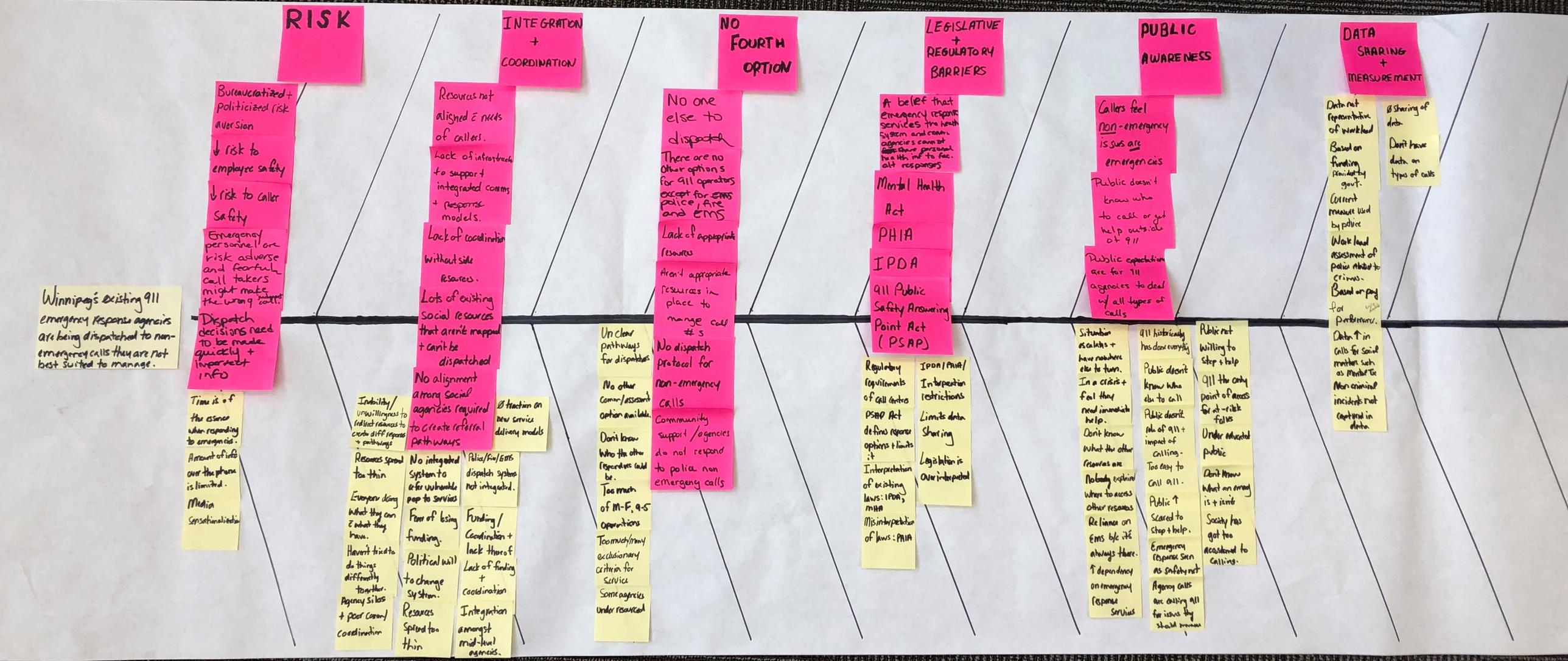

Winnipeg's existing 911 emergency response agencies are being dispatched to non-emergency calls they are not best suited to manage.
RISK
Bureaucratized + politicized risk aversion
↓ risk to employee safety
↓ risk to caller safety
Emergency personnel are risk adverse and fearful call takers might make the wrong call.
Dispatch decisions need to be made quickly + incorrect/ info
Time is of the essence when responding to emergencies.
Amount of info over the phone is limited.
Media sensationalization
INTEGRATION + COORDINATION
Resources not aligned w needs of callers.
Lack of infrastructure to support integrated comms + response models.
Lack of coordination without side resources.
Lots of existing social resources that aren't mapped + can't be dispatched
No alignment among social agencies required to create referral pathways
Inability/ unwillingness to redirect resources to create diff response + pathways
Ø traction on new service delivery models
Resources spread too thin
Everyone doing what they can w what they have.
Haven't tried to do things differently together.
Agency silos + poor comm/ coordination
No integrated system to refer vulnerable pop to services
Fear of losing funding.
Political will to change system.
Resources spread too thin
Police/Fire/EMS dispatch systems not integrated.
Funding/ Coordination + lack there of
Lack of funding + coordination
Integration amongst mid-level agencies.
NO FOURTH OPTION
No one else to dispatch
There are no other options for 911 operators except for EMS police, fire and EMS
Lack of appropriate resources
Aren't appropriate resources in place to mange call #s
No dispatch protocol for non-emergency calls
Community support / agencies do not respond to police non emergency calls
Unclear pathways for dispatchers
No other comm/assistant option available.
Don't know who the other resources could be.
Too much of M-F, 9-5 operations
Too much/many exclusionary criterion for service
Some agencies under resourced
LEGISLATIVE + REGULATORY BARRIERS
A belief that emergency response services the health system and comm. agencies cannot share personal health info to fac. alt responses
Mental Health Act
PHIA
IPDA
911 Public Safety Answering Point Act (PSAP)
Regulatory requirements of call centre
PSAP Act defines response options + limits it
Interpretation of existing laws: IPDA, PHIA
Misinterpretation of laws: PHIA
IPDA/PHIA/ Interpretation restrictions
Limits data sharing
Legislation is over interpreted
PUBLIC AWARENESS
Callers feel non-emergency issues are emergencies
Public doesn't know who to call or get help outside of 911
Public expectations are for 911 agencies to deal w/ all types of calls
Situation escalates + have nowhere else to turn. In a crisis + feel they need immediate help.
Don't know what the other resources are
Nobody explains where to access other resources
Reliance on EMS b/c it's always there.
↑ dependency on emergency response services
911 historically has done everything
Public doesn't know who else to call
Public doesn't rely of 911 + impact of calling.
Too easy to call 911.
Public ↑ scared to stop + help.
Emergency response seen as safety net
Agency calls are calling 911 for issues they should manage
Public not willing to step + help
911 the only point of access for at-risk folks
Under educated public
Don't know what an array is + is not
Society has got too accustomed to calling.
DATA SHARING + MEASUREMENT
Data not representative of workload
Based on funding provided by govt.
Current measure used by police
Workload assessment of police related to crimes.
Based on pay for performance.
Data ↑ in calls for social matters such as Mental Health
Non criminal incidents not captured in data
Ø sharing of data
Don't have data on types of calls