Extreme Makeover: The EMS Edition

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Objectives

Review the Alberta Health Services EMS Department

• History of decision
• Current state
  – System design
  – Integration into health
  – Issues
• Lessons learned
AHS Quick Facts

- 90,000 staff members
- 7,200 physicians
- 3.7 million Albertans served
- 97 acute care hospitals; 5 psychiatric facilities
- 9,000 acute care/sub-acute care beds*
- 19,000 long-term care/supportive living beds*
- 1,500 addiction/mental health beds
- 5 urgent care centres

* As of March 31, 2009

AHS History

- The creation of Alberta Health Services (AHS) was announced May 15, 2008, bringing together 13 former, separate entities, including nine health regions and three provincial entities.
- AHS became a legal entity April 1, 2009 and health services was moved from municipalities
- Ground ambulance service was added to AHS responsibilities April 1, 2009.
Mission & Goals

• Our mission is to provide a **patient-focused**, quality health system that is accessible and sustainable for all Albertans.
• Our goals:
  – **Quality**: health care services that are safe, effective and patient-focused
  – **Access**: appropriate health care services are available no matter where you live in Alberta
  – **Sustainability**: health care services within available resources now and in the future

Organizational Structure

• AHS implemented a new organizational structure June 1, 2009 arranged in the following areas:
  – Quality and Service Improvement
  – Strategy and Performance
  – Rural, Public & Community Health
  – Finance
  – Corporate Services
  – Senior Physician Executive
  – Clinical Support Services
Organizational Structure

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  - Rural, Public & Community Health – EMS Department
  - Finance
  - Corporate Services
  - Senior Physician Executive
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Strategic Plan

Alberta Health Services
Strategic Direction
2009 - 2012
Defining Our Focus / Measuring Our Progress
June 30, 2009
Strategic Plan

3 Goals
8 Areas of focus
20 Strategic priorities
4 Values
3.5 Million people

Major Focus
• Seniors Health
• ED wait times

Purpose of AHS EMS

Effective coordination of all emergency medical services (ground emergency, ground inter-facility, air and dispatch) to ensure safe, high-quality and timely emergency medical care
Foundation

Right patient to the right place at the right time to be cared for by the right practitioner

Whole of Health

Health System
Acute Care
Continuing Care
Primary care
Public Health
EMS
From competing agendas to alignment and synergy
Role of Public Safety

Background

• Findings of previous reviews:
  – Recognized EMS as an integral component of health
  – Advances in technology and training have moved EMS far beyond emergency transportation and into the realm of health care delivery and treatment
Major documents leading up to decision

• Premier’s Advisory Council on Health Report – A Framework for Reform - Don Mazenkowski, 2002
• Taking Healthcare to the Patient – Peter Bradley, 2005, UK
• Emergency Care at the Crossroads – National Institute of Medicine - USA
• EMS Agenda for the Future – National Highway Transportation Safety Administration

Background

• Lack of a single service model has created a patchwork of service providers and models, service levels, funding and patient charges
• Assured access to health care, whether delivered in a facility or by EMS, is a basic and reasonable expectation, and a commitment of the Alberta Government
Pillars

• 3 pillars of transition
  – Transfer governance and funding – accountability and responsibility
  – Provincial medical oversight - consistency
  – Consolidated dispatch centers – artificial geographic boundaries

Alberta Health and Wellness’ Guiding Policy Principles

• EMS must be responsive to rural and urban needs
• EMS must be aligned with the delivery of health care
• EMS must maintain a public safety role
Alberta Health and Wellness’ Guiding Policy Principles

- EMS oversight must be active and consistent
- EMS costs must be predictable and transparent
- Stewardship of EMS must be proportionate to funding contributions and performance based

History of transition - 1st attempt

- April 1, 2004 – Minister Mar – EMS is Health – Transition from Municipalities to Health by April 1, 2005. Provides 55M budget
  - Regions formed Transition Teams, began to understand the magnitude of EMS
- March 31, 2005 – Minister Evans – suspended transition activities in all regions.
  - Additional time required to further understand the true costs of EMS in Alberta
- Established Discovery Projects in Peace and Palliser regions.
Discovery Projects

- Created Discovery Projects – April 1, 2005
  - Governance & Funding
  - Health Integration
- 2 Separate Regions
- 200,000 sq. kilometers
- 300,000 residents
- 12 EMS providers
- Independently verified results

Discoveries

- EMS has a “home” in our Health Regions
- Our Health Regions value EMS in the “home”
- Health Regions needed education and understanding about the “E” in EMS
- The mobile nature and function of EMS is generally foreign to Health
Discoveries

- Integration in health system has system benefits….but don’t drop the EMS ‘ball.’
- You can’t be everything to everybody.
- Size matters.
- Start with the end in mind (**EMS is a health service**).
- Single-source anything….has risks

Discoveries

- Be prepared for surprises - play close attention to the political environment
- Health is generally heavy on management; light on leadership
- Evolution of any system takes time. This is a marathon, not a sprint.
- Communicate & collaborate; early & often . . . and then double it
- Use systems thinking & take a systems approach
Benefits to transition

- Transitioning EMS into health provides opportunities such as
  - standardizing medical processes,
  - ensuring paramedics and EMTs are working to their full potential,
  - improving utilization of ambulance fleet,
  - providing enhanced educational opportunities to all EMS staff regardless of where they live

History of Transition – Successful attempt

- May 15, 2008 – Health Board Members relieved of their duties. A single health region is formed. Interim leadership structure appointed.
- May 29, 2008 – Minister announces transition of EMS from municipalities to Health for April 1, 2009.
- July 7 – 9 of 12 CEOs released from employment.
- August 29 – EMS Transition Business Plan delivered to Minister.
- September 18 – Business Plan accepted by Minister of Health. Green light to move forward.
- April 1 2009 – Alberta Health Services is born
It's about leadership, not ownership

- Municipalities/services given choice to be contract providers or divest for direct delivery
- Province taken by surprise by choices to divest
- 80% of population serviced by direct deliver, and growing

EMS Transition

April 1, 2009
- 74 ambulance services transitioned into AHS

April 1, 2010
- 15 Direct Delivery
- 57 contract provider
- 4 Air ambulance services
Role of Pre-hospital Professions in Health

- Traditionally ambulances and paramedics/EMT are synonymous
- Transition to Paramedics/EMTs are health care workers that can work on an ambulance but are not limited to one

Health Integration

EMS provides health care
Resources

• 170 Stations
  – Metro 49
  – Suburban – 50
  – Rural – 65
  – First Nations - 5

Resources

• 550 ambulances
  – 300 direct delivery
  – 250 by 57 different operators
• Mobile Medical Simulations – 2
• Support / Supervisor vehicles - 88
Resources

- 3000 Staff
  - 2155 field staff
  - 144 management
  - 90 support staff
- 20 Specialty teams
  - TEMS
  - City Center Teams
  - Incident Response Teams
  - CISD
  - Bike teams
  - Rodeo teams
  - Zoo team

Resources

- Consolidation of 30 dispatch centers in to 3 centers
  - Consistent technology, training and procedures
- Currently on hold pending government review
Resources

Medical first response still provided by municipalities via fire services in most areas

Resources

- First transition attempt – $55 million
- Current budget – $315 million
Call mix

• 400,000 ground calls annually
• 60% Emergency
40% IFT

Integration versus Transition
Health vs health care

- The need for health care is a failure of health
- EMS provides health care but what role can we play in health
  - Social determinants of health (Lalonde, 1967)
  - Community focus
  - Prevention and advocacy
  - Seamless, borderless - INTEGRATED

Partnerships

We are a profession in evolution and must proceed with our partners
- Educations institutions
- College of Paramedics
Ideal practitioner in the new reality

- Personality
- Education
- Recruitment strategy

Urban vs Rural

- Urban
  - Skeptical
  - Does this mean I have to work in a nursing home now?
- Rural
  - What's the problem?
  - Better relations with local health agencies
  - New world less different than urban perceptions
  - Better pay
  - Consistent con-ed opportunities
How EMS can affect ED Wait Times

What we bring in

What we take out

What we take to hospital

Acute Care Avoidance

- Health Link / 911 options
- Assess, treat and refer options
- Alternate destinations
  - Urgent Care Centers
What we take out of hospitals

- How fast can we move people out
  - Discharges
  - Transfers
- Meeting appointment and transfer parameters

Health Link Study

- If a caller agrees, once a call has been graded as an alpha or omega, it is transferred to Health Link to determine if another health option is available and preferable
- During study, an ambulance is still sent
Health Integration

- Referral pathways
  - Community Care Access
  - Social services
  - Mental health
  - Primary care

Community Health And Pre-Hospital Support (CHAPS)

- By linking at-risk individuals with the appropriate Community Care resources, CHAPS can prevent repeat use of the EMS system and the EDs
- A similar program in Toronto decreased repeat 911 calls by 25%
Advanced Planning / Goals of Care

- Currently, there are unnecessary transfers because end of life goals are not being enacted as agreed with patient.
- Creates conflict
  - EMS with facility
  - EMS with EDs
- EMS is working with Seniors Health to improve understanding of the goals and support facilities to better deal with end of life situations.

Garrison Green Long Term Care

**Hospital Avoidance**
- Intent - do as much as possible onsite
- Contract with hospitalist group from acute care hospital
  - MD on site business hours
  - After hours call in
- Use of community Diagnostic Imaging
- Use of mobile lab

**ED Avoidance**
- Any procedures in Day Medicine unit
- Direct admits
- EMS as consultants and treatment options
Seniors Rapid Response Team

Discussions with Seniors Health and Community Health on going on how we can keep seniors in their own facilities
• Suturing
• Rehydration
• Antibiotic therapy

Mental Health

• Aligning strategic objectives with Addictions and Mental Health
• Multiple year focus
• Develop common language
• Improve training Mental Health First Aid
• Develop referral pathway
Health Integration

Integrated record system and health technology
- Medical records
  - Province wide ePCR platform
    - Social referrals built in
    - Integrated with health system medical records platform
- Patient side testing
- Connectivity
  - IPhone accessing patient health records

Health Integration

Alternate work environments
- Hospitals
- Long Term Care
- Mobile Seniors Team
- Community Clinics
- Labs
Health Integration

- Case management
  - Community Care Access
  - Homeless groups
  - Mental Health

Health Integration

Community Paramedics
- Rural model
  - Rainbow Lake
  - Coronation Consort Caster
  - Nordegg
- Urban model
  - City of Calgary
Medical Guidelines

Dec 1 2010
• Provincial medical guidelines went into effect
• Provincial On-line Medical Control

Edmonton Study

• Edmonton is investigating how a nurse practitioner can fit into the ambulance service
Standardization of services

Territoriality

Flu Clinics

• Some regions welcomed EMS into flu clinics
• Personality dependant
## Culture Clash

<table>
<thead>
<tr>
<th>EMS</th>
<th>Health</th>
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<tbody>
<tr>
<td>• Nimble / mobile / flexible</td>
<td>• Bureaucratic / slow moving</td>
</tr>
<tr>
<td>• Informal</td>
<td>• Formal</td>
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<td>• Paramilitary hierarchical</td>
<td>• More flat</td>
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<td>• Communications style</td>
<td>• Communications style</td>
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<tr>
<td>– direct</td>
<td>– Less confrontational</td>
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<tr>
<td>• Performance management</td>
<td>• Performance management</td>
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<td>– Direct expectation</td>
<td>– Consensus</td>
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## Cross Cultural Recommendations*

- Develop and nurture creativity and innovation at the leadership level
- AHS and EMS should implement a cultural communications team to improve morale and esprit de corps
- Celebrate the value and influence of the existing EMS culture
- Develop a shared approach to leadership
- Communicate the vision of EMS as an integral part of health care

* taken from Cross Cultural Challenges Influencing A Provincial Transition of EMS in Alberta Canada by Petra Horning
Benefits of Integration

- More career opportunities
- New options possible (treat and refer)
- EMS can now be part of the bigger health picture
- EMS will begin to see the whole patient
- EMS is at the table now

Integration Challenges

- EMS is not yet seeing big enough picture
- EMS not trusted to run EMS
- EMS doesn’t have enough education
- Health is overwhelming EMS.
- Health is using EMS to solve its own problems
- Health does not understand EMS
Politics and Health

- Moved from influencing municipal leaders to politicians
- Health as an election campaign

RN Union response

- No direct message yet
- More concerned about LPNs
Lessons Learned

- Get educated, then
- Get more education
- Be prepared for uncertainty and discontent
- Keep employee welfare in mind. Do what you can for them to minimize the uncertainty
- This is a generational change – for everyone
- Respond, don’t react
- Keep the big picture in mind

Branding and image

Give the employees a unified visual identity, something tangible to rally around
- Uniforms one of our biggest mistakes
Summary

• EMS provides health care
• Transitioning into the health system has
  – Opened new avenues for patient solutions
  – Provided new alternatives for paramedics/EMTs
  – Allowed for economies of scale
• This is a work in progress

Questions

Questions?

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