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March 8, 2024

REGION OF PEEL

OFFICE OF THE REGIONAL CLERK

Office of the Regional Chair  
1151 Bronte Road  
Oakville ON L6M 3L1

VIA EMAIL - [sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

March 8, 2024

The Honourable Sylvia Jones  
Deputy Premier and Minister of Health  
777 Bay Street, 5<sup>th</sup> Floor  
Toronto, Ontario  
M7A 2J3

**RE: Performance Challenges at the Mississauga Central Ambulance Communications Centre**

Dear Minister Jones:

On behalf of Halton Regional Council, I am writing to you regarding Halton Region’s concerns about the ongoing performance challenges at the Ministry of Health operated Central Ambulance Communications Centre (CACC) located in Mississauga that provides services to the Regions of Halton and Peel.

Halton Region has been advocating for technology and business process improvements in the Ministry operated communications centres since 2002. While the Region appreciates that there has been some additional technology put in place such as real-time data, and the Medical Priority Dispatch System (MPDS) that was implemented in December 2022, there continues to be significant performance issues at the Mississauga CACC. These concerns have been continually raised with senior staff from the Ministry of Health at the Association of Municipalities of Ontario (AMO) Health Task Force meetings.

On February 14, 2024, Halton Regional Council received an update on the issues at the Mississauga CACC through Report No. MO-04-24 “Medical Priority Dispatch System Update” which is attached for your reference.

As a result of the report, Regional Council endorsed the following resolution:

1. THAT the Regional Chair write to the Minister of Health outlining Halton’s concerns regarding ongoing performance challenges at the Mississauga Central Ambulance Communications Centre (CACC).
2. THAT staff work together with staff from the Regional Municipality of Peel to explore opportunities to address performance issues at the Mississauga CACC including potential changes in governance of the CACC that would ensue that CACC performance meets the expectations of Halton Region and Peel Region.

REFERRAL TO \_\_\_\_\_  
 RECOMMENDED \_\_\_\_\_  
 DIRECTION REQUIRED \_\_\_\_\_  
 RECEIPT RECOMMENDED

**Regional Municipality of Halton**

HEAD OFFICE: 1151 Bronte Rd, Oakville, ON L6M 3L1  
905-825-6000 | Toll free: 1-866-442-5866

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3. THAT 19,728 relief hours be converted into 9.0 paramedic FTEs and that 11 temporary positions funded through the Community Paramedicine Long Term-Care program through to March 2026 be converted to permanent FTEs effective immediately to assist with maintaining paramedic service levels as outlined in Report No. MO-04-24 Re: "Medical Priority Dispatch System Update".
4. THAT the Regional Clerk forward a copy of Report No. MO-04-24 to The Deputy Premier and Minister of Health, Halton's MPPs, the Regional Municipality of Peel, and the Association of Municipalities of Ontario.

The ambulance dispatch system is the entry point to the healthcare system for many residents of Ontario. A great deal of work has been done over the past several years with AMO and the Ontario Association of Paramedic Chiefs, to identify opportunities to improve the ambulance dispatch system through the introduction of technology and other improvements. As noted previously, Halton Region is appreciative that the MPDS was launched in 2022 and that we now have access to real-time data, however, reliance on manual processes, compounded by a lack of management oversight, and a minimal continuous quality improvement program has caused performance at the Mississauga CACC to deteriorate over the past year to the point that critical errors affecting patients are occurring on a daily, if not hourly basis. Performance issues include the failure to dispatch low acuity calls in a timely manner, failure to notify allied agencies of calls, and the lack of a robust continuous quality improvement process/management oversight.

Modernization of the ambulance dispatch system is consistent with the goals of the Provincial Government in the transformation of the health care system. Further upgrades to the ambulance dispatch system would result in a more efficient use of taxpayers' dollars and innovation through the use of industry standard evidence-based technology which will ensure that the right resources are directed to the people that need it. The Ministry has previously supported the implementation of these technologies at the Niagara Ambulance Communications Centre and the Toronto Paramedic Services CACC, these technologies are also required at the Mississauga CACC.

The paramedic services in Halton and Peel Regions that are dispatched by Mississauga CACC are large operations, with very complex deployment policies that are intended to provide optimum service to our residents. Under the current model, the CACC is reliant on manual processes and human decision-making in a very fast paced, highly stressful environment. As a result, human error in the CACC results in our residents frequently facing unnecessary call delays.

It is imperative that the Ministry move forward with the much-needed reform of the Mississauga CACC to address the adverse effects on Halton's paramedic services and our residents. Halton Region looks forward to working with Peel Region and the Ministry of Health to further enhance the Mississauga CACC through the introduction of essential new technology and business process improvements, and if required, to explore governance changes to ensure the CACC is meeting the needs and expectations of our residents.

Thank you for your immediate attention to this pressing issue and I look forward to hearing from you on the imminent next steps for the Mississauga CACC.

Sincerely,



Gary Carr  
Halton Regional Chair

cc:

The Honourable Ted Arnott, MPP, Wellington-Halton Hills  
Natalie Pierre, MPP, Burlington  
Stephen Crawford, MPP, Oakville  
Effie J. Triantafilopoulos, MPP, Oakville North – Burlington  
Regional Clerk, The Regional Municipality of Peel  
Brian Rosborough, Executive Director, Association of Municipalities of Ontario

Att.: Report No. MO-04-24 – Medical Priority Dispatch System Update

Report To:	Regional Chair and Members of Regional Council
From:	Deepika Lobo, Associate Medical Officer of Health and Acting Commissioner of Health
Date:	February 14, 2024
Report No:	MO-04-24
Re:	Medical Priority Dispatch System Update

### RECOMMENDATION

1. THAT the Regional Chair write to the Minister of Health outlining Halton's concerns regarding ongoing performance challenges at the Mississauga Central Ambulance Communications Centre (CACC).
2. THAT staff work together with staff from the Regional Municipality of Peel to explore opportunities to address performance issues at the Mississauga CACC including potential changes in governance of the CACC that would ensure that CACC performance meets the expectations of Halton Region and Peel Region.
3. THAT 19,728 relief hours be converted into 9.0 paramedic FTEs and that 11 temporary positions funded through the Community Paramedicine Long Term-Care program through to March 2026 be converted to permanent FTEs effective immediately to assist with maintaining paramedic service levels as outlined in Report No. MO-04-24 Re: "Medical Priority Dispatch System Update".
4. THAT the Regional Clerk forward a copy of Report No. MO-04-24 to The Deputy Premier and Minister of Health, Halton's MPPs, the Regional Municipality of Peel, and the Association of Municipalities of Ontario.

## REPORT

### **Executive Summary**

- In November 2023, Regional Council passed a resolution requesting an analysis of paramedic response times and performance of the Mississauga CACC since the implementation of the Medical Priority Dispatch System (MPDS). This report is provided in response to Council's November resolution.
- In December 2022, the Ministry of Health launched the MPDS triage tool at the Mississauga CACC. MPDS is designed to send the right resource, to the right patient, in the right way, at the right time, versus the traditional more is better, or faster is better approach to paramedic response. The system prioritizes and improves response time for time-sensitive medical emergencies which has the effect of prolonging response times for lower acuity calls particularly during periods of higher call volumes.
- Halton's experience in the first year of implementation of MPDS has shown some improvement in response times for high acuity calls, while response times for some low acuity calls have increased significantly during periods of high call volumes.
- There are two major factors contributing to increased response times for low acuity calls, performance issues at the Mississauga CACC related to call handling and staffing challenges for Paramedic Services.
- To address the issues related to performance of the CACC, this report recommends that the Regional Chair write to the Deputy Premier and Minister of Health requesting that the Ministry of Health take immediate steps to address Halton's concerns, and that staff work with staff at Peel Region to investigate opportunities to ensure that CACC performance meets municipal expectations.
- To address the staffing challenges in the Paramedic Services Division this report recommends the conversion of 20 temporary and part-time positions to full time equivalents (FTE) to help stabilize the paramedic workforce. This is in addition to the 8.0 paramedic FTEs in the 2024 Budget.

### **Background**

The purpose of this report is to provide Regional Council with an update on MPDS that was implemented by the Ministry of Health at the Mississauga CACC in December 2022, and seek approval for actions to address the challenges identified.

In December 2022, the Ministry of Health implemented the MPDS triage tool at the Ministry of Health's Mississauga CACC (Report Nos. MO-04-22, MO-15-23). The

implementation of this modernized dispatch triage tool was the result of long-term advocacy from Regional Council, AMO, and the Ontario Association of Paramedic Chiefs.

Over the past several years Regional Council has received several reports regarding concerns with the Ministry of Health's Mississauga CACC (Report Nos. MO-45-02, MO-06-05, MO-08-06, MO-19-07, MO-31-08, MO-44-09, MO-10-12, MO-16-16, MO-36-17, MO-07-18, and MO-02-20).

As noted in these reports, stakeholders had long-standing concerns that the Ministry's legacy Dispatch Priority Card Index triage tool over-prioritized calls as life-threatening emergencies, resulting in paramedic resources being depleted, and paramedics and members of the public being placed at risk due to unnecessary lights and siren responses. For example, in 2021, 82 per cent of calls in Halton Region were dispatched as lights and siren for a life-threatening event, yet only 20 per cent were found to be time-sensitive/critically ill (sudden cardiac arrest, CTAS 1 or 2) upon arrival of paramedics.

## **Discussion**

The purpose of triaging calls in the CACC is to determine the severity of patient illness or injury and distinguish cases that are time-critical from those that are not. Proper triaging also ensures accurate prioritization of calls. This is critical to providing appropriate care to the community and ensuring paramedic resources are utilized in an efficient manner.

This triage function is also important, as inappropriate high-priority responses result in reduced paramedic resources being available to respond to patients in critical conditions. Another implication of over-prioritizing calls is that emergency responses can create traffic hazards and may unnecessarily expose responders or members of the public to additional risk of injury. Conversely, under-prioritization of calls could mean that patients may not receive a response in an appropriate time, which could have a negative impact on the patient.

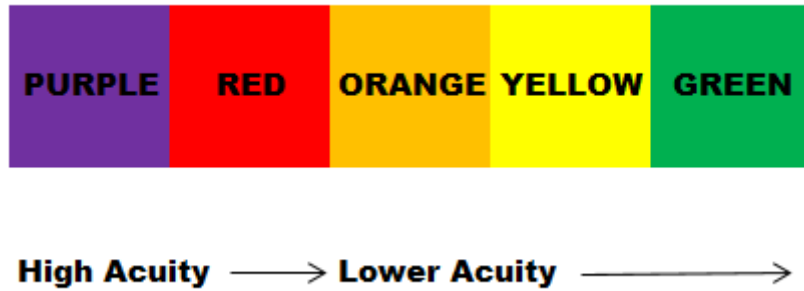
### Medical Priority Dispatch System Priorities

The Ministry's legacy Dispatch Priority Card Index tool was limited to two emergency response priorities, while MPDS has five emergency response priorities. Determinant codes are generated by the MPDS protocol using patient information and the protocol's algorithm. The Ministry of Health determines response priorities based on problem type, determinant code, and data from other MPDS services.

Each paramedic service, in consultation with the Ministry of Health MPDS Medical Director, then designates specific response plans for each determinant based on local needs. This includes identifying and deploying resources required to manage the call.

The Ministry of Health developed an Ontario emergency response nomenclature that utilizes five colour-based priority levels. This nomenclature is also used by other MPDS

services. Purple and Red for high acuity calls, and Orange, Yellow and Green are for lower acuity calls (Figure 1).

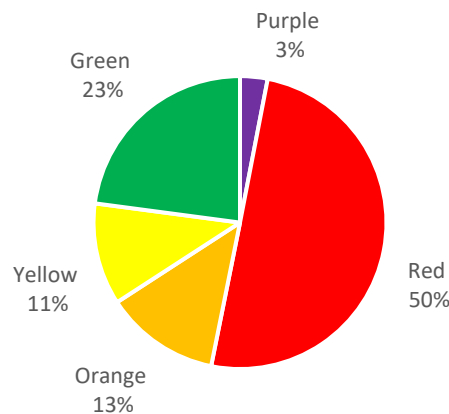


**Figure 1: Ministry of Health Priorities**

Purple calls are emergent, time sensitive life-threatening conditions, primarily cardiac or respiratory arrest and choking. Red calls are emergency, time sensitive, potentially life-threatening and include heart attacks, severe respiratory issues etc.

Orange calls are urgent and potentially serious with no threat to life and include headaches, minor or controlled bleeding. Yellow calls are non-urgent where an immediate threat to life is very unlikely, such as falls, psychiatric issues, and minor motor vehicle collisions. Green calls are non-urgent, non-serious, where an immediate threat to life is very unlikely which may be deferred without being detrimental to patient outcome for example lift assist calls, toothaches, back pain, and patients complaining of being generally unwell.

A breakdown of 2023 calls in Halton Region by MPDS priority is noted in Figure 2. Approximately 1,400 calls were purple and 23,500 were red calls.



**Figure 2: 2023 Call Distribution by Priority**

## High Acuity Calls

Under O.Reg 257/00, upper-tier municipalities are required to establish response time performance plans. Consistent with regulatory requirements, paramedic response times have been reported based on the time paramedics are notified of the call to the time that paramedics arrive on scene. Table 1 provides an overview of response times to high acuity calls in 2022 and 2023. With the transition to MPDS in 2023 there has been an improvement in response times to high acuity calls.

**Table 1: Response Time Performance to High Acuity Calls**

<b>Priority</b>	<b>2022 Notified to Arrived</b>	<b>2023 Notified to Arrived</b>
SCA (% within 6 minutes)	51%	52%
Purple & Red (% within 8 minutes)	74%	78%

## Low Acuity Calls

In December 2022, when MPDS was launched, the Ministry of Health required paramedic services to establish an available vehicle threshold when low acuity calls would be held. This low acuity threshold was required to support new Ministry of Health policies that provide direction to ambulance communications officers at CACC, regarding the assignment of calls. These new policies include the maximum hold times for the assignment of low acuity calls when the paramedic service has a limited number of ambulances available for response (at or below the established threshold).

Low acuity calls are priority orange, yellow and green. The Ministry of Health timelines for holding low acuity calls is noted below in in Table 2.

**Table 2: Ministry of Health Low Acuity Wait Time Threshold**

<b>Priority</b>	<b>Maximum wait time prior to assignment</b>
Orange	60 minutes
Yellow	120 minutes
Green	240 minutes

Staff established a low acuity threshold of five or fewer ambulances available across the entire Region. There are typically over 20 ambulances available during peak periods, however, the number of ambulances available at any given time fluctuates based on call volume. When the system is busy and the number of available ambulances reaches fewer than five low acuity calls are held by the CACC until such time as five or more ambulances are available. During these periods of limited resources when low acuity calls are being held, ambulance communication officers call back the patient on a regular basis to confirm that the patient's status has not changed.

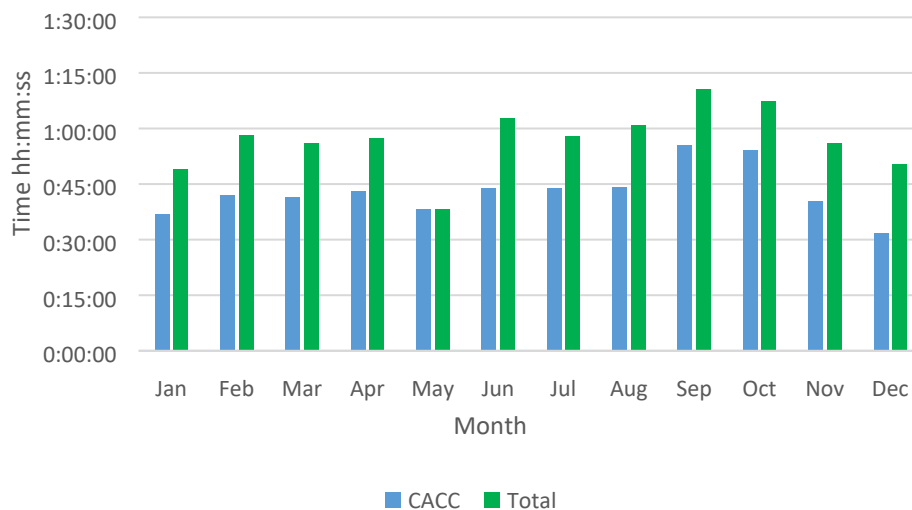
There are situations when the low acuity threshold results in low acuity calls being held for prolonged periods. This is typically attributable to several factors, including a shortage



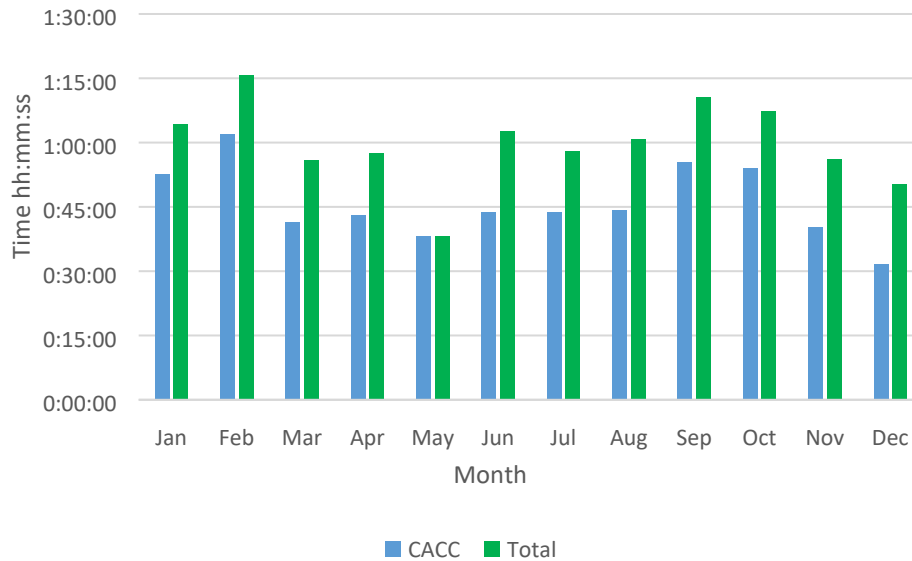
of paramedic staff (resulting in ambulances not being fully staffed), unavailability of paramedics due to hospital offload delay, and surges in call volume.

Prior to the implementation of MPDS calls were not typically held by the CACC. While the holding of low acuity calls ensures that an appropriate number of ambulances remain available to respond to high priority calls, it does result in longer wait times for the lower acuity calls.

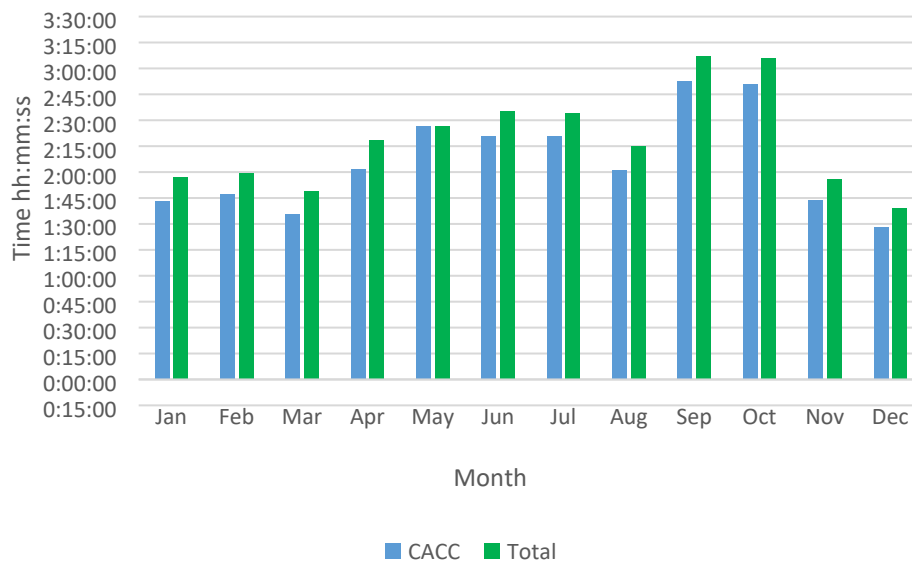
Figures 3, 4 and 5 provide a summary of 2023 response time performance for low acuity calls illustrating the amount of time the call was held in the communications centre before dispatching, and the overall response time from call received to paramedics on scene.



**Figure 3: Priority Orange – 90<sup>th</sup> Percentile**



**Figure 4: Priority Yellow – 90<sup>th</sup> Percentile**



**Figure 5: Priority Green- 90<sup>th</sup> Percentile**

In October 2023 staff noted a pattern where ambulance communications officers were inappropriately holding low acuity calls when low acuity threshold was not met. Call reviews undertaken by CACC staff in relation to call delays noted that the delays were attributed to five or fewer ambulances being available Region wide, resulting in calls being held. Upon further review by Halton staff, it was determined that calls were being held inappropriately despite more than five ambulances being available. This non-compliance by CACC staff has resulted in low acuity calls being delayed unnecessarily.

In November 2023, paramedic services staff began a focused effort with staff from CACC and the Ministry of Health Emergency Health Services Division to ensure that ambulance

communications officers were dispatching low acuity calls in accordance with Ministry of Health policy. Emergency Health Services Division staff implemented a plan to address these concerns which resulted in reduction of response times to low acuity calls, however, staff have continued to identify repeated occurrences of calls being held when ambulances were available.

As noted in Figures 3, 4 and 5, response times to low acuity calls is very good once an ambulance has been dispatched. The focus is therefore on reducing the length of time calls are being held at the CACC. The key factors to reduced call holding times are improving performance at the CACC to appropriately dispatch calls and ensuring that as many ambulances as possible are available to respond.

### Actions Taken

Paramedic services staff have taken several actions to reduce response times to low acuity calls.

Staff continue to closely monitor Mississauga CACC ambulance communications officers for compliance with policies related to the timely assignment of low acuity calls to ensure that these calls are not being held inappropriately when paramedic resources are available.

In December, changes to the paramedic services deployment plan were implemented, specifically a change to the low acuity threshold from five to four, and a change enabling ambulance communications officers to assign single-paramedic emergency response units to low acuity calls. These single-paramedic emergency response units were previously reserved for high acuity calls.

In January 2024, revisions were made to the Halton Region Emergency Services Tiered Response Agreement (Report No. MO-03-24) which now includes some fire services responding to a select number of low acuity calls. As fire services may respond to low acuity calls prior to paramedics being dispatched, it is possible that fire staff may be at the scene some time before paramedics arrive. The local fire chiefs are aware of the timeframes for low acuity calls being held. This adds to the urgency of reducing the overall response times for low acuity calls.

Paramedic services staff have also been evaluating MPDS data which is then reconciled with the paramedic ambulance call report clinical data to determine if response priorities are appropriate and if any changes need to be made to response priorities or resources allocated to specific determinants. As a result of this work, staff have identified several concerns with low acuity calls specific to falls, with patients on the ground or floor. The internal analysis revealed that a high proportion of these patients had more acute injuries than initially suspected at the time the call was received.

Staff submitted a change request to the Ministry of Health Emergency Health Ambulance Communication Steering Committee in consultation with the provincial MPDS Medical

Director to request that the response priority for 17 fall determinants be changed from green to yellow based on clinical data. This change request was not approved, however representatives from the committee have requested a follow-up meeting with staff to further evaluate these proposed changes. Staff are continuing to collect data to support a subsequent request to re-evaluate the response priority that is currently assigned to the determinants in question.

In December, staff also submitted a request to the Ministry's Emergency Health Services Division to provide operation superintendents with the latitude to override the sequencing of low acuity calls based on their clinical judgement, primarily focused on responding to falls where the patients were still on the ground. This request was denied as it conflicts with Ministry of Health policy.

The efforts taken in late 2023, resulted in a 29 per cent reduction in response times to orange and yellow calls, and a 47 percent reduction in response times to green calls in December 2023, compared to response times in September 2023.

Staff will continue to explore options to optimize the implementation of MPDS and reduce response times. This includes the procurement of inflatable lifting cushions that would enable single-paramedic emergency response units and community paramedics to service lift assist calls.

Staff are also exploring a potential model of care submission to the Ministry of Health (Report Nos. MO-34-19, MO-06-23) to create a program utilizing an emergency response unit staffed with a single paramedic to respond to low acuity calls for purposes of completing an assessment in a timely manner and determining if the patient is suitable for treat and release or referral to a dedicated community paramedic team or to other community resources.

The Ministry of Health Emergency Health Services Division has established a response time performance plan working group to develop a new response time performance reporting methodology that reflects system changes associated with MPDS. This working group consists of members from the Ministry of Health and the Ontario Association of Paramedic Chiefs. Halton's Chief of Paramedic Services is a member of the working group.

### Mississauga CACC Performance Concerns

As noted above, Halton Region continues to be impacted by performance issues at the Mississauga CACC. While this report has focused on non-compliance with Ministry of Health policies related to the dispatching of low-acuity calls, several other issues persist.

Poor performance at the CACC results in delayed responses and other complaints from members of the public that are incorrectly attributed to Halton Region as most people are not aware that the Ministry of Health is responsible for the dispatching of paramedics.

Challenges exist due to outdated technology that relies on manual processes, lack of direct management oversight, failure of CACC staff to comply with Ministry policies and procedures, delays completing and responding to call reviews/continuous quality improvement processes, and insufficient management and frontline staff. These challenges are consistent with the problems outlined in Report Nos. MO-03-19 and MO-45-02.

Given the ongoing unresolved performance issues at the Mississauga CACC, staff are recommending that the Regional Chair write to the Deputy Premier and Minister of Health outlining Halton's concerns and the need to take action to address these concerns.

Staff are recommending that work continues with staff from the Regional Municipality of Peel, to explore opportunities to address the performance issues at the Mississauga CACC including potential changes in governance of the CACC that would ensue that CACC performance meets the expectations of Halton Region and Peel Region. A component of this work will also explore opportunities for CACC responsibilities to be transferred to Halton Region either through a direct delivery model or through a partnership with Peel Region.

#### Addressing Staffing Challenges

Paramedic Services continues to have staffing challenges due to the significant demands for additional health human resources throughout the province. These challenges, at times, result in fewer ambulances being available to respond to call demands in the community.

The paramedic services division workforce is comprised of full-time and part-time staff. Part-time positions are typically utilized to replace full-time staff who are on short-term leave (vacation, sick, lieu time, short-term disability etc.). Temporary full-time contracts are utilized to replace staff on longer-term leave (long-term disability, maternity/parental leave, WSIB, and temporary assignments). These part-time and contract positions are used to maintain service levels. At any given time, the absence rate in paramedic services averages around 15 per cent and can exceed 20 per cent.

Historically there has been significant interest from part-time staff in accepting temporary full-time contracts, however, due to the current health human resource challenges within the pre-hospital sector it has become challenging to fill all contract positions, as part-time employees have opportunities to pursue permanent full-time positions at other paramedic services.

Staff are recommending that 19,728 relief hours be converted into 9.0 permanent paramedic FTEs to mitigate recruitment challenges and stabilize paramedic staffing. These 9.0 paramedic FTEs are based on historical absences levels related to four WSIB positions and five long-term leave absences. This would enable the paramedic services division to replace these employees with permanent full-time staff instead of hiring temporary full-time contract employees from the part-time pool.

The four WSIB positions are related to staff absent on long-term WSIB leave, with no defined return to work date and the remaining five positions reflect the average number of staff off on maternity/parental leave at any given time. All of these positions are currently being funded through the paramedic services division budget relief pool.

Eleven paramedics are currently assigned to temporary positions funded through the Community Paramedicine Long Term-Care program. Ministry of Long-Term Care funding for this program is committed through to March 2026. To further stabilize staffing these positions will be converted to permanent FTEs effective immediately with minimal impact on budget. In the event the Provincial funding is discontinued for this program in the future these staff can be re-allocated to operations, this would need to be addressed in future budgets.

These 20 permanent FTEs are intended to stabilize staffing and are in addition to the 8 FTEs approved in the 2024 budget to provide two enhancement ambulances each staffed 12-hours per day.

FINANCIAL/PROGRAM IMPLICATIONS

The conversion of the 19,728 relief hours to 9.0 paramedic FTEs will generate an estimated financial impact of \$107,000. The financial impact is anticipated to be fully offset with savings within the 2024 Paramedic Services operating budget and will be addressed as part of the 2025 budget process.

The conversion of the Community Paramedic Long-Term Care positions from temporary to permanent will not have any impact on the budget. There is however the risk that the Ministry of Long-Term Care funding could be discontinued by the Province which could create budget pressures in the future.

Respectfully submitted,



Greg Sage  
Chief/Director, Paramedic Services



Deepika Lobo, MD  
Associate Medical Officer of Health and  
Acting Commissioner of Health

Approved by



Jane MacCaskill  
Chief Administrative Officer

If you have any questions on the content of this report,  
please contact:

Greg Sage

Tel. # 7091

Attachments: None