

HEMS Review

Public Webinars - Questions

Questions from HEMS Review Public Webinars

This document aims to encompass all questions received during the HEMS public Webinars held Thursday, July 16, 2020 at 1:00 p.m. and 7:00 p.m. Questions are in **bold**, and responses from the HEMS review team are below each question.

The questions received relate to several themes and have been grouped accordingly.

Dispatch

Criteria

Q: Within our municipality we are served by both STARS and HALO, depending on the circumstances. A question that has arisen in many conversations is the dispatch decision. Through the review process will it be possible to be provided with the detailed criteria of how these decisions are made? The intent is not to provide critique of a complex decision making process, but would be valuable in helping Council to understand the process, and make decisions if they are willing to provide financial support to either of the operators that provide service in our area.

- The key focus is on the patient and what their needs are. There is an algorithm used based on patient need and their specific medical circumstances. Factors in this decision include the medical needs of the patient, whether a critical care transport team may be needed, as well as the location. Air medical crews and/or transport physicians may also be brought in to determine suitability of a HEMS response.

Q: I understand STARS are the dispatchers. Is this not a conflict?

- STARS operates the Link Centre, which dispatches helicopters in Alberta, and follows AHS approved provincial dispatch protocols, integrated with AHS dispatch centers. AHS has oversight for all helicopter response in Alberta, and reviews all such dispatches to ensure that the most appropriate resources are being used.

Q In your “goals of the HEMS review” slide you listed address patient care, overall safety, efficiency, reliability, and equity for helicopter response in remote and rural areas...can you define what “equity for helicopter response in remote and rural area” means? Is that simply time? (I.e. -12 min vs 86 min) Please explain.

- Equity means that the HEMS review gives the same considerations provincially and assesses the needs. Equity does not necessarily mean equal but it does mean that our provincial healthcare system will mobilize the most appropriate resources according to patient need. That may include helicopter response.

Q: Why would STARS get dispatched if HALO is clearly closer and would arrive on scene quicker?

- A variety of scenarios could require the dispatch of the STARS helicopter to a scene, rather than HALO. These might include the need for critical care skills on-scene, the need for blood product administration on-scene, and the need for a Transport Physician to be transported to the accident scene. In most cases however, the priority with scene response to a trauma event is timely transport to an appropriate nearby hospital.

For more information, contact us

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Visit www.Together4Health.ahs.ca/HEMSEngagement

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Q: HALO response in our area is handled by STARS and HALO. In at least one instances in 2019, STARS was not available to be dispatched. HALO was available, but was not dispatched. Reason was not clear, but a territorial issue was suggested after the event.

- The use of STARS and HALO is monitored by AHS EMS, and questions around resource utilization are reviewed by AHS EMS. Our goal is to ensure that the patient receives the best care possible. Dispatch sees our Province as a whole, with various resources available depending upon proximity to the patient. Aside from AHS zone-based operational and medical leadership structures, ambulances are not defined by territory.

Q: Who decides which HEMS is called to scene? (E.g. – when HALO is closer to call sometimes STARS is called.)

- Using provincial response criteria, information received from those on scene, zone EMS Supervisors, disposition of all available resources; the provincial air ambulance Transport Physician will provide direction based on patient need.

Location/bases

Q: Is the intention to go to a single provider to service the entire province?

- There is no mandate for a single provider or any other model. The intent of the HEMS review is to review existing resources and processes, and to determine an optimal path forward.

Q: Is the number of bases (5) set, or will that be reviewed also?

- We are looking at resources across the Province in order to ensure that all areas are served optimally. It is too early to speculate what the recommendations for a provincial model will be.

Q: Why are some of the helicopter bases in major centres, when most of the criteria for HEMS is for rural and remote?

- HEMS agencies have largely evolved due to perceived local need, and a desire by local agencies to support care. Helicopters in Centralized bases can respond in all directions using a “hub and spoke” model. The HEMS team is reviewing the effectiveness of base locations.

Q: Curious on what standards or measurements are used by AH/AHS to support HEMS in a key area of the hospital? Obviously we can't expect a helicopter in every city or large town but the public should have access to the criteria to provide awareness and comparisons as to their current situation as per their location.

- HEMS operators/programs have developed differently and at different times. They were developed independent of AHS. A goal of the HEMS review is to make

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recommendations that align HEMS operations with a provincial strategy. This question is noted and will be addressed as part of the HEMS review.

Q: Has the geographic base for helicopter station ever been considered when determining whether a better location should be considered to be able to reach the corners of the province?

- We are looking at geographic considerations as part of the HEMS review.

Stakeholder Consultation

Q: Is there a list of stakeholders who have been consulted already?

- Stakeholders are noted on the Together4Health portal. The HEMS report will provide more detail once consultation and engagement is complete.

Q: How are you reaching on-the-ground users for their feedback. (I.e. - those who are working with the services.)

- A survey has been deployed for EMS practitioners.
- Notification of the HEMS review and an invitation for engagement was sent to all Medical First Responders (Fire Departments).

Q: Will you be communicating with Sask Health Authority regarding serving the Lloydminster AB/SK?

- Alberta residence access the Lloydminster Hospital and this will be taken into account in the HEMS review. It is common that these patients are brought into Edmonton.

Q: Does AHS funding also provide HEMS support to NWT as well as neighbouring provinces?

- Neighbouring provinces are responsible for funding their own emergency response, however reciprocal agreements and/or mutual aid processes are in place to support the care of patients in neighbouring Provinces and Territories. Any AHS response to other provinces/territories is invoiced at cost recovery.

Canadian Expert Advisory Panel

Q: Why was Saskatchewan not asked to provide info as they also have very rural and remote needs?

- All provinces and Territories were invited to participate on the Canadian Panel. Those who offered to assist were accepted.
- The HEMS agency that supports Saskatchewan is STARS, who are being engaged in this review.

Funding

Q: Does the \$8.5M in HEMS funding include the fee for service paid to some operators?

- Yes.

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Q: Is there any idea of the total cost of the service? If AHS's portion is \$8.5M, how much is needed from other sources?

- A financial review and total cost of the program is also part of the HEMS review process and all funding aspects are being considered.
- Current providers advise that they require a combined \$36M (approximate) to operate.

Q: Does AHS funding also provide HEMS support to NWT as well as neighbouring provinces?

- No, neighbouring provinces are responsible for funding their own emergency response. Reciprocal agreements and/or mutual aid processes with neighbouring provinces allow for our province to be reimbursed when transporting patients from other provinces.

Q: Which helicopter services get government funding? Is it the same for each provider?

- All helicopter agencies are reimbursed for their services.
- Funding is not the same for each provider and there is no strategy or standard to achieve this
- This review will identify opportunities to improve upon our current funding model.

Q: Would that be stand-by funding or per call funding?

- The HEMS review will review and recommend a funding model

Q: Many municipalities have in the past and continue to support operational and now capital replacement of HEMS. Will that be the model on a go forth basis or will the goa fully pay for operational and capital renewal if all HEMS are governed together?

- All potential funding models are under consideration.
- AHS has indicated that no new funding is available.
- Governance and funding are separate considerations.

Q: What has been the budget for HEMS the past 5 years?

- The HEMS review team will assess operating budgets as part of the review. This will be addressed in the final report.

Q: Who pays when HEMS is called? Private Citizens or AHS? Ground ambulance is paid by patient, is it the same for HEMS?

- Private Citizens do not pay for helicopter services. AHS pays an annual amount to STARS and HERO (through the Regional Municipality of Wood Buffalo) and pays HALO each time they are used. The HEMS review will recommend a standard approach for a provincial funding model.

Q: Why are HEMS funded differently? (HALO, HERO, STARS)

- HEMS operators/programs have developed differently and at different times. They were developed independent of AHS and provide different services.

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- A goal of the HEMS review is to make recommendations that align HEMS operations with a provincial strategy. This question is noted and will be addressed as part of the HEMS review.

HEMS Providers

Equipment

Q: My concern is regarding operations/capital of STARS air ambulance. A now being cut and sold off due to increased cost of fuel & maintenance. This now cuts out a large part of our municipality? We are extremely concerned about the downgrade in service levels.

- STARS advises that the AW139 helicopters are being replaced by new Airbus H145 helicopters. The H145 helicopters are slightly slower and have a slightly smaller flight radius than the AW139, but they are more capable when it comes to scene response, and more agile in their ability to land on rural hospital helipads. The transition will also allow STARS to standardize their fleet, thereby maintaining lower long-term operating costs, and standardizing pilot and crew training. STARS believe that the advantages of this new helicopter will outweigh its disadvantages.
- The HEMS review will review opportunities to recommend a strategic path forward that identify required resources to meet identified needs.

Operations

Q: Will financial efficiencies of operations be part of the recommendations / feedback?

- Yes. The review will look at all financial components and identify opportunities for efficiency
- We will seek feedback around optimization of operating costs.

Q: Do all HEMS have the same cost to call ratio? What is the cost versus call ratio of HERO, STARS, HALO?

- The HEMS review team will assess cost of current HEMS operations. Most costs of HEMS operations tend to be fixed costs, but some costs – fuel for example – do vary depending upon utilization. This question is noted and will be addressed as part of the HEMS review.

Governance

Q: Are all HEMS providers governed the same? (Volunteer boards?)

- All HEMS provider Non-profit organizations have a board of directors specific to their individual program.
- AHS EMS has some operational oversight such as standards and provincial response criteria.
- The HEMS review will recommend a provincial governance model.

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General

Q: Will the report be publicly available?

- We expect that the results of this review will be made available to the public.
- We will submit our findings to our leadership within Alberta Health Services, and to Alberta Health and they will determine process.

Q: Will AHS also be reviewing ground ambulance?

- No. The HEMS review will focus upon helicopter operations.
- We do recognize the integration of ground and fixed wing with HEMS

Q: Who managed the air ambulance program before goa since stars was established in 1985?

- A variety of operators existed prior to 1985 for the purpose of scene rescues.

Q: How many calls have been made for HEMS?

- Approximately 1,400 patients a year are transported by helicopter.

Q: How many lives have been saved because of HEMS?

- This is not a statistic that is measured. HEMS responds based on information provided at the time of request which may turn out to be life or limb threatening, or minor in nature. A HEMS response means there is potential for serious injury or illness.

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Other Comments Received

Note that all comments and recommendations will be considered as part of the HEMS review.

- Just want to add, a stronger voice with federal government on changing regulations.
- I would like to add an option. International visitors should pay immediately.
- I support the concept of standardization of service, I also believe the largest funder should have the most input. If AH/AHS does not take a funding leadership role, it might seem disingenuous to have them controlling the operational portion of the service. Curious how others might comment.
- HEMS response in rural and remote are sometimes the only appropriate response.
- As a municipality presently funding both operations and capital I would support a declining support scale until AHS would provide the majority of the funding
- Helicopter rescue services should be available to all Albertans regardless of where they live, even in the remote corners of the province. Each helicopter service should be funded the same or the ones serving the real remote areas should have assured funding.