



Emergency Medical Services

MANITOBA'S QUIET CRISIS

Paramedic Association of Manitoba

Recommendations for System Improvement

May 2007

PARAMEDIC ASSOCIATION OF MANITOBA

The Paramedic Association of Manitoba (PAM) is a voluntary membership professional association representing emergency medical services personnel licensed to practise in this province. Representing both rural and urban practitioners, we strive to promote excellence in pre-hospital emergency health care and within our profession.

The mission statement for the Paramedic Association of Manitoba defines the organization as:

“a professional association comprised of licensed pre-hospital practitioners across Manitoba, with a strong voice in EMS issues, that promotes the well-being, safety and appropriate medical treatment of our patients”.

The Paramedic Association of Manitoba is a chapter of the Paramedic Association of Canada (PAC), the professional organization representing over 14,000 paramedicine practitioners across Canada.

Contents

Foreward.....	2
EMS and Health Care.....	4
Summary of Recommendations.....	5
EMS Funding.....	7
Paramedic Education.....	9
EMS System Delivery.....	11
Paramedic Self-Regulation.....	13
Conclusion.....	15

EMS and Health Care

An aging and educated public are putting pressure on Canada's health care system as never before. Increasing demands for service coupled with escalating costs for health care delivery and public demand for financial accountability will require difficult choices regarding the rationalization and reform of many services.

Demographic and health care trends point to the increasing importance of Emergency Medical Services (EMS) and emergency medicine to Canadiansⁱ. Prehospital care delivered by paramedics is an essential link in any comprehensive health care modelⁱⁱ, and must be considered in an effort to develop reasonable policies that balance public needs and expectations with emerging trends in the health care industry. **In Manitoba, over 110,000 patients (nearly 10% of Manitoba's population) require prehospital medical treatment by paramedics annually.** As pressure on our health care system continues to grow, pre-hospital emergency care will have to be redefined. The status quo is no longer a viable option.

Public policy questions regarding upgrading or changing an EMS system are too frequently clouded by the emotions of providers, patients, and elected officials. Emergency Medical Services has traditionally been viewed as ambulance service with a primary focus on emergency transport and inter-facility transfers between health facilities. Although once considered primarily a public safety service, EMS has both knowledge and resources to contribute to health care reform, and as such paramedics must be encouraged to evolve with other health care professions. Aside from providing a traditional response and transport service, paramedics can help ease emergency department backlogs and staff shortages, provide mobile health services and play a critical role in health promotion through education and wellness initiatives.

Clearly health care remains a top priority for Manitobans. They want a system that is accountable, accessible and high-qualityⁱⁱⁱ. They want health care professionals to adopt expanded roles and work within an integrated team approach to service delivery. They want to know that health resources are being utilized in the most efficient and effective manner possible. A high performance emergency medical services system has the ability to deliver reliable medical response, defined clinical care and financial accountability.

The overarching pressures on our health care system will continue to increase, placing even more demand on Manitoba's ambulance system and paramedics. The challenges facing our emergency medical services system are compounded by inadequate funding, inconsistent service delivery and the need for a long term vision that recognizes paramedics as members of the health care delivery team. ***Emergency Medical Services – Manitoba's Quiet Crisis*** outlines key recommendations to encourage policy makers to address these issues in their effort to improve health care for all Manitobans.

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

ⁱⁱ Submission to the Commission on the Future of Health Care in Canada - CAEP

ⁱⁱⁱ HealthCHOICES – what Manitobans said - Final Report

Summary of Recommendations

Emergency Medical Services – Manitoba's Quiet Crisis expands on the following five recommendations:

1. The Paramedic Association of Manitoba recommends that government funding for emergency medical services be increased immediately to 1.8% of the provincial health care budget.

- Despite some funding increase in past years, Manitoba still ranks last among provinces in percentage of total provincial health care dollars spent on ambulance service.
- 1.8% represents the average of Canadian provincial EMS expenditures as related to their total provincial health care budgets.
- Stable funding is required to address serious human resource issues as well as system development and sustainability.

2. The Paramedic Association of Manitoba recommends the provincial government acknowledge the need for a health education model and professional credentials for paramedics.

- Department of Health policy direction must ensure paramedics are recognized as members of the health care delivery team and are clearly positioned to play a more significant and expanded role in health care.
- Department of Health policy direction should move to professionalize paramedics through self-regulation.

3. The Paramedic Association of Manitoba recommends the provincial government assist with the development of a paramedic education program within a recognized and respected post-secondary health sciences faculty.

- Legitimacy and acceptance of the paramedic practitioner clearly relies on professional recognition of a strong health education program with respected health education affiliations.
- Many Canadian jurisdictions have moved toward diploma and degree programs in paramedicine.
- Sustainability of our EMS system relies in part on access to professional career development and advancement, requiring recognition and portability of educational credentials.

4. The Paramedic Association of Manitoba recommends the provincial government move quickly toward the formation of an ambulance service delivery model that improves efficiencies and increases the level of pre-hospital emergency care provided by paramedics across Manitoba.

- All transporting ambulances should be staffed by paramedics capable of providing advanced medical treatment.
- An administration and management structure should be developed that ensures more appropriate coordination of all paramedic and ambulance resources.

5. The Paramedic Association of Manitoba recommends the provincial government ensure paramedics are recognized as health professionals, and that steps are taken to grant self-regulation to the profession of paramedicine in Manitoba during the regulatory reform initiative.

- Paramedics should be recognized through legislation as health care professionals.
- Following completion of the Health Professions Regulatory Reform Initiative (HPRRI), paramedics should be granted self-regulatory status in the interest of public safety.

EMS Funding

Health care clearly remains a top priority for all Manitobans. They want a system that is accountable, accessible, responsive to their needs and delivers a high-quality of patient care.

Demographic and health care trends point to the increasing importance of Emergency Medical Services (EMS) to Manitobans. Prehospital care delivered by paramedics is now recognized as an essential component of our health care system, and must be considered when developing reasonable policies that balance public needs and expectations with emerging trends in the health care industry.

Approximately 550,000 Manitobans are seen in our hospital emergency rooms each year. Over 110,000 patients (nearly 10% of Manitoba's population) require prehospital medical treatment by paramedics annually. **Nearly 18% of all emergency room patients are treated and transported by paramedics working in our emergency medical services system.**

There is no argument that government funding for emergency medical services has increased over the past decade. The provincial government invested \$7.8 million to develop a provincial ambulance dispatch centre to improve system efficiencies and better coordinate ambulance deployment across the province. As well, increased operational funding has been provided to regional health authorities to assist in the areas of training, salaries and benefits.

But many other government investments in emergency medical services are the result of inadequate system funding for an extended period of time or simply represent a shift in payment responsibility while not increasing system capacity or funding.

- The purchase of 160 new ambulances - **replaced old vehicles.**
- The purchase of an air ambulance – **replaced an old aircraft.**
- Construction or upgrade of 17 ambulance facilities - **replaced or upgraded 15 existing ambulance stations...only 2 new service locations were added.**
- Payment of inter-facility patient transfer fees – **Government is funding today what patients paid for yesterday - this is not additional money in our EMS system.**

Despite a moderate increase in government funding:

- **Manitoba still ranks ninth out of the ten Canadian provinces in per capita spending** on ambulance service (ahead of only P.E.I.);
- **Manitoba ranks last among provinces in percentage of total provincial health care dollars spent on ambulance service.** Manitoba will spend over \$4 billion dollars on health care this year, and only 1.1% of that money will be spent on emergency medical services;
- Manitoba will spend approximately 1.9% of its provincial health care budget on administration...that's **47% more than will be spent on our emergency medical services system**^{iv}.

The concentration of specialized health procedures in large urban or regional hospitals, the 'aging' of our population, a shortage of rural and emergency physicians and other health care professionals, the strain on existing health facilities and rising demands on public and community health programs are all trends that provide evidence of the increasing importance of EMS in health care delivery. There is no argument that the demand for paramedic services will continue to rise. Yet despite the increased reliance on emergency medical services within our health care system in both traditional and non-traditional roles, EMS is not funded as an essential health service.

Funding for paramedic and ambulance services must be increased to enable more consistent service delivery, long term strategic planning, system sustainability and innovative initiatives that have the potential to reduce health care costs in other areas.

Recommendation #1

The Paramedic Association of Manitoba recommends that government funding for emergency medical services be increased immediately to 1.8% of the provincial health care budget^v.

^{iv} Data from Canadian Institute for Health Information Provincial and Territorial Health Expenditures Estimates November 2006.

^v Average Canadian provincial EMS funding as a percentage of total health expenditures.

Paramedic Education

Manitoba's emergency medical services system has undergone significant evolution over the past ten years. The environment surrounding EMS has been characterized by ever increasing public demand for service and building pressures on the medical community and our health care system as a whole. This environment supports the need for better education to ensure paramedics are prepared for growing areas of responsibility.

An aging population, the centralization of specialized health procedures in larger regional hospitals, the trend to help seniors stay "at home" in their community, a shortage of health care professionals in many fields, difficulties associated with staffing rural hospitals and urban emergency rooms, and ever increasing EMS call volumes has significantly increased reliance on emergency medical services within our health care system. Paramedics who are expected to perform as front-line emergency and primary health care providers have replaced community-based volunteer ambulance attendants.

Ever increasingly, paramedics are seen as health care providers. In a growing number of instances, paramedics are the patient's first exposure to our health care system. Integrating paramedics more fully into the health care environment provides opportunity for added efficiency in the utilization of our health resources. Paramedics are being used in many Canadian jurisdictions to help alleviate emergency room backlogs and staff shortages, provide mobile comprehensive health care services to meet community needs in non-traditional roles, and collaborate with other health care colleagues on best practices and emergency response capabilities.

The current pressures on our health care system have shifted the traditional model of pre-hospital emergency care from predominately public safety to that of health care delivery. Today's paramedic needs a much broader range of health education that allows them to assume greater responsibility for patient assessment and treatment and enables them to practice in a multi-disciplinary health environment. The traditional model of paramedic education in Manitoba which focused very heavily on technical training ("if you see this, do that") is no longer acceptable. Education and credentials similar to that of physicians, nurses and other allied health professionals is necessary to achieve legitimacy of paramedics within the spectrum of health service providers.

Paramedics must be considered members of the health care delivery team. To validate that role and ensure credibility for graduates as they interact with other allied health professionals, Manitoba needs an education model for paramedics with strong affiliations to other health sciences programs. Paramedics should be educated in an environment that promotes portability of credentials to or from other health care roles. It has been strongly recommended by Canada's leading experts in emergency medical services that future paramedics be educated in an environment similar to other front-line health care practitioners such as physicians and nurses.

Health education programs and credentials similar to those of other front-line health care practitioners (such as physicians, nurses, respiratory therapists) are necessary to ensure paramedics are able to meet current and future clinical needs of their patients and our health care system.

Recommendation #2

The Paramedic Association of Manitoba recommends the provincial government acknowledge the need for a health education model and professional credentials for paramedics.

Recommendation #3

The Paramedic Association of Manitoba recommends the provincial government assist with the development of a paramedic education program within a recognized post-secondary health sciences faculty^{vi}.

^{vi} Red River College is currently working on development of a Primary Care Paramedic program within their Health Sciences faculty.

EMS – System Delivery

As Manitobans we share in the expectation of access to high quality, effective and responsive emergency medical services. In some locations Manitobans enjoy state of the art service that approaches the highest standards. In many areas, however, there are significant challenges that affect ambulance service delivery including population, geography and inadequate funding.

Emergency Medical Services (EMS) systems throughout the nation are faced with the inevitable prospect of change. Increasing demand for service coupled with limited funding is squeezing services as never before. As pressure on our health care system continues to grow, pre-hospital emergency care will have to be redefined. The status quo is no longer a viable option.

Public policy questions regarding upgrading or changing an EMS system are too frequently clouded by the emotions of providers, patients, and elected officials. Emergency Medical Services has traditionally been viewed as ambulance services with a primary focus on emergency transport and inter-facility transfers between health facilities. Although once considered primarily a public safety service, EMS has both knowledge and resources to contribute to health care reform, and as such paramedics must be encouraged to evolve with other health care professions. Aside from providing a traditional response and transport service, paramedics can help ease emergency department backlogs and staff shortages, provide mobile health services and play a critical role in health promotion through education and wellness initiatives.

In the past twenty years there has been a noticeable shift towards more systemic delivery and management of emergency medical services. Across Canada provincial governments are adopting more centralized EMS delivery models. Provinces such as Nova Scotia, British Columbia, Prince Edward Island and New Brunswick operate various forms of a “province-wide” EMS delivery system. These delivery models are functioning efficiently, effectively and are fiscally accountable to the citizens they serve.

Although Manitoba has only eleven (11) Regional Health Authorities, there are 33 licensed land ambulance service providers in the province^{vii}. As a result each RHA has its own EMS management structure and is very distinct in their approach to the delivery of emergency medical services. It is in part this governing model that has contributed to inconsistent Emergency Medical Services across our province.

- According to the Canadian Association of Emergency Physicians, 70% of trauma deaths in Canada occur in rural areas, even though only 30% of Canadians live in these areas^{viii}. **Rural areas often lack high performance EMS that many urban centres take for granted.**

^{vii} Manitoba Health Annual Report 2004-2005

^{viii} Submission to the Commission on the Future of Health Care of Canada: CAEP (November 15, 2001)

- In Manitoba, 10 people die each day from illness related to cardiovascular disease^{ix}. Many “sudden cardiac deaths” result from heart rhythm problems. **Paramedics in some areas are able to recognize and begin to treat heart rhythm problems...others are not.**
- Seventy-four thousand Manitobans suffer from breathing difficulties associated with asthma^x. **Not all Manitoba ambulances carry the medication required to adequately treat asthma.**
- One to two percent of Canadians face the risk of suffering from a life threatening allergic reaction called anaphylaxis^{xi}. Although uncommon, without immediate medical attention it can result in death. **Some paramedics in Manitoba are able to treat an anaphylactic reaction with the necessary drugs, others are not.**
- Diabetes is a serious health issue in Manitoba. Over 67,000 Manitobans are living with diabetes, and 16 more people are diagnosed with this disease in our province every day^{xii}. **Depending on where you live, the paramedic responding to your diabetic emergency may or may not be able to provide immediate medical treatment for your condition.**

Each regional health authority has, in effect, designed its own local EMS system. There are significant disparities in how EMS is delivered across the province today, in part a result of assuming responsibility for the remnants of fragmented municipal systems and inadequate core funding. The result is that Manitoba’s emergency medical services system is not well coordinated, lacks efficiencies and accountabilities and has widely variable levels of performance across the province.

Level of service and quality of care is dependant on the patient’s location. Key performance indicators necessary to measure system outcomes vary widely from region to region. Our emergency medical services system needs restructuring to provide consistent, high quality and accountable prehospital emergency health care throughout Manitoba.

Recommendation #4

The Paramedic Association of Manitoba recommends the provincial government move quickly toward the formation of an ambulance service delivery model that improves efficiencies and increases the level of pre-hospital emergency care provided by paramedics across Manitoba.

^{ix} Manitoba Heart and Stroke Foundation

^x Statistics Canada

^{xi} Anaphylaxis Canada

^{xii} Canadian Diabetes Association

Paramedic Self-Regulation

Professional self-regulation is a privilege and a responsibility granted to twenty-one (21) health professions in Manitoba. On behalf of the people of Manitoba, the government has entered into agreements through legislation with each of these professions that acknowledges the expertise within each group, and grants them authority to regulate their members in the interest of public safety. Paramedics in Manitoba should be granted the responsibility for self-regulation.

The primary purpose behind regulation is to protect the public from incompetent or unethical practitioners. Self-regulation acknowledges that a profession itself, having evolved over time and developed a specialized body of knowledge, is in the best position to determine standards for education and practise and to ensure that these standards are met. Over the course of the past decade, paramedics in Manitoba have demonstrated accountability and a commitment to “raising the bar” within their profession. Paramedics should be considered qualified for self-regulatory status in Manitoba.

Due to the very nature of the profession, paramedics carry out many of their activities in an environment that is not directly monitored or supervised. Without doubt, unethical or incompetent paramedics run a high risk of causing harm to the public. Since its inception in 2001, the Paramedic Association of Manitoba has gone to great lengths to ensure excellence in pre-hospital emergency health care and within our profession. As the professional body for registered emergency medical services practitioners licensed to practice in Manitoba, the Paramedic Association of Manitoba has:

- Participated in the development and on-going review of national occupational competency profiles for paramedics;
- Lobbied for increased training levels and higher licensing standards consistent with other Canadian jurisdictions;
- Lobbied for recognized post-secondary health education for paramedics;
- Participated in the development and review of medical protocols through the Manitoba Emergency Services Medical Advisory Committee;
- Developed and promoted a continuing education training program consistent with current provincial licensing requirements; and
- Developed a Code of Ethics and Professional Conduct to promote high ethical standards for paramedics.

A review of the *Criteria to Determine Whether a Health Profession Should be Self-Regulating (Manitoba)* clearly reveals that paramedics meet the requirements necessary for self-regulation of health professions. The fact that regulation of paramedics is currently the responsibility of the provincial government (Manitoba Health Emergency Services) places untenable conflict on a department also responsible to provide leadership and guidance to those responsible for the provision of emergency medical services. Any attempt to improve professional entrance requirements for paramedics, increase levels of training and education, conduct appropriate disciplinary practices or raise expectations for on-going competency evaluation would understandably meet with some resistance from those responsible for service provision. For all of these reasons, it simply makes good sense to have paramedics, as professionals, regulate paramedics.

Under the Health Professions Regulatory Reform Initiative (HPRRI) Manitoba Health is proceeding with the development of umbrella health professions legislation. It will provide a common framework for administrative law provisions including accountability requirements, complaints and discipline processes, structured approach to review and approval of requests for self-governance. Paramedics should be recognized as health professionals and included in the new health professions legislation.

Recommendation #5

The Paramedic Association of Manitoba recommends the provincial government ensure paramedics are recognized as health professionals, and that steps are taken to grant self-regulation to the profession of paramedicine in Manitoba during the regulatory reform initiative.

Conclusion

The pressures on our health care system continue to increase, and with an aging population it would be reasonable to expect that trend to continue for many years to come. System reform that allows a multi-disciplinary approach and ensures the patient receives the right care at the right time and in the most appropriate location is crucial. Pre-hospital care delivered by paramedics is an essential link in any comprehensive health care model, and must be considered by policy makers in efforts to balance public needs and expectations with emerging trends in the health care industry.

Manitoba's ambulance and paramedic services have undergone significant growth and evolution over the past decade. But added resources and increased investment in emergency medical services over this period has too often been a result of crisis management. Without a serious commitment to stable and adequate funding, systemic improvements and clear recognition of the roles and responsibilities that paramedics need to accept as members of a health care delivery team, Manitoba's EMS system will continue to fall victim to ever increasing service expectations.

Funding for paramedic and ambulance services must be increased to enable more consistent service delivery, long term strategic planning, system sustainability and innovative initiatives that have the potential to reduce health care costs in other areas.

A high performance emergency medical services system has the ability to deliver reliable medical response, defined clinical care and financial accountability. Public policy makers must acknowledge the critical role that paramedics play in our health care system, and decisions must be based on clinical appropriateness and best practice rather than emotion or politics.

Health education programs and credentials similar to those of other front-line health care practitioners are necessary to ensure paramedics are able to meet current and future clinical needs of their patients and our health care system.

Level of service and quality of care should not be dependant on the patient's location. Our emergency medical services system must be restructured to allow paramedics to provide consistent, high quality and accountable prehospital emergency health care throughout Manitoba.

The Paramedic Association of Manitoba (PAM) is the professional association for paramedics licensed to practice in this province, and as such must be considered a primary stakeholder in our emergency medical services system. The Government of Manitoba should work closely with PAM as they develop strategies to improve pre-hospital and community health programs.