

Slide #1 – Title Slide

We are here today to discuss how you can reduce response times and save money.

SLIDE #2 – Quality Patient Care

We want to reaffirm that we are committed to delivering the highest quality patient care to residents and visitors of Peel Region, which is why we are delegating today. Your decisions decided from the Health Analytics report will substantially affect our working conditions and ability to reach patients within a crucial time period. With this serious risk to patient care, we must advocate for the patients by delivering a workforce impact statement.

Having said this, you have been misled and misinformed. The Paramedics strongly encourage you to accept the Health Analytics report, but you must consider what we are going to say today.

Your biggest asset is an experienced workforce. Paramedics progress from Primary Care to Advanced Care after years of road experience. It takes years to become comfortable as a Paramedic at any level and Peel Region should be striving for Paramedic retention to ensure that experience remains here, in Peel. In your packages is a list of the skill sets that each level of Paramedics provides.

SLIDE #3 – Health Analytics

The paramedic union

Supports – permanent stations builds as suggested by Health Analytics and

Supports – minimal use of the fluid deployment model where we are in our vehicles for long periods

However, the union is **STRONGLY**

Opposed - to the acceptance of increased response times and

Opposes - the reliance on the fire service for closing the patient care gap.

Today, we will present a holistic economical approach to reducing response times and we will present evidence as such that is inclusive of the Health Analytics report.

Ask yourself if the Fire Department did arrive on scene, if there are still no nearby ambulances available, how is the patient to be transported to the hospital? How long will before Fire Departments are delayed on scenes waiting for a transporting ambulance?

Point of fact:

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Point of fact: Did you know that Brampton and Mississauga Fire cancel tiered response when their vehicle count is below a certain number? What will happen to 12-minute response times when they have to do that?

Did you also know that when SARS happened the Fire Department refused to make patient contact unless they ABSOLUTELY had to? Yet they still took the call and added it to their statistical count. What will happen to patients in the next pandemic, like Avian Flu, when they won't make patient contact?

SLIDE # 4 – Response Times

You have been told that they consistently arrive before us on scenes. Why?

Because we are substantially outnumbered by manpower and stations.

The acceptance of any increase in response times is an egregious attack on the health and safety of our citizens. I grew up in Brampton and my parents still live here, as do many other people's families in this room today. Do you think anyone's family will accept that it is ok to wait 12 minutes instead of less than 9 to diagnose a stroke or heart attack – when modern medicine can treat both with rapid paramedic diagnose, transport to a specialized facility for clot busting drugs and life saving interventions en route to the hospital? Time is muscle, time is brain.

Slide # 5 – UK study

There are two studies in your package that demonstrated reduced ambulance response times change patient outcomes. The first study from the UK indicates increased survival rate with decreased response times.

Slide # 6 – NFPA Response Times

Fitch and Associates who did the original Peel model of taking us in house, references the NFPA, that Advanced Life Support paramedics should be showing up within 8 minutes. The Fire Department should be advocating for that important item for patient care too.

Regardless of whether the Fire Department is on scene, they are not medically trained to diagnose or provide life saving interventions, only first aid and CPR. What we do isn't voodoo medicine – it is science and years of experience. We perform 13 Controlled Acts, more than any other health care professional other than a physician. We bring the emergency room to the patient, not the other way around any more. We do it with drugs, airway management and invasive skills listed in the Scope of Practice Handout. The focus of clock stopping should be getting Paramedics to the scene first for rapid assessment, treatment and stabilization. The difference of 5 to 7 minutes may mean a full recovery and normal life or being brain dead on life support.

The union knows that response times can be achieved and reduced by other means, but it requires the full support of EPSC, Council and the Health Analytics report. Paramedics must receive 100% support to arrive on scene first.

SLIDE # 7 – Union Perspective

So we are presenting you solutions. The 3 components to the solution for reduced response times are:

1. ONE - Building permanent stations in call dense areas, such as residential areas and maintaining permanent coverage in other areas like Bolton and Caledon
2. TWO - Focus on improved technology methods and communications such as Green Light changers that the fire department currently uses to reduce response times and Vehicle Mobile Data terminals such as many other municipal services use, instead of the antiquated radio communications system provided by the Ministry of Health and
3. THREE - Work with the Paramedic union to ensure manpower is improved for an available workforce, by assisting us to reduce injuries with proper equipment loads and morale and operational issues that is driving a stake through the heart of your paramedic workforce. We aren't asking for much,

but you are being misled on many of these issues as Mayor Morrison found out during her ride out in Caledon.

Did you know that we have had 6 supervisors resign since the Region took us in-house because they were unhappy with their treatment? Morale in paramedic services is at an all time low.

SLIDE # 8 – Permanent Stations

To the solutions, first, stations built with primary roadway access in call dense areas will immediately reduce response times against the proposed 3-minute increase. At some of our stations, already it takes 3 to 5 minutes to exit from behind industrial units into secondary streets and then primary roadways. If paramedic stations were properly zoned, planned and built with the same attention and locations as Fire Stations our response times would plummet. You wouldn't need the reliance of tiered response for the majority of calls. Further, you would experience recovery cost savings, because we could diagnose and treat people quicker thereby reducing in hospital recovery times. This is a cascade effect. Early discharge, reduced offloads delays with bed availability and savings to the local health care base. Council must consider amending zoning bylaws to account for paramedic stations as they do for fire stations. The lack of attention to zoning of paramedic stations has lead to the fire department being utilized for stopgap first response on medical calls. Fire departments are well trained for their specialties of

fire suppression, rescue and emergency extrication and we value all their assistance. If the situations were reversed I doubt Paramedic would be carrying fire suppression equipment.

Why does protection of property take precedence over protection of life?

SLIDE #9 – Stations Flowchart

Further, stations provide paramedic's offices to access patient care resources. They are not just needed to heat up a paramedic's cold soup. They are needed to provide vehicle restocking and cleaning from patient blood, vomit or feces. We receive vital information fundamental to our jobs. This information, if missed, such as protocol changes or infectious nursing home outbreaks from Regional Public Health, could result in injury or worse, loss of life including our own. Stations also allow internet access and study areas for paramedic research promoting evidence based practice and achievement of higher levels of care, such as Advanced Paramedic, Critical Care Transport or Air Ambulance Flight Paramedics.

And yes, a paramedic can sit down, eat and debrief with coworkers. This may not seem valuable to those out side emergency services.

Consider, In July a crew was called to attend the drowning of a 4-year-old Brampton boy. He was in cardiac arrest, and we worked our hardest to save him, all the while with a distraught family looking on. Now consider, going back a street

corner posting and waiting for the next call instead of being at station debriefing with others and mentally preparing again. There is a huge difference between the two and an even bigger difference to the paramedic's psyche and career longevity.

SLIDE #10 - Communications

Second, any high performance EMS manages its own units. Only a small percentage of our calls are true emergencies. By ensuring the call is properly prioritized using the internationally recognized Advanced Medical Priority Dispatching system (AMPDS), and not the Ministry of Health shotgun approach Dispatch Priority Card Index, DPCI, System, there will be reduced requirement for tiered response and better resource management – by getting the right vehicles, to the right patient at the right time. This will reduce response times against the proposed 3-minute increase. Further, cost savings through liability, collisions, vehicle wear and tear and 1 dollar a liter mobile deployment and idling fuel costs will immediately reenter the system.

Point of interest, if we managed our own resources do you think we would have had more than the initial two ambulances dispatched to the air France crash.

Slide #11 – Communications Flowchart

Voice communications leads to inaccurate call time stamping. Modern technologies reduce this need and with the push of a button coordinates the

proper times. But because we maintain a reliance on dispatching by voice, it increases the amount of time it takes to dispatch or arrive on a scene because of radio traffic. A flowchart to this effect is included in your package. The Gold standard is Mobile Data Terminals that transmit data directly to and from dispatch.

SLIDE # 12 – Available workforce

Lastly, ensuring that Peel Region's ambulances are staffed 100% of the time every day of the year. This is currently not happening. On any given day there may be at least 3 unstaffed vehicles because of morale and operational problems. Work with us, we implore you. For one thing, we are asking for a chance for a proper meal or rest breaks during our workday. We know if there is an emergency call, we do it because we care. Without proper meals opportunities, we potentially could injure ourselves or your patients because of fatigue.

Any reduction in staffing levels will increase response times – and yes – then there will be a requirement for relying on the Fire Department to fill in the gaps. To avoid this more paramedics need to be hired. Ottawa realized cost savings from reducing tiered response and used that savings to hire 14 more paramedics.

Residents and patients of Peel Region deserve an ambulance with two medical specialists on their doorstep immediately after 911 is called. Brampton, the area

that this building is located, is the worst possible area in Peel Region to have a medical emergency. Every Brampton Paramedic deserves recognition today, because they give their heart and soul to ensure that when a call comes in they are there as soon as possible without meal breaks and sometimes-proper vehicle checks and restocking because they don't have the time. They are feeling the workload and they can't maintain the pace anymore. The growth of Brampton, expanding to the North and West has put such stress on the Peel North Paramedics that it is affecting them personally, because the suffrage of getting to the patients with delays is horrendous. If something is not done soon to increase Peel North staffing levels and reducing response times, someone will die when there is not an ambulance available.

Injury prevention simply means we are not pack mules. Our combined equipment weight is incredible. We use the Fire Department to help us, because we can't manage our own gear when with a patient. How is that fair to them? We use the Fire Department for lift assists because we don't have enough vehicles to help each other? We injure our backs regularly because we repeat lifting multiple times a day with equipment that is no longer suitable for the type of work that we do. Last year WSIB payments went into the millions of dollars. Think of the cost savings that could go back into the system and hire more Paramedics if you worked with the paramedic union to reduce injuries.

Slide # 13 – Offload Delays

Offload delays are a symptom of our overwhelmed Health Care system. Offload delays are not unique to Peel, but exist across Canada and abroad. Investigating into what other jurisdictions across Canada and internationally are doing to resolve this issue should occur. We should avoid reinventing the wheel with unsuccessful techniques already tried by other services. An example of a good method is the Halifax QE 2 hospital and in British Columbia uses Paramedics for front desk triage, blood work and other in-hospital tasks through shared partnerships to make more nurses available. By trying to “free up wall time paramedics” you are only compounding the problem, because the only place they can bring a patient is back to the offload delay. It only hurts paramedic morale further without solving operational issues. Hiring more Paramedics with money saved is the only feasible answer.

One last idea to consider to reduce response times is develop a Bike Paramedic team to attend large events like the Mississauga Marathon or Brampton festivals and the Pearson Airport. It has been successfully done in York, Ottawa and Niagara EMS. They use them at Heathrow Airport and British Columbia, because they are agile and quick and ‘stop the clock’, only

SLIDE # 14 – Independent Professionalism

We are Paramedics. Amalgamation does not work and we do not want to be swallowed up and overshadowed by the Fire Department. We deserve, in this day and age, independent recognition of our industry and services, including our own Public Relations officer independent of Peel Media.

It will be difficult, but EPSC and Regional Council must become Pro-EMS otherwise your experienced workforce, your largest asset, will pack up and leave which will be counterproductive to your whole master plan.

We enter this profession to invoke change and take care of people. Peel's motto is Patients First. Paramedics are the life blood, no pun intended, of this organization and need to be taken care of too. Accept the Health Analytics master plan and incorporate Paramedics into your vision with what we have said today by building stations immediately in call dense areas. And talk to us so that you are properly informed and dealing with the correct issues.

LAST SLIDE # 15 – Learn CPR

It will reduce response times in the short and long term without having stop gap measures and make us the best damn service in Canada.

Local 277 want to thank Peel Region for their dedication to paramedics.

Thank you for hearing us today.