

Ministry of Health and Long Term Care Provincial Pilot Program

Purpose

This purpose of this report is to provide information to Council and seek its direction regarding plans announced by the Province to introduce a new form of service delivery in Ontario. The Province's plan involves combining the skills and experiences of a Fire Fighter and that of a Paramedic into a single role known as a "Fire-Medic". In June 2017, the Ontario Government announced that the Province will "provide funding for two pilots in interested municipalities that will enable Fire Fighters certified as Paramedics to respond to low acuity calls to treat and release or treat and refer a patient, and provide symptom relief to high acuity calls."

Background

The *Strengthening Quality and Accountability for Patients Act, 2017* (Bill 160) passed on December 12, 2017 made amendments to the Ambulance Act in respect of: directives by the Minister, the appointment of Directors, the powers of inspectors and investigators, who may make disclosures to whom, and who can hold themselves as a Paramedic and rules regarding fees. Other amendments made to definitions and regulation-making authority provides the opportunity for the Minister to:

- Expand the scope of Paramedics to: provide appropriate on-scene treatment, treat and release a patient, refer patients, and transport patients to alternate destinations, such as doctor offices, walk-in clinics, treatment facilities; and,
- Provide for two pilots in interested municipalities that will enable Fire Fighters certified as Paramedics (Fire-Medics) to respond to calls to treat and release or treat and refer a patient.

The Fire-Medic proposal is an established form of service delivery in some other jurisdictions, mostly in the United States. In Ontario, interest appears to be strongest among members of the Ontario Professional Fire Fighters Association (OPFFA). Since the announcement last year, stakeholder engagement sessions having been conducted by the Ministry of Health and Long Term Care (MOHLTC) to obtain an understanding of the considerations municipalities should have in terms of the labour implications, workforce configuration, and service design. Some of these stakeholders include: Ontario Association of Ontario Municipalities (AMO), Emergency Services Steering Committee (ESSC), Large Urban Mayors Caucus of Ontario (LUMCO), Mayors and Regional Chairs of Ontario (MARCO), OPFFA, Ontario Association of Paramedic Chiefs (OAPC), Ontario Association of Fire Chiefs (O AFC), Base Hospitals, administrators/physicians, and other industry experts.

During this time, many provincial and municipal stakeholders and paramedic labour unions publicly opposed the Fire-Medic proposal on the basis that there is no evidence demonstrating that Fire-Medics will improve patient outcomes. AMO is calling on member Councils to support their resolution lobbying the Provincial government to enact legislation to protect unwilling municipalities from being forced by arbitrators to have a Fire-Medic Pilot or program.

In February, staff consulted with MOHLTC on the status of the Fire-Medic Project design and implementation criteria. The following information was provided:

- Funding will be available for two interested municipalities to run a pilot program.
- Preference would be for two single-tier municipalities, as it is believed there would exist a better opportunity for collaboration between the Fire and Paramedic Services. In most shared two-tier Ontario municipalities, Paramedic Services are delivered by the upper-tier level, while Fire Services are provided by the lower-tier level.
- Request for Proposal/Information (RFP/RFI) is anticipated to be released by the end of March, with site selection expected to be announced prior to the provincial election in June 2018. It is anticipated that an RFP/RFI will also include additional information regarding the framework and provincial expectations for the pilots.
- Negotiations and development of a Memorandum of Agreement (MOA) between the Province and selected pilot sites would follow the election with implementation expected to occur in 2019 to allow time to operationalize the pilot programs.
- An Operational Risk Assessment is being developed by MOHLTC through their consultation process to inform on possible model design.
- It is anticipated that a third party consultant will be brought in to objectively evaluate the level of success of the two pilots.

The following items are still unknown and may be addressed as part of the RFP process:

- Amount and duration of funding available. While neither the amount nor duration of funding has been announced, it is reasonable to anticipate funding would reflect the proposals received and address both capital and operating costs for the pilot's duration.
- Pilot success criteria and scope/limitations. This is expected to be developed through the current consultation process. Staff anticipate these aspects would be described in the Province's RFP/RFI.

- Length of pilots. It is unclear how long the pilots would be in place, although informally staff have received estimates ranging from six months to two years. This also would likely be defined within the RFP/RFI.
- Medical oversight responsibilities. Details have not been confirmed, although staff believe it would be reasonable to anticipate the local base hospital of the chosen pilot communities would provide medical oversight.
- Implications on other funding agreements. It is unclear whether MOHLTC intends to split funding from local paramedic services to support Fire-Medics in the future.

Analysis

In Greater Sudbury, the Paramedic and Fire Services operate as two divisions within the Community Safety Department. They are represented by two bargaining units: CUPE 4705 Inside Unit and the Sudbury Professional Firefighters Association (SPFFA), respectively.

Paramedic Services has a performance-based delivery model that is consistently applied across the city. This includes continuous monitoring and system design changes to manage response times and clinical care services. This has allowed Sudbury's Paramedic response time performance to rank within the top five fastest response times for municipal Paramedic Services in Ontario. Despite significant challenges associated with the city's vast geography, Greater Sudbury is ranked fifth in reported actual performance among the 52 services in the Province (2016 results).

The Greater Sudbury Fire Service is trained to provide medical tiered response (MTR) in all career and in select volunteer response areas, for cardiac arrest and unconscious patients. Research has identified that Fire Fighters (or bystanders) can improve patient outcomes in cardiac arrest through the timely application of CPR and/or AED. Speed is of the essence for this type of call which represents less than 1% of all paramedic calls (115 calls) in Greater Sudbury. Fire Fighters can make a difference in patient outcomes when they arrive first in these instances.

Locally, when Fire Services responds to medical tiered calls, Paramedic Services arrives prior to, or at about the same time as, Fire Services approximately 90% of the time. This is partly due to the fact that both Services are often responding from the same station in all career and some volunteer response areas, and is also due to the service model used by Paramedic Services, where ambulances are routinely traveling throughout the city during a shift and not always responding to a call from their home station.

Labour

Council previously received a report outlining the labour relations implications of this pilot related to scope clauses of the bargaining units and the history of Fire Fighter wage and benefit awards outpacing negotiated outcomes with CUPE.

The current interest arbitration model, particularly in the Fire Services sector, allows arbitrators to impose awards on unwilling employers that directly impact the employer's ability to determine how it will deploy its workforce, as evidenced by the experience of many municipalities in regards to the 24-hour shift, and retention pay which started as a voluntary model and was subsequently imposed on municipalities through interest arbitration awards. AMO and its municipal members And the Emergency Services Steering Committee of MARCO and LUMCO Municipalities have called on the Province to introduce legislative amendments to the Fire Protection and Prevention Act, 1997 and the Ambulance Services Collective Bargaining Act to preclude arbitrators from expanding the scope of work for Fire Fighters and Paramedics respectively through interest arbitration awards. In the absence of legislative protection, unwilling municipalities may be forced to adopt a fire-medical model as a result of interest arbitration.

Outstanding Issues

- If Fire-Medics were to become a recognized delivery mechanism, it is unknown what, if any funding would continue or if these costs would be downloaded entirely to the municipality; Fire Services are funded 100% through the municipal levy while Paramedic Services operate under a 50/50 cost-sharing agreement with the Province.
- Implementation of the proposed model could divert financial and physical resources from the Paramedic Services Division impacting service delivery and efficiency as costs for wages and equipment are higher in the Fire Service. Expensive fire vehicles would incur additional wear and tear through the increased call volume. For example, Paramedics respond to approximately 7,000 calls per year in the downtown area.
- The Fire-Medic model is a first response model that would duplicate current service delivery with no demonstrated improvement in patient care outcomes. Fire Service vehicles do not have transport capability and thus would still require ambulances to carry patients to facilities as needed.
- Interest arbitration could further drive up costs and leave municipalities with less control over their services and service levels.

- Would fragment the current integrated system of paramedic services within the health care sector as it does not align with the fundamental principles of service delivery to be seamless, responsive, integrated, accessible and accountable.
- Labour relation dynamics between Fire Fighters and Paramedics have lead to conflict in municipalities across the province, including Greater Sudbury, affecting the day-to-day relationships. This is already being seen in relationship to the proposed Pilot through recent media statements and “dueling” surveys.
- The introduction of a Fire-Medic role would result in significant legal costs resulting from labour disputes and have the potential to impact labour costs through future rounds of negotiations.
- The expectation that service levels would continue to be consistently delivered across the whole city would likely lead to additional costs for municipalities, base hospitals and the province in order to maintain the standard of paramedic care in the province.
- The Ambulance Act provides the legislative framework for regulatory oversight in the delivery of paramedic services in Ontario and has mechanisms including regulations and standards to address patient safety, as well as fines and charges for those who do not comply. The Act does not apply to anyone not working for a designated delivery agent (Paramedic Service) and the FPPA does not provide any regulatory oversight with respect to the delivery of paramedic services or patient care by Fire Fighters.
- Medical care is not a core fire service, and implementation of a Fire-Medic Pilot would likely require the deferral of important work within fire that is already underway (i.e. FPPA proposed Fire Fighter Certification).
- 24-hour vs 12-hour shifts – Current legislation prohibits Paramedics from working shifts longer than 12-hours, whereas Fire Fighters work 24-hour shifts. There is a growing body of evidence showing that moderate sleep deprivation produces impairments equivalent to those of alcohol intoxication.

Opportunities

Currently, Paramedics are legally required to transport patients to hospital facilities only. Bill 160 enables the expansion of the scope of Paramedics to: provide appropriate on-scene treatment, treat and release a patient, refer patients, and transport patients to alternate destinations, such as doctor offices, walk-in clinics, and treatment facilities.

This has the potential to increase capacity within the system through reduced time to complete each call. It also should provide flexibility and allow patients to receive the most appropriate care while reducing unnecessary trips to emergency departments.

The planned implementation of a new dispatch prioritization process could reduce the number of emergency medical responses by Paramedics, providing further flexibility on responding to calls for assistance with existing resources. This is expected to reduce the number of emergency (lights and sirens) responses by Paramedics and create capacity in the system to address rising call volumes.

Recommendation

The City of Greater Sudbury did not request changes to the current service delivery model. It has a Paramedic Service that meets or exceeds Council approved response time standards and is among the top performers in the province. Fire Services has a variety of opportunities for change within its current service portfolio that could strengthen its performance.

Considering the different legislative and labour relations agreements in the fire and ambulance sectors, it is reasonable to the proposed Pilot will lead to labour disputes and litigation. There is no objective data to demonstrate this proposed service model will improve patient outcome or response times.

In deciding to participate in the Province's Fire-Medic Pilot, municipalities need to consider the outstanding issues described in this report and the risks they present. Without resolution to these issues, staff cannot recommend that the City of Greater Sudbury elect to participate in the Province's Fire-Medic Pilot.

References

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