It's Time!

Submission to the Ground EMS Consultation on the benefits of a public provincial EMS system

By the CUPE Health Care Council
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INTRODUCTION

The Canadian Union of Public Employees (CUPE) is the largest union in both Canada and Saskatchewan. In Saskatchewan CUPE represents 30,000 public sector workers in health care, school boards, municipalities, universities, libraries and other sectors.

CUPE is also the largest union in health care in Canada. In addition to hospital, long term care and home care workers, our union represents over 8,000 EMS workers across the country, including all EMS workers in B.C., New Brunswick and PEI, and a significant number of paramedics in Ontario.

In Saskatchewan, CUPE is the largest health care union. We represent 13,600 workers in the following health regions: Regina Qu'Appelle, Sun Country, Sunrise, Prince Albert Parkland and Prairie North. Our members work in dozens of occupations such as Licensed Practical Nurses, Medical Laboratory Technologists, Medical Radiation Technologists, Combined Lab and X-Ray Technicians, Continuing Care Assistants, Environmental Services Workers, Food Service Workers and many other technical and support classifications.

In Saskatchewan, CUPE represents about 50 Emergency Medical Responders (EMRs), the majority of whom work in Sun Country Health Region. There are smaller numbers of EMRs in Sunrise Health Region and Prairie North Health Region.

Our response to the Ground EMS Stakeholder Consultation will focus on the needs and interests of EMRs but we will also provide responses to the broader questions in the discussion guide. In particular, we will advocate for a provincial EMS system that is fully public because we believe this is the best model to achieve high quality, patient-centred, cost-effective and highly coordinated emergency medical services.

OUR VISION: A PROVINCIAL, PUBLICLY-DELIVERED EMS SYSTEM

CUPE's vision for the future of emergency medical services in Saskatchewan is to have one provincial public system to coordinate, manage and deliver all emergency medical services, including dispatch services and air ambulance. We believe that a public provincial model will enable us to create a more efficient, cost-effective, high quality and integrated emergency medical service.

In fact, our province has missed many opportunities in the past to move to a wholly public EMS system. In 2001, CUPE responded to the EMS Development Project Report and registered our disappointment that the report by Richard Keller and Dr.

James Cross did not recommend a publicly-delivered and provincially-coordinated EMS system. Even though the Ministry of Health had asked the report authors to recommend an EMS system that was more patient-centred, coordinated and effective, a fully public provincial system was not part of their mandate.

Our submission from 2001 stated:

> CUPE believes that the best way to provide equitable, efficient ambulance service – particularly when patients are distant from an emergency ward – is through a government funded, publicly-coordinated and publicly-delivered ambulance service. We urge Saskatchewan Health to expand the Saskatchewan EMS Development Project to include study of the benefits of a fully public EMS system. [1]

Our position has not changed since 2001 and we continue to advocate for a provincially coordinated and fully public EMS system. Previous governments missed the opportunity to move to a public EMS model which has means we continue to have a fragmented, uncoordinated and more expensive EMS system that we are reviewing once again in 2017.

The evidence from the public provincial EMS system in British Columbia shows that this is the most efficient, patient-centred and cost-effective model for EMS services.

British Columbia's provincial public model

Emergency medical services in British Columbia is a public provincial model worth studying and adopting. BC's ambulance service is the largest emergency service in Canada, employing over 4,600 emergency services staff including primary, advanced and critical care paramedics, and emergency medical dispatchers.

BC Emergency Health Services (BCEHS) is responsible for the coordination and delivery of all emergency services and inter-facility patient transfers in the province. Its paramedics deliver both ground and air ambulance services to the population. BCEHS also coordinates dispatch services through three centres in the province.

The public EMS model was established in B.C. after a 1970 report that recommended "the fractionated ambulance services provided by private companies, volunteer agencies and municipal fire departments be amalgamated under one jurisdiction."[2] The BC Emergency Health Services Commission was established as an agency of government after the proclamation of the Health Emergency Act in 1974.

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[1] Canadian Union of Public Employees, *Response to the Saskatchewan EMS Development Project Report*, 2001.

[2] See website for BC Emergency Health Services: http://www.bcehs.ca

CUPE strongly believes that a provincial and publicly-delivered EMS would allow for better coordination across the province, improved access and timeliness of EMS in rural Saskatchewan, and result in lower costs to residents.

PATIENT CARE IN RURAL SASKATCHEWAN

Because CUPE represents EMRs in rural health regions, most of our focus will be on improving patient care in rural Saskatchewan.

The lives of rural Saskatchewan residents should be valued as much as urban lives. Yet access to emergency services and response times in rural Saskatchewan are inadequate. In urban centres, target response time for emergency response is within 9 minutes. In rural areas, 30 minutes is the target but only 77% of rural ambulance achieved this target in 2015-16, as pointed out in the Ground EMS Discussion Guide.

We acknowledge that the dispersion of the population in rural Saskatchewan makes it more difficult to provide the same level of 24-hour emergency services as in urban centres. The question then is: how can we provide the best quality and timely ambulance services to our rural population, especially as their access to acute care services has declined over the last two decades?

CUPE believes that a provincial, publicly-delivered and coordinated EMS system would enable us to dramatically improve the level and quality of emergency medical services to patients in rural Saskatchewan.

Currently delivery of EMS in rural Saskatchewan is fragmented among multiple private and regional health authority ambulance services, is poorly coordinated within and among health regions, and relies heavily on volunteer and lowly paid emergency medical responders (EMRs). The cost to rural patients for ambulance services can be extremely high because of the longer distances travelled to reach a local or urban acute care facility.

Improve working conditions of EMRs

One way to improve EMS in rural Saskatchewan is to improve the pay and working conditions of Emergency Medical Responders (EMRs), something that could be possible in a public provincial model. Many rural communities rely on the deployment of EMRs because they cannot maintain 24-hour full-time paid EMS staff. However, because of low pay, lack of pension and benefits and long hours on call, it is difficult for rural communities to recruit and retain EMRs.

The on-call pay of EMRs represented by CUPE is $5.00 an hour. Some EMRs are on call between 4,000 to 7,000 hours per year but their actual work time is significantly

less. Only their hours of work while responding to an emergency counts toward benefits and pensions, and very few reach the threshold of 780 hours to qualify. There are EMRs in Sun Country Health Region who have worked for more than 15 years without qualifying for benefits or a pension.

When EMRs are on call for six 24-hour days in a row, they are unable to attend family or community events. It is difficult for EMRs to take vacation because there is no one to replace them. This takes a toll on the mental and physical health of EMRs, and adds to the difficulties in recruiting and retaining them for these jobs.

In many rural communities, EMS staff have a regular day job and then work as EMRs on call during evenings and weekends because they cannot survive on EMR on-call pay. This puts many rural residents at risk because they cannot always count on EMS coverage in their community. As we know, medical emergencies are not planned and can happen at any time. Seven day, 24-hour EMS coverage is critical, no matter where you live.

In the town of Redvers, for example, the hospital is without ambulance service during the day because EMS staff work at other jobs and are unavailable until the evening or weekends. This means that patients cannot be transferred during the day to the hospital or to larger centres such as Regina unless they access RHA ambulance service from Maryfield (30 minutes away) or Carnduff (37 minutes away) or private ambulance service from Carlyle (27 minutes away).[3]

Because it is not always possible to ensure consistent EMS staffing, some rural communities have been left without any EMS coverage for up to 10 days per month. The nearest ambulance might be in a community more than half an hour away, adding unacceptable delays in a critical emergency.

Create full-time EMR positions in rural communities

Our EMR members have told us that the solution is to create full-time EMR positions with 24-hour coverage over 12-hour shifts. This would create a stable emergency services workforce in rural Saskatchewan and ensure consistent service and faster response time to rural emergencies. Our members have told us that, in some communities, the limited number of EMRs work many hours of overtime. They believe that the creation of 12-hour shifts would attract more EMRs and be less costly than paying overtime.

The new provincial EMS system must consider new ways to ensure the stable employment of EMRs. EMRs want to be able to maintain and practice their assessment skills and competencies in between emergency calls and this could be

[3] Phone conversation with Redvers town administrator, July 18, 2017.

achieved by assigning them to other services, such as first aid training, blood pressure clinics and health assessments in the community. CUPE negotiated a Letter of Understanding for the creation of four blended CCA-EMR positions in Oxbow's special care home, which is just one option for guaranteeing a living wage and access to benefits for EMRs.

The need to utilize EMRs more broadly is another reason to have a provincial EMS system that is completely public: to allow the integration of EMS staff and services with the rest of the public health care system.

COORDINATION, INTEGRATION AND EFFICIENCY

CUPE strongly asserts that, in order to create an effective, coordinated provincial EMS system, we must create one provincial publicly-delivered emergency medical service.

Our current EMS system is not coordinated, not integrated with other public health services and – not surprisingly – not at all efficient. It would be extremely difficult for the new Saskatchewan Health Authority to develop and coordinate an efficient, cost-effective provincial EMS system by maintaining the current 104 publicly-operated, private for-profit and non-profit ambulance services in the province. We believe that the 104 separate ambulance services should be absorbed by one provincial, public EMS body.

It is also important that this review of EMS include emergency medical dispatch services. When we discussed the situation of EMS with our EMR CUPE members in Sun Country Health Region, they described several incidents that indicate ambulance services are not well-coordinated even within one health region. There have been situations where EMRs are dispatched to an emergency outside their community because the other communities' EMS is out of service (because no EMS staff are available). The dispatch service in Regina knew which communities were without emergency service but the EMS personnel who were dispatched were not aware that other communities' services were down. This highlights the importance of having one system that coordinates EMS services and communicates regularly with all EMS personnel.

CUPE envisions one public provincial EMS system that can dispatch the closest available ambulance to the site of an emergency, without having to worry about regional boundaries. We also envision one public provincial EMS system that can efficiently coordinate the transfer of patients to the nearest ambulance, without having to deal with private operators who stand to earn more money if they stay longer with their patient. This level of integration and coordination will be easier to accomplish with a fully public provincially-administered and delivered EMS system.

One public provincial EMS system could also establish and enforce provincial standards for training, procedures, equipment and human resources. We have heard that the type and condition of emergency medical equipment varies significantly among ambulance services, which leads to inconsistent standards and quality of service across the province.

In urban centres, EMS staff have mandatory Critical Incident Stress De-briefing (CISD) after difficult or demanding calls such as fatal car accidents or suicides. In rural Saskatchewan, many EMRs do not have access to CISD, which can have devastating consequences for the emotional and mental health of EMRs.

VALUE FOR MONEY -- BEST IN A PUBLIC MODEL

CUPE is convinced that a fully public provincial EMS system would be more cost-effective because it would allow for the coordination of services and reduce the duplication of administrative and delivery costs. The current operation of 104 ground ambulance services, half of which are privately-operated (37 private for-profit companies and 14 non-profit organizations), is inefficient and ineffective.

The Ground EMS Stakeholder Consultation Discussion Guide describes how costly ambulance fees in Saskatchewan are. The average cost per call for all ambulance services in the province was $1,090 in 2014-15. Saskatchewan's ambulance fees range from $245 to $385, plus $2.30 per kilometer charge when long distances are covered. The Discussion Guide provides the example of a round trip interfacility transfer of a patient from Nipawin to Saskatoon that would cost the patient $1,544.

In contrast, the provincial public ambulance service in B.C. is highly efficient and has the second lowest fees in Canada, ranging from $50 to $80 for an emergency call. Below is a description of the fees charged to residents in British Columbia:[4]

- When an ambulance is dispatched to a residence but service is not required or refused: $50 flat fee;
- When an ambulance is requested and the patient is transported by ground or air: flat fee of $80;
- When a BC ambulance transfers patients between hospitals: $0
- When a BC ambulance (ground or air) transfers a patient between a facility (long term care or residence) and a hospital: $80 flat fee

[4] See website: http://www.bcehs.ca/about/billing/fees

Private ambulance costs subsidized by the public

We do not have current financial information on what it costs government to subsidize private ambulance operators, but we imagine it is a significant amount.

In 2001, the Saskatchewan government provided $3.3 million in additional funding to private ambulance operators so that the operators could increase wages of their EMS workers.[5] Considering that there were between 300 and 350 private ambulance workers covered at the time, that amounted to a public subsidy to the private ambulance companies of between $9,400 to11,000 per worker.

The then-president of the Saskatchewan Emergency Medical Services Association (SEMSA) called on the government to increase its ambulance grants by $18.5 million for the 2001-02 budget year.

The high level of public subsidies for private ambulance operators, a portion of which goes into profits, illustrates the inefficiency of funding over 100 separate public and private EMS entities. It is not cost-effective or efficient to publicly fund the management, overhead, salaries and equipment of so many operators. The government has the responsibility to spend public dollars as effectively as possible, and we believe that no public dollars should be provided for the profits of private ambulance operators.

Provincial purchasing of standard ambulance fleet and equipment

Imagine the efficiencies and savings to be gained in Saskatchewan by bulk purchasing a standard ground ambulance fleet and medical emergency equipment.

BC Emergency Health Services has 585 emergency vehicles, 27 of which are specialized for Advanced Life Support, five outfitted with specialized neo-natal, pediatric and obstetric equipment for the paramedic Infant Transport Team, and 27 modified ambulances used as medical support units, decontamination units and integrated communications units for large-scale responses.[6]

Their ground ambulances are built by Demers Ambulances in Montreal and the latest models are designed to meet their needs by a committee with input from BC paramedics. BCEHS also has 173 Demers ambulances that use eco-smart technology to save idling and energy costs. BCEHS is able to purchase a cost-efficient and specialized ambulance fleet only because it is a provincial publicly-delivered emergency medical service.

[5] Anne Kyle, "Raises urged for private EMS workers," *Regina Leader-Post*, February 24, 2001.
[6] http://www.bcehs.ca/about-site/Documents/factsheets/201508-ground-fleet-fact-sheet.pdf

ACCOUNTABILITY, PERFORMANCE MANAGEMENT AND CONTRACT MANAGEMENT

CUPE believes that the concerns about performance measures in contracts raised by the Provincial Auditor in her review of EMS in Cypress Health Region[7] would not be an issue if we move to one provincial public EMS model. The focus of her review was the ineffective monitoring and absent performance measurements for private ambulance contracts.

Under one public provincial EMS model, however, provincial standards and quality guidelines would be developed and the provincial EMS body would be responsible for delivering on those standards. By eliminating private EMS contracts, it would be easier to develop a high quality, integrated and coordinated EMS delivery model.

EMS LEGISLATION

CUPE recommends that *The Ambulance Act* be rewritten to enable the creation of a provincial publicly-delivered emergency medical service with the power to develop an effective, provincially-coordinated emergency medical services system with provincial guidelines and standards.

Currently the *Act* focuses primarily on the powers of a regional health board to contract for ambulance services and the process for dissolving or disputing such contracts. There are no sections in the *Act* that describe emergency medical services, other than the definition of "ambulance" and "ambulance service" in the interpretation section. The interpretation of terms in section 2 of the *Act* does not define emergency services workers and the *Ac*t only briefly covers working hours (section 37) and periods of rest (section 38) for EMS employees.

An amended *Act* should set out the purpose of a provincial public emergency medical service, cover the breadth and purpose of these services, and empower a provincial body to establish provincial standards.

The Emergency Health Services Act of British Columbia clearly sets out the purpose and powers of the emergency health services corporation:

[7] Provincial Auditor of Saskatchewan, "Chapter 25: Cypress Regional health Authority – Delivery Accessible and Responsive Ambulance Services," 2016 Report, Volume 2.

Purposes of corporation

5.1 *(1) The corporation has the following purposes:*

(a) to provide, in British Columbia, ambulance services and emergency health services;

(b) to provide, in areas of British Columbia that the corporation considers advisable, any urgent health services or ancillary health services the corporation considers advisable;

(c) to establish, equip and operate, in areas of British Columbia that the corporation considers advisable, centres and stations for the purposes of providing

(i) ambulance services and emergency health services, and

(ii) the urgent health services or ancillary health services referred to in paragraph (b);

(d) to collaborate, to the extent practicable, with regional health boards, the Provincial Health Services Authority and societies that report to the Provincial Health Services Authority, facilities and other health institutions and agencies, municipalities and other organizations and persons in the planning and coordination of

(i) the provision, in British Columbia, of provincially, regionally and locally integrated ambulance services, emergency health services, urgent health services and ancillary health services, and

(ii) the recruitment and training of emergency medical assistants and other persons to provide the services referred to in subparagraph (i);

(e) to establish or improve communications systems, in British Columbia, for ambulance services and emergency health services;

(f) to make available, in areas of British Columbia that the corporation considers advisable, the services of emergency medical assistants or other persons on a continuous, continual or temporary basis for the purposes described in paragraph (b), (c) (ii), (g) or (h);

(g) to provide, in British Columbia as the corporation considers advisable, a service designated under subsection (2) that provides emergency or other health information or services, or referrals, for the purposes of

(i) assessing an individual's health status and responding to a particular problem or circumstance, including the assessment of whether emergency health services or urgent health services are required,

(ii) supporting individuals in caring for themselves,

(iii) assisting persons, including health care providers, in accessing care, information and services available through the health system, or

(iv) a purpose specified by order of the minister;

(h) to participate in research projects, conducted in whole or in part in British Columbia, related to the provision of ambulance services or emergency health services and to approve such projects if they involve the provision of any of those services to individuals;

(i) to recruit and train emergency medical assistants and other persons for the purposes set out in this section, or

(ii) under an agreement or arrangement entered into under section 5.4;

(j) to enter into

(i) agreements for the purposes set out in this subsection, or

(ii) agreements or arrangements under section 5.4;

(k) to administer and allocate grants made or funds provided, for the purposes of this section or section 5.4, by the government, the Provincial Health Services Authority or a person;

(l) any other purpose specified by order of the minister;

(m) to exercise any power or perform any duty of the corporation under this Act.

CONCLUSION

CUPE strongly asserts that, to create an effective, coordinated provincial EMS system, the new Saskatchewan Health Authority (SHA) must create one provincial publicly-delivered and publicly-coordinated emergency medical service, similar to the efficient and effective public provincial EMS model in British Columbia.

With 104 separate public and private ambulance services, our current EMS system is not coordinated, not integrated with other public health services and not at all efficient. The best way to create a more patient-centred and effective EMS system in Saskatchewan is to create one public provincial service.

To ensure high quality and more responsive ambulance services in rural Saskatchewan, the new public provincial EMS system must establish full-time EMR positions in rural Saskatchewan. This is the best way to ensure a stable and available EMS workforce that can provide patient-centred and faster response times to rural emergencies.

It's time. It's time to establish a fully public, effective provincial EMS system in the province. And it is time that matters to residents when they face a medical emergency.

SUMMARY OF CUPE'S RECOMMENDATIONS

- **Create one public provincial emergency medical service body** to coordinate and deliver all emergency medical services in Saskatchewan. The provincial EMS system should include dispatch services.

- **The public provincial EMS system should establish and enforce provincial standards for training, procedures, equipment and human resources.**

- **Critical incident stress de-briefing (CISD) should be mandatory for all EMS personnel in the province**.

- **The public provincial EMS body should bulk purchase standard and specialized ambulance fleet and medical emergency service equipment**. This will create cost efficiencies and ensure standard equipment is in place across the province, allowing EMS workers to transfer to any location in the province and have the same quality of equipment.

- **Improve ground emergency services for rural Saskatchewan**. Because many rural residents are further away from acute care facilities, the timeliness and quality of EMS service should be higher than what currently exists. With a provincially-delivered ambulance service, this should allow for the development of EMS delivery model that ensures 100% of EMS services in rural areas meet the 30-minute target response.

- **Improve working conditions, pay and benefits of EMRs by establishing full-time positions**. By creating full-time 12-hour shifts for EMS staff in rural communities, we would improve the pay, pension and benefits for emergency medical responders, which is critical for retention and recruitment.

- **Cover the costs of safety boots, uniforms and professional fees**. A provincial EMS should provide all EMRs with safety boots and uniforms and pay their annual professional fee of $485 to the Saskatchewan College of Paramedics. This is particularly important for EMRs who work fewer hours and earn lower salaries than PCPs and ACPs yet must pay the same professional fee as them.

- **Create more blended positions in health care where warranted.** There are four blended positions in Oxbow where EMRs work at the long term care facility in supernumerary positions. If there is an emergency call, the EMR can leave the facility to respond to the call. This arrangement ensures that EMRs work enough hours to earn a fair salary and qualify for benefits and pension.

- **Amend *The Ambulance Act* to a new Saskatchewan Emergency Medical Services Act that establishes a public provincial body** under the new Saskatchewan Health Authority to establish standards and coordinate the provincial delivery of high quality emergency medical services in the province.

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