

Submission
Geoff MacBride
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EX8.1.127

Knowledge Skill Compassion

Mr. Chair and Honourable Councillors.

Good day to you. My name is Geoff MacBride. I am the President of the Toronto Paramedic Association(TPA).

The TPA has serious concerns about the discussions on possible plans for Toronto's EMS and Fire services. We believe that both excellent services stand on their own strengths. Please remember that both EMS and Fire are very different specialties. Both organizations are open to finding efficiencies but the discussion of merger is a distraction from the real issue - that is, that Toronto requires additional Paramedics on Ambulances to treat and transport patients to hospitals.

Toronto EMS Paramedics, Dispatchers, Support Staff and Management team provide essential pre-hospital healthcare and patient transport in an efficient and cost effective manner to an increasingly growing and aging population. We are constantly re-evaluating and re-focusing our service provision to better meet the many needs of our community.

Toronto's dedicated group of professional Paramedics work out of 41 stations. 2 of those are shared with Police and 9 with Fire. Toronto EMS has 5 special team partnerships with the Police and 2 special teams with

Fire. Toronto EMS staff also work closely with Toronto Public Health and Toronto Housing.

Toronto EMS has not seen an increase in staff since 2002 but patients transported to hospital have increased by 25% since that time. In fact Toronto EMS will respond to more than 300,000 calls for help this year alone.

As our population increases and ages, this healthcare need will only get larger. Toronto EMS Paramedics are the only health care providers who treat and transport patients.

Paramedics are specially trained healthcare providers who bring the emergency department to your living room, and most important transport you to the hospital. Paramedics have years of specialized training programs at both the Community College and University level. Paramedics are also required to attend ongoing continuing medical education to ensure that we are on top of the most current trends and treatments in emergency medicine.

The key challenge facing EMS in the City of Toronto is not our first response capacity. The residents of Toronto are already well served in that regard. The key is patient treatment and transport capacity which is what EMS does best. Serious medical emergencies such as strokes, heart attacks and serious traumas, require urgent transport to the hospital with ongoing supportive care. Paramedics provide critical and lifesaving interventions in all these situations, however, rapid transport to the appropriate receiving emergency facility is key to good patient outcomes.

Merging EMS and Fire services or putting Paramedics on fire trucks is not the answer to the challenges that the system currently faces. Much of the current rhetoric would have you believe that Fire is able to provide a more timely service. This simply is not accurate. Current Toronto statistics show that EMS arrives before or at exactly the same time as Fire on approximately 60% of the tiered response calls. Furthermore, Fire currently attends 35% of all Toronto EMS's calls but Fire only provides critical first-aid interventions (CPR and Defibrillation) in 1% of these calls. Even then, they do not transport patients.

It has been repeatedly demonstrated that merging EMS and Fire services does not increase the quality of patient care, does not provide any cost savings and in fact increases costs in the long term and does not work due to independent specialties of the 2 services. Canadian examples of this failure are evident in Edmonton and Calgary, among others. These attempted mergers were such a failure that they had to separate the services again. This resulted in costs that could have been avoided if they had just looked at ways of making each service run more efficiently.

In fact, several GTA municipalities like Ottawa, Windsor, Oshawa and Owen Sound are significantly decreasing the number of medical calls that Fire is sent to and refocusing budgets on EMS. A large body of scientific evidence shows that merging the 2 services has very little, if any, benefit to the patients, to the providers and to municipal coffers. I am happy to email you these studies if you are interested. It seems fiscally unsound to think about adding Paramedics to Fire

trucks when the problem of transporting patients remains.

Another troubling aspect of the KPMG report is the option to cancel the Community Medicine program of Toronto EMS. Community Medicine provides important services to the most vulnerable and underserved individuals of our city. It identifies people who have fallen through the cracks in the health care system and end up calling an ambulance as a last resort because they are not receiving the home care services that they need. The program prevents repeat 911 calls, reduces overall call volume and decreases the number of patients transported to our already overwhelmed hospital system. This provides significant savings to the City, the Province and to society in general. It also helps to ensure that Ambulances staffed with Paramedics are available to respond to the serious and life threatening calls more quickly.

In conclusion, to balance the fiscal needs of our city with the emergency response needs of our residents and visitors, the City of Toronto needs to ensure that the right resource is sent to the right emergency call. Paramedics want to see efficiencies in the system and support City Council in finding more resources so that there are more Paramedics on the street treating and transporting patients to the hospital

I thank you very much for your time and am pleased to take any questions. Have a pleasant day.

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