REPORT OF THE

STANDING POLICY COMMITTEE ON

PROTECTION AND COMMUNITY SERVICES

DATED NOVEMBER 1, 1999

On motion of Councillor Vandal, the Report of the Standing Policy Committee on Protection and Community Services dated November 1, 1999, was considered clause by clause.

Moved by Councillor Vandal,
That the Consent Agenda, Clauses 1,2,3 and 4, be adopted.

Carried.

Amendments to the Fire Prevention By-law 1322/76 - Compliance Dates for Approved 10-year Lithium Powered Non-Tamper Smoke Alarms
File GF-1 (Vol. 17)

43 - 1. On March 24, 1999, Council passed By-Law No. 7394/99, which amended the Fire Prevention By-Law No. 1322/76, requiring the installation of hard wired smoke alarms or approved 10-year lithium powered non-tamper smoke alarms in all rental residential properties by March 24, 2000.

It was assumed that approved 10-year lithium powered non-tamper smoke alarms would be available for sale when the by-law was initially passed in March 1999. Due to manufacturing difficulties, the approved version will not be available in the Winnipeg market until November 1999, and building owners will not be able to comply with the by-law as a result of their inability to purchase these alarms. It is recommended that the proposed extension for compliance be extended to those buildings, which can only install the approved 10-year lithium powered non- tamper smoke alarms. The compliance date for hard wired smoke alarm installations would remain as March 24, 2000.

The Standing Policy Committee on Protection and Community Services recommends:

I. That By-law No. 1322/76 be amended to extend the compliance date for the installation of approved 10-year lithium powered smoke alarms to September 30, 2000.

II. That the Proper Officers of the City be authorized to do all things necessary to implement the intent of the foregoing.

Adopted by consent.

Fees and Charges - Emergency Medical Services **File GF-1 (Vol. 17)**

44 - 2. The Standing Policy Committee on Protection and Community Services has been advised that City Council last approved user fee increases effective January 1, 1998. User fees were not increased effective January 1, 1999, pending a review of the present fee structure.

The department presently assesses user fees for three types of calls. They are as follows:

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Type of Call	User Fee	Number of Calls (1999 Budget)
Emergency	250	26400
Interfacility Transfer	130	5100
Treatment No Transport	100	690
Advanced Care No Transport	180	(Proposed)

A departmental review of the current fee structure identified concerns with the current fee structure. They are as follows:

- Emergency rates levied are based on costs after Provincial and City subsidization and agencies not contributing to Provincial and City revenues are being assessed the same rate as the taxpayers that are paying towards the service subsidization.

- Interfacility transfers tend to cost as much as emergency medical calls yet the revenue received is just over half the revenue of an emergency call.

- The Treatment no Transport rate is only levied on calls made by the ambulance service portion of the department. No billing is made for first responder calls.

The proposed rate structure, as detailed in Table 1, addresses these concerns and provides a staged fee increase over the next three years. The three services have a basic fee which is reduced by the level of subsidization by the taxpayer.

Emergency Rate

Based on the percentage of call volume and the cost of the service the emergency service rate should be $405.00. This rate would be assessed if this level of service were provided to an individual or agency that is based out of province and comes into the City requiring our service. If this same individual or agency is based within the Province of Manitoba but not within the City, the fee would be reduced to $315.00 to reflect the provincial taxpayer subsidization of the service. Further, if the agency or individual is based in the City of Winnipeg, the rate is further reduced to reflect the subsidization of the service by the taxpayers of the City of Winnipeg. The rate would now be $250.00. This is presently the rate levied for emergency calls so there is no suggested increase for 1999 for the majority of calls. Although no additional provision was made for the impact of recent wage increases awarded to the Paramedics, the Department feels that the inflationary increases suggested will allow the department to maintain cost recovery levels. Inflationary increases of 2% are built in to the rates for each year from 2000 to 2002.

Interfacility Transfer Rate

Interfacility transfer user fee rate increases are proposed at an accelerated rate so that by 2002 the rates will rise from 52% of the emergency rate to 75% of the emergency rate. This will move this rate closer to full cost recovery while allowing agencies that presently use this service to cope with the rate increases or make alternative arrangements. It is the department's view that while some business will be lost to other providers the bulk of our business will be retained due to the advanced level of care that is required by the users of the service.

This fee assumes a prescheduled transport. On occasion immediate transport is required and if that is the case then the emergency rate will be levied.

Treatment No Transport Rate

The Treatment no Transport rate increases by nominal amounts to allow for inflation. It is also proposed that this fee be levied in cases where the response is by first responders and/or paramedics and no transport is entailed. If a transport is made then the emergency rate will be levied. An Advanced Care, no transport fee deals with those incidents where advanced care is provided but no transport occurs.

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Waiting Time and Loaded Trip Charges

The fee for waiting time will increase at more than inflation to bring it in line with actual costs. It is anticipated that by 2002 this should reflect a 100% recovery of our waiting time costs. The loaded trip charge is projected to increase by the rate of inflation.

Suggested rates are outlined in Table 1, as follows:

Proposed Emergency Medical Service Rates *(in dollars)*					
	Jan 1, 2000	**% Inc**	**Jan 1, 2001**	**% Inc**	**Jan 1, 2002**
Emergency Medical Service					
Basic Rate - Per call	415	2%	425	2%	435
Regional Rate (Provincial Subsidized) - Per call	320	2%	325	2%	330
City Rate (City and Provincial Subsidized) - Per call	255	2%	260	2%	265
Interfacility Transfer Service					
Enhanced Service Rate - Per Call	Use Emergency Rates				
Basic Rate - Per Call	270	9%	295	8%	320
Regional Rate (Provincial Subsidized) - Per Call	210	10%	230	9%	250
City Rate (City and Provincial Subsidized) - Per Call	165	9%	180	8%	195
Treatment No Transport Service					
Basic Rate - Per Call	165	3%	170	3%	175
Regional Rate (Provincial Subsidized) - Per Call	130	4%	135	4%	140
City Rate (City and Provincial Subsidized) - Per Call	105	5%	110	5%	115
Advanced Care No Transport Service					
Basic Rate - Per Call	290	3%	300	3%	310
Regional Rate (Provincial Subsidized) - Per Call	225	4%	235	4%	245
City Rate (City and Provincial Subsidized) - Per Call	180	5%	190	5%	200

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Proposed Emergency Medical Service Rates *(in dollars)*					
	Jan 1, 2000	**% Inc**	**Jan 1, 2001**	**% Inc**	**Jan 1, 2002**
Waiting Time					
Inside City Limits - Per Hour	80	13%	90	11%	100
Outside City Limits - Per Hour	160	13%	180	11%	200
Loaded Trip Charge					
Outside City Limits - Per km	1.23	2%	1.25	2%	1.27

The projected revenue increases over a five year period are shown on the Financial Impact, as outlined on Schedule "A".

The Standing Policy Committee on Protection and Community Services recommends:

I. That the fees and charges for the Emergency Medical Services, effective January 1, 2000, be approved as outlined on Table 1.

II. That the Proper Officers of the City be authorized to do all things necessary to implement the intent of the foregoing including the execution of any documents related thereto.

Adopted by consent.

(See Minute No. 91 for attachment)

ER – TIMI 19 Trial (Thrombolytic Study)

File GF-3 (Vol. 24)

45 - 3. The Standing Policy Committee on Protection and Community Services has been advised that recent attention has been focused on shortening the time for treatment of patients suffering a heart attack. Several studies have indicated that a shorter time for treatment improves patient survival from a heart attack. The recognition and treatment of a heart attack by paramedics under physician supervision further reduces time for treatment. The ER-TIMI 19 Trial assesses the reduction of treatment time and patient survival. Ultimately the findings of this study may put Winnipeg's heart attack patients in the forefront to receive life saving treatment sooner.

The ER-TIMI 19 Trial and its sponsor Centocor, require approval by Council and participating hospitals.

In July 1999, Dr. Linda Nugent, Medical Director for Emergency Response Services was contacted by Dr. Walls from Brigham and Women's Hospital in Boston Massachusetts, about the possibility of Winnipeg Emergency Response Services participating in the ER-TIMI 19 Trial.

After initial discussions with the Chief Operating Officer and with his support of investigating Winnipeg participation in the study, the ER-TIMI 19 Trial was reviewed by the City's Hospital Emergency and Cardiology Departments. Their feedback was favourable and several meetings have occurred to work out the logistics of the study.

Copies of the study's Site Agreement and Indemnification Agreement were forwarded to the City's Legal Services and Insurance Branch of Corporate Finance for their review. The Insurance Branch has confirmed the ERS would be covered by the City of Winnipeg liability insurance if it participated in the study. Legal Services has

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recommended some changes to the site agreement to accurately reflect the City's participation in the study. There are presentations scheduled for institutional review boards of City hospitals concurrent with this report to the City.

Presently, Emergency Response Service Paramedics do not administer thrombolytic drugs to patients suffering heart attacks. These thrombolytic drugs are presently administered in the hospital setting. However, the majority of Emergency Response Service Paramedics do have the knowledge, training and carry the equipment to recognise a heart attack.

Within the study's protocol, paramedics are required to perform a 12 lead cardiogram on the patient. They would provide this information via cell phone transmission to a physician in the Emergency Department, who would read the cardiogram and give permission to the paramedic to administer the thrombolytic drug. The study provides training in the administration of the drug and the study protocol.

The Financial Impact of the ER-TIMI 19 Trial provides funding which covers all financial costs for participation. The drug (RETAVASE) is included in the study free of cost.

The Standing Policy Committee on Protection and Community Services recommends:

I. That approval be given to the Emergency Response Service (in conjunction with the City of Winnipeg's Hospital Emergency Departments and Cardiology Department at the Health Sciences Centre), to participate in a multi centre research trial (ER TIMI-19) to determine the time saved by pre-hospital administration of a thrombolytic drug to patients suffering a heart attack.

II. That the Proper Officers of the City be authorized to do all things necessary to effect the intent of the foregoing.

Adopted by consent.

Recommendations for Amusement Tax Exemption File FL-6 (Vol. 20)

46 - 4. The Standing Policy Committee on Protection and Community Services has considered recommendations received from the Winnipeg Arts Advisory Council for exemption to the Amusement Tax By- law.

The Standing Policy Committee on Protection and Community Services submits draft by-law and recommends:

I. That the following list of exemptions be added to Schedule "E" of the Amusement Tax By-law No. 3107/81, namely:

Rainbow Stage for:
Singin' In The Rain at the Pantages Playhouse Theatre on February 7 to 26, 2000

The Little Opera Company for:
Amahl and The Night Visitors at a venue yet to be confirmed on December 3 and 4, 1999

Cinemental Inc. for:
Cinemental - Festival 1999 "Le heros des festivals" at the Cinematheque Theatre on November 16* to 22, 1999

Rady Jewish Community Theatre for:
Oliver! at the Tec Voc Auditorium on December 8 to 12, 1999
Jazz Concerts on December 19, 1999, January 16, 2000, March 5, 2000, and April 30, 2000

The Museum of Man and Nature for:
Dr. Fantastic's Marvelous Millennium Show at the Planetarium Theatre from November 12*, 1999 to May 7, 2000

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Manitoba Choral Association for:
ChoralFest Finale at Sturgeon Creek United Church on November 27, 1999

Winnipeg Youth Orchestra for:
Holiday Concert at Pantages Playhouse Theatre on December 5, 1999

- Daily events that will have taken place from November 12 to 16, inclusive and marked with an astrix (*) occurs prior to the November 17, 1999, Council meeting.

II. That the Proper Officers of the City be authorized to do all things necessary to effect the intent of the foregoing.

Adopted by consent.

STANDING POLICY COMMITTEE ON PROTECTION AND COMMUNITY SERVICES

CONSIDERATION OF BY-LAWS

47 - On motion of Councillor Vandal, By-law No. 7517/99, a by-law of The City of Winnipeg to amend the Amusement Tax By-law No. 3107/81, was read a first, second and third time, the rule being suspended for the third reading, and was passed and ordered to be signed and sealed. File FL-6 (Vol. 20)