

WHAT WE HEARD



Winter 2014

A summary of findings from the Ambulance Review Consultations in Newfoundland and Labrador

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A SUMMARY OF FINDINGS FROM THE AMBULANCE REVIEW CONSULTATIONS IN NEWFOUNDLAND AND LABRADOR

BACKGROUND

A report on the review of the province’s road ambulance system was released on October 7, 2013. The report provides a comprehensive overview of the current road ambulance system and makes key recommendations to help create a more effective and efficient ambulance program for Newfoundland and Labrador. The Provincial Government provided the public and the ambulance industry the opportunity to read the report and express their thoughts on the findings and provide feedback on how to move forward with the recommendations. The feedback received will help guide the Provincial Government with the development of an implementation plan and lead to the improvement of the road ambulance program.

THE CONSULTATION PROCESS

During the months of October, November and December 2013, the Provincial Government consulted with users of the ambulance system, ambulance operators and professionals, and the general public. The public was invited to provide their input online, through email, or by regular mail. In conjunction with the public feedback option, in-person discussions, led by the Provincial Office of Public Engagement, were held with ambulance operators, professionals and other stakeholders. Ambulance professionals were also given the opportunity to complete an anonymous survey which was distributed to all ambulance professionals in the province.

Stakeholder Group and Consultation Method	Number Participated
Ambulance Professionals (Survey)	352/811 (43%)
Ambulance Professionals sessions (Deer Lake, St. John’s, Gander and Labrador)	87
Ambulance Operator sessions ¹ (Deer Lake and St. John’s)	54
Defined users session (e.g., seniors groups, advocacy groups)	18
Regional and Provincial Councils of the Rural Secretariat sessions ²	8
Public feedback (on-line, e-mail and mail)	9

PURPOSE OF THIS SUMMARY

This summary aims to provide consultation participants, the general public and decision-makers with the major themes that emerged from the consultation process. It is not intended to duplicate detailed session discussions or present all comments provided. The findings presented also do not necessarily represent all perspectives as they are reflective of the experiences and views of those who participated in the consultation. While there were many comments that reiterated the benefits of the recommendations, this summary focuses on the key points to consider while moving forward with implementation.

¹ Representatives from 14 out of 17 private ambulance operators and all 22 community-based ambulances participated.

² Eight of ten councils participated in the consultation process (seven Regional Councils and the Provincial council).

WHAT WE HEARD

While the consultations were open to feedback on any aspects of improving the ambulance system, the focus was on seven key components of the review: central medical dispatch, ambulance basing, routine transports, establishing Emergency Medical Services Newfoundland and Labrador, human resources, a tiered emergency medical services response, and self-regulation of ambulance professionals. Feedback was gathered on the level of support for the recommendations, any key points to consider when planning for implementation, and any other comments on the review or ambulance system.

Key Findings

There was general support for the recommendations. Overall, ambulance professionals were more supportive of the recommendations than ambulance operators and members of the general public³ who were both more likely to express a neutral view of the recommendations. All stakeholder groups indicated that their level of support would ultimately depend on the details of the implementation plan.

Central Medical Dispatch Centre

The consultants recommend that the province create one provincial Central Medical Dispatch Centre to dispatch ambulances across the province.

There was general support for establishing a central medical dispatch centre while taking into account issues in rural areas, staff training, ambulance professionals' schedules, and communication.

Rural areas

Key considerations were the lack of civic addresses and street signs in many rural areas and concerns around difficulty implementing in areas with low call volume. GPS units and improved mapping are needed. Feedback from the general public was that the centre should be located outside of St. John's but in a centrally located area.

Dispatcher and ambulance professional training

Dispatchers must have a thorough knowledge of all the areas of the province along with extensive experience and training (e.g., experience with air and road ambulance transfers, local fire and police). It was recommended that the minimum level of training for ambulance professionals be Primary Care Paramedic.

Schedules/fatigue management

It was suggested that central medical dispatch would not be successful unless all ambulance professionals worked a maximum of 12 hour shifts and there was no 24-hour stand-by. Concerns around long distance transfers were also expressed. A maximum number of hours worked must be established.

Communication

Central medical dispatch was seen to improve communication between ambulance crews, hospitals, and dispatch but it was unclear how ambulance operators would be included in the dispatch process (i.e., knowing where their ambulances were located at any given time). It was indicated that some communication infrastructure is needed for central medical dispatch to function including more comprehensive cell phone coverage and a provincial 911 service. A coordinated and integrated approach with other emergency services (e.g., fire and police) is also essential.

³ Findings reported for the "public" includes those from the defined users, Regional and Provincial Councils and the general public.

Ambulance Basing

A central medical dispatch centre would operate by locating and then sending the closest available ambulance to respond to an emergency and would move or post ambulances based on where they are most needed (i.e., ambulance basing).

Ambulance basing was generally supported by ambulance professionals and the public. There was more of a neutral stance on behalf of ambulance operators. Considerations included logistics, staffing issues, response time and cost.

Logistics

There were a number of questions raised concerning the logistics of ambulance basing such as where will ambulances be based, what infrastructure is needed and who will administer the service. Ambulance professionals were concerned about being based away from communities/facilities in areas with limited or no cell phone service and/or in bad weather.

Human resources/staffing

Concerns were expressed around crews spending long shifts posted away from base in addition to having to do lengthy routine calls (i.e., fatigue management). There were questions raised regarding how this system would work in places with a small number of crews and where recruitment and retention are issues.

Response time

Professionals expressed concerns around possible delayed response time if ambulances are posted away from communities. The general public felt that while ambulance basing may result in more consistent response times between communities, they felt that communities who currently have an ambulance may not be in support of moving the ambulance out of the community.

Cost

Ambulance operators posed questions about the costs of implementing ambulance basing and who would cover these costs.

Routine Transports

The consultants expressed concerns about routine inter-facility transfers late at night and during bad weather conditions which could be partially addressed by restricting routine transports to day time hours only (i.e., 8 a.m. to 8 p.m.). The consultants also recommend strictly following the policy that only patients who must lie down or require medical care can avail of an ambulance for all routine transports (i.e., eliminating routine transports for patients who do not require an ambulance).

There was general support for restricting routine transports to day time hours. There was strong support from ambulance professionals for eliminating routine transports for patients who do not require an ambulance, whereas ambulance operators and the public were somewhat less supportive. Considerations include pursuing different options based on need, adherence to protocols and long distance transfers.

Alternate modes of transport

A list of possible alternative modes of transport for the routine transfer of people who do not require an ambulance was provided to participants. There was some support for all methods, with no one method being endorsed above all others. It was noted that the options being considered must take into account the needs of all members of the population (e.g., seniors). A number of different options may be required and could include: personal transportation provided by patient, private taxi service, community bus/van service, public transportation (e.g., bus) and a Regional Health Authority contracted service.

Protocols

It was recommended that clear protocols that determine if there is a medical need for an ambulance be developed and strictly adhered to. It was suggested that paramedics should have the right to refuse calls for routine transports if patients do not in fact require an ambulance. Ambulance usage by frequent users should be monitored and limits imposed if needed.

Long distance transfers

Ambulance professionals were concerned about long distance inter-facility transfers. It was suggested that long distance transfers be divided into segments with different crews responsible for each segment

Establishing Emergency Medical Services Newfoundland and Labrador

The consultants recommend establishing Emergency Medical Services Newfoundland and Labrador which would mean a central body with one individual overseeing the industry who has the responsibility for the overall performance of the ambulance system. The consultants also recommend introducing Emergency Medical Services legislation to bring accountability and standards to the industry and set out the responsibilities for Emergency Medical Services Newfoundland and Labrador.

There was general support for establishing Emergency Medical Services Newfoundland and Labrador (EMSNL) and introducing EMSNL legislation while considering issues around its functionality and structure, industry standards and parity of ambulance professionals.

Functionality/structure of EMSNL

It was recommended that EMSNL be developed as a new entity and not a re-organizing of the existing Provincial Medical Oversight program. EMSNL should: be accessible to staff when needed; treat staff in all areas of the province fairly; provide accessible training throughout the province; have a board with representation from all over the province; not be administered by a private company; maintain on-line medical control; and be held accountable.

Standardization

Industry stakeholders suggested that standards be established for ambulances, equipment and training level of ambulance professionals. Quality controls must be put in place and training provided on those standards. While it was generally agreed that the Provincial Government should be responsible for one provincial system, it was acknowledged that standardization may be challenging due to areas with different call volumes, populations, and number and training levels of staff.

Ambulance professional parity

Disparity across ambulance professionals was a major issue raised. It was stated that ambulance professionals must have parity across the province in the areas of pay, benefits, training/continuing education and work schedules. Maximum hours worked and fatigue management must be legislated.

Self-Regulation of Ambulance Professionals

The consultants recommend that the province review options for the self-regulation of ambulance personnel which could mean personnel would have: a say in the requirements for registration; opportunities for continuing education and collaboration with other health professionals; and the opportunity to participate in the disciplinary process for ambulance professionals. Self-regulation would also mean paying an annual fee to maintain professional status.

There was general support for the self-regulation of ambulance professionals. Key considerations included testing standards, professional fees and accountability.

Testing standards

The current testing standard was generally seen as too stringent and stressful. The testing should be on par with that of other health care professions and jurisdictions in its passing requirement, frequency and availability.

Professional fee

There were questions and concerns around the professional fee including its affordability, if it would be in line with other professional fees and who will pay (e.g., operators, staff).

Accountability

Some ambulance professionals and operators felt it was unclear how self-regulation would be administered, who would be accountable, and how a “council” would be chosen. It was recommended that there be representation from across the province and from different sectors. Ambulance professionals felt that their professional group should be responsible for dispute resolution, disciplinary action, grievance processes and be peer reviewed and regulated.

Human Resource Issues

The consultants recommend implementing a plan to address human resource issues in the ambulance industry. Human resource issues identified in the ambulance review report were: ambulance professionals’ work schedules, safety, pay, benefits, quality of work life, continuing medical education, the protocol exam, recruitment, retention, and accreditation.

Ambulance professionals confirmed that there are a number of human resource issues that they feel must be addressed prior to implementing any of the other recommendations. Ambulance operators also confirmed human resource issues and the challenges with recruitment and retention.

Ambulance professional parity

The principle recommendation from ambulance professionals was that disparity in the industry must be addressed. In addition to issues of inequitable pay, benefits, and work schedules, professionals also commented on not getting paid for stand-by hours worked, having no relief staff, and not getting compensated based on scope of practice.

Schedules and quality of life

Ambulance professionals reported fatigue as a major concern. Staff report working long shifts (e.g. 24 shifts 7 days a week) that are negatively impacting their quality of life (e.g., cannot leave town, or participate in family, social or community life) and potentially the safety of their patients and themselves.

Health and safety

There were reports of health and safety concerns in the current system (e.g., trucks and equipment are unclean, in disrepair, or unsafe) with little or no health and safety provisions (e.g., high rate of back injuries, no fatigue management).

Continued Medical Education (CME)

Training and continued medical education were seen as not accessible (offered primarily in St. John's) or difficult for staff to attend due to their work schedules.

Recruitment and retention

The above human resource issues were seen as negatively impacting the ability to recruit and retain ambulance professionals in the province, especially in rural areas.

Tiered Emergency Medical Services Response

The consultants recommend a tiered (i.e., layered) Emergency Medical Services response system which means having the appropriate level of response based on the specific needs of the local area. The aim is for a medically trained individual to quickly arrive at the patient's location and assess and provide care while determining if there is need for an ambulance to be dispatched to the location.

A tiered emergency medical services response was generally supported by ambulance professionals and the public. There was more of a neutral stance on behalf of ambulance operators. Questions around a tiered emergency medical services response were primarily around staffing, liability issues and cost.

Staffing

Participants felt that the details of the types of staffing required for a tiered emergency medical response were unclear. Support for this type of system was often contingent upon the type of responder (e.g., volunteers, paramedics, firefighters and their level of training). Interagency training (e.g., fire and police) will be necessary. Questions were also raised around lack of staff in rural areas and how the system will coordinate with other health professionals and existing services.

Liability

Questions were raised around who will ultimately decide if emergency transport is required. Education of the general public, community leaders, and advocacy groups will be needed on how the system works and when an ambulance is needed and when one is not. Other liability issues such as the impact on insurance and response time were also raised.

Cost

There were questions around the impact of the system on cost for more staff, vehicles, equipment and supplies.

Other Considerations

While the consultations were focused on the key components of the recommendations described above, they were open to feedback on any aspects of improving the ambulance system.

Consultation follow-through

While the majority of participants in consultation sessions said they “felt heard” in the process, fewer felt that the input they provided would be considered by organizers (i.e., the Department of Health and Community Services). Some concerns were expressed that recommended changes will be made in haste, will not be acted upon at all, or only partially implemented. There was mixed feedback on how to begin implementation. Some felt all recommendations should be implemented immediately. Others felt that changes should start regionally to assess possible challenges before moving provincially. There was some acknowledgement that there may have to be regional variation based on need. Continued communication and opportunity for input throughout implementation was suggested.

Concerns regarding private operators

There were a number of concerns with the existing private ambulance system such as lack of accountability and caring more about profit than patient and staff safety. Other comments were made that government should not allow for-profit health care services. A number of professionals who work for private operators reported feeling disrespected, underappreciated, and unable to make their views known. It was suggested that private operators must be held more accountable.

THANK YOU

The Department of Health and Community Services would like to acknowledge the Provincial Office of Public Engagement for their support throughout the consultation process. The Department would also like to offer sincere appreciation to all ambulance professionals, ambulance operators, Provincial and Regional Councils of the Rural Secretariat, ambulance users and members of the general public who contributed to the consultation. Your feedback will help create a more effective and efficient ambulance program for Newfoundland and Labrador.