

# NEW BRUNSWICK`S AMBULANCE SERVICES



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Green Paper

Prepared by the Department of Health in support of a legislative committee review of the provision of land ambulance services in New Brunswick.

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### Appendix 1 - Actual ANB Response Times by Battalion

## 1) Historical Context

Ambulance New Brunswick, also referred to as ANB, is a provincial ambulance program operating under EM/ANB Inc, a public organization under the New Brunswick *Companies Act* accountable to the Minister of Health. The management of all land and air ambulances is contracted by EM/ANB Inc. to Medavie Health Services New Brunswick, a subsidiary of Medavie Health Services.

ANB is responsible for administering New Brunswick's pre-hospital emergency health services, which is delivered through a fleet of ground ambulances and their support facilities and approximately 980 paramedics. ANB also operates a centralized provincial 911 ambulance dispatch centre in Moncton, the Medical Communications Management Centre (MCMC), which coordinates emergency medical services across the province.

Prior to the creation of ANB in 2007, New Brunswick relied on approximately 52 private, public and volunteer ambulance operators to provide emergency medical care. The level of medical care, staff qualifications and type and condition of ambulances and supplies varied throughout the province. Following the lead of Nova Scotia which consolidated ambulance services in 1994 and Prince Edward Island in 2005, ANB was created on June 6, 2007 and began provincial operations on December 16, 2007.

Since ANB's inception, the ambulance system in New Brunswick has standardized its level of practitioner and the interventions they provide and created one centralized dispatch for both land and air ambulance. The level of investment has increased from \$51M in 2005-06 to \$107M in 2018-19. In the same period, the number of paramedics employed in the ambulance system has increased from approximately 760 to 979, with the total number of ambulance vehicles, including spares, moving from 118 to 134.

## 2) Executive Summary

In the past two years, a series of events related to ambulance delays have driven the recent paramedic labour shortage and its impact on response times to the forefront for the public and stakeholders.

During the last decade, the provincial ambulance program, in partnership with its partners and stakeholders, has had significant success in raising the bar in terms of quality and safety for patients across the province. It has taken a patchwork of individual ambulance services which had varying degrees of clinical responsiveness, quality controls, clinical protocols, language capacity, operational procedures and roles and responsibilities and created a provincial program that standardized services to the benefit of patients.

The recent results of the June 2018 Accreditation Canada Report speak to this success. Ambulance New Brunswick received the highest mark in the country for an ambulance service and is now accredited with Exemplary Standing until June 2022.

However, during the last five years, Ambulance New Brunswick saw its contractual compliance with its response times in urban (9 minutes) and rural communities (22 minutes) decrease from 95.5% to 92.6%. While these results remain positive on a total call volume of close to 110,000, every time an ambulance is delayed, lives can be at risk and citizens and communities remain understandingly concerned.

This recent decrease in performance can be directly attributed to labour availability issues. The current vacancy rate in permanent positions sits at 10%. The shortage is driven by several complex factors which we will review in this paper. It is having an impact, not only in our communities, but also on our workforce who are carrying much of the weight and responsibility on their shoulders for filling in the gaps while the situation is resolved.

This paper will provide a high-level analysis of the current situation related to ambulance services in the province with a view of providing potential options for discussion.

The following policy considerations related to the provision of air and land ambulances in the province will be addressed within this paper:

- Quality and Safety of Patients;
- Labour Challenges;
- Provision of Services in Both Official Languages;
- Increase in Out-of-Service Units (OSS);
- Land Ambulance Response Times;
- Ambulance Transfer System;
- Governance and Management.

### 3) Patient Quality and Safety

In support of its mandate, ANB is required to seek and maintain national accreditation of its program and services. It does so in partnership with Accreditation Canada, an independent national body which is also responsible for Regional Health Authorities and related hospital accreditations in New Brunswick and across the country.

While the executive summary and the full report will be made available for review, it is important to provide some high level information from the June 2018 Accreditation Canada report within this paper as it represents a thorough external and independent body of work from experts in the field that would be a challenge to reproduce.

The accreditation process included an assessment of 25 ANB locations by the surveyor team which are detailed in the report and was supported by a thorough process and methodology and included comprehensive surveys of management and staff. The accreditation report measured performance across eight quality dimensions as presented in the following table.

**Table 1: June 2018 Accreditation Canada Results**

Quality Dimensions	Meaning	Percentage
<b>Accessibility</b>	Give me timely and equitable services	100%
<b>Appropriateness</b>	Do the right thing to achieve the best results	94%
<b>Client-Centered Services</b>	Partner with me and my family in our care	94%
<b>Continuity</b>	Coordinate my care across the continuum	100%
<b>Efficiency</b>	Make the best use of resources	100%
<b>Population Focus</b>	Work with my community to anticipate and meet our needs	93%
<b>Safety</b>	Keep me safe	99%
<b>Worklife</b>	Take care of those who take care of me	100%

The ambulance program as currently organized and operated received its accreditation until June 2022 with *Exemplary Standing*. This constitutes the highest score that is possible to achieve under the Accreditation Canada program and provides important independent insight on the overall performance of the ambulance program in New Brunswick.

However, as noted earlier, this does not mean that there are no issues or room for improvement in the way the system is currently operated.

## 4) Labour Issues

ANB currently employs approximately 980 primary care paramedics across its network. In the last decade, there has been a significant amount of change that has impacted our paramedical workforce due to the introduction of the provincial ambulance service.

The creation of new provincial clinical and operational protocols while having a demonstrable positive impact on patients, has increased the requirements associated with the profession and introduced new unforeseen challenges in the organization and deployment of the workforce.

The main symptom of the issues we will present in this section is a systematic labour shortage that has grown in recent years. Indeed, there are currently more than 100 vacant permanent positions within our ambulance system (10% vacancy rate). Labour shortages in the health sector are not unique to paramedics; but these levels are higher than what is observed elsewhere in the system.

ANB needs are particularly acute in full-time and part-time bilingual positions as detailed in Table 2, which shows the current number of paramedic vacancies as of June 2018 as per internal human resources data.

**Table 2: Vacant Permanent ANB Positions by Status and Bilingual Requirement**

Permanent Positions			
Full-time		Part-time	
Bilingual Required	Bilingual Not Required	Bilingual Required	Bilingual Not Required
51	10	31	9
101			



It is essential to note that approximately 50 to 60 of these vacant bilingual positions are currently temporarily filled with unilingual paramedics on a recurring 24 week cycle. This mitigates the actual impact of the shortage. However, the remaining 40 to 50 vacancies, as well as the temporary nature of the replacement of the designated bilingual positions, are seen as having an impact on recruitment, retention and staff morale.

### **WHAT ARE THE LIKELY CAUSES?**

#### **Public Perception**

There are multiple factors likely contributing to the current labour shortage including a public perception that the healthcare field is a challenging environment with a huge level of responsibility and difficult hours. This might be limiting interest in some fields by graduates across professions.

Paramedicine, which operates on the front-lines of our most acute healthcare cases, is particularly subject to this stigma. Intense public scrutiny and recent paramedical cases in the media in the province and across the country can only have reinforced this idea.

Beyond the issue of perception, which the provincial government and its partners can only influence in a limited manner, paramedics and stakeholders in the province have noted that the following issues are impacting both retention of current paramedics and recruitment of new paramedics in the workforce.

#### **Paramedic Rate of Pay**

Though the current New Brunswick pay scales are comparable to its Atlantic counterparts as demonstrated in the table below, there have been representations seeking to increase pay scales to a rate that is comparable to those of other emergency responders operating in the province. Indeed, police officers and firefighters can currently earn up to \$20,000 more per year than paramedics depending on the region in which they operate.

**Table 3: Paramedic Pay Scales in the Atlantic Provinces**

Primary Care Paramedic Hourly Wages				
Effective date	July 1, 2018	July 1, 2018	Nov. 2014 <sup>1</sup>	Jan. 1, 2016
Location	NB	PEI	NS	NL
Hourly wage	\$25.85	\$25.42	\$25.63	\$27.23

### Workplace Injuries

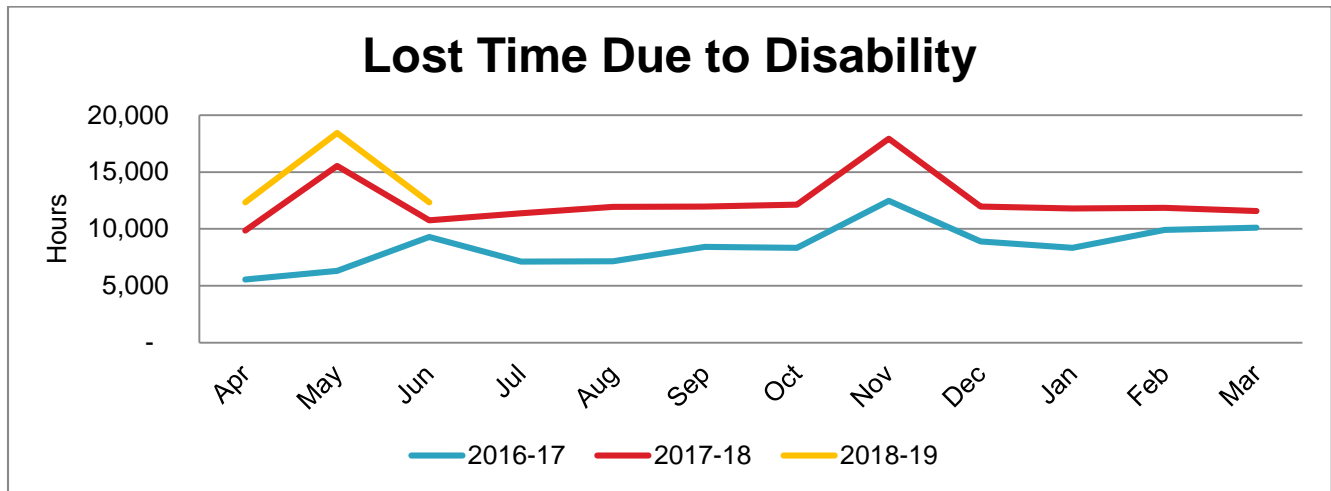
Paramedicine is an extremely demanding profession which takes both a physical and emotional toll on our first responders who often deal with extremely challenging situations when responding to calls. This is having an impact on recruitment and retention, but also especially on the availability of the current workforce.

ANB is facing an increase in long term absences and related claims through Work Safe New Brunswick due to physical and/or mental health injuries incurred on the job. Though this challenge has been met with robust initiatives by the employer, the issue is persisting as per the table below.

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<sup>1</sup> Nova Scotia wages currently under negotiations.

**Table 4: Loss Time due to Disability**



Lost Time to Disability (Worksafe NB – Hours)				
April	May	June	Current YTD	Prior YTD
12,342	18,434	12,344	43,120	36,167

**Overtime and Impact on Employees**

Though ANB actively monitors total hours worked and has clear requirements with respect to rest periods, the level of overtime required to respond to staffing shortages is having a negative impact on the health and well-being of the workforce. The current shortage is also impacting staff’s ability to take vacations due to the shortage.

This is particularly the case for employees who choose to pursue bilingual positions as they are often the first ones called upon for replacement of shifts to ensure bilingual coverage. This is impacting the identification, recruitment and retention of bilingual employees.

**Conditions of Employment**

Paramedics have also indicated that current collective agreements, employment and ANB operational policies, which primarily reward seniority and language proficiency, are often at odds with the concept of “local paramedics”. These policies do not necessarily allow for

recognition of an employee's place of residence and often leads to paramedics having to move or travel a significant distance to their postings.

Paramedics have also indicated and requested changes to how they are represented through labour unions arguing for representation that is more focused on their specific needs. They feel their concerns are diluted within the current broader negotiating unit.

Language proficiency and the bilingual designation of 1 out of 2 paramedics in the field is also seen as a barrier as it has led to a large contingent of the paramedic workforce not being able to secure permanent long-term employment in the field.

## **WHAT HAS BEEN DONE TO DATE?**

### **Increase in Training Seats**

The Government of New Brunswick recognized the pending shortage several years ago and has recently instituted additional paramedical training seats in community colleges. Public and private training seats have grown from 88 in 2016 to 149 per year in 2018. However, as stated prior, filling these seats has been a challenge in recent years though the trend has been positive in the last year.

### **Promotion and Out-of-Province Recruitment**

ANB has also conducted promotional activities in New Brunswick high schools and in partnership with educational and stakeholder groups and aggressively sought to recruit out-of-province paramedics to the province. However, recruitment efforts are somewhat hampered by the lack of French-language capacity of paramedics graduating from Maritime institutions and salary and practice discrepancies with our neighbours outside of Atlantic Canada.

## **WHAT ARE OTHER POTENTIAL OPTIONS?**

### **A) Review Paramedic Salary Scale**

Government could choose to proactively review paramedic pay scales. Though salaries are currently negotiated through the collective agreement process and take into account comparable salaries in other jurisdictions, a broader stand-alone review could be initiated taking into account additional factors as detailed in this report.

The cost of increasing the paramedic pay scale would be highly dependent on the outcome of such a review. As a rule of thumb, every individual \$1,000 increase to the yearly salary would represent an additional cost of approximately \$1M per year to the province.

There is no guarantee that this would necessarily lead to an immediate increase in the workforce but over time it would likely foster additional interest in the profession.

### **B) Increase Promotion and Recruitment Efforts**

Government could mandate ANB to increase both budgets and activities dedicated to promotion and recruitment activities in partnership with the relevant stakeholders in the sector.

### **C) Conditions of Employment**

Government could seek to negotiate labour provisions or review operational and human resource policies which take into account local deployment of resources in addition to current seniority rules.

Government could explore means of fostering more appropriate representation of paramedics within the negotiation process in partnership with the labour movement and paramedics.

Issues pertaining to the designation of bilingual positions will be addressed in the following section.

## **5) Provision of Services in Both Official Languages**

Ambulance New Brunswick is facing a unique situation within the public sector under the current interpretation of its obligations under the *Official Languages Act*. No other organization, or first responder group, is required to maintain bilingual capacity at a highly functional level in each and every field unit (ambulance-level) across the province at all times (24/7).

Most public sector organizations are required to be able to offer services in both languages at all times in each point of service, but they do usually so by sharing this responsibility across a broader number of employees in a particular office, service or region. ANB has only two paramedics in each ambulance that are responding on scene.

Though this is interpreted by ANB as necessary under the Act to provide services of equal quality, it does not make it simple to implement.

This has resulted in the establishment of a bilingual designation for close to 60% of its workforce which is higher than any department or equivalent provincial agency in the Province of New Brunswick. Understandingly, this has created training and recruitment challenges that are unique to the organization.

### ***Official Languages Act***

Under the *Official Languages Act*, ambulance services are covered under the provisions related to Health Services. Section 33(1) states that for the provision of health services in the province, an institution refers to the network of health establishments, facilities and programs under the jurisdiction of the Department of Health. That includes ambulance services.

These paragraphs confer rights to the public to communicate with any institution and to receive its services in the official language of their choice, and confer a related obligation to the institution to ensure that the public can receive these services and are proactively informed of this fact. This second principle is usually referred to as “active offer”.

It should be noted that the Act deals separately with Peace Officers in Section 31 which speaks instead to an obligation by the peace officer and the police force to take “whatever measures are necessary within a reasonable time”. The concept of “reasonable time” is

not included in the provision of the Act dealing with ambulance services (s. 33(1)). In short, there is an obligation to offer bilingual service in all healthcare institutions, including ambulances, without a time delay.

Similarly, the Act speaks clearly in Section 35 to obligations related to municipal governments. In this section, the Act speaks to population thresholds which trigger related obligations. There are no such thresholds with respect to health services. This effectively means that the obligation remains the same irrespective of the linguistic demographic profile of a given service area for the provision of health services.

In essence, the current interpretation of the Act is that every single ambulance is a point of service, and as such, the number of positions designated bilingual need to be sufficient to ensure that there can a bilingual paramedic able to offer services at all times, in every ambulance across the province.

This interpretation effectively led to the designation of 1 out of 2 paramedic positions in the field across the ambulance network. It should be noted that Regional Health Authorities are subject to the same obligations but benefit from the ability to pull from a larger pool of employees as most their services are offered within a physical building or can be planned in advance.

### **Performance under the *Official Languages Act***

Despite the shortage of bilingual resources in the paramedic workforce, it should be noted that patient surveys consistently point to a high satisfaction rate with respect to the availability of services in their language of choice.

When surveyed on the question of the provision of services in the language of their choice by paramedics, respondent satisfaction rates were 96% in 2015, 97% in 2016 and 98% in 2017. These results compare extremely well to other public bodies.

It should also be noted that there has been on average 2.1 formal complaints per year to the Office of the Commissioner of Official Languages over the last 10 years ending with fiscal 2017–18. ANB's annual volume of call is consistently over 100,000 per year.

## Sonier Case

One of these complaints became the object of a legal challenge to the Government of New Brunswick under the *Official Languages Act*. The Sonier Case was settled through a Court Order agreed to by the Soniers, along with the province and ANB. The Order recognized that the Soniers' language rights were violated and directed the Government of New Brunswick and ANB to take concrete measures to meet their obligations under the Act. These measures included, amongst other things, a review of the policies supporting the designation of a sufficient number of bilingual positions at an appropriate level.

## Linguistic Designation of Positions

Ambulance New Brunswick currently uses the Government of New Brunswick language testing scale which is administered by Service New Brunswick. The test is generic and provides results along a scale ranging from 0 to 4. Currently, the level of 2+ has been identified as the level required to provide paramedical care to patients in both languages.

The following table details the most current picture of the percentage of ANB employees with the necessary language proficiency:

**Table 5: ANB Current Language Capacity**

Total Current Number of Positions	% with Bilingual Capacity 2015-16	% with Bilingual Capacity 2017-18
979	26.9 %	32.4 %



There is no consensus amongst partners and stakeholders with respect to the appropriate level that should be required. There have been representations to ANB by some stakeholders to increase the level of bilingualism required and by others to decrease the level. There has also been dialogue suggesting the creation or adoption of a language test more adapted to the provision of healthcare services.

Currently, in an effort to ensure a minimal level of bilingualism even when a paramedic with a 2+ cannot be recruited, ANB takes into account the level actually achieved (1+, 2) in the awarding of temporary positions against a bilingual position. These temporary positions are awarded on a 24 week basis in order to ensure that the position remains one that has a bilingual requirement. This practice has been formally challenged by labour representatives and resulted in a labour board decision which provides direction that is at odds with ANB's current interpretation of its obligations under the Act.

### **Labour Board Decision**

The union representing paramedics, CUPE Local 4848, alleged that ANB's Strategic Language Plan violated the Collective Agreement. The ANB Strategic Language Plan provided for a move to one linguistic profile for the entire Province. The result was the award of positions to the person who meets the minimum level of bilingualism (i.e., 2+E/2+F) on a permanent basis. Grievances were filed against ANB as a result.

The adjudicator ruled in support of the grievances. The adjudicator made a detailed review of the *Act* and concluded that it did not require that service in the official language of choice be immediate; that is, without any delay. The adjudicator also concluded that the requirement for bilingual competence in all paramedic teams was not relevant to the position if it did not service a population which could not be adequately served by use of the "language line".

Compliance by ANB with the adjudicator's order would have been contrary to the Court Order in the Sonier case, and also with the direction taken by the Commissioner of Official Language.

Because of these two conflicting directives, GNB is currently seeking a judicial review of the decision. The judicial review is scheduled to be heard on January 24. Two motions for

interventions by solicitor Michel Doucet, on behalf of the Soniers and the Official Languages Commissioner, are scheduled to be heard in December.

### **Language Training**

ANB currently offers language training and covers course costs for interested paramedics. However, paramedics must complete course work on their own time. This policy is similar to that of other Government of New Brunswick departments, agencies and crown corporations.

Learning a second language as an adult and moving to a highly functional level of proficiency requires intensive training and will often require efforts up to and including immersion over a concentrated period of time. Retention of skills is also an issue if the language is not used on a regular basis.

It should be noted that ANB cannot compel an employee to offer services in a second language, to take language training or to get tested for language proficiency unless the employee occupies or applies for a position which is designated bilingual. This is similar across the public service and mirrors federal and other provincial linguistic regimes.

## **WHAT HAS BEEN DONE TO DATE?**

### **Targeted Promotion and Recruitment**

ANB has targeted its promotional and recruitment efforts in markets which are liable to produce paramedics with the required language proficiency. It has also offered a range of internal initiatives to promote proactive language testing and training.

These have had mitigated results as many paramedics do not necessarily want to identify as bilingual due to the potential for increased workload or because they do not feel that they have the ability to exercise their profession in their second language.

## **WHAT ARE OTHER POTENTIAL OPTIONS?**

There are a broad range of options ranging from policy to legislative changes available to the Government of New Brunswick and the Legislative Assembly. However, each option brings the risk of legal challenges as any decision could be precedent setting for health and other public services covered under the *Official Languages Act*.

### **A) Increase Promotion, Recruitment and Training Opportunities**

Government could significantly augment current efforts to promote, recruit and train paramedics for language capacity. This option represents a continuation of the status quo and is not likely to result in major progress against the current gaps in the bilingual workforce.

### **B) Create a Language Scale Specific to Health Services**

Government could develop a language scale and tests specific to health care services in collaboration with EM/ANB, Horizon and Vitalité. This could result in a more appropriate assessment of relevant skills specific to the sector and address criticism and failings of

the current generic language test. It might not increase the number of bilingual positions over time but would certainly address frustrations with relevance of the current test.

### **C) Introduce a Form of Bilingual “Bonuses”**

Create either a recruitment incentive and/or a yearly salary adjustment for bilingual positions as means to increase recruitment and retention. Federal public servants in bilingual positions currently benefit from a differential salary.

This might provide additional incentives for recruitment and retention but would also likely result in public sector employees from across the Government of New Brunswick making a similar request to the employer.

### **D) Eliminate the Sliding Scale**

Government could eliminate the use of language proficiency at lower levels than 2+ in determining the temporary hiring against positions currently identified as bilingual as directed by the labour decision. This would reinstitute seniority as the only provision utilized and address a part of the decision rendered by the Labour Board.

The impact would be that resources backfilling bilingual positions could have little to no language capacity. It might also remove a motivation factor for employees to move up the language proficiency scale. This option would likely contravene the directive in the Court Order.

### **E) Introduce a Language Line or Translation Devices**

The use of a language line or similar assistive technology to fill the current gap in services on a temporary basis could be explored. The use of such devices could be interpreted by stakeholders or the courts as not meeting the “services of equal quality” concept imbedded within the Act.

### **F) Hire then Train for Language**

New Brunswick could hire paramedics with a commitment to achieve language proficiency within a given period. New Brunswick could fund intensive language training for paramedics during work hours to achieve this proficiency.

This has been a staple of the federal approach for certain key hard to recruit positions for decades. This type of policy has had differing levels of success and is highly dependent on the individual employee's motivation and desire to learn.

The costs associated with this policy would be significant and the impact on the available resources in the current shortage situation would likely have an impact on operations and response times. With the current vacancy at 50 to 60 positions, this would need to be done over time.

As a rule of thumb, getting to the required level of proficiency would likely require the equivalent of a full-year of full-time training. This could mean approximately \$3M to cover the current gap of 50 positions. This amount does not take into account the yearly costs associated with the recruitment or departure of employees over time.

Government could expect that the implementation of such policy decision would be legally challenged as violating the Sonier Court Order.

### **G) Introduce a Revised Bilingual Designation Policy**

Government could develop an "important demand" policy based on provincial demographics at a regional level. This would result in more positions being designated bilingual in areas where there is potential for a higher demand and a lower number of bilingual positions in more homogeneous linguistic communities either French or English.

This option might not result in less bilingual positions required overall; it would more likely redistribute the positions (increase in urban and bilingual regions, decrease in rural areas to the benefit of unilingual French and English positions). In the absence of legislative changes, such a policy could also be challenged in the court and would likely contravene the Sonier Court Order.

## H) Change the *Official Languages Act*

As noted earlier in the report, the Act explicitly provides peace officers more flexibility than is currently afforded to paramedics operating under ANB. Such a section could be extended to first responders as a whole. This would in no way eliminate ANB's obligation to offer services in the language of choice but would allow for more flexibility at the regional level instead of in each and every active ambulance.

Similarly, the Act could be amended to allow for regulations specific to ambulance services that could instruct an "important demand" regulation that would outline population thresholds for the provision of ambulance services similar to the federal regulation to that effect.

Both of these changes would likely result in legal challenges as they could be perceived as violating language rights.

## 6) Out-of-Service Units

Generally, Out-of-Service (OOS) Units refer to an ambulance unit that is scheduled and would normally be staffed / functioning out of a given station but is not. While a unit could be out-of-service for reasons such as mechanical failure or for accidents, the large majority of units are out-of-service because no staff is available for a given shift. There has been a considerable increase in OOS in the last three years mirroring the increasingly challenging labour shortages which ANB has been facing. The latest full year data provided in Table 6 demonstrates the issue is still very present, in particular during holiday season.

There is no direct relationship between out-of-service (OOS) issue and the designation of bilingual positions within the ambulance system. Though language capacity is always considered first when seeking to find a paramedic to fill a shift as it is an obligation, an ambulance is never left unstaffed for that reason. A unilingual resource, if available, will staff the ambulance.

**Table 6 – Percentage of Total Hours Out-of-Service (2017 Calendar Year)**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>North</b>	4.5	4.0	6.4	6.8	6.9	7.4	13.4	17.6	8.6	11.1	9.1	12.7
<b>South</b>	0.8	2.0	2.9	2.4	2.0	1.6	4.6	5.9	5.4	3.7	3.4	6.3
<b>East</b>	2.8	2.9	3.2	4.6	3.6	4.2	9.8	9.9	5.7	5.2	5.4	9.1
<b>West</b>	0.5	1.2	2.0	2.1	1.4	1.5	3.9	3.6	2.7	1.8	1.4	4.0
<b>Total</b>	2.1%	2.5%	3.5%	3.9%	3.4%	3.6%	7.9%	9.0%	5.5%	5.2%	4.7%	7.9%

The unavailability of staff which leads to Out-of-Service ambulances has multiple root causes referred to in other sections of this paper including staff absences due to use of sick leave or long-term disability, staff vacancies, difficulties in securing staff to assume extra shifts and the challenge for staff with respect to the short notice often provided in cases related to unplanned absences by employees.

Out-of-service levels typically rise during summer months with increases in vacation leave and the increased challenges associated with enticing staff to assume extra shifts during this period.

## **WHAT HAS BEEN DONE TO DATE?**

### **Employer/Labour Committee on Vacation Requests**

Both the employer and employees have agreed to review the processes associated with vacation request. Any solution needs to balance operational requirements, work-life balance and the rights of employees under their collective agreement.

### **Proactive Monitoring and Reporting**

ANB has taken steps to address root causes of Out-of-Service Units which are under their control. EM/ANB and the Department of Health have requested and are now receiving reporting on Out-of-Service Units to monitor the impact across the system.

## WHAT ARE OTHER POTENTIAL OPTIONS?

Out-of-Service units are primarily driven by issues tied to the labour shortage and working conditions which have been addressed in the previous section.

### 7) Land Ambulance Response Times

It is important to note that due to the unplanned and unpredictable nature of medical emergencies requiring transport, response times will always vary and ambulances will be late on occasion due to unforeseeable circumstances that cannot be planned for such as multiple concurrent emergencies. This is particularly the case in rural areas, which by nature have less redundancy built in to their ambulance complement.

New Brunswick's ambulance system, through its dynamic deployment approach, has reinforced its capacity to dispatch a unit to ensure optimal coverage of every region based on its available resources at a given time. In a 24/7 emergency services context with resources distributed across a broad territory with very distributed population in rural areas; it is a system which has proven its efficacy as demonstrated by historical and current response time performance.

ANB's standard for emergency calls is that 90% of the time, it will respond within 9 minutes for urban calls and 22 minutes for rural calls. These thresholds were set by government at the time of the creation of the organization. They are aligned with provincial response time standards in the rest of the country.

For the purposes of the contract, these include "exemptions", calls that are considered compliant even though they fall outside the 9 and 22 minute timeframes. Exemptions may include weather, mechanical failure or, most frequently, multiple simultaneous calls drawing heavily on resources. The percentage of exempted calls in a given year varies from 2% to 4% at a provincial level. All exemptions are reviewed and audited by the Department of Health on a yearly basis.

The following table provides a provincial summary of Urban and Rural emergency response rates over five fiscal years as per the current contractual definition of response times.





**Table 7 – ANB Emergent Contractual Response Times – 2013–2018**

Provincial Emergent Response % – 5 Yr. Urban / Rural trend <sup>2</sup>													
	North			South			East			West			NB
	Urban	<i>Rural</i>	Both	Urban	<i>Rural</i>	Both	Urban	<i>Rural</i>	Both	Urban	<i>Rural</i>	Both	Both
<b>2017–18<sup>3</sup></b>	93.9%	92.2%	92.8%	92.2%	91.8%	92.1%	91.1%	93.2%	92.0%	92.5%	95.6%	94.1%	<b>92.6%</b>
<b>2016–17</b>	93.8%	93.0%	93.2%	91.8%	91.6%	91.7%	91.1%	93.8%	92.3%	92.3%	92.2%	92.2%	<b>92.3%</b>
<b>2015–16</b>	95.0%	94.5%	94.7%	92.9%	93.3%	93.0%	93.1%	94.6%	93.8%	92.8%	93.6%	93.2%	<b>93.7%</b>
<b>2014–15</b>	95.9%	96.1%	96.1%	94.2%	94.8%	94.4%	94.0%	95.8%	94.8%	94.6%	94.9%	94.8%	<b>95.0%</b>
<b>2013–14</b>	97.5%	96.6%	96.9%	94.2%	95.2%	94.5%	94.7%	96.0%	95.3%	95.8%	95.4%	95.6%	<b>95.5%</b>

The table above only provides a high-level picture and it is important to note that the performance thresholds are only applied at the regional level. Response rates at the battalion (community) level vary depending on the region of the province, the relative isolation of some of our more rural communities and the level of staffing available in a given time period. This has been the case since the inception of ANB.

In an effort to ensure full transparency, the actual performance (no exemptions) of every battalion in the province is provided in Appendix 1. This data is analyzed by ANB on a regular basis and informs the deployment and location of resources and its overall System Status Plan. The results mostly vary from 80% to a 100% but some stations, either due to geography or staffing challenges (long term leave or vacancies) find themselves at a lower threshold in a given year.

Average response times at the battalion level have also been included to provide additional context as average response time are usually below the threshold.

<sup>2</sup> Summary created for illustration purposes. ANB reports on 4 individual regions, by quarter.

<sup>3</sup> 2017–18 figures exclude Q4 – data not finalized.

## **WHAT HAS BEEN DONE TO DATE?**

### **Continuous Improvement of System Status Plan**

ANB continuously reviews and seeks to improve its System Status Plan. This plan seeks to ensure the optimal deployment of units across the province.

### **Tying Increases in Ambulances to Volume of Calls**

The contract provides for an automatic increase in ambulances and paramedics as the volume of calls increases. This clause has been used regularly and contributed to the increase in ambulances operating in the province over the last decade.

## **Dynamic Deployment**

Closely related to the System Status Plan, the dynamic deployment approach ensures that ambulances are shifting their positions in real time in response to emergent events.

This ensures that no region is left completely unattended at any given time. However, it might also mean that a unit normally assigned to a given community is moved further out in an effort to cover a deficiency in another area. It is a hallmark of a provincial integrated system which has provided increased safety and security for citizens when the system is responding to multiple calls or major events.

## **Rapid Response Units**

Rapid Response Units are in the process of being deployed in five regions in the province focusing on rural areas which are at risk due to their geographic isolation and distance from major urban centres.

They are staffed by a single paramedic in a modified SUV vehicle with access to all standard equipment for an emergent response. They cannot carry a patient but can reinforce local emergency responders during an emergent event. They can also contribute to primary health care when they are not responding to emergency calls.

Similar to adding ambulances, current labour shortages could pose a challenge in implementing this option and it must be noted that rapid response units will not decrease response times as they will not be able to transport a patient.

## **WHAT ARE OTHER POTENTIAL OPTIONS?**

### **A) Increase Compliance with Minimum Response Time / Increase Ambulance Units**

New Brunswick could seek a higher percentage of compliance beyond the current 90% threshold or institute a concurrent minimum percentage (i.e. 80%) for all of its battalions (communities) across the province to address the variance discussed earlier.

Due to the challenges related to geography and the distribution of the population, any substantive change in response levels would require additional ambulances. This is a challenging prospect in the face of the current labour shortage, which will take some time

to resolve. Each new ambulance cost approximately \$650,000 per year to operate inclusive of labour, equipment, vehicle and operational costs.

### **B) Community Needs Assessment**

Government could mandate ANB to conduct community needs assessments across the province to determine the number of ambulances required. As per the first option, this could also lead to the need for additional ambulances with related financial obligations.

### **C) Community-Based Ambulances**

Government could mandate ANB to modify its dynamic deployment process to re-introduce the concept of community-based ambulances. This would mean that an ambulance tied to a community would no longer be made available to cover provincial needs.

This option could also require additional ambulances as the system currently maximizes the use of each unit across the system. The recommendation could lead to additional down-time for rural units in particular due to lower volumes.

### **D) More Efficient Transfer System**

Creating additional capacity through a high performing transfer system as presented in the subsequent section could create additional capacity within ANB over time.

## **8) Ambulance Transfer System**

In addition to 911 emergency and non-emergency response, ANB also performs inter-facility transfers of patients moving to and from hospital and care facilities.

In 2016-17, transfers accounted for almost 30% of ANB's 107,457 annual calls. The contractual standards for ANB have historically been that 90% of the time, it will respond:

- To scheduled transfers within one hour of the agreed upon pickup time;
- To non-scheduled transfers within two hours of the agreed upon pickup time. Non-scheduled transfers are those requested after midnight for pick up the same day.

- For both transfer types, ANB may reschedule once with the sending institution.

The Department of Health, ANB and the Regional Health Authorities all recognize challenges associated with the current process surrounding transfers. Since ANB prioritizes 911 calls over transfer requests, the latter may be frequently cancelled when ambulance resources are already deployed. Cancellation has a ripple effect in creating health system inefficiencies and negative health impacts for citizens when appointments are missed.

Also, the length of time for transfers in north / south corridors can utilize a significant (or complete) portion of an ambulance crew's shift. Once ambulances have dropped off patients, they form part of ANB's broad 911 response and may be assigned to repeated calls in higher volume urban areas, creating service challenges around their "home" stations. On the RHA's part, the level of acuity for transfers does not always reflect a clinical need and might also play a role in unnecessarily redirecting emergency resources.

## **WHAT HAS BEEN DONE TO DATE?**

### **Project to Improve the Process for the Transfer of Patients**

The current contract with ANB contains metrics with improvements on transfer process and reporting. ANB has initiated a project with RHA and Department of Health representation to improve transfer response.

Project initiatives to date include the assignment of dedicated ANB dispatch centre staff to handle all incoming transfer requests, piloting a new transfer algorithm that ties response time to patient acuity and procurement of an external resource to examine historical data for trends and resourcing implications to inform the establishment of distinct transfer units with ANB.

Efficiencies identified through this project will reinforce ANB's capacity to provide additional capacity in support of emergent calls.

## **WHAT ARE OTHER POTENTIAL OPTIONS?**

### **A) Creation of Distinct Transfer Units**

The creation of distinct transfer units within ANB could be realized immediately with addition of net new units, bearing in mind once again the recruitment challenges faced by ANB.

It should be noted that there would be potential to reduce the level of bilingualism required by patient transfer ambulance paramedics as these services can be planned in advanced based on the language of preference of a patient.

### **B) Stand-Alone Transfer Service**

Consideration could be given to separation of transfer related calls and having them performed by another entity, noting there would be competition for the recruitment of paramedics, a need to coordinate interface with an additional health partner and potential for duplication of management structures.

## **9) Governance and Management**

The Ambulance New Brunswick program is currently the responsibility of EM/ANB, a public company accountable to the Minister of Health with a Board of Directors composed of public servants from the Department of Health and the Regional Health Authorities. EM/ANB also has responsibility for the Extra Mural Program and Telecare 811.

EM/ANB has an agreement with Medavie Health Services New Brunswick (MHSNB) specific to air and land ambulance services.

The front-line employees of both of the program work within the public sector as EM/ANB employees and retain all their labour rights and public sector privileges. Policy and clinical direction for the program is provided by the Department of Health.

The agreement is a combination of administration costs and performance-based envelopes aligned with system outcomes (i.e. response times, transfers and official

languages). There are currently performance incentives if all targets are met in a given year.

The agreement also includes provisions to encourage administrative efficiencies with savings shared by EM/ANB and MHSNB. The MHSNB portion of these savings is capped at \$1.1M per year. The agreement has provisions for termination with or without cause by EM/ANB.



## **WHAT HAS BEEN DONE TO DATE?**

### **Reduced Overhead and Administrative Costs over Time**

The initial contract for a provincial ambulance service was awarded in the absence of a baseline or model for a provincial service. As such, provisions were imbedded into the agreement that allowed for a 50/50 sharing of savings identified by the management company in a given year. In the most recent contract, overall administrative and management costs were reduced and the sharing of savings with the management company was capped at \$1.1M.

### **Reinforce Board Governance Accountability Mechanisms**

The Board of Directors of EM/ANB is in the process of creating three subcommittees (performance and budgets, quality and safety and medical and professional advisory committee) to ensure more thorough and transparent reporting of metrics associated with both program under their responsibility.

These committees mirror the current governance structure in the Regional Health Authorities and will include participation of health professionals to better inform policy.

## **WHAT ARE OTHER POTENTIAL OPTIONS?**

### **A) Monthly and Quarterly Public Reporting**

Government could mandate ANB to publicly report on response times and other key performance indicators such as Out-of-Service units at the battalion (community) level. This would have little impact on the organization as this data is currently collected.

### **B) Emergency Services or Health Services Ombud**

The Department of Health could create an ambulance services or broader health services ombud function to receive and investigate complaints from the public. This option would need to be developed in collaboration with Regional Health Authorities and professional

bodies to ensure that it takes into account the roles and responsibilities of actors across the health system.

### **C) Increased Public representation on the Board of Directors**

The EM/ANB Board is currently composed of senior Department of Health and RHA officials. An option could be to appoint additional external Board of Directors with relevant health expertise to provide further oversight independent from the Department of Health and the Regional Health Authorities.

This could address concerns around transparency and community engagement. This option would have small financial impact mostly related to board member remuneration.

### **D) Create a Paramedic Services Advisory Committee**

In recognition of the breadth of the issues identified, the Department of Health or the EM/ANB Board of Directors could create a Paramedic Services Advisory Subcommittee to inform and/or monitor the implementation of future solutions.

### **E) Stand-Alone Provincial Paramedic Dispatch Centre**

Government could explore the establishment and transition to a stand-alone provincial dispatch centre separate from the operations of ambulances. This could ensure that dispatch and the monitoring of performance is separate from the delivery ensuring more accountability and transparency.

There would be financial and operational considerations to this option which would warrant further analysis prior to proceeding.

### **F) Ambulance Services under Public Sector Management**

ANB could be repatriated under public management under the current Part III organization. This option would require further analysis as this management function has never been part of the public sector and several key assets and operational processes are owned and operated by MHSNB.

Ambulance Services are part of a separate agreement with distinct termination clauses. As per the contract, compensation to MHSNB would range from a minimum of \$3M up to \$6M upon termination. In addition, the Department of Health would need to negotiate and purchase the rights to MHSNB internal intellectual property.

There could be significant risks to public safety in proceeding too quickly without first ensuring that a public sector organization could secure the necessary expertise and systems to manage a provincial air and land ambulance service.

There could be further complexities related to governance and additional cost if management of this service is broken out between the two Regional Health Authorities. The provincial coordination centre (MCMC) would need to be managed centrally or outsourced to another organization.

### **G) Full Operational Review of ANB**

The Government of New Brunswick could secure the services of independent experts to conduct a thorough operational review of ANB to identify comprehensive opportunities for the optimization of its workforce and the reduction of response times.

Such an initiative would likely duplicate some of the evaluation components conducted through the ongoing Accreditation Canada as presented in the initial section on quality and safety. However, it could provide the legislature and government with increased confidence that all options for improvement have been identified.

Such a review could also be conducted by the Auditor General through a value-for-money audit.

## **10) Conclusion**

Public confidence in the ambulance system is essential to maintain the safety of the citizens of New Brunswick. There should never be a question if dialing 911 is the right thing to do when faced with an emergency. The process initiated through this review is an opportunity to address important issues and concerns while allowing the population to regain trust in the system as a whole.

## APPENDIX 1 – ACTUAL ANB RESPONSE TIMES BY BATTALION (2017–2018)

### North Region

Battalion	Unadjusted Performance	Late Volume	Total Volume	Average Response Time (mm:ss)
Bathurst	91.4%	314	3,670	11:55
Belledune	67.8%	158	490	18:24
Campbellton	95.5%	78	1,745	07:51
Caraquet	90.0%	124	1,241	14:32
Dalhousie	96.1%	48	1,244	11:35
Edmundston	94.8%	134	2,574	08:44
Grand Falls	95.2%	50	1,047	09:31
Kedgwick	83.9%	24	149	16:15
Lamèque	83.2%	119	710	16:17
Shippagan	93.7%	61	973	12:33
Sainte-Anne	98.3%	4	237	12:36
Saint-François	92.8%	28	387	12:13
Saint-Léonard	96.5%	8	231	10:49
Saint-Quentin	97.0%	8	269	07:34
Tracadie	95.7%	86	2,007	11:24

### South Region

Battalion	Unadjusted Performance	Late Volume	Total Volume	Average Response Time (mm:ss)
Blacks Harbour	91.8%	69	844	13:24
Campobello	97.9%	3	142	07:50

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Deer Island	100.0%	0	81	08:37
Grand Manan	99.0%	2	201	11:43
Hampton	96.2%	35	913	10:53
Kingston Peninsula	72.8%	50	184	19:29
Lepreau	85.2%	35	236	15:59
Saint John	93.9%	783	12,832	07:00
St Andrews	89.2%	44	408	11:10
St Martins	91.8%	16	195	10:50
St Stephen	94.4%	56	1,000	10:36
Sussex	89.8%	168	1,641	13:07
Westfield	87.5%	75	598	11:36

### East Region

Battalion	Unadjusted Performance	Late Volume	Total Volume	Average Response Time (mm:ss)
Baie-Saint-Anne	94.8%	20	383	11:51
Bouctouche	97.3%	28	1,043	12:31
Cap-Pelé	94.2%	32	549	15:09
Dieppe	92.9%	160	2,245	08:42
Elsipogtog	97.1%	20	690	09:14
Fords Mills	67.4%	70	215	20:42
Hillsborough	90.3%	35	361	12:37
Miramichi	91.1%	266	2,979	09:45
Moncton	94.4%	523	9,265	07:23
Neguac	95.4%	51	1,115	10:54
Petitcodiac	85.2%	98	663	15:18
Port Elgin	79.3%	51	246	16:00
Blackville / Renous	91.1%	48	537	14:49
Rexton	88.4%	110	952	15:45
Riverside-Albert	89.8%	18	176	11:10
Riverview	91.3%	143	1,652	08:28
Rogersville	93.0%	26	374	10:21

Sackville	92.6%	57	770	09:59
Salisbury	97.8%	13	581	11:39
Shediac	95.7%	83	1,923	11:12

## West Region

Battalion	Unadjusted Performance	Late Volume	Total Volume	Average Response Time (mm:ss)
Boiestown	93.5%	19	292	11:51
Chipman	86.3%	53	388	14:30
Doaktown	87.5%	28	224	14:20
Dow Settlement	87.6%	22	178	15:03
Florenceville	89.2%	77	711	15:58
Fredericton	94.3%	442	7,809	08:09
Fredericton Jct	92.5%	20	268	12:09
Hartland	95.0%	26	515	09:47
Harvey	77.2%	79	346	16:10
Jemseg	77.7%	117	525	19:58
Keswick	94.6%	23	429	12:51
McAdam	84.7%	37	242	09:48
Minto	93.2%	44	648	11:06
Nackawic	92.5%	29	389	13:25
Oromocto	96.4%	47	1,302	10:45
Perth Andover	94.9%	23	450	11:12
Plaster Rock	93.2%	29	426	11:17
Stanley	95.0%	15	298	12:48
Tobique First Nation	98.1%	4	208	13:32
Woodstock	94.9%	102	1,997	08:32