Administrative Report

Office of the Chief, Essex-Windsor EMS

To: **Warden Tom Bain and Members of County Council**

From: **Bruce Krauter**
Chief, Essex-Windsor Emergency Medical Services

Date: **March 7, 2018**

Subject: **Essex Windsor EMS and Fire Services Medical Tiered Response Agreement**

Report #: **2018-R003-EMS-0307-BK**

Purpose

To provide County Council an update on the amended 2018 Essex Windsor EMS and Fire Services Medical Tiered Response Agreement.

Background

Essex Windsor EMS and the City/County Fire Services have a long standing agreement in which the Fire Services are notified, or otherwise known as Tiered, for medical responses. The agreements are provided to the Central Ambulance Communication Centre as a directive for communicators to follow when requesting assistance from fire services. The practice of requesting Fire Service medical response began as a requirement for the Ontario Pre-hospital Advanced Life Support (OPALS) research study of 1994. The objective of the requirement was to provide a defibrillator to a casualty of sudden cardiac arrest in the quickest amount of time. Since 1994 the practice of Fire Service medical tiered response changed and morphed to include not only sudden cardiac arrest but other medical ailments and problems.

Bruce Krauter, Chief, Essex-Windsor Emergency Medical Services
Essex-Windsor EMS, Suite 115, 360 Fairview Ave. W., Essex, ON, N8M 1Y6
Phone: 519-776-6441, ext. 2654; Email: bkrauter@countyofessex.on.ca

Over the period of 24 years the criteria of medical tiered response had changed amongst the various individual fire services until 2015. The variety of the criteria resulted in confusion of the communicators and responding paramedics alike, therefore in 2015 the Medical Tiered Response Agreement (MTRA) was unified and formalized across the City and County Fire Services (Appendix I).

The unification created a consistent approach across all Municipalities and Fire Services. It must be noted that with the City of Windsor Fire Services being a full time staff service, the response criteria is slightly enhanced, as compared to the County Fire Services, whom are comprised of volunteer or composite fire services. The 2015 agreement also introduced the unified medical direction, continued quality assurance and call auditing. This unification and consistent approach has improved patient care and is one of the leading factors in the increased sudden cardiac arrest survival rates, year over year.

Discussion

Since the inception of the 2015 MTRA the EWEMS call volume has increased, on average, 6-8%. As discussed in the 2018 budget deliberations, the increase in call volume has put pressure on not only EWEMS but also the local Fire Services, whom are participants in the MTRA. One of the contributing clauses in the 2015 MTRA attributed to the increased pressure is the clause outlining an ambulance significant delay;

> *When a staffed ambulance that normally services the area in question is not available or if a standby vehicle is not located in that area then it is accepted that an ambulance call in that area would encounter a delay in the normally expected response for a code 4 call.*

This clause is intended to provide medical care to life threatening emergencies when an ambulance is not in a specific coverage area. This clause is based on time, location and call priority, not based on patient condition or injury type. In review of historical call data, emergency call responses (Code 4) result in life or limb patient transports only 2.3% of the time. Understanding this factor, the fire services report that their services are being requested frequently but medical interventions are not being utilized as frequent. Other occurrences of concern are the frequency in which the fire services are being tiered to health care facilities, long term care homes, doctor offices or other locations where a higher medical authority is already on scene.

Due to the call volume increase and the over prioritization of emergency calls, the Fire Services are quickly becoming over utilized and putting pressures on the respective municipalities and on the full time employers of the "volunteer" firefighters. It is recognized that an amendment has to be made to the 2018 Medical Tiered response Agreement (Appendix II).

In consultation with all Fire Chiefs the following are highlights of amendments;

1) Significant Delay

The clause of Significant Delay has been changed to:

Limited EMS Resource Deployment

Normal EMS Resource deployment is when twelve (12) ambulances are strategically located in the twelve (12) ambulance stations located throughout the region. When volumes demand increases, resources are deployed and ultimately EMS can move to limited status.

EMS has coded resource status as follows;

Yellow is when EMS Resources (ambulances) are equal to or less than six (6) available ambulances in the region.

Red is when EMS Resources (ambulances) are equal to or less than two (2) available ambulances in the region

Black is when EMS Resources (ambulances) are depleted and zero (0) ambulances are available in the region

Fire Service can be tiered on a Life or Limb initial response (Code 4) when EMS resources are in Red or Black Status only. Fire will not be tiered to long term care residents at any time or due to Code 3 delay in response enacting.

This change connects the MTRA to EMS resource status, such as Red and Black status. Fire service response is not based on time or location but that of patient condition and EMS resources available. It is expected this clause will reduce the use of Fire Services for those calls where medical interventions provided are not required.

2) Exceptions

The following clause was added to address the responses to medical health care facilities or offices

Fire Services shall not be tiered for medical response when the following apply:

- When CACC is made aware the patient is to have a Do Not Resuscitate Validity Form **OR**
- The response is to a Long Term Care facility or Health Care facility where the staff are able to provide the same level of service or higher than as the responding Fire Service. Please refer to Schedule A

NOTE: Schedule A is a list of organizations and location which Fire Services should not be tiered for a Medical Assist. Schedule A is compiled from the Erie St. Clair LHIN. The Schedule, although comprehensive, may not be reflective of the entire list of organizations. This list may be amended, expanded or lessened upon review of the status of ESCLHIN data set.

As a basic rule, Fire Services should not be tiered for a Medical Assist to;

- Doctor Offices
- Dentist Offices
- Family Health Teams
- Nurse Practitioner Led Offices
- Hospitals
- Hospice
- Community Health Centres

This additional clause is expected to reduce the responses to those locations where a higher medical authority is on scene and able to provide a higher medical intervention before EMS arrival.

The amended Medical Tiered Response Agreement is expected to maintain the excellent services our Fire Services provide across the Essex Windsor region while maintaining their local services in an effective, efficient and sustainable manner. The Essex Windsor EMS and Fire Services Medical Tiered Response Agreements are currently in the approval process in their respective municipalities. Once approved, they become part of the EWEMS deployment plan and are delivered to the Windsor Central Ambulance

Communication Centre for implementation. This is the anticipated the MTRA can be delivered within the next three to four weeks.

Recommendation

It is recommended that Essex County Council authorize Administration to deliver the 2018 Essex Windsor EMS and Fire Service Medical Tiered Response Agreement to the Windsor Central Ambulance Communication Centre, once municipal approval is received, for region wide implementation.

Respectfully Submitted

Bruce Krauter

Originally Signed by

Bruce Krauter, Chief, Essex-Windsor Emergency Medical Services

Concurred With,

Robert Maisonville

Originally Signed by

Robert Maisonville, Chief Administrative Officer

Appendix No.	**Title of Appendix**
I	2015 Essex Windsor EMS Fire Service Medical Tiered Response Agreement
II	2018 Essex Windsor EMS Fire Service Medical Tiered Response Agreement