

**TABER EMERGENCY SERVICES DEPARTMENT  
INFORMATION BRIEF**

<b>Prepared: August 5, 2004</b>	<b>Prepared By: Brad Mason</b>
<b>Agenda Item:</b>	<b>Subject: Transition of Ambulance Governance and Funding to Chinook Health Region</b>

## **INTRODUCTION**

As Council is aware, the Province of Alberta will be funding and governing ground ambulance service through the regional health authorities effective April 1, 2005.

This brief will update Council on the occurrences to date, as well as outline possible transition options for Council to review and/or endorse as per direction.

## **SUMMARY OF EVENTS**

- March 24, 2004: Provincial Budget includes announcement of \$13 million in funding to *"begin shifting governance and funding responsibility for ground ambulance services from municipalities to health regions. In 2005-06, funding will increase to \$55 million per year."*
- March 31, 2004: Alberta Health & Wellness distributes correspondence to all ambulance operators regarding the budget announcement. This information indicates that regional health authorities will have responsibility for governance and funding of ground ambulance services effective April 1, 2005.

It also outlines a basic process for this transition, consisting of Health & Wellness lead workshops with municipal and RHA representation that will identify challenges and opportunities, validate the core principles and develop strategies to address the priorities and challenges. Municipal representation was appointed through AUMA and AAMD&C.

A copy of the Information Update is attached.

- April 6, 2004: Alberta Health & Wellness hosts the first workshop of the Ground Ambulance Realignment Workshop. A copy of the attendees is attached.
- April 27, 2004: A second workshop is conducted, resulting in the development and ratification of Key Messages and Ground Ambulance Service Principles, attached.

- May 14, 2004: Alberta Health and Wellness releases another Information Update (attached), indicating progress made at the April 6 and 27 meetings, as well as information from a May 11 discussion with RHA representatives reviewing their roles, expectations and responsibilities.

The update indicated that RHAs would, throughout May and June, communicate and work closely with municipalities to plan their transition process within the guidelines set out by Alberta Health and Wellness. In June, Health & Wellness will finalize guidelines for planning the governance transfer and distribution of the transitional funding to RHAs. A provincial transition plan was also to be finalized.

A final progress update for the stakeholder group will be held in late summer or early fall.

- May 28, 2004: Alberta Health & Wellness issues a further Information Update, clarifying that effective April 1, 2005, municipalities will no longer fund ground ambulance services, (attached).
- June 2, 2004: Attended meeting of Chinook Health Region (CHR) Ambulance Committee with Mayor Duggan. CHR announced they would be meeting with each operator in the region to seek information including current status and operations, financial data, statistical data as well as discussion on the future of ambulance services as a part of the health care system.
- June 4, 2004: Met with Mayor Duggan, MLA Bryce Jacobs and MLA Harvey Cenaiko regarding upcoming change, process, funding, service levels, etc. Following this, attended Southern Alberta Mayors and Reeves Meeting as a guest, with discussion with MLA Cenaiko and CHR CEO.
- June 8, 2004: Made presentation to CHR with Mayor Duggan and Ken Mundy. Discussed current service provision, transition process, and future delivery models. Transition discussion included process and resources, including possibility of secondment of current EMS manager(s) to lead or assist with transition process.
- June 29, 2004: Attended meeting of all ambulance operators in Chinook Health Region. Each service presented an update of their discussions with CHR to date, as well as general discussion on transition and future of ground ambulance delivery.
- July 5, 2004: Received letter from CHR advising that information meetings completed, summary of information forthcoming, as well as development of service delivery options which are anticipated to be completed by late summer.

- July 15, 2004: Received letter from CHR requesting clarification of some data from information sessions.
- July 26, 2004: Received a copy of Alberta Health and Wellness “Ground Ambulance Planning Guidelines”, attached.
- July 26, 2004: Invited to participate in Alberta Urban Municipalities Association “Ground Ambulance Transition Toolkit” focus group, including weekly conference calls and a series of meetings to develop a toolkit to address municipal concerns and transition process, including contract language.
- August 4, 2004: Met with Palliser Health Region EMS Transition Leader to receive update on PHR process and transition plan.
- August 6, 2004: Received an Information Update from Alberta Health & Wellness, attached for information.

## **ISSUES**

Recognizing that there are still many unanswered questions regarding the transition process, it is clear that the transition of governance and funding of ground ambulance service will occur. The Province has clearly stated that the responsibility and obligation for governance and funding will reside with the Health Authorities effective April 1, 2005.

In addition to the transfer of governance and funding, ground ambulance services will be recognized as an integral part of the health care system, and will see expansive possibilities in the services that EMS staff will deliver, both in the health care system and in the community.

So how will ground ambulance service be delivered? In the short term, it is likely the Chinook Health Region will look at contracting with existing providers, as has been mentioned in many communiqués, including provincial budget speech and information updates from Health & Wellness.

While there is no formal direction expected until early fall, the Town of Taber can prudently begin to formulate some options for the future, placing us in a better position to reach the best decisions when the time comes.

Should the Chinook Health Region choose to offer us a contract, we can prepare ourselves. Taber Emergency Services is well positioned to continue to provide services on a contract basis. We have the experience, resources and expertise to operate ambulance services contractually, which will result in minimal impact to the level of service provided to the public.

Any such contract should include operating and capital costs, facilities, ambulance units and equipment, financial and accounting responsibilities, liability and insurance, etc.

If the Health Region should choose to look at a truly regional delivery model in the future, issues to be addressed will include levels of service delivery to the community, location of facilities, transfer of assets, continued role of ground ambulance in public safety and disaster services response, etc.

Taber Emergency Services currently provides Basic Life Support ambulance service. The Minister of Health has recently referred to the new provincial standard as being Basic Life Support, so the community should see no decrease in level of service. If anything, we may see an increase to the Advanced Life Support (Paramedic) level of service.

In regards to the location of facilities in a regional model, the Town of Taber currently provides ambulance service facilities, housed in the Taber Emergency Services building. It would make sense to continue to utilize this facility, perhaps through a nominal lease arrangement.

If the Town of Taber is at some point in a position to divest itself entirely from providing ambulance services (should the health region begin to operate their own service), then the issue of transfer of assets will need to be addressed. Although there has been no formal communication from the Province in this regard, the Minister of Health, Deputy Minister, and MLA Cenaiko have all publicly stated that there is only one taxpayer, and they will not pay for the same assets twice.

It appears the direction will be that ambulance service assets will be transferred at no or little cost from the municipalities to the Health Regions. The Town of Taber currently has no debt incurred in relationship to ambulance service assets. Such a transfer would have little net effect on the Town, as the funds the Town will be able to reallocate in one year alone equals more than the net worth of our vehicle and equipment assets. In addition, after such a transfer of assets, it is the RHA, not the Town, that will be required to fund capital replacement costs.

Ground ambulance service has always maintained a strong presence in public safety and disaster services response. It will be important that this focus is preserved as ambulance services move into the health care realm. A balance between the two will be required, otherwise a significant void in community services, public safety and disaster services response will develop.

## **RECOMMENDATIONS**

The Town of Taber has a long history of providing ground ambulance services to the community. As one of the prominent providers in the Chinook Health Region, it is my recommendation that the Town take a proactive approach to the transition of ground ambulance services to the health region.

Taber Emergency Services recognizes this change as an opportunity to continue to provide consistent, effective and responsible ground ambulance services, while looking forward to the possibilities the integration of ambulance services into health care brings.

As a leader in Emergency Medical Services within our Health Region, we should support the transition process fully, and take the opportunity to participate in the change and provide input, rather than sit on the sidelines and watching.

With this in mind, the following are my recommendations to Council in this regard:

1. That the Town of Taber accepts, in principle, the concept of providing ground ambulance services to the Chinook Health Region on a contractual, cost recovery basis.
2. That the Town of Taber recognizes the importance of ground ambulance services and endorses service provision at no less than a Basic Life Support level, preferably at the Advanced Life Support level.
3. That, should transfer of ground ambulance assets be required, negotiations will be conducted to ensure the Town of Taber's interests are protected, that assets are transferred in a fair and equitable manner, and that any existing assets remain in service with the Taber service area.
4. That the Town of Taber accepts, in principle, the concept of providing existing ambulance facilities to Chinook Health Region based upon a nominal, cost recovery basis.
5. That the Town of Taber recognizes the important role ground ambulance service provides in public safety and disaster services response, and that that role be maintained in a balance as EMS is integrated into the health care system.

Respectfully Submitted:

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Emergency Services Director