Conseil des Services du District de
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District Services Board

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Report To:	Manitoulin-Sudbury DSB
From:	Michael MacIsaac Chief of EMS
Date:	February 23, 2012
Re:	Fire Medical Response

RECOMMENDATION

That this report be provided to the Board for information purposes on the topic of Fire response to emergency medical calls.

REPORT

The purpose of this report is to provide a historical perspective on the emerging issue of Fire medical response as detailed in a letter from OPSEU to municipal leaders.

Background

Police, Fire and Emergency Medical Services constitute the big 3 emergency services throughout much of the world. In different locales there can be overlap or a combination of services. In many US states the role of providing emergency medical services falls to the fire departments. A prime example of this is the New York City Fired Department (FDNY) which provides much of the paramedic services for the city. When the World Trade Centre was attacked and the FDNY responded, some of the responders were paramedics. Another example is in an area of Utah near Salt Lake City, there was a recent job posting for Law Enforcement Paramedic. While these 2 examples show a combination of services in the United States, within the province of Ontario the 3 emergency services are clearly separate entities. While clearly separate, the 3 are wholly responsible for a large component of any municipal budget.

In 2007 the International Association of Fire Fighters (IAFF) produced a paper entitled, *Pre-hospital 911 Emergency Medical Response: The Role of the United States Fire Service in Delivery and Coordination*. Within this document there was a distinction made between emergency response and emergency transport. This paper clearly outlined that funding in the US was based on medical transport and not emergency

response. The end goal of this document attempted to encourage US lawmakers to consider Fire Services as the "most ideal pre-hospital emergency response agency"[1].

Following up on the previous document, the Ontario Association of Fire Chiefs (OAFC) and the Ontario Professional Fire Fighters Association (OPFFA) produced a discussion paper entitled, *Saving a Life in 6.0 Minutes or Less by Utilizing the Efficiencies of the Ontario Fire Service* in November 2008. The point of this discussion paper was clear as laid out from the start;

> EMS Ambulance funding has increased significantly and demands for even more provincial and municipal funding grow louder, but service hasn't improved accordingly, as critical response time benchmarks continue to go unmet….
> The OPFFA and the OAFC - union and management - are joining **together** on this issue because we believe it's time to seriously look at utilizing the existing resources of the fire service, including fire fighters trained in cardio-pulmonary resuscitation (CPR) and defibrillator use, as a key to efficiently and effectively improving emergency medical response times in Ontario.[2]

Listed within this document were suggested problems with the current EMS model. Cardiac arrest data was discussed, a lack of simultaneous dispatch was reviewed and a generalized statement that the current Ontario approach wasn't working was made. At the conclusion of the document the 2 entities called upon the government of Ontario to undertake 3 actions;

1. Mandate simultaneous dispatch of the community fire department and EMS for life threatening emergencies in communities served by full time professional fire fighters.

2. Recognize that trained firefighters can provide rapid medical assistance and "stop the clock". This should be included in all documentation when it comes to capturing response times

3. Create an all-stakeholder committee that will design a proposed integrated system of emergency response for life threatening emergency calls. Also include the fire service in any discussions of a "fully coordinated emergency response system" that the province may be currently having with its stakeholders.

Most recently in July of 2011 the OPFFA began their Send Firefighters campaign. This campaign sets out to inform provincial decision makers on what the OPFFA sees as the statistics on emergency medical response in the province of Ontario. In this campaign the Association is advocating for the dispatch of professional firefighters to all serious

[1] Pratt, Franklin D. et al 2007. "Pre-hospital 911 Emergency Medical Response: The Role of the United States Fire Service in Delivery and Coordination" pg 3.
[2] LeBlanc, F & Boyes, R 2008. "Saving a Life in 6.0 Minutes or Less By Utilizing the Efficiencies of the Ontario Fire Service" pg 1.

medical emergencies; in other words all code 4 calls. This campaign was purposely launched in time for municipal consideration during budget deliberations.

AMEMSO Position

Recognizing its advisory role in support of municipalities on these types of issues, AMEMSO commissioned an evidence-based paper to investigate what is currently happening and to suggest what sustainable change might lead to better patient care and outcomes. As AMEMSO President Norm Gale stated "Difficult times bring difficult decisions and those decisions need to be evidence-based".[3] Feeling that some of the information laid out under the OPFFA campaign may not truly be evidence-based, AMEMSO commissioned an independent consulting group to look into the matter. Performance Concepts Consulting Ltd. produced a paper entitled, *Informing the Public Dialogue Around Medical Tiered Response in Ontario*, in September 2011.

This independent evidence-based review revealed a few interesting items. To summarize some of the key findings:

- Urban fire departments in Ontario are experiencing a long-term trend of declining numbers of actual structure fires. Medical calls represent a growing share of overall Fire department call volumes province-wide. The Fire Marshall has recently reported that 41% of all urban fire department calls in Ontario are medical tiered responses – the single largest component of total fire department call volumes.

- Medical research such as the landmark Ontario Pre-hospital Advanced Life Support (OPALS) study indicate that Tiered Fire response is effective for 2% of EMS calls that are truly life threatening & time sensitive. (It must be noted that the OPALS study is taking place in the larger urban centres of Ontario).

- Independent medical research reveals that Tiered Fire response call volumes excluding the 2% listed above could be significantly reduced with little risk to patient outcomes.

- There is no evidence (from the AMEMSO case studies listed in the paper) that expanded Fire department participation in tiered medical responses would actually deliver a meaningful increase in Fire clinical procedures, improve patient outcomes, or provide relief to EMS crew workload burdens.

- The assertion from the OPFFA that EMS response times average 13.1 minutes is statistically false. Because EMS uses a 90th percentile standard and the Fire Departments utilize an "average" response time, this becomes an apples to oranges comparison. The two cannot be intertwined in an effective comparison. Eight urban fire departments were asked to participate in an independent comparative case study and six refused.

[3] Media Release, October 1, 2011. "Paramedic Leaders Formalize Position on Pre-Hospital Emergency Medical Response in Ontario".

Current DSB Position

While this issue is a large one for urban centres with full time fire fighters, the main points have little relevance here within the Manitoulin-Sudbury DSB area. Every fire model within this area is staffed on a volunteer basis, so an increase in calling out the fire departments does have additional true costs associated with it whereas in urban centres full time fire fighters are paid on site and must respond when advised to. The current Tiered response arrangements within our area vary greatly dependent on the needs and will of the local community fire departments. These agreements are in place for the betterment of the citizens within the communities and for the ability of the fire department's to attract more volunteers.

Moving Forward

This issue appears to be gaining steam within the EMS Unions, who are taking the stance that increasing Tiered Fire response for all medical calls as suggested by the OPFFA would be unnecessary and costly to the municipalities. The bargaining agent for the Paramedics within Manitoulin-Sudbury DSB, the Ontario Public Service Employees Union (OPSEU) is suggesting that they would like to, "ensure that there is an efficient and cost-effective high quality tiered emergency response agreement that meet the specific needs of your community".[4] Manitoulin-Sudbury DSB has entered into 14 different Tiered Response agreements with multiple municipalities through their Fire Departments. In fact, agreements are in place with the OPP and Tribal Police on Manitoulin Island as well. These agreements always attempt to align with the specific needs of the individual municipalities. Continued advancement and assessment on this front is required to achieve a level of success in attempting to assist on the calls where, a Fire response can make a difference. We must be reminded that we are not an urban EMS system and the distances travelled are great. To have the assistance of the local municipal fire departments is much appreciated both by the DSB and the citizens within the communities who receive care in the quickest possible manner.

Conclusion

The issue of fire response to medical calls is a contentious one but both sides can agree on one thing; the end goal is better patient care. We must review all pertinent evidence-based information bearing in mind that our area of coverage is different than most. We must not allow rhetoric to muddy the truth that all Emergency Services have a role to play in assisting the people within their communities. When it comes to the unique geographic challenges within the Manitoulin-Sudbury DSB area, often the more help the better, but there must be a true need for any service in order to maintain a balanced fiscal responsibility. When entertaining Tiered Response Agreements, many

[4] Thomas, Warren, February 2, 2012. Letter Re: Emergency Medical Services delivery in Ontario municipalities.

criteria are discussed but balancing need and municipal desire is at the forefront of the response criteria. Particular community needs are assessed and plans drafted. This approach has led to a disparate group of agreements however they have all been based upon community need so we continue to operate as such. In time, as these agreements evolve there will be greater consistency achieved. We will continue to monitor this issue with the aim of providing the most pertinent and effective patient care to the citizens of the communities within Manitoulin and Sudbury.