Paramedic Association of Manitoba

Submission to

Regional Health Authority External Review Committee

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PARAMEDIC ASSOCIATION OF MANITOBA

The Paramedic Association of Manitoba (PAM) is a voluntary membership professional association representing emergency medical services personnel licensed to practise in this province. Representing both rural and urban practitioners, we strive to promote excellence in pre-hospital emergency health care and within our profession.

The mission statement for the Paramedic Association of Manitoba defines the organization as:

"a professional association comprised of licensed pre-hospital practitioners across Manitoba, with a strong voice in EMS issues that promotes the well-being, safety and appropriate medical treatment of our patients".

The Paramedic Association of Manitoba is a chapter of the Paramedic Association of Canada (PAC), the professional organization representing over 14,000 paramedicine practitioners across Canada.

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An aging and educated public are putting pressure on Canada's health care system as never before. Increasing demands for service coupled with escalating costs for health care delivery and public demand for financial accountability will require difficult choices regarding the rationalization and reform of many services.

Demographic and health care trends point to the increasing importance of Emergency Medical Services (EMS) and emergency medicine to Canadians[1]. Prehospital care delivered by paramedics is an essential link in any comprehensive health care model[2], and must be considered in an effort to develop reasonable policies that balance public needs and expectations with emerging trends in the health care industry. In Manitoba, over 110,000 patients (nearly 10% of Manitoba's population) require prehospital medical treatment by paramedics annually. As pressure on our health care system continues to grow, pre-hospital emergency care will have to be redefined.

Public policy questions regarding upgrading or changing an EMS system are too frequently clouded by the emotions of providers, patients, and elected officials. Emergency Medical Services has traditionally been viewed as ambulance service with a primary focus on emergency transport and inter-facility transfers between health facilities. Although once considered primarily a public safety service, EMS has both knowledge and resources to contribute to health care reform, and as such paramedics must be encouraged to evolve with other health care professions.

Clearly health care remains a top priority for Manitobans. They want a system that is accountable, accessible and high-quality[3]. They want health care professionals to adopt expanded roles and work within an integrated team approach to service delivery. They want to know that health resources are being utilized in the most efficient and effective manner possible. A high performance emergency medical services system has the ability to deliver reliable medical response, defined clinical care and financial accountability.

[1] The Future of EMS in Canada: Defining the New Road Ahead
[2] Submission to the Commission on the Future of Health Care in Canada - CAEP
[3] HealthCHOICES – what Manitobans said - Final Report

EMS in Manitoba

As Manitobans we share in the expectation of access to high quality, effective and responsive emergency medical service. In some locations Manitobans have access to state of the art EMS services that approach the highest standards. In other areas, there are significant challenges that affect ambulance service delivery including population, geography, staff retention and funding.

Prior to the regionalization of health services in Manitoba (1996), municipalities were responsible to ensure provision of emergency medical services (EMS). Under that governance structure over 80 ambulance services were licensed to operate in Manitoba. The majority of those services were staffed by volunteer personnel qualified to provide only basic to advanced first aid and transport. In the early to mid 1990s, Manitoba Health Emergency Services introduced the Emergency Medical Technician (EMT) training program aimed at improving prehospital care.

In 1996 the Regional Health Authorities Act transferred responsibility for provision of ambulance service from municipalities to the Health Authorities. RHAs assumed responsibility for emergency medical services as a component of the Core Health Services identified within their mandate. Since that time Regional Health Authorities have ensured EMS service through various delivery methods; RHA ownership, service purchase agreements with existing owners/operators and "hand-shake" agreements that saw some services continue to operate independent of RHA management. Although Manitoba has only eleven (11) Regional Health Authorities, there are 33 licensed land ambulance service providers[4]. As a result each RHA has its own EMS management structure and is very distinct in their approach to delivery of emergency medical services.

The location of ambulances distributed throughout Manitoba has largely been determined by politics and evolution. In most areas service location and ambulance deployment remains largely the same as it was prior to regionalization of health services, and unit utilization is primarily administered from within regional boundaries. This is a challenge to deployment that achieves optimal response times and the most efficient and effective use of resources.

In 2006, the Ambulance Services Amendment Act was replaced by the Emergency Medical Response and Stretcher Transportation Act. This legislation aligned licensing levels for prehospital practitioners in Manitoba with a competency profile for paramedics[5] developed by the Paramedic Association of Canada and used similarly in most other Canadian jurisdictions.

[4] Manitoba Health Annual Report 2004-2005
[5] National Occupational Competency Profile June 2001 (Paramedic Association of Canada)

Paramedics in Manitoba are licensed by Manitoba Health Emergency Services, and practice under the direction of a licensed physician (regional EMS Medical Director). The Medical Director may authorize a paramedic to perform specified medical acts (ex. – drug administration, intravenous therapy, advanced airway management) only while practicing under his/her direction. As a result the level of patient care delivered by EMS personnel varies widely throughout the province and regional employment reciprocity for Paramedics is somewhat hindered.

EMS System Reviews

In September 1997, the Minister of Health instructed staff within Manitoba Health Emergency Services to conduct a review of Manitoba's EMS system and make recommendations to enhance service delivery. Among the recommendations made following the system review:[6]

- Develop minimum standards to ensure all Manitobans have reasonable access to EMS, including rapid response and a significant level of medical skill.
- Coordination of inter-facility transports.
- Investigate skill sets of EMS practitioners that would enable use of EMS personnel as a "mobile resource" to provide treatment and test options outside of institutions.
- Increase operational funding to Manitoba's EMS system nearer to that of the national median for EMS funding.
- Tiered first response system…community first response followed by highly skilled paramedics…

In January of 1999 the Minister of Health established an EMS Working Group (chaired by the ADM, External Programs and Operations) to once again review the EMS system in Manitoba and make recommendations on how to improve service delivery to all Manitobans. The Woking Group included representation from Manitoba Health and the Regional Health Authorities, and made a number of recommendations including:[7]

- Appropriate funding to achieve EMS system improvements as recommended.
- All transporting ambulances should be staffed by a minimum of one Paramedic capable of providing ALS (advanced life support) interventions.
- Expanded scope of practice for EMS professionals who may be effectively utilized in alternate care delivery models.
- Explore and implement administrative efficiencies to ensure an effective delivery system.
- EMS in Manitoba should be developed as a fully integrated component of the health system.
- Implement an integrated and coordinated community based first response system.

A decade following the regionalization of health care in Manitoba there remain significant disparities in how EMS is delivered across the province, at least in part a result of regional administration assuming responsibility for the remnants of fragmented municipal systems and limited core funding. In light of inequities identified within Manitoba's emergency medical services, Manitoba Health and the Regional Health Authorities recognized the need to develop a vision and plan for the future of EMS. In February 2004, a Steering Committee was established to make recommendations to the RHA Council of CEOs and the ADM Regional Affairs to guide future development of a

[6] The Provincial EMS System Model

[7] Emergency Medical Services Working Group Final Report and Recommendations

sustainable emergency medical services system. The *Provincial Emergency Medical Services Framework for Decision-Making* has yet to be formally implemented or publicly unveiled[8].

[8] The Steering Committee was led by Manitoba Health with RHA and RHAM representation. The Steering Committee appointed a Framework Project Team, comprised of representation from Manitoba Health, the Paramedic Association of Manitoba and Regional EMS Directors. The mandate of the Framework Project Team was to define and coordinate the project and make recommendations regarding service delivery options and EMS system planning to the Steering Committee. A draft document of Goals and Objectives relating to EMS system design was distributed to the Framework Project Team in October, 2005. A consensus on system delivery options was not reached. A final report has yet to be distributed.

Challenges

As mentioned earlier in this report, each regional health authority has, in effect, designed its own local EMS system. The result is that Manitoba's emergency medical services system is not well coordinated, lacks necessary efficiencies and accountabilities and has widely variable levels of performance across the province. Level of service and quality of care is dependant on the patient's location. Prior to the opening of the Medical Transportation Coordination Centre (MTCC) response times were often longer than necessary due to the artificial "walls" created by regional boundaries. Key performance indicators necessary to measure system outcomes are either non-existent or vary widely from region to region. As recognized by Manitoba Health and the RHAs in facilitating the EMS Framework deliberations, our emergency medical services system needs restructuring to provide consistent, high quality and accountable prehospital and emergency care throughout Manitoba.

The Manitoba Government has undertaken key initiatives since 1999 to improve the delivery of Emergency Medical Services.

- Development of a province-wide Fleetnet communication system for emergency services.
- The purchase and maintenance of land ambulances through the provincial Fleet Vehicle program.
- The development of a province wide dispatch center (Medical Transportation Coordination Center) to coordinate primary response and inter-facility transports[9].
- The funding of patient cost for inter-facility transfers.

These initiatives are first steps toward a more consistent delivery of service province-wide. But we still fall short of ensuring Manitobans have equitable access to consistent and standardized Emergency Medical Services. Inequities exist in many facets of EMS service delivery:

- Each RHA determines a fee for service structure[10], including rates for:
    - basic service (ranging from $210 - $270);
    - ALS service ($0 - $100 in addition to basic rate);
    - non-transport calls ($0 - $125);
    - wait times/standby fees ($0 - $50/hr);
    - nurse escort fees (dependent on regional cost recovery);
    - mileage surcharges ($2.25 - $3 per km).
- Each region determines the staffing model for ambulance and paramedic services within their jurisdiction. Some have opted for in-house 24 hour staffing, others rely on a combination of in-house and on-call staff, and some rely wholly or primarily on on-call staff.

[9] The MTCC is not yet coordinating inter-facility transfers as a result of difficulties associated with varying regional policies, staffing, resources and fee structures.
[10] Based on 2006 data collected by PAM

- Education and training levels of licensed EMS providers in Manitoba range from Basic (Standard) First Aid to Advance Care Paramedic. Legislative changes in 2006 will eventually eliminate the BFA provider, but rural regions still vary significantly in their reliance on EMR or Paramedic trained ambulance personnel. This has a direct impact on the level of care each region/service is able to provide in the field.
- With the introduction of a "provincial dispatch system" (MTCC), oftentimes ambulances are now responding to requests for EMS service outside of their regional boundaries. As a result, patients residing in Region "X" could receive not only different levels of pre-hospital care but also different service billing rates depending on the ambulance resource dispatched.
- As mentioned earlier in this document, Paramedics can be given delegated authority to practice certain medical skills. The training and certification requirements for delegating Transfer of Function skill are outlined in provincial Protocols, but education practices in this area appear to vary significantly from region to region.
- Paramedics are required by legislation to work under the authority of a Medical Director. Each RHA employs a medical Director for their EMS system under whose license their Paramedics practice. As a result, movement from region to region for Paramedic staff is cumbersome and difficult, aggravating existing staff recruitment and retention difficulties.
- In addition to staffing models differing from region to region, so to does the number and location of ambulance services in relation to both geography and call volume. This is most likely a direct result of inherited disparities from the municipal delivery models.

Although EMS management structures vary from Region to Region, there is some consistency in that each RHA has designated a "Manager" to represent their regional EMS delivery system in discussions related to ambulance and Paramedic service. These individuals are members of the EMS Directors Network, which meets regularly to consult on issues related to EMS operations and are also represented on all provincial EMS committees and project teams. However, despite their regional managerial responsibilities the EMS Directors Network lacks decision making authority that would allow for more consistent operations across the province.

Moving Forward

Change is very often contemplated without fully understanding the individual elements that contribute to an effective and efficient system. Emergency department backlogs and staff shortages, the development of regional and provincial centres of excellence, inter-facility transfers, the potential for rural emergency room and hospital closures and many other factors larger than a single service or health authority suggest that our EMS system must be viewed holistically. Any change in staffing, unit location or ambulance availability in one region can impact significantly on neighbouring jurisdictions.

Across Canada provincial governments are adopting more centralized EMS delivery models. In October of 1993 the province of Nova Scotia embarked on a review of their emergency medical services system, recognizing:

- the need for financial and medical accountability,
- that a move toward non-institutional care increases the emphasis placed on emergency services, and
- quality and consistency of care is increasingly scrutinized.

The result of the Nova Scotia review was the consolidation of over 50 ambulance providers into a province-wide delivery system[11], with marked improvements in:

- consistency and equity,
- clinical performance of paramedics,
- response times,
- labour stability,
- professionalism, and
- cost effectiveness.

In a performance evaluation of Nova Scotia's restructured EMS system, Fitch and Associates, LLC stated that Nova Scotia now has "*one of the premiere systems in the world*".[12] The consultant's conclusion…"*The Nova Scotia EHS system has made dramatic improvements over the last few years…taxpayers of Nova Scotia are receiving good value for the money spent*".[13]

Other provinces including British Columbia, Prince Edward Island and New Brunswick operate various forms of a "province-wide" EMS delivery system. The Paramedic Association of Manitoba feels that these are delivery models that are functioning efficiently, effectively and are fiscally accountable to the citizens they serve.

[11] Report: Emergency Health Services Nova Scotia (April 1994) – Michael F. Murphy M.D.
[12] Consultant Report – Performance Evaluation of Nova Scotia Emergency Health Services – Fitch and Associates, LLC – November 2001 (page 10)
[13] Consultant Report – Performance Evaluation of Nova Scotia Emergency Health Services – Fitch and Associates, LLC – November 2001 (page 5)

In May of this year the Paramedic Association of Manitoba released a White Paper entitled *Emergency Medical Services – Manitoba's Quiet Crisis*[14]. The document contained a series of recommendations designed to improve Manitoba's ambulance and Paramedic services, including the following statement and recommendation:

Level of service and quality of care is dependant on the patient's location. Key performance indicators necessary to measure system outcomes vary widely from region to region. Our emergency medical services system needs restructuring to provide consistent, high quality and accountable prehospital emergency health care throughout Manitoba[15].

Recommendation #4

The Paramedic Association of Manitoba recommends the provincial government move quickly toward the formation of an ambulance service delivery model that improves efficiencies and increases the level of pre-hospital emergency care provided by paramedics across Manitoba.

[14] The entire report is available online at www.paramedicsofmanitoba.ca.

[15] *Emergency Medical Services – Manitoba's Quiet Crisis* – page 12

Conclusion

Manitoba's ambulance and paramedic services have undergone significant growth and evolution over the past decade. The provincial government invested $7.8 million to develop a provincial ambulance dispatch centre to improve system efficiencies and better coordinate ambulance deployment across the province. As well, increased operational funding has been provided to regional health authorities to assist in the areas of training, salaries and benefits. But despite these initiatives, regional differences in administration and operations have made it increasingly difficult to provide consistent, high quality prehospital emergency health care throughout Manitoba.

Across Canada there has been a noticeable shift towards more systemic delivery and management of emergency medical services. Provincial governments are adopting more centralized EMS delivery models. Provinces such as Nova Scotia, British Columbia, Prince Edward Island and New Brunswick operate various forms of a "province-wide" EMS delivery system. These delivery models are functioning efficiently, effectively and are fiscally accountable to the citizens they serve.

Increasing demands for service coupled with escalating costs for health care delivery and public demand for financial accountability will require difficult choices regarding the rationalization and reform of many health services. Despite the best efforts by Regional Health Authorities across this province, many of the recommendations contained in the earlier cited EMS studies and reports have yet to be realized with any consistency. Minimum response standards, coordination of inter-facility transfers, advanced life support capabilities and consistent administrative practices have been very difficult to obtain on a region by region basis.

Ambulances and Paramedics work in a dynamic and fluid environment. The Regional Health Authorities of Manitoba (RHAM) currently has functional authority for our provincial dispatch center, is in a much better position to oversee consistent and accountable ambulance and Paramedic services for all Manitobans. As you consider current practices concerning ongoing regional operations, we recommend that you consider the significant benefits of operating our Emergency Medical Services within the context of a provincial model with regional input.