



STAFF REPORT

Title: Emergency Medical Services Coverage and Response Concerns

Meeting Date: April 15, 2025

Executive Summary:

Council has requested for an update briefing relating to Emergency Medical Services (EMS) coverage and reports of EMS delays in response to incidents.

At the time of this report, Cold Lake Fire-Rescue have had to respond to 21 medical incidents for various reasons in 2025. In 2024, the total number was 58 relating to medical incidents. It should be noted that not all medical incidents are of concern. The concern stems from trending of certain types of medical incidents, frequency, and duration of when EMS is not available and are relaying on Fire/Rescue services to maintain EMS service levels and gobs in service.

These responses come at a cost to the municipality and by extension, municipal taxes. Further, the increase load on the fire/rescue services will have impacts to the volunteers and businesses allowing the volunteers to attend calls. The province needs to be cognizant that the trend will lead to an accelerated discussion of having a staffed (rather than volunteer) concept which will cost the community millions.

Alberta Health Services (AHS) keeps records and statistics close to the vest therefore administration does not have clear picture as its relations to AHS's overall performance against established response time requirements.

With that, it is administration advice to formally "FOIPP" records and statistics relating to response times as of September 1, 2022, from the Government of Alberta, AHS, and Alberta's new legal entity that is now operation the EMS system, Acute Care Alberta (ACA).

Further, it is administration advice to commence a billing process to AHS/ACA for situations where the municipality are being called upon to fill in gaps in the EMS service.

Background:

As of September 1, 2022, the operations of the Cold Lake Ambulance Society (CLAS) Emergency Medical Services (EMS) transferred to Alberta Health Services (AHS). Since this time, administration enhanced in recorded keeping relating to EMS services, as it relates to the interface with Cold Lake Fire Rescue (CLFR). This was done in



anticipating that AHS would be more reluctant to share information in comparison to the CLAS.

It should be noted that EMS has been operated under Alberta Health Services (AHS) up until April 1, 2025, now of which EMS operates under Acute Care Alberta (ACA). The following is a link to a news article depicting the announcement:

<https://www.cbc.ca/news/canada/calgary/ems-acute-care-alberta-1.7479763>

For the purposes of this we'll refer to AHS understanding that there has been a very recent switch in authority.

STATISTICS RELATED TO MEDICAL RESPONSE

In the lens of the City of Cold Lake and its dispatching services, administration documents various statistics where EMS services interface with CLFR. For the purpose of this report, we've categorized responses using the following descriptions:

- MVC/Rescue – Reported EMS Response Time Greater Than 20 Minutes - These figures depict the number of incidents that dispatch has requested for CLFR to respond due to EMS not being available and/or delayed, at the time of incident.
- Medical – Reported EMS Response Time Greater Than 20 Minutes - These are incidents that would normally require the City of Cold Lake to respond as there may be issues such as hazardous materials, flammability, extraction, access, etc. It should be noted that the enhanced data only started in September 2022. These numbers are not included in the "Medical" statistics.

The above is generally generated from the following data:

- Medical – Access Request
- Medical – Lift Assist Request
- Medical – Medical First Responder Request
- Medical – Not Otherwise Classified (HAZMAT, Biohazard)
- Medical – STARS Landing
- Medical – Urban Camping (Medical First Responder, Lift Assist, etc.)

The following are the most relevant to the discussion of this report:

1. Medical – Medical First Responders (GREY) – These figures depict the number of incidents that dispatch is requested for CLFR to respond due to EMS not being available and/or delayed, at the time of incident.



2. MVC/Rescue – Response Time; 20 Minutes are greater (RED) – These are incidents that would normally require the City of Cold Lake to respond as there may be issues such as hazardous materials, flammability, extraction, access, etc. It should be noted that the enhanced data only started in September 2022. These numbers are not included in the “Medical” statistics.

3. Medical – Reported EMS Response Time; 20 minutes or greater (RED) – Derived from the list of medical incidents, these are the number of incidents that reported EMS response times of greater than 20 minutes. These typically involved either; Medical First Responders not being available and/or delayed of which CLFR would have to provide some sort of comfort and/or first aid while waiting for EMS arrival.

4. Medical – Lift Assist (BEIGE) – These figures depict the number of requests for assistance from the EMS to lift a patient. There are various examples of this including but not limited to:

- Lifting a patient from an apartment room to an ambulance involving stairs, etc.
- Lifting a patient from a remote location to an ambulance, etc.
- Lifting a patient to and from an Ambulance to and from the Cold Lake Hospital for medical appointments, etc.
- Simply requesting for assistance in moving equipment, supplies, extra set of hands, and/or assistance when ambulance has only one crew member, etc.

The following table summarizes the various responses that involved EMS and depicts two (2) sets of data where tracking of response times when 20 minutes or greater is detected.

Medical - All	Overall	2018	2019	2020	2021	2022	2023	2024	2025
MVC/Rescue - Reported EMS Response Time, 20 minutes or greater *	12	0	0	0	0	0	11	1	0
Medical - Reported EMS Response Time, 20 minutes or greater **	22	0	0	1	2	8	4	5	2
Medical - Access Request (EMS Request)	30	0	1	4	7	3	2	7	6
Medical - Lift Assist (EMS Request)	117	7	8	8	26	18	19	24	7
Medical - Medical First Responder (EMS Request)	85	1	3	5	8	20	15	25	8
Medical - Not Otherwise Classified (HAZMAT, Bio Hazard)	5	0	3	0	0	1	0	1	0
Medical - STARS Landing	2	0	1	0	0	1	0	0	0
Medical - Urban Camping - (First Responder, Lift Assist, etc.)*	1	0	0	0	0	0	0	1	0
	240	8	16	17	41	43	36	58	21

You'll see that these figures have significantly increased since the EMS service was transitioned from the Cold Lake Ambulance Society (CLAS) to Alberta Health Services (AHS) under contract to Associated Ambulance Services.



Specifically relating to reported EMS First Responder delays (again this is when CLFR is called to medical incident where EMS response is either unknown and/or delayed), the following table depicts a further breakdown on the delays categorized in 10-minute intervals:

Medical - Reported EMS Delay	Overall	2018	2019	2020	2021	2022*	2023	2024	2025
10 to 19 Minutes	11	0	0	0	1	3	4	2	1
20 to 29 Minutes	11	0	0	0	0	5	1	3	2
30 to 39 Minutes	4	0	0	0	0	2	1	1	0
40 to 49 Minutes	1	0	0	0	1	0	0	0	0
50 to 59 Minutes	0	0	0	0	0	0	0	0	0
Exceeding 60 Minutes	6	0	0	1	1	1	2	1	0
twenty minutes +	22	0	0	1	3	11	8	7	3

When it comes to motor vehicle collisions specifically, where CLFR would be dispatched in almost any event, the following table depicts a further breakdown on the delays categorized in 10-minute intervals:

MVC/Rescue - Reported EMS Delay	Overall	2018	2019	2020	2021	2022*	2023	2024	2025
10 to 19 Minutes	2	0	0	0	0	0	2	0	0
20 to 29 Minutes	6	0	0	0	0	0	5	1	0
30 to 39 Minutes	3	0	0	0	0	0	3	0	0
40 to 49 Minutes	1	0	0	0	0	0	1	0	0
50 to 59 Minutes	1	0	0	0	0	0	1	0	0
Exceeding 60 Minutes	1	0	0	0	0	0	1	0	0
twenty minutes +	12	0	0	0	0	0	11	1	0

To provide a little context to the above table, we've provided some examples depicted in Appendix "A" – Examples of Various responses relating to EMS.

Of interest, we've included the Alberta Fire Chiefs Association (AFCA) Position Statement on EMS. This has been attached as Appendix "B". It is of significant interest that there's lots of discussion regarding how fire services won't misuse EMS however silent about AMS relying on of Fire/Rescue services to deliver EMS Programs.

Being essentially a volunteer service, Cold Lake needs to be cognizant of the volume of calls for Cold Lake Fire/Rescue. This trend will impact the need for resources and accelerate times to a staffed concept which will cost the community millions.

The City of Cold Lake does not have access to all statistics to determine whether service levels in response times are being achieved.

DISCUSSION POINTS

1. Is this issue a lack of staffing? It is also understood that there's a lack of qualified personnel in the province. This has been exacerbated based on the fact that AHS increased EMS personnel in the metropolitan centres.



Further, a concern that has been previously raised is that the contractor seems to be compensated regardless of being short staffed. It should be noted that this is only speculation however we have heard anecdotally that this is case.

Administration has an in-camera briefing relating to the above.

2. Is the issue a funding issue? The City of Cold Lake does not have access to the funding model for resources being used. The city had detailed knowledge prior operations being transfer from CLAS to AHS.
3. It has been AHS's position that the City of Cold Lake cannot bill for service rendered however raised the option for the city to be involved in the First Responders Program. This program can be summarized as follows:
 - It is understood that municipalities would not be able to bill,
 - Municipalities can access AHS grants to assist with training and equipment, if budget permits.
 - AHS's "Designated Medial Director" would extend to the municipality to protect from liability when providing medical aid.

The City had previously rejected this approach as it would in essence gap the municipality from raising concerns about services and get the province off the hook for funding the appropriate ambulatory care.

The Committee of Council could recommend that Council reconsider this approach.

4. Despite AHS advising that the municipality can't bill for services when gaps exist, perhaps the city commences billing program for certain services when gaps in ambulatory care exists.

The following would be an example of a billing based on one (1) of the examples founding Appendix "A":

- One Command unit (Truck 2) @ \$210 per hour x 1 hour = \$210
- One Pumper unit (Pumper 3) @ \$720 per unit hour x 1 hour = \$720

Total bill would be \$930.00 with no GST (billing government) and w/GST \$976.50 (billing non-government). The above is based on the City's bylaw referring to the Alberta Transportation and Utility rates for apparatus.

The Committee of Council could recommend that Council consider this approach.



5. There's lots of history relating to the City of Cold Lake providing EMS services. The most recent discussions occurred during the operational transition from CLAS to AHS (Associated Ambulance). Historically, AHS has been very resistant to the City of Cold Lake providing this service, likely relating to political pressures.

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The Committee of Council could recommend that Council reconsider this approach.

6. The City should look to establish facts and a further detailed understanding on the EMS concerns in the municipality. The city only knows what it knows relating to response stats.

Furthermore, it is administrations observation that the ambulance facilities are frequently unmanned when EMS is dispatching from other communities. These is exacerbated when observing the volume of transfers the ambulances are doing when they are manned.

Alternatives:

The report has been generated to solicit feedback from Council's Corporate Priorities Committee.

Recommended Action:

It is recommended that the City of Cold Lake develop a better understanding of why municipal billing of services is not permitted when being called upon to fill in gaps in service. The Committee of Council could recommend that the city research this approach and/or commence a billing program for certain circumstances.

It is also recommended that the City FOIPP records relating to response times and statics.

Budget Implications (Yes or No):

Submitted by:

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