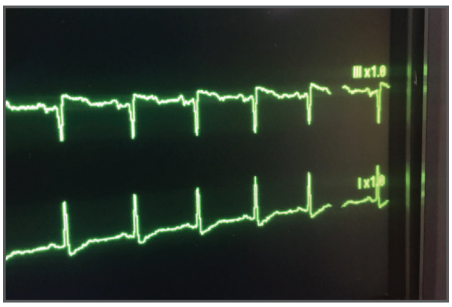
Ground EMS Stakeholder Consultation Discussion Guide

The Ministry of Health is conducting comprehensive consultations with a number of the Emergency Medical Services (EMS) stakeholders to determine how EMS can adapt to ever-changing patient needs. The consultation will focus on the strategic principles and objectives, including legislative change for modernizing and redesigning ground ambulance services to provide a more consistent and efficient patient-centred ground EMS delivery system.

This document outlines the context and scope of the consultation, some background information on EMS in Saskatchewan, and a number of questions asking you for feedback to help inform the guiding principles that will govern EMS.



Why the Consultation on Ground Emergency Medical Services (EMS)?

- EMS in Saskatchewan has a long, storied history. There have been significant advancements in the service and care provided to patients. EMS is a valued partner in the health system. EMS is often the start of the care journey for patients and an essential first step in the stabilization of critical care patients.
- EMS continues to evolve, with ongoing changes in the care provided and the way services are provided. As EMS continues to transform, it is important that the structure of how EMS is organized and governed has the ability to adapt and change, to allow the implementation of new delivery models that best meet the needs of the patients.
- The Saskatchewan Advisory Panel on Health System Structure (the Advisory Panel) as part of its review of the health system, recognized the limitations and restrictions of the current EMS environment in Saskatchewan and recommended that "[T]he Provincial Health Authority should pursue opportunities for consolidation of clinical services within and across the service integration areas, including… b) Optimizing the organization of Emergency Medical Services (EMS) through the consolidation of all planning, dispatch and delivery;…"
- The Advisory Panel strongly recommended that "the Ministry of Health and the Provincial Health Authority make modernization and standardization of EMS a priority in the short term. To achieve this, *The Ambulance Act* must be modernized to allow for greater efficiencies, a re-organization of the service and a more patient-focused EMS system. Further, the Advisory Panel recommends that governance, management and delivery of EMS services be assumed by the Provincial Health Authority."

- Follow-up is also required on recommendations made by the Provincial Auditor's Office in its 2016 Audit Report on delivering accessible and responsive ambulance services within Cypress Health Region, and aligning with contract management best practices.
- A future ground EMS system must put the patient first, improve access to health care and improve the patient care experience at a reasonable cost to patients and Saskatchewan taxpayers. A patient-focused, efficient, and performance-managed ground EMS system for the province is an integral component of a sustainable future health system, particularly for rural and remote residents.
- It is important that ground EMS in Saskatchewan keeps pace with other jurisdictions in Canada when it comes to providing patient care in a consistent, responsive, and affordable manner.
- EMS in the province is currently poorly integrated, has significant variation in the standard of patient care available in each community (e.g. level of training of paramedics responding to the patient), is inconsistent in its responsiveness, and charges among the highest service fees in the country.
- Improvement of ground EMS is one of the key priorities with which the new Saskatchewan Health Authority (SHA) is tasked.

Scope and Timing of Consultations

Stakeholder consultations will include discussions about the strategic principles and objectives (identified below), including legislative change, for modernizing and redesigning ground ambulance services that have been identified through the following related events and recent reviews:

- The Advisory Panel on Health System Structure, which recommended the consolidation of EMS planning, dispatch and delivery, as well as modernization to allow for greater efficiencies, re-organization and patient-focused service;
- The formation of the Saskatchewan Health Authority, which will assume responsibility for ground ambulance delivery and contract management upon its establishment this fall;
- The recommendation from the Provincial Auditor to update *The Ambulance Act* to align with contract management best practices; and
- Ongoing issues related to variation in patient care standards, service coordination, service efficiency, accountability, and performance management.

Strategic Principles and Objectives:

- Patient Care
- Coordination, Integration, and Efficiency
- Better Value for Money
- Accountability, Performance Management, and Contract Management
- EMS Legislation

Timing

- Written and face-to-face consultations will take place in June and July, 2017. The information gathered through these consultations will shape future policy development and system design decisions.
- Given the vital role of medical first responders in Saskatchewan EMS and the number of medical first responder groups throughout the province, the Ministry of Health will schedule specific focus group sessions with medical first responder representatives for early fall 2017. These focus groups will discuss integration of medical first responders in the emergency response process, including the need for consistency, coordination, and integration. The focus groups will also explore the opportunities to improve support for medical first responders, and in doing so, improve the care patients receive.

Governance of Ground EMS in Saskatchewan

- The Ministry of Health is responsible for the legislation and regulations pertaining to ground EMS. The Ministry also sets and maintains fee guidelines to ensure a level of fairness and to minimize the variability in ambulance fees charged to Saskatchewan patients/insurers.
- Regional Health Authorities (RHAs) are responsible for the day to day delivery of health services and programs including the management and provision of ambulance services.
- Largely based on the historic arrangements put in place by community ambulance boards in the 1980s, the RHAs either provide the ambulance service themselves through RHA owned-and-operated ambulance services, or contract the delivery of EMS from a private ambulance service or a local community non-profit ambulance service.

On-call Staffing in Smaller Centres:

- Many of the smaller services rely completely on staff who are on-call both day and night, or trained local residents who are willing to be called in on a casual basis.
  - » Very few staff or local residents want to make this type of commitment for such insignificant compensation. Both of these options increase the response time as the providers need to drive to the ambulance base before they can respond to the scene.

Number of Ambulance Services

There are 104 licensed ground ambulance services operating in Saskatchewan:

- 51 are RHA owned/operated;
- 2 are First Nations owned/operated;
- The remaining 51 are services contracted by regional health authorities (RHAs). Of these contracted service providers, 37 are private companies and 14 are non-profit organizations.

Call Volumes

- Total calls handled in 2015-16 by provincially-licensed ground ambulance services: 122,714
- 41.3% of these calls required an emergency response (lights and sirens), the remaining 58.7% were non-emergency calls (e.g. treatment and transfer of a stable patient, diagnostic transfers, treatment/no transport, etc.);

Distribution of Call Volume

- Less than one call per day – 57 services (55% of all services in the province) are smaller, rural services. (Of these, 9 services handled fewer than 1 call per week.)
- 1 to fewer than 3 calls per day – 28 services;
- 3 to 27 calls per day – 17 services; and,
- 70 to 81 calls per day – Regina (70 calls) and Saskatoon (81 calls) are the two largest urban ambulance services, accounting for 45% of the total provincial call volume.

Levels of EMS Providers in Saskatchewan

	Emergency Medical Responder (EMR)	Primary Care Paramedic (PCP)	Intermediate Care Paramedic (ICP)†	Advanced Care Paramedic (ACP)
Duration of Training	40 hours	41 weeks	PCP Certification + 21 weeks	PCP Certification + 65 weeks
Basic Life Support (BLS) Procedures	Yes	Yes	Yes	Yes
Advanced Life Support (ALS) Procedures	Monitor minimal ALS procedures	Increased ability to assist, monitor and perform ALS skills	Increased ability to assist, monitor and perform ALS skills	Widest range of ALS skills
Administer Medications	Limited to BLS medications	Increased ability to administer medications	Increased ability to administer medications as compared to the PCP level	Administer the widest range of medications

† This level of training is no longer being offered in Saskatchewan. The Saskatchewan College of Paramedics will continue to license these providers that are currently practicing in the province.

- All paramedics who practice in Saskatchewan must be licensed by the Saskatchewan College of Paramedics and adhere to standards of practice and ethical conduct established by the College. The College is also the provincial body that investigates complaints regarding the quality of care provided to a patient by a paramedic.

Saskatchewan College of Paramedics Registration Numbers

	EMR	EMT/PCP	ICP	ACP	Total
Non-practicing	46	99	17	26	188
Practicing	242	1218	145	319	1944
Total	308	1317	162	345	2132

Source: Saskatchewan College of Paramedics 2016 Annual Report

Dispatch

- Emergency calls to 911 are taken at one of Sask911's three (3) Public Safety Answering Points (PSAPs) located in Prince Albert, Regina, and Saskatoon. Once the call information is determined to be medical in nature it is transferred to one of the three EMS communication centres. These centres are located in Regina (Regina Qu'Appelle Health Region), Saskatoon (MD Ambulance), and Prince Albert (Parkland Ambulance Care), each coordinating dispatch in its assigned geographical area. This results in duplication of personnel and IT costs. The computer aided dispatch (CAD) system in Prince Albert is a branch off of the Saskatoon system.
- Currently the CADs in Saskatoon and Regina are not compatible and are not able to provide back-up in the event that the other centre experiences an outage or failure. Back-up dispatch would instead occur manually through the use of the secure radio system. As well, if the Saskatoon CAD experiences an outage or failure, the CAD in Prince Albert would also experience the same failure. The inverse, however, is not true.

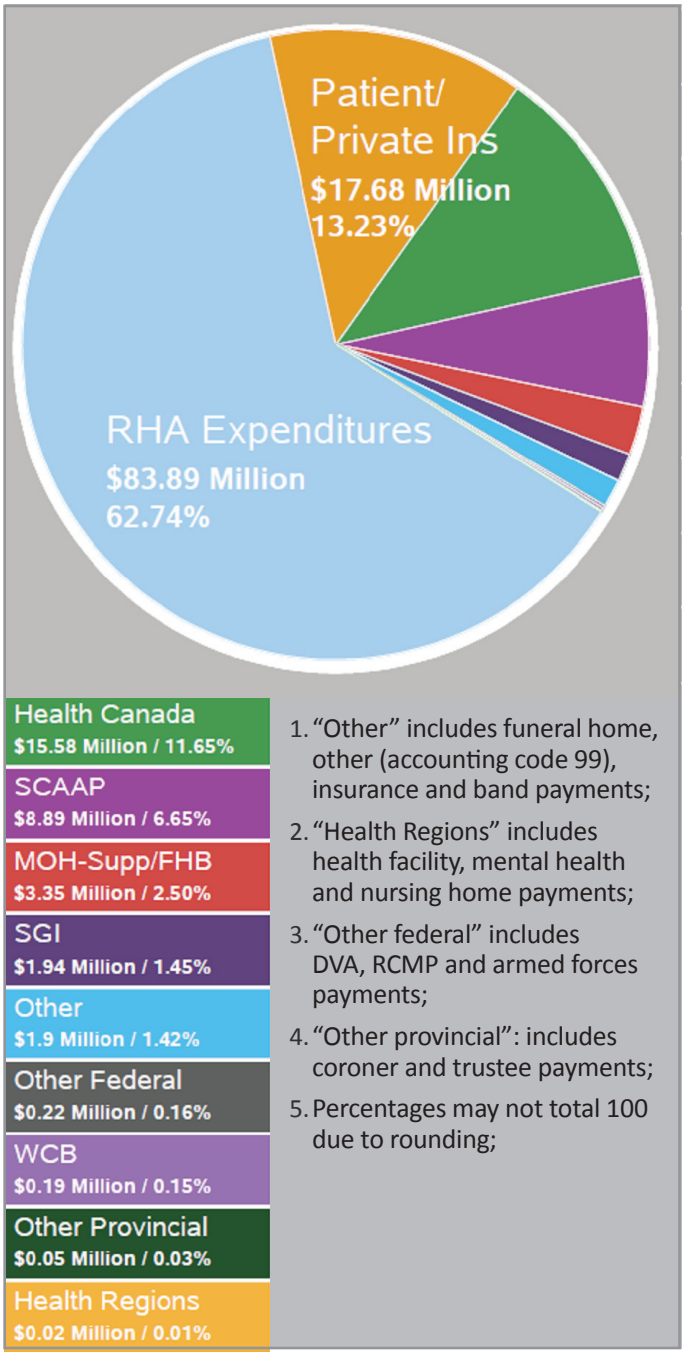
Funding

- In 2015-16 the estimated overall cost of ground ambulance services was $133.69 million ($49.8M of billings plus $83.89M of region grants). Patient/private insurers' billings of $17.68 million represent 13.2% of that total. The Ministry of Health also has some programs in place to assist eligible residents with the cost of ground ambulance service.

Variance in Costs

- The average cost per call (total expenses divided by total calls) for all ambulance services in Saskatchewan during the 2014-15 fiscal year was $1,090.
  - » Based on cross-Canada information, the cost per call among the 9 provinces (not counting Quebec) ranged from $662 per call to $1,090 per call (the cost in Saskatchewan).
- A significant component of the total cost of EMS in this province is non-urgent inter-hospital transfers.
  - » Currently in Saskatchewan, there is very little coordination for inter-hospital transfers, leading to significant inefficiencies.
  - » Empty ambulances travel on the highways when they could transport a patient that needed to be repatriated back to a community close to the ambulance's destination.

Provincial Ground EMS Expenses by Payer (2015-16)



1. "Other" includes funeral home, other (accounting code 99), insurance and band payments;
2. "Health Regions" includes health facility, mental health and nursing home payments;
3. "Other federal" includes DVA, RCMP and armed forces payments;
4. "Other provincial": includes coroner and trustee payments;
5. Percentages may not total 100 due to rounding;

Performance Metrics

- In 2015-16, approximately 77% of rural ground EMS calls received a response within 30 minutes.
  - » Among health regions, achievement of the 30-minute target for rural emergency calls ranged from 89.7% to only 54.3% in 2015-16 (88.8% to 54.5% in 2014-15).
- Approximately 82% of urban emergency calls in Saskatchewan's 10 largest urban centres received a response in less than 9 minutes. (Saskatoon, Regina, Prince Albert, Moose Jaw, North Battleford, Yorkton, Swift Current, Lloydminster, Weyburn and Estevan)
  - » Calls that received a response within the 8-minute-59-second target for urban response time varied from 97.7% to only 72.59% in 2015-16 (97.4% to 71.4% in 2014-15).
- The EMS response time calculation for emergency calls in Saskatchewan begins when the EMS communication centre receives the call and ends when the ambulance arrives at the scene. A patient may also receive support from medical first responder teams who provide an essential service to their communities. However, the arrival of the ambulance is still used to calculate the response time.
  - » Medical First Responders are highly trained and carry medical equipment. Their training teaches them techniques for sustaining life, preventing further injuries, and caring for illnesses and injuries until an ambulance can arrive.
  - » Medical first response is provided by volunteer groups. As of September, 2016, there were 1,046 registered medical first responders located in 264 communities.

Value for Patients and Taxpayers

- Many local or regional hospital patients who require scheduled, specialized diagnostic or treatment services in a provincial hospital or who have chronic health conditions, face substantial ambulance bills. Patients in rural areas are taken by ambulance to the nearest hospital, then often transferred to a larger centre such as Regina or Saskatoon, routinely incurring thousands of dollars in ambulance fees.
  - » Based on the current fee structure, a round trip ground EMS transfer of a patient from the Nipawin Hospital to Saskatoon for a CT or MRI, assuming no hourly "wait time" charge to the patient, would cost the patient $1,544, unless the patient is eligible for a provincial program that covers the charge (e.g. Supplementary Health, Family Health Benefits) or mitigates the charge (e.g. Senior Citizens' Ambulance Assistance Program).
- The Patient First Review (2009) identified the cost of ambulance services as a negative experience with the health system for patients. This is especially true for those in rural areas, since ambulance fees involve a basic pick-up fee and a per-kilometre charge that is billed for the distance both ways.
  - » Patients are not charged for inter-city hospital transfers within the cities of Saskatoon and Regina.
  - » If a patient requires the use of air medevac (helicopter or fixed-wing), the patient often receives three invoices for the one-way trip (one invoice from the ground EMS operator to take the patient from the facility to the airstrip or landing site; one invoice for the air medevac service (billed by the Ministry of Health); and another invoice from the ground EMS operator at the destination to take the patient from the airstrip or landing site to the facility.
- The Patient First Review recommended "That the health system develop a comprehensive and innovative strategy for rural and remote service delivery that…examines the cost burden of emergency transportation, including inter-facility transfers".
- The current ambulance response zones also create an environment where patients may have to wait longer than required for EMS as the ambulance service that has a contract for that response zone may not necessarily be the closest ambulance at the time of the call.

EMS Fees in Canada

Province	Fees for Provincial Residents	Inter-Hospital Coverage	Seniors Program
British Columbia	$50-$80	Yes	No
Alberta	$250-$385	Yes	Yes
Saskatchewan	$245-$325 plus $2.30/km charge, if applicable	No	Yes
Manitoba	Effective January 1, 2017* Flat fee of $475 or the pre-existing base fee, whichever is lower with no additional km or surcharges. Prior to announcement: Base Rate Fees vary between service and region. $270-$522 plus may have additional charges	Yes	No
Ontario	$45 flat fee for medically necessary trips	Yes	No, but will cover trips for seniors in LTC or SCH
Quebec	$125 plus $1.75/km fee	Yes	Yes
New Brunswick	$130.60	Yes	No, but will cover seniors on GIS
Prince Edward Island	$150/day	Yes	Yes
Nova Scotia	$146.55 flat fee	Yes	No
Newfoundland Labrador	$115 flat fee	Yes	No
Nunavut	$800 per call	Yes	No
Northwest Territories	Range from $225-$1500 plus km fee		Yes-Only for one communities resident
Yukon	No Charge	Yes	N/A

*Note: The Manitoba Government made a commitment to reduce the current average ambulance fees by 50% by 2020.

Previous EMS Reviews in Saskatchewan

- In 2000 the Ministry of Health commissioned Richard Keller and Dr. James Cross to "…develop recommendations on the design of a provincial Emergency Medical Services (EMS) system that is patient-centred, co-ordinated, and ensures the most effective use of available resources." The Saskatchewan EMS Development Project report provided recommendations for changes to the EMS system to optimize current resources and identified needed system improvements and how they could be achieved.
- An EMS Review Committee was formed in 2009 to undertake a review of EMS in Saskatchewan that focused on pre-hospital ground EMS, and provide recommendations for a strategic vision and prioritized recommendations. The Saskatchewan Emergency Medical Services (EMS) Review report recommended: the planned development of a Mobile Health Services system; the reduction in the variability of the services received by patients; and, to pursue funding consistency among ambulance services.

Why the Ministry of Health is Consulting on EMS Legislation

- *The Ambulance Act* has been identified in both the recent report of the Saskatchewan Advisory Panel on Health System Structure (the Advisory Panel) and the Provincial Auditor's December 2016 Volume 2 report as a major barrier to making much needed, patient-centred improvements to ground EMS in Saskatchewan.
- The deemed contract renewal provisions of *The Ambulance Act* are unique to Saskatchewan. No other provinces in Canada have legislation that imposes continuous contract renewal provisions terms on private EMS contracts. This type of legislative provision is also unique to EMS contracts as compared to other RHA private service delivery contracts (e.g. day surgery, community MRI and CT, and laboratory services). This has created an environment that severely limits the ability to change or redeploy ground EMS resources when warranted by patient need.
- A number of contracts in the province between the RHAs and the ambulance operators have not been changed or updated in over 15 years. Consequently, there have been few changes in the structure and performance management within EMS.
- Historically ground EMS in Saskatchewan was primarily a transportation system for the patient and it was in this context and environment that *The Ambulance Act* was developed.
  - » Over the last number of years, the competencies, skills, and abilities of the providers (Emergency Medical Responders, Primary Care Paramedics, Intermediate Care Paramedics and Advanced Care Paramedics) that attend to the calls have increased dramatically.
  - » New and innovative delivery models and methods have proven to be successful, and a move to provide community-based care versus the traditional hospital-based care means that paramedics can now play an integral role in many areas of health care beyond their more traditional role in the ambulance.
  - » Paramedics practice in settings such as home care, social detox centres, long-term care, collaborative emergency centres (CECs) and primary healthcare teams.
  - » Within the context of EMS, the ability to re-organize and implement new delivery models and to adapt to changing patient needs is limited by the existing legislation.
- After its audit on delivering accessible and responsive ambulance services within Cypress Health Region, the Provincial Auditor recommended in its December 2016 Volume 2 report that "detailed provisions over the continuance, renewal, and terminations of contracts between RHAs and ambulance service providers (sections 10 and 18)" are "unique and not consistent with contract management best practices." The Provincial Auditor cited the Queensland Government that "[e]fficient contract management requires timely planning for contract expiry. A contract management plan should contain steps to take before a contract expires, including determination of what approach will obtain the best value for money; extending or renewing the contract, or re-approaching the market under new procurement process."
- The Provincial Auditor concluded by recommending "…that the Ministry of Health consider updating *The Ambulance Act* related to contracted ground ambulance service providers to align with contract management best practices."

Opportunities to Improve *The Ambulance Act*

Since 1989, of the original 45 sections that made up *The Ambulance Act*, 25 Sections and 17 sub-sections have been repealed. The remaining 20 sections are identified below.

- ***Section 10*** entrusts the responsibility for the provision of EMS to the RHA board and governs the existing EMS contracts between RHAs and contracted ambulance operators. The section also provides for the deemed renewal of EMS contracts at the end of their term, resulting in the continuation of EMS contracts that, in many cases, have changed little or not at all since the 1990s. This has contributed to the limited the adoption of more patient-responsive ambulance service delivery models.
- ***Section 11*** allows for the establishment of rates by the RHAs. Since 2000, the Ministry of Health has provided provincial ambulance fee guidelines that RHAs have adopted. The fee guidelines were implemented to provide a level of equity and minimize variability in ambulance fees charged to Saskatchewan patients.
- ***Section 18*** – in the event there is a dispute regarding the current EMS contract, section 18 allows either party to give notice of the dispute such that the Minister is obligated to appoint a mediator. If the mediation does not successfully resolve the dispute, the minister is to appoint an arbitrator to determine the dispute.
- ***Sections 30 to 36*** (including section 32.1) pertain to licensure of ground ambulance services by the Ministry.
- ***Sections 37 to 40*** authorize hours of work for personnel of ambulance services, and the requirement to report to work in the event of a disaster.
- ***Section 41*** provides authority to the Minister of Health for air ambulance service.
- ***Sections 43 and 44*** provide regulation-making authority and outline any penalties for an offence.

The remaining two sections of the *Act* (sections 1 and 2) are the short title and interpretation (ie. definitions) of the words used in the *Act*.

EMS Stakeholder Feedback

Topics you or your organization may want to comment on:

For Discussion and Input

General

- What should the future vision of EMS be in the province?
- During this EMS reorganization, what specific service improvements should be achieved?
- Are there any other EMS system improvements that you would like to see?

Patient Care

- What is the most important thing we can do to improve patient care in EMS?
- Are there other improvements to EMS that you think would improve the patient care experience?
- What patient care standards (level of training of paramedics responding to the patient; responsiveness, etc.) should be standard and consistent throughout the province?
- Is the timeliness (response time) of an ambulance your first priority or is the quality of the care received when it arrives the most important quality?
- In your opinion, what are acceptable yet realistic response times for both urban and rural and remote areas?
- Do you have suggestions/ideas on how to provide high-quality, consistent, and timely EMS in rural and remote areas?

Coordination, Integration, Efficiency

- Do you have suggestions on how to make ground EMS in Saskatchewan more efficient?
- Do you have particular ideas for better coordinating non-urgent or scheduled inter-hospital transfers when required and ordered by a physician for diagnostic or other required procedures?
- Do you have any suggestions on how to better integrate ambulance services with each other and with the rest of the health system?

Better value for money

- How can the EMS system provide better value for patients?
- How can Saskatchewan taxpayers, patients, and insurers receive full value for the total $133M annual cost of providing ground EMS in Saskatchewan?
- Please provide any suggestions you have for improving the cost effectiveness of delivering EMS in Saskatchewan.

Accountability, Performance Management, and Contract Management

- What performance management methods or measures do you think are necessary and required for EMS to be measured against?
- How can performance management be strengthened?
- What accountability mechanism or structure would you like to see for EMS in the province?

EMS Legislation

- What is your view regarding changes to *The Ambulance Act* to bring the contracting provisions in line with those in other provinces and other contracted sectors?
- What is your view on the Saskatchewan Health Authority introducing competition or other methods of obtaining EMS delivery?
- What issues/risks must be considered before making any changes to *The Ambulance Act*?
- Are there other provisions within *The Ambulance Act* that should be addressed/revised?
- Are there legislative provisions that should be added?
- How flexible do you feel the legislation should be to have the ability to re-organize and implement new delivery models and adapt to changing patient needs?

Thank you for your input. With your help, we can lay a strong foundation for the future of ground EMS in Saskatchewan.

Ministry of Health, Acute and Emergency Services Branch