

Chapter 18

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

1.0 MAIN POINTS

By December 2021, the Ministry of Health and the Saskatchewan Health Authority implemented five of six remaining recommendations we first made in our 2016 audit around accessible and responsive ground ambulance services in southwest Saskatchewan (i.e., Swift Current and surrounding area).

The Authority improved its monitoring of ambulance operators' compliance with expected ambulance response times. Authority management receives regular reporting showing overall compliance rates for all ambulance services, along with monthly reporting from ambulance operators in the southwest area providing explanations when ambulance response times are longer than expected.

In November 2019, the Authority and the Ministry consulted with representatives of ambulance services across the province. Using an analysis of current staffing needs compared to service demand, the Authority submitted a plan to the Ministry outlining different ambulance service options for certain areas of the province where service gaps exist (e.g., where ambulance operators cannot provide 24/7 services). The Ministry intends to consider this plan as part of its budgeting process for 2022–23.

Since our 2016 audit, the Ministry and the Authority developed a performance-based contract template for the provision of ambulance services. At December 2021, the Authority signed 28 new contracts for 32 privately-owned ground ambulance services in Saskatchewan, including four out of five ambulance services available in Swift Current and surrounding area.

Once the Authority signs performance-based contracts with all 53 privately-owned ambulance service providers in the province, and implements a new dispatch IT system, it will have better information about service quality. The Authority plans to use this information to improve its key performance results measurement and reporting. Collecting better performance information will allow the Authority to regularly assess the success of its ground ambulance services.

2.0 INTRODUCTION

2.1 Background

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



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

The Ministry of Health remains responsible for the strategic direction of the healthcare system and for *The Ambulance Act*.

Accessible and responsive ambulance services can be challenging because of the geographic spread and remoteness of some communities in rural Saskatchewan, including Swift Current and surrounding area. In 2021, this area had a population of about 45,000 people spread over a land mass of approximately 44,000 square kilometers with one urban centre, Swift Current, with a population of 18,194.¹

To provide the Ministry-established target of a 30-minute ambulance response time for rural areas, the former Cypress health region located ground ambulance operators in various places including in and around Swift Current.² As of December 2021, this area had 12 ambulance services using a mix of Authority-owned ambulances and contracted ambulance service providers.

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.³ We made seven recommendations. By our first follow-up audit reported in our *2019 Report – Volume 2*, Chapter 39, the Saskatchewan Health Authority implemented one of seven recommendations and made some progress on three other recommendations.⁴

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's and the Ministry of Health's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Saskatchewan Health Authority management agreed with the criteria in the original audit.

To complete this follow-up 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 December 31, 2021, and the Saskatchewan Health Authority and Ministry of Health's actions up to that date.

¹ Covered Population/Saskatchewan Health Coverage Reports/By Regions and Communities www.opendata.ehealthsask.ca/MicroStrategyPublic/asp/Main.aspx (2 February 2022).

² In 2017, the Cypress health region became part of the Saskatchewan Health Authority. The former region covered the southwest part of the province including Swift Current and surrounding area.

³ *2016 Report – Volume 2*, Chapter 25, pp. 123–142.

⁴ *2019 Report – Volume 2*, Chapter 39, pp.293–302.

3.1 Province-Wide Assessment of Ambulance Services Completed

We recommended the Ministry of Health, along with the Saskatchewan Health Authority, 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—Implemented

The Saskatchewan Health Authority and the Ministry of Health conducted a sufficient analysis of supply and demand for ground ambulance services across the province, considering input from ambulance operators.

In November 2019, the Authority and the Ministry consulted with ambulance service representatives across Saskatchewan. The Authority collected input from private ambulance operators on their current staffing needs and compared it to the demand for services in those areas. The Authority's analysis also assessed the distribution of medical first-responders and access to community paramedicine.⁵

In summer 2021, the Authority provided the Ministry a three-year plan for supporting ambulance services in certain geographical areas. The plan noted the challenges ambulance operators face including the inability to recruit and retain staff in rural and remote areas, as well as staff burnout. The Ministry of Health planned to consider the Authority's recommendations to support ground ambulance operators struggling to meet contractual expectations during its budgeting process for 2022–23.

Assessing the current distribution of ambulance services and determining where it is not meeting patient demand provides the Ministry and the Authority information for better decision-making, and helps ensure patients receive timely and responsive ambulance care when needed.

3.2 New Contracts Being Signed

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—Implemented

We recommended the Saskatchewan 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—Implemented

⁵ Community paramedicine is a model of care whereby paramedics apply their training and skills in “non-traditional,” community-based environments (outside the usual emergency response/transport model).



The Ministry of Health considered contract management best practices when it directed the Authority to develop a performance-based contract template for contracted ground ambulance service providers instead of making changes to *The Ambulance Act*. Incorporating service quality expectations into new contracts helps the service providers understand the service the Authority expects them to provide and also allows the Authority to hold them accountable for the quality of service provided.

The Ambulance Act, which came into effect in 1989, appropriately recognizes that using contracted ground ambulance service providers helps deliver adequate provincial ambulance coverage. Since 2019, the Authority made progress in signing new performance-based contracts with service providers.

Since our 2016 audit, the Ministry, the Authority, and contracted ambulance service providers' representatives developed a standard performance-based contract template. This template requires the closest ground ambulance to respond to an emergency call. In addition, contracted service providers are required to regularly report on service delivery (e.g., call volumes), safety (e.g., incidents, grievances), and quality of service (e.g., service availability).

At December 2021, the Authority signed 28 new contracts for 32 privately-owned ground ambulance services in the province; there are 53 contracted ground ambulance service providers in Saskatchewan. In addition, the Authority is arbitrating or mediating with an additional five service providers, as well as either working on signing new contracts with remaining service providers or planning to notify them of contract renewals in 2022–23. It terminated one contract with a contracted ground ambulance service provider since our last follow-up in 2019.

In Swift Current and surrounding area, we found the Authority signed new contracts with four of the five privately-owned ground ambulance operators in the area. It is in the process of signing the fifth contract that serves the Ponteix community.

Signed contracts outlining clear service expectations allows the Authority to hold contracted ground ambulance service providers accountable for their service quality.

3.3 Consistent Monitoring of Response Times and Reporting of Incidents

We recommended the Saskatchewan 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—Implemented

We recommended the Saskatchewan 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—Implemented

Since our 2019 follow-up audit, the Saskatchewan Health Authority improved its response time monitoring for all ambulance operators in southwest Saskatchewan. We also found that all operators, whether Authority-operated or contracted, consistently provided regular reporting with explanations when responses took longer than expected (referred to as incidents).

The Authority continues to expect all operators to respond to calls within specified timeframes 90% of the time (e.g., all calls are to be responded to within 30 minutes in rural areas and nine minutes in urban areas), which are outlined in new performance-based agreements.

The Emergency Medical Services Manager for southwest Saskatchewan receives data from the Regina dispatch centre on the total number of calls, how long it took operators to respond to each call, and compliance rates of expected timeframes for the period. The Manager receives these reports quarterly for operators in rural areas (e.g., Cabri, Maple Creek) and monthly for urban areas (i.e., Swift Current).

In cases where it takes longer to respond to a call than expected, operators are to provide an explanation to the Authority by way of the Emergency Medical Services Manager who receives these incident reports monthly. We reviewed reports from all operators for July and September 2021, and found that operators consistently provided explanations for calls where response times took longer than expected. As many of the ambulance operators service rural areas, a majority of calls took longer due to either the distance an ambulance needed to travel or operators already responding to another call.

Monitoring response times and reviewing incident reports explaining why response times were not met allows the Authority to assess whether delays contribute to negative patient care and to make future adjustments to ground ambulance service delivery.

3.4 Key Measures and Periodic Reporting Not Yet Developed

We recommended the Saskatchewan 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

The Saskatchewan Health Authority had not finalized the nature and timing of its reports about the success of its ground ambulance services. Neither the Board, senior management, nor the public received reports on key measures related to the delivery of ground ambulance services.

For example, Ontario provides the public with regional response times compared to standard response times, along with dispatch 9-1-1 call volumes and average response times.⁶

⁶ www.health.gov.on.ca/en/pro/programs/emergency_health/land/responsetime.aspx (16 February 2022).



Management noted that it intends to create an annual provincial Emergency Medical Services report with trends and analysis. It further notes that once it updates all performance-based contracts with contracted ambulance service providers, and a new dispatch IT system is in place, it will have better information about service quality. As we describe in **Section 3.2**, the Authority is working on signing new performance-based contracts with service providers and expects the new IT system to be implemented in fall 2022.

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