Alberta Health Services

Emergency Medical Services

Operating Plan

April 1, 2023 - March 31, 2024

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Section 1

Executive Summary

Alberta Health Services (AHS) Emergency Medical Services (EMS) is excited to embark on the 2023/24 EMS Provincial Operating Plan. It is guided by recent recommendations from three external reports, informed by engagement with EMS staff including through the AHS EMS Culture Research Study, and consistent with the AHS EMS Service Plan which is currently being finalized. This Operating Plan represents perspectives from across Alberta and will help to focus the organization on key in-year activities to reform and continuously improve EMS in the province.

Internationally, EMS systems are being challenged to meet increased demand with strained resources. EMS in Alberta faces similar challenges, with EMS event demand fluctuating up to 30 per cent above pre-pandemic levels, increased EMS hospital intervals, and increased staff sick time.

The provincial government's Health Care Action Plan, announced in November 2022, sets the primary focus for EMS to reduce response times across the province. Considerable work is underway to address this challenge, which requires broad-based reforms that reflect and are aligned with recommendations from four key documents:

1. The Alberta EMS Provincial Advisory Committee (AEPAC) Final Report
2. The Alberta EMS Dispatch Review Report
3. The HQCA Report on the review of AHS EMS's response to a fatal dog attack event
4. The AHS EMS Provincial Service Plan, currently being finalized, which includes findings from the AHS EMS Culture Research Study

There has been tremendous effort, engagement, discussion and feedback by EMS and its partners that directly informs the activities outlined in this Operating Plan. Diverse input, coupled with focused effort on behalf of employees throughout EMS, allows the organization to report that recommendations stemming from the four reports are currently either implemented and being monitored for impact or are ready for imminent implementation.

This Plan prioritizes and sequences reforms, initiatives, and activities, and provides a roadmap for EMS over the fiscal year period of April 1, 2023, to March 31, 2024. In addition to being assigned priority and timeline, each action has been assessed for budgetary impact and additional resources have been allocated where needed in 2023/24 in relation to these initiatives.

Each initiative in this plan is aligned with one of five improvement strategies:

- Workforce strategies and supports – to improve the workplace for existing staff, increase and enhance recruitment of new staff, and ensure an efficient and supportive work environment.
- Capacity increase – to increase the number of paramedics and ambulances and/or ensure existing resources are used as effectively as possible and are more readily available in communities to respond to emergencies.
- Demand management – to reduce the number of unnecessary ambulance responses and/or reduce the number of unnecessary ambulance transports to hospital, ensuring patients receive timely, appropriate and safe care.

- Strategic initiatives – to support long-term improvements to the EMS system including engagement with partners and communities, medical first response, public education, and enhancing the EMS system design.

- Other initiatives – initiatives that do not fit within another category, but will benefit patients, Albertans, and/or the EMS system (e.g., clinical improvements). These can reflect improvements made elsewhere in the healthcare continuum that will support EMS excellence.

As announced in Budget 2023, EMS is receiving an additional $196 million in funding over the next three years. This funding increase is key to address EMS performance and to implement recommendations received through the various reports and engagement activities. In 2023/24, EMS will receive an additional $138M to invest in improvements in EMS and to implement the initiatives under this Operating Plan. The 2023/24 AHS EMS total budget is $741M.

AHS EMS is on an aggressive journey to improve healthcare delivery to Albertans. This Operating Plan is the first of what will become annual operating plans that outline actions to support the longer-term EMS Service Plan and are shared with all employees to ensure clear accountabilities and transparency.

Concurrent to the initiatives outlined in this document, significant focus and work by AHS elsewhere across the healthcare continuum will help resolve delays occurring when transitioning EMS patients to emergency department staff and stretchers. Raised during the AEPAC committee meeting, the independent review of the EMS Dispatch System and in the HQCA report on the dog attack incident, the issue of EMS capacity lost to extended time at hospitals is the sole biggest drain on EMS resources – even larger than the impact of the increase in EMS event volumes experienced over the past three years.

Resolving the delays and lost system capacity in emergency departments and returning paramedics to the community will have far-reaching positive impacts. This work will keep ambulances in communities, improve response times, eliminate ‘code reds’ (i.e. occurrences in Edmonton and Calgary metro areas when all units are assigned to an event), and have cascading effects that will allow paramedics to leave work on-time, reduce overtime demands, address workforce fatigue, and improve morale.

A key component of the Operating Plan will be to provide regular status reports on each of the projects and initiatives identified.

Section 2

Introduction

Governance and System Design

Emergency Medical Services across Alberta is a public service with a governance structure that includes clearly defined authorities and responsibilities.

Roles & Responsibilities:

The **Minister of Health** is responsible for setting the overall direction and system design of Alberta's EMS system.

The **Assistant Deputy Minister (ADM)** of Health Standards, Quality, and Performance at Alberta Health serves as the **Emergency Health Services (EHS) Registrar** and provides oversight, direction and investigations to support the Minister of Health. The EHS Registrar approves and issues ambulance operator licenses, and may take action to revoke, suspend or impose terms on an operator's license.

The **Provincial Director** of Emergency Health Services (EHS) at Alberta Health works closely with medical directors at Alberta Health Services (AHS) EMS to establish and maintain provincial medical protocols used by paramedics in the field providing emergency health services.

The **EHS Unit** of Alberta Health provides oversight, direction and investigations to support the Minister and the Assistant Deputy Minister/Registrar.

Alberta Health Services, through its EMS operations, is responsible for EMS system operational oversight as well as delivering all emergency medical services, either directly or through contracted providers. The responsibilities include all facets of EMS operations; dispatch, deployment, fleet, facilities, response decisions, medical oversight, and equipment, to name a few.

Governance

Public services in Alberta, including healthcare and EMS, require enabling legislation to set parameters and provide direction. Legislative direction, in order of precedence, is further refined in subordinate regulations, codes and policies. For example, the ***Emergency Health Services Act*** **(the Act)** provides legislative permission and direction for EMS in Alberta and the ***Ground Ambulance Regulation*** **(GAR)** sets out requirements for vehicles, staffing, medical direction, billing and other components of the system.

The Act defines emergency health services as "dispatch services and assessment, stabilization, treatment and transportation services dispatched in response to a request for emergency health services" (S.1 (k)). The Act directs that AHS shall provide those emergency health services in accordance with the Act, the Ground Ambulance Regulation, the Ground Ambulance Vehicle

Standards Code and an approved emergency health services plan. The Minister can “impose service requirements, standards, protocols, and guidelines” (S.44 (1) (b)) for AHS and other licensed operators and do anything else the Minister deems necessary to ensure emergency medical services are readily available.

The Act permits AHS, subject to approval of the Minister, to enter into agreements with other operators to provide emergency health services and requires an agreement with AHS before a licensed operator can provide these services. With respect to dispatch services, the Act specifies that in addition to requiring an agreement with AHS, the Minister must approve any dispatch centre that provides dispatch services related to emergency health services.

The GAR defines ambulance types according to the work the vehicle supports and authorizes the Ground Ambulance Vehicle Standards Code that provides specific requirements for vehicle design, construction, appearance and testing. The framework to establish medical oversight structures and processes, along with setting ambulance fees and outlining the role of the Registrar is included in this regulation.

The GAR states that non-emergency patient transport services are part of emergency health services when the patient being transported “may require medical assistance or monitoring during transport” (S.1 (1) (o)). Thus, patients who do not have needs for medical assistance or monitoring during transport do not require transportation by an EMS operator licensed under the Act.

The GAR also reinforces the Minister’s role in approving EMS dispatch centres, and the requirement for licensed operators to have an agreement with AHS to operate. Further, the GAR requires the Registrar approve all vehicles used to provide emergency health services and that the maintenance of vehicles be in accordance with standards set by the Registrar.

System Design

There are two notable elements in Alberta’s EMS system design: the borderless system design and dispatch centre operations and oversight.

The borderless system is a key design policy of EMS in Alberta. EMS resources are not constrained to respond in a specific geographic area. Instead, resources are available to ensure the lowest possible response times to all areas of the province. AHS EMS, through the EMS Communications Centres, is accountable to oversee and operationalize the borderless system design. Effective communication to ensure understanding of the borderless system and its benefits to Albertans throughout the province is essential.

System Status Management (SSM) is part of the borderless system design and ensures that all Albertans receive the best possible response in an emergency. If EMS resources in a geographic area are busy and not available, an ambulance or other EMS resource can move closer to that area to be available for an emergency response. The SSM program uses historical and up-to-date data to ensure that ambulances and other EMS resources move to the area with the greatest possibility of the next emergency event. With many years of available data, the SSM

continually improves to enable EMS to provide the best possible coverage. All EMS resources, including AHS and contracted operators, are required to follow direction from AHS EMS Communications Centres (GAR S.14 & S.16).

EMS communications (i.e., call taking and dispatch) have been consolidated into three EMS Dispatch Communication Centres. The consolidation recognizes that EMS is part of a complex healthcare continuum and was designed to increase the integration of EMS into that broader system, and to implement the system design and policy decisions provincially. Having three dispatch centres reduces the implementation cost and complexity of innovative technologies and processes and ensures the most efficient system possible.

Major system design elements such as the borderless system and dispatch centre oversight are the purview of the Minister of Health, by virtue of the Act and GAR. The EHS Registrar, EHS Unit, and AHS EMS work together to implement direction from the Minister and consult with other parties with respect to how best to implement ministerial direction.

How the System Works

When a person calls 911, a brief evaluation takes place to determine the nature of the caller's concern. If the reason for the call is medical and the caller needs an ambulance, the 911 operator transfers the call immediately to one of three EMS Communications Centres in the province.

At the EMS Communications Centre, an emergency communications officer (ECO) receives the call and immediately starts asking critical questions of the caller. First, vital information on the location of the patient, a callback number, and the nature of the emergency is ascertained. Concurrent to this conversation, and based on the geographic location of the call, a 'pre-alert' is immediately sent to the ambulance closest to the call to give the paramedics immediate notice a call is being received and that they are the closest unit. This early notification allows the crew to prepare to respond to the call and, in some cases, start travelling towards the scene immediately. These activities are all "time-stamped" to allow for tracking and the process for that measurement has been consistent over many years to allow meaningful analysis.

Once the ECO has critical location and callback information, they use an internationally accepted algorithm of questions to determine the nature of the issue and the level of acuity (level of urgency) of the patient. This determination is assigned a code that corresponds to a specific call response policy. For example, a patient who may be experiencing a heart attack will have a code that corresponds with sending the closest advanced life support ambulance with lights and sirens. In addition, the ECO will determine, based on hazards at the scene and patient acuity, if any additional resources require dispatch to the scene, such as police, fire departments or medical first responders. Once the call information is transmitted to the ambulance, the paramedics respond. In some cases, for low acuity requests like an earache or insomnia, the call may be transferred to 811/Health Link for the patient to speak to a registered nurse to be further assessed and triaged to an appropriate level of care.

Once assessed as requiring an EMS response and the ambulance is assigned the call, an ECO determines where the remaining available EMS units need to redeploy to maximize EMS

coverage in each geographic area. In metro areas, this may mean changing neighbourhoods to be strategically placed to receive the next emergency call; in regional or rural settings, available ambulances may be deployed to other communities to ensure the best possible response times over a larger geographic area. These deployment decisions are very dynamic. They are outlined in the EMS dispatch policy framework, known as the system status management (SSM) program, and are designed to ensure the quickest possible response times.

When ambulances become available – either coming on shift or freed up from a previous call assignment - the ECO responsible for deployment provides direction to the unit on where to deploy next to help minimize response times and ensure the most urgent calls are responded to first. This deployment process is designed to achieve the lowest possible response times based on the number and location of available resources. This process is repeated constantly across the province. As a result, resources are shared across communities when it is necessary and appropriate to do so.

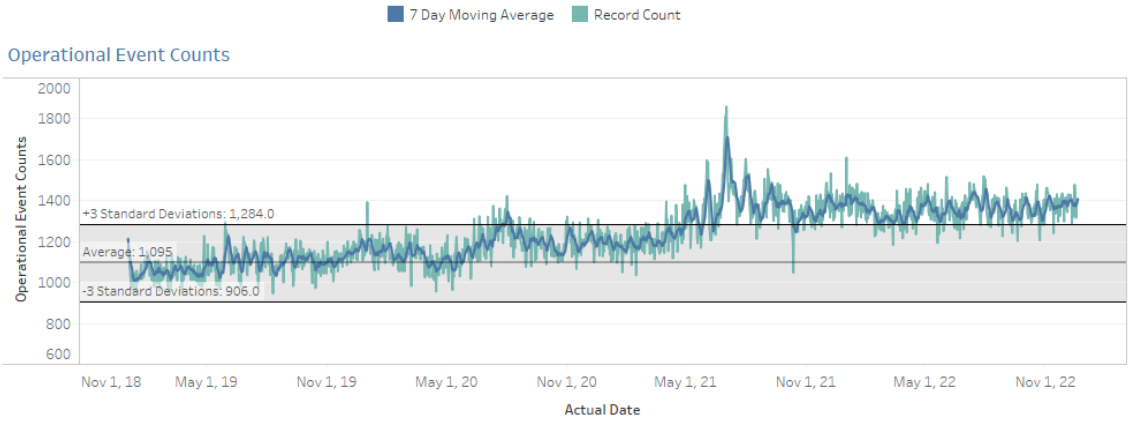
The principle of ‘balanced coverage’ is a hallmark of high performing EMS systems. When demand out-weighs supply, response times to all communities can suffer, regardless of the borderless system or balanced coverage principle. Restoring balance to the supply and demand equation in EMS is critical to restore appropriate response time performance. Increasing demand in EMS systems is often the result of three primary factors:

1. Increasing event volume;
2. Increasing time it takes to complete a call (i.e., ‘time on task’); or
3. Both increasing volume and increased time on task.

Context

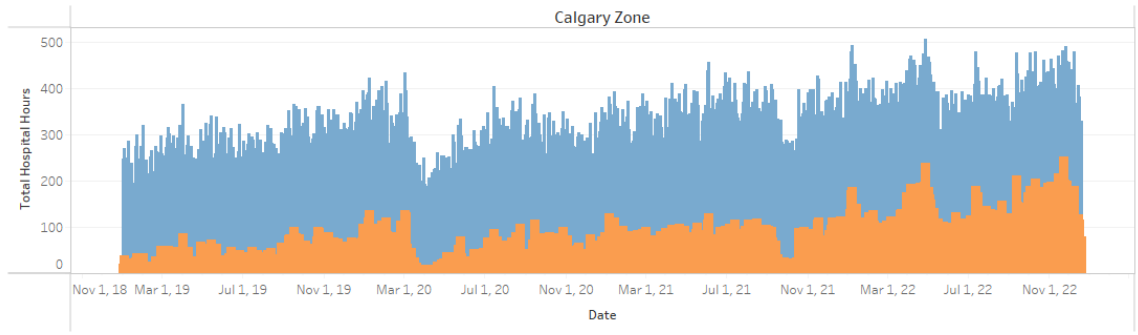
EMS in Alberta, across Canada, and internationally, is challenged with rising demand, emergency department (ED) offload delays, and issues with staff wellness and recruitment. The cumulative result of increased event volume, capacity lost in EMS offload interval, and staffing challenges is often deteriorating response times and an exhausted workforce. Significant changes and continuous improvements are needed in the EMS system to be able to meet the needs of our patients, the expectations of the public, and the needs of our staff.

Prior to the COVID-19 pandemic, the provincial average demand for EMS was 1095 events per day, not including interfacility transports. Demand increased gradually during the initial waves of the pandemic and is now sustained at 25 percent to 30 percent above pre-pandemic levels as indicated in the following graph.

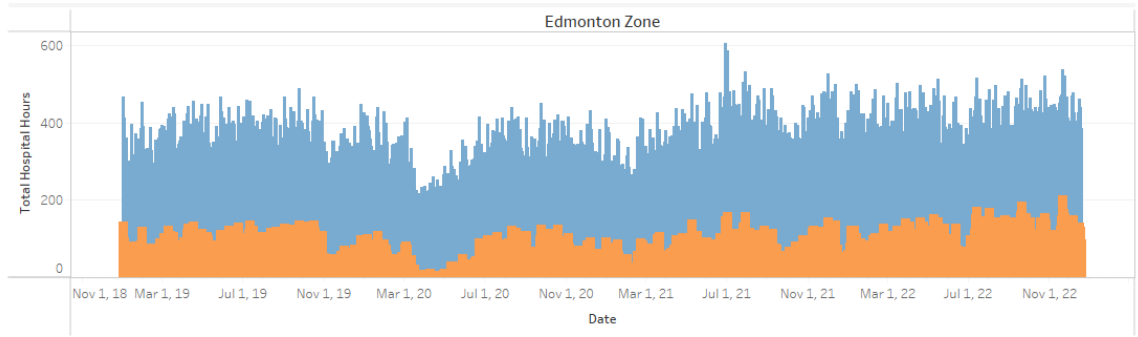


In addition to this increased demand, EMS encounters delays within the hospitals, creating longer waits for paramedics to transition care to emergency departments. There are two primary intervals measured once EMS arrives at the hospital with a patient. The first is ‘EMS Hospital Time (or Interval)’ which is the time that it takes from when the EMS unit arrives at the emergency department to the time the unit is available for another call. EMS Hospital Time includes what is known as the EMS Offload Time (or Interval), defined as the time from when the patient is triaged by an emergency department nurse to the time the patient is transitioned off the EMS stretcher to the hospital stretcher and care is now the responsibility of the emergency department staff. EMS Offload Time is the major component of the EMS Hospital Time.

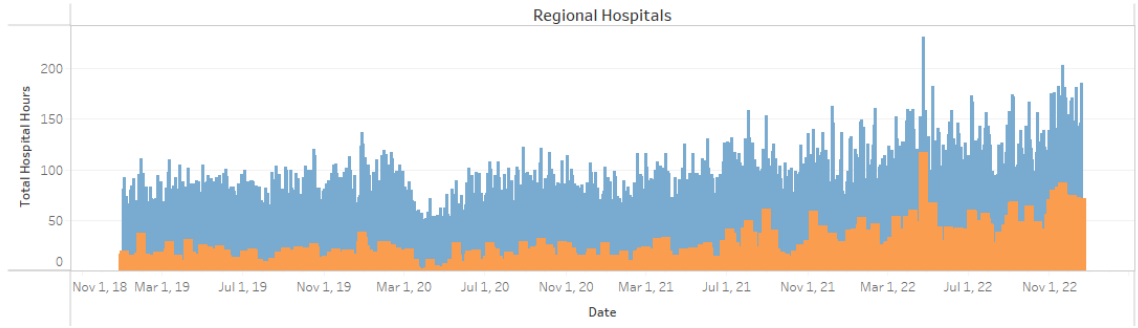
The following graphs demonstrate the increases in EMS Hospital Time (in hours per day). The graphs also show the EMS Hospital Time in hours over 90 minutes (a previous performance target). The times shown are for Calgary acute care sites, Edmonton acute care sites, and the regional hospitals in Grande Prairie, Fort McMurray, Red Deer, Lethbridge, and Medicine Hat.



Hours Above Target Total Hospital Hours

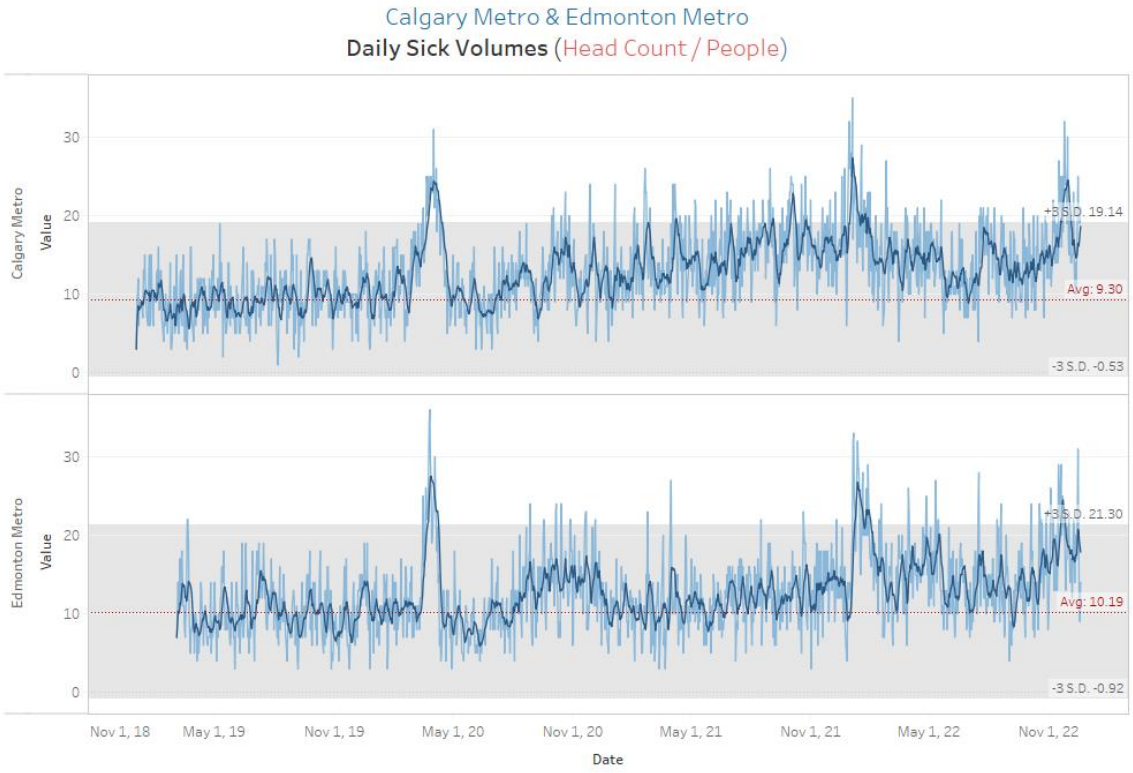


Hours Above Target Total Hospital Hours

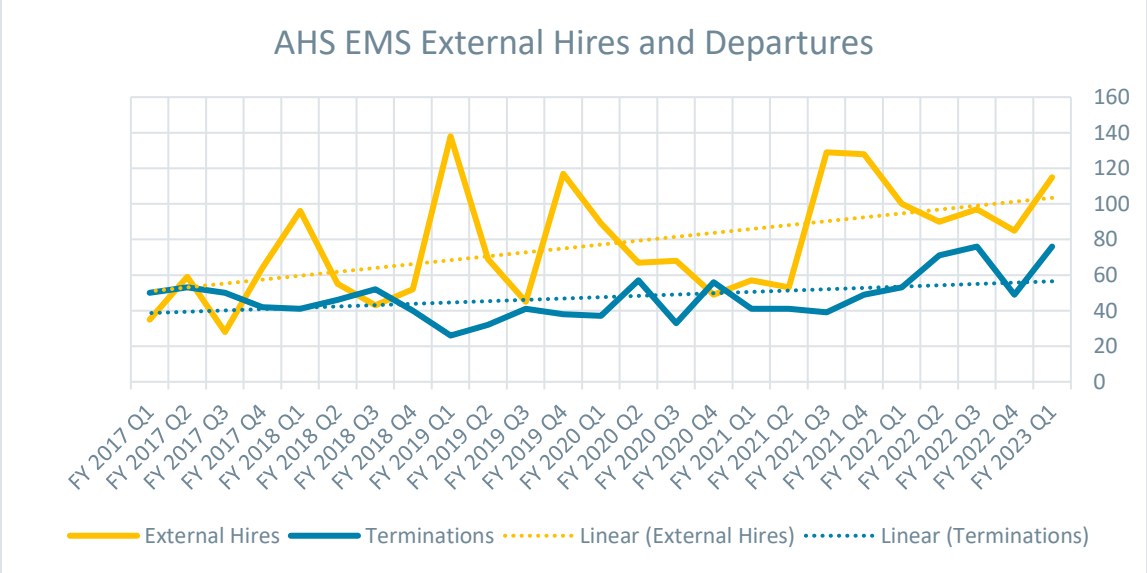


Hours Above Target Total Hospital Hours

With these operational pressures that impact staff wellness as well as recent pandemic and respiratory virus realities, AHS EMS has experienced increased sick time for staff. Calgary Metro and Edmonton Metro sick days are shown below and are demonstrative of the provincial context.



AHS EMS has been hiring as many paramedics as possible in recent years and continues to do so. While the rate of hiring exceeds the rate of people leaving EMS, the simultaneous expansion of EMS resources necessitates continued hiring as well as strategies to retain current staff and keep them healthy. Several initiatives in this plan are focused on recruiting and retaining staff. Historic hiring and departure trends are as follows:



Strategic Alignment

The provincial government has developed and is implementing the Health Care Action Plan (HCAP). The first goal of the HCAP is to improve EMS response times. The initiatives in this Operating Plan align with the HCAP and are designed to improve response times.

There are four key documents that have informed initiatives outlined within the 2023-24 Operating Plan:

1. In January 2022, the Minister of Health created the Alberta Emergency Medical Services Provincial Advisory Committee (AEPAC), with the mandate to develop recommendations to improve EMS in Alberta. AEPAC submitted its final report and recommendation to Minister of Health in September of 2022.

   The AEPAC committee, operating from January to September 2022, engaged multiple key system delivery and community partners with over forty organizations participating in the committee. Additional organizations were requested to supplement the core committee on the five subcommittees of AEPAC; medical first responder, dispatch, ground ambulance, air ambulance and workforce. Recommendations from the working groups were submitted to the core committee for approval and inclusion into the final report.

   As part of the AEPAC process, the co-chairs of the committee held two town hall virtual meetings with frontline staff inclusive of both paramedics and emergency communications officers. Over two hundred participants took part in these town hall sessions. In addition, a survey was circulated to all registered paramedics via the Alberta College of Paramedics, emergency communications officers, and other key frontline staff. Over 1000 of those surveyed contributed feedback that was incorporated into AEPAC's final recommendations.

   On January 16, 2023, the Government of Alberta released the AEPAC Report and approved all recommendations for implementation. Recommendations from AEPAC are included in this Operating Plan in the initiatives table. (https://open.alberta.ca/publications/alberta-ems-provincial-advisory-committee-final-report).

2. Alberta Health contracted Price Waterhouse Cooper (PwC) to conduct a review of the EMS dispatch system. The PwC report was submitted to Alberta Health on Oct 31, 2022.

   As part of the PwC review of the dispatch system, many key service delivery partners, organizations and communities were interviewed and submitted data for review. AHS dispatch and system data were accessed and analyzed by PwC to help drive recommendations to improve the EMS dispatch system in Alberta.

PwC clearly noted that Alberta's EMS dispatch system reflects best practice in EMS dispatch system design globally. In the spirit of system improvement, the report outlined forty-five recommendations. These recommendations have been incorporated in this Operating Plan and are noted in the initiative tables. The recommendations were approved by the Minister of Health and the report was released by the Government of Alberta on January 16, 2023 (https://open.alberta.ca/publications/emergency-medical-services-dispatch-review-pwc-report).

3. In July 2022, AHS commissioned the HQCA to review AHS EMS' response to a fatal dog attack incident in Calgary. Within that review, HQCA provided recommendations. The Official Administrator of AHS accepted the report and recommendations. Recommendations from the HQCA report are incorporated in this Operating Plan. The HQCA report was released January 19, 2023 (https://hqca.ca/reports/alberta-health-services-emergency-medical-services-incident-review/).

4. The AHS EMS Service Plan, pending finalization, proposes a five-year strategic direction for EMS in Alberta.

   AHS undertook a comprehensive planning and engagement process to prepare the first-ever AHS EMS Service Plan. Keys to the success of developing the plan were participation in all the activities noted above, plus an additional comprehensive engagement process across the province, including focus groups and surveys, to develop themes that needed focus in a long-term plan. Using a working group process to propose specific initiatives based on the areas of focus, the draft AHS EMS Service Plan represents a roadmap for EMS in the province. Critical first-year initiatives stemming from the draft AHS EMS Service Plan are included in this Operating Plan.

   As part of the AHS Service Plan, the AHS EMS Culture Research Study findings were incorporated into the recommendations and initiatives within the Service Plan. Many of these were also carried into this Operating Plan as immediate action items.

Priority Strategies

Each initiative in this plan is aligned with one of five reform strategies, all of which are focused on reducing EMS response times and improving the EMS system in Alberta:

- Workforce strategies and supports – to improve the workplace for existing staff, increase and enhance recruitment of new staff, and ensure an efficient work environment.
- Capacity increase – to increase the number of paramedics and ambulances and/or ensure existing resources are used as effectively as possible and are more available in communities to respond to emergencies.
- Demand management – to reduce the number of ambulance responses needed and/or reduce the number of ambulance transports to hospital, ensuring patients receive timely, appropriate and safe care. This is based on the principle of ensuring the right care is delivered to the right patient, when and where they need it.
- Strategic initiatives – to support long-term improvements to the EMS system including engagement with partners and communities, medical first response, public education and enhancing the EMS system design.
- Other initiatives – initiatives that do not fit within another category, but will benefit patients, Albertans and/or the EMS system (e.g., clinical improvements). These can reflect improvements made elsewhere in the healthcare continuum that will support EMS excellence.

The initiatives outlined in the coming pages do not account for the ongoing and foundational work undertaken by AHS and system partners to maintain the system. Functions such as fleet maintenance, physical space maintenance, ongoing contract maintenance and renewal, and supply chain management will continue to sustain the EMS system into the future.

Funding

AHS EMS has seen an increase in base budget over the past number of years, including $63M in Budget 2022/23 announced last spring. As announced in March 2023, EMS is receiving an additional $198M in funding over three years, plus capital investments for the EMS fleet. In 2023/24, an additional $136M of funding will be invested on top of the base budget, for a total of $741M for AHS EMS, to operationalize this plan and the initiatives within. Funding of the priority reform strategies plus normal annual operating cost increases are represented in Table 1.

Table 1. 2023/24 Financial Projections of AHS EMS Funding Increase

Strategic Priority	Forecast in Millions
Workforce strategies and supports	$24
Capacity increases	$47
Demand management	$3
Strategic enablers	$7
Other initiatives	$10
Annual operating pressure increases and other system costs	$21
Costs associated with annualization of 2022/23 initiatives and capacity	$24
Total	$136[1]

Operationalizing the Plan

The AHS EMS 2023/24 Operating Plan outlines detailed activities that will drive the focus of the organization. AHS EMS has many of the initiatives underway, with several others ready for implementation. AHS EMS, and AHS more broadly, has engaged a detailed project management approach to manage, track, and report on the many initiatives outlined in the Operating Plan.

Considerable effort was undertaken to identify how to measure the impact of initiatives and the time it would take to see the impact from implementing them, as well as sequencing and prioritizing all of the initiatives. The resulting lists in the Operating Plan represent the sequencing and prioritization as of end of February 2023 and may shift based on system factors and capacity.

[1] Does not include inflation or wage rate increases as these are considered separately. Does not include EMS costs under accountability of Alberta Health for system improvements under AEPAC or Dispatch Report.

Section 3

Actions

The following section outlines the actions identified from over 150 recommendations and findings contained in the AEPAC Report, the Alberta EMS Dispatch Report by PwC, the HQCA report on the dog attack incident in Calgary, and the AHS EMS Service Plan process.

The tables below details where the new $136M funding in 2023/24 is allocated. Allocations, in most cases, are rounded to the nearest million. Not included in the detailed tables that follow is the breakdown of the funded $22M for anticipated costs associated with normal operational pressures (e.g., funding for event volumes, mileage, etc.). In addition, costs associated with annualization of recent initiatives such as the addition of nineteen new ambulances in 2022/23 fiscal year are not included in the tables.

Actions may represent single specific initiatives and the associated work underway while many others, especially those aligning to multiple recommendations, represent a bundle of initiatives that are being addressed within the AHS EMS project management framework. Additionally, there are recommendations in each of the reports that are not under the purview of AHS or AHS EMS. While those recommendations are still noted in the tables below, the nature of AHS accountability is limited to providing support to the lead agency.

Actions Underway

It is important to note that many priority actions are already underway, and in some cases are implemented and being monitored for demonstrated improvements in the EMS system. Examples of initiatives that have already been implemented include:

Many AEPAC recommendations have been implemented such as:

- Pilot projects in Spruce Grove and Sherwood Park that help to maximize the use of the integrated fire/EMS model in partnership with our service providers;
- An exemption to allow the use of Emergency Medical Responders (EMR), a level of paramedic recognized nationally, to supplement the paramedic workforce in the province, especially in rural and remote communities;
- Procurement of power load systems and power stretchers for remainder of the provincial EMS fleet;
- A policy to allow paramedics to safely transition low acuity patients into hospital emergency department waiting rooms once triaged by the emergency department nurse, returning the EMS unit to the community;
- The EMS/811 shared response that provides secondary triage of low acuity patients and system navigation to other appropriate healthcare services. This reduces the number of events that EMS must respond to with an ambulance;
- Actions by acute care hospitals aimed at reducing EMS hospital time have been implemented to get ambulances back into the community; and

- Actions to support getting paramedics off work on time have been implemented and are being monitored and revised as needed to look after the wellbeing of EMS staff.

Of the 53 AEPAC recommendations, 30 are underway as of mid-March and the remainder are set to start according to the timeline on the following pages. In addition, 21 recommendations from the Dispatch Report are underway. The Dispatch Report and HQCA report recommendations overlap with and complement Service Plan and AEPAC work, and many of those recommendations are also well underway. Additional initiatives will continue to rollout over the year as action is taken on the recommendations from the four guiding documents. The timelines and linkages are summarized in the following pages.

Table 2. Actions Underway

Objective	Description	Recommendation Alignment	Projected New Investment
Workforce Strategies and Supports	Request a three-year exemption under EMS legislation for use of Emergency Medical Responders (EMRs), especially in rural and remote communities with focused training and recruitment incentives in difficult-to-recruit areas.	A1	$1M[2]
	Hire additional emergency communications officers, increase hiring capacity within AHS EMS, action workforce optimization strategies.	D41	$2M
	Accelerate scheduling changes in high priority stations as identified in Hours of Work Project.	A44	$7M
Capacity Increase	Add additional ambulances in Calgary, Edmonton, Lethbridge, and Red Deer.		$17M
	Add additional ambulance capacity where possible on an ad hoc basis to reduce response times.	A26	$7M
	Implementation of policy to allow timely transition of low acuity patients to waiting room after triage by emergency department staff.	A7, A22	N/A
	Commence operational and dispatch improvement initiatives related to deployment and resource allocation.	D39, D42, D43	N/A
	Commence procurement of dedicated interfacility resources for Edmonton and Calgary.	A26	$15M

[2] Most projections are rounded to the nearest million – in some cases rounded to 0.1M for ease of calculation.

	Work with AHS Clinical Operations to reduce EMS time at hospital emergency departments transitioning patients to hospital-based care.	A8, A21, A23	N/A
	Continue to monitor for potential scalability pilot projects with integrated fire/EMS services in Spruce Grove and Strathcona County.	A4, A5, A6	N/A
Demand Management	Continue implementation, monitoring, and improvements to the EMS/811 Shared Response model where low acuity requests for service are transferred to HealthLink.	A9, D15	$3M
	Develop options for paramedics on scene to ensure appropriate and safe alternatives to ensure patients receive care they need outside of the emergency department.	A27	N/A
	Continue implementation of policies supporting reduction in unnecessary responses such as non-injury accident response and standby for fire scenes where no patients exist.	A3	N/A
Strategic Initiatives	Implementation of written service and operational plans that provides clear path for improvements to the EMS system coupled with key performance indicators and progress reporting. Includes system change management process standardization.	A16, D1, D6, D7, D8, D9, D10, D11, D12, D28, D29, D33	N/A
Other Initiatives	Ensure ongoing funding to contract partners in air and ground reflects pressures in system (e.g., fuel, mileage) and changes in operating environment (e.g., federal aviation legislation).	A34	N/A[3]
	Expand use of mobile integrated health (MIH) community paramedics to support both capacity and demand management strategies in EMS system.	A27	$5.5M

[3] Detail not included – funded from 'Annual Operating Pressure Increase' from Table 1 on page 12.

Actions Pending Implementation Within 30 Days

These actions are identified as critical or high priority and are slated for immediate implementation or implementation within the first 30 days of the Operating Plan approval.

Table 3. Actions Pending Implementation or Within 30 Days

Objective	Description	Recommendation Alignment	Projected New Investment
Workforce Strategies and Supports	Bundle of initiatives that focus on supporting and retaining staff. Stemming from many recommendations and frontline feedback, initiatives include scheduled breaks, use of short shifts for end-of-shift coverage, over-staffing models, review of supervision model, etc. Also included in this bundle is initiatives that address findings from the AHS EMS Culture Research Study.	A43, A46, A49, A51	$10M
	Implementation of enhanced mental health supports for frontline staff.	A47, A48	$1M
	Implementation of a bundle of training focused on Indigenous Awareness, expanding frontline violence prevention awareness, dispatch annual training, leadership development, and preceptorship experience sufficiency.	A52, A53, D19, D20, D21, D22, D24, D26	$3M
Capacity Increase	Implementation of dedicated IFT resources in Red Deer corridor to reduce demand on emergency resources in area and provide enhanced service levels for patients travelling between facilities.		$5M
	Implementation of ‘Ambulance Readiness Project’ designed to decrease the amount of time paramedics need to start their shift to the time the unit can respond to first call or deploy for coverage. This will be achieved through vehicle turnover and preparation capacity in large stations.		$2.5M
Demand Management	Implementation of provincially-standardized approach for determining appropriate mode, urgency, and coordination of responding to requests for	A18, A19, A20, D9, D38	N/A

	interfacility transport – may be done in conjunction with ground resource allocation review. Includes ensuring 'bed readiness' criteria before assigning EMS resources to transfer patients.		
	Public and non-EMS healthcare education initiatives to provide education on appropriate use of EMS.	A10, A28	N/A
	Review feasibility of province-wide Integrated Operations Centre (IOC) application.	A18	N/A
Strategic Initiatives	Commence assessment of training capacity, anticipated demand including planned growth of workforce, and workforce modelling considerations for all operators across province.	A11, A49, A50, D19, D23, D41	N/A
	Conduct an independent ground ambulance resource allocation review including policies and procedures dictating resource allocation decisions, system status management, and determination of any resource gaps based on a variety of response time targets. Review of resource allocation policy will include response decisions related to medical first response agencies related to clinical appropriateness.	A2, A25	$0.8M
	Improvements to EMS dispatch system as outlined reports including quality improvement initiatives.	A41, D13, D14, D18, D25, D32, D34, D35, D36	N/A
	Development and implementation of EMS engagement strategy on vision, mission, and ongoing advisory functions across EMS system with service delivery partners and communities including First Nations and Métis Settlements.	A11, A13, A17, D2, D3, D4, D5, D16, D17	N/A
	Commence strategic and operational review of MFR program across province including engaging partners. Review will encompass governance, funding, training, equipment, and coordination.	A11, A12, A13, D39, D40	$5M

	Address specific recommendations stemming from HQCA's report on dog attack incident in Calgary.	Entire HQCA report, D36	N/A

Actions for Implementation within 90 Days

These actions are identified as high or medium priority and are slated for implementation within 90 days of Operating Plan approval.

Table 4. Actions to Begin Implementation within 90 Days

Objective	Description	Recommendation Alignment	Projected New Investment
Workforce Strategies and Supports	Air ambulance shift patterns will be reviewed with the intent of eliminating extended on-call shifts for air medical crews.	A45	N/A[4]
Capacity Increase	Explore additional interfacility options including refinement to ground ambulance IFT policy and procedures and air ambulance utilization for IFTs and non-clinical transport.	A19, A20, A24	N/A
Strategic Initiatives	Develop strategic capital plans for the EMS fleet, EMS facilities, and equipment.		N/A
	Review potential for increased practicum placements in conjunction with strategic workforce plan development.	A50	N/A
Other Initiatives	Support municipalities with EMS operational information to help inform municipal decisions regarding air ambulance utilization and landing sites.	A35	N/A
	Implementation of Vital Heart Response (i.e., enhanced EMS cardiac clinical capability) in southern part of province (south zone and parts of central zone).		$1.4M

[4] Costs captured under other system costs, internal base AHS EMS funding, or workforce supports already identified with cost projections.

Actions for Implementation Within 180 Days

These actions are identified as medium or low priority and are slated for implementation within 180 days of the Operating Plan approval.

Table 5. Actions Pending Implementation or Within 180 Days

Objective	Description	Recommendation Alignment	Projected New Investment
Workforce Strategies and Supports	EMS scheduling optimization will ensure balanced scheduling and staffing processes across the province including reviewing shift patterns and hiring processes.	A44, A45	N/A
Strategic Initiatives	Development of strategic direction, vision, and mission of EMS, dispatch, and MFR programs.	A11, A38, A39, D2, D37, D45	N/A
	Development of a public first response program to support communities to access supports for public first response where desired (e.g., public automatic external defibrillator program).	A37, D40	$1.6M
	Review feasibility of provincial EMS patient and practitioner safety reporting system.	A42	N/A
Other Initiatives	Computer-aided-dispatch (CAD) to CAD interface/unit visibility with service delivery partners and between frontline EMS units.	A29, A40, D27, D30, D31, D44	N/A
	Working with 911 network partners, Government of Alberta, and First Nations and Metis Settlements, review and propose solutions to address gaps in accessing 911 from some communities and to address gaps in radio network operability.	A30	N/A

Actions for Implementation by March 31, 2024

These actions are identified as medium or low priority and are slated for implementation by March 31, 2024.

Table 6. Actions to be Implemented by March 31, 2024

Objective	Description	Recommendation Alignment	Projected New Investment
Demand Management	Review air ambulance hospital bypass policies and procedures for select patient populations.	A32	N/A
Capacity Increase	AHS EMS will work with AHS Clinical Operations to develop a policy supporting the use of local diagnostics prior to requesting long distance interfacility transfer requests.	A33	N/A
Strategic Initiatives	Work with Alberta Health to review and propose legislative framework for air ambulance services.	A15	N/A
Other Initiatives	Explore feasibility of a radio interoperability pilot project with Lethbridge Fire Department.	A31	N/A

Section 4

Conclusion

AHS EMS is committed to strategic and continuous actions that will improve the EMS system in the province. Guided by the work and feedback from numerous engagement sessions, reports, consultants, experts, communities, and partners this EMS Operating Plan outlines the focus of the organization for fiscal year 2023-2024.

Informed by detailed recommended actions within the AEPAC Report, the PwC report on EMS Dispatch, the HQCA report on a dog attack incident in Calgary, and AHS's draft EMS Service Plan (inclusive of findings from the AHS EMS Culture Research Study), the 2023-24 EMS Operating Plan is the first of its kind in Alberta. The overarching imperative of reducing response times will be achieved through system design improvements focused on five strategic reform priorities: increasing EMS system capacity, managing EMS event demand, supporting our workforce, activating strategic system enablers, and other system initiatives to improve care to Albertans.

AHS EMS would like to thank the many communities, partners, patients, frontline staff, and contributors to the reports and recommendations that form the backbone of this Operating Plan.