



The Threat to Top-Quality Emergency Medical Services

The Ontario Professional Firefighters Association has raised a proposal to expand the role of firefighters in emergency medical services (EMS). This raises serious issues of the quality of care and costs.

Quality of care: With increasing demands from the public, **paramedic services have rapidly evolved over the last several decades.**

The paramedic scope of paramedic practice was expanded in 1997. The paramedic credential was changed to Advanced Emergency Medical Care Assistant (AEMCA) to recognize the improvements in the provincially approved college paramedic programs and the provincial certification exam. After receiving an AEMCA, paramedics must pass a provincial examination set by the Ministry of Health and Long-Term Care (MOHLTC). This training is augmented by annual mandatory continuing education and annual certification. Paramedics now perform more controlled medical acts than any other health care professional — except physicians.

Paramedics face oversight from their employers (usually municipal governments or hospitals), the provincial government, and “base hospitals”. The MOHLTC, oversees paramedics and may take steps up to removing a paramedic’s ability to practice. The province *also* appoints base hospital physicians to oversee paramedics — and they also may limit or remove the ability of a paramedic to practice, or require additional training.

The MOHLTC also sets and enforces ambulance, equipment and patient care standards. The Province certifies and reviews land ambulance operators under legislated regulations and requires peer reviews every three years. The Ministry oversees land ambulance communications services and base hospital paramedic programs and operates peer based operational review programs for those services. Paramedic call reports are audited by base hospitals for compliance with legislated patient care standards and delegated medical acts. The Province also operates an Investigation, Complaint and Regulatory Compliance program.

The *Ambulance Act* contains standards for Ambulance Service Certification, Ambulances and Communicable Diseases, Ambulance Service Documentation, Patient Care, Transportation, as well as Basic and Advanced Life Support Standards. The provincial government requires public reporting of land ambulance response times.

In sum, there are multiple levels of oversight and quality assurance of paramedic and EMS services in Ontario. ***Put simply, this broad range oversight and quality control are missing for fire trucks and firefighters doing emergency medical calls.***

The fire proposal calls for “fire-medics” *instructors* to undergo **16 hours of training**. Upon successful completion of this training, they would train and certify **a quarter** of the current firefighters through **a 20-hour course**.

The proposal to let firefighters with 20 hours of training to respond to emergency medical calls is **like playing Russian roulette with the public**. This amounts to a dramatic reduction in expertise. Symptom relief skills should only be provided by a fully certified paramedic, not by those who are focused on a completely different profession.

The consequences of an increased fire role will likely be serious. Paramedics treat patients in emergency situations where lives are in peril. The drugs the firefighters propose to administer can have significant negative consequences. The firefighter proposal that they can continue to work on patients while paramedics move on to other calls raises serious potential for tragic miscommunication, an occurrence that is almost certain to happen in emergency situations. Will firefighters even forgo their 24 hour shifts to take on this work?

While the trend for decades has been to increase the qualifications and skills of emergency responders, firefighter response dramatically reverses that trend. Governments that implement such measures must answer for this policy when problems occur.

Costs: Even after having lost 13% of their medical calls in the last few years, fire trucks are still responding to at least **five or six times more calls** than there are time sensitive calls. Indeed, as there is no scientific evidence that firefighter response is of any use for many time sensitive calls, this likely understates the issue.

Not surprisingly, then, municipalities have been reducing their reliance on fire trucks for medical response. Given that they are already responding to many more calls than time sensitive calls, more such change may come, especially as response protocols improve.

We are strongly opposed to the layoff of firefighters (and, as far as we know, there have been no firefighter layoffs in Ontario). But we do not believe it is good public administration to put in place policies that will stop the rational distribution of work and that require unnecessary costs for municipal governments.

The firefighter proposal cannot reduce the need for paramedic response to emergency medical calls. It will, however, require more fire trucks and will hamper the rational distribution of municipal resources. These factors will lead to extra costs for fire services.

Ontario Municipal Benchmarking Initiative (OMBI) studies demonstrate that fire vehicle costs per hour of operation are 50% higher than the costs of ambulance service. Putting a fire vehicle in operation for a year (24/7) costs about \$900,000 more for the taxpayer than an ambulance.

We respectfully urge governments to focus on providing top quality emergency medical services, avoid creating extra financial burdens for municipal governments, and instead encourage the rational distribution of work to continue.