



BACKGROUNDER
**The Future of EMS in Canada:
Defining the New Road Ahead**

EMS CHIEFS OF CANADA RELEASE WHITE PAPER ON FUTURE OF EMS

CONTEXT

The current pressures on Canada's health care system call for a renewal and redefinition of the traditional model of pre-hospital emergency care. In Canada, Emergency Medical Services (EMS) treats more than two million patients annually. An aging population, a shortage of healthcare professionals, and other challenges have drastically changed the roles for EMS in the overall health care system.

In order to address these growing challenges and continue to meet the needs of their communities, EMS Chiefs of Canada say EMS systems must change the way they deliver services.

PARTNERING WITH THE COMMUNITY

The future of EMS in Canada is providing mobile primary health care as defined by the needs of each community. Here are a few examples of the many ways EMS services are already partnering with the community to deliver outstanding health care and services.

1. Community Safety - Health Promotion and Injury Prevention Campaigns:

Historically, EMS has involved responding to 911 calls, treating patients and transporting them to hospital. In recent years, EMS systems have recognized that they can offer more. Preventing illness and injury improves the health of the public and reduces demands on EMS systems. Many services now provide influenza and other immunization clinics for the homeless, marginally housed and the isolated elderly.

The EMS Chiefs of Canada have recently joined with the Canadian Window and Door Manufacturers Association and the SmartRisk Foundation to launch a window and balcony safety program to reduce the number of preventable falls, especially in small children. By reaching out to prevent injuries and promote healthy options for the community, EMS systems are trying to reduce the number of emergency calls they do for readily preventable situations, freeing up resources for other emergencies.

2. Partnership Development:

Emergencies almost always involve more than one agency. EMS systems have taken a leadership role in developing strong partnerships with allied health care and emergency services colleagues to ensure that the public gets the service it needs. EMS is working with Public Health Departments across Canada on Pandemic Influenza Planning, and taking part in flu shot campaigns.

EMS works with municipal, provincial and federal Emergency Planning officials to be prepared for large scale incidents or outbreaks. EMS systems partner with fire fighter colleagues on specialized teams doing heavy urban search and rescue, hazardous materials calls, as well as putting tactical paramedics on emergency task forces with police officers. Other paramedics work with police or fire colleagues on bicycle patrols or marine units.

3. Research and Technology:

Canadian EMS systems are at the forefront of medical research and technology as they strive to provide the best and most timely pre-hospital medical care to their patients. Research into the best models for deploying paramedics means faster responses with the most appropriate resource. Electronic patient records will allow seamless transfer of critical information to the receiving medical facility.

Revisions are being made continually, based on cutting edge medical research into the scope of practice for paramedics, with new procedures, techniques and equipment being introduced all the time to help paramedics save lives. Software that balances emergency patient loads and tracks in-hospital time helps both EMS systems and hospitals to manage resources and to ensure more timely care for patients.

STRATEGIES FOR THE FUTURE

The EMS Chiefs of Canada White Paper describes the six strategic directions and 11 recommendations that will contribute to ongoing excellence for the EMS.

A. Clear Core Identity

- 1) A systems approach will allow scarce public resources to be used more effectively and efficiently. A new public policy direction to ensure EMS is part of a “system” of health and public safety is required.
- 2) Evolving the role of EMS in health care will require the inclusion of EMS leaders in the governance of health care systems.
- 3) EMS leaders must become far more innovative in pursuing strategic partnerships with other bodies.

B. Stable Funding

- 4) Funding methods should:
 - Enable paramedics to effectively meet the current and future clinical needs of patients and their communities.
 - Reflect the actual cost of service delivery.
 - Recognize the costs to EMS systems of “being prepared,” allowing EMS to proactively respond to a community’s needs.
 - Recognize the population density and geography of each community served by an EMS system.
 - Be stable, predictable, and sustainable to allow for optimized planning and enhanced innovation.
 - Require EMS systems to publicly account for their use of public funds.

C. Systematic Improvement

- 5) A new systems approach is required to achieve the future state of EMS. This new approach will support continual, systematic improvement. Required for systematic improvement are:
 - The development of comprehensive performance measures for EMS.
 - Enhanced data collection and research capabilities.
 - Paramedicine research and evaluation.
 - Continual improvement and development of emergency care protocols and clinical pathways.
- 6) EMS systems should demonstrate high accountability and transparency for quality EMS through:
 - Public reporting.
 - The development of a Canadian accreditation system.

D. Personnel Development

- 7) The training of the “paramedic of the future”:
 - Training and education to give paramedics the competencies required to meet “community-defined” scopes of practice.
 - A layered system of education that promotes transferability of EMS credentials. Previously completed EMS training and credentials should be recognized by related technical and degree programs.
- 8) All provinces and territories should endorse and adopt the Paramedic Association of Canada National Occupational Competency Profile, enabling consistency in training and education approaches, a higher standard of training and education, and national credential portability.

E. Leadership Support

- 9) EMS leadership capacity needs to be supported.
 - Flexible career pathways must be created to ensure the continued development of leadership capacity in EMS.
 - Investment in leadership development will be key to building the capacity of lead the strategic evolution of EMS.

F. Mobilized Health Care

- 10) While maintaining core service excellence, EMS must pursue innovation and new models of service delivery to meet community-defined needs. Collaboration of EMS and community organizations such as primary health care providers, social service agencies, and public safety groups will enable innovative initiatives that have the potential to improve the level of health care within a community.
- 11) EMS leaders should pursue opportunities to provide enhanced types and levels of health care including public health and safety education, emergency response preparedness, disaster management, and pandemic response capability in order to respond to community-defined scopes of practice.

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Today's EMS services are innovative, vibrant organizations that continually evolve and improve to meet the current and future needs of their communities.

The EMS Chiefs of Canada are committed to pursuing opportunities to work with public policy makers, primary health care providers, social service agencies, and public safety groups to develop initiatives, and they invite partners to explore the six strategic directions and 11 recommendations to help create enhanced, community-based EMS across Canada.

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For more information, contact: Chief Bruce Farr, President
EMS Chiefs of Canada
416-397-9240 or email bfarr@toronto.ca

ABOUT EMSCC

The Emergency Medical Services Chiefs of Canada/Directeurs des services medicaux d'urgence du Canada (EMSCC/ DSMUC) is a Canada-wide organization of the heads of EMS programs in Canada, incorporated by letters patent of the Government of Canada in January, 2002.