

Alberta Health Services



Emergency Medical Services

System Pressures & Challenges
Alberta Municipalities: Spring Municipal Leaders Caucus
March 2022

Agenda

- Introduction to EMS
- Current System Pressures & Challenges
- EMS 10-Point Plan

Introduction to EMS

EMS Basics – Ambulances and Much More

Serves the over 4 million people living and working in Alberta

- Emergency Response and Inter-Facility transfers (IFT):
589,500 events per year
- Rotary and fixed wing air ambulance: 8400 events per year
- Provincial Dispatch model: 3 EMS Dispatch Centers
- Mobile Integrated Health (Community Paramedics):
Based in 6 communities, 100+ practitioners, 33,410 events in 2020/21
- Provincial Medical First Responders (MFR) 300 municipal agencies
- Automated External Defibrillators (AED) Programs: 2,230 AEDs registered
- EMS has provision of Medical Oversight (a regulatory requirement in Alberta)
- Specialty teams (Tactical Paramedic, Incident Response Paramedic, Public Order Team and Rapid Access Paramedics)

EMS Basics – Ambulances and Much More

515
Ground resources

5
Helicopters

11
Fixed-wing aircraft



3500 AHS EMS Operations
+2400 Contracted Operations
 5900 Staff who respond to:



1521 911 calls/day
 589,500 events/year



Services

- Emergency Management
- Disaster Response
- Mobile Integrated Health
- Public Education

Working together to save lives

Provincial		Municipal		Community	<ul style="list-style-type: none"> • Medical First Response • Community Paramedics • Emergency Communications Officers • Public Education
					

There for you then...

- Fort McMurray Wildfire
- Southern Alberta Floods
- Icefield Parkway Bus Crash
- Slave Lake Fire
- Opioid Response
- COVID-19 Pandemic

...there for you now

Contact Us

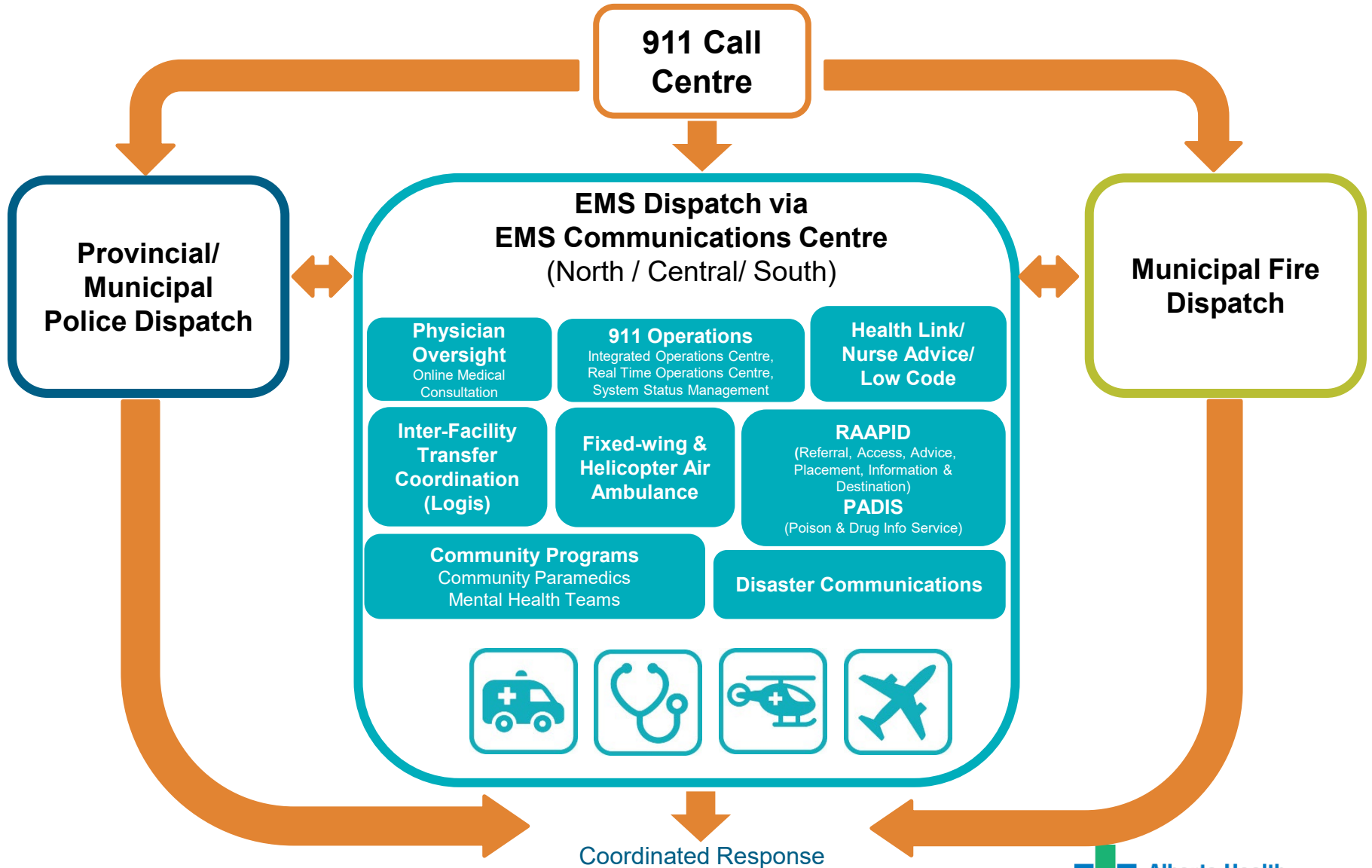


Follow Us



March 3, 2022

EMS Coordinated Response



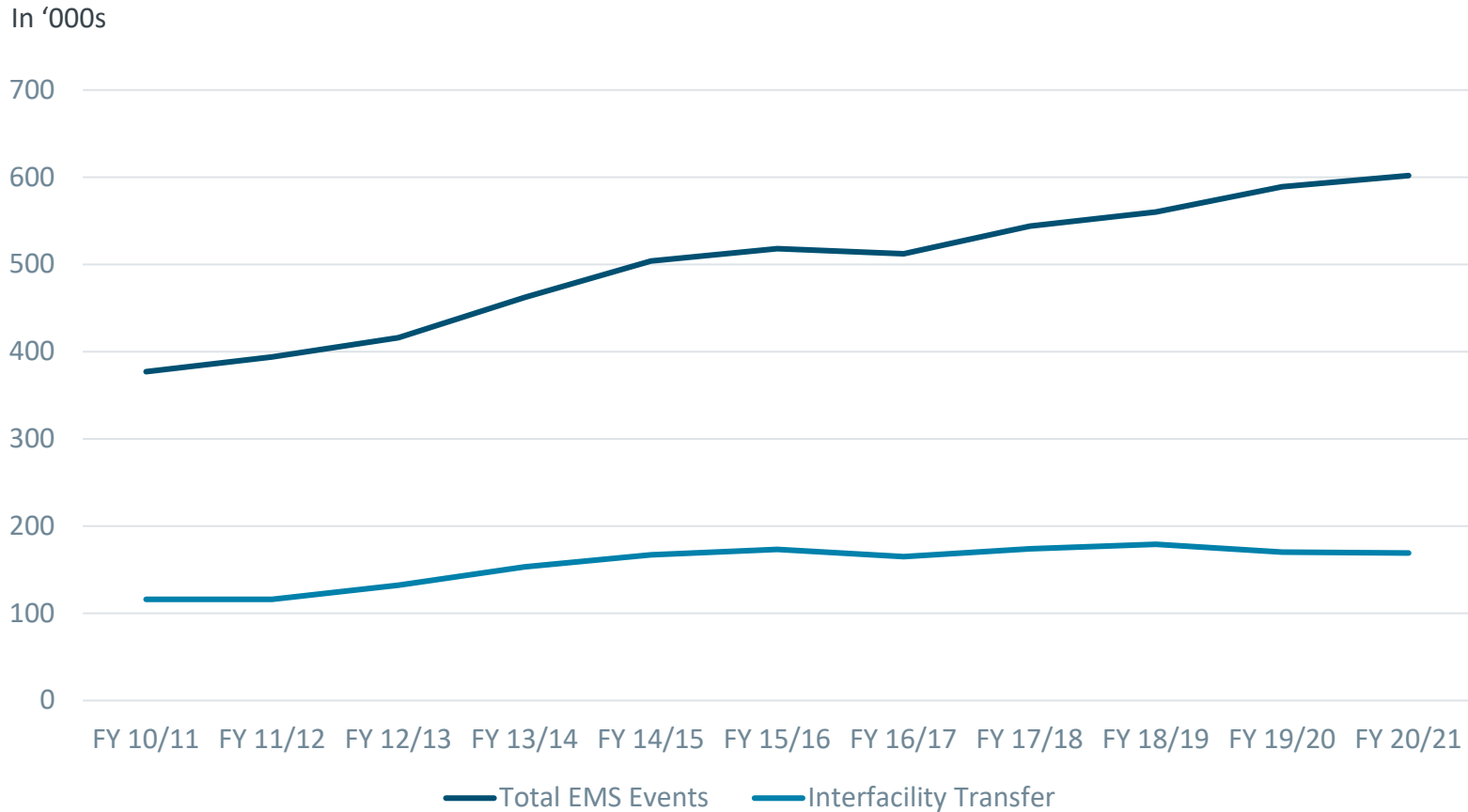
Current System Pressures & Challenges

Current System Pressures & Challenges

- Increased 911 Event Volume
- Inter-facility Transfer (IFT) Volume
- Emergency Department Waits/Delays
- Staffing Challenges
- Global Supply Chain Issues

Increased 911 Event Volume

59.8% increase in EMS events since 2010

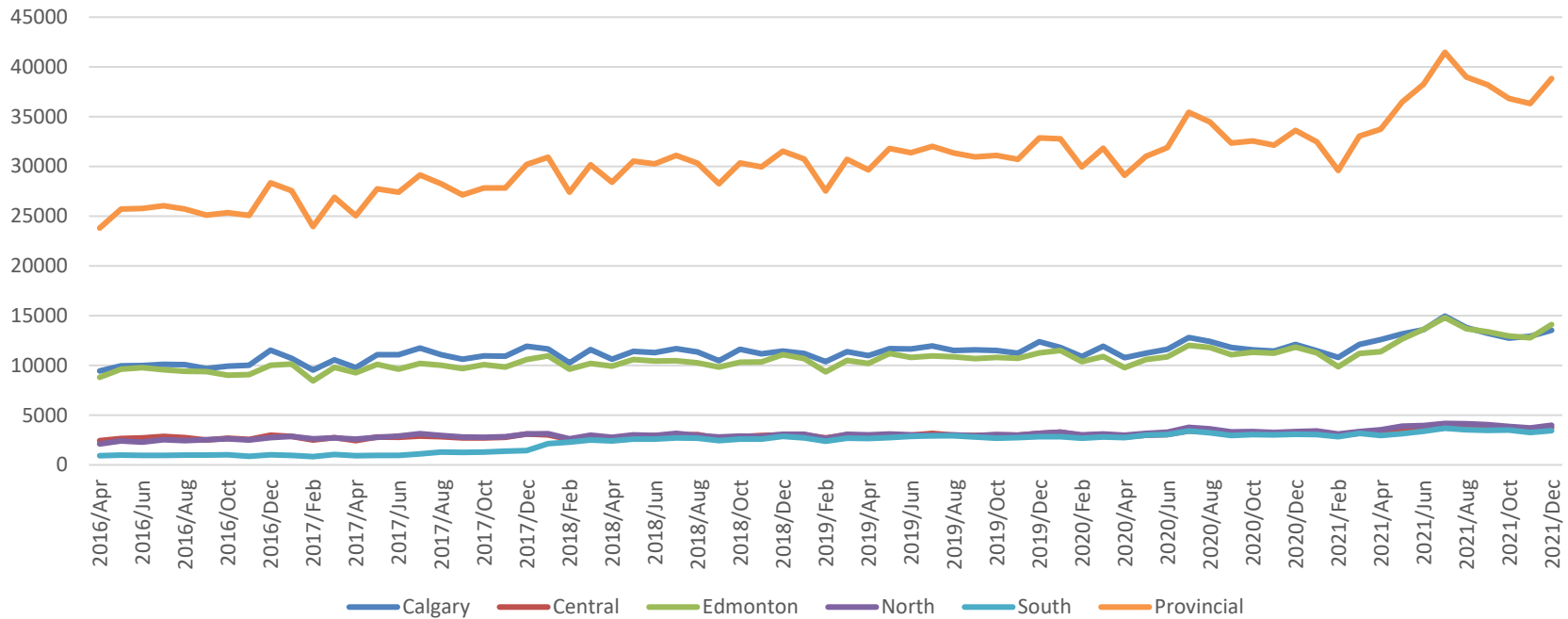


Increased 911 Call Volume

Post-Wave 3 of the pandemic, the EMS system experienced growth and extraordinary spikes in event volume.

Analysis concluded that event volume is part of a predicted trend and is not related to the pandemic or other one-time events.

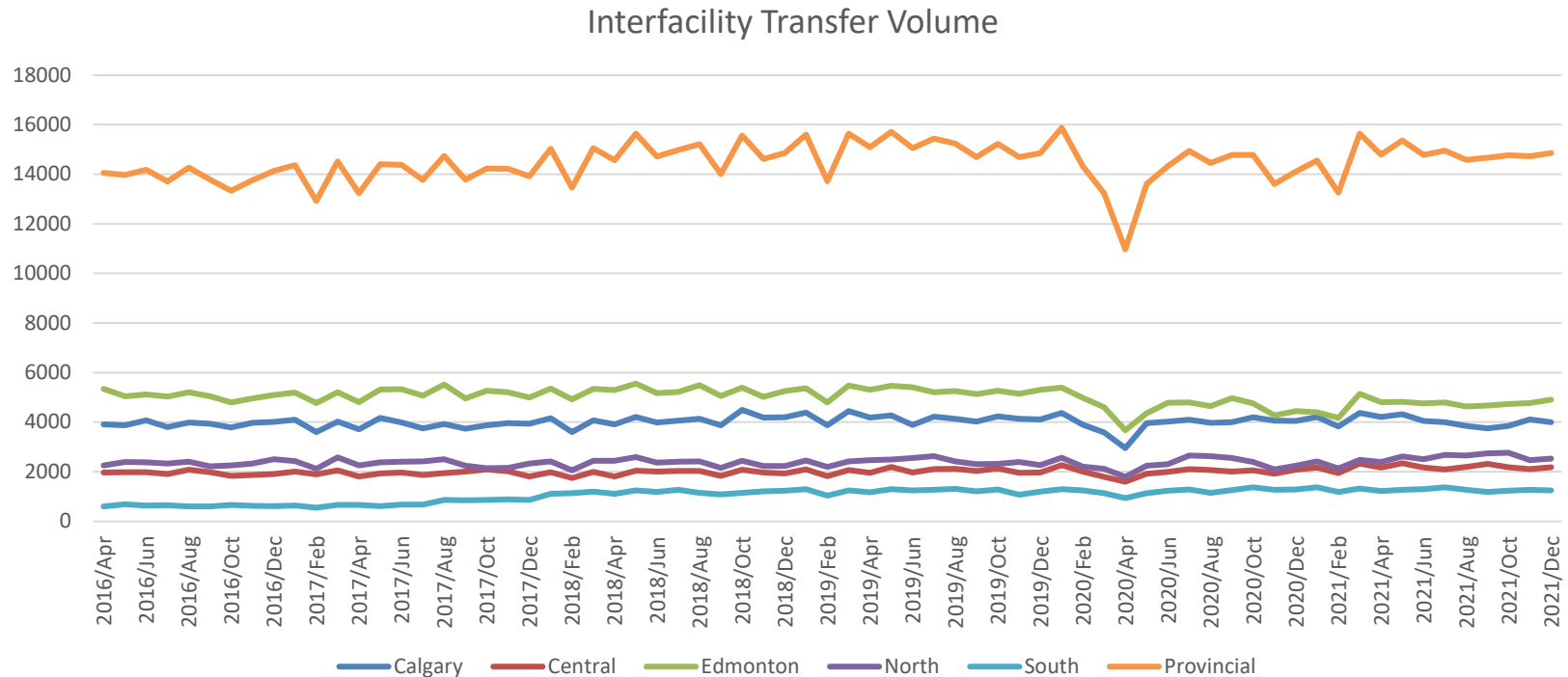
911 Event Volume



Inter-facility Transfer (IFT) Volume

AHS IFT volume was gradually and consistently increasing prior to the pandemic.

- At the outset, IFT volume dropped as hospital services reduced.
- IFT volume has since returned to normal volume.



Emergency Department (ED) Waits/Delays

AHS EMS loses considerable response capacity due to ED offload delays. Other Canadian jurisdictions have moved to a turnaround standard of **45 minutes or less**.



At **45 minutes**, every day AHS EMS would regain:

- 10.3, 12-hr ambulances in Calgary
- 10.7, 12-hr ambulances in Edmonton
- 1.9, 12-hr ambulances in areas such as Medicine Hat, Red Deer & Grande Prairie

This will require improvements in both EMS turnaround times at hospitals as well as process improvements within the Emergency Departments.

This is a long-standing issue and change of this magnitude will be challenging given current health system pressures and fatigue levels.

Current AHS Offload goal is 90 minutes with a future goal of 45 minutes

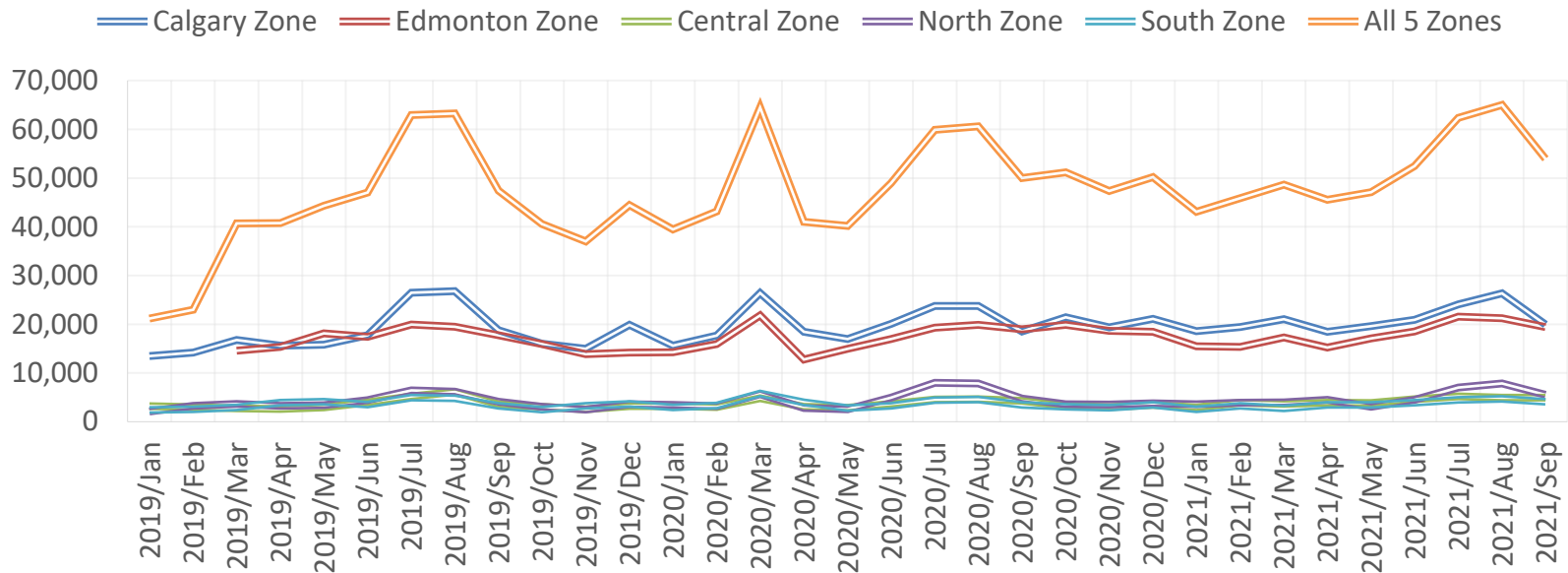
Staffing Challenges

After 19 months of the pandemic, AHS EMS has experienced increasing staff fatigue. This coupled with reduced discretionary time off translate into increased sick time.

When comparing sick time in September 2019 vs 2021, we experienced an increase of 13% in sick time hours with the overall trend continuing to increase.

EMS Operations meets twice daily to assess and mitigate staffing challenges across the province, including absenteeism, fatigued crews, and system issues such as reduced services at healthcare facilities.

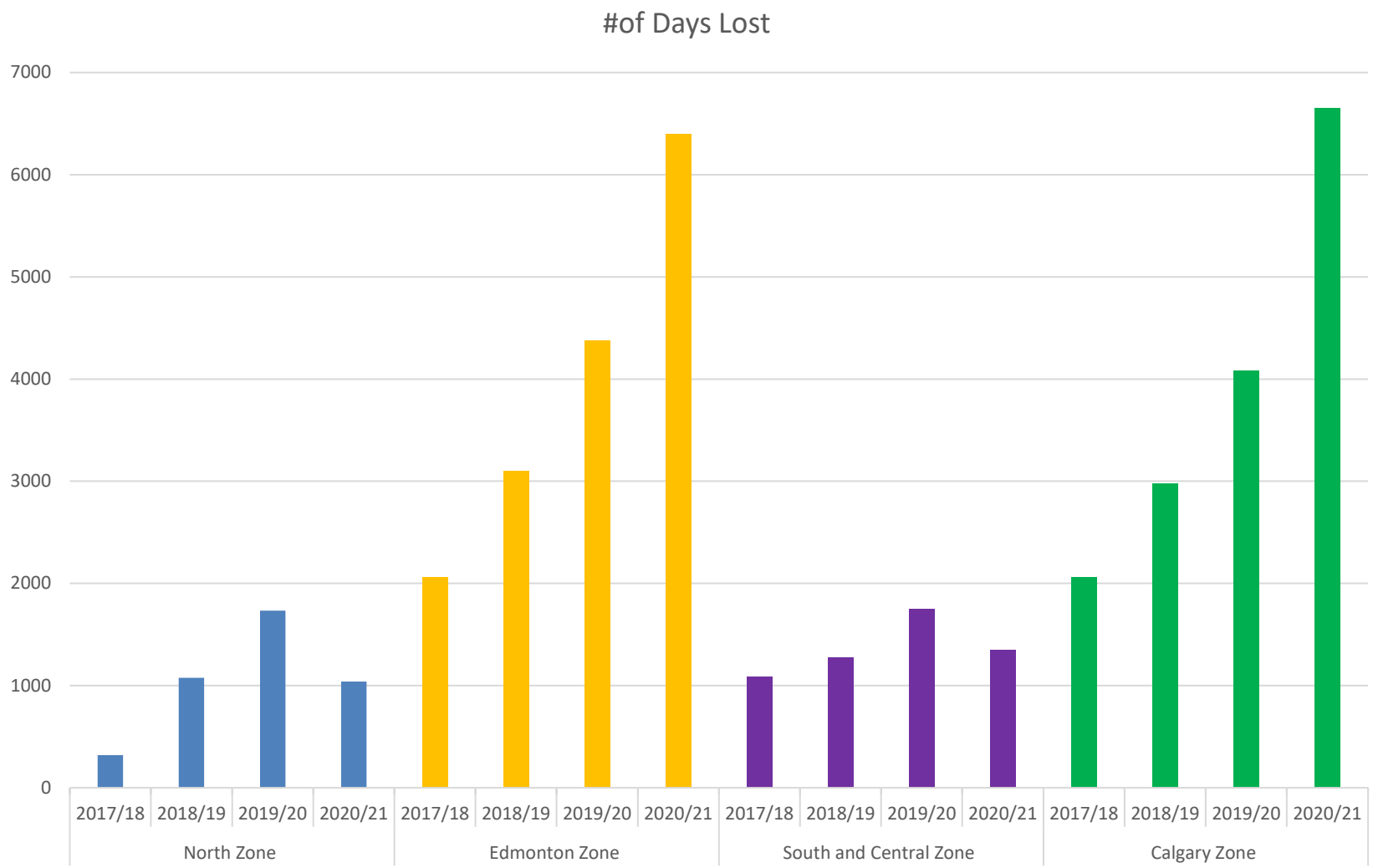
SICK TIME HOURS



Staffing Challenges - Lost Time

- In addition to the increasing sick time, AHS EMS has seen significant increases in WCB lost time, particularly for psychological health issues.
- Provincially, compounding increases averaged 41% over last three years.
- AHS EMS Employee Programs department is addressing underlying causes for mental health absences, through enhanced, evidence-informed peer support; coordinated reintegration of returning employees; and other needed culture changes.

Staffing Challenges - Lost Time



AHS EMS is experiencing multiple challenges due to the global supply chain situation.

- Ambulance chassis manufacturers (GM) have not returned to pre-COVID output levels.
- Global microchip issues are affecting ambulance chassis and module manufacturers. We are not receiving new vehicles as planned.
- Repair and replacement automotive parts supply are becoming increasingly difficult to source, creating longer repair times.
- AHS EMS is currently shifting resources to keep vehicles on the roads; however, we expect to meet the limit of this capacity.

EMS 10-Point Plan

Addressing EMS Service Pressures

Alberta Health announcement on January 24, 2022

- **Alberta EMS Provincial Advisory Committee**

Co-Chairs:

Tracy Allard (MLA Grande Prairie) and RJ Sigurdson (MLA Highwood)

Committee includes contracted ambulance operators, unions representing paramedics, municipal representatives and Indigenous community representatives.

- **AHS EMS 10-Point Plan**

AHS is working with EMS staff and community and service delivery partners to ensure the most critical patients receive immediate care while maximizing existing EMS system capacity.

EMS 10-Point Plan - underway

Hiring

EMS is always hiring.
Conversations with learning institutions about capacity.

Non-Emergency Inter-facility Transfers

Moving patients who don't need acute care by means other than ambulances.
(family, taxi, care home shuttle)

Fatigue Management

Managing staff fatigue through improvements in shifts, scheduling, additional staff and resources.

Transferring low priority 911 calls

Moving calls that do not need emergency response to Poison & Drug Info System, Health Link 811.

Motor Vehicle Collision Response

No automatic dispatch to non-injury collisions.

Pre-empt and Divert

Allows ambulances to be strategically reassigned to higher priority calls.

Urban Response Plan

Evaluating if the closest ambulance is the most appropriate to respond

Calgary Integrated Operations Centre

Mirrors Edmonton IOC

Brings Zone, hospital & EMS
leads together to help patient
flow through Emergency Depts

Red Deer Inter-facility Transfer Pilot

Dedicated resources to handle
Inter-facility Transfers,
allow ambulances for
emergencies only.

Provincial EMS Plan

5-10 year plan.

Looking to the future

- Over the past 40 years, people have learned to call 911 when they need help.
- Albertans need help navigating our healthcare system – so they know their options and can get the care they need when they need it.
- EMS may not be the best source of care depending on the situation.
- We are learning from other international models that have successfully developed referral pathways and processes for patients.
- Helping our patients reach appropriate care should help take strain off our system and reserve ambulances for emergencies.

Health Link
811

EMS

Family Doctor,
Primary Care
Networks

Walk-In
Clinics

Ambulatory
Care
Centres

Know your options

*Not every condition requires
emergency*

MyHealth.
Alberta.ca

www.ahs.ca/options

Pharmacists

Emergency
Departments

Family Care
Centres

Community
& Public
Health
Centres

Urgent Care
Centres

Questions

