

Chapter 6

Department of Health and Community Services

Ambulance Services

Contents

Background	81
Scope	82
Results in brief	82
Planning	83
Standards	83
Funding of ambulance services	85
Special initiative of an air ambulance	86

Department of Health and Community Services Ambulance Services

Background

6.1 The Ambulance Services program of the Department of Health and Community Services has been, and continues to be, the subject of considerable study. Due to the attention given to ambulance services by the Legislative Assembly and the Department we decided to carry out an operational review of the program.

6.2 On 5 May 1988 two key planning documents on ambulance services were tabled in the Legislative Assembly. One was the departmental "Green Paper" entitled *Discussion Paper on Ambulance Services*. The other was the Applied Management Consultants' (AMC) report *A Review of Ambulance Services in New Brunswick*.

6.3 These two documents were forwarded to the Legislature's Special Committee on Social Policy Development (Legislative Committee). The Legislative Committee reviewed these documents, invited written submissions and held public hearings on ambulance services. The Legislative Committee received thirty-four submissions and had twenty-six organizations submit briefs and appear before it. In 1989 the Legislative Committee published its findings and recommendations in a report entitled *Ambulance Services in New Brunswick*. These studies, with accompanying discussions and debate, led to the Legislative Assembly assenting to the New Brunswick Ambulance Services Act (Act) in 1990.

6.4 In 1992 the new Act was proclaimed with the exception of Section 11. This Section requires that all attendants be certified by the Department, establishes responsibility with the Department for training standards and limits the actions of attendants to those within the scope of their certificate.

6.5 The Act gives the Department responsibility for the *development throughout the Province of a balanced and effective system of ambulance services*. This recognizes that effective and efficient ambulance service is an essential service to all New Brunswickers. The Department contracts to provide this service to the public through a network of hospital corporations, non-profit organizations (e.g. St. John Ambulance) and privately-run businesses.

Scope

6.6 One of our responsibilities under the Auditor General Act is to ensure money is expended with due regard to economy and efficiency. Consistent with this responsibility, one of our audit objectives is to determine if the Department is achieving economy and efficiency in the delivering of ambulance services. An additional objective is to determine departmental progress to date in meeting its new legislated responsibilities as well as in addressing recommendations of the various studies.

6.7 Our work on the Ambulance Services program commenced in February 1996. We completed preliminary interviews with departmental staff and other parties who provide ambulance services to the public. We also completed our review of the various reports and carried out some financial analysis.

6.8 In the spring of 1996 St. John Ambulance announced it was withdrawing from the delivery of ambulance services. Because of the significance of this pending change, and our own financial audit deadlines, we delayed further work. We have, however, decided to present observations based on our work to date. We have categorized our observations under the following headings:

- planning;
- standards;
- funding of ambulance services; and
- special initiative of an air ambulance.

6.9 We plan to continue our work in the 1996-97 audit year and to give an update on progress made in addressing key points in the various reports and the Act. We also plan to review the effects of the withdrawal of services by St. John Ambulance and the impact of the first year of operation of the air ambulance service.

Results in brief

6.10 **Minimum standards for ambulance services have been established.**

6.11 **Attaining minimum standards has a detrimental effect on availability of volunteers.**

6.12 **Meeting new standards will significantly increase the cost of the service.**

6.13 **User fees for ambulance services vary widely across the province.**

6.14 **The mix of provincially-funded dollars and other sources of funding varies widely for ambulance service across the Province.**

6.15 **A provincial air ambulance service was established on 1 April 1996 after an attempt at reaching a Maritime agreement failed.**

Planning

6.16 In its report, the Legislative Committee recommended giving the Department overall responsibility for pre-hospital emergency care. The Minister, at the time the Act was presented, stated “*we will transform the ambulance system, which until now has been a transportation system, into a health care system with the medical component attached to it.*”

6.17 The Act did not give the Department responsibility for all pre-hospital care. Pre-hospital care includes, in addition to the ambulance service itself, such areas as first response (e.g. emergency care by police or firemen) and dispatch (e.g. “911”). However, the Act did make the Department responsible for the *development throughout the Province of a balanced and effective system of ambulance services.*

6.18 To aid the Minister in meeting this responsibility the Act states “*the Minister may appoint an Ambulance Services Advisory Committee to provide the Minister with advice concerning the provision of ambulance services in the Province.*” The Advisory Committee is operative and continues to provide advice to the Minister.

Local representation in planning

6.19 The reports we reviewed all recommended local involvement in the planning and delivery of ambulance services. Both the Legislative Committee and AMC recommended this be done through the creation of regional committees with local representation. The Act requires the establishment of a regional Ambulance Service Coordinating Committee (coordinating committee) in each district with local representation on each. The Department has established regional coordinating committees with local representation.

Preparation of regional plans

6.20 The Legislative Committee recommended each coordinating committee be responsible to establish, in consultation with the Department, a plan for the development, delivery and operation of service in its region. The AMC study recommended even more responsibility for the coordinating committees. The Act requires completion, and Ministerial approval, of the regional plan. Areas the plan addresses include, funding, transportation, personnel, training, communications, medical direction and quality management.

6.21 The coordinating committees are preparing service delivery plans. To date one region has its plan approved and implemented. Two others have their plans approved by the Department. The other four are either preparing their plans or reviewing them with the Department.

Standards

Establishment of minimum standards

6.22 A variety of types and sizes of organizations provide ambulance services to the public on behalf of the Department. To ensure these organizations provide *a balanced and effective ambulance service*, the various studies recommended the establishment of standards for all ambulance services. To meet this responsibility the Department established regulated minimum standards of service which must be met by all providers. These standards are the same for all services whether they

are paid or volunteer, low or high volume, and emergency or scheduled service.

6.23 These standards are a new undertaking for the Province and are designed to be reasonable and attainable targets for ambulance services to achieve over a phased implementation period which began 1 January 1993. The standards cover services, vehicles, equipment, personnel and supplies and came into effect 1 January 1993 with the following exceptions:

- vehicles ordered before 1 January 1993 do not have to meet vehicle standards, however repairs have to be in compliance with the standards;
- on 1 January 1995 (later delayed until 1 January 1996), and if training available, one attendant on each call qualify to be an Emergency Medical Technologist 1 (EMT1); and
- on 1 January 1996 (later delayed and no effective date has been set yet) both attendants to be EMT1s.

6.24 The Department hoped that by bringing standards into force on a phased basis, improvement in delivery of ambulance services by service providers could be accomplished in an evolutionary, rather than revolutionary, manner.

6.25 The Department also recognized that standards should reflect up to date practice and that the Department would need to review them on a periodic basis. The Department is currently performing such a review.

Transition to minimum service standards

6.26 The setting of standards has created some conflict in the system. Some service providers, in particular volunteer service providers, have had difficulty in meeting the new standards. The Legislative Committee, and the Minister of the day when the Act was presented to the Legislative Assembly, both indicated that volunteers would stay an integral part of the system.

6.27 In 1995 three volunteer service providers, Lepreau, Deer Island and St. Quentin, decided they were unable to continue to provide service. In 1996 St. John Ambulance decided they were unable to continue to provide any ambulance service. The decisions were made as a result of various factors, most notably a decline in volunteerism and the raising of standards. The most important changes in standards were the requirement for twenty-four hour service and the requirement to have at least one EMT1, two in the future, on each call. Thus there has been a rapid, though not unexpected, decline in the volunteer agencies providing local ambulance service.

6.28 Exhibit 6.1 compares 1994-95 volunteer service costs with 1996-97 budgeted costs for the three locations which now have paid provider service.

Exhibit 6.1

Costs of ambulance services

	Lepreau	Deer Island	St. Quentin	Total
Population served	2,168	826	2,269	5,263
Number of ambulance calls (1994-95)	132	61	213	406
1994-95 operating costs*	\$38,303	\$13,930	\$48,000	\$100,233
1996-97 budgeted costs*	\$157,350	\$135,972	\$121,100	\$414,422
Increase in costs	\$119,047	\$122,042	\$73,100	\$314,189
% increase in costs	311	876	152	313

* *These are the actual or estimated gross costs of service as provided by the Department and include costs funded by provincial grants and user fees.*

6.29 Exhibit 6.1 shows costs have increased significantly in these three small locations. With the withdrawal of St. John Ambulance up to twenty-six more volunteer emergency ambulance services may cease operations. If the overall delivery cost increase is similar to that identified in Exhibit 6.1, the rise in costs will be significant.

Training to meet new standards

6.30 Key to the meeting of the new training requirements is the existence of a pool of qualified personnel. The Department has been active in managing the content and delivery of training to attendants. It has funded training tuition free for volunteer personnel and for others already in the system. It also contracted with St. John Ambulance and the New Brunswick Health Care Association to provide training for the EMT1 course. The Canadian Medical Association approved this course as meeting national standards.

Inspections to ensure standards upheld

6.31 To ensure providers meet the required standards the Department established an inspection program. The Ambulance Services Branch of the Department is responsible for this program. As yet, we have not had an opportunity to examine the inspection process or any inspection files, but we plan to do so. However, departmental personnel did say the Branch is carrying out inspections on a regular basis and if standards are not met the license of the provider may be revoked.

Funding of ambulance services

6.32 Both the Department and the Legislative Committee recommended that funding from the Province be centralized in one department. AMC recommended funding should remain the joint responsibility of municipalities, users and the Department of Health and Community Services. The Province decided to centralize funding for ambulance services in the Department of Health and Community Services although it will still allow agencies to charge user fees. In our opinion the assigning of funding and responsibility to one department is beneficial as it provides a better opportunity for accountability.

6.33 The Act allows the Department to pay grants and to share in the cost of ambulance service. However, there are no other legislated guidelines on funding specific to the program. At present the mix of public dollars, service-user fees and fund raising used to finance each service in the Province varies widely. Funding continues to be an area of concern for many reasons including the equitability of user fees and finding new sources of funding to replace discontinued volunteer ambulance services.

Inconsistencies in user fees

6.34 Studies by the Department show large variances in how much residents of the Province are charged for ambulance usage. AMC and the Legislative Committee recommended that user fees continue to be charged. However, the consultants recommended user fees be set at the local level whereas the Legislative Committee recommended province-wide standard maximum fees should be set for all ambulance services including non-emergency invalid transfers. The Act is silent on what costs, if any, users should pay for the service.

6.35 At present user fees vary considerably. Some agencies do not charge at all. Others charge up to \$400 for a motor vehicle accident call. Many services charge an additional per kilometer fee. This can vary from \$.42/km to \$2.50 /km. A committee was established to review fees and other funding-related subjects but the Department has not made a final decision on its recommendations and no changes have occurred.

Special initiative of an air ambulance

6.36 AMC recommended that the decision whether or not to put in place an air ambulance service be made only after an in-depth review. Departmental studies completed prior to 1988 did not consider a dedicated service to be cost effective. The Legislative Committee report, however, recommended the service be developed parallel to ground ambulance service and that it be obtained in the most cost effective manner possible.

6.37 To this end the Department explored the possibility of a joint air ambulance service for the Maritimes. After a number of months of discussions no agreement was forthcoming. On 1 April 1996 the Department established a provincial air ambulance service.