

THE GROUND AMBULANCE TRANSITION "TOOLKIT"

*A step-by-step approach to deal with negotiation and
transition of ground ambulance services to Regional Health
Authorities*





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INTRODUCTION

Why We Wrote This Guide

“Over the next two years, Alberta Health and Wellness will work with health regions to move responsibility for ground ambulance service from the municipalities to the regions. Health regions will in turn work closely with their constituent municipalities while developing plans for implementation.”

Government of Alberta Information Update, March 31, 2004

In April, two “Re-alignment Workshops” were held with representatives from Alberta Health and Wellness, Alberta Municipal Affairs, Regional Health Authorities (RHA’s), AUMA and the AAMD&C. A preliminary set of principles was drafted and an implementation timeframe was discussed. Over the summer, RHA’s began contacting municipalities both to gather information and to begin discussions about the transition process. However, expectations about how the transition would take place varied considerably, and many municipalities were left with more questions than answers.

To ensure municipalities are well equipped to assess the long-term interests of their community, AUMA decided to develop a “toolkit” which would provide municipalities with information they would need to consider before agreeing to a transfer of responsibilities to an RHA. Additionally, the “Toolkit” would include a standardized template for contracting services should the municipality wish to contract its services. Key questions to ask during the transition phase would be established to assist municipalities in understanding the risk and reaching a fair and balanced agreement.

How We Approached the Task

AUMA Administration was given the mandate to develop a Ground Ambulance Transition Toolkit by the Board of Directors in June of this year. Specifically, the guide would be comprised of:

- A service delivery framework that helps municipalities understand where they are in terms of their service delivery and governance models;
- A set of options for where the municipality wants to be as of April 1, 2005 (either full transfer, partial transfer or contracted back);
- A series of questions to ask (and answer) that will ensure that all issues associated with the potential target states are well thought out;



- Sample checklists to go through to help with the decisions;

Toolkit Contents

The Toolkit is divided up into the following sections:

PART I: TRANSITION PLANNING OVERVIEW

This part provides an overview of the “Transition Planning” process. The planning process and the key elements of developing and implementing a Ground Ambulance Transition Strategy are described. This framework then forms the basis for the subsequent chapters of the book.

PART II: CURRENT DELIVERY MODELS

This part provides an overview of the current ground ambulance “governance and operational models” that exist within municipalities today. Understanding your current governance and operational models is important in understanding your alternatives for moving forward.

PART III: ALTERNATIVES AND RISKS

This part identifies the range of options that may be available to municipalities and some of the more significant risks that municipalities should consider as they prepare for and conduct negotiations with their own RHA’s.

PART IV: TAKING A POSITION

This part provides suggestions as to the process you might take in formalizing the position for your municipality.

PART V: NEGOTIATING WITH YOUR RHA

Once you know where you are and where you want to be, you can start pulling together the components of “the deal” that you wish to negotiate with your RHA. This part provides you with some guidelines as to what your “deal” should include, and some examples of the types of “terms and conditions” you may want to consider, depending on your unique situation.

PART VI: SUCCESSFULLY COMPLETING THE TRANSITION

This part provides an overview of things you can do to successfully implement your chosen option regarding ambulance service delivery within your municipality. Included are sections on “Communication” and “Implementation”.

APPENDICES

Appendix A contains a detailed overview of the Transition Planning process.

Appendix B contains the Checklists that are referenced throughout the Toolkit.

Appendix C is a sample Project Terms of Reference.

Appendix D is an overview of Stakeholder Impacts.

Icons Used in the Book

Throughout the book, you will find little pictures – called “icons” – that will direct your attention to information that is especially relevant to you. Here are the icons and a description of what they mean:



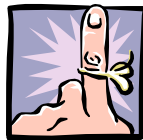
Actual examples from other municipalities about how they dealt with a particular issue, or applied a certain technique.



Checklist provided for this collection of information in Appendix B at the end of the book.



Consultation is important at this step in the process.



Important things to remember.



Where to Go From Here

You can get into this book in a number of ways: you can read it cover-to-cover or start with any chapter of the book and flip to other chapters as needed. Or, you can look up a specific issue in the index and just read about that item.

Many of you probably already know most of the information included in this toolkit. In your case, you may simply want to look for the “Example” icon in the margins to see what others are doing regarding a particular issue.

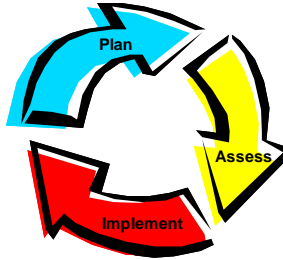
Regardless how you use the book, please pass on any feedback you have to:

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PART I: TRANSITION PLANNING OVERVIEW



This document has been developed for those AUMA members who determine that you may need some guidance in planning for and implementing the transition of ground ambulance service delivery to your Regional Health Authority. With the very short timelines for making this transition a reality, you may be limited in your ability to devote the time and resources you would like to apply in preparing for the negotiating process that will be involved. In addition, it is likely that you will be faced with a level of uncertainty as specific directions and positions develop quickly over this time frame.

This section describes those components that ideally would be followed to properly plan the transition.

Chapter 1 – Achieving Success

Crafting and implementing a successful transition strategy requires more than words on a page. It must be focused on the desired outcome from the beginning and bring together key stakeholders to work towards a common goal.

Achieving success in developing an effective transition strategy requires:

- **Defining your priorities for ambulance services**

Ambulance services differ in different communities, depending on their size, location and service delivery model. Success at transitioning ambulance service needs to start with a clear definition upon which to guide and focus your transition efforts.

- **Knowing and understanding stakeholders**

Identifying and understanding the issues and concerns of all stakeholders, from employees to equipment suppliers, will be a critical success factor. There is some risk that the most appropriate decision to the greatest benefit of the public could be impacted if your stakeholders dissent based upon a lack of understanding or appreciation of the issues.

- **Bringing Council on board**

All members of the municipal council (both current and any new council members that come on after municipal elections) must have a full understanding of the purpose and nature of the transition and your municipality's risks and options and the types of decisions they will be challenged to make. They should be actively involved and informed on a regular basis throughout the process.

The purpose of this chapter is to outline the elements that need to be brought together to ensure success in the transitioning effort.



A sample Information Brief prepared for the Town of Taber Council is included on the AUMA Ground Ambulance Transition Toolkit Website at

<http://www.munilink.net/Tools/ambulanceTransitioningToolkit.asp>.

- **Knowing the facts**

An effective solution requires a strong understanding of current and future needs and the reasons for them. Early on in the process, you must define the range of data and information required to develop this understanding, identify and access the sources for this material and develop appropriate frameworks for analysis. While future needs and scenarios may be uncertain, you should still attempt to clarify alternate states of the future to test your transition decisions.

- **Choosing the alternative best suited to your community**

Numerous service delivery models are in use in Alberta to deliver ambulance services to communities, many of which will be amenable to a straightforward transition to RHA responsibility. Some models, however, may be at risk if service becomes the responsibility of an organization with other competing priorities. Clarifying the key aspects of the best alternative will provide focus during transition negotiations with your RHA.

- **Testing your plan against your definition**

All elements and scope of the transition plan must be aimed at ambulance service delivery as defined at the outset of the process. Participants in the process must continually test the plan against this definition to ensure that the plan stays focused and on-track within the tight timelines established.

- **Communicating effectively**

To achieve buy-in and commitment from the whole community requires designing a communications strategy and then actively getting out into the community to inform them of the pending transition and the implications for them.

- **Monitoring the impacts of the transition**

While transition may occur in a series of steps, you will need to monitor, with a good set of tools, both the implementation of the transition as per negotiations with your RHA and your organization, and the impact of service on your community.



Chapter 2 – The Planning Process

The purpose of this chapter is to outline the planning process including ‘initial preparation’, ‘analysis and planning’, and ‘implementation’.

Ambulance services are a critical service to the community, and transfer of responsibility to the RHA will not be a trivial exercise. The potential impacts on staffing, assets, other municipal operations, service levels and many other factors make it essential that each municipality fully identify and evaluate the issues for their own organization before committing to a transition process with the RHA.

The following illustrates the four basic steps that may be involved in this transition, and the component activities within each. **NOTE: This document only focuses on the first three steps at this time.**

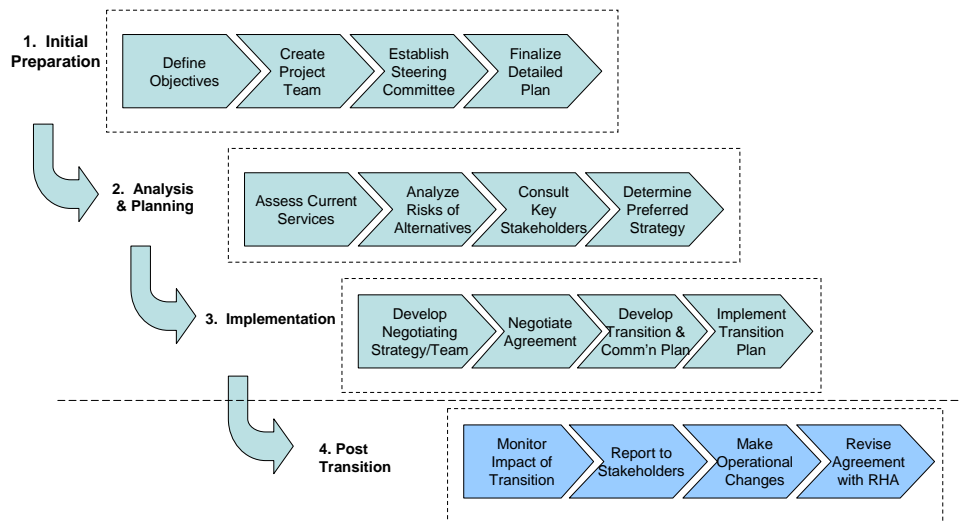


Exhibit 1: Transition Management Process

A detailed overview of the Transition Process is included in Appendix A.

1. Initial preparation



If your municipality determines that this is too significant an undertaking to be conducted as part of day-to-day responsibilities, preparation to plan for and to manage the transition as a formal project would involve these steps.

Define Objectives

The basic objectives to be articulated at the beginning of the project may include: assurance of service levels to the community; protection against cost increases for the service after transition; respect of the rights of staff impacted; recovery of financial investments in assets; or other



objectives specific to your municipality.

Setting objectives should include drafting terms of reference for a project Steering Committee and a project team, if required. A sample Project Terms of Reference is attached as Appendix C.

Create Project Team

A project manager who is knowledgeable about your budget structure, ambulance service operations, and has credibility with both Council and the EMS group, will be well suited to lead the transition process. Depending upon the size of the initiative, a project team may be required for data gathering, analysis, consultation, prepare documents and handling day-to-day communications and reporting.

Establish Steering Committee

The Steering Committee will both drive the process and provide the qualitative judgment necessary to determine an appropriate end solution that is in the best interests of all citizens. In evaluating candidates to include on a Project Steering Committee consider the following:

- Elected officials.
- Community representatives.
- Community Health groups.
- Labour representatives.
- Department heads, particularly from Communications, Finance and Community Services.

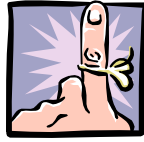


Carefully consider the advantages and disadvantages of asking members of the Ambulance/Emergency Services group, whose staff will be most directly impacted, before deciding if they should be included as Steering Committee members.

The first task of the Steering Committee can be to confirm (or revise) the project objectives and terms of reference through a project charter.

Finalize Detailed Plan

This is a fast paced initiative, and without a clear plan it will be easy to find that time has run out for important steps in the process. A project schedule with as much detail in work steps and time lines as practical will serve as a valuable guide for managing progress. The plan should include milestones for approval of critical interim decisions, with responsibility for making decisions clearly defined (i.e. what can the Steering Committee approve and what has to go to Council).



2. Analysis and Planning

The impact on the municipality of transition of responsibility for ambulance service delivery can be very complex. Time spent in analysis of the underlying issues now will contribute to the success of the end result.

Assess Current Services



The focus of the assessment of your current services is to identify all **stakeholders** who will be impacted, and the nature of impact. A simple approach that only looks at ambulance operators may miss stakeholders such as donors of emergency equipment, or perhaps nearby industrial plants whose disaster plans are based upon assumptions that your ambulance service will continue to be located in the municipality. A sample stakeholder listing is provided in Appendix A.

Complex matters may include asset valuation, staff employment/career impacts and alternatives; revised dispatch processes to coordinate service; revisions to disaster plans, etc. Part II of this document explores current service delivery models in detail.

Analyze Risks of Alternatives



There are limited options, but each may have different impacts on different stakeholders. The principal choices will be:

- Continue to provide services under contract to the RHA (may be a long term agreement or short term, transitional, agreement)
- Fully transition all services to the RHA, including dispatch, 911 and all directly related functions.
- Transition direct service but share dispatch 911 and other services.
- Transition services but retain ownership of existing assets, including facilities and equipment, to lease to the RHA.

The objective at this point is not to decide upon one choice over another, but to fully assess the advantages and risks of each.

Consult Key Stakeholders

The transition is a provincially mandated decision and will occur regardless of resistance and objections, but the potential reaction of stakeholders who may be concerned about the impact can be minimized by consultation before the fact.



Consulting with labour, private contractors, related fire and emergency services staff, and others will not only allow you to address their concerns early in the process, but will likely improve the quality of the decisions made by the input they provide to your analysis of options and issues.

Determine Preferred Strategy

Your preferred strategy will focus on the alternative that best meets your objectives, plus the approach that you think will work most effectively to obtain agreement with the RHA. If your process has involved ongoing and open discussions with the RHA, the strategy will be more likely to be achieved. As with any negotiations, however, a fall back position is advisable.

3. Implementation

Implementation has two elements: Negotiating with the RHA, and developing your implementation plan, including a communications plan.

Develop Negotiating Strategy / Team

Effective negotiation is a strong blend of preparation and planning, strategies and tactics and behavioural skills. The preparation and planning will build on the analysis and decisions made in Part IV. Develop strategies and tactics that emphasize long-term objectives and focus on long-term, continuing relationships. Recognize the concerns and interests of your RHA in moving towards mutual gain. Your negotiating team will need to be structured and tailored to maximize the impact of your negotiating strategy. This should include some members of your Project Team as advisors to support preparation and planning.

Negotiate Agreement

Negotiations will result in a contract for services or a legal contract to transfer ownership of assets and liabilities. Although the Province has directed each RHA to negotiate its own terms, there may be strong arguments for common treatment of municipalities with similar situations. Communication with other municipalities to stay current with their negotiating discussions and outcomes is strongly advised.

Develop Transition and Communication plan

Communicating the plan is as important as creating the plan. The entire community must see the plan as a possible and necessary step in meeting important local needs. Those being asked to contribute resources must be motivated and committed to come forward. Those being challenged to

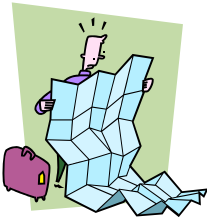


make difficult decisions must be convinced to make them.

Implement Transition Plan

Implementing the Transition Plan is the primary goal for the whole process. This stage is to ensure the successful implementation of the negotiated agreement and your communication strategy. Setting up a project management office to manage the implementation provides you a point of co-ordination and accountability to manage the plan. Your implementation team will need a range of skills including leadership, communication, negotiation, problem solving and influencing the organization within its overall terms of reference.

PART II – CURRENT DELIVERY MODELS



The purpose of this section is to provide a common framework within which transition issues can be grouped. The framework is based upon the nature of the existing ambulance service arrangements.

“If you don’t know where you are, a map isn’t going to help.”

Anonymous

Each municipality will have a unique set of circumstances in its current ambulance service delivery arrangements in terms of services, equipment, staffing, population served and relationships between the ambulance services groups and the rest of the municipality. As such, each may experience a different impact and have different concerns about the transfer of governance to the regional health authorities.

A framework that allows municipalities to define and categorize themselves can help them identify and focus quickly on interests and concerns that are shared with other municipalities wrestling with the same questions. Each municipality should fall within the following general classifications for how the service is organized for operational purposes and how it is managed, or governed.

Chapter 3 – Governance Models

The nature of how you manage and oversee ambulance service delivery will also impact your response to transferring service responsibility to RHA’s. Your ambulance service governance model should fall within one of the following two categories:

1. **Contracted** to a private operator, or to a shared or regional service with other municipalities, through a **society** or an **association** (i.e., the service is provided regionally by a regional authority or board. The authority or board has agreements in place from the member jurisdictions that support the non-profit authority/board. The service is effectively contracted out to a self-contained authority/board).
2. Fully **owned and operated** by the municipality as a department, branch or section (or within a larger responsibility center) as a **stand alone** or **integrated** service. This includes service delivery (response and community preparedness) and support services such as training, finance, labour, legal, and human resources.



Chapter 4 – Organizational Models

If your municipality provides ambulance service directly- rather than contract out for provision by another party- you should find that you fall into one of the following two general models with increasing complexity:

1. A **stand-alone** ambulance service – The municipality provides emergency medical service through volunteer, part-time or full-time staff. Equipment is owned or leased. Service could include patient transfer and service levels at ALS, BLS or both.
2. An **integrated** service, either as co-response service with the Fire Department or a fully integrated service as part of a broader emergency response function.

The nature of your existing organizational model will impact your issues and response to the Ground Transfer discussions.

Another dimension which will impact your responses may be whether you provide services only within your municipal boundaries, or if you provide ambulance services to neighbouring municipalities (or industry) on some form of service level and financial compensation basis.

You should be able to position your municipality in the following grid:

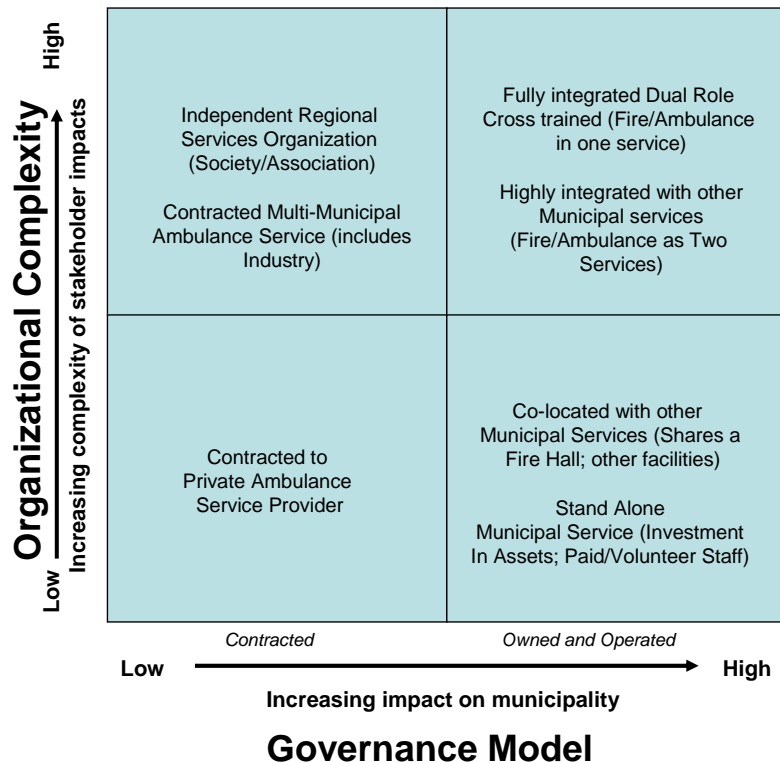
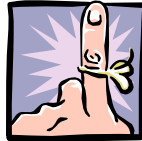


Exhibit 2: Existing Operation/Governance Model matrix



This model also indicates that the impact of transferring service responsibility will be greatest on municipalities with higher degrees of integration. Also, the complexity of impacts on multiple stakeholders increases as governance expands beyond a municipally owned application.

The transition toolkit has been designed to address the needs of each municipality within these categories.



Position yourself on this matrix as a first step in assessing how significant the impact of transfer of authority to your health region may be on your municipality.

PART III: ALTERNATIVES AND RISKS

The decision by the Province to transfer responsibility for ground ambulance services to Regional Health Authorities may free up municipal funding of these services that can then be allocated to other local priorities, but the transfer does come with some potential risks. In this section we identify the range of options that may be available to municipalities and some of the more significant risks that municipalities should consider as they prepare for and conduct negotiations with their own RHAs.

Chapter 5 – Alternatives



Although the Province has mandated that the transfer of ground ambulance responsibility will take place and must occur before April 1, 2005, each RHA has options in how the transfer is structured. Municipalities may want to consider which of the following alternatives would be in the best interests of its citizens as you enter into negotiations with your RHA:

1. **Full transfer** to the RHA, involving transfer of services plus some or all assets.
2. **Contract** to provide (some or all) existing services under a formal agreement with the RHA.
3. A **phased or partial** transfer, beginning with a service agreement as a transitional step until full transfer can be completed.

The actual outcome will be the result of a negotiation process with your RHA and must, obviously, be in the best interests of both the RHA and the municipality.

Chapter 6 – Risks



Transfer of responsibility for ambulance services should be a positive and desirable step for many municipalities. It is an opportunity to reduce demands on tax funded services and free up capital for other needs assets. For many municipalities the transition will occur smoothly with no problems or unforeseen future impacts. However, there are risks that each municipality should consider in its deliberations of how to move forward and what outcomes to work towards in discussions with their RHA's. A Risk Analysis Checklist is included in Appendix B.

General Risks

This section outlines various general risks that may apply for all three alternative options.

RISKS IN THE TRANSFER PROCESS AND DISCUSSIONS:

- Lack of sufficient information for the RHA or the municipality to assess the options fully.



- where the clarity of approaches, process and details and interests of parties affected by the transfer emerges over time
- Lack of time to properly investigate and manage the process in a way that meets the municipality's needs.
- where the short timelines presented to municipalities compresses the time available to plan, implement and evaluate changes and their possible impacts
- Inability of the RHA to address municipal concerns (unwillingness to negotiate).
- where RHA objectives (and negotiating positions) are significantly out of alignment with municipal objectives.
- Community or political resistance to the change.
- where key stakeholders (citizens, Council, service providers, etc) are reluctant to change their role in or expectations of how the service is delivered.
- Ongoing organizational change.
- where this change occurs against the backdrop of ongoing organizational change, such as municipal elections, union negotiations, and retirements.

In addition to these risks, each municipality should assess for themselves the potential broader risks that relate to the transfer of responsibility itself, including:

RISKS AFTER TRANSITION IS COMPLETED:

- Insufficient operating funding
 - where the current budget levels are either not adequate or not sustained, with cost impacts on users of the service or municipalities.
- Service level conflict
 - where the RHA, now or in the future, cannot meet the municipality's current service level standard.
- Regionalization
 - where the RHA requires a regional service arrangement (which may occur regardless of the alternative chosen).
- Changing Health Policies
 - where the intended arrangements today shift to a service arrangement in the future that may not meet the needs of municipalities (i.e. privatization).
- Failure by RHA's to manage the function effectively
 - where the municipalities face pressures to take the function back if it is not as efficient and cost effective as envisioned in the RHA model.



The next section outlines specific risks for the option of electing not to contract the ambulance back.

Option 1: Transfer Governance and Services

“There will be an agreement within each Regional Health Authority and with each municipality about how assets and liabilities will be accounted for and dealt with. Each agreement will be consistent with provincial direction and guidelines.”¹

FINANCIAL RISKS

1) *Inability of the RHA to maintain adequate funding.*

Alberta Health and Wellness has identified an annual funding limit of \$55 million for ground ambulance services. This level of funding may not be adequate to support current service levels, but it may be adjusted as the Regional Health Authorities develop their plans and submit budget requests. The Regional Health Authorities are expected to achieve efficiencies and savings as a result of developing a regional approach for the provision of ambulance services. The savings achieved, however, may not be enough to offset budget shortfalls.

Beyond the three-year commitment for dedicated base level funding², it would appear that each Regional Health Authority will establish its own financial priorities and allocate budget support accordingly. Municipal ambulance services currently have multiple sources of revenue. In addition to funding from the tax levy, substantial revenues are derived from private contracts, standby bookings, private patient transfer arrangements and other miscellaneous ventures. The Regional Health Authorities may be less inclined to pursue such revenue generating activities. Once transfer of governance and funding are complete, the loss of these revenue streams under Regional Health Authority governance is likely to take place.

If a municipality considers this to be a possible risk in discussions with their own RHA, the following potential implications should probably be considered:

- **Lower service levels**³
 - The Regional Health Authority may lower service levels by funding fewer resources as a response to dealing with inadequate budget funding after the three years of committed

“Health regions and municipalities will be open to innovative approaches with the potential to maintain and improve service quality and operational effectiveness.”³

¹ GROUND AMBULANCE PLANNING GUIDELINES, JUNE 22, 2004, PAGE 9

² IBID, PAGE 10

³ IBID, PAGE 9



funding. There is concern that the base funding during the three years is insufficient to cover all ambulance services in the province and that this may indeed affect service levels during the base three years.

- ***Requirements for additional funding***
 - There may be the need to seek additional funding during the base three years and beyond. With transfer of governance and funding responsibility, any additional funding would need to come from Alberta Health and Wellness and/or the Regional Health Authorities. “Municipalities will not be responsible for funding ground ambulance services”⁴
- ***Increased user fees and charges for ambulance and patient transfer services***
 - Current fees and charges do not fully recover the full cost of providing ambulance services today. The majority of patients have insurance coverage for some part of the costs of ambulance service through employment benefit plans and/or private or public insurance plans would feel a lesser impact through increased insurance premiums, but the uninsured would be more significantly affected.

2) Inadequate compensation for ambulance capital assets.

The valuation and compensation of assets will likely be a point of much discussion and negotiation. One option would be to transfer ambulance assets from municipalities at little or no cost; however, municipalities may seek fair and adequate compensation for assets that have been paid for out of municipal budgets.

It is unclear whether the transition funding allocated to ambulance transfer by Alberta Health and Wellness is intended to, or sufficient to, compensate municipalities fairly for ambulance assets. It is likely that compensation will be a contentious issue as part of the whole effort of transferring ambulance services to the Regional Health Authorities.

The following should be considered:

⁴ IBID, PAGE 4, 8



“There will be an agreement within each health region and with each municipality about how assets and liabilities will be accounted for and dealt with. Each agreement will be consistent with provincial direction and guidelines.”⁵

- **Valuation of assets**
 - For the purposes of negotiation, municipalities should use a defensible method of valuation of their assets (vehicles, equipment, buildings, etc)⁵. A standard approach across municipalities would provide sound comparison across municipalities and across Regional Health Authorities.
- **Negotiating strategies for assets**
 - Municipalities can develop strategies for negotiating asset compensation. For example, foregoing one-time compensation in exchange for assurances of higher service levels.

3) **Loss of municipal assets to a regional service model or private provider, or disposed of by the RHA**

Each Regional Health Authority is responsible for providing ambulance services to a larger region than the municipality. There is no guarantee that ambulance assets that are transferred from a municipality will continue to be utilized only in its own geographic municipal ambulance service area. They could well be applied across the entire RHA region. In developing a regional service model, a municipality’s capital assets could ultimately be sold, given or leased to arm’s length regional associations, private operators or others whose commitment is not just to the municipality.

Contractual requirements that assets stay within their current service boundaries may not be enforceable. Concerns that could arise include the following:

- **Claims from asset donors**
 - Assets donated by citizens and organizations in the municipality may be subject to claims if the donor feels the assets are not going to be made available for their intended purpose.
- **Taxpayer/Citizen objections**
 - There is potential for political pressure on the municipality (and all participants) if citizens feel the assets acquired with their municipal taxes have been transferred to other jurisdictions.

Capital assets may also be sold or otherwise disposed of by the Regional Health Authority if they are not required in its regional plan.

Make sure to include disposition or salvage values in your cost / compensation analysis for consideration in discussions and negotiations about asset values.

⁵ IBID, PAGE 9



4) *Loss of revenue potential from transferred land and buildings*

Real property assets have the potential to generate revenue through leasing, and may be required for current or future municipal needs (e.g. where municipal emergency response services are co-located), or may appreciate in value over time. While many municipalities will willingly transfer all assets required for the service, the risk is that some municipalities may be forced to unwillingly part with such assets as part of the ambulance service transfer. Concerns include:

Some strategies that may be employed with respect to land and buildings are:

- **Fair Market sale or leasing** to the Regional Health Authority for fair compensation.
- **Conditional sale or leasing** the assets to the Regional Health Authority for the express purpose of use for ambulance services to the municipality. Agreements can be structured so that assets will be returned to the municipality if not used for that purpose.
- **Discounted sale or lease**, with reduced rates offered as an incentive to retain operations within the municipality, maintain service levels, or other negotiated factors.

- ***RHA's may sell or modify the use of the municipal property to their own purpose***
 - Once the assets are transferred, the RHA should be expected to manage them as their own, putting them to the best use depending upon the needs of the RHA. That could include selling them or leasing them to generate revenue, or using them for an entirely different purpose than intended.
- ***The negotiating process may not factor in the full value of the future revenue streams.***
 - In the transfer discussions, cost of service today is an important factor to a municipality and the RHA. A municipality should be sure to consider that if assets, particularly real property assets, are transferred with equipment, staff and materials, the more significant financial impact may not be avoidance of such costs as facility maintenance, but the revenue potential had the buildings been kept and used for another purpose, including both leasing and selling to a third party.

5) *Land and buildings become surplus to the municipality*

Property that becomes vacant as a result of transfer of ambulance services to the RHA may become surplus if a municipality cannot reasonably use it for other purposes. If they cannot be put to other use or disposed of, the costs of maintaining the property would become an ongoing cost to the municipality that should be factored into financial discussions.

6) *Liabilities arising from existing contracts*

In providing ambulance services municipalities may have entered into various contractual agreements with private service providers, building owners and others. The transfer of ambulance services may open the municipality to contract penalties. These will need to be included in discussion of the financial compensation for the transfer of services. This may also include outstanding insurance claims at the time of the transfer.



7) *Financial impact on integrated services*

Integrated services that elect not to contract back will likely be faced with a range of financial risks. In addition to the issues outlined above, valuation of such assets as dispatch centers, and compensation for these assets, may be of higher concern not only because of the higher value of these assets but also the governance and service complexities that need to be “disentangled”.

8) *Severance and other employee-related costs*

While each municipality will look closely at the employee impacts and plan the staff impacts and costs carefully, there is risk that employees may reject a change in jobs, whether within the municipality or the RHA. This could lead to unintended severance or other costs incurred to either resolve their concerns or provide severance (if appropriate), even if not intended.

9) *Indirect transition costs*

In addition to the obvious transition costs associated with meetings, planning, documentation, consulting and legal advice, asset relocation costs, staff severance and relocation costs, there may also be residual indirect costs associated with internal accounting changes such as restructuring general ledger accounts, researching asset records, retraining remaining staff for new positions, revising budget processes, redesigning and implementing new emergency service business processes, and reorganizing remaining work groups.

OPERATIONAL RISKS

The Ground Ambulance Planning Guidelines provide the following statement:

“All significant changes to the scope of ground ambulance services must be agreed to in advance by AHW, the Regional Health Authority, and the municipality during the planning and transition period.”⁶

10) *Reduced level of service*

Maintaining the existing service level (ALS, BLS relating to equipment, training and staffing) is clearly the primary concern of municipalities in the transfer to RHA’s. The risk of a reduction in service level is not guaranteed, but subject to negotiation.

⁶ IBID, PAGE 9



Discussions and negotiation with Regional Health Authorities should carefully define all relevant performance expectations. A service level agreement (SLA) with the RHA in exchange for special terms for the transfer of assets may be a practical solution.

11) Reduced quality of service

A regional system approach may evolve quite differently than the approaches currently utilized in municipal ambulance service delivery. It is therefore important to try to insure that any proposed system changes will not have an adverse affect on the quality of services.

Ambulance system performance is dependent on a large number of variables and is therefore quite complex. A change to one part of the system may well result in unintended adverse effects on another part of the system.

12) Access to services for municipal emergencies

The transfer of ground ambulance services to the Regional Health Authority could impact the availability of these resources for municipal emergencies, with access curtailed depending on regional or hospital priorities. These issues will need to be negotiated with the Regional Health Authorities to cover the municipal disaster services plan, stand-by services at major fire incidents, major police incidents, and at major municipal events (parades, fairs, sporting events etc.).

13) Increased workload for fire services

If a Regional Health Authority elects to operate with fewer resources this would result in longer scene times for municipal fire services that respond to emergency medical service incidents to supplement the ambulance response. Typically the fire response is currently only required on certain critical call types. There may be increased pressure to expand this approach to include all medical emergency and non-emergency medical calls. At the same time, it could lead to increased scene time for fire services, especially if they are first responders and the RHA's ambulance is delayed.

This approach would impact the number of fire resources required by the municipality. Additionally, this may result in an increased need for direct medical oversight for fire services.

EMPLOYEE TRANSITION RISK

“There will be a high priority placed on the fair and reasonable treatment of ground ambulance human resources, operators and contractors.”⁷

The development and implementation of a regional ambulance service may provide opportunities and new challenges for staff that are not available under the current system. It will certainly impact employees, at least to some degree, in terms of changes in work location, responsibilities, supervision and management,

⁷ IBID, PAGE 9



co-workers, career paths, salaries and benefits and, potentially for some, loss of employment.

Note that the municipal staff affected by the transition could include managers, administrative and operating staff, including both collective bargaining and excluded staff. The impacts and concerns for each group may be unique. Specific risks include:

14) Impacts on existing collective bargaining contracts (breach, grievance)

- ***RHA collective agreements***
 - With RHA's having their own collective bargaining agreements with the unions and locals they work within, attempting to bring municipal workers in may impact their own agreements.
- ***Municipal agreements covering worker termination and transfer***
 - Municipalities will likely have limitations on their ability to transfer employees to another employer (or bargaining unit) without union approval or participation, or restrictions imposed by the contract.
- ***Breaches, grievances***
 - Discussions and actions during the negotiating period could lead to claims of breach by the union or grievances by employees who are impacted by the planned changes.

15) Bargaining unit impacts

If the transfer results in transfer of a number of employees out of a union local, there may actually be impacts on the legal status of the remaining unit in terms of representation, size and certification.

16) Wrongful or constructive dismissal of staff

Changing an employee's workplace job requirements may in itself constitute constructive dismissal. Terminating them to have them work under a new employer will almost certainly be viewed as termination without cause by employees, and could trigger claims under Labour Relations legislation for wrongful dismissal unless addressed in a constructive and proactive manner that gains the employee's support.

17) Repositioning, reclassification, retraining or severance of non-ambulance staff

Supervisory or support staff whose jobs have them significantly involved in current ambulance services are not transferred with the service will also be significantly impacted. Their impacts may include job reclassification, repositioning, constructive



dismissal. Those impacted staff remaining with the municipality after the transfer will require repositioning in the organization, but if there is no comparable position, the outcomes could range from retraining to termination and severance.

18) Loss of seniority for unionized members

Employees will be concerned about the impact of their transfer on their seniority within their own local bargaining unit. Loss of seniority may be a significant issue that will be difficult to resolve if the RHA union is unable to accommodate the worker's concerns. The exercise to address the issue may stress bargaining units and management for both organizations, potentially leading to loss of valuable staff, legal costs and increased tension in labour relations.

19) Requirements (and costs) to re-organize

Within the municipal organization, the impact of removing the ambulance services responsibility center could impact the organization structure, particularly for supervisory staff in the emergency services area. Other corporate and administrative support functions will also be impacted, such as human resources, IT, etc.

20) Workplace morale and staff unrest

Unless handled carefully, the personal impacts and stress of the change may impact workplace morale among those staff directly affected and could spread, potentially leading to performance issues, productivity concerns and even workplace incidents during the transition period.

The next section outlines specific risks for the option of electing to contract the ambulance service back.

Option 2: Contract Back

Many of the risks discussed above will also apply to those municipalities which consider entering into a contract with their Regional Health Authority to continue providing ambulance services. All risks should be carefully reviewed and considered in both options – transferred and contracted back. Some specific risks related to the contracting back approach are identified and discussed below:

GOVERNANCE RISKS

1) Policy independence and autonomy compromised

Ambulance policy decisions, priorities and funding decisions relating to the services that a municipality provides under contract will no longer be under the control of our municipality.



They will be determined by AHW and Regional Health Authorities. Examples may include user fees, to municipal citizens for ambulance services, purchasing of supplies, equipment service contracts, etc. These may be limited to some extent through contract terms and conditions but over the long term they will certainly impact autonomy over the function to some degree.

2) Resources Diverted Towards Regional Priorities

Even if a municipality contracts its services back to the RHA, the Regional Health Authorities are still responsible for ambulance services on a regional basis. They are required to provide the most efficient coordination and integration of services throughout their region. The pressure that a municipality which contracts for services may face include the following notable factors:

- ***Increased use of ambulance resources within the hospital setting or for community health***
 - A tendency to draw resources away from municipal work patterns and procedures to providing more support at the emergency room intake level. Further distraction to support the RHA in community health may be required as well.
- ***Expansion of geographic ambulance coverage***
 - IF the RHA enters into contracts for service with municipalities, they may attempt to rationalize service coverage areas for the greatest efficiency. If they do so at the time of contracting, a municipality will be able to negotiate terms that ensure needs are met and that revenues are optimized under the contract. If, however, these matters are not addressed in contracting, subsequent policy changes by the RHA may create pressures to serve larger areas without consideration for the financial and service impact on a municipality.
- ***Increased Participation in Regional Planning***
 - Municipal administrators overseeing ambulance and emergency services may find a requirement for greater involvement in regional priorities and issues. While this would likely have a positive overall impact, it will add cost and distract from day to day administration and management.



- ***Increased regional patient transfer***
 - If the RHA works towards an increase in, or development of, an integrated, coordinated, regional patient transfer system, a municipal ambulance service may be required to deploy existing resources to be more active in transfers to and from other services in the region and with surrounding regions.
- ***Transition to Regional Dispatch***
 - It is likely that the RHA will move towards the eventual development and use of regional dispatch and communications systems. This could impact both operating costs to coordinate for large scale disaster response, plus sunk costs invested in municipal integrated dispatch and communications systems.
- ***Requirement to adhere to regional standards***
 - The implementation of regional standards and protocols could impact record keeping, data capture and security standards, staff training, reporting and other requirements.

Consider trying to have the term of contract you seek reflect your concerns about, or willingness for, getting out of the ambulance service business in the future. If you seek to maintain control of your own service, consider specific renewal conditions instead of a longer term.

3) Requirements to Compete for Future Contracts

An initial contract for services will not guarantee maintaining the status quo indefinitely. A Regional Health Authority may at some future date elect to tender for contracts as a method of controlling costs and/or as a means to consolidate services in a regional model. This may force a municipality to transfer its services to the Regional Health Authority in the future regardless of agreements and intentions today.

4) More complex Document Management and Record Keeping

With the transfer of governance and responsibility, the data acquired by the ambulance services will likely be considered to technically belong to the RHA, even if the municipality continues to provide the service under contract. The ***Health Information Act*** requirements for recording and reporting of patient data will need ambulance services contractors to ensure that their information stewardship and management procedures meet regional and provincial standards. This may require changes to computer information and paper records systems to ensure compliance, including a municipality's own document management policies and systems. It may create requirements for changes to information capture, storage, retention, reporting and access processes and security.

5) Change in legal liability exposure

With a change in governance, the question of legal liability will become more complicated. It may be that contracting back may reduce a municipality's exposure, or may place it more clearly in the same domain as a private sector provider. The issue of legal scope and accountabilities will need to be clearly identified and



delineated in any contract or agreement with the Regional Health Authority.

FINANCIAL RISK

6) Contract rates that don't fully cover costs

There is a risk of negotiating fees for contracting back ambulance services that are not sufficient to sustain the service. Thus the contract for provision of services would need to set contract rates that support both current operating and capital direct cost requirements and future growth. There are alternate rate structures including flat (fixed total), unit (per call) and mixed (base plus) to match revenues and costs.

Operating a municipal ambulance service within a Regional Health Authority's regional plan may require additional costs. These may include technology (e.g. increasing dispatch radio signal strength) to procedural (e.g. tracking and transfer of patient information to the Regional Health Authority). These potential indirect costs should be assessed as part of defining the scope of service and contract rates.

7) Limitations on capital planning

A municipality generally plans for its capital requirements in detail for at least three years, often five years for major expenditures, and for some assets such as infrastructure can plan 20 years in advance. Contracting for service to an RHA can significantly impact the ability to plan and commit future capital to meet a community's ambulance service needs, particularly part-way through the contract. Replacing aging equipment that needs upgrading if it will only be used for the remaining term of the contract may not be economic.

8) Fire based service union

In fire based services, both the ambulance staff and the fire staff are in the same bargaining unit. During the term of the contract with the Regional Health Authority it is likely that at some point the municipality will have to negotiate a new agreement with the union. Any settlement will directly impact the cost of the Regional Health Authority contract. It is possible to have situations develop that would see the union agreement exceed Regional Health Authority guidelines, which would present significant problems to the financial viability of continued operation of the ambulance service.



OPERATING RISKS

9) Change in service level

The realignment of services by RHAs within their regions to gain efficiencies and the move to consistent operating standards will likely require that contracted back services modify their operations. The alignment with regional objectives may require changes in business processes, practices, standards, and training levels which would need to be factored into any negotiated contract. These impacts may have undesirable impacts on other co-ordinated and support services (such as human resources and information technology) and may affect the role that local police and emergency response authorities play in controlling ambulance services during an emergency.

10) Ability to realign municipal services with regional service model

A regional service model within a health region will likely take a couple of years to develop. Any agreement for contracting back services will need to reflect the transition period where services operate as they currently have been and then move towards some future uncertain regional model. This will require a level of protection of services currently provided for the transition period and clarity about the governance and operations of services such as dispatch and 911 during transition and beyond. Working with other municipalities in a region prior to signing any agreements to better understand the impacts on each other's services will likely prepare for building an agreement that meets multiple needs.

11) Ongoing need for support services not funded by the RHA

Developing service level agreements for the provision of municipal resources (e.g. accounting, recruiting) will need a municipality to be able to separate governance and business processes and to accurately value the service provided to be included as part of the operating costs of the ambulance service.

12) Impact of information requirements

Operational impacts of new information management and reporting requirements will also need to be included on overall operating costs. This may require additional support staff and may require a municipality to change current operating procedures without affecting service levels. This may require additional employee training to bring staff to the level required.



EMPLOYEE TRANSITION RISKS

13) Impact on staff affected by possible changes in standards:

Changes in service levels where contracted back services may need to upgrade (i.e. BLS to ALS; ALS to BLS) will affect staff involved. The short and longer-term impacts on staff mix (paramedics, EMTs, EMR) will need to be factored into any contract agreement. This would include allocating costs for, say, upgrading of EMTs in an ALS service as well as considerations of changed liability requirements.

14) Regional model may cause movement of staff

Access to new career opportunities presented to highly qualified staff by a regional service model may make retention of these staff more difficult. This may impact service quality and staff morale, and also require additional effort to replace loss of staff.

The next section outlines specific risks for the option of a phased or partial transfer of the ambulance service.

Option 3: Phased or Partial Transfer

It is also quite likely that Regional Health Authorities will not be in a position to fully transition all ambulance services by the target date. This may necessitate an interim agreement with municipalities (individually or as a group) to continue providing full service for a period of time. Such agreements should be carefully considered with respect to liability and the respective roles of the parties.

There may also be a requirement or a desire for some municipalities to continue to provide some services even though they elect not to contract with the Regional Health Authority to continue operating the ambulance service. These are services where it may not be feasible or easy to divest by the target transition date.

Services that may lend themselves to this approach could include the following:

- Dispatch
- Payroll
- Billing
- Vehicle Services
- Training
- Labour Relations
- IT support
- Co-location of ambulance staff with municipal staff.



The risks involved with this approach should be, by definition, primarily short term. It does however introduce a second organization into the municipal structure and will raise issues of decision making, authority, accountability, liability, budget process and approval and communication processes between organizations. Any transition agreement with an RHA should attempt to provide a municipality with stability to continue operating these services and protecting a municipality, its staff and citizens during transition.

All of the preceding risks identified for the first two options should be considered potentially applicable to this option as well.

The focus on risks in this section may imply that risk is a negative situation, which it should not. But this is an important issue to all participants, and each municipality must protect the rights of its citizens and taxpayers. Risks need to be managed and can also present opportunities. From the RHA side, there is likely an equally lengthy list of risks. A final reminder is that the end result of the transfer should be a negotiated solution that best meets the interests of all participants. **Consultation is critical.**

The next section offers constructive suggestions for how to mitigate many of these risks.



Chapter 7: Mitigating Risks of Transition

The previous section of the Toolkit outlined various risks of deciding on the three main alternatives for transitioning ambulance services to the Regional Health Authorities. This section outlines possible strategies in mitigating these risks for your municipality. A risk analysis checklist is attached as a working tool to help determine which combination of mitigation approaches and strategies are most practical for your municipality.

General Risks

There are some general risks that may be faced regardless of the preferred option of the municipality, including risks during transition and after transition is completed. Common themes among the risk mitigation strategies suggested below are open and forthright communications with your RHA, joint discussions with other municipalities within the same RHA area, and careful analysis before committing to any specific decisions.

RISKS IN THE TRANSFER PROCESS AND DISCUSSIONS:

Potential Risk	Strategies to Mitigate the Risk
Lack of information	<p>Work with your RHA to understand their pressures and issues of concern.</p> <p>Work with other municipalities to gather more information and other viewpoints.</p> <p>Don't let yourself be rushed faster than you can manage. If you need more data, take more time.</p> <p>Carefully analyze where information is lacking – look at the assumptions you have had to make to see if more data would eliminate uncertainty.</p>
Lack of time	<p>Avoid making a rushed decision under time pressure.</p> <p>Communicate your time (and resource) constraints with the RHA to agree on a schedule that respects your needs as well as the RHA's.</p> <p>Consider setting up a Project Team using the sample Terms of Reference and working through the Toolkit transition process.</p> <p>Assign additional resources from within your current staff, retired staff and consider using part time staff and or consultants for some aspects of the project.</p> <p>Explore applying for transitional funding from your RHA for addition resourcing required for transition.</p> <p>Consider applying as a group of municipalities within</p>



Potential Risk	Strategies to Mitigate the Risk
	your health region.
Community or political resistance	<p>Make sure that you have identified your key stakeholders and understand their interests and positions. See our stakeholder checklist.</p> <p>Create an open communication plan to involve and inform all affected parties, including staff. Use the Transition Objectives developed as a key message for your community.</p>
Organizational change	<p>Use the Toolkit to walk your Council (after fall elections) through the issues, alternatives, risks, impacts, preferred option, and negotiating strategies.</p> <p>Forecast any other major changes and the potential impact that they may have on the transition process. For example, retirement/ departure of key staff and union negotiations.</p>

RISKS AFTER TRANSITION IS COMPLETED:

Potential Risk	Strategies to Mitigate the Risk
Insufficient funding in RHA budgets to maintain current service levels	<p>Ensure that the financial and operating figures that you provide to your RHA are accurate and reflect the full cost of service, including all overhead and support costs, and lifecycle costing of assets.</p> <p>Work with other municipalities to ensure that your RHA understands the overall cost of services in the region.</p> <p>Support the RHA's ability to identify and maintain the same revenue streams you realized so they can offset costs.</p> <p>Ensure that agreements with your RHA reflect full and accurate costs and add any particular discounting that your municipality (Council and administration) feels appropriate.</p> <p>Resist agreements to top up the RHA ambulance budget to ensure that service levels are met. This would also require modifying the governance/funding/accountability equation violating the purpose of the transfer of service.</p>
Service level conflict	<p>Avoid a future problem by clarifying the vision for the level of service of your Council, key stakeholders and community now. Provide a clear rationale and objective justification for the current service level and ensure it is written into any transfer or transition documents.</p> <p>Seek to include clauses of assurance on service levels for your municipality for both the short-term (three years after transition) and longer-term thereafter. Provisions should require the agreement of the municipality before any such changes could</p>



Potential Risk	Strategies to Mitigate the Risk
	<p>be made.</p> <p>Work with other municipalities in your region to lobby for/work with your RHA on appropriate service levels (short and longer-term).</p>
Regional service model	<p>Work with other municipalities and the RHA towards a regional service model that optimizes service delivery within the urban and rural areas in the health region.</p> <p>Consider negotiating with the RHA for an ongoing municipal role in the management of a regional system.</p> <p>Develop a communication plan and a process to inform and manage expectations of your key stakeholders.</p>
Changing health policies	<p>This is a major area of uncertainty. Negotiate an opting out provision if you are electing to contract back the provision of services.</p>
RHA fails to manage service well	<p>The Province has agreed that “Albertans have timely access to quality ambulance service”. Establish with your RHA a commitment to implementing joint monitoring and reporting processes to detect any adverse trends.</p> <p>Work with your RHA to attempt to improve service.</p>



Option 1: Transfer Governance and Services

Strategies related to transitioning service delivery to the RHA are summarized below.

GOVERNANCE RISKS

Governance risks relate to the municipality's ability to ensure that ambulance services meet the needs of its citizens.

Potential Risk	Strategies to Mitigate the Risk
Lower service levels (same as Operating Risk)	<p>Ambulance system performance is dependent on a large number of variables and is therefore quite complex. Ensure in your discussions that the RHA has a good understanding of the potential service impacts of any changes they are considering.</p> <p>Negotiate the inclusion of municipal representation on any regional system design committees and project teams.</p> <p>The planning guidelines provide that " all significant changes to the scope of ground ambulance services must be agreed to in advance ...by the municipality" Attempt to enshrine this as an ongoing principle governing the management of the regional ambulance model.</p>
Weakened accountability for performance	<p>Clarify your municipality's desired role in governance of transferred ambulance services: participant with the RHA, supporter of the RHA, or no role.</p> <p>Clearly identify performance measures, current performance, and degree of accepted variability.</p> <p>Develop a communication plan for key stakeholders within your community to inform and clarify for them your new limited role.</p>



FINANCIAL RISKS

While many municipalities will benefit from the transfer by elimination of their ambulance service operating and capital costs, there are still financial risks to be aware of in negotiations.

Potential Risk	Strategies to Mitigate the Risk
<p>Inability to maintain adequate funding</p>	<p>Provide your RHA with complete information on the full cost of operating the service.</p> <p>Ensure that they are fully aware of all overhead and support costs that may not appear in budget documents. (Overhead costs can typically range from 15% to 30% of budget)</p> <p>Ensure your RHA is fully aware of the importance of different revenue streams in offsetting the cost of operation.</p> <p>Ensure that your RHA is fully aware of growth trends both call volume and population and its impact on staffing, equipment and vehicles, and station requirements.</p>
<p>Inadequate compensation for ambulance capital assets</p>	<p>Ensure that the process of valuation of assets is defensible to your RHA.</p> <p>Ensure that any claims or compensation due to asset donors is included in the valuation of your assets and written into the terms of the transfer agreement.</p> <p>Work with other municipalities in your region on a common or standard basis for valuation.</p> <p>Seek out valuation and compensation information from municipalities with private contracts or from private contractors directly. Use this to help build a case for adequate compensation.</p> <p>Weigh the difference in inadequate compensation with reductions to your annual operating and capital budgets to assess whether the degree of inadequate compensation merits pursuing.</p> <p>Consider negotiating contract terms that provide assurance of maintaining the current level of service in exchange for a reduced asset valuation.</p>
<p>Loss of municipal assets to a regional service model or private provider, or disposed of by the RHA</p>	<p>Ensure that the any claims or compensation due to asset donors is included in the valuation of your assets and written into the terms of the transfer agreement. (same as above)</p> <p>Develop a communication/consultation plan to work with citizens who feel that the municipality's assets should not be transferred to your RHA. Consider having them participate in post-transfer monitoring of service levels.</p> <p>Negotiate a provision for reimbursement from the proceeds of any subsequent sale of these assets, or similar RHA assets that become redundant because</p>



Potential Risk	Strategies to Mitigate the Risk
	<p>of transfer of yours.</p> <p>Be sure to include the salvage value in your asset valuation, especially for assets with long remaining life or if assets will likely be sold by the RHA.</p>
<p>Loss of revenue potential from transferred land and buildings</p>	<p>If a municipality wishes to retain ownership or control of lands and buildings consider a conditional sale or leasing the assets to the RHA for the exclusive use in service to the municipality. Structure agreements so that assets will be returned to the municipality if not used for that purpose.</p> <p>Account for loss of future net revenue potential or sale value in the form of discounted net cash flows as part of the valuation and negotiation for compensation with your RHA.</p> <p>Again, consider that there may be an opportunity to negotiate service level assurance in return for lost compensation.</p>
<p>Land & buildings become surplus</p>	<p>If unable to convert to other use, consider selling the land and buildings if possible.</p> <p>If unable to dispose of, factor the costs of maintenance into valuation discussions with your RHA.</p>
<p>Liabilities arising from existing service provider contracts</p>	<p>Ensure that any penalties or costs of transferring provider contracts to your RHA are factored into your valuation.</p> <p>Include an indemnification clause against such unforeseen liabilities in the transfer or transition agreement.</p> <p>Include any outstanding insurance claims and other liabilities.</p>
<p>Financial impact on integrated services</p>	<p>Seek clarification on the plans of your RHA for integrated services.</p> <p>Consider the costs of separating the fire and ambulance services as part of the indirect costs of transfer for negotiation with your RHA.</p> <p>Consider the impact of transfer on dispatch services and the costs of disbanding or converting these to alternate uses. Dispatch centres will likely be rationalized region-wide over the longer term (past three years of base funding).</p>
<p>Severance and other employee related costs</p>	<p>Ensure that the agreement with your RHA includes elements and processes that underline the principles of fair and equitable treatment of staff. These would include maintaining seniority, pay scales.</p> <p>Develop a staff reallocation plan for staff that remain with your municipality but no longer required to support ambulance services.</p>



Potential Risk	Strategies to Mitigate the Risk
	Include severance costs as part of the indirect transition costs to be negotiated with your RHA.
Indirect transition costs	Include indirect transition costs such as legal, consulting, asset relocation, business and technology redesign, accounting changes, and other identified cost impacts, in discussions of financial compensation with your RHA..

OPERATING RISKS

Operating risks relate to impacts on the municipality or the community after transfer to the RHA. Strategies to avoid or mitigate the impacts include the following:

Potential Risk	Strategies to Mitigate the Risk
Reduced level of service	<p>Ambulance system performance is dependent on a large number of variables and is therefore quite complex. Ensure in your discussions that the RHA has a good understanding of the potential service impacts of any changes they are considering.</p> <p>Negotiate the inclusion of municipal representation on any regional system design committees and project teams.</p> <p>The planning guidelines provide that “ all significant changes to the scope of ground ambulance services must be agreed to in advance ...by the municipality” Attempt to enshrine this as an ongoing principle governing the management of the regional ambulance model.</p>
Reduced quality of service	<p>Consider including service quality assurances in negotiation with your RHA.</p> <p>Work with other municipalities towards a regional approach that maintains the current service approaches.</p>
Limited access to services for municipal emergencies	<p>Review the authority of your police service over the ambulance services and emergency response requirements for municipal disasters.</p> <p>Consider including access level and line of authority in the event of an emergency into negotiations with your RHA.</p> <p>Seek commitment to the continued participation of ambulance services in stand-by at major police and fire incidents as a normal service level.</p>
Increased workload for fire services	<p>Consider the financial impact of increased workloads on the remaining fire services group as an indirect cost to the municipality in any financial settlement with the RHA as assets are transferred.</p> <p>Consider including this impact, if significant, in</p>



Potential Risk	Strategies to Mitigate the Risk
	<p>negotiations with your RHA. Impacts could include longer fire scene times, increased medical responses, and the possible requirement for medical reporting and oversight.</p> <p>Establish a tracking system to identify adverse impacts on the municipal fire system and jointly agree with the RHA on a problem resolution process.</p>

EMPLOYEE TRANSITION RISKS

Any change that is implemented will have an impact on both the employees and the municipality in some manner. Many of these issues have legal implications and it is strongly recommended that legal advice be obtained.

Potential Risk	Strategies to Mitigate the Risk
Impacting existing collective bargaining contracts	<p>Consider seeking legislation transferring employees within the bargaining unit to the RHA's bargaining unit with seniority and benefits intact.</p> <p>Collective agreements and legislation may limit the options available to the municipality.</p> <p>Ensure that any bylaws related to collective bargaining are amended or repealed as appropriate.</p>
Bargaining unit issues	<p>Review the union certification if all or most members are transferred to your RHA.</p> <p>Consider the impact of the transfer on remaining unions and include these in ongoing management union discussions.</p>
Wrongful or constructive dismissal of staff	<p>Seek agreement with the RHA on how these incidents will be handled and which organization will be accountable for costs.</p> <p>Establish a policy that protects impacted staff early in the process to minimize their resistance to changes. Consider the costs of retraining, special compensation if their classifications are impacted, or termination costs if no other options acceptable to all parties can be agreed upon.</p> <p>Keep staff informed and fully aware of project status.</p>
Repositioning and retraining of existing staff	<p>Consider the indirect cost of retraining remaining staff in negotiations with your RHA.</p>
Loss of seniority for unionized members	<p>Consider negotiating for transferring employees within the bargaining unit to the RHA's collective bargaining unit, with seniority and benefits intact.</p> <p>Seek a commitment from the RHA of fair treatment</p>



Potential Risk	Strategies to Mitigate the Risk
	for staff affected by the transition.
Requirements (and costs) to re-organize	Ensure that such costs have been fully identified and factored into the project budget.
Workplace morale and staff unrest	Consider developing a transition plan that accounts for negative impacts on staff morale. These impacts may include increased stress due to uncertainty or residual/unintended impacts of other labour-management issues.



Option 2: Contract Back

Many of the risks discussed above will also apply to those municipalities considering entering into a contract with the Regional Health Authority to continue providing ambulance services and should be carefully reviewed and considered. Some potential mitigation strategies related to the contracting back approach are identified and discussed below.

GOVERNANCE RISKS

Potential Risk	Strategies to Mitigate the Risk
Policy independence and autonomy compromised	<p>Negotiate provisions to mitigate this risk including municipal agreement to major scope changes and an opting out provision.</p> <p>Consider reviewing your equipment and capital purchasing plan to realign it with the requirements of the contract with your RHA.</p> <p>Consider the impact of alternative deployment scenarios or changing standards on your service.</p> <p>Review other policies that are ambulance specific and remove them from your municipal policy and procedures. This would include affected bylaws.</p> <p>Clarify the dispute resolution process for cases in which you and your RHA do not agree on important municipal ambulance service policy issues.</p>
Resources diverted towards regional priorities	<p>Consider including protective clauses that ensure that your service priorities are for your citizens first.</p> <p>Consider the impact of diversions (hospital, community health, geographic coverage and patient transfer) on your service demand and deployment patterns. Consider including this impact in negotiations and contract with your RHA.</p> <p>Consider the impact on your services (and your service contract) of plans for regional dispatch and communications systems. Ensure that you include these assets in ongoing contract rate discussions with your RHA.</p> <p>Consider the impact of regional standards on your service contract. Factor these into discussions and negotiation on contract rates. This could include training, equipment data collection and reporting costs.</p>
Requirements to compete for future contracts	<p>Seek provisions that will support long term stability, such as long term contracts, a municipal charter to provide the service, termination compensation for non-renewal, adequate notice of change)</p> <p>Develop a plan in the event that your RHA does not renew the contract for your services forcing a transfer to the RHA.</p>



Potential Risk	Strategies to Mitigate the Risk
More complex document management and record keeping	Consider the costs of additional record keeping in negotiating contract rates for your service particularly if this requires additional technology and equipment.
Change in legal liability exposure	Consider clear contract clauses that reflect the additional cost of increased liability exposure and remedies are included in your service contract. Include an indemnification clause in the agreement for potential unforeseen liabilities related to the transfer.

FINANCIAL RISKS

Potential Risk	Strategies to Mitigate the Risk
Contract rates don't fully cover costs	Ensure that your contract rates that fully reflect the direct, indirect and contingency costs of providing the service Including a provision for uncertainty as a factor. Work with other municipalities in determining reasonable contract rates. Review contract rates from private providers across the province.
Limitations on capital planning	Ensure that your service contract addresses compensation for assets if the contract is not renewed.
Fire-based service union	Consider the impact of negotiations with the union on salary levels on the setting of contract rates with your RHA.

OPERATING RISKS

Potential Risk	Strategies to Mitigate the Risk
Change in service level:	Review the suggested strategies in the previous section. As a contracted provider your municipality will be directly impacted and will be held accountable by citizens.
Ability to realign municipal services with regional service model	Negotiate minimum service levels and standards to protect your citizens. Negotiate representation on system design and management initiatives. Seek a commitment to the requirement for municipal agreement on any major changes.
Ongoing need for support	Ensure that these overhead costs are fully identified and built in to contract rates. (These can range from



Potential Risk	Strategies to Mitigate the Risk
services not funded by the RHA	15% to 30% of budget.)
Impact of information requirements	Negotiate for the RHA to accept responsibility to fund any significant changes to data capture, reporting and monitoring of system operations.

EMPLOYEE TRANSITION RISKS

Potential Risk	Strategies to Mitigate the Risk
Impact on staff affected by possible changes in standards:	Negotiate provisions that require the RHA to fund increased training costs, recruiting costs, and benefit costs..
Regional model may cause movement of staff	A regional model may impact costs such as travel expenses, reporting issues and other matters. Negotiate agreement on how such impacts will be handled.

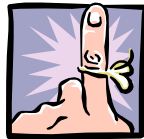
While the list of strategies above is not exhaustive, pursuing more than 6-8 strategies may be difficult to develop, implement and monitor. One of the most important things to consider is to focus on the positive aspects of the transition and the opportunities it presents. Although there are seemingly significant risks and uncertainty the opportunities to expand the career opportunities of ambulance workers as an integrated part of the health system are significant. The most successful strategy is likely to be one where the parties move quickly and decisively to achieve the change and commit to working together to make it work.

HOW TO PART IV: TAKING A POSITION

The purpose of this section is to provide a framework for your municipality to determine the most appropriate position to take in discussions with your RHA.

While the Province has mandated that responsibility for ground ambulance services will be transferred from municipalities to RHA's, it has left how the service is to be transferred to be determined by each RHA in consultation with the municipalities it serves. The principal choices identified in the previous section of this guide were limited, but could have complicated implications. The three choices were:

1. Transfer service delivery and related assets to the RHA
2. Retain delivery under contract to the RHA
3. Phase in or partially transfer. The factors underlying these choices could be different for each municipality



It would be wise to fully evaluate the choices and determine your municipality's preferred outcome before entering into discussions that focus on how to achieve a mutually acceptable end result. This section provides suggestions as to the process you might take in establishing the position for your municipality.

Key elements in determining the most appropriate position for your municipality should include:

1. Agreeing on your municipality's priorities for ambulance service.
2. Identifying who will be most impacted by the transfer, and how their concerns should influence your position.
3. Deciding upon your decision making and negotiating process and participants, confirming who should be involved and how.

Chapter 8 – Your Ambulance Service Priorities

There are several priorities that you could consider important considerations for future ambulance service under the governance of your RHA:

- Maintain the current level of service to your citizens
 - ALS or BLS
- Maintain the current quality of service
 - Response times
 - Quality and condition of equipment
 - Care giver service skills
- Receive fair value for assets transferred.



- Ensure that your municipality has the ability to influence future ambulance services changes.
- Be protected from being required to submit funding at some point in the future or having cost increases to your citizens.
- Being assured of fair and equitable treatment - that whatever agreement is reached is comparable with other municipalities in similar situations.
- Be reimbursed for the additional costs of transition, both planning and managing transition, and adjusting after transition occurs.

Your priorities need to be signed off by Council before you start discussions about how to achieve them with your RHA, preferably ranked in order of importance.

Chapter 9 – Who is Impacted by the Transfer?

The preceding section identifies the major risks that a municipality might face in the various aspects of this transfer. These risks can help identify who is impacted and how. Your assessment of who is impacted should include consideration of the following:

- Citizens
- Council
- Community Groups involved in health care
- Private sector ambulance services
- Private sector providers in related fields, such as dispatch
- Neighbouring municipalities, including rural districts
- Staff, both those involved in direct service delivery and in support departments
- Collective bargaining groups and their representatives

The nature of some of these impacts have been identified in earlier sections and discussed in more detail in appendices. For each of these participants, consider:

- How they are impacted.
- Whether that impact should factor into your discussions with the RHA, or should be dealt with in other ways.
- Whether or not they should be involved in your own decision making and negotiating process.
- How you should communicate with them throughout the transfer process.



Chapter 10 – The Decision Making Process

While the choices are limited and the end decision cannot be made without the full agreement of the RHA, involvement of key participants from the municipal side can have a significant impact on the effectiveness of the entire process. Consider the need for input from, and involvement by, Council, administration and staff. Key questions are: how will a decision be made and who will be involved in the negotiating process. The choices include:

- What is Council's role? Are they actively involved in discussions, or advised at key points during the process?
- What role should administration, including managers and staff of the current ambulance service delivery group?
- If you currently contract with a private sector provider, how should they be involved in the process?

While your current ambulance service managers and staff have essential knowledge that must be tapped into during the process, they will be impacted personally by the ultimate decision as to whether to transfer services or contract back. You put them in a difficult position if they are assigned roles that require them to recommend a position or to participate in negotiations with the RHA to accomplish the desired outcome.



PART V: NEGOTIATING WITH YOUR RHA

For many municipalities, agreeing on a process for transferring ambulance service responsibility will be a simple matter requiring little discussion. For others, it will be more complicated, requiring careful attention to negotiations. This section offers suggestions for how municipalities might prepare for and conduct negotiations with their RHAs.

An underlying principle of this section, reflected throughout this toolkit, is that the end result of successful negotiations should always be a win-win outcome for all parties. Negotiations will be most effective if each participant strives to understand and respect the needs and constraints of the other party.

Suggestions for consideration in your negotiations focus on:

- Basic principles
- Possible strategies

Chapter 11 – Basic Principles

Consider the following as you prepare for negotiations:

- **The RHA is not the Province:** While the RHA has responsibility and authority to negotiate, it is bound to operate within a strong framework defined by the Provincial Government. Understanding those boundaries will help understand where there may be flexibility in negotiations and where there cannot be.
- **Funding may be limited:** RHA's may not have as much funding as you think, either for the transition process, for payment for assets and for operating costs. They are as bound by their financial constraints as you are. The better you understand their financial position, the more likely you will be able to avoid a conflict over financial arrangements and come to a solution which best meets the needs of all involved.
- **Ensure an informed RHA:** This is a new area of business for most RHAs from a governance, management and funding perspective. The more of your knowledge about ambulance services that you can share with them, the more informed they will be.
- **Be open:** Strive to realize whatever priorities have been set, but be prepared to compromise smaller points to win concessions on the bigger ones. Don't be inflexible – negotiations are about shared compromise.



- **Be prepared:** Negotiations are most successful when each participant is fully prepared for the discussion and is backed by clearly defined priorities and accurate information.
- **Be relevant:** Focus on those issues that are included in this matter. Bringing up unrelated matters that the RHA cannot address within the context to these discussions, such as health facilities in your region, will only complicate and delay resolution.
- **Limit participants:** Keep participation limited to those authorized and who add value to the discussions. Save staff and Council participation for appropriate key milestones.

Chapter 12 – Possible Strategies

The following are some suggestions that you might consider for your negotiations with your RHA.

- To provide an incentive to the RHA to keep your service in your municipality, lease (or donate) municipal land and buildings for the ambulance service.
- Transfer assets at low or no cost in exchange for a conditional agreement that ensures the assets are used for your municipality.
- Support formation of an ambulance authority that provides regional service under contract to the RHA in exchange for seats on the Authority's Board.
- Second staff to the RHA for a defined period of time as part of a transition process in order to protect the careers of the staff who do not want to leave the employ of the municipality.
- Offer to provide some key services such as dispatch, materials management, vehicle maintenance once the basic operations are transferred in order to ensure effective coordination with the remaining fire and emergency services.
- Contract to provide ongoing services at only the direct fixed or variable costs in order to ensure continuity of existing services (particularly relevant for integrated services).
- Include a clause that guarantees you that you will not receive a lesser settlement for your assets than any other municipality in the province.

PART VI – SUCCESSFULLY COMPLETING THE TRANSITION



“I know where I am and where I am going; I have my map. Now I need to get there.”

You’ve assessed your community’s needs and priorities; you’ve analyzed the alternatives; you’ve decided on a governance model; you’ve completed negotiations with your Regional Health Authority. Now comes the time to complete the transition.

Depending on your current governance model, and the new governance model that you will be moving to, the transition may be very straight forward, or it may be extremely complex. Regardless, there are a number of key elements to be considered in developing successful transition strategies, particularly if activity is extended over a period of time and the scope of the activities is extensive. These elements include:

- **Commitment:** acknowledging the problem and taking action to deal with it – some elements will come to fruition in the short term, some may take longer; over the long run, persistence and patience on the part of government, the community and stakeholders will be essential;
- **Leadership:** within the province of Alberta, the Regional Health Authority, the municipality, and the community;
- **Cooperation:** a willingness to work together to coordinate solutions;
- **Phasing:** it is not realistic to carry out everything at once, not everything is equally important, and some activities are precondition or catalysts for others;
- **Resources:** there will be costs (both financial and human) involved and, depending on which initiatives are undertaken and by whom, there is a differential impact on the various parties involved;
- **Responsibility:** the formation of an on-going implementation administrative mechanism is important for advancing initiatives;
- **Momentum:** achieving early tangible results with significant impacts is important for maintaining commitment, as is continued progress; and,



- **Adjustment:** refining, responding to, coordinating and facilitating specific alternatives on an on-going basis.

In any municipality, many partners will be involved in implementing your strategy and the combination of partners will vary depending on the action, the timing of the strategic action, and resources available. Local governments and other stakeholders, working together, will need to choose a course of action and be committed to carrying it out.

However, regardless of what the actions are, and who will carry out the actions, you need to take into consideration a couple of other factors to increase the likelihood of success. These factors are discussed in this section.



Chapter 13 – Communicating the Plan

This section talks about the specific questions you need to answer: Who, Why, What, How, When and Where to develop and execute an effective communication strategy.

Know Your Target Audiences

The first question you need to answer is, “Who needs to know about and support this plan to ensure that it is successfully implemented?”

Most of the stakeholders will already have been identified during the development of the plan, and may include Council, unionized staff, the collective bargaining unit, exempt staff, the public, local seniors facilities, community health groups, and many others. Ask, “Why do I need this group / person involved at this point?” If you cannot answer this question, then maybe this is not the right time to involve them. If you can answer this question, take it a step further and ask yourself, “How would this person / group define success?”

Knowing the answers to these two questions will greatly increase the likelihood of developing a communications plan that will work.

Develop the Message

Ask, “What information / message do we need to communicate to each audience?” Different groups will need different information, and different levels of detail. The message you develop should be tailored to each target audience.

Employ Effective Communication Channels

Once you know what message needs to be delivered to whom and why, you need to determine the most effective means of



delivering this message. Note that you will likely use multiple delivery channels to reach certain target audiences. The media or venue will depend upon the message and the audience, and could range from press releases in the local media to town hall meetings at City Hall or in a Rec Center.

Time the Message

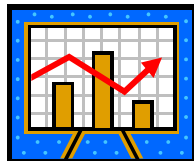
The key components of your communications plan need to be delivered effectively in the most effective medium and at the most appropriate time. Timing can be very important: Grey Cup Sunday is not likely a good day for a public announcement on ambulance services!.

If all goes well, you will have successfully paved the way for your Ground Ambulance Transition Strategy to be implemented.

Chapter 14 – Manage Success

Entering into the agreement with the RHA is just the first step in the transition. Implementation will require actions by both the RHA and your municipality. Just as there is a difference between completing the transition and completing it successfully, there is risk that if success is not defined in the beginning, it may not be realized. In the principle of “what gets measured gets managed”, your agreement should include a clear statement of how you and the RHA will measure success.

Have a Plan



Effective implementation of any strategy requires a plan, with a schedule, deadlines, targets, responsibilities, measurable outcomes based on defined performance indicators, and a monitoring system with which to evaluate short and long term progress toward the end goal.

Set Measurable Goals Your definition of success needs to be measurable in some way. Success will likely include several dimensions relating to managing the financial, staffing and service level impacts. The data may be readily measurable and available, such as a reduction in next year’s operating budget, or average ambulance call response times. Or it may be more qualitative, such as satisfaction levels with the public served, in which case it may require more effort in surveys to gather data.

Identify Milestones

Your plan should identify the key points in the transition that represent interim milestones. Milestones may include reaching an agreement with the RHA on a joint communications plan, completion of a schedule that is agreed by all participants, signing of contracts by staff or suppliers, completion of a costing



study, agreement on asset valuation, or perhaps workshops or consultations about issues. Success is better measured by monitoring achievement of interim milestones than waiting until the end to see how closely the outcome meets original expectations.

Monitor Progress

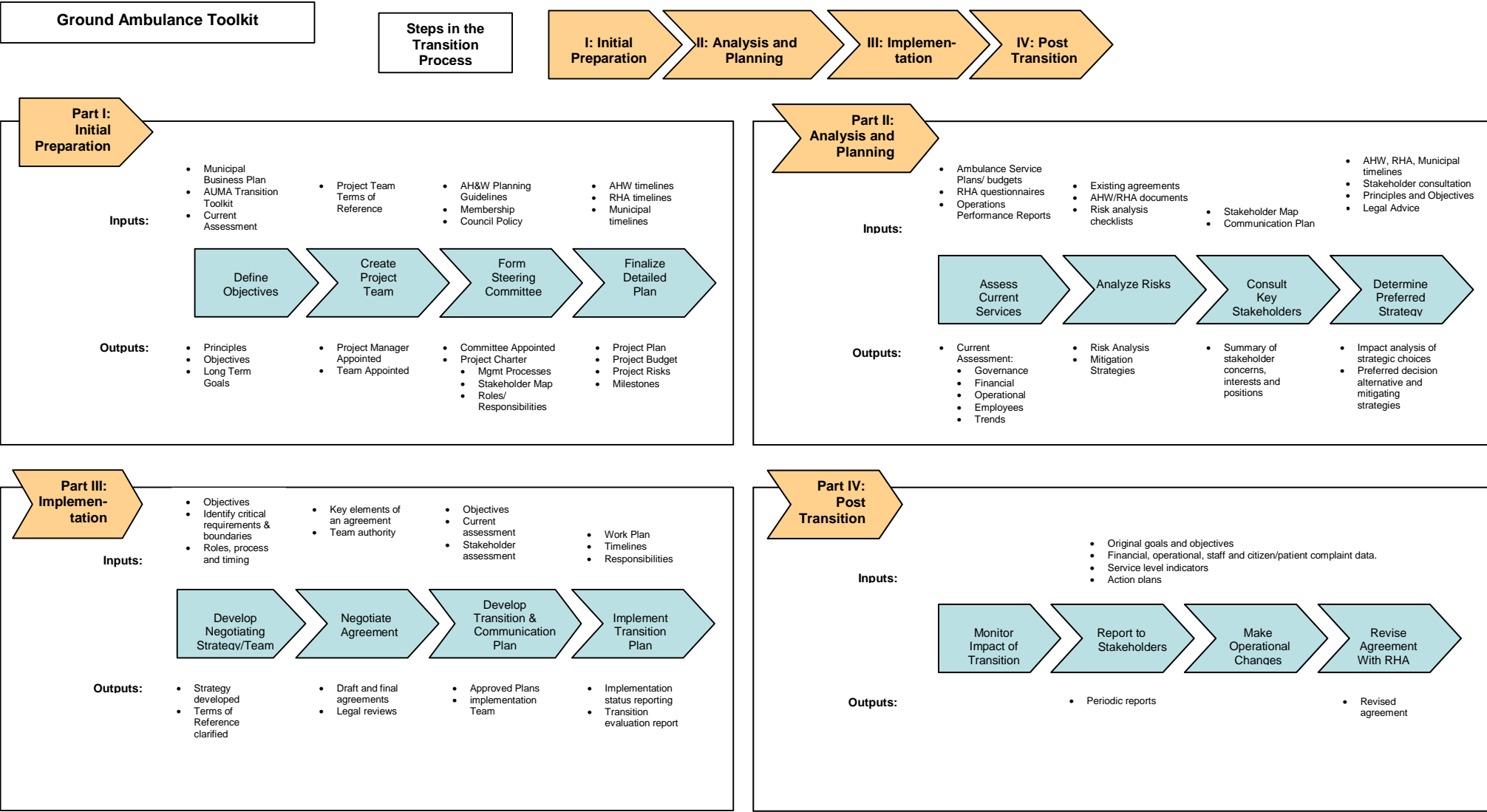
Consider a monitoring process that reports back to Council on progress during in the transfer. The plan that was approved at the outset and the milestones identified provide a simple, consistent frame of reference.



APPENDICES

Appendix A – Planning Process

Ground Ambulance Transition Planning Process





Appendix B – Checklists

- Overall Checklist
- Stakeholder Checklist
- Risk Analysis Checklist



Ground Ambulance Transitioning Toolkit Overall Checklist

Stages in the Transition Management Process:

Initial Preparation:

- Municipal objectives for transitioning defined
- Project Team created with Terms of Reference
- Steering Committee formed
- Project Charter / detailed work plan finalized

Analysis and Planning:

- Current assessment of ambulance service conducted
- Risk analysis of transition alternatives conducted
- Key stakeholders identified and consulted
- Preferred alternative and strategy determined

Implementation:

- Negotiation strategy developed
- Negotiations with RHA conducted
- Implementation/communication plan developed
- Success measures and monitoring plan developed

Post Transition:

- Success of strategy evaluated against established measures
- Ongoing communications with the RHA and key stakeholders
- Revised agreement with the RHA developed



Ground Ambulance Transitioning Toolkit Stakeholder Checklist

We have considered the needs of the following stakeholders in our transition planning process:

Citizens:

- Injured, ill
- Families
- Seniors, Seniors Groups
- Municipal taxpayers

Municipal Stakeholders:

- Council
- Mayor
- CAO
- Department Heads
- Staff
- Regional Ambulance Services

Special Governance Bodies:

- Ambulance Authority
- Ambulance Society
- Other

Labour:

- CUPE
- Alberta Ambulance Operators Association
- Paramedic Association

Provincial Government:

- Alberta Health & Wellness
- Alberta Municipal Affairs
- Public Affairs Bureau
- Human Resources & Employment / Labour Relations Board

Health Care Sector:

- Regional Health Authority
- Physicians
- Hospitals
- Community Health Organizations (e.g., AADAC)

Private Sector:

- Private Ambulance Operators
- Vendors (of equipment, technology etc.)
- Fleet lease providers
- Insurance companies
- Consultants
- Corporate customers
- Industrial plants



Risk Analysis Checklist – General Risks

Note – Refer to detail in the General Risks section of the discussion paper.

H (high) M (medium) L (low) Y (yes) N (no)

General Risks	Probability of Occurrence			Impact on Municipality			Acceptable Level of Risk		Contingency Strategy Required		Notes
	H	M	L	H	M	L	Y	N	Y	N	
During Transition											
▪ Lack of Information											
▪ Lack of Time											
▪ RHA Unprepared											
▪ Community/ Political Resistance											
▪ Ongoing Organizational Change											
Risks After Transition											
▪ Insufficient Funding											
▪ Service Level Conflict											
▪ Regionalization											
▪ Changing Health Policies											
▪ Ineffective Management											



Risk Analysis Checklist – Transfer Governance and Services Option

Note: - The checklist risk numbers correspond to the discussion paper risk numbers.

- H (high) M (medium) L (low) Y (yes) N (no)

Risks of Transferring Governance	Probability of Occurrence			Impact on Municipality			Acceptable Level of Risk		Contingency Strategy Required		Notes
	H	M	L	H	M	L	Y	N	Y	N	
Financial											
1) Insufficient RHA Funding											
▪ lower service levels											
▪ requirement for municipal funding											
▪ patient fee and charges increases											
2) Inadequate Asset Compensation											
▪ Valuation of assets defensible											
▪ Negotiation strategy											
3) Assets Used Regionally											
▪ claims from asset donors											
▪ taxpayer/citizen objections											
4) Loss of Revenue - Land and Buildings											
▪ RHA may sell or change the use of property											
▪ Loss of future revenue streams											
5) Land and Buildings Surplus											
6) Liabilities From Existing Contracts											
7) Financial Impact on											



Risks of Transferring Governance	Probability of Occurrence			Impact on Municipality			Acceptable Level of Risk		Contingency Strategy Required		Notes
	H	M	L	H	M	L	Y	N	Y	N	
Integrated Services											
8) Severance and employee-related costs											
9) Indirect Transition Costs											
Operational	H	M	L	H	M	L	Y	N	Y	N	
10) Reduced Level of Service											
11) Reduced Quality of Service											
12) Loss of Access to Services for Emergencies											
13) Increased Fire Workload											
Employee Transition	H	M	L	H	M	L	Y	N	Y	N	
14) Impacts on Existing Union Agreements											
▪ affect of RHA collective agreements											
▪ termination and transfer provisions											
▪ agreement/code breaches and grievances											
15) Bargaining Unit Impacts											
16) Wrongful or Constructive Dismissal											
17) Residual Staff Issues											



Risks of Transferring Governance	Probability of Occurrence			Impact on Municipality			Acceptable Level of Risk		Contingency Strategy Required		Notes
	H	M	L	H	M	L	Y	N	Y	N	
18) Loss of Seniority											
19) Restructuring Costs											
20) Staff Unrest/ Morale											



Risk Analysis Checklist - The Contract Back Option

Note: Many of the non contract option risks also apply to the contract option.

Risks of Contracting Back	Probability of Occurrence			Impact on Municipality			Acceptable Level of Risk		Contingency Required		Notes
	H	M	L	H	M	L	Y	N	Y	N	
Governance											
1) Policy Independence											
2) Regional Use of Resources											
▪ expanded scope of practice											
▪ geographic expansion											
▪ regional involvement - municipality											
▪ regional patient transfer system											
▪ regional standards											
3) Tender of Future Contracts											
4) Records and document Complexity Issues											
5) Legal Liability											
Financial											
6) Contract Rates - Insufficient											
7) Capital Planning Limitations											
8) Fire Based Union Impact											



Ground Ambulance Transition Toolkit

Operating	H	M	L	H	M	L	Y	N	Y	N	
9) Service Level Changes											
10) Alignment With Regional Model											
11) Ongoing Need For Support											
12) Information Requirements											
13) Impact on Staff – Changes to Standards											
14) Staff Retention											



***Appendix C – Project Terms of Reference
Template***



<Municipality> Ground Ambulance Transition Working Group (Sample) Terms of Reference

Background

“Over the next two years, Alberta Health and Wellness will work with health regions to move responsibility for ground ambulance service from the municipalities to the regions. Health regions will in turn work closely with their constituent municipalities while developing plans for implementation.”

Government of Alberta Information Update, March 31, 2004

Issues

Municipalities will be faced with deciding whether to completely transfer their ambulance services to the health regions or to contract back services with the region. The key issue is to determine which approach best meets the needs of the community and minimizes risk for the municipality.

Authority

The Working Group is established and reports to the <CAO>. The Group will be chaired by <chairperson>.

Objectives

The objectives for the Working Group are:

- Identify key stakeholders affected by the transition of ground ambulances to the health region.
- Assess the current situation and future requirements (for demand and supply) for ambulance services.
- Identify the risks, barriers, impacts and responses required to ensure sustainable delivery of ambulance services for the community and key users of the services.
- Communicate the impact and implications of the recommended approach to Council and stakeholders.
- Prepare and support the process of negotiation of the transition with the health regions.
- Implement and monitor a transition implementation plan through April 01, 2005.

Duration of Mandate

To April 1, 2005 and reassessment at that time.



Membership

Municipal Staff:

<Director of EMS>
<CAO>
<Finance>
<Human Resources>
<Other>

Other Members

<Councillors>
<Public Members>
<Members from other agencies>
<Other>

Timing of Activities

<indicate key milestones and target dates>

Meetings

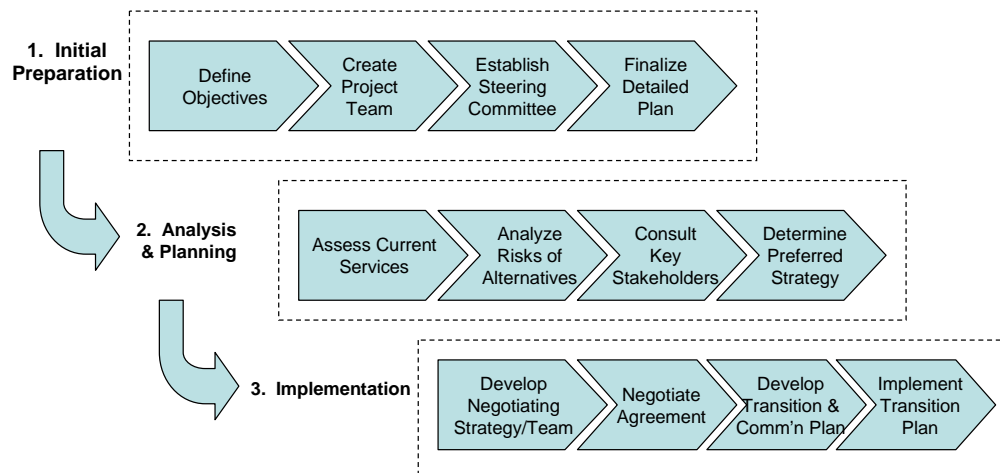
Working Group meetings will be held as required so as to be able to prepare for and participate in discussions on the transition and related issues with Council, the Regional Health Authority, municipal administration and other key stakeholders in the geographic area.

Reporting

A summary record of discussions and recommendations will be provided for each meeting with status reports of Working Group progress.

Activities

The activities of the Working Group fall within the scope of the following framework.





Implementing the Plan

- Building **commitment** to make and support change and transition within the municipality and with stakeholders;
- Provide **leadership** to making change happened and providing support;
- Create **cooperation** between affected agencies, organizations and people to coordinate solutions;
- **Phasing** implementation to make sure that activities occur in the right order an in keeping with the capacity of people and organizations to change how they do business;
- Provide **resources** (both financial and human) to support the different impacts of change in services and processes and transition of people as the get familiar to the new ways of doing business
- Take **responsibility** for the formation of an on-going implementation administrative mechanism is important for advancing initiatives;
- Gain **momentum** in achieving early tangible results with significant impacts for maintaining commitment to continued progress;
- Make **adjustments** through refining, responding to, coordinating and facilitating specific alternatives on an on-going basis.

Communicating the Plan

- Identify the target audience: “who needs to know about and support this plan to ensure that it is successfully implemented?”
- Develop the message: “what information / message do we need to communicate to each audience?”
- Select the appropriate channels: “what are the best channels to communicate the message to the target audiences?”
- Delivering the message: deliver the message and evaluate feedback to it.

Indicators of Success

- Setting targets: “what are the measures of success and the performance targets that are important to achieve/maintain?”
- Monitoring progress: “how to we know that the Plan is working as planned?”
- Adapting strategy: “what changes need to be made to make the plan successful?”

Resources and Budget

The efforts of the Working Group will be supported by <name resources available>.



Appendix D – Stakeholder Impacts



Type	Stakeholder	Connection	Possible Concerns/ Issues
Citizens	Injured, ill	Requiring ambulance service	<ul style="list-style-type: none"> • Availability • Response time • Cost • Quality
	Families	First contact	<ul style="list-style-type: none"> • Accessibility (contact numbers, hours of operation) • Response time • Access to information
	Seniors, Seniors Groups	High risk group; high demand sector	<ul style="list-style-type: none"> • All aspects – cost, response times, accessibility, quality
	Municipal taxpayers	Fund existing	<ul style="list-style-type: none"> • Cost • Quality
Municipalities	Councils	Existing, governance, funding, standards; Approve transfer terms	<ul style="list-style-type: none"> • Political & social accountability
	Mayors	Above, plus lead in negotiations	<ul style="list-style-type: none"> • Above, plus impact on position, reputation
	CAO's	Manage existing (direct or through contract) Closely involved in negotiations	<ul style="list-style-type: none"> • Impact on staff • Financial impact - loss of assets or revenue • Impact on remaining services
	Dept Heads		<ul style="list-style-type: none"> • Same plus impact on career of reduced role



Type	Stakeholder	Connection	Possible Concerns/ Issues
	Staff		<ul style="list-style-type: none"> Impact on career
	Regional Ambulance Services under Municipal management		<ul style="list-style-type: none"> Impact on autonomy and ability to manage own standards
Special Governance Bodies	Ambulance Authorities, Commissions and Societies	Independent service providers	Impact on autonomy and ability to manage own standards
Labour	CUPE	Represent (non-medical) workers in RHA's and municipalities.	Impact on workers Impact on collective bargaining unit
	Alberta Ambulance Operators Association	Represent (non-medical) workers in municipalities.	Impact on members Responsibility to protect the interests of members
	Paramedic Association	Represent (non-medical) workers in RHA's and municipalities.	Potential impact on the associations' role in the sector.
Province	Health & Wellness	Owner of the initiative	Many direct interests, specifically relating to the impact of municipal actions and messages on the RHA's ability implement the transfer. Impact on the Department's public relations image.



Type	Stakeholder	Connection	Possible Concerns/ Issues
	Municipal Affairs	Monitor and support role	Impact on MA's relationships with municipalities. Ability of smaller municipalities to respond effectively in the transition discussions.
	Public Affairs Bureau	Quality assurance on government publications	Accuracy, and impact on the province, of messages from AUMA and RHAs relating to provincial policies, positions and actions.
	Human Resources & Employment and Labour Relations Board	Resolving labour disputes, chaining legislation	Potential for large numbers of Labour Relations Board claims
Health Care Sector	RHA's	Recipient of new responsibilities	Impact on their own organization and budget, including the need for revised processes, new people and equipment.
	Physicians	Care givers in hospitals Customers: Call for ambulances to transport their patients	Accessibility and availability when required for patients. Impact on the ability to provide emergency and ambulatory patient care. Impact on the availability and quality of paramedic treatment before arriving at the hospital.
	Hospitals	Service provider	All of the above plus... - Impact on own operating, capital and staffing budget. - Impact on staffing and labour relations. - Impact on scheduling, dispatch, management processes. - Ability to manage/maintain assets.
	Community health organizations (AADAC, etc)	Customers, first contact for ambulance users	Accessibility and availability when required for patients.



Type	Stakeholder	Connection	Possible Concerns/ Issues
Private Sector	Private Ambulance Operators	Service providers	<ul style="list-style-type: none"> • Loss of business • Loss of revenues • Loss of negotiating ability • Breach of contract
	Vendors (equipment, technology & services)	Providers of equipment, technology, software, services	
	Fleet lease providers		
	Insurance companies		
	Consultants		
	Corporate customers of ambulance services (hockey, football, public event operators, etc.)	Customers	Accessibility and availability when required for patients. Cost and quality of service.
Industrial plants with in-house ambulance resources	Customers when their own resources are nto adequate (major disaster scenarios) Potential back up resources to municipalities	Accessibility and availability when required for patients. Cost and quality of service. Impact on ability to meet on disaster response needs.	

