

CONSULTATION GUIDE

February 2009



Ministry of
Health

Saskatchewan Emergency Medical Services (EMS) Review

Introduction

Saskatchewan Health Minister Don McMorris has initiated a review of Emergency Medical Services (EMS) that will provide a clear direction for EMS development over the next five years.

An EMS Review Committee led by Chair Don Cummings includes members from health regions, the Saskatchewan Emergency Medical Services Association (SEMSA) and the Saskatchewan Ministry of Health.

The EMS Review Committee began meeting in late 2008. By March 31, 2009, the Committee will recommend a strategic vision for ground-based EMS and provide prioritized recommendations for a five-year plan to achieve the strategic vision.

Background

Historically, definitions of ground-based EMS have focused on emergency response providers (First Responders and road ambulance services that respond to medical emergencies) and related services.

As EMS has developed, definitions have broadened to include providers of emergency response and emergency patient transportation, the transfer of patients between health facilities, emergency preparedness, and EMS provider training.

In recent years a broader definition has emerged. One expression of a broader definition is found in the EMS Chiefs of Canada document "The Future of EMS in Canada: Defining the Road Ahead", released in 2006, proposes that the future of EMS "is at the centre of the community, providing primary health care in a mobile setting" (Page 3). This broader definition includes the provision of injury prevention and control, public education, and training and research services.

Request for Input

Your organization's opinion is important to the Committee. You are invited to provide a written submission for the EMS Review by March 9.

Guidelines for Written Submissions

The EMS Review Committee is identifying challenges in the current EMS system, so that it can recommend a future vision for EMS and develop options for changing this vital area of our provincial health system. Its goal is to create a long-term strategic direction to guide business planning and key policy decisions.

The Committee has developed three key questions that may be considered when developing written submissions. Explanatory notes and examples are provided for your consideration as you develop your submission. Please feel free to provide your views on issues not captured by the three key questions.

Consultation Question #1:

Within the current EMS system, what challenges prevent service from being provided in a manner that best serves the needs of patients and their communities? (That is, in a manner where the right service is accessible to the patient at the right time with the best possible outcome.)

When identifying challenges that should receive priority attention, consider the timeliness of patients' access to First Responders and road ambulance services, and the type of service these providers are able to offer patients. This may include:

- qualifications of care providers;
- types of vehicles and medical equipment used; and
- communications and technological supports within services or provided by dispatch agencies.

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In Saskatchewan, as in most provinces, the road ambulance system is funded provincially as well as through patient fees. Many patients express concern with the amount of these fees, and suggest that some services should be offered at no charge. Service providers often question whether their access to human and financial resources is sustainable and predictable.

Consultation Question #2:

How could the current EMS system change to best meet patient and community needs?

A provincial EMS system that meets the needs of patients and communities presumably addresses current challenges, and has a plan to meet future challenges. Challenges may be addressed through partnerships between the ministry, health regions and EMS services providers.

These partners may wish to:

- set priorities for standards in access and direct care provision;
- determine approaches for providing adequate human and financial resources for EMS;
- determine the right mix of services and care providers; and
- enhance system access to equipment and technological supports.

Structures and processes currently used in EMS may need to change so that patients are better served. Examples may include enhanced coordination of patient transportation within the health system by EMS providers with assistance from EMS dispatch and health region facilities. EMS providers could be utilized to enhance the provision of health care within the community, given advances in training for EMS providers and their trusted, mobile presence in the community. As well, the traditional EMS response to emergency calls (transporting a patient to the nearest hospital or health centre) could change to include new options such as transport to an alternative location or a “treat and refer” process in some cases.

Consultation Question #3:

How would you describe an EMS system that is fully integrated into the provincial health system for the benefit of patients?

Existing EMS services and providers need to be better integrated within the broader health system and within interdisciplinary health care teams. Certainly, the public wants all services to be run efficiently, and health care providers are often most effective and efficient when operating as a team. When a lack of health care providers is a challenge, maximizing the opportunity for various disciplines to contribute may be of great benefit. As well, patients can be adversely affected by a lack of coordination and communication in the health system.

Final Instructions

Your submission need not be limited by the consultation questions and background information contained in this document. Send your submission to the EMS Review Committee, care of:

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For more information go to:
<http://www.health.gov.sk.ca/ems-review>

**DEADLINE FOR SUBMISSIONS:
Monday, March 9, 2009**