministry of Health and Long-Term Care and other affected stakeholders can arrive at creative solutions and compromises that will be fair to those who use, and to those who pay for Emergency Medical Services in Northern Ontario.

APPENDIX 1: 2009 COMPARISON OF EMS FUNDING FORMULAE

	Algoma DSAB		Cochrane DSSAB		Kenora DSB		Manitoulin-Sudbury DSSAB	
Current MOHLTC Funding - represents calendar cash flow								
Net costs for calculating funding	7,550,254		10,018,910		9,082,253		9,957,034	
First Nations Funding	-169,707		-94,334		-1,420,891		-1,104,702	
Net costs for calculating TWOMO funding	7,380,547		9,924,576		7,661,362		8,852,332	
TWOMO Funding	-866,679		-774,838		-3,298,899		-1,715,905	
Net costs to be shared 50:50	6,513,868		9,149,738		4,362,463		7,136,427	
MOHLTC 50:50 funding	-3,153,044		-4,269,591		-1,909,199		-3,282,576	
Municipal Share	-3,153,044		-4,269,591		-1,909,199		-3,282,576	
Short fall for 2009	207,780		610,556		544,065		571,275	
Total MOHLTC funding	4,189,430		5,138,763		6,628,989		6,103,183	
Proposed MOHLTC Funding - with annualized funding								
Net costs for calculating funding	7,550,254		10,018,910		9,082,253		9,957,034	
First Nations Funding	-174,451		-96,121		-1,405,666		-1,156,847	
Net costs for calculating 50:50 funding	7,375,803		9,922,789		7,676,587		8,800,187	
MOHLTC 50:50 funding	-3,687,902		-4,961,395		-3,838,294		-4,400,094	
	3,687,902	14.31%	4,961,395	8.30%	3,838,294	44.75%	4,400,094	19.90%
TWOMO share of 50:50	-527,739		-411,796		-1,717,540		-875,619	
Municipal Share	-3,160,163		-4,549,599		-2,120,753		-3,524,475	
Shortfall	0		0		0		0	
Total MOHLTC grants	3,862,353		5,057,516		5,243,960		5,556,941	
Total TWOMO local share (paid by Prov)	527,739		411,796		1,717,540		875,619	
Total MOHLTC funding	4,390,091		5,469,311		6,961,500		6,432,559	
Difference	200,661		330,548		332,511		419,376	

APPENDIX 1: 2009 COMPARISON OF EMS FUNDING FORMULAE	Nipissing DSAB		Rainy River DSAB		City of Sault Ste Marie		Timiskaming SSAB		
Current MOHLTC Funding - represents calendar cash flow									
Net costs for calculating funding	7,514,222		5,639,357		4,027,969		4,936,092		
First Nations Funding	-90,048		-570,284		-70,335		-5,669		
Net costs for calculating TWOMO funding	7,424,174		5,069,073		3,957,634		4,930,423		
TWOMO Funding	-303,113		-1,250,495		-194,615		-685,919		
Net costs to be shared 50:50	7,121,061		3,818,578		3,763,019		4,244,504		
MOHLTC 50:50 funding	-3,367,681		-1,828,885		-1,611,609		-2,075,981		
Municipal Share	-3,367,681		-1,828,885		-1,611,609		-2,075,981		
Short fall for 2009	385,699		160,808		539,801		92,542		
Total MOHLTC funding	3,760,842		3,649,664		1,876,559		2,767,569		
Proposed MOHLTC Funding - with annualized funding									
Net costs for calculating funding	7,514,222		5,639,357		4,027,969		4,936,092		
First Nations Funding	-90,048		-570,284		-70,335		-5,441		
Net costs for calculating 50:50 funding	7,424,174		5,069,073		3,957,634		4,930,651		
MOHLTC 50:50 funding	-3,712,087		-2,534,537		-1,978,817		-2,465,326		
	3,712,087	4.34%	2,534,537	24.67%	1,978,817	10.10%	2,465,326	16.00%	
TWOMO share of 50:50	-161,105		-625,247		-199,861		-394,452		
Municipal Share	-3,550,982		-1,909,289		-1,778,956		-2,070,873		
Shortfall	0		0		0		0		
Total MOHLTC grants	3,802,135		3,104,821		2,049,152		2,470,767		
Total TWOMO local share (paid by Province)	161,105		625,247		199,861		394,452		
Total MOHLTC funding	3,963,240		3,730,068		2,249,013		2,865,219		
Difference	202,398		80,404		372,454		97,650		2,036,002

The Proposed MOHLTC Funding assumes that the share provided from the Ministry for TWOMO is considered the local share paid by the Province (as in the Ontario Works, Child Care, Social Housing programs).
All other funding is used to reduce the cost of providing the service before the 50:50 grant is calculated.

ENDNOTES

[i] See, for example, University of Toronto, Ornge Transport Medicine, Sunnybrook Health Sciences Centre, and the Institute for Clinical Evaluative Sciences (ICES) "**Inter-facility Patient Transfers in Ontario: Do You Know What Your Local Ambulance Is Being Used For?"** Victoria Robinson, Vivek Goel, Russell D. MacDonald and Doug Manuel, **Healthcare Policy, Vol .4 No.3, 2009;** also **"Non-Emergency Patient Transportation Issues - Presentation to the Northern Ontario Municipal Association, January, 2010"** made by Norm Gale, Chief of EMS, Superior North Emergency Medical Services, City of Thunder Bay

[ii] **Do You Know What Your Local Ambulance Is Being Used For?"** Victoria Robinson, Vivek Goel, Russell D. MacDonald and Doug Manuel, **Healthcare Policy, Vol .4 No.3, 2009**

[iii] ibid.

[iv] ibid.

[v] ibid.

[vi] From '**One Page on Non-Emergent Transfer Issues – January, 2010',** prepared by Norm Gale, Chief of EMS, Superior North Emergency Medical Services, City of Thunder Bay

[vii] University of Toronto, Ornge Transport Medicine, Sunnybrook Health Sciences Centre, and the Institute for Clinical Evaluative Sciences (ICES) "**Inter-facility Patient Transfers in Ontario: Do You Know What Your Local Ambulance Is Being Used For?"** Victoria Robinson, Vivek Goel, Russell D. MacDonald and Doug Manuel, **Healthcare Policy, Vol .4 No.3, 2009**

[viii] ibid.

[ix] From '**One Page on Non-Emergent Transfer Issues – January, 2010',** prepared by Norm Gale, Chief of EMS, Superior North Emergency Medical Services, City of Thunder Bay

[x] ibid.

[xi]see, for example, "**Risky Business**" produced by Tina Pittaway for CBC, 2009(http://tinapittaway.com/wp-content/uploads/2009/12/RiskyBusiness.doc - hyperlink.)

[xii] From '**One Page on Non-Emergent Transfer Issues – January, 2010',** prepared by Norm Gale, Chief of EMS, Superior North Emergency Medical Services, City of Thunder Bay

[xiii] ibid.