



**REVISED AGENDA  
SPECIAL MEETING OF COUNCIL  
RE: 911 Dispatch Update**

**September 28, 2020, 9:30 AM  
IN THE COUNCIL CHAMBER**

**SPECIAL NOTES:**

Public are encouraged to follow Council and Committee meetings using the live stream  
<http://www.calgary.ca/watchlive>

Council Members may be participating remotely.

1. CALL TO ORDER
2. OPENING REMARKS
3. CONFIRMATION OF AGENDA
4. ITEMS FROM OFFICERS, ADMINISTRATION AND COMMITTEES

NEW MATERIALS

4.1 *911 Dispatch Update (Verbal), C2020-1098*

5. CONFIDENTIAL ITEMS
  - 5.1 ITEMS FROM OFFICERS, ADMINISTRATION AND COMMITTEES  
None
6. ADJOURNMENT





P.O. Box 996, Okotoks, AB T1S 1B1

May 21, 2020

Honourable Tyler Shandro, Minister of Health  
423 Legislature Building, 10800 - 97 Avenue NW  
Edmonton, AB, T5K 2B6  
[Health.Minister@gov.ab.ca](mailto:Health.Minister@gov.ab.ca) 780.427.3665

Dear Minister Shandro,

We are writing to **request engagement** with you and your ministry, and to **provide information** regarding Recommendation 34 of the **2019 AHS Review Report**. We hope to propose an alternate cost-saving measure along with improved service levels for **EMS Dispatch** and ask for the opportunity to share the reasons why we believe we can work with your government to achieve all of our goals.

**Our Proposed Solution:**

- **Use** existing 911 Dispatch Centers for EMS dispatch and remove duplication of service by AHS, to save costs.
- **Develop** EMS Dispatch standards or build on the current Provincial 911 Standards to ensure quality of service in an expanded “Collaborative EMS Dispatch Model”, which supports using existing 911 Dispatch Centers.
- **Reinstate** EMS Dispatch to our Foothills Regional Emergency Services Commission (FRESC).

Please see the following topics, which are expanded within our brief:

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| 9. Problem Issues and Sample Incidents  | p.14-18 |

With Best Regards,

Suzanne Oel, FRESC Chairperson  
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Cc: Miranda Rosin, MLA Banff-Kananaskis  
Roger Reid, MLA Livingstone-McLeod

RJ Sigurdson, MLA Highwood  
Joseph Schow, MLA Cardston-Siksika

# 1. Background

**Foothills Regional Emergency Services Commission (FRESC):** is a municipal commission representing 117,000 Albertans living in 25 rural and urban Southern Alberta municipalities. Please see our map on page 12. FRESC operates the **Foothills Regional 911 and Fire Dispatch Center**, which answers all 911 calls from this whole area. Fire emergencies are retained and dispatched, while requests for Ambulance are transferred to a secondary dispatch center operated by AHS.

**Since October 2009:** when the EMS (ambulance) dispatch component was removed from our center and consolidated to the AHS EMS Dispatch Center “South Communications Center” (SCC), there have been many issues and problems with ambulance response to residents living in rural Southern Alberta. The fragmented dispatch has resulted in lengthy response times and gaps in coverage due to poor rural area familiarization. Ongoing advocacy for changes and improvements to the system have continued to fall short of providing the service to a level that our residents or first responders expect from our municipal shareholders and provincial government.

**When EMS dispatch is removed to another call center, there is cost to lives, the cost of duplication of services to taxpayers, and cost to both patients and first responders.** Please see our “911 Call Explained” infographic on page 13.

Also, since 2009, we have been advocating for the return of EMS dispatch to our Foothills Regional 911 Dispatch Center. We have been active over all these years and then, in 2017, when we came out publicly to explain the problems, the **UCP Party**, Official Opposition at the time, was in **support** of our request to return EMS dispatch to our 911 Dispatch Center and participated with us in bringing concerns forward. Our 2017 information can be viewed at: <https://www.fixrural911dispatch.com/>

We believe that the **2019 AHS Review Recommendation 34**, to review and validate the ending of four regional EMS dispatch agreements with Calgary, Lethbridge, Red Deer and Wood Buffalo, was proposed without considering the history of the situation and the impact to other stakeholders, such as FRESC.

Through a discussion with our MLAs and your department, we understand that no decisions have been made by the government and that this recommendation will now be subject to further investigative processes.

Since this topic is open to review and we **still experience challenges** in dealing with EMS dispatch out of a separate dispatch center, FRESC sees this as an opportunity to **ask to be a part of the conversation**, to support the other four centers in their efforts NOT to have their EMS dispatch centrally consolidated, and to renew our case and request for the return of EMS dispatch to our Foothills Regional 911 Center.

At present the AHS EMS Dispatch Centers and service are mostly unmeasured and **unaccountable**. We disagree with the AHS Review Recommendation 34 which suggests that coordinated measured EMS Dispatch services within existing 911 Centers should be dismantled and that these services be transferred to the AHS EMS Dispatch Centers, as this will only further degrade service levels for more Albertans. Unfortunately, FRESC sees the impact of this daily.

FRESC continues to believe that there would be **significant cost-savings recognized by the Province should our EMS dispatch be restored and existing 911 Centers retain theirs**, because these centers already have the infrastructure and expertise required to provide the EMS dispatch services alongside the 911 and Fire Dispatch service. This would reduce the significant costs the Province is spending on infrastructure and management to operate the two provincial EMS dispatch centers. There are **at least nine qualified, competent 911 Dispatch Centers** operating in the Province, capable of providing EMS Dispatch services to AHS. Consultation with 911

Centers, municipalities and commissions providing these services would be an excellent next step and will show that a collaborative solution using existing 911 Centers can be achieved.

Please note that this effort to discuss reinstating EMS dispatch to FRESC, while supporting the four cities to retain theirs, does not suggest any criticism of frontline EMS dispatch staff; rather, that **we support the cost savings and better coordination of Fire and EMS response when the 911 call is handled in the same 911 Dispatch Center. We are talking about the 911 Call, about coordination and time, which affects services level to communities.**

## **2. Why the Province's EMS Dispatch Consolidation Plan doesn't work for Albertans? What else is going on?**

Delays and coordination issues in our emergency response system threaten rural and suburban lives. The Province took a system from FRESC which provided excellent service to its residents and emergency service providers and broke it. We are forced to accept a lower standard at a higher cost to taxpayers with risks to safety and patient care.

With the 2019 AHS Report recommending consolidating and discontinuing the Collaborative EMS Dispatch Model, the City of Calgary, City of Red Deer, City of Lethbridge and Regional Municipality of Wood Buffalo now face the same unacceptable outcomes that we have experienced over the past 10 years.

### **Moving our EMS Dispatch to another center, has resulted in:**

- The Alberta taxpayer paying twice for infrastructure and service delivery for Ambulance Dispatch that was and has been provided through competent, professional and experienced 911 Dispatch Centers across the province.
- A fractured approach to providing emergency service response to emergencies because the 911 caller is transferred off to the AHS EMS Dispatch center wasting valuable time in potential life-threatening situations.
- Lack of service response coordination. Many emergency resources respond together but most commonly it is Fire and Ambulance.
- Time delays in responding to medical first response in rural communities (this was a simultaneous response pre-consolidation).
- Poor rural area familiarization and ongoing issues determining the location of the emergency if the caller cannot provide a rural address.
- Gaps in coverage. Inappropriate deployment of ambulances leaves rural communities dangerously exposed for hours, with the nearest ambulance 30 – 40 minutes away. Frequently one or two ambulances are left to provide coverage for a huge geographic area. Deployment of ambulances is not a two-way street. Rural ambulances are moved into the city, but city ambulances rarely are moved into the rural area.
- Compounding issues with inappropriate use of expensive Advanced Life Support ambulance resources for non-emergency, taxi-like trips (inter-facility transfers, etc.).
- No measuring or reporting of service performance by AHS SCC to the public or municipalities
- AHS Employees fear reprimand if anything gets out about poor service levels.
- Negative impacts. Since 2009, our municipalities and ultimately our residents have experienced the negative impacts of the decision to remove EMS dispatch from our center.

**On-going consequences:** After all these years, we have not seen the needed change. We still have ongoing Code Reds, lack of strategy, long wait times, morale challenges... even though we've studied and highlighted this through the HQCA review and Rural Health Services Review, participated in PSAP standards committee, worked on the HQCA-Review and other consultation, and participated in meetings with Ministers and AHS staff, etc.

### 3. Fire and EMS Dispatch work best together in a coordinated 911 Call

**Why?** It is critical to FRESC communities that Fire and EMS emergency responses are dispatched and coordinated by one call center. There is a serious flaw to separating the call, since:

- Fire is most often first on scene for medical calls in rural areas, due to large geographic areas served by responding agencies, or due to ambulances being far away when EMS ALS units are caught up in non-emergent services, or in the city on closest-call requests.
- Coordinating the resources can be challenging and best accomplished when you know where resources are. Communicating with both Fire and EMS together gives the best result in complex situations, which is often the case in rural Alberta medical calls.

Here's what happens when Fire and EMS are not dispatched by the same call center. This sample incident highlights the results of moving EMS Dispatch to another center, including: lack of service response coordination, poor rural area familiarization, time delays and gaps in coverage.

**SAMPLE INCIDENT** – Witnessed cardiac arrest. Bystanders performed immediate CPR. Volunteer Fire Department was dispatched. AHS EMS was dispatched (they had a 50-minute response time); a Supervisor was 20 minutes closer but was not dispatched. First Nations ALS ambulance was only 10 minutes away from scene but was not dispatched. The Fire Department used AED and performed CPR for almost 40 minutes (they were distressed & exhausted). The AHS EMS ambulance took the long route around (being unfamiliar with the area) and extended response time by 5 – 10 minutes. Patient was then deceased. The AHS EMS ambulance designated to cover this large rural area was on another call and had not been backfilled.

**Medical calls attended by Fire Departments:** Organizations like FRESC are covering for ongoing EMS dispatch issues, with many instances of Fire Departments arriving well in advance of EMS and providing assistance. Therefore, municipal funds are often covering for a provincial issue for both Fire dispatch and Fire attendance, which has the impact of downloading this cost to municipalities and the effect on human lives. It may also be noted that the more distant the medical emergency incident is away from a major population center, the more investment by the rural municipality. This further supports the need for the integrated 911 call to proceed from a single call center, since coordinating complex rural medical call responses is most effectively delivered when there's rural area familiarization plus knowledge of the location of all resources included in the call, saving unnecessary cost in the deployment efforts.

**2019 Fire Department Stats show municipal investment in medical calls:** Statistics from two of our FRESC municipalities show that we are heavily invested in providing high service levels to our residents and there's a significant cost to have fire departments cover for the lack of ambulance service in response to medical events.

**47.34%** (1,105 of 2,334) of all calls attended by **Foothills County Fire Department** in 2019 were for Medical Fire First Response or Medical Fire Co-response. **16.02%** (374) of all calls were for Medical Fire First Response calls. **31.32%** (731) were for Medical Fire Co-response. (Detailed stats are available.)

**53.22%** (224 of 419) of all calls attended by **Vulcan County Fire Department** in 2019 were for Medical Fire First Response or Co-response. (Detailed stats are available.)

## 4. Industry Performance Standard for EMS Dispatch

**The recognized and accepted Industry Standard as per the National Fire Protection Association (NFPA) Standard 1221:** “Processing times for emergency calls requiring emergency medical dispatch questions and pre-arrival medical instructions is **90 seconds 90 percent of the time**”. This standard would include Medical Fire Responses (MFR).

For the purposes of this briefing, the **time calculations** are from the time an EMS call is transferred to AHS EMS Dispatch by Foothills Regional 911, and the time the call is sent back to Foothills 911 via Mobile Data Terminals for a Medical Fire First Response or Co-Response. These times DO NOT include the additional 30 seconds to complete the transfer from Foothills 911 to AHS EMS Dispatch.

**Delays in Services:** As of today, the performance of calls being returned to our center to dispatch Medical Fire Response to medical incidents **rarely meets the recognized NFPA standard of 90 seconds**. Initially, our Center reported all calls over 90 seconds to AHS, and now we only report calls over five minutes, since almost all calls are over this mark. The bar for Service Level has reduced. There is no monitoring or measurement by AHS, as this is a complaint-based setup with no accountability. It is such an understatement to say that our organization is disappointed with these results, when there is an obvious solution in favour of better service delivery.

**On this basis alone, of AHS not meeting the standard, there is justification for keeping EMS and Fire dispatch together in our 911 Centers and returning EMS dispatch to FRESC!**

**In 2019, only 6.32%** of emergency calls requiring Medical Fire Response were sent to the Foothills 911 Center within the industry standard time frames. To illustrate just how serious these delays are:

**SAMPLE INCIDENT** – a Witnessed cardiac arrest. CPR was in progress by bystanders. The ambulance response time was 20 minutes, as it was coming from another community. There was a 3 minute 41 second delay in just requesting local Medical Fire Response.

**In 2019**, there were 2,375 calls sent to us requesting a Medical Fire First Response or Co-Response of Fire Departments to medical calls. Of those 2,375 total calls, 1,121 were delayed more than 3 minutes – double the industry standard of 90 seconds.

**2019 Delay stats by “percentage”:**

**93.68%** (2,225 of 2,375 calls) of all AHS Dispatch notifications to the Foothills 911 Center for Medical Fire Response **are not being completed within** the 90 seconds as recommended by NFPA 1221 standard. (all calls over 90 seconds)

**65.18%** (1,548 of 2,375 calls) of all AHS Dispatch notifications to the Foothills 911 Center for Medical Fire Response **are 60 seconds over** the time of 90 seconds as recommended by NFPA 1221 standard. (all calls over 150 seconds or 2.5 minutes)

**47.2%** (1,121 of 2,375 calls) of all AHS Dispatch notifications to Foothills 911 for Medical Fire Response **are over 3 minutes**, which is more than **double** the time of 90 seconds as recommended by NFPA 1221.

## 5. Costs

**When EMS dispatch is removed to another call center, there is cost to lives, the cost of duplication of services to taxpayers, and cost to both patients and first responders.**

Infrastructure is in place in many Alberta 911 Centers (already paid for by the taxpayers) and can continue to provide the service. There are qualified, competent 911 Dispatch Centers operating in the Province, capable of providing EMS Dispatch services to AHS. With the appropriate technology and protocols, the Province can still achieve its goal of sending the closest ambulance to every emergency for a fraction of the cost and much better service to the residents.

### **The COST of “Fragmented Dispatch”**

- Lives are being lost and continue to be at risk.
- Duplication of services = cost to taxpayers, twice.
- Extremely expensive costs for AHS - Southern Communications Center (SCC).
- Cost Savings can be achieved by supporting existing, experienced 911 Call Centers.

### **AHS EMS dispatch centers are redundant**

- FRESC 911 Center provides 911 and dispatch services to 117,000 Alberta residents since 1994.
- Other established, accredited 911 Centers provide service throughout Alberta.
- Why would we duplicate the service when EMS dispatch fits in these centers?

### **AHS EMS dispatch centers are expensive**

- The SCC is costing Albertans more at a time when the Province can’t afford it.
- Satellite centers save money because physical infrastructure is already there: facilities, networks, radio equipment, etc.
- With the decision to allow some centers to retain EMS dispatch, it makes sense to choose a better solution with economic benefits – returning EMS dispatch to FRESC and other 911 Centers is more cost effective.
- There will also be significant savings in staffing because Supervisory staff, Quality Assurance staff and Operational Management staff are in place in every 911 center – eliminate duplication.

### **What are the costs to operate the AHS South Communications Center (SCC)?**

- No published budget for this center.
- \$13 million has been invested just to move the SCC to its current location – a waste of taxpayer dollars when the facility is redundant.
- Note: The SCC has an inter-facility ambulance transfer function independent of the EMS dispatch function?
- Population served?
- Facility costs of \$61,000 per month; \$732,000 annually? (2017 news source)
- SCC - 30 staff members – salaries, benefits, etc., estimated 3.1 million?
- Almost \$4 million for just facility and staff. What about other operational and capital equipment costs?
- Operational budget and financial information have been requested but are unavailable.
- NG911 will be very expensive and is another example of an unnecessary duplication of infrastructure.



## 6. Solutions - details

### Our Proposed Solution:

- **Use** existing 911 Dispatch Centers for EMS Dispatch and remove duplication of service by AHS, to save costs.
- **Develop** EMS Dispatch standards or build on the current Provincial 911 Standards to ensure quality of service in an expanded “Collaborative EMS Dispatch Model”, which supports using existing 911 Dispatch Centers.
- **Reinstate** EMS Dispatch to our Foothills Regional Emergency Services Commission (FRESC).

### Common Goals of Alberta Health and FRESC, to provide:

1. Best service to residents with best safety outcomes, saving more lives, more timely and effective responses.
2. Most cost-effective coordinated service with efficient, measured responses and to realize efficiencies both financially and in service-delivery to Albertans.... Cost saving benefit.

### FRESC Solutions and Requirements – Ready and Able!

Prior to EMS dispatch being removed from our center, we dispatched all first responder resources, simultaneously and immediately, within 1.5 minutes of receiving a call to our center. Since 2009, FRESC has lobbied AHS and the Alberta Government to implement a collaborative approach to provide EMS Dispatch that will meet the goals of AHS and ensure that all Albertans receive experienced, competent and coordinated service when they encounter an emergency.

**Our IMMEDIATE Solution** is to provide **coordinated Fire-EMS Dispatch from our Foothills 911 Center**, which will reduce times in the dispatch of a first responder and eliminate multiple transfers of calls for EMS Response.

FRESC can provide a **Single Point Call Answer and Fire-EMS Dispatch**, allowing our Center to react immediately.

We are **Ready and Able** to take this on: FRESC has the full capability to dispatch on the AFRRCS system, including encryption. Our communications specialists are trained to all appropriate dispatch standards, including being equipped with local knowledge, geographic and topographic familiarization, and interagency support for emergency dispatch in all areas we serve. We are prepared for NG911 and will meet all mandated CRTC requirements and timelines.

### To move forward on these proposed solutions, FRESC would require the following:

- The installation of an **AHS EMS CAD and Phone System** in our center
- To negotiate **an agreement with AHS** for EMS dispatch services for FRESC municipalities (similar to agreements with other coordinated dispatch centers in Calgary, Lethbridge, Red Deer and Wood Buffalo)
- Implementation of AHS EMS Dispatch required protocols
- To add an additional **2 full-time personnel** to bring us to pre-consolidation staffing levels

We believe it makes sense for us to become a satellite AHS EMS dispatch center because of our specialized expertise in rural and suburban dispatch operations, which enhances our service. While working with AHS EMS Ambulance dispatch services, we will enhance our emergency communication services to our municipalities and ensure EMS and First Responder safety while providing the highest possible level of patient care.

## May 2020, Excerpt from AHS Website – AHS EMS Dispatch System:

“During a medical emergency, you expect help will arrive as quickly as possible.

Alberta Health Services (AHS) is proposing a new collaborative model for EMS dispatch to ensure all patients have access to the closest ambulance in an emergency. Under the collaborative provincial dispatch system, AHS would delegate authority to three municipalities – Regional Municipality of Wood Buffalo, City of Red Deer and City of Lethbridge – to dispatch EMS services, along with the other emergency services they currently dispatch (such as fire and police).

AHS would remain responsible for oversight of quality, standards and data, as well as the coordination of inter-facility transfer services for the entire province.

EMS calls would go to the nearest dispatch centre; every dispatcher would be able to see the location of every ambulance in the province, and assign the closest available unit, regardless of current municipal or geographic boundaries.

The collaborative model means better service for all Albertans. Benefits include:

- The closest available ambulance can respond in every emergency.
- Status and location of ambulances are available in real time to all dispatch centers.
- AHS provides common technology and training for every dispatch center, allowing centers to operate under one system.
- The three municipalities would dispatch fire and EMS services using the same staff in the same facility.
- Immediate data capture by AHS to ensure consistent reporting across the province.
- Additional backup protection in case one dispatch center experiences increased workload, or a service outage.
- Performance meets accreditation standards.
- Ongoing training in emergency medical dispatch.”

We believe that returning our EMS dispatch to FRESC, using this very same model, is the only reasonable and acceptable choice. It achieves our common economic and safety goals to deliver a cost-effective, quality, coordinated emergency response to our communities.

**This solution would:** (in additional to Alberta Health Services statement above)

- Effectively use proven expertise, experience and service delivery by centers with knowledge of individual geographic service area, communities and the suburban/rural environment.
- Allow for the return of simultaneous, coordinated dispatch of all emergency resources - so critical in rural communities.
- Provide quality, measured service as was previously done, ensured by clear performance standards, save money for municipalities by more effectively using fire resources.
- Easily meet the goals of the province for borderless EMS using available technology.
- Place all the PSAPs on a level playing field, financially.
- Save Alberta taxpayers’ money using existing infrastructure - with minimal upgrades and utilization of existing experienced staff.
- Build on what’s already in place and invest in Alberta’s communities.
- Recognize the value of “stand-by”.
- Support and recognize regional collaboration at its finest.
- Ensure that every Albertan receives the best possible outcome to their emergency with a timely, coordinated response.

## 7. Letters, Articles, RMA-AUMA Resolutions

Over the years, FRESC has worked diligently to provide information and confirm support for our request to the Provincial Government.

In March 2020, **Mayors & Reeves of Southwest Alberta** provided us with a unanimously-approved **Letter of Support** for our request. Please see the attached letter on pages 10 and 11.

We have obtained **three sets of Letters of Support from our partner municipalities**, from 2012, 2015 and 2017. Copies of these letters are available upon request.

A Letter of Support was obtained from Mayor's & Reeves of Southwest Alberta in 2017. This letter is available upon request.

Numerous articles are available on our Facebook page link: [facebook.com/FixRural911Dispatch](https://facebook.com/FixRural911Dispatch)

**RMA and AUMA Resolutions** were approved in 2011:

"Emergency 9-1-1 Dispatch

THEREFORE BE IT RESOLVED that the Alberta Urban Municipalities Association request the Province of Alberta to halt the transition of Ambulance Dispatch Centers and that the Alberta Urban Municipalities Association undertake a joint review with Alberta Association of Municipal Districts and Counties (AAMDC) to ensure that First Responders, Ambulance and Fire remain one unified, efficient, dispatch to enhance communications while responding to emergencies in Alberta."

## 8. FRESC Map and the 911 Call Explained (infographic)

Our FRESC Map is on page 12.

Our "911 Call Explained" infographic is on page 13.

## Mayors & Reeves of Southwest Alberta



March 6, 2020

Honourable Minister of Health Tyler Shandro  
423 Legislature Building, 10800 - 97 Avenue NW  
Edmonton, AB, T5K 2B6  
[HealthMinister@gov.ab.ca](mailto:HealthMinister@gov.ab.ca) 780.427.3665

Dear Minister Shandro,

**RE: Please consider alternative cost-saving solutions through stakeholder consultation and reinstate EMS Dispatch to the Foothills Regional Emergency Services Commission (FRESC)** in response to the 2019.12.31 AHS Review Recommendation 34.

Please accept this letter from the Mayors & Reeves of Southwest Alberta as confirmation of support for FRESC to have EMS dispatch reinstated to their 911 Center, in their endeavor to restore EMS dispatch to the level of service their citizens experienced prior to the consolidation of EMS dispatch.

We believe it makes sense and will save lives.

FRESC is a municipal commission representing 117,000 Albertans living in 25 rural and urban Southern Alberta municipalities. FRESC operates the Foothills Regional 911 and Fire Dispatch Center, which answers all 911 calls from this whole area. Fire emergencies are retained and dispatched, but requests for Ambulance are transferred to a secondary dispatch center operated by AHS.

The EMS dispatch component was removed from the FRESC 911 Center in October 2009, as the first scheduled consolidation to an AHS Center. The plan to consolidate EMS dispatch to a centralized system has been fraught with problems and poor service to Albertans.

Since this consolidation process began, there has been numerous attempts by FRESC to rectify and improve service delivery in an effort to ensure appropriate access to emergency service resources for the citizens of our communities; however, problems continue. The negative results associated with separating Fire and EMS dispatch, include: lack of service response coordination, poor rural area familiarization, time delays and gaps in coverage. This places patients and first responders at risk.

When EMS dispatch is removed to another call center, there is cost to lives, the cost of duplication of services to taxpayers, and cost to both patients and first responders.

Existing 911 Centers already have the infrastructure and expertise required to provide the EMS dispatch services alongside the 911 and Fire dispatch service. Using these centers would reduce the significant costs the province is spending on infrastructure and management to operate the two provincial EMS dispatch centers. There are at least nine qualified, competent 911 Dispatch Centers operating in the Province, capable of providing EMS Dispatch services to AHS. We support

achieving the best service level, with cost savings, time savings and better coordination of Fire and EMS response, when the 911 call is handled in the same 911 Dispatch Center.

We believe that the 2019 AHS Review Recommendation 34, to review and validate the ending of four regional EMS dispatch agreements with Calgary, Lethbridge, Red Deer and Wood Buffalo, was proposed without considering the history of the situation and the other side of the story.

The negative experience that FRESC has undergone serves as a reason why these municipalities should not have EMS dispatch removed from their 911 Centers.

At present the AHS EMS Dispatch Centers and service are unmeasured and unaccountable. We disagree with the AHS Review Recommendation 34 that coordinated measured services within existing 911 Centers should be dismantled and go to these AHS Centers and further degrade service levels for more Albertans.

We understand that no decisions have been made by the government and that this AHS Review recommendation will now be subject to further investigative processes.

Since this topic is open to review, and FRESC still experiences a much lower service level because EMS dispatch is removed to another call center, we would like to reiterate our support for an alternative cost-saving solution: Remove the duplication of service by AHS, use existing 911 Centers in a collaborative model and reinstate EMS dispatch to the Foothills Regional Emergency Services Commission.

We believe that extensive stakeholder consultation with the 911 Centers, municipalities and commissions providing these services, will reveal excellent information and that the truth about cost and service levels will come out, which will show that Recommendation 34 is without merit and that a collaborative solution can be achieved.

Thank you for your attention on this matter!

Yours Truly,



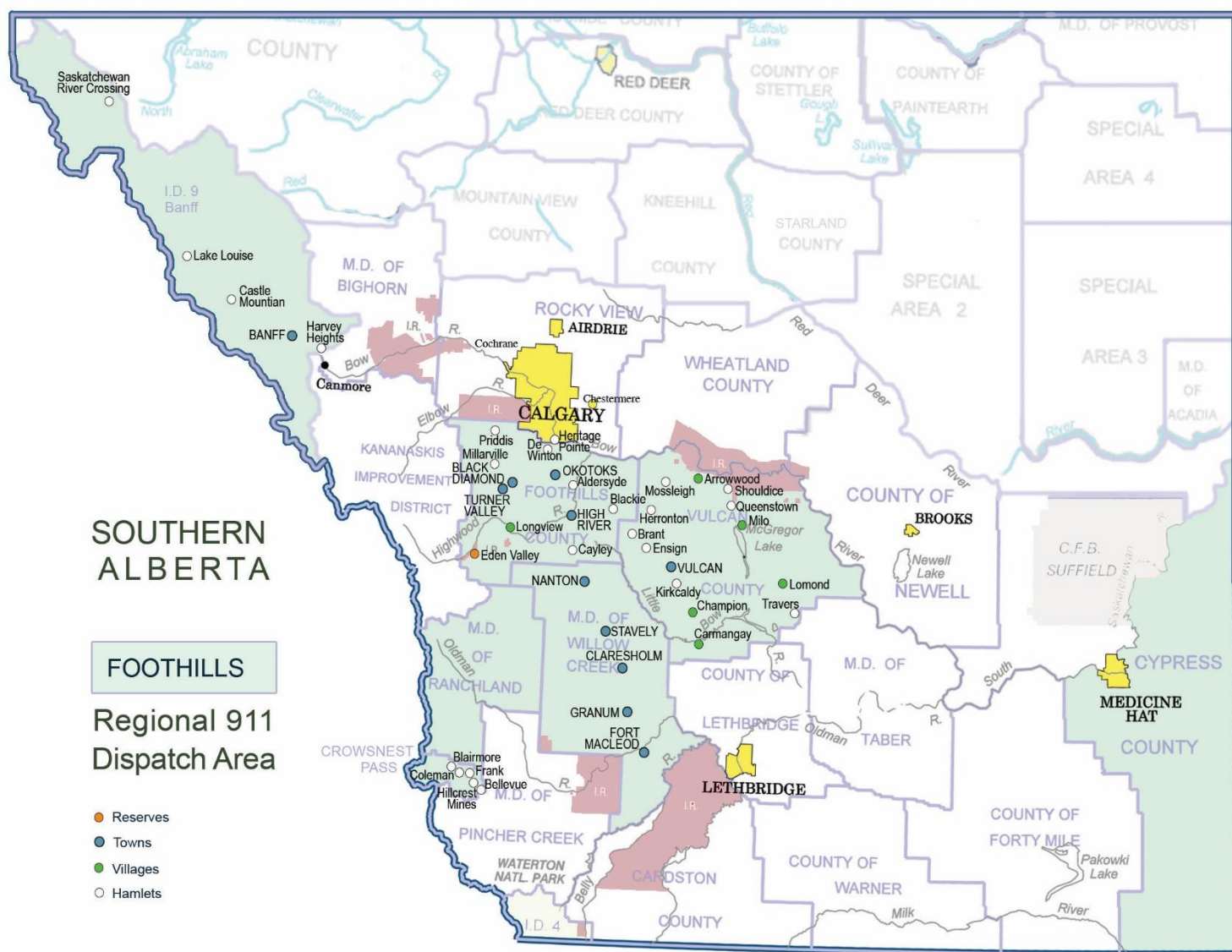
Chairperson  
Mayors & Reeves of Southwest Alberta





## FOOTHILLS REGIONAL EMERGENCY SERVICES COMMISSION (FRESC)

- A Municipal Commission • Established in 1998 • Mandate: 911 services (police, fire, EMS) for its member communities • Over 20 years of rural expertise that has saved numerous lives with coordinated, efficient emergency response • Facility location: Okotoks • Map as of 2019



**FRESC** provides 911 dispatch service to 117,000 people in 25 Municipalities, plus dispatch to 39 Fire Departments/Stations and monitoring for 12 Community Peace Officer Agencies. FRESC serves: Arrowwood, Banff, Black Diamond, Carmangay, Champion, Claresholm, Crowsnest Pass, Cypress County, Eden Valley, Foothills County, Fort Macleod, Granum, High River, Lake Louise, Lomond, Longview, M.D. of Ranchland, M.D. of Willow Creek, Milo, Nanton, Okotoks, Stavelly, Turner Valley, Vulcan and Vulcan County.

# THE 911 CALL EXPLAINED



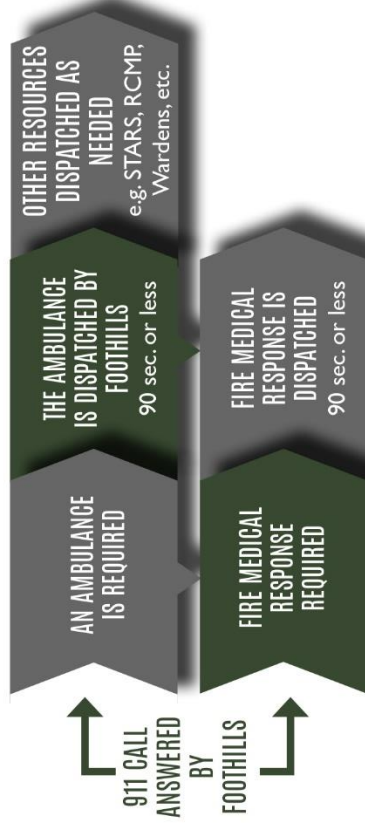
Residents in rural Southern Alberta have **fragmented** fire and ambulance dispatch which results in an uncoordinated emergency response that risks lives.



## HERE IS WHAT HAPPENS TODAY UNDER THE CURRENT **BROKEN** SYSTEM:



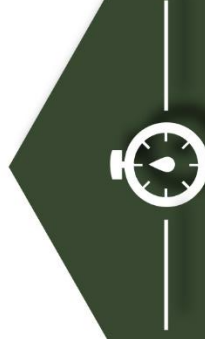
## HERE IS THE **SOLUTION**:



## WHEN SOMEONE CALLS 911 WE NEED...

a single point 911 call answer with fire and EMS dispatched together from the same centre

**Return rural dispatch to Foothills Regional 911 Commission**



## SIGNIFICANT TIME DELAYS

puts lives at risk - fire and ambulance dispatch should come from Foothills Regional 911

Learn more about this issue at [fixrural911dispatch.com](http://fixrural911dispatch.com)



## 9. Problem Issues and Sample Incidents

The major challenges we face because EMS dispatch is provided from the current AHS SCC center are listed below, in eight categories, for reference. Sample incidents are provided.

1. Lack of service response coordination
2. Poor rural area familiarization
3. Ambulance response delays
4. Gaps in coverage and ambulances inappropriately deployed
5. Non-Emergency ambulance transfer issues
6. Time delays transferring between dispatch centers
7. Lack of AHS SCC accountability
8. CAD to CAD implementation delayed

These are only a sample of the many examples that support our story. At a point in this disagreeable reality, our staff were directed to stop recording the incidents, due to it causing low morale to the FRESC Center, as nothing is being done to improve the situation. There are so many incidents on someone's desk somewhere, with no response to them. FRESC continues to do our best and support our residents by stepping in to help.

1. **Lack of service response coordination:** With the diversity of calls received at a 911 call center, flexibility to adapt to the situation and recognition of threats, is of the utmost importance. The possibility of missing important details and not calculating the effects to each agency being dispatched, is a big risk. When a 911 call is received and an organized response occurs in the same center, this risk is significantly reduced.

Due to AHS SCC being located outside of our 911 Center, other problems with multi-service management occur when coordinating backcountry rescue, for example in Banff Park. This is quite concerning.

Current SCC service lacks a coordinated response and confidence that Ambulance support has been dispatched or is on the way. There is no partnership between AHS-SCC and FRESC, and between AHS-SCC and RCMP.

**SAMPLE INCIDENT** – Suicide Attempt. Fire Response potentially enters into a dangerous scene due to uncoordinated response. Fire Medical First Response dispatched as per protocol. FRESC not advised of Safety Holdback initiated by AHS EMS Dispatch. Potential for a Fire Response to enter into a dangerous scene due to uncoordinated response.

**SAMPLE INCIDENT** – Motor Vehicle Collision. Sent to FRESC MDT from EMS dispatch. MVC not in FRESC area. FRESC notifies that FRESC is not sending fire. No other Fire Department is sent by EMS dispatch.

**SAMPLE INCIDENT** – Call came via On-Star. Bystander (in vehicle) found a single vehicle rollover. Original caller did not stop, so there was no information on patients or hazards. Call transferred to EMS dispatch. Fire Department dispatched by FRESC. Fire requested ETA for RCMP. RCMP were not aware of the call – not notified by EMS dispatch.

2. **Poor rural area familiarization:** Knowledge of addressing and geography of rural areas is lacking in an urban dispatch center. What's on a computer map does not perfectly translate to real life. FRESC trains its operators for uniquely rural context. We know day to day what is going on in FRESC communities and what may impact emergency situations.



FRESC knows the locations in our communities due to our Fire Dispatch services in these communities. Our help and support has sometimes been refused, putting residents and first responders at risk.

**SAMPLE INCIDENT** – Medical call. When FRESC transfers a VOIP Operator call to SCC, they took the address from the VOIP Operator but would not take the address from FRESC. Incident at coffee shop. SCC would not take the address from FRESC, instead saying they would “Google” it and told FRESC to disconnect. It was a further 44 seconds before the call taker even started to process the call.

**SAMPLE INCIDENT** – Echo Cardiac Arrest. Incorrect address processed by AHS EMS Dispatch. FRESC dispatched Medical Fire First response, which was on-scene 3 minutes prior to the ambulance – coming from same hall location. AHS ambulance dispatched to an incorrect address. FRESC contacts AHS EMS dispatcher and corrects the address. AHS Ambulance is re-routed.

**SAMPLE INCIDENT** – 911 Call for Chest Pain. Address put on EMS MDT was 7 St SE. ANIALI feed shows address as 7 St NW. Caller stated location as Sunrise Village. Common-name address confirmed address as the SE address. Fire was sent on medical assist to the correct location. EMS sent to incorrect location. Fire on scene at 15:43:34 and EMS on scene at 15:54:15 resulting in an approximate 10-minute delay in getting ALS care to a patient.

3. **Ambulance response delays:** Transferring 911 callers to another dispatch center for ambulance dispatch, when time is of the essence, makes no sense and only adds to the overall response time.

**SAMPLE INCIDENT** – 911 caller states “Can’t breathe”. Call transferred to EMS dispatch. FRESC dispatches Fire for a “Breathing Problems Delta”. FRESC does not receive call on MDT. FRESC calls EMS dispatch and is informed that they don’t have this call and they will send it when they do? EMS dispatched 6 minutes after start of call and 5 minutes after Fire had been dispatched by FRESC.

**SAMPLE INCIDENT** – 911 caller reporting serious injury due to horse accident. FRESC transfers caller to EMS dispatch Calgary. EMS Dispatch determines call is not in their area and gives the call back to FRESC. FRESC attempts to transfer to EMS dispatch in South AB. EMS dispatch South AB does not believe it is in their area and attempts to send it back to EMS dispatch Calgary. This event resulted in an investigation. In summary, jurisdictional issues clouded the issue and welfare of the patient was secondary. Six EMS resources were dispatched and three of these EMS resources eventually arrived to assist the patient. An estimated **23-minute delay** ensued in getting help to the patient, who was seriously injured.

**SAMPLE INCIDENT** – Witnessed Cardiac Arrest. CPR in progress by bystanders. Ambulance response was 20 minutes from another community. Delay requesting local Fire Medical Response was **3 minutes 41 seconds**.

**SAMPLE INCIDENT** – Trauma with Serious Bleeding. Ambulance response from another community with a 30-minute response time. Fire Medical Response delayed **9 minutes and 25 seconds**.

**SAMPLE INCIDENT** – Ranching Accident. Severe Trauma. Error in ambulance dispatch - appropriate ambulance not dispatched for **22 minutes and 6 seconds**. Fire Medical Response on scene 14 minutes prior to ambulance. Total response time for ambulance was **45 minutes 22 seconds** to a location 22 minutes from an ambulance station.

4. **Gaps in coverage and ambulances inappropriately deployed:** It is vital that the 911 Call Center has the ability to coordinate services and strategize by doing a full-picture analysis. Knowledge of all the resources you are dispatching and their locations is the best case scenario. Dispatching Fire and EMS simultaneously out of one

911 Center provides the most coordinated response. There's also the need to solve the issue of ambulances being taken out of rural availability, which causes challenges in the deployment of appropriate services to rural emergencies.

This leads to the discussion about the value of "stand-by" because ambulances are often not in the communities that they are supposed to serve. There's a domino-effect of rural home ALS units getting flexed to other communities, leaving home station areas without coverage, due to other community's resources being called out of their area for non-emergency transfers, etc. Inappropriate use of ambulances leaves rural communities dangerously exposed for hours, with the nearest ambulance sometimes 30 – 40 minutes away.

**SAMPLE INCIDENT** – Medical Call. No ambulance available within a reasonable response time. EMS response time of 46 minutes. FRESC dispatched Volunteer Medical Fire First Response, on scene in 14 minutes. \*This is common.

5. **Non-Emergency ambulance transfer issues:** On a daily basis, rural resources are over-utilized to conduct non-urgent inter-facility transfers that are not coordinated and are frequently poorly planned. Multiple transfers at a time, utilize Advance Life Support vehicles and teams for non-urgent, non-emergent transfers. These transfers frequently result in less than adequate coverage in many rural areas for extended periods of time. Once rural ambulances get into the city they are frequently tasked to emergency incidents in the city using the "closest ambulance" philosophy, but in reality they are only closest ambulance because they are traveling on the road. Often there are metro resources sitting in station a few blocks away prepared to respond. Added to this, personnel often get stuck in the halls of hospitals, waiting.

Regarding Inter-facility Transfers and non-emergency use of ambulances, also under consideration in the **AHS review in Recommendation 37**, please consider providing fair and reasonable standards to allow accredited agencies to take this over, so that rural areas can find solutions. We believe that the AHS Review of this is going to get the discussion flowing about solutions. The Report focusses on urban solutions and, in rural areas, suggests looking at 'mixed' use of ambulance and contracted Non-Ambulance Transport units, "where feasible". We'd like to see an expansion of scope to include solutions for rural areas. Reasonable standards and oversight could be set, so that the rural and sub-urban areas can be served with a variety of complying types of Non-Ambulance Transportation Units. Then, consideration can be given to accredited, contracted service-providers or agencies, meeting those standards, but not limited by jurisdictional barriers or corridors set by AHS to make solutions fail. This type of turf protection has effectively excluded projects that have worked well in the past, due to a technicality. The cost of this service was approximately 25% of the cost of using an ALS Ambulance as a Taxi in a creative solution that was shut down by AHS.

Benefits of going to a contracted service for Non-emergent patient transportation and inter-facility transfers:

- Better 911 response times when ambulances are more available
- Less 'Code Reds' in the rural areas
- Considers the Value of standby with ALS resources, units
- Increase time performance for Non-Ambulance Transport
- Avoids patients missing essential treatments
- Major cost savings to taxpayers

**SAMPLE INCIDENT** – Medical Call. No ambulance available within a reasonable response time. EMS response time of 30-40 minutes. FRESC dispatched Volunteer Medical Fire First Response. \*This is common.

6. **Time delays transferring between dispatch centers:** Transferring 911 callers to another dispatch center for ambulance dispatch adds critical extra-time to the overall response time to emergencies.

**SAMPLE INCIDENT** – Medical Call. A more remote community’s Medical Fire Response protocol requires Fire to respond to most medical calls. AHS SCC took almost 12 minutes to send notice for a Fire response. FRESC dispatched Volunteer Medical Fire First Response. Volunteer MFR was delayed.

**SAMPLE INCIDENT** – Medical Call. AHS took over 13 minutes to send call to FRESC. FRESC dispatched Volunteer Medical Fire First Response. AHS extra time caused delay of Volunteer Fire response, changing service level to patient.

7. **Lack of AHS SCC accountability:** AHS SCC does not appear, in any way, to be tracking any of these problems. Rather, they have elected to simply “deal with them as they come up”. There are only a few instances where problems or delays that we have addressed with the AHS SCC Deployment Manager were actually figured out and reported back to us, so we could work together collaboratively.

The vast majority of problem calls previously logged by FRESC have been provided to AHS SCC Deployment Manager. FRESC has concluded that a large number of the delayed calls are attributed to either taking a long time to get an address, or taking a long time to find a final determinant.

**SAMPLE INCIDENT** – AHS SCC had a delay of 6 minutes and 9 seconds sending the call back to FRESC. When AHS Deployment Manager was called, FRESC was told that the AHS SCC Dispatcher had to ask the AHS Deployment Manager what area this call was in.

**SAMPLE INCIDENT** – AHS SCC had a delay of 9 minutes and 20 seconds sending the call back to FRESC. When FRESC called the Deployment Manager to find out why it took so long, FRESC was told that they were overwhelmed with calls and they had to “triage” calls at this time.

**SAMPLE INCIDENT** – AHS SCC had a delay of 9 minutes and 24 seconds sending the call back to FRESC. Chest pain, high priority call. FRESC was advised this was attributed to a “second call out due to EMS not being in town”. FRESC was not sure how or why this would affect AHS SCC sending the call to FRESC for a Medical Fire First Response. In fact, this should make it even more important to get the request for a Medical Fire Response dispatch from FRESC.

**SAMPLE INCIDENT** – AHS SCC had a delay of 8 minutes and 12 seconds to send the call back to FRESC. When FRESC called the first time, FRESC was told that SCC had a CAD crash but they would call back with a more detailed reason as to why it took so long. Approximately 5 minutes later, FRESC received a call from the Deployment Manager stating, “we sent the call as soon as we got a determinant”, without mention of a CAD crash.

8. **CAD TO CAD implementation delayed:** In March 2017, FRESC began advocating for a CAD to CAD connection to enhance Medical First Response transfers between AHS SCC and FRESC. This solution was not new to AHS, and, while eventually committing to this CAD to CAD, it was not supported financially by AHS and was clearly not a priority to AHS to enhance their service. FRESC contracted its CAD provider to move this process through, with very little support from AHS management to complete this project. FRESC invested considerably to support this solution, over \$100,000. The Board, Chair, Vice Chair and Executive Director advocated strongly and consistently since April 2017. As of the date of writing this letter, although progress has been made, CAD to CAD is still NOT operational due to AHS’s inability to make this program a priority. Lack of timeliness on this basic project to enhance the first response service, clearly shows there is no interest in improvement by AHS SCC for residents and ratepayers. It is unfathomable that this project, that could have been done by all partners in 2-4 months, has taken 3 years and still is not operational.

**We ask your help in making a decision that shows that rural municipalities and rural lives matter:**

- Delays and coordination issues in our emergency response system are threatening rural lives.
- There is a disparity in service between a 911 call response for a rural resident vs. an urban resident.
- Since rural residents are experiencing their call being broken into 2 or more fragments, they are receiving a less effective response to their emergency.
- We believe rural Albertans should have equal consideration and deserve the same level of service and respect as is given to our urban neighbours.
- Previously, major urban centers negotiated with AHS to maintain their coordinated services - operating as AHS satellites for the EMS portion of the service. These urban centers recognize the cost-savings and lives saved in emergency response coordination and efficiency.
- It is critical to rural Alberta communities that Fire and EMS emergency responses are dispatched and coordinated by one center.
- With Fire often first on scene, coordinated dispatch ensures the most effective use of municipal resources and taxpayers' dollars.
- In many rural municipalities there are limited EMS resources available on a daily basis, and coordinated dispatch ensures that every resident receives a timely emergency response without delays.
- Regarding Inter-facility Transfers and non-emergency use of ambulances, also under consideration in the AHS review in Recommendation 37, please consider providing fair and reasonable standards to allow accredited agencies to take this over, so that rural areas can find solutions. See Section 9.5 for more details.
- Removing EMS dispatch from our center has also removed jobs, confidence and support for rural Alberta. Our center is qualified and meets provincial standards. We are capable of providing this service and have done so previously.
- We support achieving the best service level, with cost savings, time savings and better coordination of Fire and EMS response, when the 911 call is handled in the same 911 Dispatch Center.

Thank you for your review and consideration.