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de l'Ontario

STANDING COMMITTEE ON PUBLIC ACCOUNTS

AMBULANCE SERVICES—LAND

(Section 3.02, 2005 Annual Report of the Auditor General of Ontario)

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The Honourable Michael A. Brown, MPP
Speaker of the Legislative Assembly

Sir,

Your Standing Committee on Public Accounts has the honour to present its Report and commends it to the House.

A handwritten signature in black ink that reads "Norm. Sterling".

Norman Sterling, MPP
Chair

Queen's Park
July 2006

STANDING COMMITTEE ON PUBLIC ACCOUNTS

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PREAMBLE

The Standing Committee on Public Accounts held hearings on the Auditor General's report on the Ministry of Health and Long-Term Care's Land Ambulance Services (Section 3.02 of the *2005 Annual Report*) on March 2, 2006. The Committee endorsed the Auditor General's findings and recommendations.

This report consists of introductory information in each section based *directly* on the Auditor's 2005 report, followed by an overview of the hearings, and as appropriate, Committee recommendations.

Acknowledgements

The Standing Committee on Public Accounts would like to thank the Deputy Minister, Ministry of Health and Long-Term Care and staff for their participation in these hearings, and for providing supplementary information on a timely basis. The Committee acknowledges the assistance provided during these proceedings by the Office of the Auditor General (the Auditor), the Clerk of the Committee, and the Research Officer from the Ontario Legislative Library's Research and Information Services Branch.

1. AUDIT OBJECTIVES AND MAIN FINDINGS

The Minister of Health and Long-Term Care must ensure a balanced and integrated system of ambulance and communication services under the *Ambulance Act*. In 2001 the responsibility for providing land ambulance services was transferred to the 40 upper-tier municipalities and 10 designated delivery agents in remote areas. The audit objective was to assess whether the Ministry had procedures in place to ensure that:

- its expectations for the delivery of land ambulance services, including compliance with applicable legislation and policies, were being met in a cost-effective manner; and
- performance in delivering land ambulance services was properly measured and reported.

The Auditor noted that the findings and recommendations in the Provincial Auditor's 2000 audit of Emergency Health Services and the subsequent recommendations of the Standing Committee on Public Accounts had not been fully addressed. The more significant of these issues as well as other concerns noted by the Auditor during the current audit included:

- the need for municipally operated land ambulance services to provide integrated and balanced services across the province;
- two-thirds of land ambulance operators were not meeting their legislated response times and response times had increased in 44% of the municipalities between 2000 and 2004;

- the current funding and delivery methodology can result in different levels of service across Ontario;
- some municipalities were still experiencing significant delays in hospitals accepting patients; and
- the total cost of the program increased by 94% over the last four years.

2. REQUEST FOR MINISTRY RESPONSE TO RECOMMENDATIONS

The Committee requests that the Ministry of Health and Long-Term Care provide the Committee Clerk with a comprehensive response to this report within *120 days* of the date of tabling with the Speaker of the Legislative Assembly. Under certain circumstances an alternative timeframe may be warranted, which would be indicated in the recommendation.

2.1. List of Committee Recommendations

- 1. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on the development of standards for non-ambulance medical transport services. The report should address passenger safety, and cost-effectiveness measures for the scheduled transfer of non-emergency patients.**
- 2. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on the completion of its deliberations on the findings of the Land Ambulance Committee with respect to response time and response time standards, with the expectation that response times standards are similar for similar communities. The report should outline the Ministry's commitment to updating response time standards, and address the measurement methodology and means by which these standards will be publicly reported.**
- 3. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on the impact of the monitoring of dispatch centres' call-processing-time performance each month. The report should indicate the benefit derived from the assessment procedures, the nature/quantity of remedial measures undertaken, and the components of the proposed standardized quality-assurance process as well as the implementation timeframe in 2006/07.**
- 4. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on Ministry initiatives to address delays in hospital emergency admissions of patients arriving in ambulances. The report should address the benefits from recent measures, and the longer term plans resulting from the Working Group and the Critical Care Transformation Strategy, given that the**

Ministry expected positive results on ambulance off-load delays commencing in the first six months of 2006-07.

5. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on the results of its re-examination of its funding models including incentives and disincentives to promote efficiencies in the use of health care system resources, specifically related to land ambulance services.

6. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on progress made in resolving the matter of cross-border billing for ambulance services. The Ministry's report should provide details on the following:

- . a protocol for cross-border service delivery in an operating agreement;**
- . billing criteria, taking into account cost variations among municipalities;**
- . access to ambulance data required for billing; and**
- . protocol for timely reimbursement.**

7. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on the following:

- . assessment of the timeframe for follow-up reviews;**
- . a review of the basis for using a Director's Orders and revoking an operator's certificate; and**
- . progress being made in staffing enough qualified people to complete the certification reviews.**

8. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on the status of the Ministry's commitments to the following areas as documented in the Ministry's February 2006 status report for the Committee:

- . dispatch priority and responsibility for dispatch;**
- . reviews of dispatch centres;**
- . base hospital reporting;**
- . complaints and incidents; and**
- . performance measurement and reporting.**

OBSERVATIONS AND CONCLUSIONS

The Land Ambulance Committee (LAC) was announced in August 2005 to follow through on the province's commitment to convene a municipal-provincial consultation committee to address municipal concerns with land ambulance services and delivery.¹ The project scope included response times, inter-facility transfers, payment schemes, cross-border billings and provincial regulations for medical transport services to ensure patient safety.² The Ministry is considering the implementation of changes with municipalities through policy and/or by regulation based on the issues.³ LAC was to have concluded its deliberations by the spring 2006.

3. RESPONSIBILITY FOR LAND AMBULANCE SERVICES

By January 2001 the responsibility for delivering land ambulance services was transferred to municipalities under the Local Services Realignment initiative. In the 2000 report the Auditor expressed concerns about whether the transfer of responsibilities would meet the stated goals of improving accountability, reducing waste and duplication, and providing better government services at a lower cost to Ontario taxpayers, as well as ensuring balanced and integrated services.

The Auditor recommended in 2000 that the services be provided in keeping with the five fundamental principles that the Ministry had committed to; namely, seamlessness, accessibility, accountability, integration, and responsiveness. Issues of concern to municipalities, such as response times, operational standards, and funding have not yet been adequately resolved.

Committee Hearings

New Roles and Approach

Under the *Ambulance Act* municipalities and district services boards have the responsibility for land ambulance services within their jurisdictions.⁴ The Ministry performs a monitoring and regulatory role in the delivery of these services, as well as planning and strategic management responsibilities.⁵ Related Ministry responsibilities address the following areas:

- defining strategic directions and provincial priorities for the health system;
- establishing policies and directives/standards, legislative agenda and regulations;
- monitoring and reporting on health system performance and the health of Ontarians generally; and
- funding models and levels of funding for the health care system.⁶

The Ministry indicated that there are benefits with the new system flowing from the transference of land ambulance services to municipalities, as follows:

- improved clarity in roles and responsibilities for municipalities and land ambulance operators;
- better model for the province to improve standards and performance over time (in terms of the regulatory framework and the compliance management process);
- a consolidated and a clearer approach to service delivery;
- opportunities for integration with fire, police and first-response; and
- education at the local level in terms of responsiveness.⁷

Today provincial land ambulance services are comprised of in excess of 1,000 ambulances, 300 support vehicles and 400 ambulance stations.⁸ In the order of 6,800 land ambulance paramedics and 800 ambulance communications officers managed the more than 1.5 million requests in 2004-05. Expanded facilities since the transition include increased resources throughout the system, for example, 21% increase in the number of stations; 18% more ambulances on the road; 50% more emergency response vehicles; and 11% more paramedics (138% increase in the number of advanced-care paramedics).⁹

The Ministry identified several outstanding matters to be addressed in the future:

- resolving the outstanding issues related to the shift in business operations (e.g., funding and the cross-border provision of ambulance services);
- ensuring that the Ministry's compliance functions are operational with acceptable standards; and
- ensuring that the technological advances in information systems are adequate and are in operation (e.g., through pilot projects).

3.1. Balanced and Integrated Service

Prior to the provincial Realignment initiative, ambulance services operated within a seamless system that crossed municipal boundaries. Therefore, the closest ambulance was dispatched regardless of its home municipality. Following Realignment, Ministry documents noted increasing claims that dispatch centres had not consistently sent the closest available ambulance in non-emergencies, and that dispatch-centre boundaries had been realigned to match municipal boundaries. Municipalities resisted non-emergency inter-facility transfer requests. The reluctance to permit ambulance fleets to cross municipal boundaries has affected the integration of specialized health initiatives, for example, the Ontario Stroke Strategy (2003). Municipalities have had concerns that the transportation of patients beyond their boundaries could have a negative impact on their ability to respond to emergencies within their municipality.

The Auditor recommended that in order for the public to receive the best possible emergency care, the Ministry should assess what measures are required to ensure that land ambulance services are seamless, accessible, and integrated regardless of municipal boundaries.

Ministry Response and 2006 Update

The Ministry and municipalities operate under a Memorandum of Agreement that sets out the requirements of the new integrated land ambulance services:

- in emergency situations dispatchers send the closest, most appropriate ambulance, consistent with the legislated responsibility of the municipalities; and
- in non-emergency situations using the closest ambulance is not as vital.

The Ministry works with stroke centres, municipalities, and dispatch centres to provide seamless services.

Committee Hearings

Responsibility for Land Ambulance Services

The Memorandum of Agreement addresses the Auditor's recommendation that land ambulance services provide a seamless, accessible, and integrated system, regardless of municipal boundaries.¹⁰ The Ministry reiterated that municipalities have a legislated responsibility to provide ambulance services in accordance with the needs of people in their municipalities; therefore, in emergencies dispatchers always send the closest available ambulance.¹¹ The Ministry has committed to discussions with municipalities to address a number of issues, some of which relate to the Auditor's recommendation for balanced and integrated services.

3.2. Non-emergency Scheduled Institutional Transfers

The majority of scheduled non-emergency ambulance calls are for transfers of patients between health-care facilities. The number of such institutional transfers has greatly increased with ambulances performing significantly fewer of these transfers. Nevertheless, Ministry data indicated that in 2004, more than 40% of scheduled ambulance calls were late by more than 20 minutes.

The Auditor noted that as recommended in the previous audit of Emergency Health Services report published in the *2000 Special Report on Accountability and Value for Money*, the Ministry should work jointly with municipalities and the hospital community to:

- develop and put in place standards for non-ambulance medical transport services to address passenger safety; and
- take steps to encourage the use of the most cost-effective resources for the scheduled transfer of non-emergency patients.

Since that time, the Auditor noted that the May 2004 Report of the Land Ambulance Acute Transfers Task Force recommended that new regulations were needed to ensure patient safety and operator accountability. At the time of the audit, no action on this recommendation had been taken.

Ministry Response and 2006 Update

In 2005 a working group was established to prepare recommendations for the Ministry on the governance and delivery of non-ambulance medical transport services, including transport services for inter-facility transfers. In addition, the LAC is to conclude deliberations including such matters, in the spring of 2006.

Committee Hearings

Standards for Non-Ambulance Medical Transport Services

In 2000 the Provincial Auditor recommended the Ministry work more closely with municipalities and the hospital community in the development of standards for non-ambulance medical transport services.¹² The objective was to look into passenger safety, and work towards cost-effectiveness in the scheduled transfer of non-emergency patients.¹³ The Ministry appointed a lead to address medical transportation, and this process was ongoing at the time of the hearings.

Committee Recommendation

Scheduled Transfer of Non-emergency Patients

The Committee noted that the Ministry was addressing the matter of medical transport services in February 2006 with respect to patient safety and cost effectiveness, and currently it is under discussion by the LAC. This is an increasingly important component in land ambulance service delivery that warrants attention in light of the Ministry's announcement for supplementary funding.

The Committee therefore recommends that:

- 1. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on the development of standards for non-ambulance medical transport services. The report should address passenger safety, and cost-effectiveness measures for the scheduled transfer of non-emergency patients.**

The Committee requests that a written response to this recommendation be provided to the Committee Clerk within 120 days of the date of tabling this report in the Legislature.

4. RESPONSE TIMES

4.1. Ambulance Response Times

Calls for ambulances are generally prioritized by dispatch centres. Regulatory requirements under the *Ambulance Act* prescribe operational standards, as defined in the Ministry's Land Ambulance Certification Standards.

This Section of the audit addresses:

- non compliance of ambulance response times with standards and the need for Ministry/municipal corrective action; and
- estimate of the costs and initiatives to reduce response times.

To address problems with response-times, the Ministry and the federal government have provided supplementary funding; however, the Ministry acknowledged in 2005 that these initiatives achieved only mixed success.

4.2. Evidence-based Response Times

The response-time standards for emergency calls in Ontario vary significantly across the province as they are based on actual response times achieved in 1996. The Ministry normally measures response times from point of notification of the ambulance crew by the dispatcher to arrival on the scene. In 2000, the Ministry indicated it would review standards and response times with municipalities. However, the Standards Subcommittee of the Land Ambulance Implementation Steering Committee (LAISC) was disbanded in the fall 2003 and changes were not made to these standards.

The Auditor recommended that to help ensure that response times for emergencies, including cardiac arrest, meet the needs of patients throughout the province in a seamless and integrated manner, the Ministry should:

- together with municipalities, review current response-time requirements for reasonableness and consistency and, where necessary, make adjustments;
- work closely with municipalities to help them meet the response-time requirements; and
- assess the costs and benefits of a fully co-ordinated emergency response system that includes strategically placed publicly accessible automatic external defibrillators.

Ministry Response and 2006 Update

Response-time standards and performance were to have been addressed by the province and municipalities on a preliminary basis in 2005. The Ministry undertook a health technology assessment and policy analysis of a co-ordinated emergency first-response system which was to include response times and the use of automated external defibrillators.

The Ontario Health Technology Advisory Committee was assessing public access to defibrillation in 2006. In addition, the Ministry noted that the LAC would conclude deliberations in the spring of 2006, addressing such issues.

Committee Hearings

Review of Response Times

The Ministry has not reconsidered response times since 1996; however, it indicated that standards should be assessed on an ongoing basis, with incremental adjustments.¹⁴ The 1996 response times do not take into account that circumstances have changed over the past decade, such as the resources and attributes of a community, resulting in variations from community to community.¹⁵ The Ministry pointed out that the majority of the municipalities are within two minutes of the 1996 standards.¹⁶ However, the Committee expressed concern over worsening response times in 44% of municipalities.¹⁷

Ministry Initiatives

The Ministry is awaiting the review of the Land Ambulance Committee to determine the best approach for working with municipalities on response time standards and performance.¹⁸ On the matter of a coordinated emergency response system, the Ontario Health Technology Advisory Committee asked the Ministry's medical advisory secretariat in 2005 to undertake a health technology assessment and policy analysis of a coordinated emergency first-response system.¹⁹

New Funding

As noted, costs to provide ambulance services have increased substantially; at the same time, two thirds of municipalities do not meet the 1996 standard, and 44% are in a worse position.²⁰ The Committee enquired whether the 50-50 cost share by 2008 would resolve the response times issue.²¹ The Ministry explained that the additional funding would address the fiscal concerns, and that municipal-provincial discussions would be ongoing with the objective of redefining response times and improving system performance.²²

With an increase in the funding and an easing of the current fiscal pressure on land ambulance services in municipalities, the intention of the ministry is then to complete this discussion with municipalities and . . . begin to apply some of these criteria to a redefinition of response times. From there, the ministry's role in terms of monitoring and management will be to move response times to an improved basis. So the direct correspondence between the money, I can't answer directly, other than to say that with the additional money it will allow us to move forward with the discussion and, one would conclude, improvements in performance.²³

The Ministry indicated that it will have a better understanding of appropriate response times for municipalities this year, and that new response time standards will be made public.²⁴

Committee Recommendation

Updated Response Time Standard and Measurement Methodology

The Committee noted that the Ministry, with municipal representation through the Land Ambulance Committee, was considering response time and response time standards in March 2006. The Ministry has committed to review the LAC's recommendations on this matter, taking into account the form of measurement, and what the Ministry referred to as the "reasonableness in each local area".²⁵

An assessment of current operations and new standards will need to consider numerous variables such as increased system demand, available resources and funding, and variations among communities. Local factors have a bearing on response times, for example, urban densities, state of road infrastructure and the level of roads (expressway and secondary roads), traffic volumes, weather conditions (e.g., snow belt region).

The Committee concluded that the response times require immediate attention. It is expected that the LAC report and the 2006 announcement of supplementary funding will have a positive impact on response times generally.²⁶ The Ministry indicated that it will have a better understanding of appropriate municipal response times this year, and that when approved they will be made public.²⁷

The Committee therefore recommends that:

2. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on the completion of its deliberations on the findings of the Land Ambulance Committee with respect to response time and response time standards, with the expectation that response times standards are similar for similar communities. The report should outline the Ministry's commitment to updating response time standards, and address the measurement methodology and means by which these standards will be publicly reported.

The Committee requests that a written response to this recommendation be provided to the Committee Clerk within 120 days of the date of tabling this report in the Legislature.

4.3. Dispatch Centres' Response Times

In the 2000 audit report, the Auditor recommended that the Ministry monitor and take corrective actions as dispatch response-time standards were not being met by most dispatch centres. The Auditor noted that 15 dispatch centres did not meet the dispatch response time in 2004. The Auditor made reference to:

- varying quality-assurance processes (in one case the absence of a Performance Agreement), and
- the application of Automatic Vehicle Locator technology.

The Auditor recommended that to ensure dispatch centres meet the required ambulance dispatch response times, the Ministry should monitor dispatch-centre performance throughout the province and take timely corrective action where necessary.

Ministry Response and 2006 Update

In 2005 the province initiated monitoring of dispatch centres' call-processing-time performance on a quarterly basis. Subsequently, in 2006 the Emergency Health Services Branch increased the frequency of its monitoring of the dispatch centres' call processing time to a monthly basis.

In the event that call-processing times are below standard, an assessment is initiated to define the problem, and corrective measures are taken, for example, remedial training. Furthermore, a standardized quality-assurance process for dispatch centres was developed and is to be implemented in Quarter (Q) 1 2006/07.

Committee Hearings

Performance of Dispatch Centres

The Ministry explained that there are two different standards for call-takers and dispatchers at dispatch centres.²⁸ These standards cover the reaction time to take the call and to pass it to a dispatcher and the reaction time for the dispatcher to decide on an appropriate ambulance.²⁹ The point at which dispatch sends out the ambulance is the start of the response time.³⁰ The response time covers the time of departure from the station to the arrival at the scene when an advisory on arrival (notification of arrival at scene) is sent to the dispatch centre.³¹

The Ministry indicated that the "call processing time" performance at dispatch centres is now being monitored monthly.³² In instances where the standard is not achieved, an assessment is conducted; followed by corrective measures, for example, staff training and additional resources to enhance performance.³³

The Ministry forwarded supplementary information to the 2005 statistics discussed during the hearings which indicated calls dispatched within two minutes of call receipt. For example, Thunder Bay is achieving the standard 97% of the time, Sudbury 89%, and London 84%.³⁴

Committee Recommendation

Monitoring Dispatch Centres

The province now monitors dispatch centres' call-processing-time performance on a monthly basis. In addition to assessment procedures and remedial measures, a standardized quality-assurance process for centres has been developed for implementation in 2006/07.

The Committee therefore recommends that:

3. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on the impact of the monitoring of dispatch centres' call-processing-time performance each month. The report should indicate the benefit derived from the assessment procedures, the nature/quantity of remedial measures undertaken, and the components of the proposed standardized quality-assurance process as well as the implementation timeframe in 2006/07.

The Committee requests that a written response to this recommendation be provided to the Committee Clerk within 120 days of the date of tabling this report in the Legislature.

4.4. Ambulance Time Spent at Hospitals

The 2000 audit report noted that delays occurred due to hospitals reporting that emergency rooms were full. Although the Ministry used the Patient Priority System in 2001 (screening using the Canadian Triage and Acuity Scale), this approach has not addressed situations in which ambulances were required to wait extended periods prior to patient admission by the hospital. In 2005 the Ministry initiated a Hospital Emergency Department and Ambulance Effectiveness Working Group to address this issue and related problems. The report had not been finalized at the conclusion of the audit.

The Auditor recommended that to help ensure the efficient use of emergency health services and enhance emergency patient care, the Ministry, in conjunction with municipalities and hospitals, should take appropriate action to minimize situations where patients are waiting for extended periods of time in an ambulance before being admitted.

Ministry Response and 2006 Update

In February 2005 the Ministry undertook to introduce measures to reduce the impacts of delays in accepting ambulance patients at hospitals. In January 2006 the recommendations of the Working Group and the Critical Care Transformation Strategy were released, and an implementation period of three years was announced. The Ministry anticipated that the recommendations and the Strategy would have a positive impact on ambulance off-load delays with commencement in Q1/2 of 2006-07.

Committee Hearings

Best Practices - Redirection of Ambulances

Following the 2000 audit report that addressed the redirection of ambulances, the hospital and ambulance communities developed a new approach for sending patients between facilities.³⁵ The patient priority system has been successful according to the Ministry, allowing the ambulance dispatcher to identify the closest hospital for emergency calls.³⁶ In addition, software in Toronto distributes ambulances according to how busy hospitals are, and the dispatcher is able to determine which hospital can accept an ambulance, within defined guidelines based on facility proximity and available capacity.³⁷ There are plans for introducing the software in other dispatch centres next year.³⁸ The Committee enquired about best practices in other jurisdictions governing emergency admissions and the Ministry responded that it has reviewed other jurisdictions, but that the emergency department delays have not been resolved.³⁹

Action Plan - Collaborative Effort

The Minister has reviewed the recommendations of the Hospital Emergency Department and Ambulance Effectiveness Working Group, and in February 2006 announced a \$96-million action plan. The objective is to reduce ambulance and patient wait times at hospital emergency departments.⁴⁰

The [Ministry's action] plan calls for a collaborative effort between hospitals, land ambulance operators and other key stakeholders to reduce the impact of delays in hospitals accepting ambulance patients. The emergency department and ambulance quality implementation team will include chiefs of emergency medical services, emergency department clinical leaders and others.⁴¹

Innovative Approaches

The Committee's concern in part is the degree to which waits at hospitals contribute to overall ambulance response times.⁴² The Ministry acknowledges the need to improve patient flow through emergency departments to, in turn, address response times by freeing up ambulance resources. In addition it would reduce total costs as fewer ambulances would be required to maintain service levels and response times.⁴³ The Ministry tracks ambulances wait times at emergency departments to address such problems.⁴⁴

There is a direct relationship between ambulance wait times and the movement of patients. If you improve the flow of hospital emergency inpatients then you relieve the ambulance pressure.⁴⁵ The Ministry's strategy includes various initiatives, for example, addressing the capacity of critical care units to reduce waits and the creation of teams in hospitals designed to carefully assess admission

to intensive care units.⁴⁶ Other innovations include admission and discharge lounges which would provide suitable holding areas for patients in emergency departments.⁴⁷

Committee Recommendation

Ambulance Off-load Delays

The Committee has noted the Ministry's current initiatives to reduce the effects of delays around ambulance patient admissions, and its future plans for addressing the recommendations of the Working Group and the Critical Care Transformation Strategy on ambulance off-load delays. Also, the Committee noted that the Ministry is having discussions on improving the allocation of resources to enhance ambulance/staff availability to provide improved admissions and care.⁴⁸ The Ministry views this as a municipal/hospital responsibility that needs to be a priority in ongoing discussions.

The Committee therefore recommends that:

4. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on Ministry initiatives to address delays in hospital emergency admissions of patients arriving in ambulances. The report should address the benefits from recent measures, and the longer term plans resulting from the Working Group and the Critical Care Transformation Strategy, given that the Ministry expected positive results on ambulance off-load delays commencing in the first six months of 2006-07.

The Committee requests that a written response to this recommendation be provided to the Committee Clerk within 120 days of the date of tabling this report in the Legislature.

5. FUNDING

5.1. Ministry-funded Costs

The Standing Committee on Public Accounts recommended in 2001 that the Ministry should assess Realignment, including the financial impact on municipalities and the province. The cost of providing emergency health services in Ontario has increased by 94% over the last four years (\$352 million in 1999/2000 to an estimated \$683 million in 2003/04). This increase is attributed to the increase in the number of paramedics, their wages, and in the number of ambulances. Increases in the number of paramedics were in response to increased repositioning calls for ambulances and to reduce response times. Patient-related calls have been largely unchanged.

The Auditor noted that the Ministry has not ensured that service levels are comparable across similar jurisdictions in Ontario, to which the Ministry noted that service levels vary due to the variation in municipal resources.

The Ministry had not recently assessed the actual costs of meeting the 1996 response-time standards or determined whether available Ministry funding to municipalities was reasonable and equitable to achieve a balanced and integrated province-wide land ambulance system. Ministry funding was based on 50% of approved eligible municipal costs, and additional funding was generally not available to address specific circumstances. The funding available under the Response Time Improvement Initiative was allocated based on municipal proposals to reduce response times and provided that the municipality must match the funding.

The Auditor noted that Ministry funding is below 50% of total expenditures reported by municipalities. Ministry documents indicate that the estimated cost-sharing of land ambulance services in 2003 was 47% provincial and 53% municipal; with some municipalities paying over 60% of costs.

The Auditor recommended that the Ministry, in conjunction with the municipalities, should develop a process to better achieve the existence throughout Ontario of a balanced and integrated system of land ambulance services.

Ministry Response and 2006 Update

Recommendations arising from the LAC discussions between municipal and provincial officials in 2005 and 2006 are expected to promote a balanced and integrated system of land ambulance services.

Committee Hearings

The province provides funding to municipalities through a cost-sharing agreement. Funding for the municipal part of land ambulance services is in the form of an annual grant for approved land ambulance costs.⁴⁹ In addition, the province covers all approved costs for such services to First Nations communities and territories (without municipal organization).⁵⁰

New Funding

In February 2006 the province announced new funding estimated at \$300 million over a three year period to achieve a 50-50 cost sharing of municipal land ambulance services by 2008.⁵¹ The annual Ministry funding for land ambulance services is estimated to be \$280 million in the first year, \$333 million in 2007 and \$385 million in 2008.⁵² According to the Ministry, this initiative will assist municipalities and delivery agents in meeting the fiscal needs for land ambulance services in their respective jurisdictions.⁵³ The Ministry acknowledged that increased costs are attributable in part to wages.⁵⁴

Introduction of Incentives

The Committee enquired about incentives or measures in place or that may be introduced to encourage staff to use resources in the most efficient manner possible. The Ministry was not in a position to discuss incentives in its current funding models during the hearings as this matter was under review.⁵⁵ Specifically, the Ministry wants to re-examine its funding models for health programs, addressing incentives and disincentives, and how funding models relate to operating problems.⁵⁶ The Ministry described this as a “higher-level review” yet to be undertaken, to identify ways to promote the necessary outcomes across the health care system.⁵⁷

Committee Recommendation

Financial Incentives

The Committee enquired about the merit of exploring incentives to encourage the most efficient use of resources possible, assuming that there may be potential for improvement. This matter is to be considered by the Ministry in a “higher-level review”.⁵⁸ By way of example, the Ministry is addressing such matters as cost-effectiveness in the scheduled transfer of non-emergency patients.⁵⁹

The Committee therefore recommends that:

5. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on the results of its re-examination of its funding models including incentives and disincentives to promote efficiencies in the use of health care system resources, specifically related to land ambulance services.

The Committee requests that a written response to this recommendation be provided to the Committee Clerk within 120 days of the date of tabling this report in the Legislature.

5.2. Ministry Monitoring of Costs

The Auditor noted the Ministry’s lack of assurance as to the validity of municipal costs/expenditures, and the absence of details on the intended use of municipal “other” reserves. The Auditor recommended that to better ensure the cost effectiveness of funding for land ambulance services, the Ministry should reassess its position on the size of municipal reserve funds allowed and consider obtaining third-party or internal-audit assurance on costs claimed by municipalities where warranted.

Ministry Response and 2006 Update

The Ministry monitors municipal spending including reserves to ensure that all related Ministry funding is used for land ambulance services. The validity of all municipal reserve funds for 2004 related to land ambulance services were

assessed and found to be valid, and the 2005 reserve funds are to be assessed as municipal Financial Information Reports become available.

Committee Hearings

Monitoring Municipal Spending

The Ministry explained that it monitors municipal spending, which includes reserves, to provide assurance that provincial funding is used for land ambulance services, and concluded that the accumulated reserves for most municipalities were reasonable. When the reserves are large, the Ministry obtains information on a municipality's planned use of these funds.⁶⁰

According to the Auditor General, the Ministry receives a statement from each municipality attesting to the fact that funds were appropriately spent on ambulance services.⁶¹ These expenditures are monitored by the Ministry to ensure that costs are in fact ambulance-related cost.⁶² The monitoring includes the signed statement from the municipality and a determination as to the reasonableness of expenditures.⁶³ In the event of a discrepancy, the Ministry would investigate to determine if an expenditure is supportable.⁶⁴ In addition to the reports, the Ministry relies on performance standards for each area and assessments which are important as the system moves toward the 50-50 cost shared arrangement.⁶⁵

5.3. Cross-boundary Billings

A municipality may bill another municipality for cross-boundary ambulance services, but problems have arisen over the lack of clarity on billing. Specifically, municipalities have expressed concerns over the need for timely access to accurate data on calls outside of their municipal boundaries, which is required for billing purposes. Municipal representatives were developing a proposal to address cross-boundary charges; however, in May 2005 a formal proposal had not been received by the Ministry.

The Auditor recommended that to encourage the quickest response time regardless of municipal boundaries, the Ministry should work with municipalities to help facilitate inter-municipal billing, by:

- clearly defining the chargeable amount when an ambulance crosses a municipal boundary; and
- ensuring that municipalities have timely access to accurate data for billing purposes.

Ministry Response and 2006 Update

The measures needed to fulfill the recommendation were part of the LAC discussions between the province and municipal officials. The initiative to provide municipalities with timely access to ambulance data necessary for municipal billing was incomplete in February 2006. The LAC was investigating cross-boundary billings in the context of broader discussions on payment schemes.

Committee Hearings

Inter-Jurisdictional Service Delivery Issues

The Land Ambulance Acute Transfer Task Force addressed the matter of municipal resistance to non-emergency transfer requests and ambulance calls requiring that their vehicles cross municipal boundaries.⁶⁶ At issue is whether there is a major problem created by municipalities reluctant to have their vehicles cross municipal boundaries.⁶⁷ From the Ministry's perspective the cross-border billing issue should not impede the delivering of ambulance services in Ontario.⁶⁸

The LAC is expected to address inter-municipal billings with the objective of encouraging acceptable response times, regardless of municipal boundaries.⁶⁹ The goal is to reach a consensus among municipalities on billings taking into account such factors as municipal cost variations.

The Ministry is considering other options for the management of cross-border services in addition to the discussions related to billings for services rendered.⁷⁰ Nevertheless, finances are of central concern, and in an effort to level the playing field on cross-border services, funding is being addressed.⁷¹

The Ministry's position is that to address resistance to transporting non-urgent cases across boundaries requires an agreement around the funding relationships.⁷² For example, the stroke strategy is organized around nine regional stroke centres, which function 24 hours a day providing coverage. These communities have agreements with the hospital system to transport patients to stroke centres.⁷³ The Ministry noted that municipalities are concerned about emergency response times so they have located ambulance stations with population density and distribution in mind in response to demand within their municipality, and not potential cross border service delivery requests.⁷⁴

Committee Recommendation

Cross-Border Ambulance Services - Billing

The Committee noted that measures needed to address the Auditor's recommendation were under discussion between the province and municipal officials, specifically timely access to ambulance data necessary for municipal billing. The matter of cross-border billing for ambulance services requires early resolution, taking into account innovative solutions through alternative granting or general funding.

The Committee therefore recommends that:

- 6. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on progress made in resolving the matter of cross-border billing for ambulance services. The Ministry's report should provide details on the following:**

- a protocol for cross-border service delivery in an operating agreement;
- billing criteria, taking into account cost variations among municipalities;
- access to ambulance data required for billing; and
- protocol for timely reimbursement.

The Committee requests that a written response to this recommendation be provided to the Committee Clerk within 120 days of the date of tabling this report in the Legislature.

6. REVIEWS

6.1. Reviews of Land Ambulance Operators

The *Ambulance Act* requires the certification of land ambulance service operators at least once every three years. In 2000 the Auditor recommended that the Ministry consider the use of “unannounced” certification reviews of operators. The 2005 audit report noted that ambulance operators still receive 90 days advance warning of a planned service review, and generally advance notice of follow-up inspections and follow-up service reviews. The Auditor determined that between 2002 and 2004, 43% of operators did not meet the certification standards during their service review.

The Auditor recommended that to better ensure land ambulance service operators meet certification standards, the Ministry should:

- conduct, based on risk, a reasonable number of service reviews on an unannounced basis to increase assurance of consistent quality of practice by operators;
- where operators do not meet certification standards, conduct the required follow-up service reviews and inspections on a more timely basis; and
- clarify when Director’s Orders should be issued and under what circumstances formal consideration of revoking an operator’s certification should be undertaken.

Ministry Response and 2006 Update

Service reviews of ambulance operators are announced in advance. The Ministry reviewed the certification standards and assessed the appropriateness of unannounced service reviews, and concluded that it would continue to follow the certification standard requiring 90 days notice for conducting a service review.

The draft service review report is forwarded to the service provider within 60 days of the conclusion of the review visit, and the service provider is allowed 60

days to respond to the review findings. Follow-up visits are scheduled for 60 to 90 days after the receipt of the operator's response to the draft service review report. The Ministry committed in 2005 and again in 2006 to review the Service Review Standard with municipal representatives to determine the reasonableness of conducting follow-up reviews on a timelier basis.

Director's Orders are used for infractions having a direct bearing on patient care or public safety, or when a municipality is seen to be consistently failing to comply with legislation or not following up on the recommendations of a service review. Compliance has been achieved without the need to revoke a certificate, and the Ministry has committed to review the use of a Director's Orders and the basis for the revocation of an operator's certificate.

Ongoing Ministry initiatives include the following:

- follow-up review visits are conducted within 30 - 60 days of receipt by the Ministry of the operator's response to the Service Review report; and
- Branch senior staff is auditing each Ambulance Service Review on a case-by-case basis to determine if there is a basis for revocation of the operator's certification.

Committee Hearings

System in Transition

The Ministry acknowledged that it is still in a period of transition following the move from Local Services Realignment and that various concerns are evident in reviews:⁷⁵

- New Service Perspective - the necessity for a new service perspective and trained staff for certification;
- Multi-Faceted System - the certification review is one component, in addition to unannounced visits and investigations;
- New Standards - recognition that this is a five-year-old municipal service (municipalities moving from using private operators at hospitals to directly providing service) and the introduction of rigid quality standards (e.g., paramedics are being reviewed and orders issued on qualifications, resulting in nine paramedics rewriting their examinations); and
- Dispatch Centre Oversight - Ministry dispatch centres are tasked with overseeing activities in municipalities on a continuous basis.⁷⁶

Certification of Ambulance Operators

The Provincial Auditor recommended unannounced service reviews, which the Ministry indicated would be disruptive.⁷⁷ The Committee's concern is that even with a 90 day advance notification of a review, 50% of operators did not meet their certification standards in 2003-04.⁷⁸ The follow-up visits are scheduled for 60 to 90 days following receipt of the operator's response, which the Committee suggested was a generous timeframe, given the initial advance notification.⁷⁹

The Ministry indicated that it has set criteria and high standards.⁸⁰ A 90% result is required for an operator's certification, and administrative problems, which do not directly affect the health and safety of patients or of the paramedics are also taken into account.⁸¹ In instances where health and safety of patients is a concern, Director's Orders are issued.⁸² A report is sent to operators explaining what must be addressed (e.g., regulations and legislative concerns or policy matters) and a follow-up team is sent in to review remedial actions.⁸³

The Ministry, with municipal representatives has planned to review the certification standards. It will include a further assessment of the appropriateness and benefits of unannounced reviews.⁸⁴ The Ministry also indicated that hiring the right people with the qualifications to do the certification reviews was a challenge.

Non-Compliant Operators

The Committee noted that ambulance operators have failed to meet certification standards during service reviews, and questioned the Ministry's options under such circumstances.⁸⁵ Corrective measures have been taken and now it is a requirement that the draft review report be forwarded to the operator within 60 days of the review visit. The operator then has 60 days to respond.⁸⁶ Follow-up visits are scheduled between 60 and 90 days after the receipt of the operator response to the draft report, and Ministry and municipal representatives have committed to assess the timeframe for follow-up reviews.⁸⁷

The Ministry clarified that Director's Orders are limited to infractions having a direct bearing on patient care or public safety, when a municipality appears to be consistently failing to comply with legislation, or fails to follow up on the recommendation in a service review.⁸⁸ The Ministry has committed to review the basis for using a Director's Orders or revocating an operator's certificate.⁸⁹

Spot Performance Reviews

In response to the recommendation that the Ministry conduct unannounced "service" reviews to enhance the assurance of consistent quality of practice by operators, the Ministry explained that it conducts spot "performance" reviews.⁹⁰ In contrast, ambulance operator "service" reviews are announced in advance because they require a commitment of an operator's time and resources while the review is being conducted.⁹¹

Committee Recommendation

Ministry Commitments on the Operator Review Process

The Ministry committed to take further action following-up on the Auditor's concerns and recommendation to ensure that land ambulance service operators meet certification standards.

The Committee therefore recommends that:

7. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on the following:

- **assessment of the timeframe for follow-up reviews;**
- **a review of the basis for using a Director's Orders and revoking an operator's certificate; and**
- **progress being made in staffing enough qualified people to complete the certification reviews.**

The Committee requests that a written response to this recommendation be provided to the Committee Clerk within 120 days of the date of tabling this report in the Legislature.

7. MISCELLANEOUS AUDIT TOPICS

The Committee has considered the matters addressed by the Auditor General, and concluded that the following subject areas were being followed-up, based on the commitments outlined in the Ministry's February 2006 update. However, a progress report is recommended in this section to apprise the Committee of progress in the interim, since March 2006.

7.1. Dispatch Priority

Ministry Response and 2006 Update

The Ministry is evaluating one of many internationally used dispatch protocols as part of the Niagara Ambulance Communication Service pilot project and will use this evaluation to expedite a decision on the choice of dispatch protocols. The Medical Advisor to the ambulance communications services completed a medical review of two competing dispatch protocols in Q3 of 2005/06, and the review of the recommendation is to be presented to the Medical Advisory Committee for consideration in Q4 2005/06 with a decision expected in Q1 2006/07.

7.2. Responsibility for Dispatch

Ministry Response and 2006 Update

The Ministry indicated in 2005 its intention to evaluate the pilot project on a timely basis and subsequently, agreement was reached with Niagara Region on the project evaluation methodology. The Ministry indicated its intention to retain a consultant by the end of Q4 2005/06 to prepare a comprehensive project evaluation plan with criteria by the end of Q2 of 2006/07 for use in year four of the project. Finally, a consultant is to be engaged by the Ministry by the end of Q1 of 2009/10 to conduct a comprehensive evaluation of the project based on the plan and criteria established in 2006, with a completion date of 2010.

7.3. Reviews of Dispatch Centres

Ministry Response and 2006 Update

The Ministry has stabilized dispatch-centre staffing, and piloted a prototype service review. The completion timeframe is Q2 2006/07 for the following:

- a regular review of dispatch centres was scheduled to commence in the fall 2005 (reviewing six or seven dispatch centres per year); and
- the review process for dispatch centres considers call priority and management by call takers and dispatchers.

A standardized quality-assurance process for dispatch centres was developed, and a pilot was undertaken in four dispatch centres in Eastern Ontario. The final quality-assurance program will be implemented in all dispatch centres by March 2006 (completion: Q1 2006/07). The various ongoing initiatives include:

- monitoring of dispatch centre staffing;
- Pilot Dispatch Service Review completed and distributed to dispatch service operator;
- adjustments and improvements to review tools and framework underway (end of Q4 2005/06);
- commence routine practice of Dispatch Service Reviews (commence Q2 2006/07 or sooner);
- Quality Assurance pilot project completed Q3 2005/06;
- adjustments and improvements to the Quality Assurance Program to be completed (Q4 2005/06); and
- relevant staff to be trained in the use of the Standardized Quality Assurance Program (completed Q4 2005/06 and implementation in Q1 2006/07).

7.4. Base Hospital Reporting

Ministry Response and 2006 Update

The lead for the transformation of medical transportation was appointed in the spring 2005 with the responsibility to review the delivery of base hospital program services and recommend the optimal number and distribution of these programs. A summary of action taken and planned includes:

- the lead for the transformation of medical transportation formed a working group to address this issue and to bring recommendations to the Ministry (commenced Q3 2005/06);
- the development of the implementation plan (Q4 2005/06); and
- the revision of the base hospital program mandate with distribution defined and implemented (Q2 2006/07).

7.5. Complaints and Incidents

Ministry Response and 2006 Update

Ministry and municipal officials have agreed on an investigation protocol to address operational practices when handling complaints over service delivery. Consultations were planned for in 2005 with municipalities to enhance compliance with the reporting requirements (legislation and protocol). An assessment of municipal compliance with investigation protocol was planned with a completion by Q1 of 2006/07. A meeting is to take place with municipal representatives to address the Auditor General's recommendation in Q1 of 2006/07 (completion: Q2 2006/07).

In 2005 the Ministry was tracking investigations, following-up and assessing the type, nature, and frequency of complaints. The investigation/tracking and analysis is ongoing.

7.6. Performance Measurement and Reporting

Ministry Response and 2006 Update

The LAC discussions between provincial and municipal officials were to investigate response time performance to determine what should be measured and the methodology. The LAC was expected to conclude deliberations by spring 2006.

Committee Recommendation

Miscellaneous Audit Topics

The Committee noted that the Ministry made firm commitments to address the subject areas identified in this section. However, it was concluded that an interim update would be necessary to ensure that the Committee is fully apprised of the status of the commitments and ongoing plans.

The Committee therefore recommends that:

8. The Ministry of Health and Long-Term Care report to the Standing Committee on Public Accounts on the status of the Ministry's commitments to the following areas as documented in the Ministry's February 2006 status report for the Committee:

- **dispatch priority and responsibility for dispatch;**
- **reviews of dispatch centres;**
- **base hospital reporting;**
- **complaints and incidents; and**
- **performance measurement and reporting.**

The Committee requests that a written response to this recommendation be provided to the Committee Clerk within 120 days of the date of tabling this report in the Legislature.

NOTES

¹ Ontario, Legislative Assembly of Ontario, Standing Committee on Public Accounts, Official Report of Debates (*Hansard*), Second Session, 38th Parliament (2 March 2006): P-50.

² *Ibid.*, P-54.

³ *Ibid.*, P-55.

⁴ *Ibid.*, P-49.

⁵ *Ibid.*

⁶ *Ibid.*

⁷ *Ibid.*, P-67.

⁸ *Ibid.*, P-50.

⁹ *Ibid.*, P-67.

¹⁰ *Ibid.*, P-50.

¹¹ *Ibid.*

¹² *Ibid.*

¹³ *Ibid.*

¹⁴ *Ibid.*, P-53.

¹⁵ *Ibid.*

¹⁶ *Ibid.*

¹⁷ *Ibid.*, P-52.

¹⁸ *Ibid.*, P-50.

¹⁹ *Ibid.*

²⁰ *Ibid.*, P-53.

²¹ *Ibid.*

²² *Ibid.*

²³ *Ibid.*

²⁴ *Ibid.*, P-54.

²⁵ *Ibid.*, P-66.

²⁶ *Ibid.*, P-53 and P-54.

²⁷ *Ibid.*, P-54.

²⁸ *Ibid.*, P-65.

²⁹ *Ibid.*

³⁰ *Ibid.*

³¹ *Ibid.*, P-66.

³² *Ibid.*, P-50.

³³ *Ibid.*

³⁴ *Ibid.*, P-69.

³⁵ *Ibid.*, P-70.

³⁶ *Ibid.*

³⁷ *Ibid.*

³⁸ *Ibid.*

³⁹ *Ibid.*

⁴⁰ *Ibid.*, P-50.

⁴¹ *Ibid.*

⁴² *Ibid.*, P-59.

⁴³ *Ibid.*

⁴⁴ *Ibid.*

⁴⁵ *Ibid.*

⁴⁶ *Ibid.*

⁴⁷ *Ibid.*, P-60.

⁴⁸ *Ibid.*, P-59 and P-60.

⁴⁹ *Ibid.*, P-49.

⁵⁰ *Ibid.*

⁵¹ *Ibid.*, P-58 and P-59.

⁵² Ontario, Office of the Premier, *News Release*, dated February 21, 2006.

⁵³ Ontario, Legislative Assembly of Ontario, Standing Committee on Public Accounts, Official Report of Debates (*Hansard*), Second Session, 38th Parliament (2 March 2006): P-52.

⁵⁴ *Ibid.*, P-66.

⁵⁵ *Ibid.*, P-60.

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*

⁵⁸ *Ibid.*

⁵⁹ *Ibid.*, P-50.

⁶⁰ *Ibid.*, P-50 and P-51.

⁶¹ *Ibid.*, P-61.

⁶² *Ibid.*

⁶³ *Ibid.*

⁶⁴ *Ibid.*

⁶⁵ *Ibid.*

⁶⁶ *Ibid.*, P-61 and P-62.

⁶⁷ *Ibid.*, P-62.

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*, P-51.

⁷⁰ *Ibid.*, P-55.

⁷¹ *Ibid.*

⁷² *Ibid.*, P-62.

⁷³ *Ibid.*

⁷⁴ *Ibid.*

⁷⁵ *Ibid.*, P-64.

⁷⁶ *Ibid.*, P-65.

⁷⁷ *Ibid.*, P-64.

⁷⁸ *Ibid.*

⁷⁹ *Ibid.*

⁸⁰ *Ibid.*

⁸¹ *Ibid.*

⁸² *Ibid.*

⁸³ *Ibid.*

⁸⁴ *Ibid.*, P-51.

⁸⁵ *Ibid.*, P-57 and P-58.

⁸⁶ *Ibid.*, P-51.

⁸⁷ *Ibid.*

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*

⁹⁰ *Ibid.*, P-51 and 64.

⁹¹ *Ibid.*, P-51.