

Medical Priority Dispatch System

Issue

The benefits of the Medical Priority Dispatch System (MPDS) have been acknowledged:

1. The ability to safely prioritize EMS responses in communities that have chosen to use the MPDS to more effectively allocate **limited** resources ensures the availability of these resources for medical conditions that require short response time and the highest levels of clinical capability. Many systems have identified that minor injuries such as cat bites do not require lights and siren response and may be more appropriately managed by a lower level of system response. In systems with limited resources and nonexistent or extended mutual-aid responses, the use of the MPDS ensures that limited resources are optimized.
2. MPDS Saves Lives – Dr. Clawson, the creator of MPDS, observes that the main objective of MPDS is to "send the right resource, to the right person, in the right way, at the right time." It allows for a reporting suite to produce accurate and qualitative data that will allow paramedic services the ability to make evidence-based decisions. The current Ontario dispatching tool has only 2 levels of emergency response (code 3 and code 4). By comparison, MPDS has 5 levels of emergency response. The future legislated response time will require municipalities to base our response on 5 levels of patient acuity, which matched the MPDS model. With MPDS, municipalities can medically appropriately delay responding to calls that are not life threatening and save those ambulances to respond to the true medical emergency, thereby saving lives.
3. Budget Challenges – With only 2 levels of emergency response under the current system, ambulances are dispatched lights and sirens (code 4) a large portion of the time. This increases costs as municipalities must place additional resources on the road to meet the increase demand of emergency calls. MPDS allows for a more efficient use of the fleet with the 5 levels of expanded emergency responses.
4. Increase Quality Assurance – MPDS has a built-in quality assurance program that is constantly upgraded on evidence-based medicine. The access to reliable metrics will enable municipalities to monitor and report on overall system performance. There is also a requirement that a local medical director trained in MPDSA be assigned to a quality review committee which is comprised of paramedics, dispatchers, and management. This committee reviews calls and determines if improvements are required. This has led to MPDS being upgraded to now its 11th version. By comparison, Ontario has an advisory committee on the policies and procedures of the dispatch centre but there is no medical oversight, or real time quality assurance feedback to the dispatcher. The tool currently in use in Ontario is in its 2nd version with limited evidence-based determinants.

Action Requested

That the Province:

- (1) Release the PricewaterhouseCoopers (PWC) review on MPDS in Niagara and Toronto; and
- (2) Announce when it will release the Emergency Health Services Branch internal review of DPCI II for evaluation by the Provincial Medical Advisory Committee (PMAC); and
- (3) Incorporate the Medical Priority Dispatch System (MPDS) dispatching technology into the ambulance dispatch system.