PROFESSIONAL PARAMEDIC
ASSOCIATION OF WINNIPEG

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Canadian Labour Congress

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2007 Operational Budget Notes

Thank you for the opportunity to present your committee with our notes for consideration when deliberating the 2007 Operational Budget. We believe and will demonstrate how paramedic care for the citizens of Winnipeg is diminishing instead of improving. While amalgamation / integration of the Winnipeg Fire Paramedic Service has not progressed since contemplated 10 years ago; Emergency Medical Services (EMS) in Winnipeg has stagnated and in some instances actually regressed. Other Canadian cities have seen improvements in technology, response models, and ultimately patient care. This spring Canada's EMS Chiefs are meeting in Winnipeg, we challenge you to meet with them and see how Winnipeg is not responding to its citizens' needs.

There have been multiple consultant reports that have not been followed by past decision makers resulting in wasted expenditures, deteriorating staff moral, and worsening services to the citizens of Winnipeg. PPAW recognizes that correcting past wrongs is not immediately achievable however steps towards those corrections must begin today. The past decisions that were thought to address EMS issues have either proven to not achieve the desired result or have outright failed. Here are some examples:

- Amalgamation of Fire and Paramedic services is not new. It is a well documented project spearheaded by the IAFF in the United States as a job protection means. Here in Winnipeg, it has been previously attempted during the early 1980's as a service improvement with cost savings – it never realized either and City Council of the day rescinded that previous decision.

- Resurrected as a concept to save money while improving service in the late 1990's, City Council adopted the amalgamation of the Fire and Ambulance Departments. Since this adoption, past Councils and administrations have had no less than 5 consultation reports (Re-Engineering Steering Committee, Richardson Report, Tri-Data's Emergency Response and Risk Analysis, Turn Key's Integration Research Team, and Jeff Bowman's report). None of the past decision makers have followed the majority of the recommendations of these reports.

- Winnipeg Fire Paramedic Service merger of the Fire and Ambulance Departments has succeeded in administration and its Stores division. While WFPS's Training, Public Education, and Dispatch branches are all house in common locations; the Fire and EMS components operate as separate entities. WFPS Operations (Fire and EMS response) continues to operate as separate entities with different chain of command (except for executive administration), salary structure, educational, and promotional structure. All possible cost savings have been realized and further merging of employees would require harmonizing of benefits leading to significant operational cost increases.

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- The past decision to introduce the Medical Priority Dispatch System (MPDS) has caused an increase in "high" priority calls stretching an already shorthanded ambulance resource. While there have been discussions about liability reduction with the MPDS, the increased light and sirens responses cause greater risk to WFPS employees and the citizens of Winnipeg. In the past, there has been discussion of using MPDS to determine call outcomes and make adjustments however those changes have still not occurred.

- The level of ambulance service from Winnipeg Fire Paramedic Service has decreased since 2000. In 2000, there was at least one Advanced Life Support (ALS) Provider in every ambulance in Winnipeg. Now, at much as half of WFPS's ambulances are only staffed with Basic Life Support (BLS) Providers. As call volumes continue to rise, it is now taking longer for ambulances to reach calls. This was addressed with the increased use of firefighters responding to medical calls but did not help in getting patients to the hospital in a timely manner.

- The level of fire / rescue service availability is decreased due to the increased use of firefighters for medical calls. Without the increase of ambulance resources, fire apparatus increasingly unavailable to respond to fire / rescue calls – their primary function. It is not uncommon to have fire apparatus wait over an hour with a patient for an ambulance.

In conclusion, past decisions have lead to a dysfunctional Emergency Medical Service. The possible cost savings of amalgamation have been attained but completion of amalgamation will require more funding than any realized cost savings. The employees are disenfranchised with their employer due to work conditions imposed from past decisions. WFPS is not an "Employer of Choice"; it is benefiting from the lack of competitor agencies for recruits in its geographical area. WFPS's ambulance level of service has deteriorated since 2000 and now fire response is being threatened.

It is time to right past wrongs, and start taking steps towards addressing the needs of Winnipeg – efficient fire and paramedic services that are comparable to the standard found in other Canadian cities.