

Alberta Health Services Emergency Medical Services Implementation Plan

**Recommendations and Required Actions from
HQCA *Review of the Operations of Ground Emergency Medical Services
in Alberta* and Ministerial Directive D2-2013**

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Executive Summary

The Health Quality Council of Alberta (HQCA) publicly released its *Review of the Operations of Ground Emergency Medical Services in Alberta* report on March 4, 2013. This report contains several recommendations and required actions that will be implemented by Alberta Health Services (AHS) to improve provincial ground ambulance services for Albertans.

AHS Emergency Medical Services (EMS) is well positioned to respond to this report. Work is already underway on many of the recommendations and we have initiated additional projects where required to help move forward as a provincial EMS system.

In total, 21 projects have been identified as part of this EMS HQCA implementation plan. These projects are summarized in the table below (refer to “New Project Summary”). A project management approach will be used to monitor and complete this work, with each individual project having a project sponsor and project manager. In addition, the work in each project will be progressively elaborated through the project phases of initial concept, detailed concept, design, execution planning, execution and review. Current status and project completion is summarized in the “Project High Level Timelines” section below.

Two of the projects identified have significant cost implications for which funds are being internally allocated by AHS. The Medical First Response Program (Required Action 3.3, Project 3.3) estimates \$535 000 one-time and annualized ongoing funding, with 3.5 FTE required to support the program. Implementation of ePCR in Contracted Services (Required Action 4.3, Project 4.3.2) requires \$2 042 000 one-time and \$610 000 annualized ongoing funding. The dispatch consolidation project is being funded from the existing transition grant.

An EMS HQCA Implementation Steering Committee has been established, with accountability to AHS Executive. In addition to AHS representatives, Alberta Health and Health Advisory Council representatives are members of the Steering Committee. Project managers for the 21 projects identified will provide monthly status updates to the Steering Committee. The Steering Committee will provide quarterly progress updates to Alberta Health and Health Quality Council of Alberta for the duration of the projects.

New Project Summary

Recommendation	Required Action	Description	New Projects Initiated	Project Number	Sponsor	Project Manager
2. Alberta Health immediately reverse its decision to suspend the consolidation of the EMS dispatch system into Alberta Health Services, and Alberta Health Services proceed with establishing a province-wide, consolidated EMS dispatch system.	2.1	Alberta Health Services establish two (2) EMS dispatch centres to ensure a safe and reliable 'borderless' EMS dispatch system with adequate backup.	Provincial Dispatch Consolidations	2.1	Jim Garland	Wes Bogdane
	2.2	Alberta Health Services develop an improved change management plan to engage municipalities, EMS service providers, and the public in the process of establishing and implementing the consolidated EMS dispatch system within the provincial EMS system.	Dispatch Consolidation Change Management Plan	2.2	Sue Conroy	Jim Garland
3. Alberta Health Services articulate a vision and plan for the EMS delivery system and incorporate an EMS delivery model that standardizes care across the province recognizing the unique realities and requirements for urban, rural, and remote areas.		Articulate a vision and plan for the EMS delivery system	Develop Provincial EMS Service Delivery Model	3.0	Sue Conroy, Ian Phelps	Tanya Sakamoto
	3.1	Establish definitions for urban, rural, and remote areas taking into consideration geography, population demographics, frequency of time-sensitive calls, and distance to tertiary care facilities.	Identifying the unique challenges that face EMS operations highlighting the diverse needs of urban, rural and remote communities	3.1.1	Trevor Maslyk, Dale Weiss	Rob Sharman
			Data analysis of the location and frequency of time-sensitive events	3.1.2	Lyle McKellar, Sandy Halldorson	Tony Pasich
		Develop definitions for urban, rural and remote areas		3.1.3	Trevor Maslyk	Rob Sharman

Recommendation	Required Action	Description	New Projects Initiated	Project Number	Sponsor	Project Manager
	3.2	Ensure the most efficient and effective ambulance locations are determined based on validated EMS data, geography, population demographics, frequency of time-sensitive calls, and distance to tertiary care facilities.	Provincial Ambulance and Station Allocation Process	3.2	Jim Garland	Graham Vanderwater
	3.3	Determine the role, required training and qualifications, for medical first responders within the EMS delivery model.	Provincial Medical First Response (MFR) Framework	3.3	Jim Garland	Graham Vanderwater
	3.4	Define the range of healthcare services to be provided by EMS practitioners, including community paramedicine.	Develop structure and recommendations related to the range of healthcare services EMS practitioners provide both within EMS and in non-traditional settings	3.4	Darren Sandbeck	Christina Heinrich
	3.5	Ensure the minimum standard across the province is a Basic Life Support ambulance.	Basic Life Support (BLS) as a minimum standard across the province	3.5	Lyle McKellar	Scott Holsworth
	3.6	Determine the resources required for inter-facility transfers (IFTs) that considers provider scope of practice, vehicle type and equipment based on patient need.	Inter Facility Transfer (IFT) coordination, pre-planning, and operational management	3.6.1	Howard Snodgrass	Steve Sutton
			Review Inter Facility Transfer (IFT) core services and service delivery model	3.6.2	Howard Snodgrass	Steve Sutton

Recommendation	Required Action	Description	New Projects Initiated	Project Number	Sponsor	Project Manager
4. Alberta Health and Alberta Health Services collaborate to establish a comprehensive, single source of valid EMS system data that encompasses the EMS dispatch and delivery systems to be used for operational decision-making as well as quality and safety management.	4.1	Alberta Health Services identify key patient outcome, process, and cost-effectiveness measures for emergency and non-emergency activities (e.g., inter-facility transfers, community referral programs, community paramedicine) and for specific patient populations (e.g., major trauma, ST segment elevation myocardial infarction, stroke) and design the collection of provincial EMS data to support the reporting of these measures. Consider national and international sources in their development.	Identify key EMS patient outcome, process and cost effectiveness measures	4.1	Glenn McRae	Kim Liss
	4.2	Alberta Health and Alberta Health Services ensure that the EMS data source can be linked with other healthcare databases to ensure the ability to report on patient outcomes and patient level costing.	Link EMS data to other healthcare databases	4.2	Glenn McRae	Kim Liss
	4.3	AHS ensure contracted EMS providers meet AHS EMS reporting and data standards.	EMS Contract Compliance Program ePCR Rollout to Contracted Ground Providers	4.3.1 4.3.2	Marty Scott Sue Conroy, Ian Phelps	Shona O'Connor TBD (Drew Doering)
5. Alberta Health Services specify a quality and safety management approach that is an integral component of the AHS EMS planning and	5.1	Develop and implement a comprehensive quality and safety management approach	Develop and implement a comprehensive quality and safety management approach	5.1	Glenn McRae	Steen Pedersen

Recommendation	Required Action	Description	New Projects Initiated	Project Number	Sponsor	Project Manager
performance documents.						
Ministerial Directive	D2-2013-2.1	Specific provisions to minimize EMS staff wait times in emergency departments at Alberta's seven major hospitals.	Creation of a provincial Emergency Medical Services/ Emergency Department committee to address provincial initiatives and flow strategies	D2-2013-2.1.1	Darren Sandbeck	Christina Heinrich
			EMS representation on ED Site Specific Quality Improvement Committees	D2-2013-2.1.2	Dale Weiss	Christina Heinrich
			Review of current provincial Urgent Care Centre (UCC) criteria	D2-2013-2.1.3	Darren Sandbeck	Christina Heinrich
			Feasibility study and review of processes for patient prioritization between EMS and waiting room patients in Emergency Departments	D2-2013-2.1.4	Dale Weiss	Christina Heinrich
	D2-2013-2.2	Options to limit the use of AHS EMS staff and contracted EMS resources for non-urgent inter-facility transfers, including the use of external contractors to provide these services.	None (see 3.6)			

Project High Level Timelines

A project management approach is being applied to the work being undertaken as part of the EMS HQCA implementation plan. The work in each project will be progressively elaborated through the project phases of initial concept (IC), detailed concept (DC), design (D), execution planning (EP), execution (E) and review (R).

After each project's design phase, a detailed execution plan will be completed. This high-level project timeline is intended for program planning and resource allocation only.

#	Project Name	2013									2014									2015						
		M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
2.1	Dispatch Consolidation	IC-EP	E	E	E	E/R	E/R	E/R	R	R	R															
2.2	Dispatch Consolidation Change Management Plan	E	E	E	E/R	E/R	E/R	E/R	E/R	R	R	R	R													
3.0	Develop EMS Provincial Service Delivery Model	IC	IC	DC	D	D	D	D	D	D	D	D	D	D	EP	E	E	E	E	E	E	R	R	R	R	
3.1.1	Identifying the unique challenges that face EMS operations highlighting the diverse needs of urban, rural and remote communities	IC	IC	IC	DC	D	EP/E	E	E	E	E	R	R	R												
3.1.2	Data analysis to help identify the frequency and location of time-sensitive events	IC	IC	IC	IC	DC	DC	D	D	EP	EP	E	E	E	E	E	R	R								
3.1.3	Develop definitions for urban, rural and remote areas	IC	IC	IC/DC	D	D	EP/E	E	Delay closeout pending completion of other projects						R	R										
3.2	Provincial Ambulance and Station Allocation Process	IC	IC	IC	IC	IC	IC	IC	IC	DC	DC	DC	D	D	EP	EP	E	E	E	E	E	E	R	R	R	R
3.3	Provincial Medical First Response Framework	DC	DC	DC/D	D	D	D	D	D	D	EP	EP	EP/E	E	E	E	E	E	E	E	E	E	E	E/R	E/R	E/R

#	Project Name	2013									2014									2015						
		M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
3.4	Develop structure and recommendations related to the range of healthcare services EMS practitioners provide	IC	IC	IC	IC	IC	IC	DC	DC	D	D/EP	E	E	E	E	E	E	E	R	R	R					
3.5	Ensure the minimum standard across the province is a BLS ambulance	IC	DC	DC	DC	D	D	D	D	D	EP	EP	EP	EP/E	E	E	E/R	R	R	R	R	R				
3.6.1	IFT coordination, pre-planning, and operational management	IC/DC	DC	D	D	D	D	D	D/EP	EP	EP	EP	E	E	E	R	R	R								
3.6.2	Review IFT core services and service delivery model	IC/DC	DC	D	D	D	EP	EP	EP	E	E	E	E	E/R	E/R	R	R	R								
4.1	Identify key EMS process, patient outcome and cost effectiveness measures	IC/DC	D-E	E	E	E	E	E	E	E	E	E	E	E	E	E	R									
4.2	Link EMS data to other health datasets	IC	DC/D	EP	E	E	E	E	R																	
4.3.1	EMS Contract Compliance Program	D	D	D	EP	E	E	E	E	E	E	E	E	E	R	R	R									
4.3.2	ePCR Rollout to Contracted Ground Providers	IC	DC	DC/D	D/EP	D/EP	D/EP	EP/E	E	E	E/R	E/R	E/R	E/R		Note: This project can be completed in 12 months after funding is approved and released.										
5.1	Develop and implement a comprehensive quality and safety management approach	IC	DC	DC	D	D	D	D	EP	EP	EP	E	E	E	E	E	E	R	R	R						
D2-2013-2.1.1	Creation of a provincial EMS/ED committee to address provincial initiatives and flow strategies	IC	DC	D/EP	E	E	E	E	E/R	E/R	E/R	E/R	E/R	E/R	E/R	E/R	E/R	E/R	E/R	E/R	E/R	E/R	E/R	E/R	E/R	E/R

