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Review of Ground Ambulance and Highway Rescue Services in the NWT

FINAL REPORT

Submitted to
The Government of the Northwest
Territories
Department of Municipal and Community
Affairs
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1 INTRODUCTION

1.1 Introduction

The management and delivery of ground ambulance and highway rescue services in the Northwest Territories (NWT) is challenged by the social and geographic conditions that exist for communities and highways in the territory. A large geographic area, low population base, extensive distances between communities, the small size and remoteness of many communities, a limited communications network, harsh climatic conditions and lack of a year-round territorial-wide transportation network are factors that impact the effectiveness and efficiency of the provision of these services. The Departments of Municipal and Community Affairs (MACA) and Health and Social Services (HSS) contracted Terriplan Consultants to assist with the review of the provision of ground ambulance and highway rescue services in the NWT. The intent of this report is to provide observations and recommendations to MACA and HSS to support the development of a territorial-wide policy and funding framework.

Building upon the earlier work conducted by HSS and MACA, this report identifies the major issues related to operations, funding and quality control, and provides recommendations for a policy framework for a comprehensive and coordinated system of ground ambulance and highway rescue services in the NWT.

1.2 Purpose and Objectives

The purpose of this assignment is to provide the departments of MACA and HSS with observations and recommendations for a policy and funding framework to support the provision of ground ambulance and highway rescue services within the NWT.

The objectives that flow from this purpose are:

- 1) To evaluate existing legislative, policy and regulatory frameworks and identify gaps in ground ambulance and highway rescue service provision across the NWT;
- 2) To identify practices in other jurisdictions for the regulation, administration and delivery of ground ambulance and highway rescue services;
- 3) To obtain the perspectives of key individuals/organizations involved in ground ambulance and highway rescue services on issues related to current ground ambulance and highway rescue services and suggestions on how they could be improved;
- 4) To develop a range of options for service provision of ground ambulance and highway rescue services, for consideration by the GNWT; and
- 5) To develop recommendations for a policy and funding framework to support the provision of ground ambulance and highway rescue services within the NWT.

1.3 Structure of the Report

The report is structured as follows:

- Section 1 provides an introduction to the report and describes the purpose, objectives and methodology.
- Section 2 provides a brief discussion on the background and context for this project.
- Section 3 presents an overview of stakeholder concerns related to ground ambulance issues in the NWT related to operations, funding and quality control.

- Section 4 presents an overview of stakeholder concerns related to highway rescue services issues in the NWT related to operations, funding and quality control.
- Section 5 provides a summary of stakeholder concerns in communities without an ambulance service.
- Section 6 provides a summary discussion of ground ambulance services in other jurisdictions.
- Section 7 provides a summary of issues related to ground ambulance and highway rescue services in the NWT.
- Section 8 provides a range of options for ground ambulance and highway rescue service provision.
- Section 9 presents recommendations for a policy and funding framework for ground ambulance and highway rescue services in the NWT.
- Section 10 provides Summary/Conclusions of the report.
- Section 11 contains a list of Research Sources

1.4 Methodology

Key primary and secondary data sources for this review project included:

- 1) Document research;
- 2) Telephone and in-person interviews with individuals involved in the delivery and management of ground ambulance and highway rescue services in the NWT; and
- 3) Additional research to fill in data and information gaps.

Each is briefly described below:

1.4.1 Literature and Document Research

A number of documents, reports and websites were reviewed to provide a contextual background for this project. The data sources included:

- Previous studies on ground ambulance and highway rescue services in the NWT (i.e., HSS Background Report September 2004, HSS/MACA Follow-Up Report January 2006);
- Reports on these types of services in other jurisdictions in Canada;
- Relevant legislation and regulations;
- Associated websites; and
- Documents provided by interviewees.

A Bibliography, listing sources consulted is provided in Section 11.

1.4.2 Key Informant Interviews

Interviews by telephone or in-person were held with 37 key individuals involved in the management, delivery and oversight of ground ambulance and highway rescue services in the NWT. Interview respondents were included from the following categories:

- Members of the Regional Health and Social Services Authorities;
- GNWT Departments of MACA, HSS and DOT officials;
- Office of the Chief Coroner;
- Representatives of community governments in which ground ambulance/highway rescue services are being provided;
- The NWT Association of Communities (NWTAC);
- Local Government Administrators of the NWT (LGANT);

- Private sector ambulance providers; and
- Representatives of community governments not providing ground ambulance/highway rescue services.

The interviews are categorized as follows:

Total number of interviews conducted:	31
Number of people taking part in 31 interviews:	37
Total number of communities interviewed:	12
Tax-based communities interviewed:	5
Non-tax-based communities interviewed:	7
Government representatives interviewed:	14
Communities with private sector contractors interviewed ¹ :	2
Number of communities providing ground ambulance services ²	6
Number of communities with no ground ambulance services ³	6

The list of key individuals interviewed is located in Appendix A; the interview questions are provided in Appendix B. The results of the interviews are provided in Sections 3, 4 and 5.

1.4.3 Additional Research for Data Gaps

Additional Web-based and document research was undertaken in an attempt to fill gaps in data and to assist with projections of future conditions in the NWT, as a context for the review. All research sources are included in the Bibliography in Section 11.

1.5 Information and Data Limitations

This review was limited in scope due to the lack of a consistent territorial approach to the collection, recording and availability of data that would strengthen the development of a policy and funding framework for ground ambulance and highway rescue services in the NWT. Terriplan consulted (on different occasions) with the various agencies involved in the provision of ground ambulance and highway rescue services to request additional data, and were informed that, from their perspective, they had provided Terriplan with all of the known available information and data.

Having current and historical data on items such as number and location of call-outs, available resources to meet the needs, fees charged, costs of the service and cost-recovery amounts from all service delivery providers in the NWT, provided on an annual basis, and recorded in a database would provide a credible basis for determining the real costs of the system and the impact on service delivery.

¹ Communities with private sector contractors are included in the totals for communities.

² Communities providing ground ambulance services are included in the totals for communities.

³ Communities not providing ground ambulance services are included in the totals for communities.

2 BACKGROUND AND CONTEXT

2.1 Problem Statement

Concerns have been raised by community governments and other stakeholders about the lack of a comprehensive, coordinated system of ground ambulance and highway rescue services in the Northwest Territories, and about the need for clarity with regard to service levels, responsibility for service delivery, and associated funding.

This review will research and analyze current service provision in order to provide the departments of MACA and HSS with observations and recommendations for a policy and funding framework to support the provision of ground ambulance and highway rescue services within the NWT.

2.2 Overview of the Existing Situation

The description of the existing situation includes definitions of ground ambulance and highway rescue services; and discussions of mandates, funding approaches, relevant legislation, existing service levels, demographic trends and key drivers affecting future service provision.

2.2.1 Existing Service Provision

Ground Ambulance Services

The term “ambulance services” refers to transportation in emergency vehicles for people in need of medical attention. It encompasses ground and air (Medevac) emergency services. As shown in Table 1, ambulance services in the NWT can be provided in a number of ways:

Table 1: Ambulance Services in the NWT

Type of Service	Definition
In-Town Services	Response to a patient, and transportation to a local hospital/health centre within community boundaries
Highway Services	Out-of-town service and transportation of a patient to a hospital or health centre
Inter-Facility Services	Transportation of a patient from a hospital/health centre to an airport, and from an airport to a hospital/health centre
Medevac Services	Air ambulance services, including a Medevac aircraft and Medevac medical staff
Highway Rescue	Refers to provision of equipment and resources to support the extraction of a victim from an accident scene to enable access to the victim by medical personnel
Non-Medical Transport	Patient transportation services, which are provided without medical services. For example, a community government might provide a municipal suburban vehicle to transport the Medevac nurse from the airport to the health centre and then take the patient and the Medevac nurse back to the airport.

(Source: Follow-up Report on Ground Ambulance Services in the NWT (2006))

Highway Rescue Services

Highway rescue services relate to a particular category of ground ambulance services. “Highway rescue” is defined as the “provision of equipment and resources to support the extraction of a victim from an accident scene to enable access to the victim by medical personnel” (*Follow-up Report; January 2006, page 3*). Highway Rescue Vehicles contain cutting and other equipment often needed for the safe extraction of people from their vehicles after accidents (*Background Report on Ground Ambulance Services in the NWT; 2004*).

The focus of this report is on ground ambulance and highway rescue services, thus excluding Medevac (air ambulance) services.

2.2.2 Mandate of Organizations Involved in Service Provision

In order to identify gaps in service delivery and responsibility, a review of the mandates, roles and functions of the organizations involved is required as a first step in addressing the problem statement. Following the mandate review is an examination of existing legislation (Section 2.2.3). The identified gaps in funding data and service provision are provided in Sections 2.2.4 and 2.2.5 respectively.

Table 2 provides the mandates of MACA, HSS and DOT. Table 3 summarizes the roles and functions of the organizations involved in the provision of ground ambulance and highway rescue services in the NWT.

Table 2: Mandates of GNWT Departments Involved in Provision of Ground Ambulance and Highway Rescue Services in the NWT

Agency	Mandate
MACA –GNWT Department of Municipal and Community Affairs	The Minister and the Department of Municipal and Community Affairs are responsible for the development and maintenance of community governments, responsive and responsible to the residents, with sufficient legal authority and resources to carry out community responsibilities, to provide their public programs and services essential to good community life and to deal effectively with other governments and organizations. The Minister and Department are also responsible for protecting the interests of consumers.
HSS –GNWT Department of Health and Social Services	The mandate of the Minister and the Department of Health and Social Services is to promote, protect and provide for the health and well being of the people of the Northwest Territories.
DOT – GNWT Department of Transportation	The mandate of the Minister and the Department of Transportation is to plan, design, construct or reconstruct, acquire, operate and maintain public transportation infrastructure in the Northwest Territories, including community airports, docks and the highway system, pursuant to devolved authorities and/or Memoranda of Understanding between the Government of the Northwest Territories and the Federal government, and to regulate and license individuals and vehicles operating in the Northwest Territories.

Table 3: Roles and Functions of Organizations Involved in Provision of Ground Ambulance and Highway Rescue Services in the NWT

Agency	Roles and Functions
MACA –GNWT Department of Municipal and Community Affairs	<ul style="list-style-type: none"> • MACA (Municipal and Community Affairs) is directly responsible for ensuring that adequate territorial-wide legislative/administrative/financial standards for municipal program and service delivery are maintained. • In order to fulfill this objective, MACA establishes the policy and legislative framework by which community governments operate, as well as providing funding to support communities in delivering programs and services. • MACA provides funding through formula-based funding programs to communities and

Agency	Roles and Functions
MACA –GNWT Department of Municipal and Community Affairs (cont'd.)	<p>villages. However, MACA's involvement in emergency response is limited only to a planning role.</p> <ul style="list-style-type: none"> • MACA assists in community emergency planning and Search and Rescue planning/training as well as representing the NWT in Federal funding programs such as the Joint Emergency Preparedness Program (JEPP). Despite this MACA does not have a comprehensive strategy to develop the infrastructure necessary to develop an ambulance system and does not provide any capital funds for ambulances. • MACA's mandate gives community governments the ability to make bylaws for the safety, health and welfare of their communities and approves measures to extend such bylaws outside the boundaries of the community (specifically fire and ambulance protection). • In the interests of maintaining public safety, MACA also promotes and enforces fire safety standards (as well as proper training for fire protection and prevention programs) in the NWT. All fire fighters working in the Territory are trained by MACA through its School of Community Government but it does not offer courses or training related to emergency medical response.
HSS –GNWT Department of Health and Social Services	<ul style="list-style-type: none"> • HSS has a mandate to “promote, protect and provide for the well being of the people of the NWT”. • In its “Integrated Service Delivery Model⁴”, HSS includes medical travel as part of its diagnostic core services, including: “...ground ambulance, air ambulance, ambulance dispatch services, taxi services, basically all modes of transportation a resident may utilize in order to access services, if not available in their own community.”⁵ • HSS develops and implements legislation, standards and policies for health and social programs and services, but does not directly regulate ambulance operators or equipment.
RHSSAs – Regional Health and Social Service Authorities	<ul style="list-style-type: none"> • RHSSAs provide health and social services as directed by HSS. • RHSSAs can provide ground ambulance services directly or contract the services to municipalities or private sector service providers
DOT – GNWT Department of Transportation	<ul style="list-style-type: none"> • DOT is responsible for constructing and maintaining highways and winter roads, and licensing vehicles and drivers. • DOT also operates a highway patrol. Although this patrol is mostly concerned with commercial vehicles and is not an Emergency Medical Provider, it could potentially be the first respondent on the scene in some situations.
Municipal Governments	<ul style="list-style-type: none"> • As per the <i>Cities, Towns and Villages Act</i>, municipal governments are expected to provide services to their communities. • The legislation permits municipal governments to establish ground ambulance services, but does not require it. • Municipal governments can pass bylaws allowing ambulance and emergency services to extend their range beyond the boundaries of the community (on NWT highways) but only upon approval of the Executive Council (EC).
RCMP – Royal Canadian Mounted Police (cont'd.)	<ul style="list-style-type: none"> • The RCMP's mission statement indicates that the organization is Canada's national police service. “Proud of our traditions and confident in meeting future challenges, we commit to preserve the peace, uphold the law and provide quality service in partnership with our communities”.⁶ • RCMP officers' duties relate to preservation of the peace, prevention of crime and apprehension of criminals, offenders and others who may be lawfully taken into custody.⁷ • RCMP officers are not trained for medical emergencies but are required to protect life as part of their mandate. RCMP officers are only trained in basic First Aid and CPR. The RCMP is usually the first point of contact for Highway Rescue situations. In smaller communities, RCMP may also be contacted in the event of medical emergencies. • The RCMP has a well developed communication system that allows for quick and

⁴ GNWT, Department of Health and Social Services. “Integrated Service Delivery Model for the NWT Health and Social Services System”, March 2004. Located at:

<http://www.hlthss.gov.nt.ca/content/Publications/Reports/ISDM/isdmtdetailedmarch2004.pdf>

⁵ Ibid, P.16

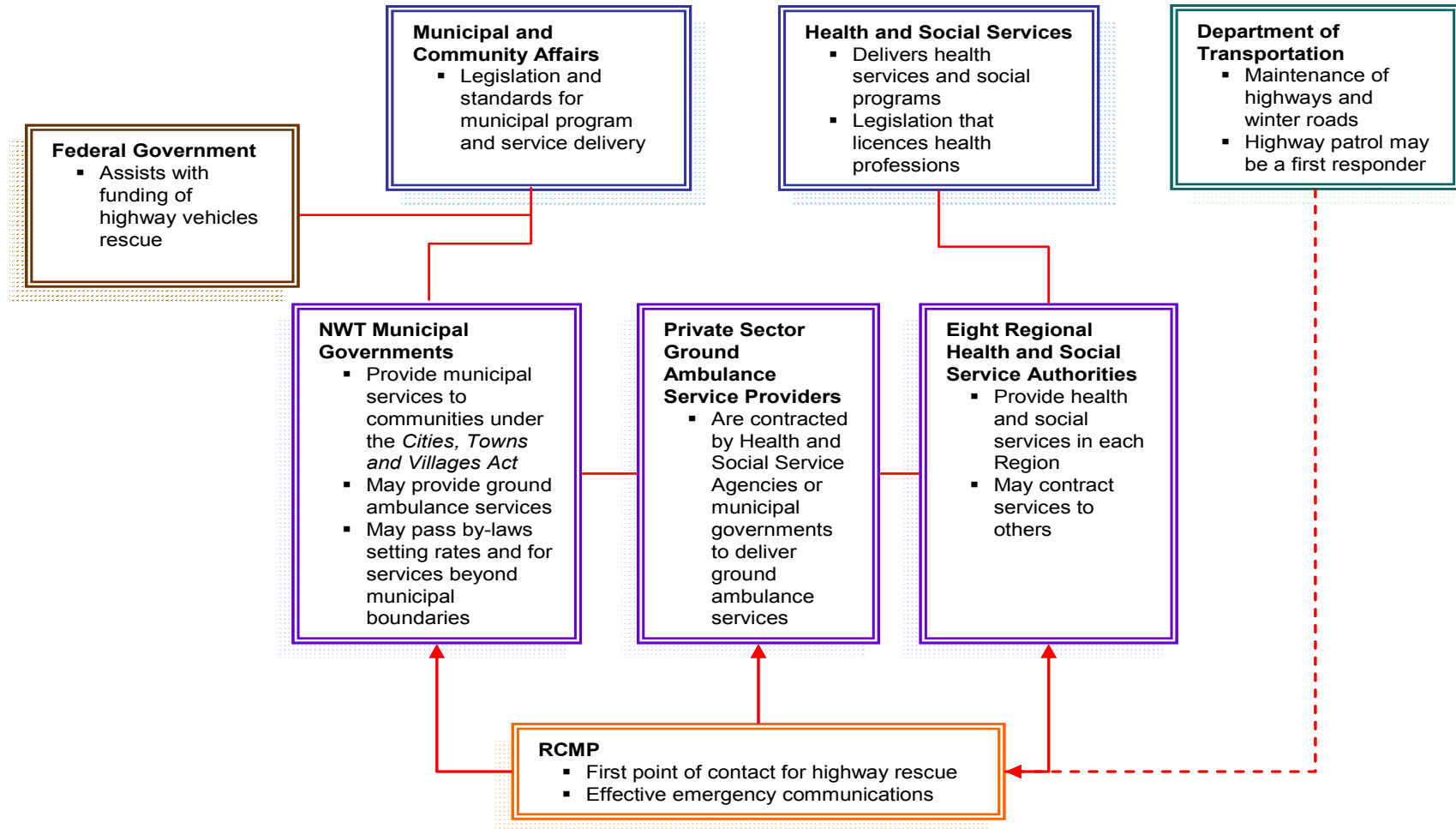
⁶ RCMP Mission Statement. http://www.rcmp-grc.gc.ca/about/mission_e.htm

⁷ The RCMP Act. <http://lois.justice.gc.ca/en/R10/99351.html>

Agency	Roles and Functions
RCMP – Royal Canadian Mounted Police	effective communication with other RCMP detachments and hospital facilities. <ul style="list-style-type: none">• There are 21 RCMP detachments across the NWT.• Throughout the NWT there are also RCMP Auxiliary Officers. Auxiliary members are unpaid volunteers authorized to accompany regular members on patrol and perform other police functions under supervision, including office duties, special events, property checks and traffic and crowd control. There are approximately 15 to 16 Auxiliary Officers in the NWT, of which approximately 6 to 8 are located in Yellowknife.

Figure 1 illustrates the relationship among the parties involved in ground ambulance and highway rescue service provision

Figure 1: Organizations Involved in Provision of Ground Ambulance and Highway Rescue Services in the NWT



Mandate Summary

The mandates, roles and responsibilities for provision of ground ambulance and highway rescue services are structured in a way that gives municipalities the authority (but not necessarily the responsibility) for delivering the services within and outside of communities. As indicated in Tables 2 and 3, other agencies, such as MACA, HSS, RCMP, DOT, and the federal government all play a role, but no agency has the overall mandate for provision of the services within the NWT.

2.2.3 Legislative and Regulatory Context

Table 4 documents legislation and initiatives relevant to provision of ground ambulance and highway rescue services.

Table 4: Legislation Relevant to Ground Ambulance and Highway Rescue Services

GNWT		
GNWT	<i>Hospital Insurance and Health and Social Services Administration Act</i>	<ul style="list-style-type: none"> Provides for the Minister to establish health and social services authorities to manage, control and operate each health facility or social services facility for which it is responsible. In the context of the Act, "health facility" means any hospital, health centre or other health program or service owned or funded by the GNWT.⁸ Thus, provision of ambulance services may be included as part of RHSSAs services.
	<i>Hospital and Health Care Facility Standards Regulations R-036-2005</i>	<ul style="list-style-type: none"> Allows RHSSAs to make by-laws related to carrying out the business of a hospital or health care facility, including medical care to in-patients and outpatients⁹.
	<i>Cities, Towns and Villages Act;</i>	<ul style="list-style-type: none"> Allows communities to establish, deliver and operate services public utilities and facilities (which include fire, rescue and ambulance services). Allows communities to set reasonable rates or amounts of deposit, fees or other charges. Allows communities to extend fire and ambulance service ranges outside the community boundaries Contains provisions stating that volunteers (especially fire and medical volunteers) are not liable for damages, provided they act in good faith and are not negligent in their duties.
	<i>Charter Communities Act</i>	<ul style="list-style-type: none"> Allows communities to establish, deliver and operate services, public utilities and facilities (which include fire, rescue and ambulance services). Allows communities to set reasonable rates or amounts of deposit, fees or other charges. Allows communities to extend fire and ambulance service ranges outside the community boundaries. Contains provisions stating that volunteers (especially fire and medical volunteers) are not liable for damages, provided they act in good faith and are not negligent in their duties.
	<i>Hamlets Act</i>	<ul style="list-style-type: none"> Allows communities to establish, deliver and operate services public utilities and facilities (which include fire, rescue and ambulance services). Allows communities to set reasonable rates or amounts of deposit, fees or other charges.

⁸Hospital Insurance and Health and Social Services Administration Act. <http://www.canlii.org/nt/laws/sta/t-3/20060718/whole.html>

⁹ Hospital and Health Care Facility Standards Regulations R-036-2005. <http://www.canlii.org/nt/laws/regu/2005r.036/20060718/whole.html>

		<ul style="list-style-type: none"> Allows communities to extend fire and ambulance service ranges outside the community boundaries. Contains provisions stating that volunteers (especially fire and medical volunteers) are not liable for damages for injuries or death, provided they act in good faith and are not negligent in their duties.
	<i>Emergency Medical Aid Act</i>	<ul style="list-style-type: none"> Removes liabilities to any qualified/trained person rendering aid during an accident (providing they are not negligent in their duties)
	<i>General Safety Regulations (Part of Safety Act)</i>	<ul style="list-style-type: none"> Primarily concerned with workplace safety; contains provisions on first aid kits, first aid rooms and certification at some worksites.
<ul style="list-style-type: none"> Municipal Governments¹⁰ 		
City of Yellowknife	<i>By-Law 4175</i>	<ul style="list-style-type: none"> Establishes emergency response bodies and fire chief to manage and operate emergency response. States that the Fire Chief will run an emergency response system, which includes emergency medical response.
Fort Simpson	<i>Bylaw 515 (Emergency Response and Protection Services Amending By-Law)</i>	<ul style="list-style-type: none"> Allows Fort Simpson medical services to respond to calls outside the village boundaries and to motor vehicle accidents on highways outside the town.
	<i>Bylaw 504 (Emergency Response and Protection Services)</i>	<ul style="list-style-type: none"> Established an emergency response and protection service (including ambulance services).
<ul style="list-style-type: none"> Other Canadian Jurisdictions^{11 12} 		
Alberta	<i>Ambulance Service Act</i>	<ul style="list-style-type: none"> Outlines the organization of ambulance service districts in the province of Alberta. Describes the powers of ambulance district boards and municipalities in terms of ambulance service, and details the licensing process for ambulance operators.
	<i>Staff, Vehicle and Equipment Regulation</i>	<ul style="list-style-type: none"> Stipulates that ambulance operators ensure their staff are registered emergency medical technicians via other regulations or are a registered nurse equivalent.
British Columbia	<i>Health Emergency Act/Health Emergency Regulation</i>	<ul style="list-style-type: none"> Defines the “Emergency Health Services Commission” and its powers. The Commission has the power and authority to provide emergency health services in the province; gives it the power to establish, equip and operate emergency health centres and stations; assists hospitals/health institutions/agencies/municipalities in providing emergency health services and trains personnel to provide services. The act also allows it to enter into agreements for such purposes.
	<i>Emergency Communication Corporations Act</i>	<ul style="list-style-type: none"> Outlines the steps to designate a corporation for the purposes of emergency communications and its powers for the provision of emergency communications and services in BC.
Manitoba	<i>Emergency Medical Response and Stretcher Transportation Act (formerly Ambulance Services Act)</i>	<ul style="list-style-type: none"> Provides information on licensing and standards for ambulance attendants and equipment. The Act also outlines funding information for the operation of emergency medical response services in Manitoba.
	<i>Northern Patient Transportation Program Regulation</i>	<ul style="list-style-type: none"> Designed to subsidize the cost of transportation required for residents of Manitoba located in the North to obtain medical or hospital care at the nearest location for health/emergency

¹⁰ No By-Law information was located for Fort Smith, Hay River, or Inuvik

¹¹ These jurisdictions, except for Ontario were selected on request by MACA and HSS. Ontario was added due to a suggestion in an interview. More detailed reviews of other jurisdictions are provided in Section 6 and Appendix C.

¹² No legislation was located for Yukon Territory.

		reasons.
Nova Scotia	<i>Emergency Health Services Act</i>	<ul style="list-style-type: none"> Provides standards for management, operation and use of ambulance services in the province.
	<i>911 Emergency Act</i>	<ul style="list-style-type: none"> Establishes and implements province wide 911 systems in the province and implements a province-wide system for reporting emergencies to emergency service agencies.
Ontario	<i>Ambulance Act of Ontario</i> (includes Regulations 129/99 and 257/00)	<ul style="list-style-type: none"> Guides the provision of emergency medical services in the province. Also defines the responsibilities of the province and municipalities costs associated with the provision of service and the required certification of ambulance service operators and ambulance attendants.
Saskatchewan	<i>Ambulance Act</i>	<ul style="list-style-type: none"> Establishes ambulance districts and boards, the licensing of ambulance operators and emergency medical personnel and the provision of ambulance services in Saskatchewan.
	<i>Ambulance Regulations</i>	<ul style="list-style-type: none"> Defines rates for use, standards for vehicles and equipment, the process to obtain a license and necessary training levels.
	<i>Emergency 911 Systems Act</i>	<ul style="list-style-type: none"> Deals with the development, implementation and operation of an emergency 911 system in the province of Saskatchewan.

(Compiled from Internet Sites for Each Jurisdiction)

Analysis of Legislation for Ambulance Services

GNWT legislation provides the authority for RHSSAs to supply a range services, which may include ground ambulance and highway rescue services. Municipal government by-laws also provide the option for municipalities to set fees and deliver the services (including beyond community boundaries). However, there is no legislation in the GNWT, such as an Ambulance Act, which, as is the case in a number of provinces (e.g., Alberta, British Columbia, Saskatchewan, Ontario and Manitoba), that sets out responsibilities for ambulance services, standards for training, licensing and equipment.

2.2.4 Funding for Ground Ambulance Provision in the NWT

HSS provides general contribution funding to the Regional Health and Social Service Authorities (RHSSAs), which allocate the funding to services provided, which may include ground ambulance services. . MACA uses a formula-based policy to allocate a significant portion of its general support for the activities of community governments, but does not provide capital based funding (such as ambulance vehicles). This means that communities will have to make decisions as to how to allocate funds for capital outlays (HSS Background Report On Ground Ambulance Services In the NWT, 2004).

The allocation of HSS funds to Regional Authorities is largely based on historical practice. Some RHSSAs allocate funding for ambulance services in their own budgets (HSS Background Report on Ground Ambulance Services in the NWT, 2004). Table 5 describes the funding approach for six of the eight HSSAs.

Table 5: Health and Social Services Authorities' Funding for Ambulance Services

Health Authorities' Funding for Ambulance Services	
Stanton Territorial Hospital	<ul style="list-style-type: none"> Funds inter-facility transfers for the RHSSAs through the Medical Travel Budget. Invoices the full costs for a local ambulance call for NIHB clients to NIHB.* Does not accept billing for any other clients. The City of YK invoices those clients.
Hay River HSSA	<ul style="list-style-type: none"> Funded \$22,000 for ambulance services (historical practice), which they transfer to the Town of Hay River. Invoices the full costs for a local ambulance call for a local ambulance for NIHB clients to NIHB. Does not accept billing for any other clients. The Town of Hay River invoices those clients.
Fort Smith HSSA	<ul style="list-style-type: none"> Charges the full costs for a local ambulance call for NIHB clients to NIHB Does not accept billing for any other clients. The Town of Fort Smith invoices those clients.
Dogrib Community Services Board	<ul style="list-style-type: none"> Invoices a negotiated fee, which only partially covers the costs for ambulance services, to NIHB for NIHB clients. There are very few non-NIHB clients. The Dogrib Community Services Board invoices these clients. There are very few calls that remain local; most ambulance calls take patients to Stanton. Trips to Stanton are considered to be ambulance trips, not Medical Travel or inter-facility transfers.
Inuvik RHSSA	<ul style="list-style-type: none"> Invoices a negotiated fee, which partially covers costs for a local ambulance call for NIHB clients to NIHB The rates used to invoice back costs to NIHB do not include the full costs charged by Blue Ice EMS Ltd. Does not accept billing for any other clients. Blue Ice EMS invoices those clients.
Fort Simpson HSSA	<ul style="list-style-type: none"> Invoices the costs for a local ambulance call for NIHB clients to NIHB. Does not accept billing for any other clients. The Village of Fort Simpson invoices those clients.

(Source: HSS Background Report on Ground Ambulance Services in the NWT, 2004)

*NIHB is the Non-Insured Health Benefits program of Health Canada. Status First Nations and Inuit persons are eligible for coverage under this program. The Medical Travel portion of the NIHB program is administered by Health and Social Services through a contract with Health Canada. The Health Services Administration Division in Inuvik administers this contract.

An analysis of costs and cost effectiveness for ground ambulance services is hindered by the lack of available data provided in previous research reports. For example, as illustrated in Table 6 below, the Background Report provides figures for the amount of funding received for medical travel by four of the eight RHSSAs in 2003-4.

Table 6: Funding Received by Health and Social Services Authorities in 2003-4

HSSA	Funding Received in 2003-4
Fort Smith HSSA	\$521,174
Hay River HSSA	\$22,000
Inuvik HSSA	\$4,581,361
Stanton Territorial	\$4,165,507

(Source: HSS Background Report on Ground Ambulance Services in the NWT, 2004)

It was noted that 1) the amount provided to Hay River is considered to be funding for ambulance services and 2) Additional funding was provided to Fort Smith HSSA to manage GNWT employee medical travel. Also during 2003-4, because of expressed concerns, the Department (HSS) made one-time contributions to the City of Yellowknife, the Village of Fort Simpson and the Town of Fort Smith of \$20,000 each.

In the HSS and MACA Follow-Up Report, published in 2006, data is provided for the 2004-5 year on costs of the service, the amount recovered in user fees and net cost of the service, but only for two of the HSSAs. The data is provided below in Table 7.

Table 7: Costs of Ambulance Services and Cost Recovery in 2004-5

HSSA	Total Cost of Ambulance Service	Recovery in User Fees	Net Cost
Tlichon Community Services Agency (serving Behchoko and area)	\$527,000	\$180,000	\$347,000
Beaufort Delta HSSA	\$340,000	\$215,000	\$125,000

(Source: Taken from Background Report on Ground Ambulance Services in the NWT)

Costs for ambulance services are recovered for many clients through a variety of insurance programs:

- Status First Nations and Inuit Persons (under the First Nations Inuit Health Benefits [FNIHB] program);
- Métis (under the GNWT's Métis Health Benefits program);
- Federal and territorial government employees programs;
- Armed forces employees programs;
- Seniors (under the HSS Seniors' Extended Health Benefits program); and
- Private vehicle insurance programs.

A small group of individuals pay for ambulance services out of pocket.

It is clear from the data provided on cost recovery for these two RHSSAs that the amount of funding recovered falls considerably short of actual costs for providing delivery of ground ambulance services. Measures for achieving cost recovery (and maintaining it over time) will need to be developed in the funding framework for ground ambulance and highway rescue services.

Summary of Funding Review

It is difficult, in the absence of a more complete financial data set, to analyze the existing funding approach and outcomes for HSSAs in the NWT. Examples of the types of data required are as follows:

- Historical data (e.g., over the past 5 years) of funds received;
- Costs of the services during the timeframe;
- Service levels for the various service providers during the timeframe;
- Additional funds provided by HSS and intended purposes; and
- Revenues from user fees.

The funding framework to be developed should incorporate an approach for a systematic gathering and recording of data over time so that the costs of ground ambulance and highway rescue services can be related to key factors such as predictions of changes in population, traffic, accident call outs in the NWT, and the communities' ability to raise funds to adequately continue to provide the services. A complete data set would also enable an ongoing assessment of any improvements or modifications that may be required for any new funding framework that is implemented.

2.2.5 Existing Service Levels and Gaps

This review of existing service levels and gaps is based on the key findings of three earlier studies related to ground ambulance and highway rescue services in the NWT:

- Background Report on Ground Ambulance Services in the NWT (September 2004);
- Follow-Up Report on Ground Ambulance Services (January 2006); and
- Draft NWT Highway Emergency Alerting Protocol (2004).

In 2004, the Department of Health and Social Services (HSS) released a report providing background information about ground ambulance services in the NWT. The conclusion of the report identified some outstanding issues where additional research and input was required, including speaking directly with service providers and community representatives. In early 2006, HSS and MACA, assisted by the Department of Transportation (DOT), prepared a follow-up report summarizing concerns and input expressed by healthcare professionals and ambulance providers in interviews with community representatives, service providers and departmental representatives, and include recommendations for ground ambulance services in the NWT.

An NWT Highway Emergency Alerting Protocol was developed by MACA in draft form as a vehicle for further discussion.

Also reviewed was a March 2004 GNWT HSS report entitled "Integrated Service Delivery Model for the NWT Health and Social Services System: A Detailed Description".

This section provides a summary of the four above-mentioned reports that provide a background context for this study on the provision of ground ambulance and highway rescue services in the NWT.

HSS Background Report on Ground Ambulance Services in the NWT (2004)

The research for the September 2004 HSS report included reviewing reports and interviewing key contacts. It incorporated a presentation of the costs for health and social services' systems across the NWT, roles and responsibilities and experiences elsewhere. The findings of the report are as follows:

Service Providers

The connection to fire departments and municipal government seems to be a good connection. They seem to be able to attract volunteers, part-timers and on-call crew-members.

Service Levels

The service levels (the skills and availability of operators) vary greatly amongst the 6 providers, from having EMTs on site 24 / 7 to having Emergency Medical Responders on call.

Rates

Rates vary greatly. It is interesting to note that all the service providers charge their highest rate for inter-facility transfers. These transfers are essentially non-medical transportation. Only a driver and the vehicle are needed. The contracted medevac team provides all the medical services. One of the reasons for these high rates might lie in the fact that the Authorities pay these costs without complaint, whereas someone who pays for these costs might complain. However, NWT residents do not get charged for this service.

HSS Funding

There does not seem to be a service level-based rationale for the allocation of HSS funding to Regional Authorities other than historical practice.

GNWT Role

The GNWT has not taken very much direct interest in ground ambulance operators and attendants in the NWT.¹³

¹³ GNWT Department of Health and Social Services, "Background Report on Ground Ambulance Services in the NWT." September 2004, Pages 11-12.

Two concerns were expressed in the 2004 Background Report. The first concern was that additional input was needed because healthcare providers were not given an opportunity to identify their concerns about emergency medical services and ground ambulance services in the NWT, including what improvements are needed, what improvements will make a difference and which organizations have the responsibility to make these changes.¹⁴

The second concern stated in the report was that there should be a rationalized HSS funding formula:

“Several factors determine the ground ambulance services available in the communities, including the amount of funding allocated to Authorities, the budget decisions made by the Boards of the Authorities and the level of service offered by the service provider. The IRHSSA (now Beaufort Delta HSSA) is not funded for the full cost of the ambulance services they contract for, but the Board budgets to provide these services. Stanton manages its costs within its Medical Travel Funding and budget, at rates established by the City of Yellowknife and other providers. Regardless of Board choices, the Department has an obligation to allocate its funding as equitably as possible. Changing funding allocation practices is not an easy exercise and would need to fit with other challenges within the Department.”^{15 16}

The report conclusion stated “Ground ambulance services are not likely the most critical or costly component of the healthcare system and are certainly not the most costly component. As well, ground ambulance services are able to function in many NWT communities.”¹⁷ The report concluded by indicating that follow-up actions would be taken by HSS, with input from its stakeholders and partners.¹⁸

Follow-up Report on Ground Ambulance Services

The follow-up report prepared by HSS and MACA in January 2006 reported on additional work undertaken by MACA, HSS and DOT related to the issues that were identified in the 2004 Background Report. The 2006 Follow-up Report summarized the concerns and input expressed by the healthcare professionals and ambulance providers and identified initial recommendations about ground ambulance services in the NWT.

Among the many key issues expressed in interviews in the 2006 Follow-up Report were the following:

- “...there is no designated GNWT funding for ground ambulance services from a GNWT department. Community representatives identified that they lacked funding for ambulance operations; ambulance capital purchases such as vehicles and parking garages; training; and highway services.”¹⁹
- “...there is no central organizing body or single point of contact in the GNWT to deal with ambulance services” (e.g., such as an ambulance coordinator whose responsibilities would include coordination, funding, training, establishing minimum standards and developing a response protocol²⁰; and
- “...there is no specific directive or direction for highway services. Municipalities do not have a specific mandate and are not funded for out-of-town responses.”²¹

¹⁴ Ibid, Page 12.

¹⁵ Ibid, Page 12.

¹⁶ The Dogrib Community Services Board is provided funding for ambulance medevac services between Yellowknife and Stanton (there is no airport in Behchoko).

¹⁷ GNWT Department of Health and Social Services, “Background Report on Ground Ambulance Services in the NWT.” September 2004, Page 12.

¹⁸ Ibid, Page 12.

¹⁹ GNWT Departments of Health and Social Services and Department of Municipal and Community Affairs. “Follow-UP Report on Ground Ambulance Services.” January 2006, Page 4.

²⁰ Ibid, Page 5

²¹ Ibid, Page 5.

Unlike the previous report, the 2006 Follow-up Report found that ambulance providers had a difficult time recruiting and retaining staff and volunteers. This seeming inconsistency is likely due to the broader range of persons interviewed, so that the difficulty some service providers had with recruitment of volunteers was identified in the larger population of health service providers interviewed in the 2006 Follow-up Report. The 2006 Follow-up Report supports the earlier 2004 report in stating that "Overall, most stakeholders feel that the current level of service to residents is good, and residents are satisfied with the service. Most representatives feel there is a good working relationship between health centres and ambulance service providers"²² No other description is provided in the report on the aspects that are seen to be working well.

The 2006 Follow-up Report presented a number of recommendations for the short and long term. The recommendations were as follows:

- Develop a protocol for Health Centres with resident nurses;
- Develop and implement a protocol for responding to medical emergencies for communities without a health nurse;
- Continue to use and communicate the Draft NWT Highway Emergency Alerting Protocol;
- Municipal governments should be encouraged to review and update their rates and by-laws;
- HSS should move towards a fair allocation of its funding for HSS Authorities to support ambulance services;
- HSS should consider the need for EMT/ambulance licensing legislation; and
- MACA will continue to work with stakeholders to ensure coordinated protocols for highway response.²³

NWT Highway Emergency Alerting Protocol

The Emergency Services Division of MACA has developed and distributed to stakeholders a draft NWT Highway Emergency Alerting Protocol (2004) to be followed by emergency service providers. The document divides the territory into six zones and indicates a protocol that should be followed in each of the designated zones.

The highway protocol is a potentially effective tool as it describes a uniform plan for emergency response in the various zones across the NWT, as well as contingency plans for issues such as Medevac transport (e.g., how to establish landing strips) and how to deal with issues such as the challenges of landing on ice roads.

A preliminary review of the document by Terriplan has identified some gaps. The response plans for all of the zones have an option of two, sometimes three agencies as first contact. This may reflect the current condition where there can be one of several points of initial contact, but it may not be the most efficient approach in a protocol for highway response.

The protocol states that other agencies "could" participate in the rescue and response procedures, but the protocol makes no reference to the sorts of situation which would require a multiparty response. There is no specific "triggering" mechanism mentioned in the document.

Also noted in the protocol, is that all emergency rescue services are automatically dispatched unless the caller "specifically states that there are no injuries and no extraction is required". Though this approach is intended to ensure that medical care and rescue services arrive as quickly as possible over long distances to a potential accident, there could be inefficiencies with this system. There is a risk for call outs to occur in which emergency crews could be dispatched to a scene where there is no need for rescue. This could potentially be a waste of resources. It would be more efficient if, at the time of first contact, one or two questions are asked about potential injuries or extrication needs.

²² Ibid, Page 6

²³ Ibid, Pages 11-16.

An additional and more comprehensive review of this document is suggested, involving all relevant agencies and municipalities in a dialogue of what aspects would work, and which need further discussion. A consultation plan would help to identify the parties to be involved, methods for feedback and dialogue and methods for integrating responses. The results of such dialogue will provide valuable input from people directly involved in service provision towards developing a framework for highway rescue services in the future.

Integrated Service Delivery Model for the NWT Health and Social Services System: A Detailed Description (March 2004)

This report describes the development of an Integrated Service Delivery Model (ISDM) for the health and social services system. The ISDM is a team-based, client focused approach that combines a primary care approach, integration and collaboration among organizations and strengthening of core services. Ground ambulance services are included in the core service area of “Diagnostic and Curative Services”.

The report identified challenges common to all HSS service areas of this service delivery model, and notes that the challenges are of particular concern in the move toward the vision and preferred future for Diagnostic and Curative Services. The identified challenges are listed in the bullets in the quote below:

- “It is difficult to recruit and retain key personnel for the system. This includes doctors, nurses, and a variety of allied health and social service professionals.
- It is important to ensure that PCC teams work in an integrated and collaborative manner with regional and territorial support teams. This will require a paradigm shift in philosophy and attitude to be successful. Indeed, without a significant measure of success in this area, there will be little progress toward making the integrated service delivery model a reality for clients and their families.
- The responsibility of the individual in maintaining health and well being is another critical challenge. Strategies will need to be deployed that move public thinking toward a wellness model and away from a largely illness-based model.
- Funding the system will continue as an enduring challenge well into the future. The existing system is already overwrought. The enhancements contemplated to move service delivery toward the preferred future will further tax an overburdened system.
- Supporting the service providers in their work to deliver quality and consistent services is another challenge. It will be essential to ensure that the necessary tools, equipment, infrastructure, training, maintenance, and repair is in place or accessible in a timely manner.
- Addressing public attitude and perception regarding services that are being pushed down to the community level and delivered by community- and/or regionally-based service providers will be an initial challenge at the very least. Will people see this move as an improvement in the level and quality of care or as an erosion of existing levels of quality care at the territorial and out-of-territorial levels?
- Additional pressures will be placed on the system as non-renewable resources and other economic development continues to grow at significant rates in the NWT. All this adds pressure to an already overstressed system.
- Self-government for Aboriginal peoples in the NWT will also bring challenges in the health and social sector.”²⁴

²⁴GNWT, Department of Health and Social Services. “Integrated Service Delivery Model for the NWT Health and Social Services System”, March 2004, Page 24. Located at:
<http://www.hlthss.gov.nt.ca/content/Publications/Reports/ISDM/isdmtdetailedmarch2004.pdf>

Summary Review of Existing Service Levels and Gaps

The review of the documents indicated that in general, the levels of service presently being provided are good; there is effective cooperation between fire departments and municipal government, and the system of ground ambulance provision seems to function well.

A number of potential improvements to the management and delivery of ground ambulance service provision were suggested in the documents, including:

- Ambulance licensing legislation;
- A central point of contact and coordinator for ground ambulance services;
- A rationalized funding formula;
- Direction on highway rescue mandates; and
- Funding for ambulance operations, vehicles, parking garages, training and highway services.

The draft NWT Highway Emergency Alerting Protocol can assist, as it is further developed, to provide more specific direction for roles and responsibilities on emergency services on NWT highways.

2.2.6 Demographic Trends in the NWT

Trends indicate that the NWT's population in the future is expected to increase at a faster rate than in recent years. Estimates indicate that between 2004 and 2024, the NWT's population is expected to increase from 42,810 to 50,980, an average annual increase of 0.95% (NWT Bureau of Statistics, Population Predictions by Community and Other Characteristics)²⁵. This level of growth exceeds that of 1996-2004, which saw the population of the NWT grow from 41,800 to 42,810, an average annual increase of 0.28% (NWT Bureau of Statistics, Population Predictions by Community and Other Characteristics). The increased industrialization and development of the North is likely the driver behind this predicted trend.

As the population increased in recent years, the number of registered vehicles, licensed drivers and kilometres travelled also increased, suggesting that traffic volumes would also have increased. Federal and GNWT policies such as "Corridors to Canada II" (see Section 2.2.7 Part 5) indicate that there is a commitment to develop transportation infrastructure in the NWT. Coupled with ongoing projects (such as roads being built to support increasing industrial development), traffic volumes will likely rise considerably in the coming decades. An increase in traffic related accidents can also be expected. These service drivers need to be considered when developing a policy framework as additional needs for ground ambulance and highway rescues services in the future will likely exceed existing capacity.

Table 8 indicates the recent growth in population and travel trends. The trend shows vehicle registrations and the number of licensed drivers is outpacing population in growth.

Table 8: Population, Vehicle and Travel Trends 1996-2004

Year	Population	Number of Registered Vehicles	Licensed Drivers	Travel (millions of Km)
1996	41,800	24,717	26 853	103.8
1997	41,800	24,884	24 997	104.6
1998	41,100	25 470	25 655	104.7
1999	41,000	26 599	26 371	105.2
2000	40,900	27 703	26 880	106.2
2001	40,900	27 449	27 148	108.2
2002	41,549	30 969	27 748	115.3
2003	42,321	32 567	29 368	116.3
2004	42,810	33 642	30 958	N/A

(GNWT Northwest Territories Highway Traffic, 2004)

²⁵ <http://www.stats.gov.nt.ca/Stainfo?demographics/population/popproj.html>

Table 9 below illustrates that the number of collisions on NWT roads is increasing, but the number of fatalities and the number of collisions leading to injury appear to have declined considerably. The number of fatal accidents presently appears to be roughly 2-3 a year. These statistics indicate that fatalities and injuries are becoming less common in the face of busier roads and traffic. This could be a result of several factors, such as new safety features in vehicles (air bags, reinforced safety beams), improved transportation infrastructure (better roads, etc.) or changes in how accident statistics are recorded.

The GNWT Department of Transport (DOT) also notes that driver error is the primary cause of all collisions (67%), compared to 2% for vehicular condition and 8% for environmental factors, such as slippery roads. (*GNWT DOT 2005 NWT Traffic Collision Facts*)

Table 9: Collision Trends 1996-2005

Year	Number of Collisions	Number of Collisions Leading To Injury	Fatal Collisions	% of Collisions Leading To Injury/Death
1996	682	142	10	22.3%
1997	638	151	6	24.6%
1998	600	135	2	22.8%
1999	589	153	5	26.8%
2000	689	128	3	19.0%
2001	678	142	2	21.2%
2002	807	154	3	19.5%
2003	819	130	3	16.2%
2004	798	113	3	14.5%
2005	786	128	2	16.5%

(*GNWT DOT 2005 NWT Traffic Collision Facts*)

The number of collisions reported by the RCMP detachments in 2005 is presented in Table 10. As may be expected, the areas with the heaviest traffic and the largest populations (e.g., Yellowknife) have the highest number of accidents. Accidents in the Inuvik and Fort Simpson regions are more likely to end in injury or death than those of North and South Slave Regions. North and South Slave are also the only regions in the NWT with separate Highway Rescue units, which is a possible reason for having a lower percentage of accidents ending in injury or death.

Table 10: Collisions Reports by RCMP Detachments, 2005

Region (including communities of note)	Number of Collisions	Number of Injuries	Number of fatalities	% of collisions leading to injury/death in each region
North Slave (Yellowknife, Rae Edzo)	403	59	0	14.6%
South Slave (Hay River, Fort Smith, Fort Resolution)	120	27	2	24.2%
Inuvik Region (Inuvik, Norman Wells, Fort Good Hope)	97	29	0	29.9%
Fort Simpson Region (Fort Simpson, Fort Liard, Fort Smith)	36	13	0	36.1%

(*GNWT DOT 2005 NWT Traffic Collision Facts*)

Table 11 provides collision data for NWT Highways for years 2000 to 2005 for collisions attended by the RCMP. The table illustrates that in the years from 2000 to 2002, the total number of highway collisions increased from 55 to 88. From 2002 to 2004 there was a decrease in these collisions to from 88 to 62. In

2005, the rates were almost as high again as in 2002 (84). For the collisions on NWT Highways attended by the RCMP, there does not appear to be a linear pattern indicating a steady increase or decrease.

Table 11: Number of Collisions on NWT Highway System by Year and Highway #, 2000 to 2006 – RCMP Attended

Highway #	2000	2001	2002	2003	2004	2005	2006 to	Avg. 2000-05
1	4	3	0	9	7	12	6	7
2	6	7	9	12	10	13	7	10
3	18	22	30	27	17	31	9	24
4	5	6	4	7	1	10	4	6
5	5	3	5	8	4	2	1	5
6	0	0	2	1	1	1	1	1
7	2	1	4	2	0	4	0	2
8	4	4	16	7	10	11	3	9
Winter & Access Roads	11	14	9	12	12	0	0	
Total	55	60	88	85	62	84	31	63
Persons Injured	47	52	73	60	34	88	15	59
Persons Killed	2	3	1	3	2	2	1	2

(Information provided by Sgt. B. McGregor, RCMP)

Trends Analysis Summary

An examination of historical data indicates a trend towards an increase in the number of vehicles, drivers, and kilometres travelled on NWT roads. The number of collisions has also increased in recent years, though the percentage of fatal collisions and those leading to injury or death have declined in the years since 1996, possibly due to new safety features in cars and improved transportation infrastructure. In the future, the population of the NWT is expected to increase at a faster rate than it did over the past 10 years.

Current resource development initiatives (e.g., mining, exploration, Mackenzie Gas Project) and the resulting business activity within communities will increase the population in these communities. This suggests that more resources will likely be needed in future years to meet demand for ground ambulance and highway rescue services. As indicated in the HSS 2004 Background Report and the HSS and MACA 2006 Follow-up Report, communities are presently reporting the ability to meet current needs, but are concerned about having the infrastructure (due to aging or insufficient vehicles) to meet future demands. A policy framework for the provision of ground ambulance and highway rescue services in the NWT will need to take these observations into account.

2.2.7 Key Drivers Affecting Service Provision

There are a number of geographic, social, and economic conditions specific to the NWT. Combined with the key forces of change within the territory, these conditions have the potential to impact the provision of ground ambulance and highway rescue services in the territory. These service drivers are described below:

1) Geographic and Climatic Conditions

The NWT covers a broad and diverse area with respect to population and community size. Generally, communities are small, with only 6 communities having a population above 1,000. Community size ranges from under 50 to over 18,000 people, with very long distances between many of the communities. The transportation network linking them is not all-season; winter roads and summer marine transport are a necessary element in some communities. Thus, Medevac air support by helicopter or fixed wing aircraft is a key component for providing emergency services in the territory. Harsh climatic conditions influence speed and safety of emergency response, maintenance and upkeep of equipment (e.g., equipment freezing in winter). The distances travelled and the extreme climate, are also elements to be considered with respect to public expectations for levels of response.

2) Higher Costs of Infrastructure in the North

The high cost of building infrastructure in the north (e.g., costs to ship materials, a short construction season, use of winter roads/marine transport) are challenges for nearly all communities, particularly the smaller ones. Many communities do not have a tax base for raising funds and are dependent on GNWT (and some federal funding) for infrastructure support for ambulances, highway extrication vehicles and equipment costs. The *New Deal for NWT Community Governments* will enable NWT municipalities to manage all community infrastructure starting in 2007. The funding sources within the New Deal will provide block funding for all municipal services, with none dedicated specifically for ground ambulance /highway rescue services. Municipal governments will need to determine priorities for ambulance and highway rescue infrastructure within the funds provided. Additional GNWT/federal funds may be required to purchase high cost items (such as ambulances and highway extraction vehicles) as needed.

3) Retention of Qualified Staff

The procurement and retention of qualified staff has been identified as a major issue for the provision of ground ambulance and highway rescue services in the NWT. In fact, the capacity in many communities to address all community government responsibilities through employing qualified community staff is insufficient. The move of youth towards larger centres, competition for qualified staff to work in mining and exploration camps and the desire of trained personnel to want full time paid positions are conditions that have further impacted the availability of educated and qualified staff to remain in the smaller communities. The capacity of communities to have sufficient funds to pay qualified staff is also an issue.

4) Resource Development Impacts

The development of the proposed Mackenzie Gas Pipeline, ongoing gold and diamond mining and oil/gas exploration projects in recent years have put additional pressures on highways, community roads, and water, sewage and solid waste facilities. The royalties from the projects will go to the federal government, leaving local municipalities to fund the provision of services and maintain infrastructure.. Many municipalities are challenged to meet current costs of roads, water, waste and sewage systems, and will need to look for additional funding for repairs and replacement of essential infrastructure, including that of emergency services.

5) Proposed Mackenzie Valley All-Weather Highway

Both the NWT government and the Federal government have shown a marked interest in developing infrastructure in the NWT via the "Corridors in Canada" proposal, with a promise of a \$65 million investment (which was matched by the GNWT). Construction of the first of many aspects of this program began in 2003. However, the increased scope and pace of development and exploration has caused the

GNWT to make changes to the plan which is outlined in “Corridors in Canada II: Building on our Success”.²⁶

The main element of Corridors II is the all-weather Mackenzie Valley Road that will go from Wrigley to Tuktoyaktuk. It also includes some upgrades to community access roads, improving highway safety and involvement in the Slave Geographic Province in order to encourage economic development opportunities. It is hoped that the all-weather roads will remove the uncertainty and isolation associated with northern development, make planning easier, and reduce initial capital outlays and project risks in future development.

Corridors II calls for an additional \$162 million to be added to the Corridor’s fund. This will be used to deal with the pressures of resource development (\$117 million for improving all weather roads to assist in facilitating oil, gas and mineral harvesting) and economic diversification (\$45 million to promote economic diversification, connect communities and increase mobility).

The development of this highway and associated efforts to facilitate resource development in the NWT, with their potential for increased drivers, traffic volumes and associated accidents, are factors to include in developing a policy framework for ground ambulance and highway rescue service provision in the NWT.

2.2.8 Overview of Existing Situation

The review of the documentation and limited available data indicates that presently, ground ambulance services are generally being provided at adequate levels to meet the needs of most patients in the NWT. However the continued effectiveness of the provision of these services over time is brought into question due to limited human resources and funds available to a) pay for full costs of the services, b) handle large or multiple accidents at one time and c) purchase, repair or replace vehicles and other infrastructure.

The desire for an agency to assume overall responsibility for ambulance and highway rescue services, with the result of clearer mandates, was identified in the documentation reviewed. The potential for an improved highway response protocol exists, with further dialogue on the NWT Highway Alerting Protocol that is presently in draft form.

²⁶ http://www.gov.nt.ca/Transportation/Programs/PublicAffairs/Documents/corridorsforcanada/cfc_4.pdf

3 STAKEHOLDER CONCERNS - GROUND AMBULANCE SERVICES IN THE NWT

The following overview of ground ambulance services in the NWT summarizes the comments and suggestions provided in interviews for the current review and informed by information in the document research. The interview questions for all interviews are listed in Appendix B.

Sections 3.1 to 3.3 are focused on a discussion of ground ambulance services from the perspectives of operational, financial, and quality improvement/training issues. A table illustrating key interview responses by question related to ground ambulance services is provided in Section 3.4.

3.1 Operational Issues for Ground Ambulance Services

Several major operational issues were identified in the interviews conducted for this review related to the management and delivery of ground ambulance services in the NWT. The topic headings were selected by the authors of this review report as reflecting the key points raised in the interviews.

The operational issues have been summarized under the following headings:

- Rating of Current Services
- Standardized Ground Ambulance Services across the NWT;
- Levels of Trained Emergency Services Personnel in Communities; and
- Liability Issues.

The financial issues for ground ambulance services raised in the interview process are described below in Section 3.2.

3.1.1 Rating of Current Services

Interviewees were asked to provide a rating of current service levels. Among persons interviewed who responded to this question (14), a large majority (12) rated current ground ambulance service levels as “satisfactory” (4), “good” (3) or “very good” (5). For the highest ratings, the reasons provided related to good relationships in the community, teamwork, timely response and leadership by the Town. At the “satisfactory” level, it was noted that providers are doing the best they can, with the limited resources and older equipment available to them. Interview respondents who reported the service as “unsatisfactory” cited issues such as low levels or lack of training; poor equipment, lack of standards by senior government, concerns about potential liabilities, and coverage of large areas beyond the municipality.

3.1.2 Standardized Ground Ambulance Services across the NWT

Over two thirds of interview respondents noted that there are no NWT standards in place for ground ambulance services to provide direction on response levels and responsibilities, equipment standards and maintenance, and required training.

In interview results it was observed by many interviewees (approximately 75% of persons interviewed) that levels of service and standards of care vary across the NWT, with communities providing service to levels each is able to manage, using volunteers (and in some cases staff) that are available. Thus, respondents indicated that some communities have little or no capacity to provide ambulance services, while some larger municipalities are able to provide a more comprehensive composite service that includes ground ambulance, fire protection and highway rescue.

However, some confusion was expressed in interviews by service providers on the extent of their responsibilities within and beyond municipal boundaries. Within municipal boundaries, the need for clarification of roles and responsibilities was raised in some of the interviews (e.g., whether premises for ambulances should be the responsibility of local hospitals; need for improved communication among hospital/health centre, RCMP and ambulance providers). Beyond municipal boundaries, municipalities (in the *Cities, Towns and Villages Act*) may provide ground ambulance services, and in some cases do so as a service for their communities. Yet, a number of municipal representatives interviewed have expressed concern in interviews that a) services on highways should be a territorial responsibility (including funding) and b) there is no direction on the geographic extent of a municipality's responsibility.

The interview results from several respondents suggested that standards for the private sector delivery of ground ambulance services in the NWT should also be examined. Private sector ambulance providers do not have oversight by HSS authorities, and it was noted in interviews that a clearer understanding of jurisdictions (e.g., whether to provide ambulance service outside of municipal boundaries), scope of operations, levels of care required, standards for use and maintenance of equipment and protection from liabilities) would be beneficial.

A large majority of interview respondents (approximately 75%) indicated that with no legislation and no NWT standards in place for ground ambulance services, there is a need to clarify jurisdictions, roles and responsibilities among government departments and agencies (e.g., MACA, HSS, DOT, the Royal Canadian Mounted Police [RCMP]) and between government and communities. These interview respondents indicated that a decision is needed on an agency/entity that would have the mandate for responsibility and oversight of ground ambulance services.

The interview results indicated that expectations of government departments, agencies and communities related to standards and service levels need to be explicitly identified, reconciled and communicated, to address the differing views on appropriate levels for the various NWT communities.

A need for increased coordination and communications at the local level (e.g., with doctors, health centres, hospitals, medical directors, nurses and RCMP) was also identified as an issue. Interview respondents wanted improved local coordination for the following:

- Establishing local emergency protocols (including dispatch procedures);
- Clarifying roles and responsibilities (who does what, under which conditions, at what cost); and
- Identifying community needs/managing community expectations.

Approximately 90% of interview respondents stated that consistent standards and expectations (not necessarily a single approach) are required for ground ambulance services across the NWT to better define and clarify the following components of ground ambulance services:

- The services to be provided
- Areas of jurisdiction/coverage
- Accountability
- Linkages to the Medevac process
- Liabilities
- Role for involvement of communities
- Public communications
- Minimum acceptable standards for training, equipment and vehicles
- Conditions for service provision
- Funding responsibilities
- Overall mandate for the services
- Training standards and funding
- Funding for capital purchases (e.g., vehicles)
- Quality and upgrades of equipment
- Role, standards and liabilities for private service delivery
- Roles and linkages among governments, agencies and communities

Clear communications with communities, staff and volunteers on mandates, roles and responsibilities are required to address questions and expectations that exist among people interviewed on ground ambulance service provision.

The need for a consistent, coordinated system for the provision of ground ambulance services that was highlighted in the interview process for this review was consistent with the observations in the HSS and

MACA Follow-up Report (2006), which identified the lack of a central organizing body or a single party of contact in the GNWT that would have responsibility for ground ambulance services.

3.1.3 Levels of Trained Emergency Services Personnel in Communities

Interview results indicated that obtaining and retaining trained personnel for providing ground ambulance services is identified as an issue in communities. For example, in Fort Smith, Fort Simpson and Yellowknife, representatives interviewed indicated that they would like to be able to have 30 to 50% more volunteers in order to adequately deliver the services in case of severe, distant or concurrent emergencies.) Another issue identified was related to the heavy reliance on volunteers, who, except where cross-trained for fire services, are generally trained only with basic first aid and CPR or to the Emergency Medical Responder (EMR) level. Several representatives of communities relying on volunteers noted the challenge of having volunteers at an EMR level that do not have the capacity (technical and emotional) to deal with severe trauma cases. Interview respondents indicated that training for upgrades to higher levels such as Emergency Medical Technician (EMT) is costly for municipalities, since the training is not available locally and takes a year to complete. In addition, it was noted that once emergency personnel have received further training to an EMT level, they seek full-time positions elsewhere, which are not necessarily warranted in some NWT Communities, due to low call volumes.

In the 2006 Follow-Up Report, one observation of the GNWT interdepartmental team was that training programs are expensive and would require a significant time commitment, as indicated in the quote below:

“Some ambulance providers are able to provide in-house training. Basic training is also available through Aurora College and St. Johns Ambulance Services. Aurora College provides Basic First Aid and CPR courses, while St. Johns Ambulance Services provides Advanced Medical First Responder courses, which are one to two weeks in length, and are similar to EMR courses. Vehicle Extraction training is usually included in firefighter training or provided by equipment suppliers.

Training costs for operators vary from year to year; communities report annual expenditures between \$5,000 and \$20,000. This varies depending on the courses provided, whether there is a local instructor, and the number of trainees. For example, in Hay River, an EMR training course can cost up to \$18,000 for a class of eight students.

Post secondary institutions in the south, such as the Southern Alberta Institute of Technology (SAIT), provide EMT-A training. EMT-A training is not a part time endeavour; at SAIT, the EMT-A training course requires 35 weeks of full time training.”²⁷

3.1.4 Liability Issues

Concerns were expressed in approximately one-third of interviews on the issue of liability. One concern was that if volunteers with insufficient training were to assist a patient in an accident and the person died, would there be a liability for the individual or the municipality in which he assisted? Another concern expressed was for the situation in which ambulances and equipment were in some cases old and in need of maintenance or repair. If these were to not function adequately or were delayed due to breakdown, resulting in a fatality, would there be a liability for the municipality? Some municipal representatives were also concerned about being liable if responding (or not responding) to a highway accident in cases of overlapping or unclear jurisdictions.

Protection from liability is included in the *Cities, Towns and Villages Act*, which, in Section 130 provides liability for ‘volunteer members of a fire, ambulance or emergency measures organization established by

²⁷ Ibid, Page 11.

the municipal corporation” and for “a volunteer delivering a service on behalf of the municipal corporation under the supervision of an employee of the municipal corporation”.²⁸ Staff and municipal governments did not understand what their liability covered related to their training and equipment.

NORCIX is an insurance program which provides coverage to 21 municipalities as well as the Northwest Territories Association of Communities. NORCIX runs a Risk Control Program which, (among other things) seeks to control the frequency and cost of property, liability and automobile claims to the community by performing “risk control” actions under the guidance of a Coordinator. This coordinator will take steps to minimize the potential for claims by reviewing infrastructure and initiating mitigative measures. Thus, NORCIX does not appear to directly address liabilities in the sense described by persons interviewed.

Notwithstanding the available coverage that exists for liabilities, there appears to be a lack of common understanding among people interviewed of who is protected from liabilities, under which legislative mechanisms, in which jurisdictions and under what types of services being delivered. Clearly defining roles, responsibilities and standards will help to address liability issues. Communications of liability coverage to all providers of ground ambulance and highway rescue service providers in the NWT should be included in a policy framework developed for the ground ambulance and highway rescue services.

3.2 Financial Issues for Ground Ambulance Services

The key funding issues identified by municipal and government representatives in interviews related to the provision of ground ambulance services are described below.

3.2.1 Needs for Additional Funding for Ground Ambulance Services

The respondents identified that, while most ambulance service providers interviewed feel that the current delivery of services is “satisfactory,” a need for additional funding assistance was identified to pay for training, hiring qualified personnel, increases in operational and maintenance costs, and equipment upgrades/purchases. Ground ambulances serving areas outside of municipal boundaries are faced with additional costs for time and travel, wear and tear on vehicles and having staff available to cover local emergencies within the municipality. In many cases the infrastructure for providing ground ambulance services is unavailable (e.g., no parking for ambulance vehicles, no ambulance vehicle, no back-up vehicle) or outdated (e.g., needs repairs, upgrades or replacement).

Interview respondents (approximately 25%) indicated that communities need to break even – that an improved funding mechanism was needed to relate to the volume of service provided. Currently, the cost recovery is reported in the interviews to be insufficient to address the true costs of the ground ambulance services (e.g., it was noted that the pricing is a fixed amount and not related to the sometimes very long distances travelled).

MACA currently uses a formula-based funding policy to allocate a significant portion of its general support for activities of community government; however, community governments make their own decisions about allocating financial resources towards ambulance vehicles, garages, equipment, etc. Since there is no dedicated funding provided for ambulance services, communities tend to subsidize (or partly subsidize) the costs from their general revenues, or in some cases, have received additional funding from HSS.

Communities have the opportunity through the *Cities, Towns and Villages Act*, to pass by-laws regulating the rates paid for ambulance and highway rescue services. A review of current rates and funding recovered should assist communities in being able to charge a higher fee for the services to try to achieve full cost recovery. In some instances insurance providers set limits to the amounts they will pay out, requiring billing of the individual to achieve full cost recovery.

²⁸ *Cities, Towns and Villages Act*, S.N.W.T. 2003, c. 22 as amended, at ss. 130(e) and (f).

The *New Deal for NWT Community Governments*, due to come into effect in 2007, will provide communities with more control of making decisions on community infrastructure, determining funding sources and owning and maintaining all community infrastructures. While guaranteed revenue streams will be available through community funding from the GNWT, property tax revenue, GST rebate, and federal New Deal gas funding, the identified human and infrastructure resources needs for ground ambulance services vary from community to community. Hence, funding requirements and an individual community's ability to raise sufficient funds remain unclear until the new deal has been implemented. Based on the comments provided by interviewees, there will be a need for more funding (i.e., the delivery of ground ambulance and highway rescue services will likely remain a challenge).

A policy and funding framework will need to include measures which will allow communities to break even for ground ambulance and highway rescue services. For an effective approach, data needs to be systematically gathered from service providers on the costs for services related to call volume and revenues recovered over the past several years. In the absence of detailed information, it is difficult to identify and justify specific amounts of funding required. In the development of a funding approach, it should be recognized that costs will likely increase in the future, corresponding with increases in service demands. The necessary funding that will likely be required in the future will be beyond the scope of existing funding allocations provided by the GNWT. Thus, it is important to begin to collect information at an early date.

The 2006 HSS and MACA Follow-up Report indicated that user fees for ambulance services were the primary source of funding and that community governments could enact by-laws that set their ambulance service fees. These by-laws can also extend ambulance coverage outside of the municipal boundaries. Some municipal governments do not recover all their costs through user fees and offer a subsidized fee. The City of Yellowknife reported in the Follow-Up Report that there are very few unrecoverable invoices.

3.2.2 Inconsistent Funding Approach

Consistency of funding provisions is a key issue identified by almost half of the interviewees. It was noted in the interviews that HSS provides funding for communities to assist with the cost of ground ambulance services only on a case-by-case basis, with some municipalities receiving a certain amount of money, others less, or none at all. It was stated in interviews that no system or rationale (other than historical practice) is used to determine which communities are eligible to receive this type of funding. The system was described in interviews as confusing and inequitable.

The interview process indicated that cost recovery generated through collection of user fees from individuals directly is minor, since ground ambulance costs for Status First Nations, Inuit (and now, the elderly) are covered through federal/territorial programs. Individuals who have insurance through automobile insurance companies or through their employers also do not pay out of pocket. There was agreement among people interviewed that users should have responsibility for a portion of the costs. Some municipalities charge users directly for abuse of the system (e.g., using an ambulance as a taxi service); this approach has reduced the rate of abuse considerably in those communities.

Private ground ambulance providers are funded through a contract with the local municipality or the HSS Regional Authority. A concern was expressed in two interviews in communities with private sector provision, that private service provider costing is based on a business perspective and would be better served by a territorial-wide equitable funding approach and standardized levels of services.

While communities and government departments want a fair and equitable approach developed for funding to meet the costs of ground ambulance services, the realities of service needs, capabilities of the system to provide services and expectations of what the system can handle should all be factored into a funding approach developed for ground ambulance services. One approach suggested in the interviews is for the GNWT to develop a graduated level of cost sharing with municipalities, taking into account factors such as size/population, access, ability to pay, geographic area coverage, and current/future volumes of traffic.

3.3 Quality Improvement and Training for Ground Ambulance Services

3.3.1 Need for Training/Certification

The interview results indicated that the majority of staff and volunteers in NWT communities are trained either with basic first aid and CPR or to an EMR level, with only some staff (e.g., in Yellowknife and among private ground ambulance service providers) working at an EMT level. It was noted that in smaller communities, the low call levels make it difficult for volunteers to have the practice to keep up to date on their training.

Having volunteer and staff service providers trained to a minimum standard in those communities providing ground ambulance services was identified in interviews (by approximately 40% of respondents) as a desirable goal for the NWT. Interview respondents indicated that the following are aspects to be considered for developing standards and protocols related to training levels of ground ambulance staff and volunteers in the NWT:

- Low call levels in most of the communities;
- The desire of EMT level trained personnel to have full-time positions; and
- The competition by resource industries for trained staff to work in mining or exploration/construction camps.

The Fire Marshal determines the needs for training for fire departments in the NWT. Approximately one-third of the interviews identified that there are no territorial standards for training of ground ambulance (or highway rescue) personnel in the NWT. Standards for training are seen to be required to address the particular situations of the communities across the NWT. Interview respondents indicated that training standards would identify an appropriate level of training in small, medium and large size communities,²⁹ assign responsibility to provide the training; and identify funding partners(s). It was noted in the interviews that territorial training standards should be flexible to adapt southern standards to NWT conditions, possibly using a graduated scale for level of training required based on size of communities.

3.4 Table of Interview Responses by Question – Ground Ambulance Services

Table 12 provides a summary of the responses to the interview questions related to the provision of ground ambulance services. The responses are separated according to interviewee representation: of tax-based communities, GNWT representatives and non-tax-based communities.

²⁹ Interview respondents did not define what was meant by “small”, “medium” and “large” communities; they were suggesting a graduated system according to criteria developed for community size and type.

Table 12: Ground Ambulance Service Providers – Responses by Question

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
Section 1 – General Questions: Ground Ambulance Services			
1.1 How would you describe your organization's involvement and responsibility in ground ambulance services in the NWT?	<ul style="list-style-type: none"> Private contractor with the town to deliver ambulance services YK Fire Marshal linkage with both ground ambulance and highway rescue Safety of people is the key and RCMP is the 'initial response organization RCMP crew not trained for medical emergencies; but are required to protect life as part of mandate In Fort Smith – ambulance is dispatched through the Hospital HSS provides fixed sum of money to Hay River, no direct operational links or responsibilities – town has full flexibility on how they want to use these funds Inuvik Fire Dept not mandated to provide Ambulance service – but is a back-up to Ambulance staff 	<ul style="list-style-type: none"> Stanton Hospital, Medical Travel Station: Pays the bills for ground ambulance services for medical evacuation in City of YK, including ground ambulance from home hospital for Status First Nation and Métis. Ambulance service is provided by the municipality; HSSA nurses attend the emergency; HSSA is responsible for billing for the ambulance service through the hospital 	<ul style="list-style-type: none"> Private contractor providing ambulance service to a community
1.2 Are ground ambulance staff employed in your organization? If so, how many?	<ul style="list-style-type: none"> In Yellowknife, the fire and ambulance services are housed in the same building and for the most part, crews are the same for both services. There are 20 staff responding to ambulance calls and 3 management personnel. In Hay River, the ambulance and fire services use different volunteers, but share a parking facility. There are 5 EMR –trained volunteers for ambulance service. In Fort Smith, the health centre has an ambulance bay to park the municipal ambulance. The ambulance volunteers (approximately 6 to 10) are separate from the volunteer fire service In Inuvik, the ambulance service is operated by 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> In Behchoko, the Tlicho Community Service Agency employs five full time ambulance attendants through a private contractor. A volunteer force organized by the community government operates the fire service. The Tlicho Community Services Agency rents a parking garage stall for one ambulance and parks

³⁰ Tax-based communities with ground ambulance services including local government representatives from: Fort Smith, Hay River, Yellowknife, Fort Simpson and Inuvik (including private sector representative)

³¹ GNWT Departmental Representatives including representatives from: HSS Departments, MACA Departments, Transportation

³² Non-taxed Based community with ambulance service includes Behchoko (private service representative)

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
	<p>a private company, which has its own parking garage and full-time employees (2 ambulance attendants, one management)</p> <ul style="list-style-type: none"> In Fort Simpson, the fire and ambulance share parking facilities, but have, for the most part, separate volunteer forces. There are 14 volunteers (including both fire and ambulance) 		<p>the back up vehicle outside.</p>
<p>1.3 Are volunteers or other agencies (public or private) involved in providing ground ambulance services in your organization? If so, to what extent?</p>	<ul style="list-style-type: none"> Private contractor provides ambulance services in Inuvik 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Private contractor provides ambulance service in Behchoko
<p>1.4 How would you rate the current ground ambulance service levels in your area/organization?</p>	<ul style="list-style-type: none"> Some indicated that the service was unsatisfactory (2 respondents) because of low level of training or lack of training, poor equipment, lack of standards from senior government, and liability issues. Also one ambulance has to cover a large geographic area (in ok condition but needs updated equipment, better accommodations for personnel and more personnel). The ambulance may provide good service in its direct area but not outside of town limits. The service was unsatisfactory compared to ambulance services elsewhere. Others indicated that the service was satisfactory (4 respondents) and that they do the best they can with the resources they have and they are limited depending on tasks being performed. There is also the need for new equipment. Some (3 respondents) felt that the service was good; including good working relationships, but proper and timely information and proper notification is required for highway rescue operations. Others (5 respondents) felt that the service was very good. There was excellent leadership provided by the Town, top level training for volunteers, everyone was capable and good in 	<ul style="list-style-type: none"> One respondent indicated that the service was satisfactory and that there are many communities involved with varying degrees of operation or facility capacity and it really varied for each community. Two respondents indicated that the service was not satisfactory – there is no consistency in service, poor level of response and no established level of service. 	<ul style="list-style-type: none"> The service is rated as good – contractor does well responding to emergencies, in a timely and effective fashion

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
	their approach and work well as part of a team.		
<p>1.5 In your opinion, what are the key issues and challenges that your organization is facing in providing ground ambulance services?</p>	<ul style="list-style-type: none"> • Roles and Responsibilities • No clear mandate in terms of responsibility • There are a lot of gaps – too many players Federal, GNWT, municipality, Health Authority – need coordination • Too much variation in service level; territorial responsibility which is not satisfactory – Ground Ambulance is not available in all areas. • Clarify responsibilities; who is responsible in town and outside of town • Unclear responsibilities for providing the services – different communities respond differently • Legislation/Standards of care • No legislation or Ambulance Act and therefore no standard of care • There is no legislative basis for providing these services and liability falls on the communities. If individual communities take on this role on their own, then their will be no standardization. • There should be a territorial level program that will ensure minimum level of care and minimum level of equipment. • Jurisdiction/legislative problems – no clear demarcation of jurisdictions which creates problems as no one knows whose responsibility it is to cover a particular area. Currently lies with MACA or Fire Dept. to decide who should go and when. • Government sets the standard cost for services. This is not realistic to delivery of the service. The cost is higher than the government standard. • There is no coordinated and formal plan to adhere to in emergency or exceptional situations • Financial Resources • Cost recovery is not adequate, current pricing is 	<ul style="list-style-type: none"> • Roles and Responsibilities • Confusion in co-ordination, unclear roles who should be attending a particular event • MACA's mandate and role needs to be clarified re. what they can do for communities and what they cannot do – who the right group is to approach; this would help in providing training for community government staff • Legislation/Standards of Care • No control over costs charged to the Authority, cities/towns have municipal by-laws; not in smaller communities • Concern about liability for staff • Lack of minimum standard of training • Financial Resources • Cost components including funding and cost-recovery • Lack of funding and ad hoc funding, no funding for facility, equipment, training, vehicles, gear • Communication • Coordination between various departments • Geographic Coverage • Large area of coverage without adequate infrastructure of resources • Limited capacity to service a larger area in terms of staff and equipment • Available Resources 	<ul style="list-style-type: none"> • Human Resources • Staff retention • Training process

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
	<p>based on fixed funds and number of kilometres</p> <ul style="list-style-type: none"> • Obtaining funding for staffing and training • Lack of adequate funding <ul style="list-style-type: none"> • Communication • Communication is a big issue and a big problem – most highways outside of YK are out of cell phone range and there is no alternative for public to contact in case of emergency • There is no formalized mechanism to call RCMP before the patient arrives at the hospital <ul style="list-style-type: none"> • Geographic Coverage • Geographic coverage area is very large even though the population served is small, therefore there is delayed response-time due to travel time required • Confusion about coverage area In Fort Smith – ambulance service covers the highway as well – if there is an accident in nearby bush – becomes a problem – Medevac service from Stanton could take a long-time • Cabin area and recreation area around YK is very large • Wear and tear on vehicles responding to remote locations • Staff leaving the health centre/hospital leaves the community short on personnel <ul style="list-style-type: none"> • Available Resources • Lack of adequate personnel; there is limited number of personnel available. If a set of crew (normally 2) is on duty on rescue operation, they leave the community they service unattended for a long-period of time • Liability issues: medical staff (doctors, nurses, etc.) are restricted and do not go out of the hospital/medical centre or the community as there are liability issues which they do not want to deal with • Limited back-up staff • Replacement of vehicles and supplies • Staff and Volunteer retention 	<ul style="list-style-type: none"> • Staffing problems – overstretched staff/volunteers – create vulnerability • Old and dated equipment, costly to maintain, liability issue in their operation, minimum requirement of equipment to be assessed or defined • Training and certification • Lack of capacity at community level • Limited pool of volunteers; do a lot; lead to volunteer fatigue • Problem of language in many communities • Level of education • Lack of available time commitment from volunteers, regular work, family and other commitments • Lack of specialized equipment 	

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
1.6 What can your organization do to contribute to better services?	<ul style="list-style-type: none"> • Provide medical advice and assist with developing a protocol • Have the infrastructure and contacts with fire service – Fire Marshal cannot lead but can take an important role along with HSS. Others can be assisted through our system, similar to health department who are responsible for the hospitals • RCMP can support in coordination – RCMP internal communication works well (radio system) but there is no 911 service yet • With the RCMP's help, dispatching can be made better and more coordinated • Those who own, operate and deliver these services should be involved in the decision-making process • Do more with resources that are available • Roles and responsibilities should be clear i.e., who takes the emergency calls and coordinates the response • Volunteer recruitment and retention needs more efforts • Proper and adequate resources in terms of funding for infrastructure equipment and people • Provide training to medical staff • Difficult for volunteers to commit time to training and providing the service 	<ul style="list-style-type: none"> • HSSA can and does provide some training on basic CPR and First Aid • Maintain good relationships • Working effectively together • Policy issues where support is required, including: develop response capability parameters; develop policy and legislative parameters; assist in developing standard level of service; assist in policy toward training and equipment • Provide guidance and support for community governments 	<ul style="list-style-type: none"> • Share ideas, successes in providing ambulance services
1.7 What functions need better improved coordination locally?	<ul style="list-style-type: none"> • Key aim is to provide reliable ambulance service – reliance on only a private contractor is not good – cost/price cannot be negotiated being the only contractor there are no other options. • Federal government has an obligation, resources as well as mechanisms to support • Piecemeal approach and uncoordinated efforts cannot work in the long-run • Better communication between departments (MACA, HSS, DOT, RCMP, etc.) • There is a need for a coordinating body like an Agency or Board for operational efficiency, information sharing and a mechanism for 	<ul style="list-style-type: none"> • When emergency services are required, bands and communities work together to respond to the emergency • Roles and responsibilities need to be clear • Clear responsibility in terms of who pays the costs • Better communication with regards to what service will be provided, when and under what conditions, at what cost, who is responsible and accountable, how the community can get involved to coordinate and 	<ul style="list-style-type: none"> • All situations are different • Many communities differ in what is required and should be provided, need to determine what each individual community requires • Clearer jurisdictions across NWT

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
	<p>regulators to understand what is expected of them (some sort of legislative binding)</p> <ul style="list-style-type: none"> • A management process should be developed through development of institutions (e.g., Alberta has a professional association to deal with issues related to services). – Some sort of linking mechanisms between standards and users. • There should be one central dispatching agency which may be done through RCMP • Improve relationship with local hospital • Adequate storage area for ambulance (i.e., at local hospital) funding should be provided by the Town • Local coordination is OK but people who volunteer are stretched out – need staff who can deal with this • Effective and regular communication; regular meetings • Educate community, staff and volunteers re. ambulance service • Efforts to reduce turnover of staff • Establishing Emergency Response Protocols • Improved coordination between the local medical director and EMS provider • Municipal service not a private service • Work more with local health centres including small centres • Working with water rescue on Great Slave Lake and Coast Guard Auxiliary to assist boaters in distress who may need an ambulance • Large lake and ice rescues are more difficult 	<p>make it better</p> <ul style="list-style-type: none"> • Staffing issues • Responsibilities for highway rescue and ground ambulance need to be clarified; funding, community expectations, capacity issues, responsibilities and liabilities. • Tiered approach • Support the relationships between HSS and MACA 	
1.8 What functions belong with the GNWT?	<ul style="list-style-type: none"> • GNWT has a vital role here – central coordination role, define standards and ensure adequate and minimum standards of service is available. • Develop legislation and standards around these services; i.e., Alberta Standards, which does not always work here; GNWT wide standards 	<ul style="list-style-type: none"> • GNWT should have a coordinating role – current problem is no one takes (or willing to take) responsibility. • Deal with the Issue of capacity for small and medium sized communities 	<ul style="list-style-type: none"> •

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
	<p>across the north; consistency in standards, including equipment standards</p> <ul style="list-style-type: none"> • GNWT should develop a funding formula – currently the funding is erratic and ad hoc. E.g. HSS pays for some highway services, MACA pays for some equipment; some users pay for inter-hospital transfers. This creates an adversarial process – funding may be based on basis of per patient, or per KM of service provided; • Make changes for communication – radio coverage and provide better access • Have the overall responsibility through Fire Marshal's Office for prompt and timely service • All aspects, contribution to equipment, housing of equipment, training and providing standards and protocols • Funding to better maintain infrastructure • Resources for paid staff for better service • Resources for maintaining the equipment, currently the equipment maintenance is also done by the volunteers. Very limited funds from the municipal budget that goes into maintenance • Assessment of the capacity and intervene if required • Provide communities (non-taxed based) with basic equipment and training to provide services. • Need a public education campaign on who to call and fostering more efficient services in the communities 	<ul style="list-style-type: none"> • Ensure capacity to hire trained staff, funding, differentiation between transportation and ambulance services • Keep responsibilities for small communities that cannot be managed on their own • Provide consistency in larger communities how to support the services i.e., legal frameworks 	
<p>1.9 Are you aware of any reports or publications related to ground ambulance services that may help us in this study? If so please direct our attention to them.</p>	<ul style="list-style-type: none"> • In Alberta some data has been gathered/analyzed • BC legislation 	<ul style="list-style-type: none"> • Highway protocol document • Two earlier Ground Ambulance studies 	<ul style="list-style-type: none"> •

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
• Section 2 – Service Demand: Ground Ambulance Services			
2.1 On average how many ambulance calls does your organization receive per month?	<ul style="list-style-type: none"> • DOT collects and maintains some of this data, i.e., another gap in the system – those who track the data and statistics are not the ones who use it • 28-30 (Fort Smith) – ambulance calls • 15-20 (Inuvik) • 200 (Fort Simpson) • 90-95 ambulance (YK) • 110 Medevac (YK) 	•	• (Behchoko) Mostly transport calls – approximately 30 to 40.
2.2 What percentage of the ambulance calls, on average, are serious injuries requiring immediate hospitalization?	<ul style="list-style-type: none"> • 10-15% Fort Smith • <5% (Inuvik) • 10-20% (Fort Simpson) • 10-15% (YK) 	•	• (Behchoko) 10-15%
2.3 On average, what is the response-time to an emergency ambulance call?	<ul style="list-style-type: none"> • Response time to calls depended for each community; overall it depended on where the emergency was located; locations within municipal boundaries often had a response time of 4 to 10 minutes; outside of municipal boundaries time varied depending on geographic location and weather conditions, possible ranging from 45 minutes to 2 hours. 	•	• (Behchoko) 8 to 10 minutes; depends on location of emergency sometimes longer if outside of municipal boundaries
2.4 In general, how many emergency staff members are involved in responding to a call at one time	<ul style="list-style-type: none"> • Varying from 2 to 4 respondents depending on the location 	•	• Minimum 2 response personnel
2.5 What is your organization's response protocol to an emergency call involving ambulance services?	<ul style="list-style-type: none"> • Some communities had ad hoc response protocols but there were no concrete protocols followed by any community. 	•	• The private contractor has adopted standard protocol practiced in Alberta.
• Section 3 – Legislation and Standards: Ground Ambulance and Highway Rescue Services			
3.1 What are the laws and regulations that your organization has to follow for ground ambulance and/or highway rescue services?	<ul style="list-style-type: none"> • There is no legislation for Ambulance Service or Highway Rescue • RCMP services are contracted to GNWT through the Territorial Policing Agreement; RCMP is governed by Motor Vehicles Act; Relevant Territorial Acts and the Criminal Code (Federal Act) 	<ul style="list-style-type: none"> • HSS has Medical personnel standards • Limited training for volunteers 	<ul style="list-style-type: none"> • Adopted Alberta Standards as a Company – no standards exist in NWT

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
	<ul style="list-style-type: none"> There is a protocol that the Hospital follows (Fort Smith) to dispatch calls City of YK – by-law defines scope of rescue services for ground ambulance and fire protection 		
3.2 How well is your organization able to meet those requirements?	<ul style="list-style-type: none"> RCMP does well within certain limitations e.g., cannot close down a highway – has to be done by superintendent of Dept. of Highways who has the authorization For sake of public safety, sometimes, it is required to close down a section of the highway and RCMP should be able to do this. Has a contract with GNWT; standards are part of the contract 	•	•
3.3 For an emergency call-out, does your organization follow a set of standards for response time, if so what are they?	<ul style="list-style-type: none"> For RCMP – there is no standard of protocol that is followed – there is informal Priority of Response i.e., if its Code-L – it is considered most urgent No set standard, safety is the first concern 	•	•
<ul style="list-style-type: none"> Section 4 – Staff and Training Issues: Ground Ambulance and Highway Rescue Services 			
4.1 How do you get your volunteer emergency workers?	<ul style="list-style-type: none"> RCMP has volunteer recruits called Auxiliary Consulates – will accompany an RCMP officer/member Advertising (local newspapers for volunteers) Word of Mouth 	<ul style="list-style-type: none"> Advertising within the community and word of mouth 	<ul style="list-style-type: none"> The private contractor recruits staff from across Canada
4.2 How many volunteers do you have? How many would you like to have?	<ul style="list-style-type: none"> Currently 15-16 RCMP Auxiliaries in NWT – looking for more as many as they can get Fort Smith – currently 8 would like 14 Inuvik 30 – would like 35 – 40 Fort Simpson – 14 would like 20 YK - 10 – 12 would like 20 	•	<ul style="list-style-type: none"> Depends on project
4.3 What categories of training do your emergency workers have?	<ul style="list-style-type: none"> Staff are trained in First Air, CPR, Trauma Life Support, Life Support, ATLS – advanced trauma and life support. Fire Marshal's Office has developed standard training for the NWT. However, it's not compulsory yet to take this training. 	•	<ul style="list-style-type: none"> Depends on the needs

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
	<ul style="list-style-type: none"> No Standards for training EMR, EMT-B, EMT-A, EMT-P, BTLs 		
<p>4.4 Is there a need for staff or volunteers to obtain further training or training upgrades? If yes, which levels and how many people?</p>	<ul style="list-style-type: none"> Most certification is valid for two years. Training is provided every two years or as and when required or when funding is available. Medical training at a minimum level (advanced First Aid) and vehicle rescue training should be a prerequisite for those who engage in providing these services Territorial standard for training should be developed; location of the service should be the location of the training Should be flexibility in the system for training – stealing from southern model will not work There could be graduated scales of training for communities. E.g. communities with population of more than 3000 – EMT, less than 3000 ½ week, less than 100 – Advanced First Aid (minimum 2 people) Need a baseline requirement (level, frequency, funding) Staff do not have the opportunity to use the training they have due to low call volumes, need some way to stay up to date and practice skills on a regular basis Entire scope of training not currently utilized because of low call volumes 	<ul style="list-style-type: none"> Need a minimum standard for training Cannot depend on volunteers always – provide many services – many constraints for volunteers including loss of pay, no compensation, other commitments 	<ul style="list-style-type: none"> To retain staff continuous training programs are offered Required to keep skills up to date
<p>• Section 5 – Funding Issues: Ground Ambulance and Highway Rescue Services</p>			
<p>5.1 In your view, what are the key funding issues for ground ambulance services in the NWT?</p>	<ul style="list-style-type: none"> No provision for ambulance funding – use another pocket of the organization to subsidize – short-fall funding should be filled Ideally, the federal government should absorb the short-fall on most of the cost Inconsistencies and inequities in funding to communities Current funding formula is ad hoc and is volume driven. The town does not have to pay, First Nations are covered through the NIHB –costs are billed to health department – non-FN user 	<ul style="list-style-type: none"> Variations at amounts provided in each location Differences due to differences in communities Expectations of people in communities Costs related to wear and tear of infrastructure Mechanisms needed to recover costs of replacement Consistent approach in billing 	<ul style="list-style-type: none"> Infrastructure costs Ambulance/equipment Operating costs Size of community (expensive to staff them all)

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
	<p>pay system (covered through their insurance umbrella)</p> <ul style="list-style-type: none"> • There is no standard funding formula or funding process. How much funding a community gets depends upon what/how much one can negotiate – it is not a fair process. • Funding is a very significant issue • Funding (YK) 1/3 from GNWT, 1/3 through taxes, 1/3 through levies • GNWT transfer funds are mainly used for capital expenditure, facility maintenance and equipment • HSS provides funds through HSS Act to those who are in financial need • Individuals pay for the service through personal or corporate insurance –the user fee philosophy is fine • Training; equipment; wear and tear on vehicles • Provision of response units • No budget in HSS for ‘ambulance service requirements’ • Geographic distances required to travel and return for medical assistance • Not private costing, should be legislated 	<ul style="list-style-type: none"> • Inequity; in-consistencies • Should be on a fair and equitable basis • Funding mechanisms need to relate to volume of service 	
<p>5.2 In your view, what should be the user’s responsibility for contributing to costs?</p>	<ul style="list-style-type: none"> • Users should take responsibility to share cost. Most people have some mechanism (through employment insurance, etc.) to pay for ambulance services • If user-pay then service should be better and standardized • Unique situation in NWT – some communities can make money (get revenues) which can contribute to funding the costs. Others do not have that luxury • User contribution may be considered – but many in small communities may not be able to afford it – if not covered by some insurance. • Should pay for a share of the costs so that they don’t use it as a taxi service (10% of calls are nuisance calls – Fort Smith) • Health care costs are generally free (if person is in the hospital) why not ambulance? 	<ul style="list-style-type: none"> • Some users (Status FN, Inuit) have no responsibility, as well as seniors, non-status must pay (don’t always have the means to pay). • In some cases, users should pay – their insurance will cover costs • Users can pay part of the costs • Need criteria to follow • Mixed view; GNWT should pay for the bulk as part of the health system; collection challenges are huge if user pays. 	<ul style="list-style-type: none"> • User pays would have to be subsidized by someone in many situations

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
	<ul style="list-style-type: none"> • Difficult when many are seniors or Aboriginals (covered by NIHB) 		
<p>5.3 What should be the local community government's responsibility for contributing to costs?</p>	<ul style="list-style-type: none"> • Communities can have coordinating responsibility • Where would the non-taxed based communities get money from? • In most communities, costs are significant and the opportunity for income are minimal or none. Funding assistance from government will be required. Funding possibility may be based on the population of the area. • Funding should not be for making profits • Nothing, service to be provided by senior government as part of the health care system – as in Ontario • Town (Fort Smith) is funding it through taxes it gets and MACA support • Could be a mechanism/funding formula for the levels of funding for providing these services • None – should all be responsibility of GNWT HSS • Majority covered through property taxes (YK) 	<ul style="list-style-type: none"> • Local communities are contributing to costs by billing clients directly • Tax-based communities can collect a fee through taxes • All major communities have fire and emergency ambulance combined (Yellowknife, Fort Simpson, Hay River and Fort Smith) • GNWT through MACA provides block fund transfer but there is no specific funding for ambulance service • If there is core-funding for the communities, then they should cover the costs – if not then GNWT should pay. • Need criteria to follow, all players should contribute • Capacity limits local governments to provide efficient service • Ability to pay depends on community size and where they get their resources from 	<ul style="list-style-type: none"> • Municipalities should have a role; protection for the community
<p>5.4 What should be the GNWT's responsibility for contributing to costs?</p>	<ul style="list-style-type: none"> • City of YK is a tax-based community and gets a minimum grant from GNWT • Responsibility should be defined, in user-pay system, Government or community does not really have to pay • Full responsibility • Should be funding standards established and standards for service • GNWT/federal government should pay through the tax dollars • Capital and operational costs should be covered • Fully funding health care through the GNWT 	<ul style="list-style-type: none"> • GNWT has responsibility for part of the costs • GNWT should have standard funding formula only for ambulance etc. type of service. • There could be a graduated level of cost sharing based on scientific rating of the communities on the basis of size, population, access, ability to pay, geographic area coverage, current and/or future volume of traffic • GNWT could deliver service to smaller communities • Nurses should be provided with required training 	<ul style="list-style-type: none"> • Assistance required by MACA, DOT, HSS

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
		<ul style="list-style-type: none"> Tiered level of service 	
<p>• Section 6 – Other: Ground Ambulance Services</p>			
<p>6.1 From the community government perspective, what are the priorities the GNWT should consider in creating a policy framework for providing ground ambulance services in the NWT?</p>	<ul style="list-style-type: none"> Develop enabling legislation for NWT/communities Develop and define standards for service and response Critical federal roles because of the high population of Aboriginals Determine cost for operation Develop management and operation plans for all communities – currently it is very confusing (government should formally decide what should be done in this regard) Department of Health should allow nurses to go outside of municipal boundaries. This may mean that the department/hospital will have to increase its staff Should be legislation that will require all communities to have Ambulance and Highway Response Organization/Team/Department, e.g., Fort Providence does not have any of these services; but it is an important and central community that should have full services Each community should take or have own responsibility for providing these services Standards of service Levels of funding/equitable funding policy Standards of equipment Define roles and responsibilities as to who will ultimately be responsible for setting standards; who will be responsible for training and HRD; who will be responsible for operation and 	<ul style="list-style-type: none"> Consistency – all users of the service should be treated the same Policy direction from GNWT Equity issues Not consistent for all communities – use what works best in each community Making responsibilities clear and concise Requirements not to be too cumbersome for a community to be able to operate emergency services Clear roles for ambulance and ground rescue – who responds from where 	<ul style="list-style-type: none"> Evaluate the most impacted communities first i.e., those on the highway system Identify highest priority areas Determine what is required, staff capacity, roles and responsibilities Examine secondary benefits to community as well Build awareness, education within the community

	Tax-Based Communities ³⁰	Government Representatives ³¹	Non-Taxed Based ³²
	<ul style="list-style-type: none"> • maintenance of vehicles and equipment; • Level of training • Legislative tool for standard of service • Regulatory and policy frameworks for minimum level of training and minimum standard for response • Conduct a study on demographics and needs, look at the population/community needs • Governed by Hamlet's Act/Chartered Communities Act – need by-laws to appoint fire chief, establish fire dept and operation of the fire hall • Standard of care in YK, but not in smaller communities 		
6.2 What do you think the GNWT has to consider in creating a policy framework for providing ground ambulance services in the NWT?	<ul style="list-style-type: none"> • Policy priorities should be based on need for services, capabilities of the system to provide the services, should not raise expectations beyond what the system can provide/handle. • Consider the area of coverage each community has – large coverage area • Every residence of NWT should have equal standards, prompt and safe level of ambulance access • Geography, accountability and standard of service 	<ul style="list-style-type: none"> • Do a Canada-wide jurisdictions analysis of what is covered • Framework policy on funding, process, basic standards, minimum coverage area, municipal training, level of response and liability issues. • Will create greater liability and risk for GNWT if these things are not considered strategically. • Fairness, equity and transparency re. expectations from communities and residents • Be realistic about community capacity and what the GNWT should keep responsibility for • Need a realistic framework. • Allocate resources 	<ul style="list-style-type: none"> •
6.3 Do you have any other comments related to the ground ambulance services in the NWT?	<ul style="list-style-type: none"> • One key problem is that often on highways there are no proper and defining markers like KM signage, this creates big problem in identifying locations especially for tourists • Some resources should be given to an awareness campaign and education regarding highway safety including information on survival gear. 	<ul style="list-style-type: none"> • Communication problems including phone coverage, lack of land phones, no ability to communicate in a timely fashion • Road markers/locators, there are some but not distinct, other markings 60km or more apart • Rescue Cabins – need up-grading; too old and depleted 	<ul style="list-style-type: none"> •

	Tax-Based Communities³⁰	Government Representatives³¹	Non-Taxed Based³²
		<ul style="list-style-type: none">• DOT has responsibility for roads and road safety – can contract out segments to communities or local boards.	

4 STAKEHOLDER CONCERNS - HIGHWAY RESCUE SERVICES IN THE NWT

The following overview of highway rescue services³³ in the NWT summarizes the comments and suggestions provided by respondents in interviews for the current review and incorporates information in the document research. The interview questions for all interviews are listed in Appendix B.

Sections 4.1 to 4.3 are focused on a discussion of highway rescue services from the perspectives of operational, financial, and quality improvement/training issues. A table illustrating key interview responses by question related to highway rescue services is provided in Section 4.4.

4.1 Operational Issues for Highway Rescue Services

Many of the operational issues related to highway rescue services in the NWT are the same as those described for ground ambulance services in Section 3 (e.g., training levels, lack of trained volunteer and staff personnel, liability issues). This section highlights those issues of particular relevance to highway rescue services, under the following headings:

- Legislative Authority for Highway Rescue Services across the NWT
- Time and Distance Constraints
- Serious Accidents on Highways
- Communications Network

The financial issues for highway rescue services raised in the interview process are described below in Section 4.2.

4.1.1 Legislative Authority for Highway Rescue Services across the NWT

Interviewees indicated the provision of highway rescue services is one area where clear legislative authority needs to be established to address jurisdictional concerns and liability issues in areas beyond municipal boundaries. It is not clear for many emergency services providers interviewed (including private sector providers) as to who would have the authority for support within a particular area when communities are located in proximity to highways.

A majority of interview respondents (approximately 75 to 80%) agreed that emergency services on highways should not be a local government issue and responsibility for highway rescue services across the NWT should be legislated by the territorial government. Establishing clear boundaries for jurisdictional responsibilities, in combination with improved coordination among various emergency services providers in the same area was called for by respondents. A legislated framework for highway rescue services will also need to address issues of human and financial resources to adequately deliver the services. The need for highway rescue activities will likely increase with predicted increases in population and traffic (and, therefore, potential highway accidents) due to the Mackenzie Valley Pipeline, the Mackenzie Valley all-weather road and increased oil and gas exploration/development. It was suggested that the role of public-private partnerships in some regions could be explored for delivery of highway rescue emergency services (e.g., coordinating with industry on their emergency resources for responding to a common section of highway).

³³ In interviews, respondents did not differentiate between ambulance service on highways and highway rescue as involving extrication equipment (except in Yellowknife and Hay River). For most people interviewed, "highway rescue services" included providing ground ambulance services on highways.

4.1.2 Time and Distance Constraints

The interview results indicate that long distances on NWT highways between communities, coupled with a low population, severe weather conditions (at times) and a low overall highway rescue call rate (i.e., compared to calls for ambulances) create particular challenges for highway rescue services in the NWT. Response time is critical for highway rescue, since the large majority of calls (70 to 100% indicated by interview respondents) are serious accidents requiring immediate hospitalization. Thus, respondents want to see a well coordinated system of highway rescue services that would:

- Specify responsibilities;
- Assign a first point of contact;
- Coordinate rescue services among local emergency services providers (i.e., RCMP, DOT, ambulance providers, Medevac providers); and
- Develop procedures for emergency responders to be provided with accurate accident description and location information for an efficient and timely response.

4.1.3 Serious Accidents on Highways

Because of the severity of most of the highway accidents, interview respondents (almost 20%) indicated that staff trained to an EMT level should be attending at all highway rescue operations. While EMT personnel are available in Yellowknife and in private sector ambulance organizations, in other jurisdictions none are available. As a result, many first responders to highway accidents are volunteers (including firefighters) who are not trained to deal with severe trauma cases may have difficulty dealing with these situations. The physical and emotional trauma faced by volunteers at serious accident scenes may inhibit volunteer willingness in future call outs.

4.1.4 Communications Network

The findings from the interviews identified a need for a communications network to serve the GNWT to coordinate response to ground ambulance and highway rescue services. Currently, there is no central 911 emergency dispatching agency for service across the NWT, and cell phone coverage is limited. Dispatch procedures vary across NWT communities, with calls being placed to ambulance providers, RCMP, health centres/hospitals and in one community, a local hotel (Hay River). Interviewees indicated that improved coordination of first contact and dispatch services is required to ensure:

- People know whom to call for an efficient and timely response;
- Service providers are clear on jurisdictional responsibilities; and
- Service providers are trained and able to provide the appropriate type of response required.

4.2 Financial Issues for Highway Rescue Services

The financial issues for highway rescue services mirror those described in Section 3.2 for ground ambulance services. A particular challenge for highway rescue services is that it is difficult to justify the cost of highway rescue services and equipment, when relatively few calls relate to highways.

A key issue mentioned in interviews is that municipalities (and in particular, non tax-based municipalities) which elect to provide highway rescue services outside of the limits of the municipality have no legal requirement to do so and no funding mechanism in place for cost recovery. Many interview respondents (approximately 50%) indicated that during such situations, municipalities are providing a service to the GNWT, since territorial highways are seen as a GNWT responsibility (the GNWT has the tax base).

There was agreement among people interviewed (approximately 60%) that the GNWT should have primary responsibility for the costs of highway rescue services in the NWT. It was suggested in the interviews that MACA's role could be to provide assistance with policy and legislation, and developing standards for service levels, training and equipment.

A key issue for funding of highway rescue services in the NWT is the expectations for the level of service to be provided. Several interview respondents suggested that highway rescue services should be considered an essential service, like water and sewer services. The development of a framework for highway rescue services should consider this question.

The approach to highway rescue services in the GNWT should also include a role for public awareness and education regarding timely response on NWT highways. For example, tourists and workers from outside the NWT may have expectations that are not aligned with the realities of highway rescue service capabilities in the north. Thus the education campaign could include measures for people to be particularly vigilant on highways and carry survival supplies in their vehicles.

4.3 Quality Improvement and Training for Highway Rescue Services

The issues related to training requirements and standards for highway rescue services in the NWT are the same as those described for ground ambulance services in Section 3.3.

4.4 Table of Interview Responses by Question – Highway Rescue Services

Table 13 provides a summary of the responses to the interview questions related to the provision of highway rescue services. The responses are separated according to interviewee representation: of tax-based communities, government and non-tax-based communities.

Table 13: Highway Rescue Service Providers – Responses by Question

	Tax-Based Communities ³⁴	Government Representatives ³⁵	Non-Taxed Based
• Section 1 – General Questions: Highway Rescue Services³⁶			
1.1 How would you describe your organization’s involvement and responsibility in highway rescue services in the NWT?	<ul style="list-style-type: none"> • Call-by-call basis, if called and service required will go out • Fire Department will assist RCMP with highway rescue • YK – large geographic coverage 	<ul style="list-style-type: none"> • HSS has no obligation to provide ambulance services to highways and ice roads 	<ul style="list-style-type: none"> •
1.2 Are highway rescue staff employed in your organization? If so, how many?	<ul style="list-style-type: none"> • All volunteers (Fort Smith) • Fulltime in YK and Inuvik (Private) • 30 Volunteers (Inuvik) • 20 (YK) 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
1.3 Are volunteers or other agencies (public or private) involved in providing highway services in your organization? If so, to what extent?	<ul style="list-style-type: none"> • Same as for ambulance 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
1.4 How would you rate the current highway rescue service levels in your area/organization?	<ul style="list-style-type: none"> • Satisfactory service - Same as for ambulance • More training required (slightly better than training provided for ambulance) • Many false alarms • Large geographic distances to cover, time required to get to destination 	<ul style="list-style-type: none"> • First responders on scene; often without an EMT, often scares off volunteers 	<ul style="list-style-type: none"> •
1.5 In your opinion, what are the key issues and challenges that your organization is facing in providing highway rescue services?	<ul style="list-style-type: none"> • Availability of trained personnel (all are volunteers) • Difficulty dealing with multiple deaths, people need to be trained and prepared for the job • Well trained • Time is critical • Remaining current in training and equipment 	<ul style="list-style-type: none"> • Clear mandate • Where is funding coming from • Distinguishing between ground ambulance and highway rescue services • Clarifying roles and responsibilities between government departments – MACA, Health, DOT, etc. and 	<ul style="list-style-type: none"> •

³⁴ Tax-based communities with Highway Rescue services including local government representatives from: Fort Smith, Hay River, Yellowknife, Fort Simpson and Inuvik (including private sector representative)

³⁵ GNWT Departmental Representatives including representatives from: HSS Departments, MACA Departments, Transportation

³⁶ In interviews, respondents did not differentiate between ambulance service on highways and highway rescue as involving extrication equipment (except in Yellowknife and Hay River). For most people interviewed, “highway rescue services” included providing ground ambulance services on highways.

	Tax-Based Communities ³⁴	Government Representatives ³⁵	Non-Taxed Based
	<ul style="list-style-type: none"> • If traffic is increased on the Dempster Highway for the MGP may need additional assistance for staff • Removing staffing from the health centre/hospital to respond to possible time-consuming calls on the highway 	<p>between government and communities</p> <ul style="list-style-type: none"> • Huge gaps in roles, jurisdictions and expectations • No consistent policy framework for funding – mostly ad hoc • Dealing with important issue of liability – defining the roles and responsibilities may reduce the liability • Gaps in training • Current legislation is not enough – also need new policy frameworks to deal with it – currently there are inconsistencies and gaps which expose staff to undue liability • No common consensus among different players what route to take or how to deal with these issues • Coverage to winter roads • Areas not covered by any jurisdiction • Remoteness of the highways is key problem – there are considerable distances from communities – weather is also a factor • Communication system in NWT is not good – no 911 service and cell phone coverage is limited • No clear mandate – many different agencies involved • Funding or payment for the system is a challenge • Inadequate coverage of the highway rescue service – all weather road, winter roads and highways • Increased traffic on highways causing increased risks • Limited law enforcement resources for prevention of highway risks • There should be an analysis 	

	Tax-Based Communities ³⁴	Government Representatives ³⁵	Non-Taxed Based
		<p>community by community to determine their resources and capabilities.</p> <ul style="list-style-type: none"> • A 911 service should be considered. The call centre can be anywhere. • Dispatch services staff should be trained in medical services and geography of the Territory. 	
<p>1.6 What can your organization do to contribute to better services?</p>	<ul style="list-style-type: none"> • Same as ambulance • Fire fighters assist when medevacs need medical assistance • Work with RCMP and federal/territorial agencies 	<ul style="list-style-type: none"> • Meet with local communities and MACA and assist to coordinate the service • Improve coordination between responsible parties • Clear roles • Coordination internally within MACA • MACA provides financial support, legislative and policy frameworks and program support e.g., training, access to JEPP funding etc. • Work together • Role of RCMP is important and significant – efforts in dispatching protocols can improve communication 	<ul style="list-style-type: none"> •
<p>• Section 2 – Service Demand: Highway Rescue Services</p>			
<p>2.1 On average how many highway rescue calls does your organization receive per month?</p>	<ul style="list-style-type: none"> • 1 to 2 (Fort Smith) • 3 to 4 (Inuvik) • 6-8 (Fort Simpson) • 10 – 15 (YK) 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<p>2.2 What percentage of the highway rescue calls, on average, are serious injuries requiring immediate hospitalization?</p>	<ul style="list-style-type: none"> • Majority of the highway rescue calls are serious, responses ranged from 75% to 85%. 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<p>2.3 On average, what is the response-time to an emergency call?</p>	<ul style="list-style-type: none"> • Depends on distance and weather • Depends on location 5 minutes to 2 hours 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<p>2.4 In general, how many emergency staff members are involved in responding to a</p>	<ul style="list-style-type: none"> • Fort Smith – Fire (6), Ambulance (2 to 3) • Inuvik – approximately 10 • YK - 4 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

	Tax-Based Communities ³⁴	Government Representatives ³⁵	Non-Taxed Based
call at one time?			
2.5 What is your organization's response protocol to an emergency call involving highway rescue?	<ul style="list-style-type: none"> Usually calls received from radios or dispatched through other centres 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> Section 3 – Staff and Training Issues: Highway Rescue Services 			
<ul style="list-style-type: none"> 3.1 How do you get your volunteer emergency workers? 	<ul style="list-style-type: none"> Word of mouth Advertising 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> 3.2 How many volunteers do you have? How many would you like to have? 	<ul style="list-style-type: none"> Same as for ambulance 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> 3.3 What categories of training do your emergency workers have? 	<ul style="list-style-type: none"> Same as for ambulance 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> 3.4 Is there a need for staff or volunteers to obtain further training or training upgrades? 	<ul style="list-style-type: none"> Same as for ambulance More training to at least an EMR level Many highway calls do not have an EMS present immediately. Therefore fire fighters are left to mitigate the emergency medical care until more advanced personnel arrive 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> 3.5 If yes, which levels and how many people? 	<ul style="list-style-type: none"> Same as for ambulance 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> Section 4 – Funding Issues: Highway Rescue Services 			
<ul style="list-style-type: none"> 4.1 In your view, what are the key funding issues for highway rescue services in the NWT? 	<ul style="list-style-type: none"> Same as for ambulance Additional funding is required to adequately staff and equip emergency response Funding is sometimes difficult to attain as accidents do not necessarily happen on a daily basis, stakeholders question why this equipment is needed for so few responses Funding for capital and operating needs Need equipment and the staff to operate it Problems are limited number of roads Poor road maintenance 	<ul style="list-style-type: none"> Inequity – lack of clarity about roles Lack of money Large geographic areas and unclear boundaries Ability of non-taxed based communities to assist because of lack of resources Need to be a review of charge back rates (as noted in previous reports) out of date and too low – needs to be done for each community, factoring in any costs associated with EMTs Improved communications Ad hoc funding – Current operational funding formula distributes funds based on 	<ul style="list-style-type: none">

	Tax-Based Communities ³⁴	Government Representatives ³⁵	Non-Taxed Based
	<ul style="list-style-type: none"> Distances between communities for highway rescue Budgeting for capital expenditures 	<p>population, cost of living and assessed value of land in a community</p> <ul style="list-style-type: none"> Cost recovery - financial viability/sustainability also because of lack of demand – problem retaining staff; keeping training up to date; new knowledge and practices Large geographic areas makes it difficult to justify costs of providing services Distance and time are critical, but ambulance services are expensive. Perhaps costs could be seen from a risk perspective – how many people have to die due to a lack of quick response? 	
<ul style="list-style-type: none"> 4.2 In your view, what should be the user's responsibility for contributing to costs? 	<ul style="list-style-type: none"> Same as for ambulance No responsibility Residents should be covered by the territorial government Non-residents and businesses need to pay Should be responsible for some of the costs 	<ul style="list-style-type: none"> Should be contributing to costs Should take some degree of responsibility in cost sharing – not necessarily 100% - cost recovery is difficult 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> 4.3 What should be the local community government's responsibility for contributing to costs? 	<ul style="list-style-type: none"> Same as for ambulance Full responsibility Minimal, since the highway is a territorial highway No tax base for highway rescue services 	<ul style="list-style-type: none"> Should be contributing to costs Larger communities should run the services themselves Larger communities have own source of revenue, smaller communities do not Local communities could invoice the GNWT for services outside their communities. 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> 4.4 What should be the GNWT's responsibility for contributing to costs? 	<ul style="list-style-type: none"> Same as for ambulance Should be a GNWT initiative as the service area normally far exceeds town limits Should be responsible for highway costs Road maintenance 	<ul style="list-style-type: none"> Should be contributing to costs GNWT has a shared responsibility for costs; how to define these services to create a level playing field Should they be defined as essential services like water and sewer? 	<ul style="list-style-type: none">

	Tax-Based Communities ³⁴	Government Representatives ³⁵	Non-Taxed Based
	<ul style="list-style-type: none"> Cover all costs 100% coverage for highway rescue 	<ul style="list-style-type: none"> Federal role is not clear; besides JEPP Outside of municipal boundaries, NWT should be responsible 	
<ul style="list-style-type: none"> Section 5 – Other: Highway Rescue Services 			
<ul style="list-style-type: none"> 5.1 From the community government perspective, what are the priorities the GNWT should consider in creating a policy framework for providing highway rescue services in the NWT? 	<ul style="list-style-type: none"> Same as for ambulance Standards of service Specific funding Standards of equipment Cost and efficiency Ensure have trained people to do the job Need standards of care and standards of equipment for communities near highways 	<ul style="list-style-type: none"> Has to be coverage on all highways Clear boundaries Reluctance for some to respond because of lack of funding HSS does not want to micromanage the delivery of ambulance and highway rescue Need to identify key assumptions, key roles and key directions for the policy Policy needs to be developed – identify areas where there are gaps, appropriate well defined training, definition of service level, identifying potential liability issues Establish clear roles and responsibilities; establish minimum level of service; define area of coverage; develop local capacity and fill the gaps in training Establish level playing field Liability is a big concern which can only be dealt with clear legislative tool and policy framework Liability issues are dangerous – can be reduced through a policy framework Need for a service like 911 for better coordination Trained personnel and standardized service 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> 5.2 What do you think the GNWT has to consider in creating a policy framework for providing highway rescue services in the NWT? 	<ul style="list-style-type: none"> Same as for ambulance What works in YK will not necessarily work in smaller or remote communities Consider capacity for smaller communities 	<ul style="list-style-type: none"> Set criteria – not the same level for each region – but has to be clear Funding and training for communities that are mandated to provide services beyond municipal border – lack of funds, trained 	<ul style="list-style-type: none">

	Tax-Based Communities ³⁴	Government Representatives ³⁵	Non-Taxed Based
	<ul style="list-style-type: none"> Do a risk assessment – highway rescue becomes a financial liability Issues are training and equipment – how to use it 	<p>personnel and other resources</p> <ul style="list-style-type: none"> Consistent levels of support, standard of service Long-term planning and programs Communicate awareness on liabilities Prevention, awareness and education Focus on road safety and prevention Given the geographic size and the small population of the NWT there should be flexibility in a program: “one-size-fits-all” won’t work 	
<ul style="list-style-type: none"> 5.3 Do you have any other comments related to the highway rescue services in the NWT? 	<ul style="list-style-type: none"> Same as for ambulance 	<ul style="list-style-type: none"> Highway markers located every 2 km along the highway; should be local RCMP contact numbers posted along the highway Only two communities have the capability/extraction equipment required to extricate Need for appropriate equipment, personnel and training There is a need for political will to define policy and planning 	<ul style="list-style-type: none">

5 STAKEHOLDER CONCERNS - NO GROUND AMBULANCE SERVICES

The interviews included representatives of six NWT communities that do not provide ground ambulance or highway rescue services. The questions asked of these community representatives were customized to reflect situations where the municipality did not provide ground ambulance services. The interview questions for all interviews are listed in Appendix B. This section summarizes the approach in these communities and the comments raised.

5.1 Approach to Emergencies

In communities that do not provide ground ambulance services, generally a nurse from the health centre responds to emergencies outside of the facility. In cases where a nurse is directed to not respond to an emergency outside the health centre (or is unable to leave due to work demands), a private vehicle is used to transport the patient to the health centre.

5.2 Issues Raised

Three reasons were cited in interviews regarding why these communities do not provide ground ambulance services: a) a low level of demand in the community; b) lack of trained staff and financial resources; and c) coverage by another community.

Persons interviewed in these communities indicated that to improve emergency services locally, training for volunteer fire fighters and training upgrades for nurses and would be required. Further local coordination and communications between the fire department and RCMP was also mentioned.

These interview respondents felt the GNWT could assist in better contributing to emergency services by providing financial resources for training, taking responsibility for highway rescue services, developing a protocol for emergencies on winter roads and improving legislation.

5.3 Table of Interview Responses by Question – No Ambulance Services

Table 14 provides a summary of the responses to the interview questions from representatives of communities in which no ambulance services are currently provided. The responses are separated according to interviewee representation from tax-based communities and non-tax-based communities.

Table 14: No Ambulance Services – Responses by Question

	Non-Tax-Based Communities³⁷	Tax-Based Communities³⁸
<ul style="list-style-type: none"> • How do you manage emergencies in your community? 	<ul style="list-style-type: none"> • Nurses are available at the health centres in Fort Liard, Aklavik and Fort Providence. If they are directed to not respond to emergencies outside of the health centre, often a private vehicle is used to transport the patient to the health centre. • In Fort Providence, the nurses will respond to highway rescue situations (there are three nurses at the health centre) • Enterprise does not have a community nurse but is served by the Town of Hay River and the ambulance in Hay River will respond to medical emergencies in the Hamlet of Enterprise 	<ul style="list-style-type: none"> • A nurse is available at the Health Centre in Norman Wells. A privately owned station wagon is used for patient transport.
<ul style="list-style-type: none"> • Has your community considered providing ground ambulance or highway rescue services? Why or why not? 	<ul style="list-style-type: none"> • Have considered the options; but do not have the capability or the resources (staff and dollars) • Small community; not a large issue; get support from Hay River • No demand • No staffing; staff retention problems • Lack of trained people and required equipment • Has to be an accessible point of contact 24/7 	<ul style="list-style-type: none"> • There has been pressure in the past for ambulance service but lately the interest has decreased. There are no highways so no need for highway rescue services. Winter Road companies tend to have their own ambulatory care protocols.
<ul style="list-style-type: none"> • What can your organization do to contribute to better emergency services? 	<ul style="list-style-type: none"> • If had funding may be able to run a service • Volunteers are hard to get; current fire volunteers are difficult enough to retain • Fire Fighters (volunteer) have some training; could respond to emergencies with more training • Keep nurses well trained • Develop an Emergency Medic Response business (private/public partnership or private sector) • Medical centre/Fire Department and RCMP need coordination – Fire Department is run through volunteers but do an ok job – RCMP is hard to get hold of • First point of contact should be the health centre/ ambulance or subcontractor could be part of medical 	<ul style="list-style-type: none"> •

³⁷ Non-taxed Based Communities that were included in the interviews without ground ambulance or highway rescue services include local government representatives from: Fort Liard, Enterprise, Aklavik and Fort Providence

³⁸ Taxed-based communities that were included in the interviews without ground ambulance or highway rescue services include local government representatives from Norman Wells.

	Non-Tax-Based Communities ³⁷	Tax-Based Communities ³⁸
	centre	
<ul style="list-style-type: none"> • What can the GNWT do to contribute to better emergency services? 	<ul style="list-style-type: none"> • Provide financial resources for hiring people, training and equipment purchases • Communicate more with EMS providers • Improve legislation and training • Should not be the responsibility of local governments; NWT has to be responsible for highway rescue and provide support to local communities that require assistance delivering emergency service • Provide funding for emergency transfer vehicles • Ensure satellite operations are available along the highways (in communities adjacent to highways (i.e., Fort McPherson) • Fund the services on sub-contract basis • Develop proper infrastructure, provide appropriate training, provide minimum level of service 	<ul style="list-style-type: none"> • Services should be provided on the winter roads; tends to be an issue only when something happens. A protocol should be in place and supported by local communities.
<ul style="list-style-type: none"> • Do you have any other comments related to the ground ambulance and highway rescue services in the NWT? 	<ul style="list-style-type: none"> • Have a health centre, with a nurse; but nurse cannot leave the health centre to assist in emergencies • Small community does not have the capacity to provide the service • Jurisdiction issues; boundaries and available staff to respond 	<ul style="list-style-type: none"> • Ambulatory care and highway rescue services should not be the responsibility of local governments; needs to be a standard initiated by the GNWT.

6 GROUND AMBULANCE SERVICES IN OTHER JURISDICTIONS

The following section provides a summary of ground ambulance service provisions in other jurisdictions, as a comparison for how they are addressing the types of issues identified for these services in the NWT. The legislation for these provinces does not differentiate between ground ambulance and highway rescue services, generally referring to service provision for “Emergency Medical Services,” which include ground and air ambulance transport.

The list of jurisdictions to be included in the research was provided by MACA and HSS. The Province of Ontario was added to the list based on a suggestion in an interview. Further details on the other jurisdictions reviewed are provided in Appendix C.

6.1 Alberta

Applicable Legislation:

Specific acts and regulations governing ambulance services in the Province of Alberta include: the *Licensing and Ambulance Maintenance Regulation*; *Staff, Vehicle and Equipment Regulation*; *Emergency Medical Technicians Regulation*; and the *Ambulance Service Act*.

Administrative Structures:

Local municipalities have the authority to determine their ambulance service provider, how services are provided to local residents, when and what type of highway rescue services ambulance services are able to provide, and how ambulance services are to be funded. Alberta legislation also allows for the creation and regulation of ambulance district boards which may have the ability to draft administrative bylaws.

Funding Process:

Alberta’s nine separate regional health authorities pay for emergency patients requiring higher levels of care and for transportation between hospitals within the regional authority’s jurisdiction. Other costs, where applicable, are covered by the patient, the patient’s health insurance provider, the patient’s employer, or the Department of Health and Wellness’ Operation Fund.

Training / Certification Requirements:

The *Staff, Vehicle and Equipment Regulation* governs the training of ambulance personnel. It references the *Emergency Medical Technicians Regulation* with regard to the training of emergency medical staff and outlines the criteria by which ambulance attendants are to be categorized. In terms of training facilities, Alberta Health and Training Institute provides training in a multitude of certifiable EMS courses.

6.2 British Columbia

Applicable Legislation:

Emergency services within the province of British Columbia are governed by the *Health Emergency Act*, *Health Emergency Regulation*, and the *Emergency Communications Corporations Act*.

Administrative Structures:

The provincially operated British Columbia Ambulance Service, falling under the regulating authority of the Emergency Health Services Commission, provides per-hospital emergency treatment and transportation services. The British Columbia Emergency Health Services Commission is responsible for emergency medical service provision, regulation, and direction within the province.

Funding Process:

The operational costs accrued to emergency medical services provision to residents of British Columbia are assumed by the Emergency Health Services Commission (EHSC). Other parties responsible for covering costs not assumed by the EHSC include: the patient; third party liability insurance providers; and, in some situations, the municipal government.

Training / Certification Requirements:

Training and Certification of emergency medical personnel is administered by the *Health Emergency Act*. The province divides its emergency medical ambulance personnel into four categories based on experience and responsibility. The Justice Institute of British Columbia is a local institution which provides training in the development of emergency medical service courses and training systems.

Identified Key Issues or Recommendations:

There is a shortage, due to unattractive wages, of service reaching those small rural communities in British Columbia.

6.3 Manitoba

Applicable Legislation:

Legislation applicable to the administration and regulation of emergency ambulance service in the province of Manitoba include: the *Emergency Medical Response and Stretcher Transportation Act* (formally the Ambulance Service Act), the *Northern Patient Transportation Program Regulation*, and the *Land Emergency Medical Response System Regulation*. The *Northern Patient Transportation Program Regulation* subsidizes the cost of transportation for residents of Manitoba located in the north to obtain medical or hospital care at the nearest location available for health conditions either on an elective or emergency basis.

Administrative Structures:

The Manitoba Health Emergency Medical Services Branch is the provincial authority which assumes responsibility for leadership and surveillance of the emergency medical system (EMS). Manitoba's EMS, couched within the provincial healthcare delivery system, functions as the core health service provider for eleven Regional Health Authorities. The provision of ground ambulance service is attended to by a range of entities.

Funding Process:

The Regional Health Authorities, eleven in total, are responsible for funding distribution within the province. Other bodies that may be called upon to cover costs associated with services provided by the Manitoba EMS include: the Minister, possibly a patient's insurance provider, and the patient.

Training / Certification Requirements:

The *Emergency Medical Response and Stretcher Transportation Act* outlines the criteria by which an EMS personnel is expected to meet in order to assume EMS duties. EMS Training and accreditation in the province is provided by the Manitoba Emergency Services College.

6.4 Nova Scotia

Applicable Legislation:

Legislation governing emergency health services in Nova Scotia include the *Emergency Health Service Act* and the *Emergency 911 Act*.

Administrative Structures:

Emergency Health Services (EHS), the only ambulance operator in the province providing service to 98 percent of provincial residents, is regulated by the Nova Scotia Department of Health and managed by

the private firm of Emergency Medical Care, Inc. (EMC). EHS, as the Ambulance System Authority, is responsible for quality control and service provision, administration, and management. EMC, on the other hand, is responsible for monitoring, personnel management, scheduling, communication, system administration, and evaluation.

Funding Process:

The Nova Scotia Department of Health is EHS' major funding body. Ambulance transportation costs are the responsibility of the patient while highway rescue services provided by municipal fire departments are covered by local municipalities.

Training / Certification Requirements:

The EHS Medical Director, licensure, determines nature and types of procedures paramedics are able to undertake. Nova Scotia has classified its paramedics into four, with a possible fifth, overarching categories based on training. The EHS Atlantic Health Training and Simulation Centre provides appropriate training to those interested in entering the field.

Identified Key Issues or Recommendations:

Manitoba has had past performance issues in the areas of: fleet management, equipment and supplies, communication centre operations, ambulance deployment, quality improvement and training, and management and supervision. Recommendations to address these issues include: clarification of the roles of EHS and EMC, increase the ambulance fleet size and assign a permanent fleet director, and produce regular reports identifying systemic issues and provide one-to-one feedback during individual performance sessions.

6.5 Ontario

Applicable Legislation:

Ontario's emergency medical services are administered to by the *Ambulance Act of Ontario* and its associated regulation 129/99 and 257/00.

Administrative Structures:

The Ministry of Health sets the standards by which delivery of land ambulance services are expected to adhere, monitors, and ensures compliance with these standards. Municipal fire departments are responsible for highway rescue services and the Office of the Ontario Fire Marshal provides equipment to volunteer departments in areas without municipal structures to support a local fire department.

Funding Process:

Upper-tier municipalities in the province are responsible for covering all costs associated with the provision of land ambulance services. The Ministry of Health provides financial assistance to local municipalities and responsible delivery agents by providing a cost-sharing grant to fund one-half of the approved cost of land ambulance service. Patients may be required to cover ambulance transportation costs if they do not fall into the category of 'exempt'.

Training / Certification Requirements:

Regulation 257/00 of the *Ambulance Act* outlines the criteria by which an individual must meet if they are to be determined fit to administer emergency medical care. Emergency medical care personnel are categorized based on their level of training and education. All personnel are required to take a re-qualification exam every three years in order to ensure appropriate provision of service.

6.6 Saskatchewan

Applicable Legislation:

The *Ambulance Act*, associated *Ambulance Regulations*, and the *Emergency 911 System Act* are the instruments governing Saskatchewan's twelve regional health authorities, who are accrued the responsibility of providing emergency service response, and the operation of the province's 911 emergency system.

Administrative Structures:

The twelve Regional Health Authorities are responsible for providing ground ambulance service in the province and farming out services to emergency medical services contractors.

Funding Process:

Saskatchewan Health offsets a portion of road ambulance service costs. The remaining costs associated with the provision of this service are accounted for by the Regional Health Authorities, various cost covering programs falling under the Saskatchewan Health Department, and the patient. The *Northern Medical Transportation* program provides funding for emergent and non-emergent medical transportation in northern Saskatchewan. It is an insured service administered by Saskatchewan Health.

Training / Certification Requirements:

In order to be deemed qualified to assume one of the three types of emergency medical technician positions available in Saskatchewan, an individual must be in possession of a valid and subsisting certificate in emergency medical procedures in relation to protocols established by the College of Physicians.

Identified Key Issues or Recommendations:

Past recommendations to improve Saskatchewan's EMS system include: establishing emergency ambulance response time targets, setting a minimum staffing crew level, creating a central dispatch centre, creating a provincial ambulance fleet, increase the number of full-time staffed ambulances, consolidate ambulance services, fund EMS and medical transportation through a single EMS managing health district located in each of the eight patient flow patterns, improve quality of continuing education, develop a critical access plan and First Responder programs, and legislation accommodating EMS system changes.

6.7 Yukon

Applicable Legislation:

There is no specific legislation governing ground ambulance and highway rescue services in the Yukon.

Administrative Structures:

The territorial government is responsible for the provision of ambulance and emergency services while the City of Whitehorse provides funding to highway rescue services. The City of Whitehorse's funding is specifically directed to the city's fire department.

Funding Process:

The territorial government bears the responsibility of funding emergency services including administering funds to the sixteen volunteer fire departments in Yukon's unincorporated communities. However, the City of Whitehorse funds its own fire department.

Training / Certification Requirements:

The Department of Health and Social Services is currently working to train and elevate all emergency services volunteers to the Emergency Medical Responder (EMR) level. Presently, volunteer fire departments are required to conduct regular training programs; volunteer ambulance drivers must have a class 4 driver's license; rural volunteers attending emergency calls must have Standard First Aid

certifications; and all volunteers are required to undertake CPR, standard first aid, and EMR recertification.

6.8 Analysis of Other Jurisdictions

The ambulance services in other jurisdictions that were examined in this study are structured on the basis of identifying, through legislation, a provincial governing authority for the services. Even in cases such as Nova Scotia, where delivery is by private contractors across the province, the province regulates the ambulance system, contracts it and evaluates the service. In the provinces included in the review, training is provided in accordance with staff, vehicle and equipment regulations/standards. Training for ambulance staff is carried out within each province, by a Health and Training Institute (e.g., Alberta), a paramedic Academy at the Justice Institute (e.g., in British Columbia), an Atlantic Health Training and Simulation Centre (e.g., Nova Scotia), the College of Physicians (e.g., Saskatchewan) or by Fire Departments.

Several of the provinces have requirements for ambulance attendants to have an EMT level of training (e.g., Alberta, Manitoba and Saskatchewan) however it is acknowledged that staff with an EMT level of training are difficult to retain in small rural communities due to the low volume of calls and often poor level of compensation.

For the provinces of Alberta, Manitoba, Ontario and Saskatchewan, funding is provided by the province through regional authorities and recovered through user fees plus a variety of government and private insurance programs. In the Yukon the territory pays for the service, which is delivered through the Fire Marshal's office.

Manitoba and Saskatchewan each have programs that assist with funding for ambulance services for northern residents. The province of Manitoba has the *Northern Patient Transportation Program Regulation*. This program was designed to subsidize the cost of transportation required for residents of Manitoba located in the north to obtain medical or hospital care at the nearest location available for health conditions either on an elective or emergency basis.

The Saskatchewan *Northern Medical Transportation* program was established in the 1980's to provide funding for emergent and non-emergent medical transportation in northern Saskatchewan. It is an insured service administered by Saskatchewan Health.

The NWT has no territorial-wide legislation that defines authorities for the provision of ambulance or highway rescue services. The *Cities, Towns and Villages Act* allows for such services to be provided by municipalities. In the absence of such legislation, there are no standards for ambulance staff training levels, other than that provided for fire response staff and volunteers. A policy and funding framework will serve to establish authorities for these services and a funding process; however, the realities of service delivery needs, community capacity challenges and the geographic conditions in the NWT will need to be factored into the framework.

7 SUMMARY OF ISSUES RELATED TO GROUND AMBULANCE AND HIGHWAY RESCUE SERVICES IN THE NWT

The document review and interview results confirmed the key issues in the problem statement: the lack of a comprehensive, coordinated system of ground ambulance and highway rescue services in the Northwest Territories, and the need for clarity with regard to service levels, responsibility for service delivery, and associated funding.

The interview results confirmed that presently, ground ambulance services are generally being provided at adequate levels to meet the needs of most patients in the NWT. However, for services to be provided effectively over time, a policy and funding framework will need to address: legislated mandates for services; roles and responsibilities for service delivery; an equitable funding approach; increased needs for services for a larger population; recovery of full costs of the services; resources to handle large or multiple accidents at one time; and the purchase, repair or replace vehicles and other medical rescue infrastructure.

The review of the delivery of ambulance services in other jurisdictions has provided a comparison of approaches for how the services are legislated, regulated and funded elsewhere. The comparison provides insight on how some of the issues may be addressed in these locations, as well as informs opportunities for the NWT.

The results of the review in the NWT and in other jurisdictions has provided a sound understanding of the problem and the issues from a number of perspectives, as a background to developing options and recommendations in subsequent chapters.

8 POTENTIAL OPTIONS FOR GROUND AMBULANCE AND HIGHWAY RESCUE SERVICE PROVISION

Terriplan Consultants, through research, key informant interviews, analysis of available (and obtained) data, review of current legislative and operating approaches in the NWT and other jurisdictions in Canada, has developed a series of possible options for ground ambulance and highway rescue service provision in the NWT. These options have been formulated with consideration of the conditions existing in the NWT for provision of these services, such as large geographic distances, low call volumes, disparity in community sizes and remoteness, high costs of services in the NWT, challenges of cost recovery, staff recruitment and retention challenges, training needs and population growth trends.

A key consideration in the development of the options is the limitations in available data related to costs and financial management. In the absence of a more complete financial data set, it is difficult to analyze the existing funding approach and project possible financial outcomes. All options except Option #1- The Status Quo - involves a process for financial decision making based on a systematic gathering and analysis of data over time. A complete data set will also enable an ongoing assessment of any improvements or modifications that may be required for any new funding framework that is implemented.

A series of assumptions have been outlined for creating a policy and funding framework for ground ambulance and highway rescue services in the NWT. These assumptions are provided below in Section 8.1 (policy framework assumptions) and 8.2 (funding framework assumptions). The assumptions were considered in the development of potential options provided in Section 8.3.

8.1 Assumptions for Developing a Policy Framework

The following are proposed assumptions that should be considered when developing a policy framework for ground ambulance and highway rescue services in the NWT. The first three assumptions were identified by the GNWT in the Terms of Reference; the remainder were developed by Terriplan based on the research conducted for this analysis and the review of approaches in other jurisdictions.

1. There is a legislative and funding role for the GNWT, but community governments are necessary partners.
2. There will be differing levels of service in NWT communities, based on community size, location and capacity.
3. Phased implementation may be required, depending upon the option or combination of options pursued. For example, developing the financial dataset could be a pre-requisite to later decisions about a preferred option.
4. Institutional and jurisdictional responsibilities³⁹ require clarity and should be communicated among stakeholders.
5. A policy framework needs to have flexibility to adapt to changing circumstances over time (e.g., population fluctuations).
6. Any new requirements (e.g., for training or standards) need to be developed keeping in mind low call out levels and communities with limited capacities.
7. A policy framework should maximize use of existing resources.

³⁹ Jurisdictional responsibilities relate to responsibilities for ambulance services on highways outside of municipal boundaries.

8. The framework should consider the realities of providing ground ambulance and highway rescue services in conditions in the NWT, such as many small isolated communities, low overall population in the territory, long distances along highways between communities, severe weather conditions, and a limited number of trained and skilled human resources.
9. A role for the private sector is acknowledged in the delivery of ground ambulance and highway rescue services; the service provider would choose where private sector delivery is appropriate.
10. The policy framework should address the range of public, community and territorial government expectations about acceptable levels and response times for ground ambulance and highway rescue services. The framework should include and communicate assumptions about acceptable levels of response, given the unique conditions in the NWT.
11. A communications strategy should be included to ensure all provisions of the policy and funding framework are communicated to all parties involved (e.g., RHSSAs, municipalities, RCMP).

8.2 Assumptions for Developing a Funding Framework

The following are proposed assumptions that should be considered when developing a funding framework for ground ambulance and highway rescue services in the NWT. The first assumption was identified by the GNWT in the Terms of Reference; the remainder were developed by Terriplan based on the research conducted for this analysis and the review of approaches in other jurisdictions.

1. Funding policies should not jeopardize, but maximize the contribution of user fees, which are largely paid by NIHB, HSS supplementary health benefits programs, employers programs and insurers.
2. There needs to be a fair and equitable approach for GNWT funding to regional health boards and communities in support of ground ambulance and highway rescue services.
3. A funding framework needs to have flexibility to adapt to changing circumstances (e.g., population increase, future needs for equipment upgrades/ambulance replacement).
4. A funding framework should maximize use of existing resources.
5. A funding framework should be developed, integrating data collected over time.
6. The funding framework should include measures for targeting full cost recovery over time.
7. The funding framework should clearly state the responsibilities for costs/fees/cost recovery for services by regional health authorities, municipalities, private sector providers, government programs and service users.
8. A funding framework will be based on the best available data and information.
9. Other funding may be included in the quantum of funding available and allocated using a formula.
10. A funding framework is to be administratively simple for the GNWT and community service providers.
11. A funding framework is to be reasonably transparent and easy to understand.

8.3 Potential Options for Ground Ambulance and Highway Rescue Service Provision in the NWT

The research results and assumptions above were taken into consideration in developing the following five potential options for ground ambulance and highway rescue service provision⁴⁰. Each is presented briefly below. A more detailed discussion on the strengths and limitations of each option is described in Sub-sections 8.3.1 to 8.3.5.

Option#1: Status Quo

Key Features

- MACA's legislation gives community governments the legal authority and resources to provide municipal programs and services to their residents.
- HSS legislation provides standards for health and social programs and services (e.g., health centres, medical staff), but does not directly regulate ambulance operators or equipment.
- RHSSAs and municipal governments have the ability and the authority to provide ambulance/highway rescue services:
 - RHSSAs may deliver ambulance services directly or contract service delivery to municipal governments or the private sector (as in the case of Beaufort Delta HSSA).
 - Pursuant to municipal legislation, community governments can decide to offer ambulance services by passing a by-law. Ambulance services provided by municipal governments are funded through tax revenues and user fees.
- Funding is provided by MACA for municipal services and HSS for a range of health and social services. Revenues for ambulance services are obtained from user fees (primarily through insured programs).
- Ambulance attendants are trained to a variety of levels.

Option#1a: Status Quo with Minor Enhancement

Key Features

- Same as Option #1 above, with the following enhancements:
 - Increased accountability and reporting (GNWT, municipalities, RHSSAs, private sector providers) to enhance and strengthen the quantum of reliable data that can be used to build a more robust and defensible policy and funding approach; and
 - A funding framework is developed based on data compiled over two years and monitored in the future.

Option#2: Status Quo with GNWT Ambulance Legislation

Key Features

- GNWT ambulance legislation gives the GNWT overall responsibility for service provision;
- Delivery of ambulance services is the identified responsibility of regional HSSAs (who retain the option of contracting services to municipal governments or the private sector);
- A funding framework is developed based on data compiled over two years and monitored in the future; and
- Where appropriate, GNWT identifies training/certification levels for ambulance attendants and standards for vehicles and equipment.

⁴⁰ Ground ambulance services in the options and recommendations include ambulance trips within and beyond existing community boundaries.

Option#3: GNWT Legislates and Delivers Ground Ambulance and Highway Rescue Services

Key Features

- GNWT ambulance legislation gives the GNWT overall responsibility for service provision and delivery⁴¹;
- A GNWT administrative body could be established for administering and directing the services across the NWT⁴²;
- A funding framework is developed based on data compiled over two years and monitored in the future; and
- Where appropriate, GNWT identifies training/certification levels for ambulance attendants and standards for vehicles and equipment.

Option#4: GNWT Legislates Ground Ambulance and Highway Rescue Services and Contracts Services to Private Sector for Delivery

Key Features

- GNWT ambulance legislation gives the GNWT overall responsibility for service provision;
- Ground ambulance and highway rescue services are contracted to be delivered by private sector service providers⁴³;
- A funding framework is developed based on data compiled over two years and monitored in the future; and
- Where appropriate, GNWT identifies training/certification levels for ambulance attendants and standards for vehicles and equipment.

8.3.1 Option #1: Status Quo

Legislation for the “Status Quo” option (existing situation in the NWT) is primarily through the *Hospital Insurance and Health and Social Services Act* and the *Cities, Towns and Villages Act*. These Acts provide the authority for RHSSAs and municipal governments to deliver ground ambulance and highway rescue services as part of the suite of services offered, but do not assign responsibility to provide these services.

RHSSAs deliver ambulance services directly or contract service delivery to municipal governments or, in the case of the Beaufort delta HSSA, the private sector. Pursuant to municipal legislation, community governments can decide to offer ambulance services and set fees by passing a by-law. Ambulance services provided by municipal governments are funded through tax revenues and user fees.

In the Status Quo option, service levels and training standards would continue to vary across the territory. Emergency staff and volunteers in most NWT communities are trained either with basic first aid and CPR or to an Emergency Medical Responder (EMR) level, with only some staff in Yellowknife or with private sector contractors, working at an Emergency Medical Technician (EMT) level.

MACA provides funding in formula-based funding programs for municipalities to provide municipal services, which may include those related to ground ambulance and highway rescue. HSS provides general contribution funding to RHSSAs, who may use part of the funding for ground ambulance and highway rescue services. The revenues from ambulance services are obtained from user fees, largely

⁴¹ It is proposed that initially, service levels would remain the same as at present; this may change as data is systematically gathered for the funding framework.

⁴² The RHSSAs would retain responsibility for all the health services they presently provide, other than ground ambulance services. Municipalities would not be involved in service provision.

⁴³ It is proposed that initially, service levels would remain the same as at present; this may change as data is systematically gathered for the funding framework. The RHSSAs would retain responsibility for all the health services they presently provide, other than ground ambulance services. Municipalities would not be involved in service provision.

supported by government and private insurance programs (e.g., for First Nations and Métis peoples, seniors, government and armed forces employees and private government insurance for drivers), with a small percentage of costs recovered directly from clients. In recent years, challenges have been identified in the research and interviews for achieving cost recovery from user fees. The need for a systematic approach to financial data gathering and tracking was also identified.

Table 15 below describes the advantages and disadvantages identified by Terriplan for Option 1.

Table 15: Advantages and Disadvantages of Option #1: Status Quo

Advantages	Disadvantages
<ul style="list-style-type: none"> No steps are required to implement this option. 	<ul style="list-style-type: none"> No ground ambulance and highway jurisdiction responsibilities are assigned in legislation or mandates, leading to an “ad hoc” approach to service delivery.
<ul style="list-style-type: none"> Key informants indicated that ground ambulance and highway rescue services are delivered adequately at present. 	<ul style="list-style-type: none"> Sustainability of the system for the future is in question (aging equipment, vehicles, needs for infrastructure).
<ul style="list-style-type: none"> A regional approach has been established and is operational. 	<ul style="list-style-type: none"> No NWT-wide standards exist for ambulances, equipment or training.
<ul style="list-style-type: none"> The delivery system is flexible, allowing for delivery by RHSSAs, municipalities, the private sector or a combination. 	<ul style="list-style-type: none"> Some RHSSAs/municipalities (not others) receive additional funding to assist with services such as ground ambulance services.
<ul style="list-style-type: none"> No additional resources are required for implementation. 	<ul style="list-style-type: none"> There is an ineffective approach to gathering, tracking and analyzing financial data (e.g., costs spent versus costs recovered over time).
<ul style="list-style-type: none"> Flexibility exists for future changes to service provision, since present service delivery is “ad hoc”. 	<ul style="list-style-type: none"> No plans are identified for addressing current and future funding challenges related to ground ambulance services.
	<ul style="list-style-type: none"> Jurisdictional responsibilities need to be clarified for ambulance response on highways beyond community boundaries.
	<ul style="list-style-type: none"> Charge backs or user fees are inconsistent. In many cases they are too low, resulting in difficulty in achieving cost recovery.

Steps to Implement Option #1

None required.

8.3.2 Option #1a: Status Quo with Minor Enhancement

As with Option #1, the legislative authorities for Option #1a would remain as presently existing and described above. Service levels and training standards would continue to be variable across the territory. Emergency staff and volunteers in most NWT communities are trained either with basic first aid and CPR or to an Emergency Medical Responder (EMR) level, with only some staff in Yellowknife or with private sector contractors working at an Emergency Medical Technician (EMT) level.

The present funding approach is described in Option #1 above. The research and interviews conducted for this review have identified challenges relating to 1) to the collection and analysis of financial data and 2) the need for a re-evaluation of user fees to better position service providers to achieve cost recovery. The key change distinguishing Option #1a from Option #1 is the proposed development of enhanced reporting and accountability mechanisms to better equip the GNWT in the coming years with defensible, reliable data to create a more robust policy and a funding framework which aims to address the above-mentioned challenges.

The funding approach would be revised to provide a realistic and defensible funding system for ground ambulance and highway rescue services in the NWT. Terriplan proposes the following funding approach for all options except the Status Quo. The funding approach involves the following steps:

- 1) Undertake a systematic gathering of financial data (delivery costs, infrastructure costs, rates charged, cost recovery) by each provider⁴⁴ and compiled by MACA/HSS.
- 2) After two consecutive years of data collecting, HSS/MACA would develop a funding framework (based on data collected) for ground ambulance and highway rescue services.
- 3) HSS/MACA would continue to monitor and track financial management to assess the need for changes over time.
- 4) Where applicable, the funding framework would include assistance to municipalities that provide ambulance services beyond community boundaries.

Table 16 below describes the advantages and disadvantages identified by Terriplan for Option #1a.

Table 16: Advantages and Disadvantages of Option #1a: Status Quo with Minor Enhancement

Advantages	Disadvantages
<ul style="list-style-type: none"> • No changes in service delivery are required to implement this option for the first two years. 	<ul style="list-style-type: none"> • No ground ambulance and highway jurisdiction responsibilities are assigned in legislation or mandates, leading to an “ad hoc” approach to service delivery.
<ul style="list-style-type: none"> • Key informants indicated that ground ambulance and highway rescue services are delivered adequately at present. 	<ul style="list-style-type: none"> • No NWT-wide standards exist for ambulances, equipment or training.
<ul style="list-style-type: none"> • A regional approach has been established and is operational. 	<ul style="list-style-type: none"> • Jurisdictional responsibilities need to be clarified for ambulance response on highways beyond community boundaries.
<ul style="list-style-type: none"> • The delivery system is flexible, allowing for delivery by RHSSAs, municipalities, the private sector or a combination. 	<ul style="list-style-type: none"> • A funding approach will take several years to develop and implement.
<ul style="list-style-type: none"> • Flexibility exists to make changes to future service provision due to the system of data collection and management. 	<ul style="list-style-type: none"> • Some resources will be required for the financial data gathering and analysis steps over the years, and for developing the funding approach.
<ul style="list-style-type: none"> • A regional approach will be maintained for service delivery. 	
<ul style="list-style-type: none"> • The data gathering and funding framework will provide a basis for funding provided for ambulance services, including those on highways. The funding framework will include measures for cost recovery. Resources for future needs will be factored into the funding framework. 	
<ul style="list-style-type: none"> • Sustainability is planned for the system for the future (aging equipment, vehicles, needs for infrastructure) through the development of the funding framework. 	
<ul style="list-style-type: none"> • Responsibility is assigned for ambulance response on NWT highways. The funding framework will include measures for funding highway services. 	
<ul style="list-style-type: none"> • Re-evaluation of user fees for achieving cost recovery. 	

⁴⁴ For Option #1a this would be the RHSSAs; for other options it would be the organization responsible for service delivery.

Steps to Implement Option #1a

1. Development and implementation of accountability and data/information reporting mechanisms for stakeholders (GNWT, DOT, MACA, HSS, RHSSAs, municipalities and private sector providers).
2. A funding framework, as outlined in Steps 1) to 4) above, is to be developed by MACA/HSS for provision of ground ambulance and highway rescue services in the NWT.
3. The funding framework would include a communications program to inform RHSSAs and municipalities of the approach to collecting data and developing the funding framework.

8.3.3 Option #2: Status Quo with GNWT Ambulance Legislation

The second option for the provision of ground ambulance and highway rescue services has the territorial government, (through HSS), as the legislated regulator of the services. In ambulance legislation that would be developed, the GNWT would specify standards for ground ambulance and highway rescue vehicles and equipment. The provinces of Alberta, Manitoba, Ontario and Saskatchewan are example of this approach. However, in addition to providing ambulance legislation, these provinces also set training and certification levels for ambulance staff. The GNWT would assess the need/advisability/cost for standardized training levels and certification, given the geographic distances, variations in community capacity and low call volumes that exist in many regions in the NWT. For example, certification programs could be established for staff in locations where call volume justified the need.

While the GNWT would assume overall responsibility for service provision, delivery of ambulance services would remain the responsibility (now stated responsibility) of RHSSAs, who would still be able to contract services to municipalities or the private sector on a regional basis. The GNWT would have the responsibility for assigning to RHSSAs the jurisdictions for highway areas to be serviced and the funding approach. If training levels for ambulance attendants are to be increased in any area (e.g., if the GNWT decides to legislate required certification levels) the GNWT would need to provide funding for new GNWT training facilities or to send staff out of the territory for the required training.

The proposed approach to funding is to address identified challenges related to 1) to the collection and analysis of financial data and 2) the need for a re-evaluation of user fees to better position service providers to achieve cost recovery. The funding approach for Option #2 would be the same as for Option #1a. A funding framework would be developed for the GNWT to be able to assess the historical spending and cost recovery amounts, cost effectiveness of services and projected needs for the future in areas across the NWT. See Section 8.3.2 above for a description of the development of a funding framework.

Table 17 below describes the advantages and disadvantages identified by Terriplan for Option 2.

Table 17: Advantages and Disadvantages of Option #2: Status Quo with GNWT Ambulance Legislation

Advantages	Disadvantages
<ul style="list-style-type: none"> Responsibilities are legislated and clearly defined for GNWT and RHSSAs. 	<ul style="list-style-type: none"> Resources will be required to develop legislation and establish responsibilities.
<ul style="list-style-type: none"> Standards are set in legislation for ambulance and highway rescue vehicles and equipment. 	<ul style="list-style-type: none"> A funding approach will take several years to develop and implement.
<ul style="list-style-type: none"> The advisability and need for certification requirements for ambulance staff in the NWT will be assessed. 	<ul style="list-style-type: none"> The need/advisability for certification and training programs for ambulance staff in the NWT needs to be examined, possibly with a cost-benefit analysis.
<ul style="list-style-type: none"> The data gathering and funding framework will provide a basis for funding provided for ambulance services, including those on highways. The funding framework will include measures for cost recovery. Resources for future needs will be factored into the funding framework. 	<ul style="list-style-type: none"> Some resources will be required for the financial data gathering and analysis steps over the years, and for developing the funding approach.
<ul style="list-style-type: none"> Flexibility exists to make changes to future service provision due to the system of data collection and management. 	<ul style="list-style-type: none"> Should the GNWT decide to include required training/certification levels for ambulance services responders, additional funding would need to be provided for training courses.
<ul style="list-style-type: none"> Sustainability is planned for the system for the future (aging equipment, vehicles, needs for infrastructure) through the development of the funding framework. 	
<ul style="list-style-type: none"> Responsibility is assigned for ambulance response on NWT highways. The funding framework will include measures for funding highway services. 	
<ul style="list-style-type: none"> A regional approach will be maintained for service delivery. 	
<ul style="list-style-type: none"> Re-evaluation of user fees for achieving cost recovery. 	

Steps to Implement Option #2

1. Legislation is to be introduced giving overall responsibility for ground ambulance and highway rescue services to the GNWT. The legislation will indicate that the responsibility for delivery of these services will be by regional HSSAs. The legislation would assign responsibility for highway emergency ambulance services planning to a GNWT department (to be determined).
2. Standards are to be developed for ground ambulance and highway rescue vehicles and equipment. This would include developing a process for regular inspections and monitoring of inventory of supplies and conditions of vehicles.
3. The GNWT would assess the need/advisability/cost for standardized training levels and certification, and plan for certification programs where appropriate.
4. RHSSAs would be given the responsibility for a) delivery of ambulance services in communities (which may be contracted to municipalities or the private sector) and b) ensuring ambulance services on designated highways in their regions.
5. Development and implementation of accountability and data/information reporting mechanisms for stakeholders (GNWT, DOT, MACA, HSS, RHSSAs, municipalities and private sector providers).
6. A funding framework, as outlined in Section 8.3.2 above, is to be developed by MACA/HSS for provision of ground ambulance and highway rescue services in the NWT.

7. The funding framework would include a communications program to inform RHSSAs and municipalities of the approach to collecting data and developing the funding framework.

8.3.4 Option #3: GNWT Legislates and Delivers Ground Ambulance and Highway Rescue Services

The Territorial government would assume responsibility for legislating, developing standards and delivering ground ambulance and highway rescue services. An example of this approach is found in the province of British Columbia. Yukon Territory also assumes responsibility for service provision, but without applicable legislation. In this option, the GNWT would assess the need/advisability/cost for standardized training levels and certification, given the geographic distances, variations in community capacity and low call volumes that exist in many regions in the NWT. For example, certification programs could be established for staff in locations where call volume justified the need.

An NWT administrative body could be established for the purpose of administering and directing ground ambulance services in the NWT. This body could also administer highway rescue services or contract fire departments to provide the service. Legislation would need to be developed for 1) the GNWT to assume the responsibilities; 2) the development of standards for ground ambulance and highway rescue vehicles and equipment; and 3) creating an administrative body, if established, to deliver the services.

If training levels for ambulance attendants are to be increased in any area (e.g., if the GNWT decides to legislate required certification levels) the GNWT would need to provide funding for new GNWT training facilities or to send staff out of the territory for the required training.

The proposed approach to funding is to address identified challenges related to 1) to the collection and analysis of financial data and 2) the need for a re-evaluation of user fees to better position service providers to achieve cost recovery. The funding approach for Option #3 would be the same as for Options #1a and 2. A funding framework would be developed for the GNWT to be able to assess the historical spending and cost recovery amounts, cost effectiveness of services and projected needs for the future in areas across the NWT. See Section 8.3.2 above for a description of the development of a funding framework.

Option #3 does not have provision for regional approaches (e.g., through regional health and social services authorities). The GNWT would have full responsibility, for service provision across the NWT. This option has no private sector involvement.

Table 18 below describes the advantages and disadvantages identified by Terriplan for Option #3.

Table 18: Advantages and Disadvantages of Option #3: GNWT Legislates and Delivers Ground Ambulance and Highway Rescue Services

Advantages	Disadvantages
<ul style="list-style-type: none"> • Responsibilities are legislated and clearly defined for provision of ground ambulance and highway rescue services. 	<ul style="list-style-type: none"> • Resources would be required for legislation to create a new administrative body to manage and deliver the services.
<ul style="list-style-type: none"> • Standards are set in legislation for ambulance and highway rescue vehicles and equipment. 	<ul style="list-style-type: none"> • The GNWT would assume a much greater role, with responsibility for service delivery and funding of services in addition to the legislative and regulatory functions. Significant GNWT resources would be required.
<ul style="list-style-type: none"> • The advisability and need for certification requirements for ambulance staff in the NWT will be assessed. 	<ul style="list-style-type: none"> • The RHSSAs would retain responsibility for all the regional health services they presently provide (e.g., hospitals, health centres), other than ground ambulance services, thus requiring changes to their responsibilities. Municipalities would not be involved

Advantages	Disadvantages
	in service provision.
<ul style="list-style-type: none"> The data gathering and funding framework will provide a basis for funding provided for ambulance services, including those on highways. The funding framework will include measures for cost recovery. Resources for future needs will be factored into the funding framework. 	<ul style="list-style-type: none"> With no opportunities for communities to be involved in service provision, procedures and processes would need to be developed to address changes in situations where municipalities provide composite services (e.g., in Yellowknife, where ambulance, highway rescue and fire services are integrated).
<ul style="list-style-type: none"> Flexibility exists to make changes to future service provision due to the system of data collection and management. 	<ul style="list-style-type: none"> A funding approach will take several years to develop and implement.
<ul style="list-style-type: none"> Sustainability is planned for the system for the future (aging equipment, vehicles, needs for infrastructure) through the development of the funding framework. 	<ul style="list-style-type: none"> The need/advisability for certification and training programs for ambulance staff in the NWT needs to be examined, possibly with a cost-benefit analysis.
<ul style="list-style-type: none"> Responsibility is assigned for ambulance response on NWT highways. The funding framework will include measures for funding highway services. 	<ul style="list-style-type: none"> Additional resources would be required for implementation of legislation, financial data gathering and tracking and development of a funding framework and development of a communications plan. However, the resources required for a funding framework can be spread over a timeframe of 3+ years.
<ul style="list-style-type: none"> Re-evaluation of user fees for achieving cost recovery. 	<ul style="list-style-type: none"> Should the GNWT decide to include required training/certification levels for ambulance services responders, additional funding would need to be provided for training courses.
	<ul style="list-style-type: none"> This option is somewhat inconsistent with the GNWT's new deal approach in terms of the working relationship with communities.

Steps to Implement Option #3

1. Legislation is to be introduced giving overall responsibility for administration and delivery of ground ambulance and highway rescue services to the GNWT. The legislation could assign responsibility for service delivery to an administrative body.
2. Standards are to be developed for ground ambulance and highway rescue vehicles and equipment. This would include developing a process for regular inspections and monitoring of inventory of supplies and conditions of vehicles.
3. The GNWT would assess the need/advisability/cost for standardized training levels and certification, and plan for certification programs where appropriate.
4. The GNWT administrative body would be given the responsibility for a) delivery of ambulance services in communities where determined to be appropriate and b) ensuring ambulance services on highways across the NWT.
5. Development and implementation of accountability and data/information reporting mechanisms for stakeholders (GNWT, DOT, MACA, HSS, RHSSAs, municipalities and private sector providers).
6. A funding framework, as outlined in Section 8.3.2 above, is to be developed by GNWT for provision of ground ambulance and highway rescue services in the NWT.

8.3.5 Option #4: Government Legislates Ground Ambulance and Highway Rescue Services and Contracts Services to Private Sector for Delivery

The provision of ground ambulance and highway rescue services by the GNWT through a private sector provider is a fourth potential option for service delivery. The province of Nova Scotia is an example of a Canadian jurisdiction using this system to provide its residents with ground ambulance and emergency services. The Nova Scotia *Emergency Health Services Act* stipulates that the, "Minister of Health may enter into agreements with any person to provide ambulance services, emergency health services or communications centre services in all or part of the Province."

In this option, the GNWT would assess the need/advisability/cost for standardized training levels and certification, given the geographic distances, variations in community capacity and low call volumes that exist in many regions in the NWT. For example, certification programs could be established for staff in locations where call volume justified the need.

The GNWT (typically HSS) would be responsible for overseeing and regulating the delivery of ground ambulance services throughout the territory, but the system would be managed and provided by the private sector. If provided in an approach parallel to that in Nova Scotia, HSS would become the ambulance system authority and have some of the following responsibilities:

- System ownership;
- Approval of paramedic training and registration;
- Approval of regulations and medical protocols, including the provision of the communications system, vehicles and equipment used in the service;
- Contracting out the management of the service throughout the territory by one or more private contractor(s); and
- Monitoring and evaluation of the service provided by private contractors.

As the authority of the system, HSS would ensure and be responsible for the provision of the ambulance and related services to NWT residents. The primary contractor(s) would have the following responsibilities under such an arrangement:

- Management of the ambulance service delivery system, with the responsibility to achieve territorial performance requirements;
- Hiring and management of registered paramedics (as appropriate for the NWT) and acquiring other staff to operate the system;
- Purchases the supplies and services for the system; and
- Reports on the performance expectations required by HSS.

The regulator (HSS) would be responsible for approving any the training, licensing and registration of any volunteer or full time paramedic. The private provider would be responsible for the hiring and managing of volunteers, registered paramedics, or other staff to operate the system effectively.

The proposed approach to funding is to address identified challenges related to 1) to the collection and analysis of financial data and 2) the need for a re-evaluation of user fees to better position service providers to achieve cost recovery. The funding approach for Option #4 would be the same as for Options #1a, 2 and 3. A funding framework would be developed for the GNWT to assess the historical spending and cost recovery amounts, cost effectiveness of services and projected needs for the future in order to effectively negotiate the contract for delivery of services by the private sector contractor. See Section 8.3.2 above for a description of the development of a funding framework.

Option #4 does not have provision for regional approaches (e.g., through regional health and social services authorities). This option makes full use of private sector service management and delivery.

Table 19 below describes the advantages and disadvantages identified by Terriplan for Option #3.

Table 19: Advantages and Disadvantages of Option #4: Government Legislates Ground Ambulance and Highway Rescue Services and Contracts Services to Private Sector for Delivery

Advantages	Disadvantages
<ul style="list-style-type: none"> Responsibilities are legislated and clearly defined for provision of ground ambulance and highway rescue services. 	<ul style="list-style-type: none"> The RHSSAs would retain responsibility for all the regional health services they presently provide (e.g., hospitals, health centres), other than ground ambulance services, thus requiring changes to their responsibilities. Municipalities would not be involved in service provision.
<ul style="list-style-type: none"> Private sector contractors have full responsibility for delivery of services and hiring and managing staff. This reduces the GNWT's and regional authority roles for provision of these services. 	<ul style="list-style-type: none"> Current practice (from limited available data) suggests that private sector delivery tends to be more costly than public sector delivery, possibly due to costs of hiring certified staff, and the fact that it is a profit-driven business.
<ul style="list-style-type: none"> Service provision is regulated by the GNWT, ensuring standards set by the territorial government are met. Thus, private sector delivery will have standards and training/certification as part of the contract requirements. 	<ul style="list-style-type: none"> Monitoring and inspection processes would need to be developed to ensure private contractor compliance with standards.
<ul style="list-style-type: none"> Standards are set in legislation for ambulance and highway rescue vehicles and equipment. 	<ul style="list-style-type: none"> Resources would be required for managing and overseeing contracts with the private sector service provider for quality assurance and control.
<ul style="list-style-type: none"> The advisability and need for certification requirements for ambulance staff in the NWT will be assessed by the GNWT. 	<ul style="list-style-type: none"> A funding approach will take several years to develop and implement.
<ul style="list-style-type: none"> The data gathering and funding framework will provide a basis for funding provided for ambulance services, including those on highways. The funding framework will include measures for cost recovery. Resources for future needs will be factored into the funding framework. 	<ul style="list-style-type: none"> The need/advisability for certification and training programs for ambulance staff in the NWT needs to be examined, possibly with a cost-benefit analysis.
<ul style="list-style-type: none"> Flexibility exists for changes for future service provision due to the system of data collection and management. 	<ul style="list-style-type: none"> Additional resources would be required for implementation of legislation, financial data gathering and tracking, development of a funding framework and development of a communications plan. However, the resources required for a funding framework can be spread over a timeframe of 3+ years.
<ul style="list-style-type: none"> Sustainability is planned for the system for the future (aging equipment, vehicles, needs for infrastructure) through the development of the funding framework. 	
<ul style="list-style-type: none"> Responsibility is assigned for ambulance response on NWT highways. The funding framework will include measures for funding highway services and delivery by the private sector. 	
<ul style="list-style-type: none"> Re-evaluation of user fees for achieving cost recovery. 	

Steps to Implement Option #4

1. Legislation would be introduced giving overall responsibility for administration and delivery of ground ambulance and highway rescue services to the GNWT. The legislation would allow for contracting to a private sector service provider.

2. Standards would be developed for ground ambulance and highway rescue vehicles and equipment. This would include developing a process for regular inspections and monitoring of inventory of supplies and conditions of vehicles.
3. The GNWT would assess the need/advisability/cost for standardized training levels and certification, and plan for certification programs where appropriate.
4. The GNWT would conduct a contracting process to identify preferred private sector providers, and develop contracts for those providers.
5. The private sector contractor would be given the responsibility for a) delivery of ambulance services in communities where determined by the GNWT to be appropriate; b) ensuring ambulance services on highways across the NWT; and c) meeting GNWT standards for service delivery.
6. Development and implementation of accountability and data/information reporting mechanisms for stakeholders (GNWT, DOT, MACA, HSS, RHSSAs, municipalities and private sector providers).
7. A funding framework, as outlined in section 8.3.2 above would be developed by GNWT as a basis for a full understanding of costs versus costs recovery and projections for the future, to be able to negotiate an appropriate funding approach, based on NWT needs and costs, for the delivery of services by the private sector.

9 RECOMMENDATIONS FOR A POLICY AND FUNDING FRAMEWORK

9.1 Introduction

The options presented in Section 8.3 provide a number of possible approaches the GNWT could pursue for future provision of ground ambulance and highway rescue services in the GNWT. The research and interviews conducted for this review indicated that these services are, in general, being delivered at an adequate level at present, given the volumes of call-outs for which data is available. However, some challenges were identified, such as the lack of a comprehensive, coordinated system of ground ambulance and highway rescue services in the Northwest Territories, and the need for clarity with regard to service levels, responsibility for service delivery, and associated funding.

The limitations in available financial data mean that it would be difficult for Terriplan to provide clear recommendations for a funding approach at this time. Similarly, due to the limited availability of data on service levels, we have not provided recommendations on optimum and minimum acceptable service levels for NWT communities.

Terriplan recommends, that at a minimum, HSS/MACA consider the implementation of Option #1a, which involves the status quo for service provision, but adds the enhancement of a process for increased accountability and reporting (GNWT, municipalities, RHSSAs, private sector providers) to enhance and strengthen the quantum of reliable data that can be used to build a more robust and defensible policy and funding approach. The systematic process of data gathering would lead to a funding framework to be developed after two years of compiled data. The data and funding framework will provide a sound grounding for the future development of a comprehensive policy and funding framework.

Recommendations are provided below for HSS/MACA to consider in a policy framework (Section 9.2) and a funding framework (Section 9.3).

9.2 Recommendations for Policy Framework

This review does not include the development of a policy framework. We have provided in Section 9.2.1 below our understanding of what a policy framework is and how it is to be used. Based on this approach we have developed a series of recommendations (Section 9.2.2) for the GNWT to consider when it develops a policy and funding framework in the future.

9.2.1 Policy Framework Components

A framework is a fundamental underlying structure that provides support for something being constructed. A policy framework provides a structured way of understanding key issues and the operating environment, and provides a way to assess defensible options for proceeding to policy development.

A policy framework supports policy analysis through:

- Identification/confirmation of mandates and core business areas of the agencies involved;
- Identification/confirmation of legislative, regulatory and policy context, levels of responsibilities and authorities;
- Identification of drivers and key considerations;
- Identification of core principles;
- Assessment of issues through a risk management process;
- Identification of gaps in understanding and data;
- Informing the development of potential options;

- Providing criteria for evaluation of options (risks, liabilities, advantages);
- Providing a synthesis model to facilitate decision making;
- Informing the implementation plan for the selected option; and
- Informing the design of monitoring, accountability and reporting plan.

The research, key informant interviews and review of other jurisdictions provide a background base of information were used to develop recommendations to be considered in developing a policy framework.

9.2.2 Recommendations towards a Policy Framework

The following recommendations are proposed towards the development of a policy framework for ground ambulance and highway rescue services in the NWT.

Recommendation 1:

That the policy framework identifies the territorial government as the entity assuming overall responsibility for developing legislation and setting standards for vehicles and equipment for ground ambulance and highway rescue service provision across the NWT. The GNWT would assess the need/advisability/cost for standardized training levels and certification, given the geographic distances, variations in community capacity and low call volumes that exist in many regions in the NWT. For example, certification programs could be established for staff in locations where call volume justified the need.

Among the jurisdictions examined for this study, it is common practice to have the provincial governments assume responsibility for ambulance legislation and standards. Options 2, 3 and 4 (all but the Status Quo options) include this approach, regardless of which jurisdiction delivers the services. The provincial governments in Alberta, British Columbia, Manitoba, Nova Scotia, Ontario and Saskatchewan all legislate and regulate ground ambulance services⁴⁵.

Recommendation 2:

That the policy framework describes a consistent approach to service provision across the NWT; clarifying the roles and responsibilities of departments, communities, regional authorities and private service providers. This approach is used in Options 2, 3 and 4. In other jurisdictions in Canada examined in this study, the provincial/territorial legislation delineates the roles and responsibilities for ground ambulance service provision. For example, in Alberta, Ontario, Manitoba and Saskatchewan, the legislation specifies that the regional authorities are responsible for delivering the services or contracting others to do so. Even in Nova Scotia, where ground ambulance services are delivered through a private service provider, the legislation clarifies that the role of the provincial government is to ensure that its standards are met. A method of communicating the responsibilities to service providers (and opportunity to dialogue on the draft) should be included in the framework.

Recommendation 3:

That the policy framework includes criteria, appropriate to conditions in the NWT, for accommodating variable capacity levels for service provision. The criteria could include items such as size, population, access, geographic area to be covered, average number of calls, distance to highways and ability to raise funds. Criteria were not explicitly stated in materials looked at for other jurisdictions, but most of the other provinces would have different demographics (e.g., size, geography and community/highway links) than those existing in the NWT.

⁴⁵ The legislation for these provinces does not differentiate between ground ambulance and highway rescue services, generally referring to service provision for "Emergency Medical Services," which include ground and air ambulance transport.

Recommendation 4:

That any new requirements for training, staff/volunteer numbers, training levels, service response time and/or standards developed in the policy framework are cognizant of the capacity of communities to be able to deliver the services. Should additional requirements of this type be put in place, appropriate resource support needs to be made available to service delivery agents.

Recommendation 5:

That the changing conditions in the NWT (e.g., population increase/distribution, new highway, increased use of highways) are accommodated in the policy framework. Ongoing monitoring and assessment of service delivery should be included in the policy framework to track demographic conditions and changes in highway use to be able to make adjustments in services as may be required.

Recommendation 6:

That the policy framework indicate that private sector operations for ground ambulance and highway rescue service provision (if included in the framework) be regulated, monitored and evaluated to ensure they meet standards set by the GNWT. Where private sector delivery is an option for service delivery in other jurisdictions in Canada, (e.g., as in Options 3 and 4: in Alberta, Manitoba, Nova Scotia Ontario and Saskatchewan), provincial regulations for standards apply also to the private sector.

Recommendation 7:

That the framework includes assumptions about expectations for adequate levels of ground ambulance and highway rescue response, given the social, climatic and geographic conditions in the NWT. For highway travel, a communications program can be developed to make community members, resource development workers and tourists aware of dangerous conditions, possibly with information to help themselves prepare in case of an accident on NWT highways.

9.3 Recommendations for a Funding Framework

The following recommendations are proposed towards the development of a funding framework for ground ambulance and highway rescue services in the NWT.

Recommendation 1:

That an equitable funding approach is developed, providing rationales for the basis of providing funding for ground ambulance and highway rescue services. Criteria for a funding formula should be established for how GNWT funding is distributed for these services. For example, criteria could relate to the size of the community, area of jurisdiction, level of service required, ability to raise funds, need for capital equipment or upgrades and proximity to highways (where relevant). As an example, the province of Alberta has a funding formula that includes: total population, age/gender of population, socio-economic composition, health care needs and servicing of other regions.

Recommendation 2:

That a funding framework clearly identifies and communicates the responsibilities for funding of ground ambulance and highway rescue services by the territorial government, regional health authorities, municipalities, private sector providers, government programs and service users.

Recommendation 3:

That a funding framework be developed by MACA/HSS, that would build upon specific data gathered and compiled over time. Systematic gathering of financial data (delivery costs, infrastructure costs, rates charged, cost recovery) could be provided by each RHSSA and compiled by MACA/HSS. After two consecutive years of data collecting, HSS and MACA would develop a funding framework for ground ambulance and highway rescue services. The plan would:

- Allocate appropriate levels of funding for required levels of services;
- Maximize use of insured programs to pay for ambulance services;

- Include measures for cost recovery of services over time. This would include examining fees charged for services related to full costs of service provision;
- Include provisions for future needs based on historical data and projected future needs; and
- Include assistance to municipalities that provide ambulance services beyond community boundaries.

Recommendation 4:

That the funding framework includes a communications program to inform RHSSAs and municipalities of the approach and provide access to completed annual data reports.

Recommendation 5:

That the GNWT determine the appropriate levels of training, number of qualified staff and updated/repaired equipment appropriate to various jurisdictions across the NWT, and develop a funding formula that ensure available funding can be provided from government /municipal /client sources. Should Option #1 or #1a be selected (the options involving "status quo"), the funding formula should ensure that any GNWT funds provided to assist regional authorities/municipalities with funding in support of ground ambulance or highway rescue services should be equitably distributed, with rationales provided.

Recommendation 6:

That a funding framework be realistic for the conditions and communities in the NWT, and strive for the best use of human and financial resources in providing the services.

10 SUMMARY/CONCLUSIONS

The purpose of this review is to provide the departments of MACA and HSS with observations and recommendations for a policy and funding framework to support the provision of ground ambulance and highway rescue services within the NWT. The study serves to address the issues in the identified problem statement:

“Concerns have been raised by community governments and other stakeholders about the lack of a comprehensive, coordinated system of ground ambulance and highway rescue services in the Northwest Territories, and about the need for clarity with regard to service levels, responsibility for service delivery, and associated funding.”

A combination of research methods (i.e., document review, key informant interviews, analysis of available data/information and review of other jurisdictions) provided a wealth of information that allowed for confirmation and elaboration of key issues, highlighted areas where service provision was adequate and where improvement may be required, identified key service funding challenges, and provided insights on elements for the GNWT to consider in developing a policy and funding framework.

The review was somewhat limited in scope due to the limited availability of comprehensive operational and financial data/information. Having current and historical data on items such as number and location of call-outs, available resources to meet the needs, fees charged, costs of the service and cost-recovery amounts from all service delivery providers in the NWT, provided on an annual basis, recorded and tracked over time, would provide a credible basis for assessing the real costs of the system and developing an approach for service provision in the future.

The results of the research, key informant interviews and review of approaches in other jurisdictions provided the contextual basis for the development of assumptions for a policy and funding framework, a series of options for approaches to service provision, and a set of recommendations towards the development of a policy and funding framework, provided for consideration by the GNWT.

Terriplan recommends, at a minimum, that HSS/MACA consider the implementation of Option #1a, which involves the status quo for service provision, but adds the enhancement of a process for increased accountability and reporting (GNWT, municipalities, RHSSAs, private sector providers) to enhance and strengthen the quantum of reliable data that can be used to build a more robust and defensible policy and funding approach. The systematic process of data gathering would lead to a funding framework to be developed after two years of compiled data. The data and funding framework will provide a sound grounding for the future development of a comprehensive policy and funding framework.

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Appendices

Appendix A: List of Individuals Interviewed

Appendix A: Key Individuals Interviewed

Organization	Name	Position
HSSA for Each Region		
	Kathy Tsetso	CEO HSSA, Deh Cho Settlement
	Paul Vieira	CEO HSSA, Hay River
	Dana Rasiah	CEO HSSA, Fort Smith
	Len MacDonald	CEO HSSA, Beaufort Delta (Inuvik)
	Sylvia Haener	CEO HSSA, Stanton Territorial Region
GNWT Departments		
Health and Social Services	Anita Wilkinson	Manager, Medical Travel, Stanton Territorial Health Authority
	Gay Kennedy	Director, Policy, Legislation and Communication
Municipal and Community Affairs	Sheila Bassi-Kellet	Assistant Deputy Minister
	Eric Bussey	Territorial Emergency Management Coordinator
	Bernie Van Tighem	Fire Marshal
	Eleanor Young	Director, Community Operations
Transportation	Russell Neudorf	Deputy Minister
	Daniel Auger	Assistant Deputy Minister
Justice	Percy Kinney	Chief Coroner
Community Governments and NWT Association of Communities		
Fort Simpson	Thomas Matus	SAO
	Pat Rowe	Fire Chief/Ambulance Chief
Yellowknife	Dennis Marchiori	Director of Public Safety
	Dave Devana	SAO
	Sgt. Bruce McGregor	RCMP
Enterprise Settlement Corp.	Winnie Cadieux	Mayor
Fort Providence	Greg Nyuli	SAO
Aklavik	Knute Hansen	Mayor
Inuvik	Tom Lie and Julie Miller	SAO and Fire Captain/Training Officer
Fort Smith	Roy Scott	President LGANT
Hay River	Mayor: Diana Ehman, Councillors: Dean McMeekin Mike Maher Peter Maher Ron Cook CAO: Todd Pittman	Mayor, Council, CAO
	Trent Atwell Todd Pittman	Fire Chief CAO
Norman Wells	H. Alec Simpson	Town Manager
Ft. Providence	Albert Lafferty	SAO

Ft. Liard	John McKee	SAO
Private Sector Representatives		
Rae	Sean Ivens	President Medic North Emergency Services
Inuvik	Trista Ruff	EMT, Blue Ice EMS Ltd. Inuvik

Appendix B: Interview Questions

Appendix B: Interview Questions

GROUND AMBULANCE SERVICE PROVIDERS INTERVIEW QUESTIONS

Section 1 – General Questions: Ground Ambulance Services

- 1.1 How would you describe your organization's involvement and responsibility in ground ambulance services in the NWT?
- 1.2 Are ground ambulance staff employed in your organization? If so, how many?
- 1.3 Are volunteers or other agencies (public or private) involved in providing ground ambulance services in your organization? If so, to what extent?
- 1.4 How would you rate the current ground ambulance service levels in your area/organization?
- 1.5 In your opinion, what are the key issues and challenges that your organization is facing in providing ground ambulance services?
- 1.6 What can your organization do to contribute to better services?
- 1.7 What functions need better improved coordination locally?
- 1.8 What functions belong with the GNWT?
- 1.9 Are you aware of any reports or publications related to ground ambulance services that may help us in this study? If so please direct our attention to them. We are also looking for specific statistics from your organization on number and types of call-outs, ambulance costs, funding received and cost recovery.

Section 2 – Service Demand: Ground Ambulance Services

- 2.1 On average how many ambulance calls does your organization receive per month?
- 2.2 What percentage of the ambulance calls, on average, are serious injuries requiring immediate hospitalization?
- 2.3 On average, what is the response-time to an emergency ambulance call?
- 2.4 In general, how many emergency staff members are involved in responding to a call at one time?
- 2.5 What is your organization's response protocol to an emergency call involving ambulance services?

Section 3 – Legislation and Standards: Ground Ambulance and Highway Rescue Services

- 3.1 What are the laws and regulations that your organization has to follow for ground ambulance and/or highway rescue services?
- 3.2 How well is your organization able to meet those requirements?
- 3.3 For an emergency call-out, does your organization follow a set of standards for response time, if so what are they?

Section 4 – Staff and Training Issues: Ground Ambulance and Highway Rescue Services

- 4.1 How do you get your volunteer emergency workers?
- 4.2 How many volunteers do you have? How many would you like to have?
- 4.3 What categories of training do your emergency workers have?
- 4.4 Is there a need for staff or volunteers to obtain further training or training upgrades?

4.5 If yes, which levels and how many people?

Section 5 – Funding Issues: Ground Ambulance and Highway Rescue Services

5.1 In your view, what are the key funding issues for ground ambulance services in the NWT?

5.2 In your view, what should be the user's responsibility for contributing to costs?

5.3 What should be the local community government's responsibility for contributing to costs?

5.4 What should be the GNWT's responsibility for contributing to costs?

Section 6 – Other: Ground Ambulance Services

6.1 From the community government perspective, what are the priorities the GNWT should consider in creating a policy framework for providing ground ambulance services in the NWT?

6.2 What do you think the GNWT has to consider in creating a policy framework for providing ground ambulance services in the NWT?

6.3 Do you have any other comments related to the ground ambulance services in the NWT?

HIGHWAY RESCUE SERVICE PROVIDERS INTERVIEW QUESTIONS

Section 1 – General Questions: Highway Rescue Services

- 1.1 How would you describe your organization's involvement and responsibility in highway rescue services in the NWT?
- 1.2 Are highway rescue staff employed in your organization? If so, how many?
- 1.3 Are volunteers or other agencies (public or private) involved in providing highway services in your organization? If so, to what extent?
- 1.4 How would you rate the current highway rescue service levels in your area/organization?
- 1.5 In your opinion, what are the key issues and challenges that your organization is facing in providing highway rescue services?
- 1.6 What can your organization do to contribute to better services?

Section 2 – Service Demand: Highway Rescue Services

- 2.1 On average how many highway rescue calls does your organization receive per month?
- 2.2 What percentage of the highway rescue calls, on average, are serious injuries requiring immediate hospitalization?
- 2.3 On average, what is the response-time to an emergency call?
- 2.4 In general, how many emergency staff members are involved in responding to a call at one time?
- 2.5 What is your organization's response protocol to an emergency call involving highway rescue?

Section 3 – Staff and Training Issues: Highway Rescue Services

- 3.1 How do you get your volunteer emergency workers?
- 3.2 How many volunteers do you have? How many would you like to have?
- 3.3 What categories of training do your emergency workers have?
- 3.4 Is there a need for staff or volunteers to obtain further training or training upgrades?
- 3.5 If yes, which levels and how many people?

Section 4 – Funding Issues: Highway Rescue Services

- 4.1 In your view, what are the key funding issues for highway rescue services in the NWT?
- 4.2 In your view, what should be the user's responsibility for contributing to costs?
- 4.3 What should be the local community government's responsibility for contributing to costs?
- 4.4 What should be the GNWT's responsibility for contributing to costs?

Section 5 – Other: Highway Rescue Services

- 5.1 From the community government perspective, what are the priorities the GNWT should consider in creating a policy framework for providing highway rescue services in the NWT?
- 5.2 What do you think the GNWT has to consider in creating a policy framework for providing highway rescue services in the NWT?
- 5.3 Do you have any other comments related to the highway rescue services in the NWT?

INTERVIEW QUESTIONS FOR COMMUNITIES WHERE NO AMBULANCE OR HIGHWAY RESCUE SERVICES ARE PROVIDED

1. How do you manage emergencies in your community?
2. Has your community considered providing ground ambulance or highway rescue services? Why or why not?
3. What can your organization do to contribute to better emergency services?
4. What can the GNWT do to contribute to better emergency services?
5. Are you aware of any reports or publications that may help us in this study? If so please direct our attention to them. We are also looking for specific statistics for your organization on number and types of call-outs, ambulance costs, funding received and cost recovery.
6. Do you have any other comments related to the ground ambulance and highway rescue services in the NWT?

Appendix C: Other Jurisdictions

Introduction:

The following section provides an account of ground ambulance service provisions in other jurisdictions, as a comparison for how they are addressing the types of issues identified for these services in the NWT. The legislation for these provinces does not differentiate between ground ambulance and highway rescue services, generally referring to service provision for “Emergency Medical Services,” which include ground and air ambulance transport.

The list of jurisdictions to be included in the research was provided by MACA and HSS. The Province of Ontario was added to the list based on a suggestion in an interview.

Alberta

Applicable Legislation

The province of Alberta has an extensive list of legislation, both acts and regulations that are applicable to ground ambulance and emergency services. The most encompassing piece of legislation is the *Ambulance Service Act*. This legislation outlines the organization of ambulance service districts in the province of Alberta, describes the powers of ambulance district boards and municipalities in terms of ambulance service, and details the licensing process for ambulance operators.

Other associated regulations include:

- Licensing and Ambulance Maintenance Regulation
- Staff, Vehicle and Equipment Regulation
- Emergency Medical Technicians Regulation

Administrative Structures

Local municipalities have the authority to establish ambulance services and fire departments to provide highway rescue services, and the level of services they provide. Most municipalities pay a grant to the ambulance operator and fire department in their area to ensure their residents have services available. The grant is usually calculated as an amount for each municipal resident, known as a per capita levy, and is raised through municipal taxes.

Municipalities may operate ambulance services as part of their municipal services, either separately or with other emergency services such as the fire department, or they may contract with a private provider. Some neighbouring municipalities may also agree to provide joint ambulance services – a rural and an adjoining urban municipality may form an ambulance board.

Alberta legislation allows for the creation of ambulance district boards. Subject to regulations these boards may make bylaws respecting the administration and provision of ambulance services in the specific district. Municipal and private ambulance services are regulated through the province.

Funding Process

Alberta is divided into nine separate regional health authorities. These authorities pay for ambulance services for emergency patients going to a higher level of care, and to transfer in-patients from one hospital to another within the same regional health authority. A patient must pay for pre-hospital ambulance service to a hospital from a home, an accident scene or a workplace with the following exceptions:

- Alberta Health and Wellness pays for ambulance services for seniors and widows through a program administered by Alberta Blue Cross. Payment for ambulance service is to a maximum set by the Minister of Health
- Employers pay ground ambulance services for workers, and Health Canada provides for First Nations members. Alberta Human Resources and Employment covers costs for its clients.

All other Albertans must pay for pre-hospital ambulance services themselves, or purchase insurance to cover these services – for example, as an employment benefit or by purchase of Non-Group coverage through Alberta Blue Cross.

The department of Health and Wellness allocates operational funding to regional health authorities based on a population funding formula. Each population's health care funding requirements are measured by taking the following into account:

- Total population of each region
- Age and gender of the population
- Socio-economic composition of the population
- Services regional health authorities provide to residents of other regions

Funds are allocated according to relative health care needs in the populations.

Funding for municipal fire departments and their respective highway rescue services are handled by municipal governments.

Training/Certification Requirements

Training for those working in Alberta ambulances is regulated under the *Staff, Vehicle and Equipment Regulation*. This regulation stipulates that an ambulance operator must ensure that ambulance attendants are registered emergency medical technicians under the *Emergency Medical Technicians Regulation*, or is a registered nurse equivalent.

The *Staff, Vehicle and Equipment Regulation* divides the certification levels for ambulance attendants into three distinct categories:

- Emergency medical responder level – ambulance must be staffed by 2 ambulance attendants who are Emergency Medical Responders or registered nurse equivalents
- Basic life support level – ambulance must be staffed with at least 2 ambulance attendants, one of whom is an Emergency Medical Technician-Ambulance or registered nurse equivalent (EMT-A) and one of whom is an Emergency Medical Responder or registered nurse equivalent
- Advanced life support level – ambulance must be staffed with at least 2 ambulance attendants, one of whom is an Emergency Medical Technologist-Paramedic or registered nurse equivalent (EMT-P), and one of whom is an Emergency Medical Technician-Ambulance or registered nurse equivalent.

The province of Alberta is also fortunate from an EMS training perspective because it can rely on the Alberta Health and Training Institute. The Institute provides a multitude of certifiable EMS courses.

British Columbia

Applicable Legislation

Applicable legislation in the province of British Columbia in terms of emergency services includes the *Health Emergency Act* and associated *Health Emergency Regulation*. The *Health Emergency Act* sets out to define The Emergency Health Services Commission and its various powers. The commission has the power and authority to provide emergency health services in the province. It also has the power to establish, equip and operate emergency health centres and stations, assist hospitals, other health institutions and agencies, municipalities and other organizations and persons, to provide emergency health services and to train personnel to provide services, and to enter into agreements or arrangements for that purpose.

Another applicable piece of legislation is the *Emergency Communications Corporations Act*. The Act outlines the necessary steps to designate a corporation for the purposes of emergency communications,

and its various powers for the provision of emergency communications and related services to British Columbians.

Administrative Structures

The British Columbia Ambulance Service (BCAS) is Canada's only provincially operated ambulance service, and provides emergency pre-hospital treatment and transportation by ambulance to the public and visitors to BC under the authority of the Emergency Health Services Commission of the provincial Ministry of Health. The commission is mandated to oversee the broad responsibility of overall emergency medical service provision, regulation and direction in BC.

Ambulance stations are located in 169 communities across the province and service in rural areas is largely provided by part-time staff paramedics trained to the paramedic 1 level who responds to a page issued from the regional dispatch centre.

Municipal fire departments in the province of British Columbia are tasked with providing highway rescue services, such as vehicle extrication. The British Columbia Office of the Fire Commissioner provides advice to local governments on the delivery of these services.

Funding Process

The operational costs of providing ambulance service to residents in the province of British Columbia are assumed by the Emergency Health Services Commission of the provincial Ministry of Health. Ground ambulance fees for British Columbians are not covered by the Medical Services Plan of BC; however, they may be covered by other third parties, such as Workers' Compensation, acute care hospitals, Veteran's Affairs, or private insurance companies.

The fee for ground ambulance usage in BC is as follows:

- \$54 for the first 40Kms plus .50 cents for each additional km to a maximum of \$274, non-residents of BC pay a maximum of \$396.

Fees for the provision of highway rescue services through a municipal fire department are raised through the municipal government.

Training/Certification Requirements

In order to become an emergency medical assistant in British Columbia, one must hold a valid and subsisting license under the *Health Emergency Act*. Some of the prerequisites for employment as a paramedic in the British Columbia Ambulance Service (BCAS) include:

- The BCAS accepts applications from individuals with an Emergency Medical Responder [EMR] License. Preference is given to those applicants who hold a Primary Care Paramedic [PCP] license;
- Valid CPR Level "C" certificate or Infant CPR ticket;
- Be in good health and physical condition – must pass an assessment process;
- Be available on a regular basis for ambulance duty; and
- Be willing to take Primary Care Paramedic training or other training as BCAS may specify.

There are four different job types for emergency medical assistants in British Columbia, they are:

- Emergency Medical Responder [EMR] – entry level paramedic role
- Paramedic 1 (Primary Care Paramedic) – basic level providing essential treatment skills
- Paramedic 3 (Advanced Care Paramedic) – the most advanced level of paramedic is skilled in cardiac monitoring, defibrillation, intravenous and drug therapy.
- Emergency Medical Dispatchers – the vital link between the public and the BCAS, many have also had experience as field paramedics.

Paramedic and firefighter training for BC ambulance and fire department employees are currently offered by the Justice Institute of British Columbia. The Institute is considered a world leader in the development

of emergency medical services courses and training systems. The Institute also delivers the provincial First Responder Program, which provides basic first aid and support training for police and fire personnel who may arrive on an accident scene before paramedics.

Identified Key Issues or Recommendations

Recently, small rural BC communities have had trouble finding standby paramedics because they are paid \$2 an hour to be on call. The Mayor of Williams Lake, B.C. Scott Nelson stated recently (August 8th CBC News Report), that ambulance service is stretched too thin in the area. Mr. Nelson has asked the B.C. government to review the ambulance standards so that, “we have the first aid and the paramedics available to assist in those particular [rural] areas.”

Manitoba

Applicable Legislation

The province of Manitoba has a number of pieces of legislation applicable to emergency services. The *Emergency Medical Response and Stretcher Transportation Act* (formally the Ambulance Services Act) provides information on licensing and standards for ambulance attendants and equipment. The act also details the funding process for the operation of emergency medical response services in the province of Manitoba.

In terms of a northern context, the province of Manitoba has the *Northern Patient Transportation Program Regulation*. This program was designed to subsidize the cost of transportation required for residents of Manitoba located in the north to obtain medical or hospital care at the nearest location available for health conditions either on an elective or emergency basis.

Other associated regulations include:

- The Land Emergency Medical Response System Regulation

Administrative Structures

Manitoba’s emergency medical service (EMS) system operates within a larger provincial healthcare delivery system as a core health service of the eleven Regional Health Authorities. Ground ambulance services are delivered by a combination of providers, including the Regional Health Authorities, municipalities, private firms, and First Nation communities.

The Manitoba Health Emergency Medical Services Branch provides provincial leadership and surveillance of the EMS system. The objectives of this branch are:

- To facilitate the development of regional emergency medical services that are delivered by the Regional Health Authorities.
- To be responsible for the legislation and regulation of all aspects of health transport in Manitoba.

Highway rescue services are provided by local municipal fire departments in the province of Manitoba.

Funding Process

Funding distribution in the province of Manitoba is facilitated through the eleven Regional Health Authorities. *The Emergency Medical Response and Stretcher Transportation Act* stipulates that the minister may pay financial grants upon the receipt of an application from any municipality or operator to assist in the establishment, development and operation of emergency medical response services.

Ground ambulance transportation within Manitoba is not an insured service unless the patient is being transferred for tests and returned to the sending facility within 24 hours.

Ground ambulance rates are usually established by the health authority but may also be set locally by some providers. The average fee for a local call ranges from \$175 - \$275. Most services charge a fee per km if operating outside their home community; the average fee is \$2.67/km.

Funding for the provision of highway rescue services through municipal fire departments are collected through municipal governments.

Training/Certification Requirements

According to the *Emergency Medical Response and Stretcher Transportation Act*, “No person shall operate an emergency medical response system or a stretcher transportation service; or act as an emergency medical response technician, stretcher attendant or ambulance operator unless the person has a valid and subsisting license to do so issued under this act.” The act also makes note of necessary training standards for ambulance/emergency attendant positions.

To be eligible for licensing in the province of Manitoba, an applicant must complete a Personnel License Application form. Applicants are also required to be properly educated and certified for each classification of license. The different emergency positions include:

- Technician
- Technician-Paramedic
- Technician-Advanced Paramedic

Manitoba is also fortunate to have the Manitoba Emergency Services College, which is located in Brandon, Manitoba. The college provides accreditation for a number of different emergency service related jobs.

Nova Scotia

Applicable Legislation

The provision of ambulance services and emergency health services in the province of Nova Scotia is regulated under the *Emergency Health Services Act*. The act provides standards for management, operation and use of ambulances in the province.

A further piece of legislation is the *Emergency 911 Act*. The purpose of the act is to establish and implement a province-wide 911 telephone number as the primary emergency telephone number for use in the province and to implement a province-wide system for the reporting of emergencies to emergency service agencies.

Administrative Structures

The structure of the Nova Scotia Ground Ambulance System has changed significantly in recent years. From 54 different operators with a wide range of standards, there is now a single operator providing ambulance service for approximately 98% of the province.

The Emergency Health Services (EHS) ground ambulance system is regulated by the Nova Scotia Department of Health, and is responsible to the public for the delivery of ambulance services throughout the province. The system is managed by the private company, Emergency Medical Care, Inc. (EMC).

EHS, as the Ambulance System Authority, has the following functions:

- System ownership. EHS either owns or has access through contract with EMC to all elements of production, such as the communications system, ambulances, bases, equipment, and supplies.
- Approves paramedic training and registration to practice within three levels of competency.
- Approves the regulations and medical protocols that provide the medical framework for the service.
- Provides the communications system, vehicles and equipments used in the service

- Contracts out the management of the service throughout the province by private contractor(s) and provides the performance expectations for the service
- Monitors and evaluates the service provided by the private contractor(s)
- EHS, as the system authority, ensures the provision of the ambulance and related services to Nova Scotians

EMC, as primary contractor has the following functions:

- Manages the ambulance service delivery system with the responsibility to achieve provincial performance requirements relating primarily to response time reliability and medical quality.
- Hires and manages registered paramedics and other staff to operate the system.
- Creates a province-wide ambulance management system to match the available ambulances at the changing patterns of demand for those ambulances at specific hours of the days of the week.
- Manages the communications centre that receives calls from the public for emergency and non-emergency health resources and dispatches ambulances to people in need.
- Purchases the supplies and services for the system
- Reports on the performance expectations required by the authority

Municipal fire departments in the province of Nova Scotia provide highway rescue services such as vehicle extrication.

Funding Process

The Nova Scotia Department of Health provides EHS with the resources to run emergency health services in the province. For instance, the Department of Health's budget for 2003/04 was \$2.1 billion, of which EHS' budget is 3%, an estimated \$67.04 million (Taken from the 2004 EHS Annual Report).

The cost of ambulance services in Nova Scotia is not insured. For Nova Scotia residents, the government covers all costs associated with the care given by paramedics during an ambulance transport between approved facilities. From an accident scene to a hospital, the charge to those with a valid Nova Scotia health card is \$105. The revenue collected for service fees during the fiscal year 2003/04 was \$7.05 million (2004 EHS Annual Report).

Highway rescue services provided by municipal fire departments in Nova Scotia are funded by the local municipal governments.

Training/Certification Requirements

Under the licensure of the EHS Medical Director, paramedics in Nova Scotia are able to execute certain designated medical procedures. A paramedic's scope of practice depends on their level of paramedic training. There are four classifications of paramedics in the EHS system: (1) Primary Care Paramedic (PCP), (2) Intermediate Care Paramedic (ICP), (3) Advanced Care Paramedic (ACP) and (4) Critical Care Paramedic (CCP). A fifth classification, the Emergency Medical Dispatcher (EMD) is included in the EHS system as well.

The EHS Atlantic Health Training and Simulation Centre (AHTSC) has been in operation since January of 1999, providing acute care training and continuing clinical education opportunities to a broad spectrum of health care practitioners. The centre utilizes leading edge simulation technology, as well as various part-task training adjuncts to assist the development and enhancement of practitioners' critical-thinking abilities and critical-interventional skills. The centre provides a range of courses dealing with paramedic education and evaluation.

The Nova Scotia firefighter's school also provides professional instruction and training courses for the volunteer and career firefighters of Nova Scotia in areas such as vehicle extrication and emergency vehicle operations.

Identified Key Issues or Recommendations

Past performance issues for the Nova Scotia Emergency Health Services have included:

- Fleet management issues,
- Equipment and supplies,
- Communication Centre operations,
- Ambulance deployment,
- Quality improvement and training and,
- Management and supervision issues.

Recommendations to address some of these issues were provided by Fitch and Associates, LLC in their 2001 consultant report: *Performance Evaluation of Nova Scotia Emergency Health Services*. Some of their recommendations are as follows:

- To clarify roles between Emergency Health Services and their private operator – EMC
- To increase the size of the ambulance fleet, and to appoint a permanent director of fleet services
- In terms of quality improvement it was recommended to provide regular reports to management to identify systematic issues and information on a one-to-one basis when individual performance issues are concerned.

Ontario

Applicable Legislation

The *Ambulance Act* of Ontario and its associated regulations 129/99 and 257/00 are the main pieces of legislation guiding the provision of emergency medical services in the province. The Act and its regulations define the responsibilities of the province and municipalities, costs associated with the provision of the service, and the required certification of ambulance service operators and ambulance attendants.

Administrative Structures

Until 1998, the Ministry of Health and Long-Term Care fully funded and directed the operations of all land ambulance services in Ontario. Subsequently, the province commenced the process of transferring the responsibility for the proper provision of land ambulance services to upper tier municipalities and designated delivery agents. By January 1, 2001, the transition was completed. The ministry provides financial assistance to the municipalities and delivery agents by providing a cost-sharing grant to fund one-half of the approved cost of land ambulance service. Additionally, the ministry sets standards for the delivery of land ambulance services and monitors and ensures compliance with those standards.

In terms of highway rescue, municipal fire departments in Ontario provide their communities with emergency rescue, medical assistance, and auto extrication services. The Office of the Ontario Fire Marshal provides equipment to volunteer departments that serve more than 43,000 residents in Northern Ontario, where there are no formal municipal structures to support a local fire department.

Funding Process

Every upper-tier municipality in Ontario is responsible for all costs associated with the provision of land ambulance services. An upper-tier municipality may contract out the provision of land ambulance services to a private delivery agent. The Ministry of Health and Long-Term Care provides financial assistance to the municipalities and delivery agents by providing a cost-sharing grant to fund one-half of the approved cost of land ambulance service.

If an ambulance is medically necessary, residents of Ontario with a valid health card are required to pay a \$45 ambulance fee. Those people and circumstance that are exempt from this fee include:

- Registered First Nations peoples;
- RCMP employees;

- Armed forces employees;
- Welfare recipients;
- Intra-provincial transfers if essential or to other province if treatment is not offered in Ontario.

The Government of Ontario does not provide funding specifically for municipal fire departments and services. The Office of the Ontario Fire Marshal does, however, provide assistance and support to the municipalities. Municipal governments in Ontario are tasked with providing funding for local fire departments, which in turn provide services such as road and highway rescue to its residents.

Training/Certification Requirements

A certificate to operate an ambulance service is required before a person can commence to provide such a service. Current operators are required to complete prescribed certification processes at least once in each three-year period. Both new and established operators are required to meet all of the quality requirements set out in the legislation and standards. Operators must complete the required certification process prior to the expiry of their existing certificate.

According to regulation 257/00 of the *Ambulance Act* “the operator of a land ambulance service shall not employ a person to provide patient care, whether on a full-time or part-time basis, or engage a person to provide care as a full-time volunteer, unless the person is a paramedic who has the qualifications of an emergency medical care assistant.”

Requirements for the various levels of emergency attendants are as follows:

- Emergency medical care assistant – graduate of an ambulance and emergency care program and passed an emergency medical care examination.
- Advanced emergency medical care assistant – graduate of an ambulance and emergency care program or a paramedic program and passed an advanced emergency medical care examination.
- Primary care paramedic – holds the qualification of emergency medical attendant and be authorized by the medical director of a base hospital to perform the controlled sets required.
- Advanced care paramedic – be qualified as a primary care paramedic, successfully completed an advanced care paramedic training program, passed an advanced care paramedic examination, and authorized by a medical director to perform the controlled sets required.
- Critical care paramedic – be qualified as an advanced care paramedic, successfully completed a critical care paramedic training program, passed a critical care paramedic examination, and authorized by a medical director to perform the controlled sets required.

Emergency medical attendants and paramedics employed in the ambulance service are asked to take a re-qualifying exam every three years.

Saskatchewan

Applicable Legislation

Health services in Saskatchewan are delivered by 12 regional health authorities. One of the major services of responsibility for these regions is emergency response services, including first responders and ambulances.

The *Ambulance Act* is the applicable piece of legislation for the province of Saskatchewan, associated with this act is the *Ambulance Regulations*. The act represents legislation respecting the establishment of ambulance districts and boards, the licensing of ambulance operators and emergency medical personnel and the provision of ambulance services in Saskatchewan.

The associated *Ambulance Regulations* sets out to define:

- Rates for the usage of ambulance services;

- Levels necessary to be a certified emergency medical technician, and ambulance attendant;
- Standards for vehicles and equipment; and
- The process required to acquire an ambulance service license.

A further piece of legislation is the *Emergency 911 System Act*. This document deals with the development, implementation and operation of an emergency 911 system in the province of Saskatchewan.

Administrative Structures

The 12 Regional Health Authorities (RHA) are responsible for providing road ambulance services in the province. Saskatchewan Health provides direct grants to the RHA, to assist with costs of ambulance service. Some of the ambulance services are RHA-owned; however, some of the services are provided through RHA contracting with emergency medical services operators. The RHA provides grants to these contracted operators to subsidize a portion of their service costs, with the remainder being covered through client charges.

The Saskatchewan Office of the Fire Commissioner supports municipal authorities in their essential role in providing highway rescue and emergency services to Saskatchewan communities.

Funding Process

Although ambulance services are not a directly insured benefit, Saskatchewan Health does offset a portion of the service cost for road ambulances.

Road ambulance services are provided through the 12 health regions. Saskatchewan Health provides direct grants to the health regions, with the balance of operating costs being covered through fees and charges established by the individual health regions. These fees and charges may vary from region to region.

For instance, fees for Saskatchewan residents in the larger urban areas such as Saskatoon, Moose Jaw, Prince Albert and Regina charge \$275 within city/health district boundaries plus \$1.45 - \$2.00 respectively per km beyond. Rates for service outside these locations range from \$175 - \$200 with mileage varying from \$1.75 - \$2.25/km.

Some of the ambulance service operations are region-owned; however, some of the services are provided through agreements with emergency service operators. The region provides grants to these contracted operators to cover a portion of their service costs, with the remainder being subsidized through client charges. Client charges encompass a number of components such as:

- A call “pickup” rate, a rate/kilometre,
- A waiting time rate, and
- A special escort fee (if applicable), the rate for which is set according to the escort’s hourly wage (e.g., nurse).

Additionally, the Saskatchewan Health Department also has other programs in place to assist individuals with the cost of ambulance trips:

- *Northern Medical Transportation* – Established in the 1980’s to provide funding for emergent and non-emergent medical transportation in northern Saskatchewan. It is an insured service administered by Saskatchewan Health.
- *Senior Citizens’ Ambulance Assistance Program (SCAAP)* – seniors comprise the largest percentage of ambulance users. SCAAP provides cost protection for those over 65 by limiting cost of a road ambulance trip within the province to \$250
- *Supplementary Health Program* – Residents with very low incomes (those who receive Assistance Plan benefits) have entire cost covered by the program.
- *Workers’ Compensation/SGI* – If a Saskatchewan resident is injured at work or involved in a motor vehicle accident, other government agencies such as WCB and SGI cover the complete cost.

Highway rescue services are provided by local municipal fire departments, which are in turn funded through the municipal government.

Training/Certification Requirements

In Saskatchewan, there are three different emergency technician job profiles:

- Emergency medical technician;
- Emergency medical technician-advanced, and;
- Emergency medical technician-paramedic.

To achieve these positions, the person must possess a valid and subsisting certificate in emergency medical procedures of a level considered appropriate by the registrar in relation to the protocols established by the College of Physicians.

Identified Key Issues or Recommendations

Some of the past recommendations to improve the Saskatchewan EMS system are as follows (taken from the *Saskatchewan EMS Development Project*, by Richard A. Keller and James Cross, MD):

- The establishment of emergency ambulance response time targets,
- The establishment of Emergency Medical Technician and Emergency Medical Responder as the minimum ambulance crew staffing level,
- The creation of one central dispatch centre for emergency medical services and medical transportation requests,
- The creation of a provincial ambulance fleet,
- Increase the number of full-time staffed ambulances,
- Consolidate ambulance services into shared coverage areas,
- Fund EMS and medical transportation through a single EMS managing health district located in each of the eight patient flow patterns,
- Improve quality of continuing education courses and quality improvement activities,
- Draft appropriate legislation to accommodate changes in the EMS system,
- Designate critical access plan areas in remote southern Saskatchewan and the north and develop integrated EMS plans with other health care providers and community resources to provide essential access to health services,
- Encourage the development of additional First Responder Programs

Yukon

Applicable Legislation

There is no specific legislation that is applicable to ground ambulance and highway rescue services in the Yukon.

Administrative Structures

Ambulance and emergency services are provided by the territorial government. The Fire Marshal's Office is responsible for funding and administering volunteer fire departments in Yukon unincorporated communities. Volunteer fire departments are trained to provide vehicle extraction services.

The fire department in the City of Whitehorse, which provides highway rescue services such as: response to vehicle accidents and vehicle extrication is a service funded through the city of Whitehorse.

Funding Process

Emergency services are funded by the territorial government. There are no ground ambulance fees for Yukon residents.

The government of Yukon, through the Fire Marshal's Office, funds and administers 16 volunteer fire departments in Yukon's unincorporated communities. This includes providing and maintaining fire halls, fire fighting equipment vehicles and equipment.

Highway rescue services provided by the City of Whitehorse fire department are funded by the city.

Training/Certification Requirements

All volunteer fire departments are required to conduct regular training programs for their fire fighters. The Fire Marshal's Office works with fire departments to enhance the level of training provided to volunteer fire fighters, in particular to ensure that they are trained in vehicle extraction techniques to be used for highway rescue scenarios.

Every rural volunteer who drives the ambulance must have a class 4 driver's license, and rural volunteers who are attending calls must have Standard First Aid certification at a minimum. The Department of Health and Social Services is working to train all its volunteers to the Emergency Medical Responder (EMR) level.

All volunteers are required to recertify in CPR annually. Intermediate Life Support requires recertification every two years. Standard First Aid and EMR require recertification every three years.