

**Community Services Report to  
Intergovernmental Affairs Committee  
2017 June 27**

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IGA2018-0830  
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## **CFD Medical Response Business Model**

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### **EXECUTIVE SUMMARY**

This report is in response to the referral motion approved by City Council on 2017 July 31 (CPC2017-270), to undertake a review of the Calgary Fire Department (CFD) medical response business model including the relationship with Alberta Health Service (AHS-EMS) and the services CFD provides.

#### **ADMINISTRATION RECOMMENDATION:**

1. That the Intergovernmental Affairs Committee receives this report and attachments for information.
2. That Council and Administration continue to advocate, through the various orders of government, for The City of Calgary to be compensated for responding to emergency medical calls that are within the jurisdiction of Alberta Health Services.

### **PREVIOUS COUNCIL DIRECTION / POLICY**

At the 2017 July 31 Combined Meeting of Council, Council approved report PFC2017-0445 *Strategic Growth and Funding in the South Shepard Area Structure Plan*, and brought forward a Notice of Motion, directing Administration to undertake a review of the Calgary Fire Department medical response business model including relationship with Alberta Health Services, and return to Council through the Intergovernmental Affairs Committee no later than 2018 Q2.

### **BACKGROUND**

The Review of Calgary Fire Department (CFD) Medical Response Business Model highlights the roles CFD plays in delivering critical medical intervention services in the community, and demonstrates how CFD adds value to The City of Calgary and citizens.

CFD has been providing citizens various forms of medical services since the early 1950s, and has remained an integral part in delivering critical medical interventions to ensure the health and wellness of citizens. CFD refers to its critical medical intervention program as a Fire Medical Responder program, providing basic life support (BLS) until Alberta Health Services-Emergency Medical Services (AHS-EMS) arrives and advanced life support (ALS) begins. CFD provides critical medical interventions on high acuity medical emergencies, categorized as Delta or Echo high-priority calls when triaged to 911.

### **INVESTIGATION: ALTERNATIVES AND ANALYSIS**

The CFD medical model is complementary to the AHS-EMS model. The CFD provides critical, time sensitive basic life support services including CPR, airway support, defibrillation, survey/assessment, delivery of Narcan, oxygen, and bleeding control with a response time target of 7 minutes for the first due unit. EMS provides advanced medical services, as well as basic care, with a response time target of 12 minutes for the first due unit to delta and echo responses. (Attachment 1)

In 2017, CFD provided a total of 28,397 critical medical interventions, 1,100 of which required control of bleeding, defibrillation, CPR or mitigation and reversal of drug interactions (naloxone

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administration). Critical medical interventions are a large part of CFD's business; from CFD's total call volume, the medical interventions comprise 45 per cent of total responses.

The value from the medical model lies in the fact CFD has the ability to provide intervention in around seven (7) minutes, as the CFD is located in, or close to, every community. These interventions are frequently provided prior to the arrival of EMS and are a critical link in the chain of care. In CFD's part of this chain, beyond the basic life support provided to patients there is a secondary, but equally important, aspect of assurance and psychological support to the family, community helpers and citizens involved in the medical emergency who are often extremely distressed by the situation that has unfolded. The medical services provided by CFD are a "value add", as firefighters are trained to address all hazards and in most cases, can administer life saving procedures with little or no additional cost. The capabilities and resources are already in place for fire and emergency coverage.

The Council-approved Service Level and Response Time Targets (SLRTT) for responses to life-threatening medical incidents is seven minutes for first-in response, 90 per cent of the time, as re-affirmed per PUD2018-0173 review of the SLRTT. In 2017, CFD met its total response time objective for first-in unit response at critical medical interventions 90 per cent of the time, with a 90<sup>th</sup> percentile time of seven minutes and 2 seconds, a 20 second improvement over the past five years. While EMS performance has declined in the last two years, with a first in unit actual performance close to 15 minutes at 90<sup>th</sup> percentile.

A review of Canadian fire department medical service delivery models (Attachment 2) found that, compared to similar municipalities across Canada and industry standards, CFD's response time standards, percentage of calls, and level of care provided to Calgarians is comparable. Most departments provide basic medical services, with the exception of Winnipeg which is a joint fire and paramedic service.

The annual costs for critical medical interventions have been increasing as a result of increasing medical call volume. The CFD was directed to attempt to recover costs from the province, through the Council-approved Zero Based Review, however, these efforts have not yet been successful.

The CFD will maintain its relationship with AHS-EMS, whether on emergency scenes or administratively. The CFD Medical Director currently reviews the level of service provided by the CFD on scene and approves the training and level of care. The CFD also reviews its dispatch protocols with AHS-EMS on a bi-annual basis to ensure that the CFD is responding to the correct types of emergencies, and this process will continue in the future.

Alberta Health recently created the Medical First Response program, to ensure a standard of care in medical response and would like Calgary Fire to participate. Calgary Fire is investigating the costs and benefits of participating, but has not officially signed a Medical First Response (MFR) agreement with Alberta Health Services. The City is not precluded from seeking reimbursement for medical first response services should an MFR agreement be executed. Additionally, committing to the MFR program will have little impact on the current operation of medical response services.

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### **Stakeholder Engagement, Research and Communication**

CFD refines its service delivery model based on evolving characteristics of the community and engages Calgarians on an ongoing basis. In 2017, through The City's annual citizen satisfaction survey, CFD received a 100 per cent satisfaction rating and a 100 per cent importance rating for the services it provides. In addition, through The City's citizen expectations and perceptions survey 92 per cent of Calgarians surveyed felt it important for CFD to continue responding to medical incidents.

### **Strategic Alignment**

This report aligns with the Council-approved SLRTT policy and Action Plan direction to maintain critical medical intervention service levels. The report also aligns with CFD's Sustainability Plan 2011-2021 (Managing growth, and Leading in service to citizens), The City of Calgary's 2020 Sustainability Direction for safe, resilient and supportive communities and neighbourhoods, and advances The City's Triple Bottom Line Policy through consideration of economic, environmental and social factors.

In addition, this report aligns with the following 2015-2018 Council Priorities, a City of Inspiring Neighbourhoods and a Well-run City.

### **Social, Environmental, Economic (External)**

#### **Social**

CFD's ongoing work to protect citizens and ensure safe communities has a significant benefit for citizens, providing critical medical interventions when they suffer significant medical emergencies and also helping them feel protected in their homes and neighbourhoods. CFD's ongoing work to ensure the health and wellness of Calgarians has a significant benefit for citizens.

#### **Environmental**

There are no environmental impacts associated with this report.

#### **Economic**

There are no economic impacts associated with this report.

### **Financial Capacity**

#### **Current and Future Operating Budget:**

There are no operating costs associated with this report.

#### **Current and Future Capital Budget:**

There are no capital costs associated with this report.

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### **Risk Assessment**

The risk if CFD does not respond to medical calls is a potential significant decrease in patient outcomes, as the CFD is a critical component in the chain of care. This report is for information only.

### **REASON(S) FOR RECOMMENDATION(S):**

The Calgary Fire Department is presenting information in response to Council direction on 31 July 2017 to report back to the Intergovernmental Affairs Committee.

### **ATTACHMENT(S)**

Attachment 1 - Calgary Fire Department Medical Service Delivery

Attachment 2 - Survey of Canadian Fire Departments