

Emergency Medical Services Update

Alberta Urban Municipalities Association

Small Communities Committee Presentation

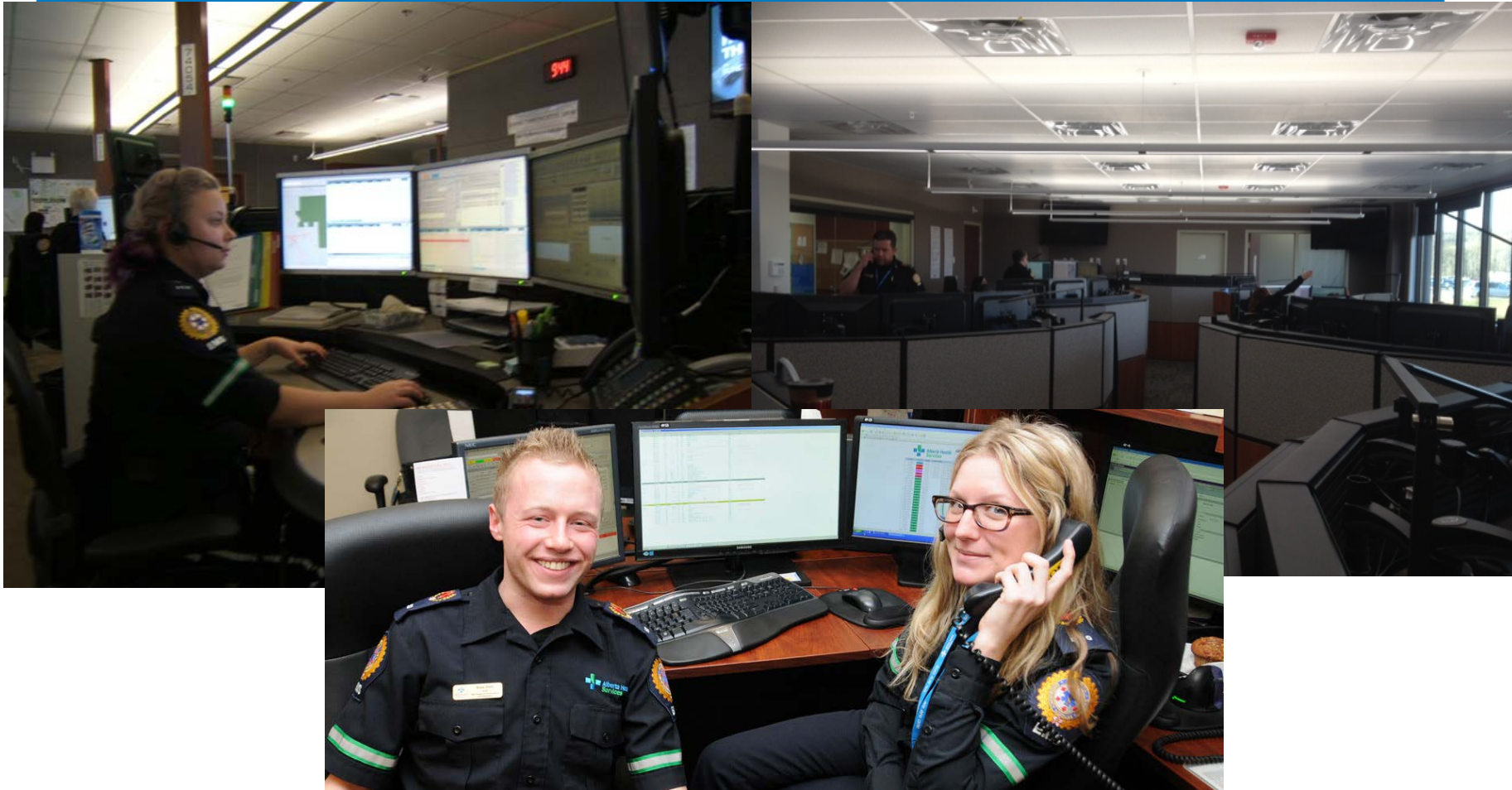


February 5, 2020

Presentation Outline

1. System Overview & Services Provided
2. Successes
3. Performance
4. MFR Program
5. GIS Data
6. Air Ambulance

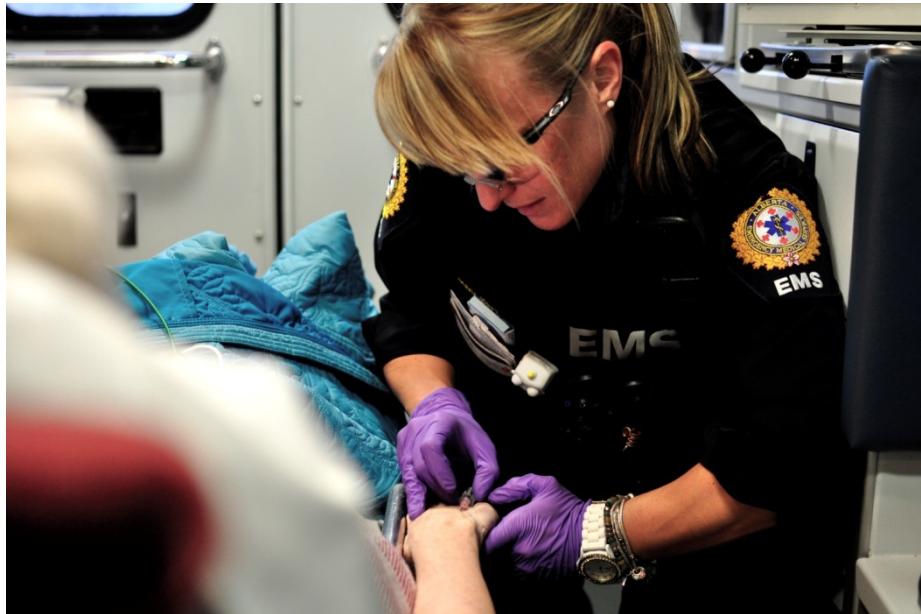
Dispatch & Communications



Emergency/Non-Emergency



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 grows 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.

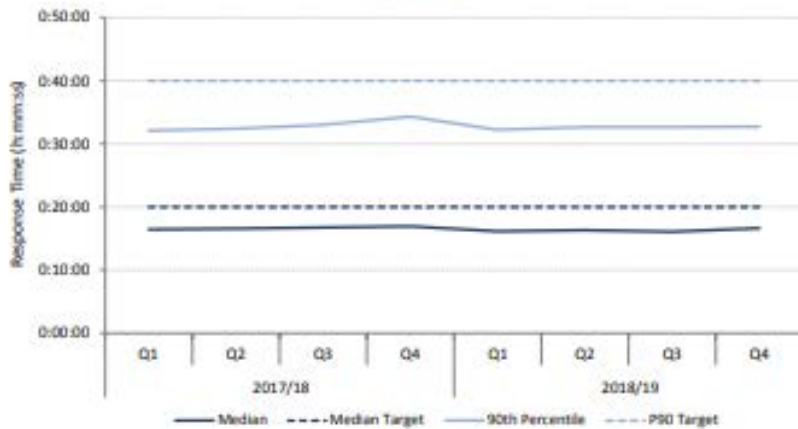
Performance

- 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

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.

Performance

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

Performance

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

GIS Data

- 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?

AHS EMS



The Right Care, at the Right Time, at the Right Place