

Chapter 39

Saskatchewan Health Authority—Delivering Accessible and Responsive Ground Ambulance Services in Southwest Saskatchewan

1.0 MAIN POINTS

By April 2019, the Ministry of Health and the Saskatchewan Health Authority had implemented one of the seven recommendations we made in our 2016 audit of accessible and responsive ground ambulance services in the former Cypress health region (i.e., southwest Saskatchewan). All ambulance operators in the former Cypress health region held current licences at April 2019.

Since our 2016 audit, the Authority was transitioning to its provincial structure and determining who is responsible for emergency medical services, including ambulance services. As a result, it had yet to determine consistent processes for monitoring ambulance response times and addressing instances where responses took too long.

The Ministry of Health along with the Authority undertook significant work to develop a performance-based contract template for ambulance services. The Authority plans to use the template as it signs, over the next few years, new contracts with contracted ambulance service providers.

Through new contracts, the Ministry and the Authority should obtain better performance information to use in conducting a future comprehensive review of patient demand relative to ambulance services across the province. Collecting better performance information should also support the Authority in assessing the success of its ground ambulance services.

2.0 INTRODUCTION

2.1 Background

Ambulance services are a critical component of the provincial health care system, providing emergency lifesaving treatment and transporting patients to the necessary level of care. Ambulance services stabilize and improve patients' conditions at emergency scenes, as well as during transfers to and between health care facilities.

Under *The Provincial Health Authority Act*, the Saskatchewan Health Authority is responsible for the planning, organization, delivery and evaluation of the health services it provides. This includes delivering accessible and responsive ground ambulance services to people of Saskatchewan as outlined in *The Ambulance Act*.

The Ministry of Health remains responsible for the strategic direction of the health care system and for *The Ambulance Act*, which requires all ground ambulance services operators to hold a valid licence issued by the Ministry.



In 2017, the Cypress health region became part of the Saskatchewan Health Authority, and subsequently the Authority became responsible for delivery of ground ambulance services in and around Swift Current.

Accessible and responsive ambulance services can be challenging because of the geographic spread and remoteness of some communities in rural Saskatchewan, including the former Cypress health region. In 2018, the former Cypress health region had a population of 45,341.¹ This population spreads across approximately 44,000 square kilometers with one urban centre being Swift Current with a population of 18,336.

To provide a 30-minute ambulance response time for rural areas (a Ministry established response time target), the former Cypress health region located ground ambulance operators throughout various parts of the region. As of April 2019, the former Cypress health region had 12 ambulance services using a mix of SHA-owned ambulances and contracted ambulance service providers. Since 2002, the 12 ambulance services in the former region have remained the same.

2.2 Focus of Follow-Up Audit

Our *2016 Report – Volume 2*, Chapter 25, concluded that, for the period from September 1, 2015 to August 31, 2016, the former Cypress Regional Health Authority had effective processes to deliver accessible and responsive ambulance services, except in a few areas.² This chapter sets out the status of five recommendations directed to the former Cypress Regional Health Authority and two recommendations directed to the Ministry of Health.

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Saskatchewan Health Authority and Ministry's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Former Cypress Regional Health Authority's management agreed with the criteria in the original audit.

We interviewed key Authority and Ministry staff, and examined relevant ambulance service records, reports, and contracts.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation, including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at April 30, 2019 and the Authority's and Ministry's actions up to that date.

¹ www.opendata.ehealthsask.ca/MicroStrategyPublic/asp/Main.aspx (15 May 2019).

² The original report regarding these recommendations is located at auditor.sk.ca/publications/public-reports. We reported the original audit work in *2016 Report – Volume 2*, Chapter 25, pp. 123-142.

3.1 Province-Wide Assessment of Ambulance Services Needed

We recommended the Ministry of Health, along with regional health authorities, formally assess whether the distribution of ambulance services are optimal for responding to patient demand. (2016 Report – Volume 2, p. 131, Recommendation 1; Public Accounts Committee agreement February 26, 2019)

Status—Not Implemented

At April 2019, the Ministry of Health has not done a comprehensive review of patient demand relative to ambulance services across the province.

Since our 2016 audit, the Ministry conducted provincial consultations, and developed a performance-based contract template for contracted ground ambulance services. We found:

- In 2017, the Ministry conducted provincial consultations with a broad range of emergency medical stakeholders, including private ambulance service operators. The purpose of the consultations was to determine how to improve ground emergency medical services.
- Following the consultations, the Ministry, the Saskatchewan Health Authority, and contracted ambulance operators' representatives developed a standard performance-based contract template. Under the contract template, the closest ground ambulance would respond to an emergency call, and contracted service providers would be required to regularly report on delivery of services (e.g., call volumes), safety (e.g., incidents, grievances), and quality of services (e.g., service availability). See **Section 3.2** for further details about the new contract template.
- The Authority expects to sign new contracts over the next two to three years. New contracts for five services were signed as of April 2019; 53 contracted services were in place as of April 2019.

The Ministry and the Authority expects to use the data collected under these new contracts to assess the number and location of ambulance services across the province.

The number of ground ambulance services across the province remains the same as of April 2019 as in 2016—104 operators with 51 SHA-owned and operated.

Since our 2016 audit, the distribution and demand for ambulance services remained unchanged in the former Cypress health region. Ambulance services continued to exist in 12 communities in the former Cypress health region using a mix of SHA-owned ambulances and contracted ambulance service providers.



In 2018–19, ambulance service providers in the former Cypress health region responded to 3,859 ambulance services calls (2014–15: 3,826 service calls); see **Figure 1** for further details. Emergency responses made up about 54% of total calls, 15% more than in 2014–15.³

Figure 1—Ambulance Service Calls for 2018–19 in the Former Cypress Health Region

Community	Ownership	Total service calls 2018–19	Average number of calls per week 2018–19	Emergency Calls	Emergency Calls as % of Total 2018–19	Emergency Calls as % of Total 2014–15
Cabri	SHA	59	1.13	37	63%	43%
Consul	SHA	41	0.79	15	37%	50%
Eastend	SHA	82	1.58	57	70%	33%
Frontier	Contracted	50	0.96	43	86%	41%
Gull Lake	Contracted	172	3.31	104	60%	39%
Leader	SHA	207	3.98	70	34%	28%
Maple Creek	SHA	528	10.15	235	45%	28%
Ponteix	Contracted	121	2.33	80	66%	51%
Richmound	SHA	29	0.56	11	38%	43%
Shaunavon	SHA	324	6.23	97	30%	36%
Swift Current	Contracted	2,226	42.81	1,318	55%	28%
Val Marie	Contracted	20	0.38	5	59%	52%
Total		3,859	74.21	2,078	54%	39%

Source: Regional Communication Centre (Regina).

SHA: Saskatchewan Health Authority.

Shaded boxes are where ambulance operators responded to less than two calls per week in 2018–19.

As shown in **Figure 1** (shaded boxes), six out of 12 ambulance services responded to less than two calls per week (same as in our 2016 audit).

Without a comprehensive review of patient demand relative to ambulance services, there is a risk that the Ministry and the Authority are not making the best use of resources.

3.2 Timetable for Signing Updated Ground Ambulance Service Contracts Set

We recommended Cypress Regional Health Authority update its contracts related to the provision of ground ambulance services to include service quality expectations and periodic reporting on them.

(2016 Report – Volume 2, p. 133, Recommendation 2; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

³ Other service calls mainly related to patient transfers (inter-facility transfers).

As noted in **Section 3.1**, the Ministry along with the Authority and contracted ambulance operators developed a performance-based contract template. In addition, the Ministry and the Authority developed a schedule to notify contracted ambulance operators of new performance-based contracts, and set time targets for signing them.

The new performance-based contract template clearly sets out service quality expectations (e.g., response time targets, compliance with the applicable law and policies) and requires regular reporting on specific measures (e.g., the volume and quality of services provided, reports on any incidents or complaints). The expected frequency of required reporting from contracted ambulance operators to the Authority ranges from immediate to annually.

As of April 2019, the Authority continues to work to implement new contracts with private ambulance operators using the template over the next two to three years. It signed new contracts for five ambulance services in the province. While negotiations started with contracted ambulance operators, the Authority has not signed any new contracts in the former Cypress health region using the new template.

Incorporating service quality expectations into contracts will help contracted ground ambulance service providers understand the level of service the Authority expects of them and allow the Authority to hold the contracted ambulance operator accountable for the quality of service they provide.

3.3 Legislation Update Consideration Needed

We recommended the Ministry of Health consider updating The Ambulance Act related to contracted ground ambulance service providers to align with contract management best practices. (2016 Report – Volume 2, p. 134, Recommendation 3; Public Accounts Committee agreement February 26, 2019)

Status—Not Implemented

The Ministry of Health did not analyze whether it needs to change *The Ambulance Act*. Rather, since 2016, it focused on developing a performance-based contract template for contracted ambulance service providers.

The Act, which came into effect in 1989, appropriately recognizes using contracted ambulance services providers helps to provide adequate ambulance coverage.

However, the Act contains unique provisions inconsistent with best contract management practices. The Act contains detailed provisions over the continuance, renewal, and terminations of contracts between the Authority and ambulance service providers (sections 10 and 18). For example, under the Act, these contracts automatically renew upon expiry; the Authority can only terminate them with just cause.

The new performance-based contract template references the Act and, consistent with the Act, expects contracts to renew automatically upon expiry. Automatic contract renewals is inconsistent with contract management best practices, and may not result in the best value for money.



3.4 Ambulance Operator Licences Are Current and Monitored

We recommended Cypress Regional Health Authority confirm ground ambulance operators operating in its region hold current ambulance licences. (2016 Report – Volume 2, p. 135, Recommendation 4; Public Accounts Committee agreement February 26, 2019)

Status—Implemented

The Authority implemented a process to confirm ambulance operators, either owned or contracted, hold a current ambulance licence.

The Ambulance Act requires an ambulance operator to hold a valid ambulance licence issued by the Minister of Health.

We found the Ministry sends email reminders to ambulance operators a few months prior to the expiry of the current licence. The emails ask operators to provide required information for issuing a new licence (e.g., a current SGI ambulance vehicle inspection, a current vehicle registration, etc.).

We also found the Authority's management receives information on the validity of the ambulance operators' licences. All operators for 12 ambulance services in the former Cypress health region held current licences at April 2019. Holding current ambulance licences confirms that ambulances are safe to drive and all required equipment is on board.

3.5 Consistent Monitoring of Response Time and Reporting of Incidents Required

We recommended Cypress Regional Health Authority monitor response times against targets for all ground ambulance operators on a regular basis (e.g., monthly or quarterly). (2016 Report – Volume 2, p. 140, Recommendation 5; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

We recommend Cypress Regional Health Authority follow its established policy to obtain completed incident reports (for instances when ground ambulance response times do not meet targets) so it can determine required actions. (2016 Report – Volume 2, p. 140, Recommendation 6; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

Since our 2016 audit, the Authority began monitoring response times monthly for most ambulance operators, as well as receiving explanations when responses took longer than expected. Because of organizational changes, gaps in monitoring certain operators occurred from December 2018 to April 2019. The Authority has yet to determine actions it should take to address reasons for delayed response times.

As noted in **Section 3.2**, the Authority started to negotiate new contracts (with updated reporting requirements) with contracted ambulance service providers. As a result, incident reporting from contracted ambulance service providers remained inconsistent.

Since our 2016 audit, management overseeing the emergency medical services (EMS), which includes ground ambulance services, changed. Beginning December 2018, one of four provincial EMS Directors became responsible for monitoring response time compliance in southern Saskatchewan, which includes the former Cypress health region.

After December 2018 and as of April 2019, there was less monitoring than previously.

Prior to December 2018, the former Cypress health region EMS Director:

- Reviewed individual ambulance response reports from all ambulance operators in the area (SHA-owned and contracted ambulance operators), as well as certain monthly reports. At the time of our 2016 audit, the EMS Director did not review monthly reports. Many monthly reports now include explanations of instances/incidents when response time was longer than the expected time. However, not all contracted ambulance operators provide monthly reports outlining reasons for incidents (most contracts in place do not require them to do so).
- Reviewed SHA-owned ambulance operators' response time compliance through monthly reports. However, the monthly reports did not always include an explanation for all incidents where the response time was greater than 30 minutes. For example, we found seven ambulance responses of one SHA-owned ambulance operator took more than 30 minutes, but less than 40 minutes in 2018–19 without explanations.

After December 2018, there was a gap in monitoring of response times of contracted ambulance operators. The Cypress EMS Manager monitored only SHA-owned ambulance response times, and their instances of non-compliance (e.g., instances where response times were greater than 30 minutes). The provincial EMS Director responsible for southern Saskatchewan had not yet started monitoring response times of any ambulance operators in this area.

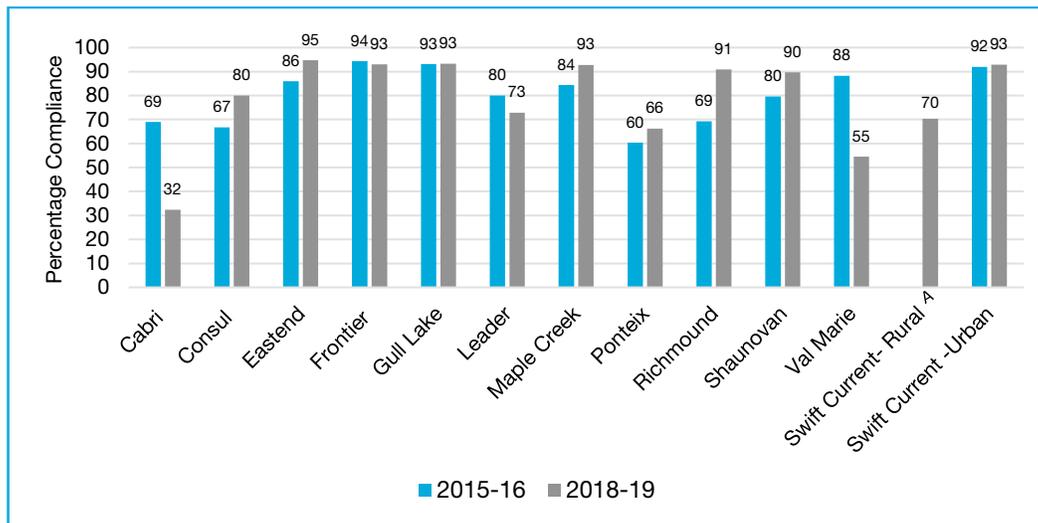
We found the former Cypress health region's compliance with response time targets did not improve since our 2016 audit. It remained below its target to respond to an emergency call—less than 30 minutes in rural locations and less than nine minutes in urban locations, 90% of the time. In 2018–19, the actual compliance rate for the former Cypress health region was 81.4%, lower than 83% compliance rate in 2016–17 (the time of the original audit).

As shown in **Figure 2**, in 2018–19, three out of 12 operators (Cabri, Ponteix, and Val Marie) had response-time compliance rates ranging below 70% (as compared to four [Cabri, Consul, Ponteix, and Richmond] in 2015–16).⁴

⁴ Two response rates are provided for Swift Current—for emergency calls in the city and for emergency calls in the rural area surrounding Swift Current. No such comparative was obtained in 2015–16.



Figure 2—2015–16 and 2018–19 Ambulance Response-Time Compliance Rates for the Former Cypress Health Region



Source: Regional Communication Centre (Regina).

Note: In summer 2018, ambulance services in Cabri were discontinued because of staff shortages. Ambulance operators from other communities (Leader, Swift Current and Gull Lake) responded to emergency calls in Cabri affecting response times in Cabri because of distance.

^A Two response rates are provided for Swift Current—for emergency calls in the city and for emergency calls in the rural area surrounding Swift Current. No such comparative was obtained for Swift Current rural calls in 2015–16.

We found the Authority analyzed trends of response times of ground ambulances monthly. However, the Authority could not show actions it took to determine and/or address reasons for delayed response times.

Without detailed trend analysis, the Authority may not know the extent to which excessive response times contribute to negative patient outcomes, and what actions are required.

Management informed us that the Authority planned to increase monitoring beginning May 2019. It expects the Cypress EMS Manager to monitor response time compliance of contracted ambulance operators, and the provincial EMS Director to monitor overall compliance rates.

3.6 Performance Reporting Not Yet Developed

We recommend Cypress Regional Health Authority report to senior management, the Board, and the public actual results against key measures to assess the success of its ground ambulance services at least annually. (2016 Report – Volume 2, p. 141, Recommendation 7; Public Accounts

Committee agreement February 26, 2019)

Status—Not Implemented

As of April 2019, the Authority had not finalized the nature and timing of its reports about the success of its ground ambulance services. As of April 2019, neither the Board, senior management, nor the public received reports on key measures related to the delivery of ground ambulance services.

Management noted it intends to create an annual provincial EMS report with trends and analysis. It further notes that once updated performance-based contracts are in place with contracted ambulance service providers, it will have better information about service quality.

Periodic measuring and reporting key performance results would enable better oversight of the quality of the Authority's delivery of accessible and responsive ground ambulance services.

