The Ontario Paramedic Association Response

Survey- Expanding Medical Responses
Demographic Questions

The ministry may use the contact provided below to obtain additional information from your organization.

1. Please identify your name: Ashleigh Hewer

2. Please identify your job title: OPA President/Advanced Care Paramedic

3. Please identify your contact information including email and phone number: president@ontarioparamedic.ca; 1-888-OPA-LINE

4. Please identify the organization you represent: Ontario Paramedic Association

5. Please identify the region and/or municipality that your organization represents: Ontario

6. Please indicate which type of organization you represent.
   a) Employer (e.g. municipal organization)
   b) **Association**
   c) Union
   d) Independent medical advice
Survey Questions and Answers

Municipal Interest

7. Please share your associations’ overall position on the model either by describing it or providing the link or attachment to appropriate materials at EMRFeedback@ontario.ca.

Answer:
The Ontario Paramedic Association is the professional voice of Ontario’s Paramedics. We advocate on behalf of all Ontarians to ensure that they receive the highest standard of care.

Deploying large fire apparatus staffed by 4 firefighters (1 of whom would be considered the “cross-trained” firefighter) to a medical emergency is a grossly expensive and over-inflated response. This model has been demonstrated to have no merit and does not improve patient outcomes. Furthermore, paramedics on fire trucks would create an increased economic burden on tax payers. The POMAX study (POMAX 2013) and the AMEMSO study (AMEMSO 2011) provide strong evidence to support this. Medical emergencies require medical professionals who can provide a complete healthcare solution from assessment to treatment to transfer to definitive care. Paramedics in Primary Response Units (PRU’s) and paramedics in ambulances are that solution.

“The practice of paramedicine requires high levels of accuracy, responsibility, and accountability and is founded on caring and compassion” (Ministry of Training, Colleges and Universities, 2008, p. 4). Paramedics working for a paramedic service, not a fire service, are the clear choice for safe, appropriate and effective pre-hospital medical care in Ontario.
8. What evidence did your association use to inform their position on the proposed model? Please share relevant reports or evidence gathered with the ministry at EMRFeedback@ontario.ca.

Answer:

References:


Berringer, R., Christenson, J., Blitz, M., Spinelli, J., Freeman, J., Maddess, G., & Rae, S. (1999). Medical role of first responders in an urban prehospital setting. CJEM, 1(02), 93–98. doi:10.1017/s1481803500003742


9. What is the degree to which your association is supportive of adopting the proposed model? Please explain.

Answer:

The Ontario Paramedic Association does not support adopting the proposed model. Patient safety, public safety and fiscally responsible decisions are of primary importance. Too many critical elements relating to the provision of high quality healthcare in Ontario have been overlooked and/or not considered within this proposed model. The Ontario Paramedic Association agrees with seeking input from key stakeholders in order to ascertain that the issues with sending a fire truck to a medical call are very real and shared by all professional groups who are entrusted with putting patient safety before labour desires.
Capacity of Workforce

10. How many full-time firefighters who are also employed as paramedics by a Province of Ontario certified ambulance service does your organization represent and how was this estimation derived?

Answer:

Not Applicable.

However, the Ontario Paramedic Association would like to note that the OPFFA has provided inaccurate information to MPP’s regarding their false claims that 10% of firefighters are paramedics.

11. Based upon the research and evidence gathered from your association, what extent are full-time firefighters currently responding to non-fire calls in Ontario? Please describe.

&

12. Based upon the research and evidence gathered from your association, what extent are full-time firefighters currently responding to medical calls in Ontario? Please describe.

Answer:

Below are 2015 statistics from Toronto Fire Services, Ottawa Fire Services, Toronto Paramedic Services and Ottawa Paramedic Services. The number of medical calls responded to by fire is reflective of their respective municipal tiered response agreements.

Ottawa Fire Service reports:

- 65 396 apparatus responses to 22 842 incidents
- 15 908 were non-fire calls
- 3449 were medical calls

Ottawa Paramedic Service reports:

- 127 980 medical calls (including 13 313 PRU responses)
- Fire actually responded to 2.7% of all medical calls in 2015
Toronto Fire Service reports:
- 283 320 apparatus responses to 115 667 incidents
- 27 827 were non-fire calls
- 54 262 were medical calls

Toronto Paramedic Service reports:
- 212 189 medical calls
- Fire actually responded to 25.6% of all medical calls in 2015

References


Interest Arbitration

13. Please share your association’s position on the proposed model’s impact would be on interest arbitration? Please explain.

Answer:

As per our bylaws, the OPA is not involved in labour issues.

Article 28 – Restriction of Scope

Notwithstanding the rights and privileges otherwise included in these bylaws; the OPA has never, is not and shall never pursue the role of labour representation.

As a volunteer Not For Profit Corporation that advocates for patients and professional concerns, the OPA has absolutely no union affiliation. The OPA is thereby not required to restrict its membership solely to the employees of paramedic services in the province of Ontario.
No chapter, board or affiliate working under the authority of the OPA shall act in such a manner as to interfere with any collective agreement between an employee and their respective employer.

Labour discussion at official meetings of the OPA or our chapters are strictly forbidden. The OPA scope identifies with patient care advocacy and the professional concerns of paramedics.

As per the Ambulance Act Regulation 257/00 [PART III, 6.(1)(e)], paramedics are required to have a criminal record check (CRC) or a vulnerable sector check (VSC) in order to provide medical care in Ontario.

Ambulance Act Regulation 257/00

PART III
QUALIFICATIONS OF EMERGENCY MEDICAL ATTENDANTS AND PARAMEDICS
LAND AMBULANCE SERVICES

6. (1) An emergency medical attendant and paramedic employed, or engaged as a volunteer, in a land ambulance service shall,
   
   (e) not have, at any time during the three years immediately prior to the date he or she commenced employment or during his or her employment, been prohibited under the Criminal Code (Canada) from driving a motor vehicle in Canada;

However, in 2007, the OPFFA won an interest arbitration in Ottawa that prohibits them from having a criminal record check (CRC) or a vulnerable sector check (VSC) after employment and for the duration of their career. This has now been arbitrated into professional firefighter contracts across Ontario.


As the OPA does not delve into labour issues, we are emphasizing the OPFFA’s stance on firefighter CRC’s and VSC’s is incompatible with patient safety formulas and articles that have been established under the Ambulance Act and its respective Regulations.
Wage Parity

14. Please share your association’s position on whether cross-trained firefighters would require additional compensation. Please explain the rationale and evidence surrounding your organization’s position.

Answer:

This question is best answered by the employer.

Shift Schedule

15. With patient safety in mind, how does the proposed model impact shift schedule of cross-trained firefighters (e.g. 24-hour shifts)? Please explain.

Answer:

Many Fire Services have implemented a 24 hour firefighter shift rotation. For some services, this has been an ongoing pilot project since 2011. Countless evidence-based studies focusing primarily on the effects of working 24 hour shifts are widely available. The consensus from these studies indicate that excessively long shifts in addition to the absence or lack of adequate sleep increases the risk of harm to both the patient and healthcare provider. The World Health Organization (WHO) affirms that performance decrement is strongly linked to fatigue (World Health Organization, 2009). A recent study inferred that:

“Long periods without rest can impair cognitive and motor performance, even to the degree of alcohol intoxication… Individuals who stay awake for 19 or 24 hours show impairment on a simple reaction time test similar to research subjects with blood alcohol concentrations of 0.05% and 0.10%, respectively… the 24-hour-shift format is common in the fire service and fire-based EMS system… the reported “two-hat syndrome,” where public safety providers may work in multiple roles or multiple agencies, places them in jeopardy of working consecutive shifts requiring them to stay awake for long periods of time. Considered in aggregate, these situations may place many EMS providers in jeopardy of harming either themselves or patients, especially in cases of drowsy driving” (Patterson et al., 2012, p. 6).
The potential exists whereby heavy fire vehicles could end up in motor vehicle collisions associated with fatigue and sleep deprivation. This could put pedestrians and motorists at significant risk while similar medication errors could put patients at risk. Fire trucks should not be responding to medical calls.

Legislative Changes

16. Please describe your association’s position regarding what by-law changes or council decision(s) are necessary at the municipal level to implement the proposed model.

At minimum, the following items would need to be changed:

- Council mandates
- Committee approval
- Capital spending
- Operational budgets
- Resources allocation
- Tiered response agreements
- Deployment plans
- Seamless interagency agreements

17. What type of insurance or indemnification is appropriate for cross-trained firefighters?

Answer:

- Medical malpractice and legal liability

However, it is important to note under fire service chain of command, although being a certified paramedic, a paramedic would be taking scene direction from an untrained lieutenant or captain.
Standards

18. Please describe your association’s position regarding what type of oversight framework would ensure patient safety (e.g. patient care, equipment, patient documentation, and communicable disease standards) as part of the proposed model.

Answer:

- Identical oversight to that of a paramedic working for a paramedic service
- Adherence to full BLS and ALS PCS including CME requirements and patient contact requirements

Accountability and liability are integral factors when providing patient care. The risk of harm exists when controlled medical acts are performed. “Paramedics are extensively regulated under the Ambulance Act, 1990 by the MOHLTC EHSB, both directly and indirectly through their employer (the Paramedic Service) and the Base Hospital Program with which the Paramedic Service has a performance agreement” (Ontario Paramedic Association, 2013, p. 2). This protects the safety and well-being of every patient and holds paramedics accountable by setting the highest possible standards.

Operational Protocols

19. Please describe your association’s position on the proposed model regarding the type of operational protocols that would be required as part of transfer of care when moving patients from cross-trained firefighters on fire trucks to paramedics on ambulances.

Answer:

In dynamically deployed cities such as Ottawa, this would not apply as paramedics in PRU’s or RRU’s arrive before firefighters in 96% of medical emergencies. Therefore, there would be no transfer of care from firefighters to paramedics.

We recommend the MOH review best practice for paramedic system design and tiered response agreements to move the entire province to an “Ottawa Model” of first response that is more cost effective for taxpayers and provides the highest level of clinical care.
Economics of First Response

What will the first 8 minutes cost?

4 firefighters
($80,000 \times 4 = $320,000)

1 fire truck
($480,000)

$800,000

OR

1 paramedic
($80,000)

1 PRU car
($40,000)

$120,000

Municipal First Response Options

What does $480,000 per year get you?

1 fire truck ($480,000)

OR

12 PRU cars
($40,000 \times 12$)
20. As part of the operational protocol in the proposed model, what would your association recommend be in place for proper records management and overall protection of patient privacy under the Personal Health Information Protection Act (PHIPA)? Please explain.

Answer:

- The Ontario Paramedic Association’s recommendation is to ensure the safest records management and overall protection of patient privacy under PHIPA by continuing to maintain all patient records under paramedic services and established base hospitals. This clearly indicates that the only method to protect patient information is to have it maintained by paramedic services and not have fire trucks respond to medical calls.

- It is important to note that if a paramedic was ever responding on a fire truck, they would be joined by 3 other observers with no medical training who should not be part of the circle of care as defined under PHIPA.

Training

21. As part of implementation of the proposed model, what type of training would need to be provided on the proposed model. Describe the training for the identified workforce your association is responsible for.

a) For ambulance services

Answer:

- Identical training and oversight to that of a paramedic working for a paramedic service
- Adherence to full BLS and ALS PCS, including CME requirements and patient contact requirements

b) For non-cross trained firefighters (including or excluding part-time/volunteer)
c) For cross-trained firefighters
d) For fire dispatchers
e) For ambulance dispatchers
f) For 911 dispatchers
g) For other professions, please specify
The OPA would like to add a comparison between fire truck first response and PRU/RRU first response:

<table>
<thead>
<tr>
<th>Fire-Medic (cost prohibitive &amp; unsafe)</th>
<th>PRU-Medic (economically efficient &amp; safe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ No existing medical qualifications</td>
<td>✔ Existing medical qualifications</td>
</tr>
<tr>
<td>✗ 0 hours of existing medical education</td>
<td>✔ 2000+ hours of existing medical education</td>
</tr>
<tr>
<td>✗ 20 hours of new training</td>
<td>✔ 0 hours of new training required</td>
</tr>
<tr>
<td>✗ Station deployed (5M Capital)</td>
<td>✔ Street corner deployed (50 capital)</td>
</tr>
<tr>
<td>✗ 5-8 minute response times</td>
<td>✔ 3-5 minute response times</td>
</tr>
<tr>
<td>✗ $480,000 pumper truck</td>
<td>✔ $40,000 car</td>
</tr>
<tr>
<td>✗ 4 firefights ($320,000 salaries)</td>
<td>✔ 1 paramedic ($80,000 salary)</td>
</tr>
<tr>
<td>✗ No MOH certification</td>
<td>✔ Existing MOH certification</td>
</tr>
<tr>
<td>✗ No QA/QI process</td>
<td>✔ Established QA/QI process</td>
</tr>
<tr>
<td>✗ No CMA accreditation</td>
<td>✔ Existing CMA accreditation</td>
</tr>
<tr>
<td>✗ No experience in clinical settings</td>
<td>✔ Years of experience in clinical settings</td>
</tr>
<tr>
<td>✗ 0% budget recovery from MOH</td>
<td>✔ 50% budget recovery from MOH</td>
</tr>
<tr>
<td>✗ Not part of the healthcare system</td>
<td>✔ Integral part of the healthcare system</td>
</tr>
<tr>
<td>✔ Unsafe medical interventions</td>
<td>✔ Safe medical interventions</td>
</tr>
</tbody>
</table>

**Employment Standards**

22. What impacts, if any, does the proposed model have on employment standards? Please explain.

**Answer:**

This question is best geared towards the six paramedic unions in Ontario: CUPE, CIPP, OPSEU, SEIU, UFCW and UNIFOR.
Improving Patient Outcomes

23. My association anticipates that the proposed model will increase patient safety for CTAS 1 patients, where time is a defining factor in patient outcome.

a) Strongly agree
b) Agree
c) Disagree
d) **Strongly disagree**
e) Neutral
Please explain.

24. My association anticipates that the proposed model will sustain or increase patient safety for CTAS 2-5 patients where time is not a defining factor in patient outcome.

a) Strongly agree
b) Agree
c) Disagree
d) **Strongly disagree**
e) Neutral
Please explain.

25. My association anticipates that patients would be supportive of the proposed model.

a) Strongly agree
b) Agree
c) Disagree
d) **Strongly disagree**
e) Neutral
Please explain.
Cost of Fire Trucks responding to Paramedic Calls

True cost of OPFFA proposal to send fire trucks on paramedic calls:

FLEET COST PER KM

PARAMEDICS: $0.28/km
($710,841 ÷ 2,538,432 km)

FIRE: $2.16/km
($1,674,725 ÷ 774,925 km)

Source: City of Ottawa
http://ottawa.ca/cs/groups/content/@webottawa/documents/pdf/mdaw/ky1/~edisps/con018671.pdf

Cost to one municipality:

In this local case, if Ottawa fire trucks started responding to only 75% of paramedic calls, their fleet costs alone would increase by more than $4,112,259.00

Extrapolated provincially:

+ $317,090,800.00 as #OntarioParamedics respond to 1.1 million paramedic calls provincially.

Add:

+ education
+ bags & equipment
+ meds & syringes
+ QA/QI
+ logistics
+ CME
+ PDP
+ remember 100% funding

Add:

+ $99,461,250.00 for 2841 cardiac monitors to equip all pump fire trucks

Add:

+ $136,400,000.00 for the provincial hiring of minimum 1705 paramedics (as the OPFFA states only 10% of their 11,367 full time FF’s are paramedics)
Cost to Municipalities across Ontario:

For only 75% of provincial paramedic calls is more than $500,000,000.00 (over 1/2 billion dollar) economic burden to municipalities and taxpayers each year, even though the OPFFA president disingenuously states "there is no added cost because our fire trucks are already there anyway".

Supporting Evidence

1) "there is no medical evidence that the Winnipeg model (paramedics on fire trucks) improves patient care" - Dr. Cheskes, Ontario medical director

http://www.peelregion.ca/council/agendas/pdf/epsc-20110915/4e.pdf pg 2

2) "With the exception of CTAS 1 patients, medical evidence suggests that there is little if any benefit to tiered response; as such, some municipalities are decreasing the number of medical calls to which its fire service respond." - Ontario Ministry of Health pg 8

http://www.amo.on.ca/AMO-PDFs/Reports/2016/ExpandingMedicalResponsesDiscussionPaperMOHLCNov2.aspx

3) "Sending fire apparatus on every call to stop an imaginary clock has no basis in medicine, science or patient outcomes and in fact is operationally risky and dangerous" - Dr. Jullette Saussy, former Washington Fire EMS medical director

http://www.jems.com/articles/2016/02/dcfd-medical-director-resigns-calls-department-toxic0.html

4) "to place a paramedic on every, or most, responding fire apparatus would likely not result in improved clinical outcomes for patients"


5) “Deciding when to send FFRs (firefighter first responders) is complicated because critical cases are rare, paramedics often arrive before FFRs, and lights-and-siren responses by emergency vehicles are associated with the risk of en-route traffic collisions. The model predicts that FFR (firefighter first response) lights-and-siren responses in the sample could be reduced by 83%, from 93,058 to 16,091.”
6) ‘A Santa Clara County civil grand jury on Wednesday called for a wholesale rethinking of fire departments and emergency responses, arguing that sending firefighters to what are now mostly medical calls is outdated and wasteful. A report by the watchdog panel found that 70 percent of fire department calls are medical emergencies, and just 4 percent are fire-related. But even so, firefighters respond as if they are heading to a fire, sending a crew of three or more on a truck or engine costing an average of $500,000 -- five times the cost of an ambulance. Typically only one of the three arriving firefighters has medical training, the report said. That creates a "mismatch between service needed and service provided," with fire departments deploying "personnel who are overtrained to meet the need" -- that is, paramedics also trained as firefighters. "Taxpayers can no longer afford to fund the status quo," the report said. "Using firefighter-paramedics in firefighting equipment as first responders to all nonpolice emergencies is unnecessarily costly when less expensive paramedics on ambulances possess the skills needed to address the 96 percent of calls that are not fire-related."


7) “Firefighters have to justify their existence. The evidence that this faster response saves lives is scant to non-existent.”


8) “The OPFFA (Ontario Professional Fire Fighters Association) has spun this as a public safety issue: that a "standing army" exists to deliver front-line symptom relief that will save lives and money. However, there is absolutely no evidence that (firefighters) providing anything other than CPR and defibrillation by an AED will improve patient outcomes. The truth appears to be that the OPFFA, facing threats of staffing cuts, is waging a campaign at all levels of government and with the public to justify keeping expensive fire halls open in the face of decreasing call volume, and this year it’s the work of paramedics they have their eye on”

http://www.huffingtonpost.ca/michael-kruse/fire-medics-will-fail-in- _b_7891754.html

9) “The result of our data analysis was the determination that it was beneficial to automatically tier the fire department to all cardiac-arrest calls but not to tier fire to other selected calls (unconscious patients, cardiac chest pain, difficulty breathing) unless the ambulance was delayed for longer than 12 minutes. While there are people who would advocate sending the fire department to all ambulance calls that are
prioritized as emergencies, the vast majority of these calls are not actually life-threatening emergencies and fire-department response is not required.” - Rob Grimwood, Fire Chief/Manager of emergency services for Haldimald County

http://www.firefightingincanada.com/fire-ems/the-politics-of-fire-ems-15231

10) “We know that only 6.6 per cent of emergency medical services calls across Ontario require symptom relief medications. This shows low demand for this suite of medications. The opportunity for firefighters to practice is largely diminished in that there is no response time advantage provided by firefighters” – Ontario Association of Paramedic Chiefs

https://drive.google.com/file/d/0BwP09P_BzexRSFZZOTk2SFFhaTQ/view?pli=1