



# News Release

For Immediate Release

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## **LAND AMBULANCE SERVICES NOT CONSISTENT ACROSS THE PROVINCE, AUDITOR GENERAL SAYS**

(TORONTO) The level of service people can expect when they call for an ambulance varies depending on the municipality they live in, Auditor General Bonnie Lysyk says in her *2013 Annual Report*.

Municipalities are responsible for providing land ambulance services, and those that are able to spend more of their own money on this receive more provincial funding every year, regardless of the level of service provided. That level of service varies because for the most part each municipality sets its own response-time targets. The Ministry does not analyze the relationship between the funding given and the level of service the various municipalities are actually providing, nor are outcomes tracked to assess service effectiveness.

The Ministry is responsible for ensuring an integrated system of ambulance services, as well as for dispatch. This includes setting patient-care and ambulance equipment standards, and monitoring compliance with those standards. It has set response-time targets for only the most time-sensitive patients, such as those choking or experiencing cardiac arrest, but not for other urgent cases, such as stroke patients or most heart attack patients. Nor does the Ministry have a patient-centred measure that looks at the overall response time from when a call is received until the ambulance reaches the patient.

Following are some of the Auditor General's other significant findings:

- Ministry data indicated that since 2005 there has been some improvement in ambulance response times, but in the 2012 calendar year only about 60% of 50 municipalities (technically, 42 actual municipalities and eight delivery agents) responded to 90% of their emergency calls within 15 minutes.
- The Ministry has not assessed whether the current number of dispatch centres is optimal for performance, and starting in 2013, each dispatch centre can choose what percentage of high-priority calls it needs to dispatch within two minutes. The chosen percentages ranged from a low of 70% to a high of 90%, which may affect response times for urgent patients.
- In 2012, over 25% of ambulances dispatched (about 350,000 ambulances) did not transport a patient. The Ministry has not assessed the underlying reasons—for example, how many of these situations arose from patient refusals, calls cancelled before arrival of an ambulance or paramedics having successfully treated the patient at the scene.
- The offload nurse program was started in 2008 as a temporary measure to reduce the time ambulances spend waiting at hospital for patients to be accepted. Between the 2008/09 and 2012/13 fiscal years, ministry funding for this program totaled \$40 million. Since the program was implemented, ambulance waiting time has actually increased at 20% of the hospitals funded.

- Not all ambulances have the appropriate equipment to confirm the type of attack a heart attack patient is experiencing, and not all paramedics are trained to use the equipment. Therefore, those heart attack patients who would likely have better outcomes at a specialized care centre may not always be taken there.
- The Ministry funds 50% of municipal non-ambulance emergency response vehicles, which represent more than 25% of the municipal emergency vehicles, but which cannot transport patients and, in fact, respond to only 10% of ambulance calls.

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For more information and to view the full *2013 Annual Report*, please visit [www.auditor.on.ca](http://www.auditor.on.ca)