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 11 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 "Ontario 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'S BE 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'S FISCAL 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.