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**Answering the Call: The Clinician Connection**  
**Essex-Windsor EMS Request of the Ministry of Health**  
**ROMA Conference Meeting**  
**Tuesday, January 20, 2026 2:30-2:45 PM**

## What We Are Requesting

Essex-Windsor EMS is seeking approval to embed clinicians within the Windsor Central Ambulance Communication Centre (CACC) during the rollout of the Medical Priority Dispatch System (MPDS). Pairing MPDS with real-time clinical oversight will improve triage accuracy, support secondary clinical review, and optimize resource deployment amid rising call volumes and persistent staffing shortages.

Our service has demonstrated strong results through diversion initiatives and innovative community paramedicine programs. However, to fully meet the needs of a rapidly growing and aging population, we require a more agile dispatching model that leverages MPDS and clinical expertise.

Given escalating ambulance costs and a province-wide paramedic shortage, adding 13 ambulances and 104 full-time paramedics, as recommended in our master plan to improve service levels, is neither financially nor operationally feasible. Instead, we must rethink how existing resources are deployed. Embedding clinicians within the CACC will allow us to maximize the impact of our community paramedicine programs and support a more holistic, efficient approach to patient care.

## Why We Are Making This Request

### 1. Historic Growth

Essex County's population grew 6.1% from 2016 to 2021 and is projected to reach 268,000–315,000 within 30 years—an increase of 2,300 to 3,900



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residents annually. The fastest-growing segment will be adults 75+, who are expected to account for 60% of EMS call volume by 2030.

## 2. Rising Call Volumes

Call volumes are projected to grow 4.5% annually from 2025–2030, reaching 84,000–90,000 calls by 2030. Maintaining current service levels would require six additional 24-hour shifts; achieving an eight-minute response time 75% of the time would require 13 shifts—2,184 weekly ambulance hours.

## 3. Investments and Escalating Costs

Since 2022, the County has funded 36 additional paramedics and two dispatch supervisors, adding over 79,000 frontline hours. Yet each new ambulance costs more than \$1.3 million, excluding fuel, maintenance, uniforms, and supervision. Procuring vehicles takes over a year, and recruiting enough paramedics to staff them is unlikely given a provincial shortage of 400 paramedics annually.

To prepare for future growth, Essex-Windsor EMS has purchased land adjacent to the proposed Mega Hospital to build a new headquarters, enabling a more efficient hub-and-spoke model, improving daily operations and creating synergies between Essex-Windsor EMS and Windsor Regional Hospital, and creating an opportunity for co-location with CACC.

## 4. Proven Success

Essex-Windsor EMS has consistently delivered innovative, high-impact care—from large-scale COVID-19 testing and vaccination to successful diversion programs such as CATT, MHART, VPN, and Community Paramedicine–LTC. Embedding two District Chiefs in the CACC has already improved patient flow; embedding clinicians during MPDS implementation would significantly amplify these gains.

## 5. The Current Situation

Windsor-Essex’s geography means Essex-Windsor EMS is the only service dispatched by the CACC, limiting surge support and at times pushing neighbouring Chatham-Kent EMS into Code Black. Recently, Middlesex-London units were assigned to Windsor code 4 calls due to local shortages. Meanwhile, local hospitals regularly operate above 120% capacity, with some of the highest EMS offload volumes in Ontario.

### **Clinical Connection: A Better Way Forward**

Embedding clinicians within the CACC during MPDS implementation will enable real-time clinical oversight, secondary triage, and expanded “treat and refer” or “treat and release” pathways. This model will reduce unnecessary transports, improve patient outcomes, and strengthen system resilience without unsustainable cost increases.

With MPDS expected to go live in February 2027, there is ample time to design and implement this enhanced model. Establishing clinical integration from the outset will allow Essex-Windsor EMS to optimize resources, reduce Code Reds and Blacks, and deliver high-quality emergency care to a growing region.



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