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| Report To: | Manitoulin-Sudbury District Services Board |
| From: | Michael Maclsaac, Chief of EMS |
| Date: | November 27, 2014 |
| Re: | EMS Department Reorganization – Issue Report |

RECOMMENDATION

That this report be taken as a new direction proposed by the EMS Department to reorganize the management structure within the department with the goal of becoming more efficient and effective by placing the appropriate roles and responsibilities with the appropriate positions. This direction requires the addition of one clerical position which has been budgeted for in the proposed 2015 DSB budget.

BACKGROUND

The EMS Department is the largest department and consequently the most costly department within the Manitoulin-Sudbury DSB. Responding to over 7,000 calls for service per year out of 12 stations with a paramedic compliment that regularly approaches 130 this service is essential to the communities we encompass. Making up 74% of the employees, 37.5% of the physical infrastructure and 73% of the DSB vehicles, the EMS Department accounts for 46% of the overall DSB budget.

HISTORY

In assessing the efficiency and effectiveness of the EMS department, there are a number of recent factors that can be reviewed.

In the spring of 2013 the EMS Department underwent its regularly scheduled [MOHLTC Ambulance Service Review](#). As detailed within a report on this matter, this “audit” is a comprehensive review of the operations of an ambulance service. Over the course of 2 days a review of the service from front line paramedic to interview with the Chief took place. Every aspect of legislative responsibility was reviewed and we performed extremely well. There were however 7 required recommendations for improvement. A general review of these recommendations has revealed that some of the areas for improvement revolved around our diminished administrative capacity.

An [EMS Costs - Issue Report](#) was approved by the Board in June 2014 that, amongst other things, portrayed our EMS in comparison to our Northern counterparts. The general findings suggested that our EMS department is extremely lean when it comes to ratios involving administrative function and front line workload. In other words, we have been doing more with less.

In early summer a reallocation of some duties within the EMS Department was performed, which has since highlighted further inefficiencies on the clerical side of things. We introduced scheduling to the EMS Administrative Assistant and realigned fleet maintenance with the Deputy Chief. What has happened is that scheduling is being completed on a more consistent basis as before there were up to 8 different people dealing with it. Realigning fleet to the Deputy Chief has operationally proven to make a difference in terms of knowledge and approval process however a lack of clerical support has shown a weakness in the ability to track and follow up on repairs which has led to lengthened stays at garages, and inconsistent tracking of previous repairs. This weakness is not due to work performance but rather the function of the position. Specifically, the Deputy Chief is often on the road within the communities we serve and it is extremely difficult to manage administratively while not in the office. This realignment of tasks has proven the lack of clerical assistance is having a negative impact on operations. We do not have enough administrative capacity to be able to function as efficiently as we could.

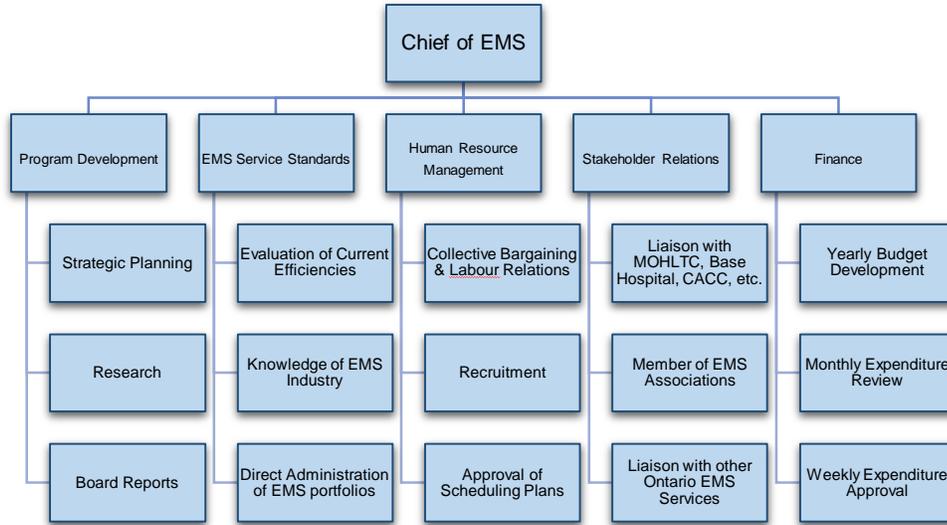
Another factor in terms of operational effectiveness revolves around front line supervision. In any good organization there needs to be a level of supervision that provides an optimal environment for overall success. A lack of supervision can lead to a decrease in work satisfaction and an increased level of complacency, which is not a good attribute in Emergency Services. While paramedics generally work unsupervised there must be a level of supervisory capacity that meets the levels of the staffing compliment especially in terms of health and safety and direction when faced with extreme abnormalities. We currently operate a service which is available 24/7 without 24/7 on-site supervisory support. Additionally, with the foresight of the Board we are doing our best to stem the tide of the “aging tsunami” with staffing enhancements in stations that warrant an increase. With the number of on-site paramedic hours increasing, the efforts of the current supervisory staff are increased. On this front we are reaching capacity on the effectiveness front. There needs to be consideration for an increase on the front line supervisor level.

CURRENT STRUCTURE

Understanding there are 2 forces acting within the EMS department in a negative way (underserviced administrative capability and increased need for front line supervision), a greater review of department responsibility was undertaken. The following is a brief description of each of the positions within the EMS management team. Following each description is a graphical breakdown of generalized tasks involved within that positions portfolio. These tasks are not all encompassing but provide a breakdown of general requirements needed to operate an ambulance service within the province of Ontario. As with any progressive organization, tasks are very fluid and can be reassigned or shared by multiple personnel dependent on timeframes and significance of the requirement. There is some collaboration and crossover between certain portfolios.

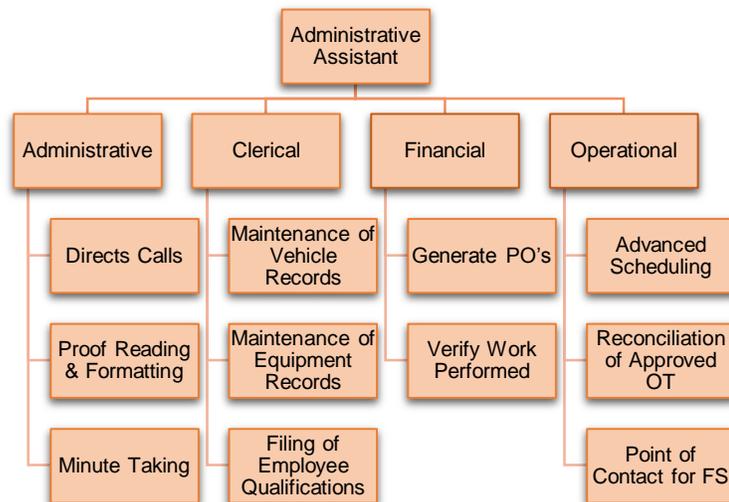
Chief of EMS

Reporting to the DSB CAO, The Chief of Emergency Medical Services provides overall direction, leadership and planning for Emergency Medical Services within the Sudbury-Manitoulin DSB catchment area. Overseeing the operations, quality assurance and training portfolios the Chief ensures the appropriateness of the work being accomplished. With the overall departmental vision the Chief makes recommendations to the CAO and Board for improvement in all aspects of the operations of an ambulance service.



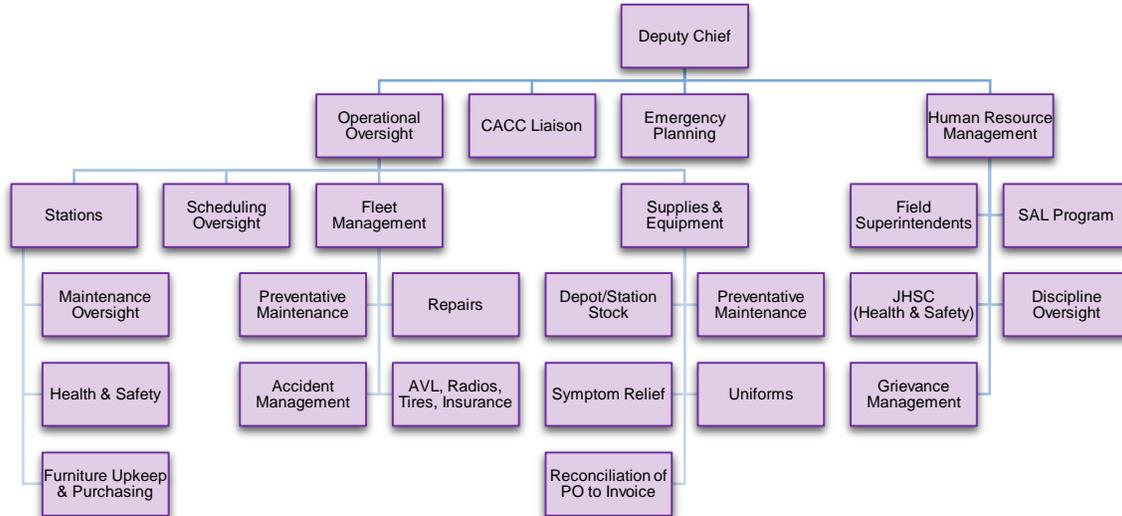
EMS Administrative Assistant

Reporting to the Chief of EMS, the Administrative Assistant provides administrative support to designated programs and services of the Manitoulin-Sudbury DSB EMS Department. Keys responsibilities include the promotion and support of EMS services and agendas. Moreover the EMS Administrative Assistant is responsible for communications with many external stakeholders. The importance of the EMS Administrative Assistant in terms of clerical function is highlighted by the legislative requirement of the operation of an ambulance service. Maintenance of records involving employees and assets and notification to appropriate personnel when required is of prime importance. Knowledge of the full suite of business software associated with the work of the DSB is essential.



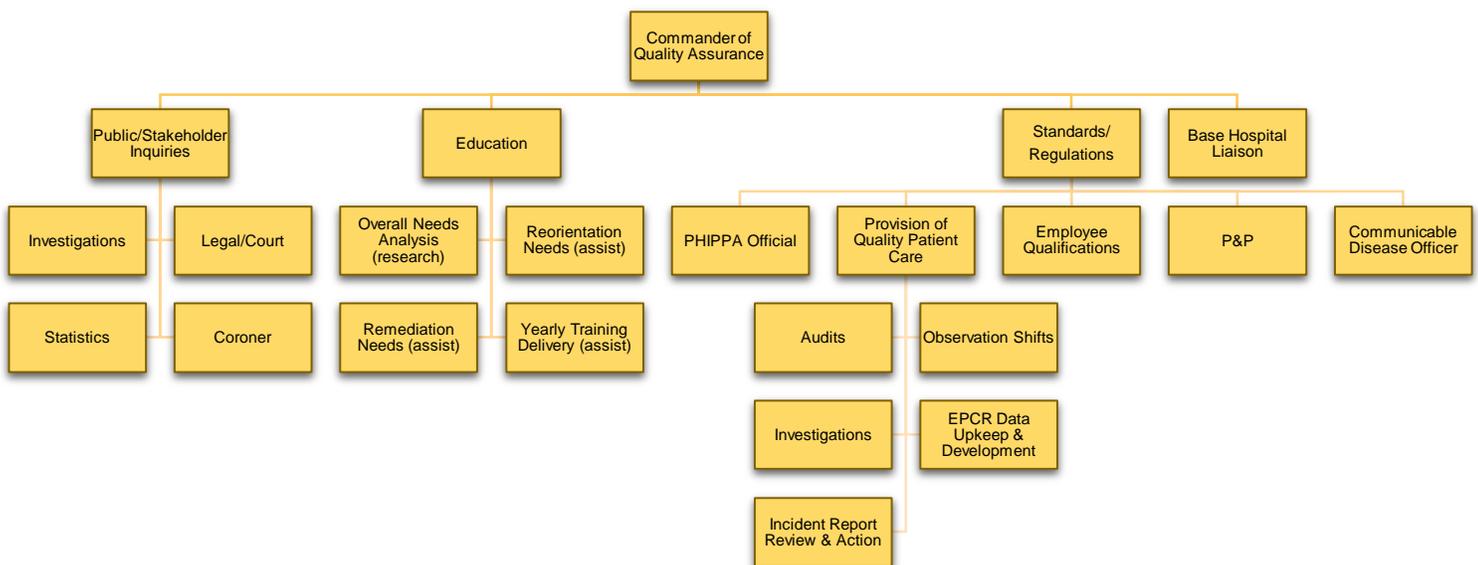
EMS Deputy Chief

Reporting to the Chief of EMS, the EMS Deputy Chief is responsible for the general umbrella of EMS operations ensuring that staff, vehicles, equipment, stations and organizational goals are in place to meet Emergency Services demands. The Deputy Chief is responsible to design, develop, implement and revise systems and processes revolving around ambulance operations. To achieve this the provision of leadership with clear direction and guidance is essential. Communications both internally with subordinates and superiors as well as externally with stakeholders is key in the overall success of the EMS department.



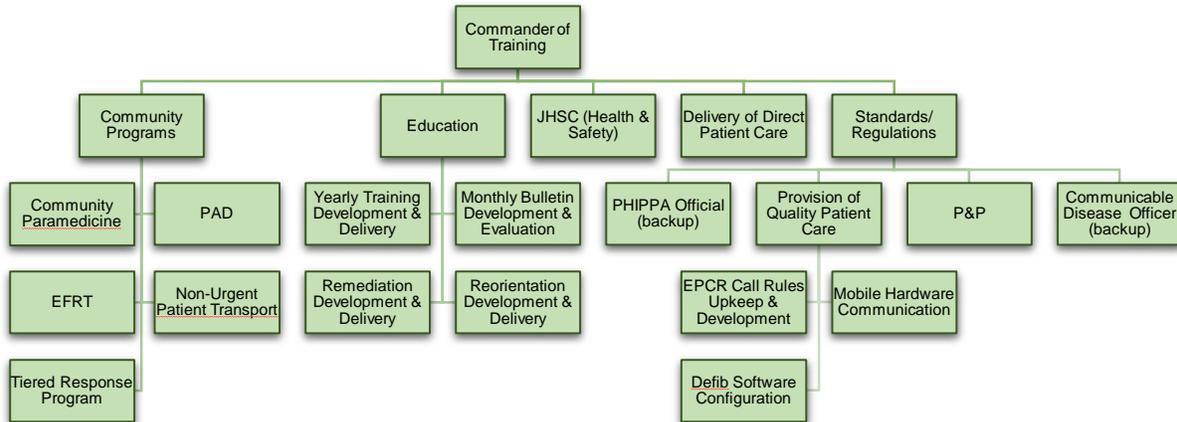
EMS Commander of Quality Assurance

Reporting to the Chief of EMS, the EMS Commander of Quality Assurance is responsible for ensuring continuous quality and improvement through investigating, monitoring, evaluating, and improving ambulance operation and patient care. Ensuring that organizational structures, equipment, programs, systems and processes meet requirements set out in legislation, policies, procedures and standards is essential. The provision of oversight in the monitoring of patient care and paramedic standards as well as a review of statistical information and trends in EMS ensures that the department is accurately providing the best possible service.



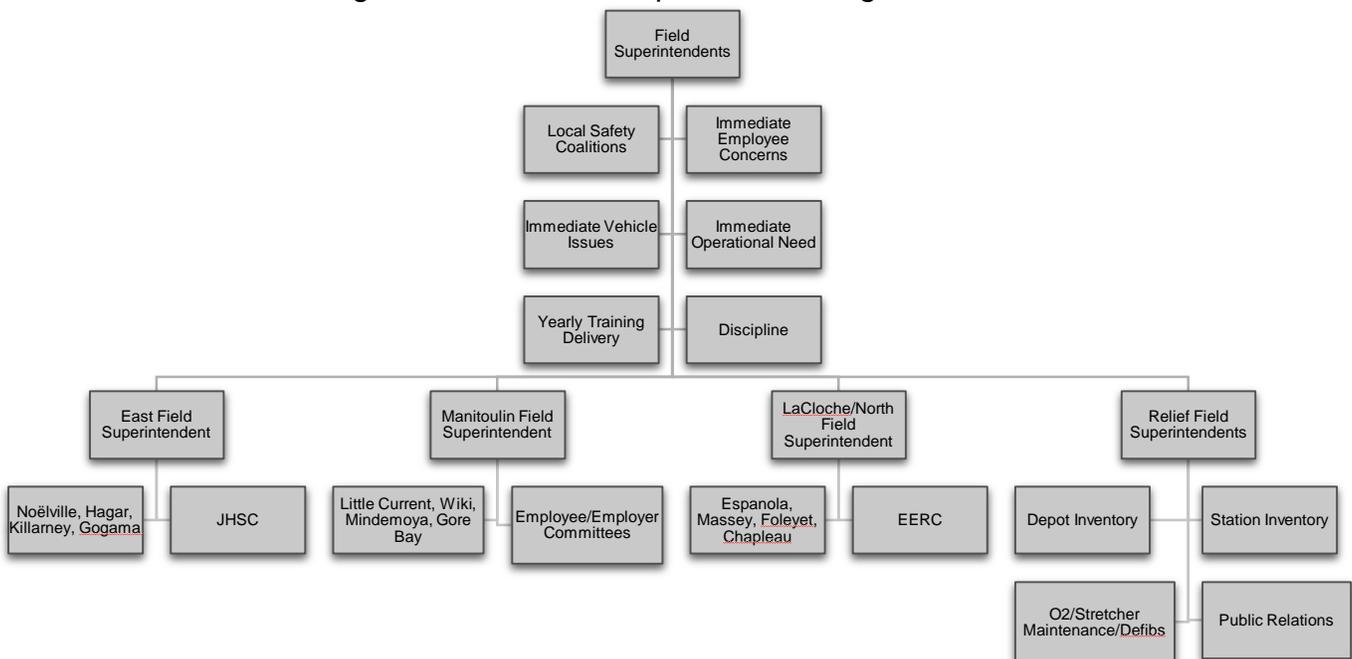
EMS Commander of Training

Reporting to the Chief of EMS, The Commander of Training is responsible for ensuring overall quality and safety for paramedics and first response teams through educational programs. Working closely with other departmental portfolios they ensure quality patient care and effective paramedic skills and ensure safe work practices and operation of patient care equipment including ambulance response and usage. They are also responsible for monitoring and maintenance of community endeavours such as the PAD program, Interim Non-Urgent Patient Transportation program and Tiered Response programs.



EMS Field Superintendents

Reporting to the EMS Deputy Chief, the EMS Field Superintendent position is currently held by 3 full time managers with assistance of 4 relief Field Superintendents who fill in for time off. The EMS Field Superintendent is responsible for managing the day-to-day operations to ensure that structures, programs, systems and processes meet all requirements set out in legislation, policy, procedure and standards for the Emergency Medical Services in the catchment area. Being the front line supervisor of the paramedics the Field Superintendents are the first point of contact in the minute by minute operations of the ambulance service. Of prime importance is the staffing of ambulance sites as per approved staffing pattern, using an established schedule making modifications as required for emergencies



PROPOSED SOLUTION

Upon review of current practices with a goal of increased front line supervision and added clerical assistance, the 2015 budget includes costing for one added clerical position. The addition of this position gives the EMS department the opportunity to eliminate the current Commander of Quality Assurance position and create a fourth Field Superintendent. This opportunity exists only with the addition of the clerical position as a portion of the current Quality Assurance portfolio revolves around administrative functions. Moving those functions to a clerical position frees up the ability to eliminate the Commander of Quality Assurance position and create an additional front line supervisor while the managerial function of the Quality Assurance position can be assumed by the now four Field Superintendents. Examples of Quality Assurance tasks for the clerical position would include but are not limited to: creation and maintenance of a HR/qualification database, distribution of reports to the MOHLTC, statistical gathering and presentation, poignant research into ongoing EMS trends, and maintenance of the Electronic Patient Care Reporting (EPCR) audit database. Examples of Quality Assurance tasks redistributed to the current managerial staff include but are not limited to: Personal Health Information Protection Act (PHIPA) Information Officer, Communicable Disease Officer, EPCR audit follow up, paramedic evaluations, investigations, and overall assignment of the Quality Assurance umbrella to satisfy MOHLTC needs.

Conceptually, this is a more efficient way to manage as a department and ongoing review is essential in ensuring the highest possible functioning level. The addition of one clerical position better aligns tasks of Quality Assurance while also adding up 25 hours of on-site supervisory coverage per week which includes the addition of an afternoon shift on weekends (currently evenings on weekends are on-call supervision even though the call volumes and workload of the Field Superintendent are often highest on weekends due to lack of administrative and operational support from the main office).

CONCLUSION

With this clerical support, we will be able to reallocate managerial resources from the office into the field by eliminating the current Commander of Quality Assurance position and creating a fourth Field Superintendent. This addition fulfills two needs in the most economic and efficient way possible and, while still below average, aligns us more closely with our Northern counterparts.