The Paramedic Association of New Brunswick

L'Association des paramédics du Nouveau-Brunswick

www.panb.ca

"Current Paramedic System Vulnerabilities and Solutions for Recovery"

Paramedic Service Report and Recommendations

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Introduction

This report has been prepared by the Board of Directors of the Paramedic Association of New Brunswick to:

1. Present a practitioner-based perspective of the apparent vulnerabilities within the current paramedic system.
2. Present a discussion of potential solutions to these vulnerabilities.
3. Promote innovation and effectiveness in service delivery.
4. Renew a sense of pride in the paramedic system from paramedics.
5. Renew a sense confidence in the paramedic system from the public.

The Report and Recommendations

Authority

The Paramedic Association of New Brunswick is the professional association and regulatory body for the paramedic profession in the province of New Brunswick. The Association's raison d'être is to regulate of the profession in the best interests of the Public, and to promote the profession as a critical member of the healthcare and Public Safety systems. This is accomplished through a variety of standards setting and monitoring processes, as well as though advocacy for what is in the best interests of the public to receive exceptional, highly competent and professional care.

The Association has been given this authority and responsibility through the Paramedic Act which was proclaimed and enacted on April 15, 2008. The governing body of the Association is comprised of practitioners which represent the geographical diversity of the province, along with an elected executive and two members of the public, designed to ensure transparency and accountability, who are appointed by the Minister of Health.

The paramedic community within New Brunswick is fluid by nature, meaning people come and go through attrition, relocation to other jurisdictions, Canadian Armed Forces deployments and a variety of other reasons. The current complement of paramedics in the province is 1127 and has been dropping year over year for the past 5 years. The attrition rate within the profession is around 10% per year. An alarming trend is the increase in the mean age of the profession over the past couple of years, from 36.8 years in 2017 to 39.41 in 2018.

Background and Issues: The System

The current paramedic service in New Brunswick has been in existence since December 2007. The model developed is similar to a Public Utility Model of paramedic services used in a number of jurisdictions across North America, with the major difference being all of the staff are public sector employees, employed by a public sector company, Ambulance New Brunswick. The entire system is funded by the Government of New Brunswick, save a small amount of revenue from user fees which is returned to government's general revenue; all of the physical resources are owned by the Crown. The day to day management of the system and most decisions related to operations are left to the private company called Medavie Health Services NB, a subsidiary of Medavie Blue Cross. This company is charged with management, including the dispatching of ambulances and performance monitoring of the system. Government retains the responsibility for the delivery of a medical oversight system that is physician driven.

According to the annual report filed by Ambulance New Brunswick, in 2016-17, the latest year available, the paramedic service consisted of approximately 959 paramedics, and 51 dispatchers and call takers, responding to calls from about 67 paramedic stations with a fleet of approximately 135 paramedic units capable of transporting patients and 4 non-transporting paramedic response units for Advanced Care Paramedics to respond to calls. There were about 104,500 requests for service, spread out over 911, inter-facility and other types of patient transfer requests. The breakdown of the requests for service were approx. 30% for transfers and the remaining 70% for 911 calls, either emergent or non-emergent.

Background and Issues: System Governance

In review of the Public Accounts for the Branch of the Department of Health responsible for paramedic services, in 2017-18 the actual expenditure or monies transferred to Ambulance New Brunswick was $104,052,000. However, this does not account for all monies received due to separation of user fees, and other monies for asset replacement. The real and actual amount of monies available to Ambulance New Brunswick in 2016-17 according to the Annual Report was close to $109,717,000. In that year, Ambulance New Brunswick showed accumulated profit at year-end of $4,759,000. Funding is not seen as a contributor to the current vulnerabilities of the system.

The public sector company, Ambulance New Brunswick, has a unique governance model when compared to other entities in the public healthcare sector in New Brunswick. Horizon Health Network and Vitalité Health Network have a Boards of Directors appointed and elected with a large component of public representation and very few, if any bureaucrats. By comparison, Ambulance New Brunswick consists entirely of government appointed and employed bureaucrats with no appointed or elected public representatives.

Background and Issues: System Performance and Monitoring

The service delivery contract between the Government of New Brunswick and Ambulance New Brunswick through Medavie Health Services has a number of performance targets that must be measured and reported on to achieve compliance. While a number of these targets may be in keeping with the current research, such as compliance with patient care protocols, some of the time sensitive targets do not appear to reflect current "Best Practices" in the profession. Some key performance measures do not appear to exist, for example, the ability to determine if a patient did not receive the care they deserve (consistently and not through random reviews) or "out of service hours as a percentage of total hours contracted".

However, regardless of the current performance measures, there are three inherent flaws in the process and system that we have identified. First, in most if not all paramedic systems we have examined, the performance target is measured against a benchmark. This benchmark, regardless of the number, is usually measured in the 90th percentile. What this means is that 9 out of 10 times you should meet the benchmark. This is industry norm and allows for any number of issues, either within or outside of the control of the paramedic system, that may prevent it from meeting the target 100% of the time. In examination of the paramedic system in New Brunswick and available information, it appears the practice in the New Brunswick paramedic system is to allow for the 10% non-compliance, but in addition, to allow for any number of other causes, such as weather or system demand, to be excluded or exempted from the measure prior to determining compliance. This appears to be far outside the norm for most services identified as high functioning and high performance across much of North America and around the globe.

Secondly, we see a potential flaw in the way in which the current system is measuring performance across the province. Previous to Ambulance New Brunswick, the paramedic system was measured, in regard to performance targets, at a much more local level with much smaller geographic size. This allowed the government of the day to determine with more accuracy where performance was lacking. When issues were raised by the public or other stakeholders, or if public confidence was waning, the government could determine where, for a geographic area, changes needed to be made. The current model is based on a complex regional geography with allowances for community size within the regions based on Rural and Urban definitions. The result is areas are lumped together for reporting purposes and poor results in one area can be masked by positive results in an adjoining area. We feel that this does not give an accurate and precise enough measure of system performance in individual communities or areas.

Thirdly, since emergency service delivery is highly visible and therefore open to public scrutiny, the ability of government to have appropriate monitoring data on performance as close to real time as possible is imperative in order to maintain public trust. We believe that the current model of system monitoring, through an arm of the same organization that delivers the service, may appear to be self-serving and does not instill public trust, especially in times of vulnerability and turmoil.

Since the inception of Ambulance New Brunswick, there have been scattered reports from citizens, municipal leaders and Health Authorities identifying concerns with the system's ability to respond to community needs in a timely fashion. There have been a number of high-profile cases reported in the media and through questioning in the provincial legislature that have resulted in reports (i.e. The Brady Report) about flaws and concerns with the system. This has, for the most part resulted in changes that nibble at the edges of the issues and have not resulted in any radical recommendations or changes to stem the tide of concern.

Most recently the number of public complaints and negative feedback from the employees in the system, Health Authorities and municipalities has taken a sharp rise. Whether this is attributable to a decrease in system performance, an increase in public expectation, a highly political environment or some other reason is not known. The common perception is that the paramedic system is in failure, and some might say in crisis. We are constantly hearing from all sides of the issue about what the problems are. Some would say it is a lack of staff, others would say it's an issue of language. Still others would say that the inability of the system to move patients efficiently between hospitals causes the Health Authorities to artificially raise the acuity level of transfer patients to obtain a more rapid response, to the detriment of responding to 911 calls.

The issue of patient transfers between facilities has been identified by all parties involved in the paramedic system in the province as a pressure point. The current system uses ambulances that are staffed and on duty to move patients between facilities. These can be short distance local transfers between healthcare facilities to home or extended care facilities, or long-distance transfers between a hospital in Saint John to Halifax, or Edmundston to Quebec City as examples. What is consistent is that the frequency and flow of these transfers is inconsistent, and the ability of the system to respond in a reasonable time frame can be impacted by other issues such as emergent 911 calls.

In examining other systems in Canada and abroad, some solutions that have worked with success are capping the number of transfers, particularly non-urgent ones, or using scheduling software similar to project management software that will visualize the work load and flow to know when the system has reached capacity. Another innovative opportunity is to allow the Regional Health Authorities to coordinate their own transfers on an authority- wide basis so that they can prioritize their own patient movements while not overloading the system. Further work within a new medical oversight system to eliminate the practice of artificially increasing patient acuity to move patients in an urgent fashion must be considered as well. Other strategies to move patients in an efficient manner should be examined. A number of jurisdictions use different vehicle designs and other innovative was of moving patients. Nothing should prevent New Brunswick from examining these as well.

If you ask both Government and the Paramedic Service about their inability to respond in a timely fashion, they will say that the system is working because of the dynamic movement of paramedic units from areas of low call volume to areas of high call volume where the next call

is statistically more likely to happen. This results in an increased risk to the rural areas of the province, as they have less chance of having a paramedic unit remain in their community. This is exacerbated by the large geographical area within which these units may be moved. While this may be considered doing the greatest good for the greatest number of people, it may deprive residents in rural parts of the province of timely emergency services, made more critical because paramedic services are their lifeline to the healthcare system.

Regardless of which side of the issue you are on, and what you believe to be the root cause of the problems, the indisputable fact is that the current paramedic system in New Brunswick is vulnerable to collapse and further degradation. The public's trust in the system is near an all-time low, as evidenced by the amount of attention focused on paramedic issues during the recent provincial election and in ongoing media reports.

Background and Issues: Paramedic Workforce

When we reviewed the current workforce and how that workforce is being hired and deployed, we have identified a number of issues. Firstly, the number of paramedics that are out on long term leave, whether sick, on Workers Compensation or for whatever cause appears to be unduly high. We have been given anecdotal numbers suggesting that about 125-150 paramedics remain on long-term leave. While we can't attribute exact causes to these absences, what we are being told, by paramedics, is that a higher percentage than what you might think is due to occupational stress injuries as well as high levels of dissatisfaction with their job. Couple this with concerns we have heard both provincially and nationally about the capability of most paramedic systems to provide psychological expertise for assessment and ongoing treatment of stress disorders, and there is potential for long-term effects on the system.

Secondly, no matter which side of the language issue anyone is on, the common ground is the understanding that legislatively, morally, and ethically the two linguistic communities in this province deserve to receive service in the language of their choice. We agree with this concept and support it wholeheartedly. However, there are some realities that we also must accept if we are to come to solutions that will address the issues of access to paramedic care in a timely manner.

What we understand of hiring practices within the Paramedic Service in New Brunswick is that across the province, 50% of the staff can be either unilingual francophone or unilingual anglophone, and the other 50% must meet a provincial standard for being bilingual francophone and anglophone at a determined level. We also understand that once you meet that proficiency level, there has not been a practice of re-evaluating proficiency in any pre-determined timeframe. Further complicating the issue is that many of these examinations for language proficiency are done remotely and we have heard of situations where the candidate who asks to be examined is not the actual person on the phone. As well, we have heard reports of inconsistent assessment processes and examinations based on general ability to

communicate with very little emphasis on job function or needs of a patient related to the job task.

During many discussions with stakeholders we have been told that approximately 120 vacant positions are posted during every round of hiring. This is due to the fact that the majority, if not all positions have been identified as needing to meet the second 50% staffing complement, that of being fully bilingual. If there are no successful candidates that meet the requirements, these jobs go unfilled on a permanent basis and they are filled by part time and casual paramedics until the next posting of vacant positions. If the current paramedic system does not come to a solution to lower the number of vacant positions and limit the amount of casual and part time work (mostly short notice work), the paramedic system will continue to struggle.

What further exacerbates this issue is that many paramedics who are not permanent and fulltime have little hope of their status changing over the long term (next 15 years). What incentive is there for these paramedics to remain in New Brunswick or for qualified paramedics from outside the province to move here when the pathway to full time, permanent employment appears to be inaccessible to many.

If we look at the current recruitment strategies and given the overall inability of keeping up with attrition as well as the increasing mean age of the profession, any hope of maintaining any semblance of adequate numbers of bilingual paramedics without significant and radical changes is impossible. Currently educational programming in New Brunswick for paramedics is either in French, though the provincial community college system, or in English through two private educational colleges. There has been movement by some of these programs to address the bilingual capacity however, the success appears to be limited. We are of the opinion that there are enough paramedics, currently licensed and eligible for employment in the system, with perhaps the need for a handful of additional paramedics. However, if strategies are not implemented to address the inability to staff paramedic units based on the current requirements, the system will continue to see delays in service due to high number of out of service paramedic vehicles.

Human resource management is not an exact science. In fact, as generations change and older, more employer-loyal staff retire, we must become nimbler in how we manage employees. Employees need to earn enough money to survive but they also want to live a reasonable lifestyle. This complicates a publicly mandated 24 hour a day 365 day a year emergency system that depends in many cases on employees volunteering for overtime work because of personnel shortages.

We as a society are not without some history or precedence in dealing with language issues in the workplace. Canada is a melting pot of cultures. If we look at many jurisdictions across this country, we can point to areas that are faced with the challenge of communicating with individuals in crisis who do not speak the same language. In these cases, they rely heavily on technology and technological solutions like a language line, among others. Purists will argue

that these technological solutions are not the same as in-person communication and that given our legal obligations to provide anglophone and francophone communities with service in their language, we must take extraordinary steps to comply. This is unquestionably the desirable long-term goal but, in the meantime, we must be innovative in how we address questions of language while continuing to provide timely service. Even if a temporary solution does not meet the strict letter of the law, it can meet the spirit of the legislation and ensure that both linguistic communities have access to effective emergency services. Doing nothing is simply not an option.

Summarizing the Vulnerabilities

When we analyze the background issues about the current system, we have identified four major areas of vulnerability:

1. Inconsistent ambulance service to rural areas;
2. Lack of transparency and accuracy in reporting system performance;
3. Lack of mechanism for public input/feedback on the ambulance system;
4. A fragile and potentially unsustainable paramedic workforce.

In addition, we have identified a number of secondary issues and solutions that, perhaps not central to the major issues, may be keys to ensuring that the system continues to operate in an environment where call volumes increase and demands for service climb. Our recommendations are based on adopting an innovative approach and challenging the status quo. We hope these will lead to a system with increased productivity to meet service demands while keeping the patient first and foremost.

Recommendations

Acuity and Grouping of Recommendations

We are proposing a number of recommendations and have grouped them to reflect the identified system vulnerabilities. We hope that this report will serve as a road map to help fix a vulnerable paramedic system. The objective is to ensure that patients receive high level, professional emergency care regardless of their location in the province.

We understand that not all recommendations can be implemented at the same time. We have taken care to assign an acuity and a timeframe to each of our 35 recommendations, using the following:

Critical – Immediately and without delay
Short-Term – Begin to implement within 6 months of this report
Mid-Term – Begin to implement within a year of this report

The recommendations are grouped into the following categories listed by importance:

1. System Design and Deployment
2. Accountability and Transparency
3. Recruitment
4. Retention
5. Governance

Overall Recommendation

1. Government should immediately appoint and enact a Paramedic Services Advisory Committee, comprised of all appropriate stakeholders, to help direct and oversee all recommendations and solutions for recovery. **(Critical)**

   One recommendation is central and transcends the entire group of recommendations. We believe that, in the best interest of the system, a multi-stakeholder committee should be struck, with accountability and authority to direct and oversee an action plan for change to the paramedic system.

Recommendations: System Design and Deployment

1. The Government immediately ensures that vacant paramedic positions not filled based on language proficiency be awarded on a permanent basis, based on seniority. **(Critical)**

2. The Government immediately ensures that all paramedic units be provided with technology solutions that will allow for communications between paramedics and patients where language barriers may exist. **(Critical)**

3. The Government immediately ensures that the number of ambulances per community be based on community needs assessment. **(Critical)**

4. The Government immediately ensures that the deployment of ambulances be community-based, not provincial, in terms of territorial coverage. **(Critical)**

5. The Government immediately ensures that advanced care paramedics be provided with equipment and authority to practice whenever they are working in the paramedic system. **(Critical)**

6. The Government ensures that non-urgent patient transfers be coordinated within the Regional Health Authorities. **(Short-Term)**

7. The Government ensures that long distance non-urgent transfers be staffed with additional units whenever possible to reduce strain on emergency paramedic units. **(Short-Term)**

8. The Government deploys a lone Primary Care Paramedic (PCP) in a non-transport capable response unit in all urban areas. **(Short-Term)**

9. The Government ensures that the deployment of advanced care paramedics be province wide, in addition to current locations. **(Short-Term)**

10. Government implements the use of a best practice approach to ensure that patients receive the most appropriate and financially prudent resource to meet their medical needs, which isn't always a transporting ambulance. **(Mid-Term)**

11. The Government ensures that any development of community paramedic programs be based on community needs assessment. **(Mid-Term)**

12. The Government ensures that multiple patient units be created to accommodate low acuity patients being transferred along the main transfer corridors. **(Mid-Term)**

13. Government examines and implements the use of technology to allow dynamic patient and scene information to be available in real time, for both patient, healthcare and public safety purposes. **(Mid-Term)**

Recommendations: Accountability and Transparency

1. The Government immediately sets up a feedback system for user/public comment on ambulance service received and establish an ambulance service ombudsman to receive/investigate complaints/issues. **(Critical)**

2. The Government immediately begins to transition the Paramedic Dispatch and Monitoring System to a separate government operated agency. **(Critical)**

3. Government immediately ensures that, on a monthly basis all statistics relating to response times be reported, by paramedic station. **(Critical)**

4. Government immediately ensures that, on a monthly basis all statistics relating to ambulance staffing & closures, be reported, by paramedic station. **(Critical)**

5. Government immediately ensures that, on a monthly basis all statistics relating to call volumes, be reported, by station. **(Critical)**

6. Government immediately ensures that, on a bi-monthly basis that it releases all statistics relating to paramedic system performance for public review. **(Critical)**

7. Government immediately requests a value for money audit and overall system review by the Auditor General of New Brunswick. Further, Government must ensure that any and all recommendations coming out of these reviews is implemented. **(Critical and Mid-Term)**

8. The Government ensures that system response performance targets, should be inclusive of all exemptions for weather, call volume and any other factors currently used. **(Short-Term)**

9. The Government ensures that any performance targets, to determine effectiveness of the paramedic system be based on current and latest research and best practice. **(Short-Term)**

10. The Government ensures that all financial funding provided to operate the paramedic system are accounted for in publicly available financial statements and that those statements are reviewed by the appropriate legislative officers. **(Short-Term)**

11. The Government ensures the streamlining and purchasing of supplies and equipment use within paramedic system to integrate with Horizon and Vitalité to enhance patient service, and to reduce costs. **(Mid-Term)**

Recommendations: Recruitment

1. The Government ensures that the evaluation tools for assessing language competence of paramedics be valid, consistent and objective, and that it is based on employment tasks and knowledge. **(Short-Term)**

2. The Government ensures that paramedics be evaluated in person via a real-life medical scenario to determine language proficiency in both official languages, and the ability to deliver essential services. **(Short-Term)**

3. The Government implements ongoing language training strategies, based on best practices, without barriers to access. **(Short-Term)**

4. The Government ensures that it examines and implements solutions to address the difference in costs of education in private vs publicly funded educational institutes for paramedics. **(Mid-Term)**

Recommendations: Retention

1. The Government ensures that alternate areas of employment for paramedics returning to work gradually following illness or injury are available to be implemented. **(Short-Term)**

2. The Government ensures the examination of all issues regarding retention related to the classification of paramedics, compensation and representation. Further Government should ensure the implementation of strategies to address all issues identified. **(Mid-Term)**

3. The Government ensures that paramedics and other employees of the paramedic system have, at least annually, access to a psychological assessment and treatment provided to them. **(Mid-Term)**

4. The Government directs the Department of Health develop a detailed Health Human Resource plan for the paramedic profession, in consultation with the profession. Further, government must ensure that any actions within this plan are implemented. **(Mid-Term)**

Recommendations: Governance

1. The Government restructures the governance board of paramedic service to include public members & professional stakeholders. **(Mid-Term)**

2. The Government requires the Department of Health to restructure medical oversight within the paramedic system to reflect a multi-disciplinary, less physician focused model. **(Mid-Term)**