

Addressing Emergency Medical Service Resource Allocation Deficiencies

Issue

Across Alberta there has been a degradation in the service level emergency medical services (EMS) have the ability to provide, resulting in increased harm to both patients and emergency workers.

Background

Alberta has been lauded as an economic superpower of Canada for years. Despite the impact low oil prices and limited access to tide water has on this status, Alberta remains known for its economic strengths. Ongoing population growth, both by natural and migratory measures, is both a byproduct of Alberta's attractiveness as a place to call home, as well as evidence that Alberta businesses need to employ higher numbers of residents.

There are certain realities that come with increased population, an increased reliance on emergency services is one of those. Since 2010, there has been an increase in call volumes of 59.8%, with some years experiencing more than 50% increase in calls. Unfortunately, the increase in calls has not been met with adequate resources or changes in process, culminating in Calgary and Edmonton leading the country in red alerts.

Recently, the Alberta government came out with a 10-point plan to address the issue of EMS resource allocation in our province. Unfortunately, that plan was insufficient by a number of measures. Each of the points have either already been enacted or will not address the underlying issue.

Analysis

The conversation about improving EMS has been ongoing for some time. In 2009, the Alberta government proceeded with dispatch centralization and committed that these changes would "improve Albertans' access to emergency medical services, no matter when or where they find themselves in need of emergency care⁶⁹". Unfortunately, that has not been a reality, and in fact the centralization of dispatch and complications with the process have dominated the conversation about EMS for over a decade. While dispatch centralization may be a contributor to the problem, there are three significant causes, including hallway waits, staffing shortages, and overall stagnation of resources that need immediate attention.

⁶⁹ Government of Alberta. (2009, March 20). *EMS transition on track for April 1*. [Press release]

Hallway Waits

Once a call is dispatched to an ambulance, EMS will respond to the call and bring their patients to the hospital. Following a report to the triage nurse, the patient and EMS personnel are moved to a hallway until a bed becomes available for the patient. Naturally, no patient can be left unattended, so it remains the responsibility of the EMS workers to monitor and care for the patient until a bed is available.

While this process ensures that ongoing care is provided to the patient, it also results in nearly 10% of worked man hours of EMS personnel being spent waiting in hospital hallways until a bed becomes available for their patient. Specifically, in the last full year of data we have (2019/2020 fiscal year), 289,573 hours were lost ambulance time to hospital transfer of care offloads out of a total of 3,387,381 total ambulance time province wide⁷⁰. In practical terms, this equates to approximately an hour out of each EMS shift spent waiting for a transfer of care.

Staffing

Despite the increasing population and inevitable increase in call volumes, EMS has not seen a proportional increase in staff. In 2021, call volumes were up 35.05% across Alberta, with only a 9% staff increase in response⁷¹. In fact, province wide man hours have remained relatively stagnant since 2015, ranging from a 2.0% decrease to a 3.9% increase⁷² averaging an increase of only 1.5% from 2015 through 2020. To further complicate matters, Calgary and Edmonton's EMS staff grew much more than was seen in smaller centres and rural areas across the province.

Given the inadequate staffing numbers for our population, it is somewhat predictable that our EMS workers are experiencing burnout at a much higher rate than other AHS employees. EMS makes up 5% of AHS staff but is the target of a disproportionate number of time off requests – higher even than peace officers and other first responders. Nearly 40% of staff are off for physical and non-physical related injuries at any given time, putting additional pressure on already overworked staff.

Stagnation of Resources

Outside of inadequate increases in staffing resources, there is also a general stagnation in new resources available to EMS. The optimum population to ambulance ratio is 20,000 people to one ambulance. Across Alberta, we are currently sitting around 30,000 people to one ambulance – the worst ratio in the country⁷³. The impact is that ambulances designated to be

⁷⁰ FOIP 2020-G-172

⁷¹ Ibid.

⁷² Ibid.

⁷³ Ibid.

in one jurisdiction are being called to others, leaving their jurisdiction unprepared and unable to respond if an emergency takes place.

Unfortunately, the increasing number of calls is unavoidable given the increase in Alberta's population. While many may point to the COVID-19 pandemic or the increasing numbers of opioid calls, neither of those are directly responsible for the high number of red alert or other issues previously mentioned. Out of just over 200,000 emergencies last year, heat and cold related emergencies are only 2% of calls, and opioid calls number under 30,000. As a matter of fact, there are nearly twice as many fall-related calls compared to opioid calls and environmental (heat/cold) related calls combined. Ultimately, there needs to be an understanding that a growing population needs to have appropriate resources available to service the growth.

The Alberta Chambers of Commerce recommends the Government of Alberta:

1. Immediately contract a third party to review Alberta's emergency medical services and publicly release their findings; and,
2. Form a committee of leadership from the Government of Alberta Ministry of Health, Alberta Health Services including Emergency Medical Services and all stakeholders to review and implement the recommendations by incorporating best practices with a view to outcomes, viability and implementation.