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**Newfoundland and Labrador Ambulance Program Review
Department of Health and Community Services
Government of Newfoundland and Labrador**



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EXECUTIVE SUMMARY

In December 2012, Fitch & Associates, in partnership with Jane Helleur & Associates (collectively, the “Consultants”) began a comprehensive review of the Newfoundland and Labrador Provincial Ambulance Program on behalf of the provincial government’s Department of Health and Community Services. The objectives of the review included analysis and recommendations for Program improvements.

The review was shaped by the following tenant:

Most Emergency Management Service (EMS) systems function according to definitions that have been set by the systems themselves, or by the systems’ service providers. However, by defining and evaluating emergency ambulance service from the patient’s point of view, the focus is on the patient first: before any other interests. In this way, one can compare various provider service models and results objectively, according to how they best serve the patient, rather than how they best serve the provider.

Medical transportation service in Newfoundland and Labrador is complex. It faces numerous challenges, some of which are unique to the geography of the province including a large landmass, harsh weather and a widely dispersed service population. These elements put emergency medical services and ambulance transportation in Newfoundland-Labrador to the test every day.

Yet, EMS is not about the environment. It is about people. It is about the critically ill or injured patients and those who care for them. EMS is about ensuring a transport system that safely moves patients to healthcare facilities and serves as an effective and efficient link to tertiary and specialty clinical services. It is supported by EMS personnel who are committed to high standards of care.

Like many ambulance services in North America, Newfoundland and Labrador’s Ambulance Program began as a grassroots, humanitarian effort to address the needs of the ill or injured who required care and transport to medical facilities in rural areas of the province. The community ambulance services were started by volunteers with limited medical training. Over the past decade, the provincial government has

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invested heavily to increase the size and professionalism of the Program. For example, the Road Ambulance program budget has increased in size by 350% from \$14 million in 2001-02 to almost \$50 million in 2011-12.

In 2011-12, the Newfoundland-Labrador Ambulance Program completed nearly 66,000 transports through its road ambulance programs, which utilize:

- 61 hospital, private and community based ambulance services, operating 171 ambulances;
- 3 government owned and one leased air ambulance configured aircraft stationed on the island and in Labrador;
- 6 utility helicopters that can provide daytime medevac response; and
- 800 ambulance professionals.

During the review process, the Consultants heard opinions that:

- EMS is not being operated as efficiently and effectively as it could be;
- Demographic shifts are having a significant impact on demand for service; and
- Provincial costs for ambulance services are escalating.

Despite the increased investment, the Newfoundland and Labrador Ambulance Program has not reached its full potential as a high-performance emergency ambulance service that consistently and predictably delivers clinical excellence, response-time reliability, economic efficiency and patient/customer satisfaction. High performance emergency ambulance services exhibit the following five hallmarks:

Hallmark 1 — Holding the emergency ambulance service accountable.

Hallmark 2 — Establishing an independent oversight entity.

Hallmark 3 — Accounting for all costs.

Hallmark 4 — Requiring system features that ensure economic efficiency.

Hallmark 5 — Ensuring long-term high performance service.

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Currently, the province's funding model results in the payment of high levels of ambulance availability when there are low periods of ambulance service demand. In other words, the province is paying for ambulances when they are not needed. The private and community operators are also funded, in part, by a model that recognizes volume and pays for mileage. This funding model provides an incentive for the Program's costs to increase.

The Consultants also found that the Newfoundland and Labrador Ambulance Program is not an organized system as there is no central coordination or legislatively enabled authority. Further, the current poor quality of available transport data hobbles system improvement or redesign.

The surveys, interviews and discussions held revealed a service industry doing its best, despite a host of challenges.

Operators expressed concern over widespread workforce shortages, unsuccessful recruitment efforts and low employee retention. Some reported situations where other ambulance operators, other provinces and even other industries hire away staff through higher pay. Unscheduled and non-emergency late day, evening or weekend transfers are hindering the operators' ability to serve local communities. Late night calls also place staff in harm's way, especially if they experience fatigue and declining weather conditions as they travel across the province.

The emergency medical responders, primary care paramedics and advanced care paramedics spoke proudly and passionately about their work. Despite their love for their professions, they voiced concerns with the industry. In the private ambulance sector specifically, they identified pay disparity, long hours and poor quality of life issues. Professionals voiced concerns with fear of reprisal, or worse, loss of employment for speaking up about problems or issues.

The Newfoundland and Labrador Ambulance Program is not suffering from a lack of determination or commitment. Across the province are individuals, groups and communities with a keen focus on system improvement, innovation and solutions to these issues, many of which we include in our findings and recommendations. In fact, the genesis of our recommendations came from stakeholders themselves.

The following represent the strategic recommendations to enable the changes required to operate an efficient, effective, sustainable and quality ambulance system

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for a province patient centric model. All of these recommendations should be implemented within a five-year time horizon, beginning now.

Immediate Recommendations: (to be completed within the first 18 - 24 months)

1. Transition the ambulance “level of effort” contracts to performance-based contracts. This will provide for higher levels of accountability by establishing performance metrics that are to be reported by all ambulance operators. The assignment of auditors to assess and report on consistent compliance is an important component of this recommendation.
2. Clarify ambulance operator roles, responsibilities and rights in relation to service area exclusivity. This is fundamental to the implementation of a Centralized Medical Dispatch Centre (CMDC).
3. Commence implementation of Ambulance Dispatch and Management System (ADAMS) within the Regional Health Authorities.
4. Enact Emergency Medical Services (EMS) legislation to govern the ambulance services in the province. The legislation would provide the Department of Health and Community Services with the authority to:
 - a. License and regulate ambulance operators;
 - b. Establish medical oversight for ambulance professionals;
 - c. Establish standards for ambulances and equipment; and
 - d. Register ambulance vehicles.
5. Build and operationalize a Centralized Medical Dispatch Centre (CMDC).
 - a. Begin to develop a CMDC with a target to be operational within 18 months. This includes ensuring the technology and tools exist to electronically capture province-wide service delivery outputs and performance data for measuring, monitoring and quality improvement; and
 - b. In tandem with the recently approved 911 centre, the CDMC should work in tandem with fire and emergency services to provide for the seamless receipt and coordination of emergency requests, effective medical and operational control, real time performance monitoring and hard data for

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the province's EMS system design and continuous operational improvements.

6. Establish EMS Newfoundland and Labrador with direct accountability to the Deputy Minister of Department of Health and Community Services. EMS Newfoundland and Labrador should:
 - a. Assume accountability and responsibility for all aspects of road and air ambulance services delivered by operators and agents except for the registration and licensure of EMS professionals;
 - b. Assure accountability for the system's performance results including in the areas of clinical excellence, response-time reliability, economic efficiency and patient satisfaction;
 - c. Define provincial quality benchmarks for the delivery of the EMS Newfoundland-Labrador system; and
 - d. Replace the existing PMO office and incorporate an Office of Medical Director (OMD) within the new governance structure.

Medium Term Recommendations (to be completed within 36 - 42 months)

7. Review options for self-regulation of EMS personnel through the Newfoundland-Labrador Council of Health Professionals and the existing *Health Professions Act*.
8. Design and begin implementation of a tiered EMS response including a robust Medical First Responder program. In the design of such a capability, the unique attributes and demographics of the province's communities must be a driving factor in determining the level of EMS personnel required at a community and local area basis.
9. Establish and implement a plan to address human resource issues raised by stakeholders to include recruitment, retention, pay, benefits, quality of work life, training program access and accreditation.

Longer Term Recommendation (to be completed within 48 – 60 months)

10. Finalize the design of the Newfoundland and Labrador EMS system and begin implementation. The key data and performance results from the

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recommendations listed above will have been compiled for application validating the final EMS system design.

None of the recommendations should be implemented without an unrelenting commitment to the fundamental reason for the significant investment of time, talent and resources: the patient. It is the patient who will experience the most gain. However, a significantly improved EMS will benefit the entire province as it moves toward a high performance EMS service.