Emergency Medical Services Update

Alberta Urban Municipalities Association

Small Communities Committee Presentation

February 5, 2020
Presentation Outline

1. System Overview & Services Provided
2. Successes
3. Performance
4. MFR Program
5. GIS Data
6. Air Ambulance
Dispatch & Communications
Emergency/Non-Emergency
Inter-Facility Transfers
Community Paramedics
Specialty Teams

Tactical Paramedic

Incident Response Paramedic (Haz-Mat)
Specialty Teams

Public Order Team

Rapid Access Paramedics (RAP)
Emergency and Disaster Management
Services Provided

• 229 stations:
  – 132 Direct Delivery (58%)
  – 96 Contract Delivery (42%)
• 30 Contracted ground providers
• Over 200 registered Medical First Responder agencies
• 2,230 publicly registered automated external defibrillators (AEDs)
• 556,000 events in 2018/19; the system growths by ~5% annually
Successes

• Evidence based Medical Care Protocols
• Dispatch Consolidation
• Integration with health
• New approaches to service: air ambulance scheduled run, community paramedics
• Training and education
• Data capture and reporting
• Medical First Response Program
Performance - EMS Evolution

• In 2009 EMS stepped away from a legacy practice of basing performance primarily on response times.

• A holistic, quality-based approach to system performance was adopted.

• EMS continues to measure and report on response times as one of many measures of system performance.
Performance

- EMS Dashboard:
  - Key measures: patient satisfaction; vital signs compliance; time to dispatch first ambulance; response times; EMS hospital time; and provincial event volume
- Community level response time reporting
  - 39 communities currently
  - 19 communities on deck
- KPI reporting
Performance

- Current Rural/Remote Performance
AUMA Specific Questions about Performance

• Rural and remote communities believe that a target of 40 minutes for ambulance response time is still too long. How was this target determined and is AHS looking at ways that this time can be decreased?

• Remote is defined as being greater than 200km from a metro or urban centre; but excluding communities >3,000 pop that have an EMS station (e.g., Hinton).

• Rural is defined as being less than 200km from a metro or urban centre; again excluding communities >3,000 pop that have an EMS station.
AUMA Specific Questions about Performance

- How does AHS classify rural and remote?
  - The four distinct response time targets were based on an Alberta-specific health-based classification system known as the rural-urban continuum. This classification system is used throughout the health care system to determine services and resources.
AUMA Specific Questions about Performance

- Could AHS release statistics on how often communities are in Code Red (no ambulance coverage) and include this in their performance indicators?
  - Operating a borderless EMS services, an ambulance is always dispatched to the emergency.
  - Cross coverage is used when ambulances leave communities.
  - There is no standard for this measure and it does not indicate that response is not occurring. For a location with one ambulance this would be triggered whenever they received a call.
MFR Program

• The Alberta Medical First Response (MFR) Program has been providing support to fire departments who sometimes assist EMS with medical emergencies since April, 2015

• The Alberta MFR Program is a joint undertaking between AHS, the Ministry of Health and MFR stakeholders (primarily fire departments)
MFR Program

- Benefits include:
  - Access to regularly updated Medical Control Protocols for Medical First Responders
  - Training materials, including courses recognized by the Alberta College of Paramedics
  - A Provincial Medical Director who ensures established standards are focused on quality patient care and clinical outcomes
  - Program resources available to assist with operational questions, liaise with EMS and to support response plan design/reviews
  - Access to equipment and training supports
MFR Program

AUMA Specific Questions about MFR

• Will AHS look at compensating municipalities for the costs they incur for participating in this program?
  • The Program is voluntary – no compensation is being considered by AHS
  • AHS can work with departments to reduce response criteria
AHS Collects GIS / addressing information from communities all across the province

The goal for small communities is to update address information at least annually

If a municipality has an important update to provide, it can be supplied directly to AHS outside of the normal revision cycle

Municipalities who choose to subscribe to the Alberta Municipal Data Sharing Partnership (AMDSP) have their address data updated quarterly
GIS Data

• AHS shares GIS data with many fire dispatch agencies in Alberta at no cost; this streamlines processes and saves resources for our municipal partners

• Most of the municipalities have a GIS person who are familiar with our GIS coordinator but if not they can contact:

  Julia Rozema  
  GIS Coordinator  
  Julia.rozema@ahs.ca  
  Phone: 587-774-7799
Air Ambulance

- Primary role is to transport patients over long distances
- Our guide for effective but efficient use is considered for transfers that exceed 2.5 hours one way patient drive time by ground (fixed-wing)
- 11 Fixed-wing air ambulances; 3 helicopter entities in 5 locations. 8,000 patient annually
- FW, Helicopter and ground ambulances are all integrated with EMS transport coordination considering patient needs and system efficiency
Air Ambulance – HEMS Review

- AHS currently conducting a review of Helicopter Emergency Medical Services
- HEMS currently uses 3 dedicated helicopter service providers (STARS, HERO & HALO) and ad hoc helicopter transport
- Helicopter medical transport providers:
  - Developed differently; independent of AHS
  - Provide different services
  - Established independent funding models
Air Ambulance – HEMS Review

Review commenced November 22, 2019 (6 to 9 months)
  – Notification to stakeholders (complete)
  – Assembly of Advisory Panel (complete)
  – Engagement period (current)
  – Proposal of HEMS Model
  – Recommendations
  – Findings & Report

Email:
HEMSreview@ahs.ca
Together4Health:
https://together4health.ahs.ca/HEMSEngagement
Other Questions

• Transfers continue to create issues with coverage. Is AHS looking using other mechanisms for transfers, and/or a way to release patients faster so that ambulances are not unduly detained?

• How will the recently announced layoffs in AHS affect ambulance services?

• Others?
The Right Care, at the Right Time, at the Right Place