THE REGIONAL MUNICIPALITY OF YORK

**REPORT NO. 10 OF THE REGIONAL
HEALTH AND EMERGENCY MEDICAL SERVICES COMMITTEE
MEETING HELD ON DECEMBER 1, 2005**

**For Consideration by
The Council of The Regional Municipality of York
on December 15, 2005**

1
EMS EFFICIENCIES REVIEW

The Health and Emergency Medical Services Committee recommends that:

1. The following report, November 30, 2005, from the Commissioner of Health Services, together with the J. Fitch & Associates report entitled "EMS Efficiencies Review" be referred to the December 15, 2005 Regional Council meeting.

1. RECOMMENDATIONS

It is recommended that:

1. Council receive the J. Fitch & Associates report entitled, "EMS Efficiencies Review" presented at Health and Emergency Medical Services Committee on November 3, 2005, in a private session.

2. Staff be authorized to proceed with the next steps as outlined in this report.

3. Staff report back to the Health and Emergency Medical Services Committee on March 2, 2006 with a progress update on the plan based on the recommendations and findings outlined in this report.

2. PURPOSE

The purpose of this report is to provide members of Council with information on the activities York Region EMS will undertake to consult with stakeholders on the recommendations as outlined in the J. Fitch & Associates report.

3. BACKGROUND

In June 2005, EMS staff retained the services of Fitch & Associates to perform a program review. The review examined the existing EMS delivery model and use of resources, compliance to legislative standards and identified trends, issues and challenges. In addition, the review provided a benchmark of the current performance to best practices, and identified the costs of the current system service levels. A presentation and report was presented by Fitch & Associates to the Health and Emergency Medical Services Committee on November 3, 2005, in a private session.

The report provided eleven recommendations for consideration.

4. ANALYSIS AND OPTIONS

On January 1, 2000, the Region assumed responsibility for land ambulance services. A deployment model and recruitment strategy was approved and implemented at that time which focused on geographical coverage and maintaining balanced emergency coverage. With many external pressures affecting EMS response time performance, it was felt that a review of York Region EMS strategies was required in order to ensure that the areas within EMS control were being optimized.

4.1 Consultant Report Recommendations

Table 1 below outlines the consultant recommendations and the response by York Region EMS with an estimated implementation timeframe.

Table 1
Consultant Report Recommendations

Consultant Recommendation	York Region EMS Response
Recommendation #1 Reconfigure deployment plans based on demand coverage first and foremost, geographical coverage as an added value, and considering an acceptable work load for staff. Of these, the principle of demand coverage is foundational to	Years 1–2 York Region EMS' existing deployment plan is based on geographical coverage first and maintaining balanced emergency coverage throughout the region. Call demand is used to determine where coverage is provided as fewer resources are available to respond to emergency

achieving response times.	calls. Further detail on how Recommendation 1 may be implemented will be provided in a report to Health and Emergency Medical Services Committee on March 2, 2006.
Recommendation #2 Adopt a more aggressive (mobile) deployment strategy recognizing that this will be a challenge for labour/union staff.	Years 1–2 During peak periods of call activity vehicles would be posted to mobile locations where probability of the next emergency call will occur. These posts are identified through an analysis of historical call data over the last five years. A combination of station based and mobile posts would be used.
Recommendation #3 Hire additional Advanced Care Paramedics (ACPs) which will require an increase in paramedic compensation in order to remain competitive in the EMS market place.	Years 1–2 A recruitment strategy will be developed with Human Resources. An analysis of paramedic wage rates with our competitors and other EMS systems is ongoing.
Recommendation #4 Reduce double dispatching and convert Paramedic Response Unit (PRUs) to transport capable ambulances. To facilitate the transition from PRU to ambulance a separate more mobile deployment plan for PRUs must be initiated. Then, as the number of ACP ambulances is increased, the number of PRUs can be decreased.	Years 1–3 The PRU program will be maintained through a three year transition period to allow our ACP staff numbers to increase. A separate PRU deployment plan will be developed to reduce the frequency of double dispatching. Since PRUs are not subject to offload delays, continuation of the program through transition is recommended.
Recommendation #5 To accomplish Recommendations 3 and 4, a commitment to ACP must be made. The Region inherited a system that required increased ACPs. Efforts need to be continued to increase the number of ACPs. Typically, this would require a Council mandated three year plan to ensure that all ambulances are staffed with at least one ACP. A 65% ACP staffing compliment is recommended (due to unanticipated absences) to ensure ACP coverage. At the point ACPs are available on each unit, duel response of	Years 1–2 In 2005, several colleges are training paramedics to the ACP level prior to entering the workforce. EMS staff are researching ACP student graduate numbers and their availability. Following the analysis of ACP student graduates, internal training numbers will be adjusted accordingly. Currently our staffing compliment is 67 ACPs which represents 30% of our overall staffing. Approximately 75 ACPs are required to achieve the 65% ACP staffing recommendation. A targeted recruitment strategy with the colleges is required to successfully recruit ACP staff while

multiple units can be eliminated except in exceptional circumstances.	continuing to train additional ACPs. Following the two year training and recruitment strategy a reassessment of ACP/Primary Care Paramedic (PCP) staff ratios will be undertaken.
Recommendation #6 Integrate units assigned to patient transfers into the emergency fleet.	Year 1 Low priority transfers represent less than 10% of the overall call volume. Three vehicles with staff are currently assigned as transfer vehicles. These vehicles are already being used more frequently on an emergency basis. The vehicles will be fully integrated into the emergency fleet and the transfers will be assigned to any available ambulance.
Recommendation #7 Develop a three year plan for correcting the current system inefficiencies. This should include recruitment of paramedics in addition to the more costly practice of training internal candidates. A 10 year capital agenda for the future can be developed after the system corrections are in place so as to appropriately evaluate the system. Provision of additional resources need to be directly linked to improved performance.	Years 1–3 Implementing all the recommendations will require a three year time frame for complete transition and implementation. Each recommendation has been assigned a timeline in which it will be implemented.
Recommendation #8 Consider the feasibility of an area start station concept in urban areas. This will increase the mobilized time per ambulance, reduce the space requirements and capital investment in stations. In more rural areas, geographically based stations will continue to be required.	Year 2 An area start station concept involves having multiple vehicles and staff report for shift change to a larger station and then be deployed to fixed and mobile posts. A fixed post can be described as a smaller station or location where paramedics report to throughout their shift and a mobile post is a location where the vehicle remains mobile (i.e. Highway 7 and Yonge Street). Capital improvements and new paramedic response stations in the southern areas of the Region have been built to accommodate growth and house additional resources. Increasing supervisory presence and improving communications at paramedic shift changes are a priority.

	Development of a new capital plan and supervisory coverage plan is required to move to an area start station concept.
Recommendation #9 Continue to pressure the Ministry to address or fund coverage losses associated with hospital off-load delays and hospital redirection.	Year 1 A letter will be prepared for Chair Fisch's signature to be sent to the Minister of Health and Long-Term Care requesting payment for the lost unit hours as a result of offload delays in 2004/2005.
Recommendation #10 In the absence of full control of Dispatch, negotiate a performance based service level agreement. In the interim, a commitment must be achieved by whatever means necessary to have the dispatch migrate from a DOS based system to a Windows based system. A deployment planning tool should be acquired to support EMS's decision process.	Years 1–2 An EMS/Central Ambulance Communications Centre service level agreement will be negotiated to achieve performance with a revised deployment model.
Recommendation #11 Explore non-regional funding avenues to increase public access defibrillation and use Regional resources to facilitate early defibrillation and Cardio Pulmonary Resuscitation (CPR) training.	Years 1–2 To date, 51 Automated External Defibrillators (AEDs) have been installed in 28 sites, and 405 York Region staff targeted responders have been trained. In addition partnerships with the City of Vaughan and the Town of Georgina have trained targeted responders and made AEDs available in their communities. EMS will continue to partner with area municipalities on the delivery of the Heart Alive Training Program, which consists of first aid, CPR and defibrillation training, and establish a York Region Public Access Defibrillation Steering Committee. The purpose of the Committee will be to improve education, awareness, prevention and treatment of sudden cardiac arrest throughout the Region.

4.2 Next Steps

EMS staff are prepared to move forward with a four step action plan. Step 1 involves releasing the J. Fitch & Associates report to staff and stakeholders. Step 2 involves consultation with staff and stakeholders through focus groups and workshops and the development of a communication plan. A progress report will be presented at the March 2, 2006 Health and Emergency Medical Services Committee as Step 3. The last step is a presentation of a strategic operation plan in June 2006 to members of Health and Emergency Medical Services Committee. In addition, through the consultative process, a Council Workshop will be scheduled.

4.3 Relationship to Vision 2026

York Region EMS continues to support the Vision 2026 goals of Responding to the Needs of Our Residents and Supporting a Safe and Healthy Community.

5. FINANCIAL IMPLICATIONS

A detailed financial plan will be incorporated into the March 2006 Committee and Council report. The activities outlined in this report will be absorbed into the 2005 and proposed 2006 EMS budget.

6. LOCAL MUNICIPAL IMPACT

Paramedics will continue to be deployed from paramedic response stations and will also be deployed from mobile posts which will contribute to improving overall response time performance.

7. CONCLUSION

York Region EMS will undertake to consult with stakeholders on the recommendations as outlined in the J. Fitch & Associates report.

A further report updating York Region EMS progress will be tabled at the March 2, 2006 Health and Emergency Medical Services Committee.

The Senior Management Group has reviewed this report.

Respectfully submitted,

December 1, 2005 **J. Frustaglio**
Newmarket, Ontario **Chair**

(Report No. 10 of the Health and Emergency Medical Services Committee was adopted, without amendment, by Regional Council at its meeting held on December 15, 2005.)