AN ANALYSIS OF FIRE DEPARTMENT AND AMBULANCE INTEGRATION FROM A PROCESS PERSPECTIVE: UTILIZING WINNIPEG MANITOBA AS A CASE STUDY.

BY

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A Thesis
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in partial fulfillment of the requirements
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ABBREVIATIONS:

ACLS: Advanced Cardiac Life support

ALS: Advanced Life Support

BLS: Basic Life Support

CPR: Cardiopulmonary Recesitation

CUPE: Canadian Union of Public Employees

EAA: Edmonton Ambulance Authority

EMA: Emergency Medical Attendant

EMS: Emergency Medical Services

FR: First Responder

IAFC: International Association of Fire Chiefs

IAFF: International Association of Fire Fighters

MHSC: Manitoba Health Services Commission

NFPS: Norfolk Fire and Paramedic Services

PP and C: Parks Protection and Culture

PRS: Paramedical Rescue Service

WAD: Winnipeg Ambulance Department

WAS: Winnipeg Ambulance Service

WFD: Winnipeg Fire Department

ABSTRACT

The issue of Fire Service and Ambulance Service integration/amalgamation has now been discussed for over three decades in North America. Cities in the United States and Canada have traditionally provided Fire Services and many, through a diverse set of models, have evolved into the provision of Emergency Medical Services.

This paper examines the issue through analysis of several North American municipalities who have followed various models in their attempt to partially merge or fully amalgamate services. Rather than a traditional thesis, the result is more a practicum.

The history of the Winnipeg Services provides clear and salient examples of why this issue is so difficult to resolve and the myriad of arguments, for and against, that emerge each time it is mentioned. Yet, despite the arguments, the question continues to surface at the political level for a variety of reasons and in response to a set of ever changing conditions.

This Darwinian evolution, involving mutating and growing organizational mandates, often involves "survival of the fittest" in the classic definition as

different organizations battle for supremacy. The results, while either supporting or rejecting merger, occur through an amazingly similar cycle of events that defies distance or political system. This cycle has occurred at different times throughout the past three decades in various jurisdictions all over North America.

Simply described, it involves public pressure which results from a variety of diverse local conditions (usually service and cost related). This translates into political pressure, which leads to study and analysis (usually external), which in turn creates personal lobbying from those in the systems being studied. The study returns the issue to public pressure which results in political pressure for or against the results of the study.

The winners and losers in these parochial battles are the service providers (line staff) and more significantly the citizen, using and paying for, the services. It is, however, the taxpaying public who are often forgotten in these struggles.

It became evident to the writer of this paper, after over two years of study, interviews, research, and familiarization with the issues, that to create yet another report with a series of recommendations for or against merger,

would simply relegate the document to its respective stack of already completed reports. While it is apparent that if Winnipeg wants more efficient and effective emergency Services, a full amalgamation of the Fire and Ambulance departments is a way to achieve them, it is also as evident that the process through which this is achieved is crucial to success, for despite the content of other reports, it was universally the process that determined success or failure in the jurisdictions studied.

It became clear to me that only through designing a truly fair and equitable process, which is research based and information driven, can the cycle be broken, and valid results obtained. This is a people problem, and for this reason, which is all too often ignored, the process must involve the people who will work in whatever system is created. This involvement must occur at every step, from research to implementation. A process as described in this paper makes a successful merger possible.

My unavoidable bias on this issue, entrenched throughout a long career in the Fire Service was, I believe, tempered by the information resulting from the study conducted. In short, I was forced to utilize a meta process (a process to develop process) which enhanced my understanding of both sides of the issue.

CHAPTER I

HISTORY

The City of Winnipeg at present operates highly effective Ambulance and Fire Departments, both in terms of service quality, and per capita operating costs. To fully understand the implications of integrating the two services one must look at the history of the two organizations and how they have evolved to their present organizational structures and cultures.

With this knowledge the differences in these areas can be identified. Once this has occurred, it becomes an easier task to recognize these differences, and by so doing, facilitate integration. This recognition has been lacking in past attempts to blend the two services and continues today to affect how they interact with each other in the tiered response system (initial response by a Fire Department First Responder followed by a Basic Life Support Ambulance and a Paramedic unit if required) at the street level and, in particular, at the administrative level. Mutual understanding by both sides of how the respective organizations have reached the present point would enhance customer service no matter what service delivery model is chosen.

THE FIRE DEPARTMENT:

The Winnipeg Fire Department was incorporated as a full time paid service in 1882. In February, 1929 the first Fire Department Rescue vehicle was put into service. At this time "The fire department had an award winning St. John Ambulance First Aid team, but these men only attempted to save people once they were outside the building".[1] In 1959, a second vehicle was added and in 1961 a third. These additions were accomplished by removing other pieces of apparatus (a high pressure pumper and a ladder truck).

This is significant because it demonstrates a trend still prevalent today in the Fire Department. This shifting of resources, rather than supplementing existing resources is indicative of the changes in service patterns that occur over time in any emergency service. In fact, it has become entrenched in the management philosophy of the Fire Department as a standard, despite the relatively low per capita costs of operating the Department. This will be analysed in subsequent chapters of this document.

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[1] J.T. Coulter, "Proposal for Fire/Ambulance Amalgamation" 22 April 1980:5.

From the provision of Rescue Services within the Fire Department the demand increased and call volumes rose. (See Table 1)

Table 1 - EMS Response by Rescues

TYPE OF CALL	1959	1964	1968	1974
MISCELLANEOUS	727	1065	1033	2596
RESUSCITATION CALLS	450	731	1973	3395
TOTAL	1177	1796	3006	5991

[2]

The large increase in the 1974 statistics is the result of the Uni-City amalgamation that resulted in all Fire Departments in the metropolitan Winnipeg area becoming a single Department on January 2, 1974. Prior to this date suburban Fire Departments in St. James, Transcona, Fort Gary, East Kildonan and St. Boniface were also providing medical response services.

Upon amalgamation of the Fire Departments these services were centralized and an additional Rescue Unit was added and another re-located from # 1 Fire Station at McDermot and Ellen to # 5 station at Sargent and Burnell. The additional unit came into service at Goulet and DesMeurons. The

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[2] Ibid.

existing units at Stradbrook and Osborne and Burrows and Aikens were not re-located.

Several key points in the provision of these services must be made. The first is that these units were primarily designed and located as an integral component of the fire attack force in the Department. The second was that their job was search and rescue on the fire ground and they were located at stations in close proximity to where the fires were occurring. Thirdly, the equipment they carried and the design of the vehicles used complemented fire fighting activities as opposed to patient care and transport. They were clearly fire fighting apparatus that also transported and treated patients. These statements are made, not to denigrate the service provided to patients but to establish the organizational culture and value systems of this Department and how these views influenced the players in this system.

Finally, the training of the fire fighters who staffed these units focused on firefighting. Basic First Aid (often obtained by the individuals on their own initiative) and basic CPR (cardiopulmonary resuscitation) skills coupled with a great deal of on the job training comprised the entire skill development of these individuals. In short, the men were primarily fire fighters who did

ambulance work as an adjunct or secondary function to their duties as fire fighters.

The evolution of the Winnipeg Fire Department (the largest player in the amalgamation) from 1880 to 1974 created a para-military structure and a traditional style of operating. In this structure discipline and adherence to authority were paramount core values. Seniority was the only criteria for promotion, and as a result, age equated to respect and credibility. First hand experience was the main learning method and it was understood that the more experience you had the more knowledge you shared about the job. In short, rank became associated with age.

Station Captains were patriarchal in their approach to managing their respective stations. Orders were not questioned for fear of sanction. The hierarchy of Lieutenant, Captain, District Chief, Battalion Chief, Deputy Chief and Chief was sacrosanct, and was not circumvented unless extreme conditions such as an order which risked the lives of fire fighters, warranted such actions. Within this system, the Department had operated for a century and change of any type was not easily accommodated.

Another significant component of this evolution was the response style that was created under such a system. In the nineteenth century fire was highly feared. Construction of the day comprised many flammable components, heating systems utilized open flame devices such as stoves and boilers. Fire, once started, spread rapidly through all types of occupancies, not only engulfing the building of origin but those in proximity as well. Conflagration was a major concern.

Alarm response involves three components: notification (receipt of alarm), response readiness, and actual time spent responding. Once on scene, set-up, search and rescue, extinguishment, and salvage add another dimension.

Effective mitigation of a fire incident always has and always will necessitate as rapid an on scene time as is possible. Exacerbating the problem was the fact that early fire fighters were faced with a slower notification process. Telephones were rare, and in their place a system of street boxes was installed. To initiate an alarm required, first locating one of these devices, and then triggering it. The alarm then sounded at a central dispatch location and was in turn relayed to the fire hall by teletype. At the stations, personnel then de-coded the signal and, utilizing a large book listing all box locations, determined if indeed they should respond. If a response was

indicated horses had to be harnessed, steamers fired and then an arduous response by horse drawn apparatus through crowded streets began. Once on scene, very heavy hose and ladders had to be put in position and the firefight began. Confining the fire to its point of origin under these circumstances was difficult at best.

The result of these necessities was a Department that engrained the idea of rapid response as the only manner in which to approach an emergency. The sound of the gong initiated a rush of activity. Turn out gear was donned rapidly, often while perched on moving apparatus. The firefighter who was a few seconds late in taking his position on the apparatus was often left behind as drivers, in a hurry to respond, simply left without checking on the status of the fire fighters on the rig. The organization evolved into this norm, anything else was unacceptable. As the infrastructure was enlarged and the department grew, response times became the key criteria upon which apparatus was located. The tradition of rapid response is still prevalent in today's Fire Service.

Over the years, particular aspects of the job of a firefighter became entrenched and as technology changed the physical aspects, many of the human characteristics simply adapted to fit the technology. In the time of

horses, for example, hooves had to be kept clean and this was accomplished at regular intervals throughout the shift. When motorized vehicles replaced horses, and tires replaced hooves, they continued to be washed on a regular basis. Even today fire fighters begin and end their shifts by "washing wheels".

Another example of how these paradigms limit change in a traditional Fire Service concerned the positioning of crew members on pumper trucks. Originally, crews rode standing on tail boards. Even the side they rode on was dictated by their assigned positions of hydrant-man or branch-man. Right side and left side respectively. The rationale for this was that in the event a hydrant was necessary the right or curb side or the vehicle was the appropriate place for the person responsible for hooking up the hydrant.

In the sixties, Winnipeg took delivery of two pumper trucks with mid-ship jump seats immediately behind the cab. Riding here would have been safer and more comfortable, as they were covered and a smoother place to ride. However, this practice was not allowed and for a full decade jump seats remained empty while fire fighters stood precariously on tail boards exposed to the elements and the danger of falling onto the roadway.

These anecdotes are mentioned to demonstrate how a century of tradition created Department paradigms that were very difficult to change. Lessons learned in fire response simply carried over to medical response. The thinking was perpetuated by the seniority based promotional system already mentioned. Progressive thinking was not a part of this equation.

In 1974, with the amalgamation of the city and suburban departments, many of whom did not share the same paradigms or collective views of the Department a new more progressive department was created. The rigid hierarchical and traditional Fire Department that Winnipeg had created began a new stage in its evolution. The relatively young suburban departments brought with them a more relaxed and flexible structure and different operating philosophies which soon became evident to the Winnipeg Fire Fighters as they began to work together.

Simultaneous with the amalgamation, many of the post-war fire fighters began to reach retirement eligibility. As they left, the strict unquestioning adherence to rules and regulations, resulting from their military backgrounds, began to disappear. The relationships between officers and their crews changed and became more participatory. Communication in the Department became more two-way.

The newly created Department was much larger and diverse than the former and became more open in its thinking. This trend has continued and today's fire department is now changing exponentially in terms of progress and flexibility.

THE AMBULANCE SERVICE:

The history of ambulance service provision to the city of Winnipeg is relatively short compared to that of the Fire Department. Prior to 1971 Fire Departments in Winnipeg, St. James, Transcona, Fort Gary, East Kildonan and St. Boniface and Police Departments in Winnipeg and St. James operated ambulance units. Private operators, on a fee for service basis, also provided coverage. Their numbers ranged from eight to ten (8-10).[3]

The system had many shortfalls. Fire and Police Departments with little training provided the service with no direct charge as a supplement to their perceived true duties as police officers and fire fighters. No one had standards, as far as training or types of apparatus used were concerned. The private firms were located in their own areas, used a multitude of apparatus types and styles and had diverse skill levels. They operated for

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[3] Coulter 21

profit. Obviously, the services provided by Police and Fire Departments at no charge were not popular with these operators. Fee for service companies could not compete against taxpayer supported services. The Fire Rescues were considered the enemy; an untrained group who did not offer high levels of skills and undermined the private operators ability to make a living. On the other side of the coin, the fire fighters saw the private firms as mercenary groups who checked wallets before treating or transporting. Relations among the service providers were strained and there was mutual mistrust in the system as evidenced by on scene conflict and in station conversation.

In February of 1971 the private ambulance companies proposed to the Minister of Health that all ambulances operate under a "...unified dispatch system, organized by zones, and government subsidized."[4] Of the eight private firms four backed this plan. Also recommended was that Police and Fire Departments cease operating ambulances. The operators felt that eight (8) twenty-four hour units requiring 98-115 staff members would be required to maintain the service.

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[4] Staff Writer, "Unified Ambulance Service Proposed," Winnipeg Free Press, 24 February 1971: 51.

Support for this proposal also came in the form of a resolution passed by the Manitoba Professional Fire Fighters Association in which it was recommended that the association "...petition the provincial government to introduce legislation which would regulate ambulance service throughout the province and bring about ambulance services integration in winnipeg."[5], and that all fire rescues respond only to fire calls. The rationale included the placing of rescue squads "...in a position of not being available for fire fighting and rescue work..."[6] and that using the four person rescues was inappropriate due to the fact that "The weight, size and design of a rescue wagon, (designed) to carry fire fighting equipment and personnel, should make it impractical (for) anything other than fire fighting and rescue work."[7]

The report on "Amalgamation of the Fire Departments" within Winnipeg submitted June 29, 1972 also took a clear stand against using rescues for emergency medical service. It recommended that "...the four rescue companies be utilized for their original purpose of search and rescue at fires,

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[5] Staff Writer, "Firefighters Seek Ambulance Service Standardization," Winnipeg Free Press, 7 June 1972: 3.

[6] Ibid.

[7] Ibid.

and that adequate ambulance service with centralized control be made available in the City of Winnipeg."[8]

As a result of the report the sub-committee of the Committee of Finance for the protection of persons and property instituted a feasibility study on Ambulance services. The resulting committee began meetings with private operators in January of 1973. The objective of this committee was that Winnipeg have a "...totally controlled Ambulance Service as other cities have, on the understanding that there would be little or no cost to the city."[9]

The momentum of the meetings soon shifted to buying out private operators as a means of achieving this objective. The following key steps led to the creation of the Winnipeg Ambulance Service.[10]

On May 2, 1973 - City Council requested amendments to the City of Winnipeg Act which would allow the city to license and regulate a private Ambulance Service. It took until November 19, 1973 for the Premier to indicate that the Province was willing to provide capital funds to assist in

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[8] Coulter 5.

[9] Coulter 6.

[10] Ibid.

setting up improved ambulance services in Manitoba, and until September 4, 1974 for the required amendments to the City of Winnipeg Act to be passed by the Province.

In November of 1974 the United Health Services Corporation was mentioned as a group to manage the Ambulance Service in Winnipeg. Also at this time, details of a provincial grant in the amount of $535,220 were made available. Utilizing this funding, the United Health Services Corporation effected the "buy-out" of the private firms and an Advisory Committee was formed to "...provide guidance on day to day management."[11]

On June 16, 1975 at 0001 hours the Winnipeg Ambulance Service commenced operation. The initial fleet of vehicles grew to fifteen (15) by November. The new service experienced growing pains with the training of employees as well as the procurement of equipment but the major problem was with the billing process. As the unpaid bills mounted, and deficits grew, pressure from the City Finance Committee resulted in a recommendation that the contract with United Health be terminated and that the City take over management of the service. The date was June, 1976, just over one year after the inception of the WAS (Winnipeg Ambulance Service).

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[11] Ibid.

A task force began to study how this transfer of function was to be accomplished. Significantly, while recommending the possibility that WAS become part of an existing department within the city it was not felt by those involved in the analysis that the operation was compatible with the Fire Department so no surveys or studies occurred in this area. Instead, a legally constituted board was set up with broad powers to run the service. The by-laws and agreements necessary for this to occur were created and passed, along with changes to the City of Winnipeg Act. This took until June 20 of 1978. At this point the amalgamated Fire Department was 3-1/2 years old.

In March of 1977, Mr. J. Farrington was appointed to run the new service. Working conditions in this service were characterized by conflict between labour and management. When the service was run by United Health the operational supervisors were former private operators. They were all offered positions in the new service. Bartel describes how this occurred:

> In 1978 after several deficit and scandal ridden years under private management, the new service was once again reorganized, this time as a privately operated corporation owned by the City and responsible to a commission appointed by Winnipeg City Council. The management consisted of the former United Health Company accountant as Manager, and again operational supervisors were mainly former private operators. As service requirements expanded promotions were made from existing staff. As no tradition of experience was present, major promotions were made by the Manager with no contractual limitations. These promotions were generally not recognized by staff as reflecting any ability or merit, but instead

> were viewed alternately as union busting as executives in the union were promoted or as pay-offs for favours rendered. The new supervisors frequently publicly distanced themselves from their former peers but privately engaged in social activities not encouraged by the department, thus setting the stage for conflicts.[12]

The development of the organizational culture of the new services was less that two years old when the first mention of amalgamating Fire and Ambulance occurred. The importance of these cultures cannot be overemphasized. The emergency services have distinct cultures which play a key role in their interactions with each other and the public. Failure to accommodate for these differences has led to the failure of numerous attempts to engineer mergers or working relationships. The cultures define how a service does business and what they deem to be important in this process. Corresponding to the culture are the paradigms held by the respective organizations as to how the culture should work. These two factors will be examined throughout this paper in the context of their respective impacts on merger attempts.

Not surprisingly, the source of the recommendation was the Finance Committee who saw financial advantage to such a merger, and on March 16, 1979 ordered a "...review of the joint use of facilities, administration, stores,

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[12] W. Bartel, "Implementation of Performance Evaluations in the Winnipeg Ambulance Department", n.d.:4.

and servicing of vehicles... to determine what efficiencies can be achieved."[13]

This report was submitted on July 17, 1979, and led to a letter dated February 22, 1980, from the Winnipeg Ambulance Commission which asked that "...the Winnipeg Ambulance service have its own autonomy..."[14] Further requested was that the service become a separate department or part of an existing department in the City.

On March 18, 1980, Finance Committee ordered an ad-hoc report from the cities legal department on the "...ramifications of amalgamating the Winnipeg Ambulance Service with the Winnipeg Fire Department."[15] One week later, on March 25, 1980, the Fire Chief, J. Coulter, was asked to submit a report on this question. This report, dated April 22, 1980, explored four alternatives for delivery and recommended a fully integrated department as the most effective service delivery method. Its contents will be analysed later in this paper.

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[13] Coulter 7.

[14] Ibid.

[15] Coulter 8.

Following discussion of the "Coulter Report", an "Ambulance and Fire Service Study" request was tendered and a private consultant, J.E. Petersen who had extensive experience in studies of this type was awarded the contract for the study. Petersen's team which consisted of several well known international emergency medical specialist physicians began their research in September of 1980 and the detailed report was submitted in December of 1980. This report also recommended "...full amalgamation of personnel and functions."[16]

The significance of the Petersen report was that it was an extensive study involving detailed analysis of all aspects of the issue, and at least cursory input from all players involved. Petersen was also an independent, whose conclusions were based on objective and experienced analysis. (These points were questioned by rebuttals from those against merger.) However, these strengths also resulted in a somewhat naive approach to the solutions recommended. Failing to fully involve all of the key players in implementing the recommendations led to a common failing in proposals of this type. Doerr's research on cutback management, is paraphrased: "...organizations tend to dissolve into their own competing interests when tough issues such

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[16] J.E. Peterson, et al., Ambulance and Fire Services Study Quotation No. 590-80 "Emergency Medical System" EMS (19 December, 1980): 11.

as cuts or mergers are discussed."[17] This, in fact, occurred once the report was released and the result was a great deal of rebuttal focusing on the negative aspects of the study and ignoring the positive.

Immediately following the release of the Petersen Report, City Council approved in principle the recommendation to fully amalgamate the services. A steering committee was established to coordinate "...implementation of the amalgamation" and "...resolve a number of administrative problems respecting the merger."[18]

One of the key "administrative problems" centered on who was going to pay for the service, and in particular, the training required to initially cross train the personnel from both departments. In a memorandum to the Honorable L.R. (Bud) Sherman, then Minister of Health, dated April 24, 1981, A/Deputy Minister of Health, Dr. C. Johnson, wrote:

> As I understand it, the City does not want to be in the ambulance business as a budget item but is prepared to operate an ambulance system under the umbrella of the Fire Department. They stated that 60% of the provincial population reside in Greater Winnipeg and while their proposals will lead to imbalances in funding between the city and urban (sic), they feel that the city deserves a very sophisticated ambulance

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[17] A. Doerr, The Machinery of Government in Canada Toronto: 1981.

[18] T.R. Edwards, memorandum to Honourable L.L. Desjardins, 13 April 1982. (Obtained through freedom of information)

> service which would also serve as a training ground and resource to any rural ambulance system.[19]

This perception that ambulance services are a provincial responsibility has fostered the feeling within ambulance service ranks that the service is an "orphan"; not truly wanted, but yet necessary. Bartel, in his paper regarding the Ambulance Service states: "...its history as Winnipeg's "orphan" service began in the early 1970's..."[20]

This lack of stability has characterized the evolution of an organizational culture in the Ambulance Service to the point that protectionist behaviour is pervasive in the service. All levels of government recognize the need for the service but attempt to defer costs at the expense of each other. Correspondence between Johnson and Sherman elaborates on this point: In the same correspondence, he alludes to "... ambulance services used in firefighting"[21] as a City cost but the "...training costs as a big grey area..."[22]

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[19] Dr. G. Johnson, memorandum to Hon. L.R. Sherman, 21 April 1981. (Obtained through freedom of information)

[20] Bartel 2.

[21] Johnson.

[22] Ibid.

The minutes of the committee studying this amalgamation from April 27, 1981 reveal the true nature of this problem. "Problems were recognized if the surrounding municipalities at present have contributed to the Ambulance Service but not the Fire Service. It was agreed that this would pose a problem for political negotiations."[23]

This problem for political negotiations which has plagued this issue from its onset is even more prevalent today, as all levels of government down-load responsibility in an attempt to balance budgets. As this is being written comprehensive balanced budget legislation is being discussed by the Manitoba Government. Obviously, this point is most salient in any debate on municipal services including, fire/ambulance integration.

The lengthy negotiations between the City and the Province with respect to funding the training aspect of the newly created service resulted in an agreement whereby the costs of training the initial group of fire fighters in a comprehensive first aid course would be underwritten provincially.

This was to be the first step in a comprehensive tiered response system wherein basic level trained fire fighters would, by virtue of the existing

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[23] Minutes of Meeting held in Commission Board Room between M.H.S.C. and Winnipeg Ambulance and Fire Amalgamation Committee, 27 April 1981.

infrastructure, arrive first and apply life saving first aid intervention to sustain the patient until the more comprehensively trained ambulance attendants arrived. These groups would eventually be supplemented with fully trained paramedics. (This finally occurred in 1995.) The Charleswood and Transcona areas of Winnipeg were selected to pilot this program, due to excessively long ambulance response times in these areas.

Once again, however, concerns over who was going to pay surfaced. An article in the Winnipeg Sun on January 21, 1982 said:

> There is some question about just who is going to pay the bill for the expensive training scheme. Ragsdill said the conservative government had promised to hand over more than $300,000.00 for the first phase of the training program as well as additional funds over the next few years.[24]

To facilitate the training, two of the Winnipeg Ambulance Service training personnel were seconded to the Province. This provincially developed and delivered First Responder Program is still the basic level course for fire fighters in Winnipeg and ambulance attendants throughout the province.

The commencement of this training marked a turning point in the evolution of the two organizations. For the first time they were to become inter-related

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[24] John Bertrand, "Amalgamation still on track," The Winnipeg Sun, 21 January 1982: 6.

and work together. The mandated union was not, however, free of conflict. The lobbying against full amalgamation began as soon as the training plan was announced. A Press Release from the Union representing the ambulance attendants listed their concerns with the plan; among them, "In those departments that had more than one area of responsibility, of necessity one or the other of their functions could have been deemed to be secondary."[25] This argument is contained in many reports from many jurisdictions regarding Fire Departments as EMS providers. It has never been proven to be true or false. The Press Release also expressed concern that the proposed Paramedic program would suffer as a result of the diversion of funds into training fire fighters. Significantly, it was also admitted that a cost effective tiered response was a valid proposal.

Following this Press Release, representatives of the Ambulance Union met with Eugene Kostyra, the Minister of Labour, on March 19, 1982 with the following concerns.[26]

1) The response times for ambulance service to Transcona and Charleswood is unacceptable.

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[25] A. Valiquette, Press Release for I.A.M. Local 2589, Representing the Emergency Medical Technicians of the Winnipeg Ambulance Service, 2 February 1982.

[26] D. Russell, memorandum to file, 23 March 1982.

2) The Union would like to know the content of the EMA 50 course that is being given to the Winnipeg Fire Fighters.

3) The course will not come under the jurisdiction of the Winnipeg Ambulance Service Medical Standards Committee. There is no medical supervision of the EMA 50's.

4) Who will be responsible for their actions?

5) To what extent, financially, is the EMA 50 course being supported by the Province?

6) What will be the coverage to areas surrounding the City?

7) The Infant High Risk program was started with no extra vehicle available for it.

8) What is the cost effectiveness of the EMA 50 program?

9) If the City raises its user fees from $60 - $75 they will generate approximately $375,000 per year which is very close to the $400,000 allotted for the training of the Winnipeg fire fighters.

10) Raising the rate charged will place an unnecessary burden on many low income people.

It was also mentioned that the fire rescues were transporting patients without the proper licensing to do so.

The meeting with Mr. Kostyra, (who was not responsible for any part of the ambulance program, but was a personal friend of Mr. Gerry Follows, the ambulance representative)[27], generated internal correspondence at the Provincial level. A memorandum from the Director of the Administration

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[27] Gerry Fellows, Former President Machinists and Aero Space Workers Union, telephone interview, 15 October 1995.

Division, Mr. L.S. Anderson, to the Assistant Executive Director of insured benefits, Mr. G.W. McCaffrey, summarized what he felt the Union's concerns were.[28]

Though the meeting went on for a fairly lengthy period and we were not able to answer many of their concerns to their satisfaction through our questioning of them we obtained the following information:

1) The Union agrees with the concept of a multi-tiered response (e.g., first responders, attendants, paramedics).

2) The Union does not disagree with the proposed merger of the fire-ambulance services "in principle".

3) Regardless of the many individual concerns brought up for discussion, their major overriding concern is the sequence proposed for implementing the merger; that is, the training of fire fighters before spending more money on the Ambulance Service.

Mr. Follows expressed these sentiments in a 1994 interview with the writer of this paper.

> We never felt like we were a partner in amalgamation. We were not against the idea, just the way it was being done. We were to be assimilated into the Fire Department. We would lose our identity and have few rights in the new organization. With seniority being as important as it was in the Fire Department we felt the paramedic training would go to the more senior firefighters.[29]

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[28] F.S. Anderson, memorandum to G.W. McCaffrey, 1 April 1982.

[29] Fellows.

The issue of paramedic training had been in the discussion stages since 1979 when a "...two year study carried out by City Anaesthetist Dr. Arnold Tweed on nearly 1500 cardiac arrest victims"[30] showed that "...only 60 survived long enough to walk out of the hospital."[31] Every report, in fact, acknowledged the need for the final tier in the system. It was, once again, the questions of how much it would cost, and who would pay for it that kept delaying the program.

In June of 1982 yet another report set down the framework for the amalgamation.[32] This one set "target dates" and "schedules", defined "a new Fire Department organizational structure", sought to obtain "operating funds", "approval in principle" for future programs (including the paramedic program), and "defined personnel policies". In short, the groundwork for full amalgamation was done. The date set for amalgamation to occur was September 1, 1982.

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[30] John Drabble, "Precious seconds. A hundred lives could be saved next year if the city is willing to pay the price," Winnipeg Magazine, April 1982: 16.

[31] Ibid.

[32] Report on: Fire/Ambulance Amalgamation. Amalgamation Plan for the City of Winnipeg Fire Department and the City of Winnipeg Ambulance Service. (7 June 1982): 3-4.

However, as the plans were being made the lobbying was intensifying and after considering briefs from J.E. Peterson (author of the initial report) Mr. G. Follows (President of the Ambulance Attendants Union), Mr. A. Saina (a citizen), Dr. T. Sosnowski (Edmonton's Medical Director and a known opponent of Fire Department run ambulance services) and City Councillor J. Ragsdill (Chairman of the Winnipeg Ambulance Commission) the committee on Finance referred the issue back to the Board of Commissioners.[33] They felt there were too many unanswered questions and urged the Board to consider:

1) The implications of the Belton Report (Calgary).

2) The current status of the delivery of E.M.S. in the other jurisdictions.

3) The current estimated cost of upgrading (to paramedic level) either by amalgamation or a separate service. (Is this feasible in light of 6% guidelines?)

4) Current estimated cost of ongoing training and provision of First Responder Service and maintenance of present Ambulance Service.[34]

They asked that a report be provided in 45 days. The date was October 21, 1982.

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[33] T. Pomes, letter to R. J. Berard, 26 October 1982.

[34] Ibid.

One month prior to this date the First Responder Program was initiated in Charleswood and Transcona. Fire fighters were now, for the first time since 1975, attending medical calls.

The Board of Commissioners appointed a task force on November 4, 1982 comprising Mrs. E.A. Frame, General Manager of Personnel, Mr. A.M. Duncan, Director of Budget Bureau, Mr. D.R. Lofto, Research and Policy Analyst (Chairman), and Dr. D.G. Lockhurst the Deputy Medical Health Officer.[35] This group was asked to re-examine the issue and provide a report.

The lobbying against amalgamation, however, did not cease. As the task force was preparing its report the factions shifted their efforts to the media. The primary target was the First Responder Program, and the vehicle for criticism was the Medical Standards Committee, whose mandate was to monitor all first aid techniques utilized by Fire and Ambulance personnel.

During this period, ambulance attendants made a concerted effort to report any errors made by the First Responders to the media and to the committee.

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[35] R.J. Berard, memorandum to E.A. Frame, G.R. Herte, A.M. Duncan, D.L. Gemmill, 4 November 1982.

In fact, confidential documentation made available to the committee was leaked to the press. Particularly involved in this attack were certain T.V. stations and newspapers. The level of their involvement led many to believe that they had a vested interest in utilizing their position to prevent merger from happening. One of the reporters eventually became involved in a scandal over his reporting on the issues that cost him his job.

An article in the Winnipeg Sun on December 30, 1982 typified their behaviour. Staff writer Steven Edwards lists several anecdotal examples of poor or sub-standard treatment by fire fighters in alluding to a report from "members of the Ambulance Service".

> ...fire fighters failed to initiate CPR on two patients whose hearts had stopped. Another time, the ambulance arrived before the First Response team. The report says that in certain other calls the fire fighters:
>
> - didn't give oxygen to patients who required it.
> - didn't position patients correctly. One incident is cited where they cut down a hanging victim but failed to attempt to revive him. [36]

In concluding the article the author of the report, Dr. Neil Donan, is mentioned as casting "... doubts on plans to expand the program."[37]

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[36] Steven Edwards, "Reports rap first aid program." The Winnipeg Sun, 30 December 1982: 5

[37] Ibid.

The media leak occurred in conjunction with the release of the report. An internal M.H.S.C. memo from D. Russell, the Manager of the Ambulance Services Division to Mr. F. Anderson the Administration Division Director put the problem in perspective.

> Although the First Responder program equips the First Responder with the necessary knowledge, and possibly too much, considering the expectations of the program, that it would seem to be more appropriate to have the First Responder spend more time riding on the ambulance, out of an area that has the potential to involve him in numerous and different types of calls where his skills may be applied, and fine tuned prior to being turned out on his own.[38]

This concept of allowing fire fighters to gain valuable experience by riding ambulances, while valid, was never realized. Why remains conjecture, the point is, that the First Responder program posed a threat to many members of the Winnipeg Ambulance Department who saw it as undermining their jobs, and was targeted by all levels as a result.

On January 6, 1983, the Task Force released a report dealing with the whole issue of Emergency Medical Services within the city. It made ten recommendations. They are paraphrased:[39]

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[38] D. Russell, memorandum to F.S. Anderson, 30 December 1982.

[39] D.R. Lofto, et al., Report on Emergency Medical Services. 6 January 1983: 3.

1) That amalgamation not proceed.

2) That E.M.S. be delivered by a separate City Department reporting to the Committee on Finance.

3) That Advanced Life Support (Paramedic) proceed.

4) That a Medical Consultant be hired.

5) That stable patient transfer be separate from Emergency Medical.

6) That the First Responder Program continue in areas where response times are high.

7) That research be conducted to achieve a balance in the number of A.L.S.(Advanced Life support), B.L.S.(Basic life Support), F.R.'s(First Responders) and Transfer vehicles.

8) That personnel prepare an organizational chart for the new Ambulance Department.

9) That a study of Fire Department staffing levels be conducted.

10) That discussion with the Province regarding funding occur.

These recommendations were to set the directions for the two services. Amalgamation plans were scrapped and a new working relationship, characterized by isolated disagreements, and tension, was to begin. The rationale for each of these recommendations and the results of each will be discussed later in this paper.

In retrospect, the argument against amalgamation became something of a turf war in which all stops were pulled out to protect jurisdiction. The behind the scenes lobbying continued into early 1983 with both sides, fire and

ambulance, taking their case to the Press. At the centre of the debate was the Medical Standards Committee, for the information "leaked" to the media had as its point of origin the ambulance service members within this committee. Virtually everything discussed by the Medical Standards Committee members which could be of use in the battle found its way to the media. An article in the Winnipeg Sun in February of 1983, quoted Dr. Neil Donan as describing the leak as "...an attempt by a cheap opportunist to get some sleazy political gain and destroy the First Responder program."[40] The same article quoted an Ambulance source as saying "... everything they do is structured and straight out of a rule book... you can't run an ambulance service like that. Ambulance attendants have to make on-the-spot decisions without referring to someone else."[41] (This is another clear example of how perceptions play a main role in the merger process and must be countered.)

The Fire Department position was demonstrated by another quotation from an unnamed senior fire official, "They (ambulance staff) feel their jobs at the top of an independent service are being threatened by the fire fighters so

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[40] Steven Edwards, "Ambulance service storm threatening," The Winnipeg Sun, date: 5.

[41] Ibid.

they want to destroy the First Responder program at any cost."[42] The same article closed with a quotation from a fire fighter (Larry Lennon) which summed up the fire fighters view of the whole debate. "There are a few people who are more concerned with their spots in the hierarchy than with the medical aspects of the program."[43]

An internal memo from Ms. D. Russell, the Manager of Emergency Health and Ambulance Services at M.H.S.C., to Mr. F. Anderson, the Director of the Administration Division, addressed concerns with these media leaks. The Province was, at the time, incorporating the First Responder Program as a key component of Ambulance Training for all of the rural areas and did not welcome any adverse publicity which could affect the delivery of this program. Ms. Russell's solution was as follows:

> As an aside, at the last meeting of the Medical Standards Committee where only doctors were present we strongly recommended that the Medical Standards Committee, as is, be disbanded and that a new one be struck consisting of only doctors and nurses with some authority as well as responsibility for maintaining medical standards within the WAS. Dr. O'Toole, Chairman of the committee is going to present this recommendation to the Ambulance Commission on February 10th at their next meeting. There appears to be a great deal of

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[42] Ibid.

[43] Ibid.

> "dirty pool" being played in this service and somehow the Medical Standards Committee is right in the middle of it.[44]

The "dirty pool" Ms. Russell alluded to centred on the Fire and Ambulance membership on this committee. Her concerns were echoed in a subsequent memo from L. Anderson to F. Decock, the Associate Executive Director of M.H.S.C. The committee was established, as he said, "...to monitor and advise as to standards of care for the Ambulance Services in Winnipeg."[45] Instead it became a forum for inappropriate discussion between the two sides (Fire and Ambulance) with the Health Professionals caught in the middle.

The committee's position was put forward in yet another Sun article dated February 11, 1983. Dr. James O'Toole was quoted:

> The doctors and nurses on the committee hold no political views either for or against amalgamation. Their interest is in patient care. [46]

Interestingly, this article came about when Ms. Russell's memo was also leaked to the press through the committee.

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[44] D. Russell, memorandum to F.S. Anderson, 8 February 1983.

[45] F.S. Anderson, memorandum to F. DeCock, 11 February 1983.

[46] Steven Edwards, "Non-medics frozen out Ambulance battle brewing," Winnipeg Sun, 11 February 1983: 6.

As the issue of amalgamation was put to rest and the Ambulance Service became a City Department they slowly began to focus their efforts into developing a Para-medic Program and away from the First Responders. However, the past experiences were never far from the surface and as a result a grudgingly formed relationship began to develop between the departments in which old feelings were never far from the surface and isolated incidents involving minor clashes occurred.

All of the Task Force recommendations were acted upon. A Medical Director was hired to assist both Fire and Ambulance with standards and protocols. To date three doctors have held this position. The First Responder Program was maintained and expanded over the decade to encompass all but five of the city's twenty-six fire stations. The Fire Department has over six-hundred of its nine hundred and fifty six members trained as First Responders. Today these duties are accepted as a normal facet of the job of a fire fighter by all levels in the department.

The Task Force recommendation for a study of staffing levels in the fire Department resulted in another external consultant's report. In July of 1986 Cresap, McCormick and Paget, a Toronto firm, released their "comprehensive Operational Audit" of the Winnipeg Fire Department. Their approach was to

analyse all components of the department and make recommendations for improvement in specific areas. It was perceived by all members that the result would be a downsized department because the tone of the Task Force report was that Ambulance Service enhancement could in part be funded by a shift in resources from the Fire Department budget. This point is reinforced by a quotation from the Task Force report. In analysing "costs savings" of an amalgamated service they recommend:

> ...redeploying the four Fire Department Rescue vehicles and their crews to EMS duty. The Fire Department evidently is able to accomplish this economy since the function of the rescue vehicles can be assumed by pumper companies as is done in many cities. If this is the case, it would appear that these savings may be available to the City even if a separate Winnipeg Ambulance option is pursued.[47]

The consultant's audit, while failing to move in this direction did, however, recommend closing two fire halls, deleting eight pumper companies and reducing Fire Communication staff. The Fire Department resulting from these recommendations would have been 148 fire fighters and six dispatchers fewer in complement. This would have been a reduction of 14% of total compliment.

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[47] D.R. Lofto, et al., Report on Emergency Medical Services. 6 January 1983: 12.

Significantly, an additional rescue vehicle was to be added to the complement. This points to a glaring fault with reports prepared by external experts. When two such reports, submitted within a few years of each other, are diametrically opposed in their recommendations it is obvious that reliance on either is fraught with difficulty.

The remainder of 1986 was spent in turmoil as all parties affected by the report scrambled to argue against future possibilities. The Board of Commissioners received submissions from CUPE (Canadian Union of Public Employees), representing Fire Dispatchers, Local 867 of the IAFF (International Association of Fire Firefighters) representing the fire fighters and the Chief of the Fire Department, Jack Henderson. On this issue, all were united. They cited obvious flaws in the body of the report and the potential for problems it would create. The result of their lobbying was that this report was essentially shelved and all but a few of the recommendations forgotten. Those accepted dealt with internal logistics which play no role in this paper's mandate. However, they do reinforce another fact regarding external reports. Those recommendations which fit existing paradigms such as the belief that there are major differences between fire and ambulance personnel, and merger will not save money are accepted while opposition to those which do not is exceptionally unified and strong.

To date, two rescue companies and one additional fire hall have been added. Staffing for these changes has been accomplished through internal resource shifts with the result that only two halls remain which have more than a single pumper company assigned. The redundancy of pumper trucks has been all but eliminated by shifting staff to rescue vehicles.

In 1993, an aerial truck was taken out of service and more personnel assigned to the Fire Prevention and Training Branches (four each); four positions were deleted. The Ambulance Service was re-structured to department status at the end of 1983. Since this time the infrastructure has been enhanced with the addition of four new ambulance stations. Staff complement has grown to 153 and there are 18 Ambulances in service.[48] The recommended ACLS (Advanced Cardiac life Support) program is now in place thanks to a very dedicated ambulance staff complement and the efforts of the present Medical Director, Dr. Linda Nugent.

The development of this program is salient to any discussion of amalgamation because of the ownership that all members of WAD (Winnipeg Ambulance Department) feel towards it. While all parties, and the various

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[48] The Board of Commissioners, The City of Winnipeg, "Budget Topics," City Emergency Services, September 1994: 1-6

studies and reports agree with the benefits of the program, the issue was, once again, funding. Provincial officials were reluctant to open the door to this extensive training because to do so could necessitate expansion to all Ambulance Services in the Province.

In fact, in a memo exchanged between the Minister of Health, the Honorable L. Desjardins, and the Minister of Urban Affairs, the Honorable Eugene Kostyra, dated April 8, 1983 this issue is addressed.[49] Mr. Desjardins in responding to a previous request from Mr. Kostyra discusses the funding already made available to train the First Responders. He refers to this as "...the first phase of the proposed amalgamation of the Fire and Ambulance Services" and goes on to say that "...it now appears that the City has abandoned its plan to amalgamate the Fire and Ambulance Services". In a key statement at the close of this document Mr. Desjardins states:

> The Commission's Estimates for 1983-84 do include funds for ambulance attendant training for both rural and urban areas. However, before we make any allotment of such funds for a paramedic training program for the City of Winnipeg we will want the City to provide us with information on its current program for the development of ambulance services, so that we can assure ourselves that any special funding approved will only be used for purposes which are consistent with an overall development plan.[50]

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[49] Hon. L.L. Desjardins, memorandum to Hon. Eugene Kostyra, 8 April 1983.

[50] Ibid.

From this statement it appears that, while funding an amalgamated service was "consistent with an overall development plan," funding the newly created Ambulance Department was not. Any estimate of the resulting loss in Provincial funding would only be conjecture.

The reluctance to provide funding for the Paramedic Program proposed by Winnipeg Ambulance centred on the extent of the training. Winnipeg Ambulance, as the biggest player in the Province, wanted a very extensive 2100+ hour course. The Province, aware that, with the aim of equity, it would have to provide the same program to all services meeting the established criteria, developed a 210+ hour course which it felt met the needs. With the gap between the two sides so great the result was that WAD went its own way as did the Province, using the town of Selkirk as a pilot.

With no funding forthcoming WAD began a pilot of its own using supervisors as instructors who had agreed to teach the material at no monetary cost to the City. For their part, the attendants agreed to provide eight volunteers to participate with the stipulation that, should the program be accepted, some form of retroactive remuneration could result.

At present WAD has eleven paramedics in service and four in training. While on duty the utilization rates are excessively high for these individuals (in the neighbourhood of 60%) and for this reason more are needed. "Standard utilization rates in excess of 40% are deemed in the fire service to be excessive."[51] At this level many services supplement their compliment.

It is evident that both the Fire Department and the Ambulance Service are different organizations today than they were in 1983, the last time an amalgamation was discussed. They have now worked together in a tiered response system for over twelve years. The demographics of both departments have changed significantly and many of today's employees were not even players in the original proposal. This is particularly true in the Ambulance Department. The point here is that any new proposal to merge will be free of past players who were so vehemently opposed in 1983.

Politically, the impetus towards cost cutting and rationalization of services at all levels of government makes exploring such a plan, at least worth considering.

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[51] Gary Morris, Deputy Chief of Phoenix Fire Department, telephone interview, 11 October 1995.

In retrospect, both services have now developed cultures in which each plays a part in the other's value system. The tiered response system is a reality and is not likely to change. New technology is driving change in the provision of both services at an exponential rate. Change is now accepted and in fact is becoming entrenched as normal. This is a fundamental difference from the climate in 1983.

Down loading of responsibilities by all levels of government will force even greater responsibilities onto municipalities in the future. This is particularly true in the area of health care. Given the new direction recently announced, where Regional Health Boards will now manage ambulance services for the Province, the city can no longer continue to believe that ambulance services are not their responsibility and the Province has accepted that the services cannot be given equal consideration province-wide.

With these facts and a knowledge of the history of both departments in mind a study of amalgamation need not be an exercise in futility.

CHAPTER II

AMALGAMATION: YES OR NO

Careful examination of the amalgamation issue demonstrates that there are successful examples of how to amalgamate (Phoenix, Arizona or Norfolk, Virginia) and unsuccessful examples (Calgary and Edmonton, Alberta). Winnipeg can enhance the efficiency and effectiveness of its Emergency Services through a full amalgamation of the fire and ambulance services. Other cities have proven that this is possible. A clear understanding of all the issues is integral to the achievement of this goal. Chapter III will provide a detailed analysis of these and other cities who have attempted merger.

Factions form quickly around the issue and "turf wars" become commonplace. Each side is quick to point to examples which reinforce its position. Success is contingent upon overcoming these problems. It appears that the relative success or failure of such integration is, in fact, dependent on several factors.

1) Jurisdictional factors such as demographics, funding, the culture of the organizations involved, the political climate and Union positions.

2) The infrastructures of the organizations involved and their level of entrenchment.

3) The receptiveness of the relevant bureaucracy to such a plan.

4) Political will at the various levels and collectively.

5) The model chosen for integration.

6) The process chosen whereby integration will occur.

7) Multi-level government involvement.

8) Individual agendas.

These factors will be of different importance depending on local situations and are listed in no particular order of priority, but all must be considered. The rationale for such mergers must also satisfy the following criteria:

1) Patient care must not be compromised and should, in fact, be enhanced.

2) No members of either organization should be detrimentally affected. (i.e., lose jobs, rank or benefits)

3) The City should benefit through lower costs of service provision, economies of scale, and simpler management of fewer Collective Agreements.

4) The resulting organization should be, as much as is possible, free of hard feelings, dissention and integration-caused conflict.

In retrospect, the majority of the recommendations of the Frame Lofto et al committee have been proven valid. However, the rationale for rejecting amalgamation was somewhat tenuous at the time and today would have no validity whatsoever.

Basically, amalgamation was rejected for the following reasons:[52]

1) A perceived "loss of flexibility" in managing the new department. The argument here was that the traditional management style of the Fire Department would not be able to "...adapt to conditions as they evolve in the future in the rapidly changing EMS field."[53] While this may have been, to a degree, correct in 1981, it certainly is not true today. Changes in the Fire Service are occurring at least as quickly as those in EMS today. New programs, such as Hazardous Materials Incident Mitigation, Technical Rescue, Water Rescue, Confined Space Rescue and Vehicle Extrication and new approaches to fire fighting, such as Class A and B foam applications, advanced self-contained breathing apparatus technology and a myriad of others are driving change at a rate never before encountered in Fire Services. In fact, today, the name Fire Services is a misnomer and even "Emergency Services", while closer to the reality, does not address the new directions in which Fire Departments are evolving. Proactive programs, such as public education and fire prevention, are forever altering the job description of the typical fire fighter.

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[52] DeCock 3.

[53] D.R. Lofto, et al. 9.

The key point here is that "...with over 600 members trained to First Responder level and with the response in excess of 6000 medical calls per year..."[54], the Winnipeg Fire Department is already adapting to changes in EMS provision.

2) Perceived problems with the "organizational harmony" resulting from integrating Fire and Ambulance personnel. The Task Force concluded[55] that "...these differences could result in disruptive personnel problems, as experienced in Calgary, to the detriment of the public", and further that, "...statements made before this Task Force and the media indicate that this is a very real possibility". This argument is widespread any time the issue of Fire/Ambulance amalgamation is studied, and is totally unfounded. The idea that some kind of inherent or cultural differences exist in people who wish to be firefighters and those who wish to be ambulance attendants is unfounded. In Winnipeg in the last year three veteran Winnipeg Ambulance attendants entered the Fire Department. They are now serving the public in their new capacity with no differences between themselves and the other fire fighters except their higher level of training. This, of course, is not a statistically valid

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[54] W.C.H. Clark, Director of Training, personal interview, 21 January 1996

[55] D. Russell.

sample size, but it does demonstrate that cross training can successfully occur.

The point to keep in mind is that the Calgary situation was constantly referred to by the Task Force and that Calgary has proven to be a system which provides the ultimate example of how not to amalgamate. Obviously, drawing upon this example will always yield negative conclusions as to the merits of merger.

In addition, the Task Force never detailed the sources of the statements predicting dissention. In reality the two services have now been working together for 14 years and, apart from isolated incidents, there have been no occurrences of counter-productive behaviour.

3) Another reason amalgamation was rejected was cost: The task force concluded, after examining the Peterson's report,[56] that they had been "...unable to substantiate the claimed cost savings." They attributed Peterson's claims to the use of three criteria, which it was felt misrepresented the predicted savings. These criteria were:

a) Using a bench mark for the upgraded ambulance service which over-serviced the city.

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[56] J.E. Peterson, et al.11.

b) Charging items to the upgraded service which were not charged to the amalgamated model.

c) Redeploying four rescue vehicles to E.M.S.

d) Provincial cost sharing problems resulting in the loss of ability to achieve greater Provincial responsibility for provision of service.

The issue of cost savings is the most important from a political perspective. Winnipeg has two quality services at the present time. The Ambulance Service achieves top quality patient care, utilizing an efficient system involving initial response of Fire Department First Responders, who are provincially certified.

The Fire Department in Winnipeg has one of the lowest operating costs per capita in Canada for Fire services. Edmonton, a comparable city, for example, had a budget of $68 million per year for fire services compared to Winnipeg's $58 million dollars. Calgary, again a comparable city, has a Fire budget of over $72 million dollars per year.[57] (1994 figures)

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[57] Lough, Barry. Winnipeg Fire Chief, personal interview, 25 September 1995.

Their Winnipeg efficiencies, however, do not preclude the opportunity to achieve even greater savings by amalgamating the two services. In fact, given the Continuous Improvement initiatives and the "New Directions" that the City is striving for, it is incumbent upon all managers to achieve the greatest level of efficiency and the most effective service levels possible.

The cost savings studies of all the reports to date contain serious errors. These errors stem from the approach taken to study the issue. In all previous reports hypothetical organizations were designed and savings predicted based on extra expenditures associated with running these organizations. By so doing, any corroboration of the predictions is impossible. The rational approach is to assume that money saving predictions should be concrete and quantifiable. This is achieved by examining the present situation and leaving future budgets to the regular process.

The facts are:

1) Winnipeg has two infrastructures in place to achieve fire and EMS response. They may not require two Administrative Offices, two Dispatch centres, two complete station infrastructures, two stores locations, two different uniforms, two vehicle service systems etc. Significant savings could occur by the city collapsing the ambulance infrastructure and absorbing

it into the fire infrastructure which is already in place. Existing buildings such as 2000 Portage (which will soon require replacement)[58] could be privatized. The four new ambulance stations could be utilized for such purposes as Community Police Offices if they are in desired locations, or also sold to private interests.

2) A Manitoba Health Services study conducted in 1992-93 concluded savings in excess of $300,000 per year could be achieved through merging the Fire/Ambulance dispatch centres alone.[59]

3) Both services are about to go on line with a new joint dispatch system. Significant savings in terms of hardware costs alone could be realized if nine fewer sets of hardware have to be purchased and maintained. ($35,000)[60]

4) Changes in the fire service in terms of the new proactive approach they are taking in such areas as Codes, Bylaw creation and enforcement, and Public Education initiatives coupled with systemic changes such as more stringent building codes and sprinkler legislation and differences in building

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[58] Nick Martin, Winnipeg Free Press, "City offices too scattered", 28 February 1995: B1.

[59] Senior Staff member, Emergency Health and Ambulance Services, not for attribution, telephone interview, 2 April 1996.

[60] D. Hutton, personal interview, 24 October 1994.

materials have decreased the number and size of fires in all urban areas of the country.

New technologies, already in place in the fire service, such as more efficient ventilation techniques, larger and more efficient pumper apparatus and the application of Class A foam in structural fires will decrease the amount of time apparatus remains on scene. This, in turn will lower utilization rates for all apparatus and make them available for calls sooner. Statistically, it makes some apparatus appear redundant. This is not the case. Apparatus in locations with low call volumes and utilization rates are still necessary.

The fire service provides insurance against loss, and as such, is required, whether utilized regularly or on standby in the station. Effective fire mitigation is contingent upon response time. Taxpayers are entitled to equality in this area. Response times must be the same in Windsor Park as they are in the West end, Integrated Fire/EMS systems, in other words, provide more "bang for the buck" and balance the work loads of the two services. This creates a more efficient utilization of personnel and a politically desirable situation, when cost benefits are considered.

5) An amalgamated Fire/EMS service creates the potential for reducing the number of positions necessary. Cursory examination in this area has

indicated that the service may be able to eliminate 80-100 positions for yearly savings, including wages and benefits, of in excess of $6,000,000.00 per year.[61]

6) Another consideration is overtime costs. The Fire Department, by virtue of its size, does not need to call in employees when shortfalls occur. They have a contingency reserve of extra staff. For this reason the entire overtime budget of the department is less than $50,000 per year. Examination of Ambulance service budgets, where no contingency reserve exists, shows overtime costs of in excess of $650,000.00 per year (1994 budget). (See Appendix "A"). An integrated Fire/EMS system would eliminate or substantially reduce costs in this area as the organization would be large enough to accommodate the staffing shortfalls resulting in the need for this overtime.

The ambulance service is also required to pay training costs for courses offered to off duty personnel. This amounted to $85,000 in 1994. (Appendix "A"). An integrated service, by virtue of its size, would not

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[61] Keith Anderson, Accounts Supervisor, Winnipeg Fire Department, personal interview, 24 September 1995.

require this type of training. Sufficient staff would exist to cover for people to train while on duty.

7) Redundancy would also be created at the Management levels. A District Chief would be replaced with an EMS Supervisor. This would save the current EMS supervisor salary X 4 for four shifts: a savings of at least $250,000 per year.

There would also be savings of Office Staff salaries, contract negotiations with three of four fewer bargaining units, standardized uniforms, vehicle maintenance and other areas that are beyond the scope of the paper. These redundancies could be addressed through attrition. There are at present in excess of 95 members of the Winnipeg Fire Department eligible for pension benefits in 1995. The Fire Department averages 25 retirements per year.

While specific savings are difficult to project without comprehensive study, the indications are that eventual savings would be significant under an amalgamated service.

Pay differences between Fire and EMS personnel often lead to a "whip saw" effect, which is counter-productive to the employer. An amalgamated

service is not prone to such problems, as all personnel enjoy the same pay and benefits. The redundancy already described in this report would easily counter the extra costs of equalizing the pay of the present EMS and Fire personnel. In fact, the present system may become prone to these effects as EMS personnel seek to equalize their pay and benefits with present Fire Department rates.

The 1983 Task Force recommendations 2, 3, 4, 6, 7, 8, and 10, as detailed in Chapter I, have been accomplished and would facilitate integration should it be feasible.

Recommendation 5, dealing with the stable patient transfer function would require in-depth study under an integrated service. This area offers considerable opportunity to market services and raise revenues, while at the same time creating a training opportunity for new employees and providing a contingency to be utilized during peak use periods. Study is justified before deciding upon a course of action in this area.

Recommendation 9 on staffing in the Fire Department would also require study. The Task Force believed that the Fire Rescues were redundant. In fact, with the move to many specialty programs such as Haz-Mat, Water

Rescue, Technical Rescue, etc., these apparatus, now experience the highest call volumes and correspondingly the highest utilization rates in the department.

What is required is a new way of thinking about how emergency services serve the community. In the past, Fire Services have always measured performance by simply calculating call volumes (how many times, in a fixed period, a piece of apparatus was called to respond to any incident). With the introduction of CAD (computer aided dispatch) it became possible to indicate the amount of time that was spent responding, on scene, and returning from the scene. These data provide a more reliable and valid base upon which to assess performance and efficiency because they detail outputs of and not inputs to the system. Through the use of computer generated charts, etc. it is now possible to detail apparatus availability over time. In other words, of the 8760 hours in a year, how much of that time was the apparatus available for emergency response?

In February of 1995 analysis of this type yielded the following results for 1993 for Winnipeg's Fire Apparatus: from a group perspective, availability is as follows:

Pumpers - 97.3%

Ladders - 98.5%

Rescues - 95.0% [62]

Simply explained, this chart shows the percentage of the total time in a year that the various types of apparatus were available for response. It is important to note that these are data for only a one year period and do not, therefore, identify trends.

Study in this area should occur within the context of a hypothetical amalgamated service. In this way any synergy created by amalgamating could be identified and targeted for implementation.

PATIENT CARE:

Since the Task Force Report, many changes have occurred in the provision of Fire/EMS Services within the City of Winnipeg. These changes have led to a tiered response system which provides a high level of patient care. Studies from many jurisdictions indicate that this type of tiered response involving

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[62] D.J. Hutton, memorandum to the author, 02 January 1995: 2.

First Responders on the scene within 4 minutes followed by an 8-10 minute response of Advanced Life Support is optimal for survivability.[63]

Fire/Ambulance amalgamation lowers response times significantly because of the Fire infrastructure and the availability of increased numbers of appropriately trained people. Patient care is enhanced under such a system. Norfolk, Virginia has experienced this reality as a result of their creation of a fully cross-trained/dual role service.

A key point to keep in mind, if considering amalgamation, is that the same people are doing the job. They merely add expertise and flexibility to the new system by cross-training.

There are many models to consider when integrating Fire and EMS systems. All studies examined indicate that fully cross-trained/dual role services achieve the best results, in terms of patient care, for the reasons already mentioned. Seattle, Phoenix and Lethbridge, Alberta offer these types of service. Following their example, Norfolk, Virginia has recently completed this type of integration with positive results.

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[63] O. Braun, R. McCallion, J. Fazackerley, "Characteristics of Midsized Urban EMS Systems" The Annals Emergency Medicine. Vol. 19, Issue 5, May 1990: 536-546.

The failure to accept the recommendations of the Peterson Report in 1981 was due mainly to the process through which they were made. Experience with consultants' reports indicated that while they are a valuable data gathering and analysis tool , recommendations on the use of these data are best left to the players involved.

Integrating two services or departments has never been an easy task but many examples exist to demonstrate that it is not impossible. All decisions made by those studying the process should be analysed in the context of three key questions:

i) Will patient care be enhanced or maintained?

ii) Will the City, and in particular its taxpayers, benefit?

iii) Will this decision create a win-win situation in terms of employee gains and losses?

Cultural differences within the new organization are mitigated by the creation of a new culture which eliminates the "us" and "them" dichotomy prevalent when differences are fostered through separate organizational functions and logistic differences such as pay scales, uniforms, apparatus markings, etc.

However, the most difficult task is dealing with Union/Union issues, for herein lies the single area where there are clear-cut winners and losers. Obviously, integration could involve the dissolution of as many as four bargaining units in Winnipeg.

While problems in this area are substantial they are not insurmountable. Negotiations would have to occur among all Unions involved to achieve resolution.

Fire/Ambulance amalgamation is a complex issue that has been extensively studied in many jurisdictions including Winnipeg. The present situation in Winnipeg is very similar to the 1981 situation that saw an expensive consultant's report ignored and a Task Force created as a result of political pressure and lobbying by players in the system to protect their own agenda. Once again players in the system are lobbying, through the media, for enhancement of the Ambulance System, similar to what occurred in 1981. The facts are that if the Peterson Report had been adopted the City would not have had to build four new ambulance stations and would not have spent over five million dollars on overtime pay alone since 1981 in the provision of Ambulance Services.

Should amalgamation continue to be ignored, infrastructure upgrades will be required by both organizations. More staff and additional units will be necessary at high cost to the City. These additional costs will not be balanced by significant reductions in the Fire Service unless the synergy of integration is allowed to occur and the resulting redundancy utilized to advantage.

For these reasons a comprehensive study of the various issues involved should be conducted by the players involved. In this way recommendations made will not so likely be opposed as any discussion will have occurred prior to their creation.

As explained, the key driving force for an amalgamation must be the cost savings achieved. The down loading by all levels of government prevalent in the current political climate has forced exploration of many new ways of approaching provision of emergency services. This forced change is, in fact, an opportunity for municipalities to achieve greater efficiencies in their operations.

Provision of Emergency Services is fundamentally different from the other services for which a municipality must take responsibility. The obvious

reason for this is that *lives* depend upon these services and, as a result, protection levels must be as equal as possible in terms of level of service. What this implies is that all taxpayers have equal access to, and use of, the services. This in turn suggests that both primary and secondary service (back-up) must be as close to equal as possible in all areas of the city and at all times for emergency response. A fire Station responding 300 times a year is just as necessary as a fire station responding 3000 times a year.

The answer for the municipality is to eliminate as much redundancy as possible without affecting the services' ability to respond equally, and the way to do that is to increase workloads, if possible, without reaching a point of diminishing returns where service levels drop as a result.

It is important to consider also that an Emergency Service conducts a wide variety of activities outside of "Emergency" responses. Today's "Community Based" approach to the delivery of Emergency Services involves a more pro-active style in the provision of services. Prevention and Public Education initiatives must be factored into the analysis of apparatus utilization.

In the City of Winnipeg it is clear that utilization rates are low in the Fire Service and that the absorption of ambulance services could be achieved by

overlapping personnel and apparatus to a significant degree. What this means, is that a new Fire/EMS organization does not have to be equal to the sum of its parts. By cross-training personnel and by re-thinking traditional response assignments, significant redundancy, as already described, could be identified.

The failure of past amalgamation plans has centred around their inability to specifically target savings. This is not a reason to scrap a plan. True analysis requires data and the new organization will create data as a natural evolution. Perhaps, if it was recognized that savings can result, and over-time those savings will present themselves, integration would be easier to achieve.

The simple point is made by Butler when he says "The public gets two services for the price of one."[64] This is the case in Seattle, Phoenix, Norfolk, Lethbridge, Brandon, and Thompson Manitoba. It can work.

The other obvious area of major savings occurs in infrastructure. A municipality like Winnipeg has put in place a network of Emergency response

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[64] Tim Butler, "Call the Fire Department" Implementation of EMS in the Fire Service. Challenging the Fire Service ed. Robert P. Pringle, Jr. Third in Ser. Fairfax: Virginia, 1991: 45.

stations which enable a pumper to reach, optimally, all locations in its initial response district in four minutes or less. This is because fire grows exponentially (eg. 4 X in 2 minutes, 16X in 4 minutes etc).

It does not seem logical or financially prudent not to utilize this infrastructure for EMS response as well. This is the main reason for the First Responder component of the tiered response system. The argument is that because there are fewer ambulances they must utilize a roving deployment and constantly change locations to cover areas where an ambulance is off duty. By keeping units in the areas where most calls occur it is possible to statistically achieve the lowest possible response times for the greatest percentage of the time.

This is a logical argument and it works. What defies logic is that these units spend hours sitting in parking lots with the engines running when they could be in nearby Fire Stations which are more comfortable for the attendants and which would reduce wear and tear on the units, as well as saving fuel.

There is no logical argument for the establishment of an entire duplicate infrastructure, dispatch system, administrative, maintenance and stores department. The original plan called for immediate integration in these areas.

The existing situation sees the nine ambulance stations sitting empty a great deal of the time while the assigned units are "running" in parking lots.

Notwithstanding the possible savings achieved through the creation of a single Fire/EMS service in the long term, there are expenditures necessary in the short term. These are one time costs such as uniforms, apparatus paint jobs, letterhead changes and most significant, cross training requirements. Careful analysis of methods for achieving these goals must occur with Provincial involvement from the onset of the process. They will be discussed in more detail in Chapter III dealing with the process.

Financial analysis of the integration goes beyond the scope of this paper. Past studies failed because they did not establish proper service levels. The new Department would evolve and with this evolution the normal budget process would be utilized to achieve cost savings. It is most significant to note that future change can occur as well. Should the initial re-organization fail to achieve necessary savings to justify the integration, change may still occur. Past studies took a snapshot approach which failed to recognize this fact.

A quotation from Dittmar best sums up the infrastructure/administrative component of cost savings in the provision of Emergency Services. Writing in *Fire Engineering* she says: "... it is no longer realistic to continue to support two departments with duplicate expenses for leadership, administration and training staffs, as well as individual training facilities for similar responses."[65] What is required, is that recognition of the importance of an integration which is more cost effective than the present situation, occur at the onset of the process defining the integration. In this way, every decision made is approached with savings in mind rather than with a view to "empire build" or exacerbate redundancy that may be the case at present with certain players in the system.

The second targeted goal of an integrated service is perhaps the most important. Patient care must not be compromised and should be enhanced. It has already been described how response times could improve through an integrated provision of these services which takes advantage of the existing Fire Department/Ambulance infrastructure. Adams makes this point. "No other entity, public or private, is capable of providing pre-hospital emergency

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[65] Mary Jane Dittmar, "Fire Service EMS: The Challenge and the Promise Part 1—An Overview," Fire Engineering. July 1993: 53.

response as efficiently and effectively as fire departments. Fire fighters operations are geared to rapid response."[66]

Taking this argument one step further Whitehead elaborates. "Too often the debate over EMS centres on the cost of transporting patients... The effective delivery of EMS boils down to one thing —response time— because a rapid response is the key to greater patient survival rates, and patient survival is what EMS is all about."[67]

While he makes the point in a strong way which is typical of the leader of the largest Fire Department Union organization in the world it must be noted, that while response time is a key factor, the quality and level of training of those who respond is equally important. In Winnipeg the Ambulance Training is very high quality. The Fire Service would require additional levels of training to achieve the best possible level of care and there would be costs associated with this training. Notwithstanding these considerations it must be understood that the tiered response is a fact of life and no matter which model is chosen for EMS delivery those doing the job will be the same.

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[66] Rich Adams, "The Privatization of EMS," Firehouse, April 1995: 14.

[67] Ibid.

A key linkage which is now weak is the Training/Skill level of those involved. There is virtually no input from or contact between the two services which could enhance the service provided. The Fire Service First Responder Program is provincially designed and regulated and all training is done "in-house". The Ambulance service, through the Medical Director, has developed and delivers a very comprehensive training program which is also delivered "in-house". One of the major benefits to the quality of patient care would be the resulting link of these programs which would result from integration. In fact, if the integration was rejected this linkage would still be necessary in the tiered system.

Another enhancement to patient care possible within an integrated service is the availability of additional back-up units to be utilized when shortages occur in the number of available ambulance units. This situation is occurring with increasing frequency in Winnipeg since the Paramedic program began. The reason is, that with Paramedic response more of the initial treatment is conducted on the scene. This causes assigned ambulance units to remain unavailable for longer periods. As call volumes increase the situation worsens. Current statistics reflect this trend. If allowed to continue this will, in fact, create a need for additional units and staff and contribute significantly to costs of service provision as well.

Should the one Department concept occur, different methods of assigning personnel to apparatus could alleviate this problem. For example, many Fire Departments are moving to a system in which multiple types of apparatus are assigned to Fire Stations with single or double crews. Dispatch indicates which piece of equipment is used for response. For example, a Fire Station may contain a pumper, aerial device and ambulance unit but only two crews. The second crew responds with aerial or ambulance as required. Computer aided Dispatch automatically sends the closest and most appropriate vehicle. In this way apparatus normally designated as reserve or spare may rotate through the system. This increases vehicle life as well, thereby lowering costs and providing enhanced service levels.

Another key area of enhancement of quality of care involves responses to hazardous material, specialized rescue and extrication scenes. These incidents require technical knowledge and the use of specialized equipment which in turn necessitates extensive training.

It is not cost effective or practical to train two separate services to these levels. Intervention without proper training (as occurs now in the City of Winnipeg) severely jeopardizes the safety of rescuers and victims and may expose medical personnel at hospitals etc. to contamination as well.

Co-ordination of on scene personnel is facilitated when only one or two agencies constitute the initial response. Bensen substantiates this point. "EMS service can be impeded when a first-responder fire team and second-responder private EMS team answer to different bosses and know little of each other's duties, strengths or weaknesses. The joining of fire service and EMS, rather than being antagonistic could bring both services up to top operating potential."[68]

The thing to consider when discussing patient care is that no matter what form of tiered response is used it will be the same workers doing the responding as are at present so utilized. By manipulating and enhancing systemic components these people can become more efficient and effective which will benefit patients correspondingly.

Another area of concern when considering amalgamation is working conditions, benefits etc for the employees of the newly created organization. This is perhaps the most serious threat blocking the goals of integration and yet it is a very complex and murky area within which to reach factual conclusions. Personal and group agendas, factions, perceptions, turf wars,

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[68] Frank K. Sherburne, Impact of Emergency Medical Services Delivery on the Edmonton Fire Department. Strategic Analysis of Fire Department Operations (Edmonton: January 1992) 21-22.

personality and fear of the unknown all contribute to the creation of the climate within which crucial decisions must be made. Yet, many mergers (e.g., Calgary & Edmonton) are made without first addressing these concerns.

In Norfolk, all of the players were forced to interact and become familiar with both sides in the issue before concrete plans for implementation were made. This step is lacking in most integrations and results in many problems being perpetuated which could have been minimized or avoided completely. This point will be explained in full in the subsequent chapter on Process.

The arguments against merging the services share many similarities among jurisdictions. The most common centres on why Fire Departments would pursue EMS duties. A recent report to the Commissioner of Parks, Protection and Culture in Winnipeg included the following:

> It has become a well known fact within the Fire and E.M.S. community, that the Fire Chiefs and Fire Unions in Western Canada are once again aggressively pursuing a plan to become involved in the delivery of ambulance services. Their motivation appears to be driven by the realization that fire suppression demands are diminishing. In order to defend large budgets and organizations that are top heavy in manpower and equipment for today's reality, a diversionary tactic has been created that will distract from the continuing reduction in call volume demands, which are being faced by stand alone Fire Departments in North America. It simply does not follow logic, that their ambitions

> are being driven by a desire to improve the level of E.M.S. services, or to reduce their own operating costs.[69]

Further into the report the same point is made once again:

> Exhaustive studies have been undertaken in various centres, which have repeatedly showed that there are no financial savings to be realized through integration of these different and diverse services. This fact has not escaped the Fire Chiefs' group. However, it appears that this does not deter their resolve to pursue their furtive plan to elevate this issue back into the political arena. [70]

The reference in this argument to decreasing call volumes is, in Winnipeg's case, not entirely true, call volumes in some categories have actually increased. Vehicle utilization calculations indicate that the number of fires has fluctuated between 3461 in 1985 and 4484 in 1994 (see Appendix B). As a result of improvements in Building and Fire Codes it is generally accepted that the intensity of these fires is diminishing. Fire Chiefs as well as City Managers, are definitely seeking alternative service delivery options to maintain balanced protection levels throughout the community. EMS meets this criteria, as does Haz-Mat, Technical Rescue, Fire Prevention and Public Education and many other initiatives.

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[69] Frank S. Kowalski, "Proposed Amalgamation of the Fire and Ambulance Departments," 1995, 8.

[70] Kowalski 9.

The pursuit of alternate services is definitely survival oriented but this does not mean the end result will not benefit the city and its citizens. Adams, writing in Fire House magazine, says: "In the last decade of the 20th century improvements in construction, tougher fire codes and greater public awareness have resulted in a reduction in fires, leaving many fire departments struggling to find a new sense of purpose."[71]

In the same article he makes the point that of 15.3 million calls handled by U.S. Fire Departments in 1993 "... 57% were for Emergency Medical Service."[72] South of the border it appears that this new "sense of purpose" is becoming well established in the provision of EMS by Fire Departments.

The second argument against EMS/Fire mergers is also common to the debate and based upon perception rather than fact. It centres on the idea that there exists some intrinsic difference in people pursuing careers as firefighters or ambulance workers and has already been discussed previously.

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[71] Adams 14.

[72] Ibid.

In Winnipeg, ambulance attendants regularly place themselves at risk by entering dangerous environments without appropriate training or equipment and conversely, firefighters place their health in jeopardy by contacting contagious patients under similar conditions. Integration and cross training would minimize the risk to emergency personnel that results from these actions and this would translate into more effective patient care.

In a 1988 research project for the National Fire Academy[73] many of the arguments against integration were listed. They include:

Fire Department Tradition

Fear by EMS providers of accountability to "outsiders"

The "stepchild mentality"

The argument that firefighters want to be firefighters and EMS duties are not included in this mandate

Workload increases result in dissention

The inaccurate perception that EMS is safer than firefighting

EMS workers do not want to be firefighters

EMT/Paramedics see themselves as health care providers

Ambulance personnel view firefighters as not well motivated or qualified. In Winnipeg, firefighters are regularly referred to as "hose jockeys" by ambulance personnel. This somewhat derogatory term is

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[73] W.J. Alguire, J.C. Cosby, D.B. Jackson, et. al. "Patching up the marriage between fire service and EMS" Research Project, National Fire Academy, Apr. 11-22, 1988, 3.

indicative of a perception that they are less than interested in ambulance work, and is also a barrier to merger.

While all of the above perceptions create legitimate concerns there is absolutely no basis in fact to substantiate them. One only has to look at very successful examples of fully integrated services to dispel these myths. Seattle, Washington, arguably a high quality service with statistics to prove it, has been fully integrated for decades. Paul Harvey, the Union president in Seattle, said in the same above mentioned study. "I have seen just the opposite. Its underlying military discipline means the Fire Service is inherently able to give quality control."[74]

Calgary serves as an example of an integration where all of these perceptions are not only real but have divided the workers to the point of counter-productivity. Anecdotal indications of this failure are well known in all of Canada's emergency services. Clearly, success or failure of such plans rests with the propensity of the workers to overcome these differences and this propensity can be enhanced or destroyed by those administering the integration.

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[74] Ibid.

The final circumstance which may lead to insurmountable problems surrounds worker satisfaction within the newly created system. To blend two distinct organizations with separate cultures into a single organization with its own culture is perhaps the greatest challenge faced, and yet, this component of these plans is often largely ignored by those involved. Dittmar makes this point: "The EMS/Fire Service duo, however, is not a guaranteed match for the future. As in any relationship worth preserving both parties must be compatible."[75] The compatibility must be created in the process through which integration is to occur and it will not come without costs.

Winnipeg achieved a milestone in Canadian Firefighting history when twelve fire departments became a single department in 1974 as a result or the Unicity legislation. The experiences of this amalgamation are valuable tools for groups or municipalities considering similar initiatives. Too often, in the volumes of material produced by the various players in integration studies, the human aspects are ignored. This is the fundamental reason why there are successful and unsuccessful mergers. Those that address the human concerns ahead of the political and bottom-line can achieve success.

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[75] Dittmar 47.

In the United States the IAFC (International Association of Fire Chiefs) and IAFF have published a series of volumes dealing with EMS provision by Fire Departments. They list 14 profiles for delivery systems.[76] The method of delivery is dependant on many factors: resources, infrastructure, demographics, political climate etc. The selection of this key factor should be the first step in any integration scenario and it should be made by those who will operate the newly created system. This philosophy will be expanded upon in the chapter on process which follows.

To overcome the inevitable "us" and "them" dichotomy which already exists between the involved groups requires significant effort and communication. The undertone of the report to the Chief commissioner (Oct. 31, 1995) clearly demonstrates this point. The report alludes to "different and diverse groups", "Both Unions", EMS not identified on the outside signage of these halls", "Ambulance service to promote its own identity", "staff migration to the fire side" and finally, the most common argument, "the opening and closing of bay doors and banging around during the night shift is difficult for fire fighters to accept, while they are enjoying their lights out quiet time."[77]

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[76] Robert P. Pringle, Jr., ed. Implementation of EMS in the Fire Service. Challenging the Fire Service Fourth in Ser. Fairfax: Virgina, 1991.

[77] Kowalski 12.

The entire report is a classic example of paradigm paralysis. The perception that significant differences exist between Fire and Ambulance Services is so entrenched that the obvious conclusion is totally ignored. The newly created service will not necessarily be comprised of separate entities attempting to operate under one administration but may, in fact, constitute a single organization.

This approach has failed in Calgary and is experiencing problems in Edmonton. Why repeat these failures? In Norfolk, Virginia a new organization was created which saw all employees share the same benefits, uniforms and working conditions on an equal basis. There was no resulting "us" and "them", rather an entirely new "us" was created.

Analysis of past experiences within Winnipeg and other jurisdictions, both in Canada and the U.S., demonstrates that the complexity of the issue of amalgamating Emergency Services makes merger difficult to achieve.

The reasons for this difficulty are many. Personal agenda, perceptions, political mandates, organizational cultures, value systems and a lack of understanding of the players involved must be addressed by those charged with the task. Communication often occurs in a climate of mistrust and

suspicion. Equity is the paramount concern and survival at any cost a main goal.

It is evident that traditional approaches do not work but not so evident are what actions succeed. Consensus is difficult if those attempting to reach it are suffering from paradigm paralysis, as is usually the case.

What do the results of many studies indicate?

1) Attempts at administering two separate services under one organizational mandate and within a single infrastructure are doomed to failure for all of the reasons previously described.

2) To simply add one service to the other with no overlapping responsibilities will increase costs of the service substantially.

3) Predictions as to cost savings or quality of service are just that and for this reason should be kept general and non specific.

4) The Fire Service can provide top quality, efficiently run EMS Services. Seattle, Phoenix, Norfolk, Lethbridge etc are all examples that prove this point.

5) There will be increasing political pressure to rationalize services provided at taxpayer expense. The United States and Ontario have fought the merger battles and progressed to privatization of these services. Laidlaw Transportation has become the largest provider of private EMS in the United States with their acquisition of Careline in 1995.[78]

6) Coincidental with privatization attempts, Ambulance Unions will, in all probability, seek amalgamation as a survival tool of their own.

7) In the Winnipeg scenario the same responders will provide the service and the same taxpayers will fund it. This basic fact is largely ignored by those fighting for or against merger.

8) Tiered response has proven to be the only effective mode of provision of Emergency Medical Care which shows dramatic results in terms of patient survival rates. This is reality, and therefore the Fire and Ambulance Departments will continue to work together.

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[78] "MedTrans President David White Speaks Out on High Performance EMS, Expanded Scope and His vision for the Future" JEMS, December 1995: 37.

9) There is no inherent difference in Fire Fighters and Ambulance Attendants that would prevent either from doing the other's job.

10) Relying on studies, reports, or recommendations that do not emanate from the players involved in the proposed merger will lead to insurmountable dissention if effective communication does not occur.

These ten points are not made to discourage merger proponents. Rather, they serve as reality guidelines within which to frame any attempts at achieving a successful merger.

Without a frame of reference to keep the discussions on track all of the previously mentioned problems will obfuscate the process. Past experience in Winnipeg has proven this to be true.

CHAPTER III

THE MODEL

The tiered response EMS system has statistically proven to be a service delivery model that significantly reduces death in cardiac and trauma cases. For this reason, this model is firmly entrenched in the US, and is now spreading across Canada. It will quickly become an expectation in the minds of the public. Couple this reality with the fiscal pressure on governments and it is apparent that EMS and Fire services will involve interaction at some levels.

The question then, is not, should EMS and Fire be separate entities? Rather, how should the municipality utilize their limited resources to best serve the public? In the US this question has now been addressed for over two decades and a myriad of service types have been tried and retried. In Alberta this question first came to the forefront in Calgary in the early seventies and their attempts to address it resulted in a system that still today suffers from dissention and intrinsic problems. It has become a classic example of how not to integrate Fire and EMS.

CALGARY:

Calgary's original integration came about as a result of study caused by perceived problems with the then private ambulance service providers. This occurred in 1971. The driving conclusion of this study was that "...it was becoming increasingly apparent that the profit motive was operating at the expense of service quality"[79] in the city of Calgary.

The Council-appointed, Citizens' Emergency Medical Services Advisory Committee recommended that: "The profit motive should be removed from the emergency ambulance service for the city of Calgary."[80]

The ambulance service should be separate and distinct from the firefighting service, except for the use of common dispatch and equipment housing facilities. In this way the City would not be required to pay fire fighter rates of pay to ambulance attendants and, "... more fully trained attendants would not be lost through the promotional system of the Fire Department."[81]

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[79] G.P. Belton, "Organization Review Project", City of Calgary Fire Department, Ambulance Division (August 1982): 3

[80] Ibid.

[81] Ibid.

This have-your-cake-and-eat-it-too approach, wherein the committee hoped to utilize the infrastructure and yet prevent equality in the workplace spelled disaster for the future of the service. In 1971 the firefighters union notified the city administration that the manner in which ambulance service had been introduced into the Calgary Fire Department: "...with very limited, if not total non-involvement of our association."[82] was going to create problems. In retrospect, had this concern been addressed the terrible situation, still in existence today in Calgary, may have been avoided. The system evolved in the face of what Belton called, "a structure-function mismatch"[83]. He went on to say the result was a situation that "became malignant through festering win-lose competitiveness."[84]

This is not surprising when the system was designed to keep EMS wages and benefits below those of firefighters and at the same time, by the committee's own admission, also prevent loss of the fully trained attendants through the fire department promotional system. While this course of action seems ludicrous, it is the same argument put fourth in the 1995 Report to

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[82] Belton 155.

[83] Belton 94.

[84] Belton 75.

the Board of Commissioners submitted by the Winnipeg Ambulance Department[85] against integration.

After twenty years of dissention and polarity the city of Calgary removed the Ambulance Administration from the control of the Fire Service and created a separate service. However, they chose a co-locational model, still using the same facilities. The problems have not disappeared. In fact "Calgary's Paramedics recently went on strike to obtain parity with their fire counterparts."[86]

The residual bitterness caused by this action has made the polarity even more pronounced. The significance of this action is, that one of the main arguments against amalgamation in Winnipeg put fourth by the Commissioner of Parks, Protection and Culture in his recommendations concerns the "whipsaw affect" of wages in a combined service.[87] It appears that integration, or the lack thereof, does not preclude this occurrence. As long as distinct groups exist, so will this potential.

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[85] Kowalski 10.

[86] Sherburne 31.

[87] Kowalski 11.

Belton makes a key point in his analysis of the Calgary situation.

> "EMS does not necessarily have to end up as a sub-service element to a fire culture but given the lack of attention to structural reproach over the entire history of the Calgary system, this service has evolved."[88]

The present system (he wrote his report in 1982) has led Fire officials to "the unenviable task of trying to manage an inherited polarity that operates as a very vicious cycle."[89]

Calgary's situation was similar to many other jurisdictions in Canada and the course of actions taken created a toxic environment. In their defence, they were the first to face this problem. The errors made, however, must not be repeated. The lesson learned from Calgary is, that no matter what model is chosen, if separate identities are maintained, problems will result. This is a basic human dynamic. Common infrastructure is not reason enough to merge.

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[88] Belton 104.

[89] Belton 114.

EDMONTON:

Edmonton's EMS/Fire integration is the most recent studied, occurring in 1995. Prior to that year ambulance services were administered by an ambulance authority.

In the Belton report the Edmonton Ambulance Authority criticized Calgary based on their resource utilization and balancing techniques. They felt that "... the constant manning policy works to the detriment of the Calgary service from a cost perspective and also from the standpoint of the ability to match the peak parameters of the call load."[90] (Constant manning is a model where all units are staffed all the time as opposed to staffing at different levels for peak demand periods, for example.) They further made the assertion that "Calgary's EMS is not free to pursue more economical approaches precisely because it is under Fire Department control..."[91]

However, the most significant conclusion regarding Winnipeg's approach was that "Winnipeg has "blown it" by pursuing the integrated model and that Winnipeg's cost analysis of the separate versus the integrated alternatives

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[90] Belton 57.

[91] Belton 64.

are totally misleading."[92] This conclusion formed the impetus through which the Frame report[93] rejected the Peterson report's conclusions regarding cost savings.

Eleven years later an audit of the Edmonton Ambulance Authority yielded the following results: Call volumes were up 31%, staff complement had increased 19%, fleet size 78% and overall budget a whopping 96%.[94] These costs were now driving study of integration in Edmonton. The audit recommended "...that management assess the feasibility of a joint dispatch centre to be shared by EAA and the Fire Department communications staff."[95] This recommendation stemmed from analysis which showed "wide disparity in response times from one zone to another"[96] and that the disparity was caused by "dispatch procedures" which "were the primary cause of Fire Department delays in responding to Code 3 and 4 emergencies"[97] Code 3 emergencies are non life threatening and do not involve response with lights and sirens, code 4 are life threatening and full emergency response occurs.

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[92] Ibid.

[93] D.R. Lofto, et al. 12.

[94] E.J. Powell, "The Edmonton Ambulance Authority", 24 April 1992: 8.

[95] Powell 25.

[96] Powell 56.

[97] Powell 74.

This is a clear indication of possible enhancement of patient care resulting from consolidation of a component of the services.

The report went on to conclude that staff morale was a problem for the following reasons:[98]

- perceived lack of trust
- poor communication between the board, management and field personnel
- uncertainty over re-organization
- perception of low public understanding
- inadequate facilities
- limited career advancement
- a focus on the past rather than the future

Of course, the significance here is that many of these problems are pointed to by those opposed to integration in Winnipeg as resulting from merger. Clearly problems can exist in emergency services whatever their structure.

In his submission on integration Edmonton's Fire Chief Frank Sherburne lists the factors to consider as: "relative costs, service level and quality, legal

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[98] Powell 75.

issues, operational organization, and labour relations."[99] He also lists the requirement for established incident command, medical direction and centralized dispatch.

Medical direction is a component of EMS often ignored by Fire Service managers. To make this error of omission dooms any plan to failure. In fact, Chief Sherburne says "It is the single most important issue in any plan for merger."[100]

Fire Administrators who still feel reluctant to open their service to educated "outside" scrutiny would be wise not to consider any type of EMS involvement for this reason. The mandate of the Medical Director is to intervene in all medical aspects of service provision.

Chief Sherburne takes Medical Direction one step further when he says:

> One could suggest that functions traditionally considered to be firefighter responsibilities are also subject to the need for medical direction such as the handling of hazardous materials as well as numerous varieties of rescue incidents[101]

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[99] Sherburne 2-3.

[100] Frank Sherburne, Edmonton Fire Chief, personal interview, 24 January 1996.

[101] Sherburne 28.

Edmonton opted for an administrative integration that would see Fire administer the new model and utilize centralized dispatch. However, Chief Sherburne was also quick to point out that "a fully cross trained dual role service should result from a transitional phase in."[102]

Edmonton is approaching the anniversary of their integration, and the service, from all reports, is delivering high quality patient care. Labour unrest is still prevalent and the city is now before the Labour Board of Alberta to collapse the EAA Union into that of the firefighters. Chief Sherburne remains a staunch proponent of dual role/crossed trained service model and was quoted in a recent interview. "I would now say if your are going to go, go all the way. Merge fully and create one new organization."[103] This admission substantiates the point that Edmonton's integration model is not the best way to go.

Also of significance, is the fact that Edmonton is in the process of purchasing the newest type of fire apparatus, "the quint" (basically a pumper and a ladder truck combined). By purchasing eleven of these units and replacing all aerial devices in this way Chief Sherburne notes that forty-four

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[102] Sherburne 27.

[103] Frank Sherburne, Edmonton, Fire Chief, personal interview, 24 January 1996.

Lieutenant positions will be eliminated. In this way ambulance personnel can fill this gap with no extra cost to the city.

In Winnipeg this course of action could eliminate 36 Lieutenants at a cost of $70,000 per year each wages and benefits for yearly savings of approximately $2.5 million. The cost of the quints at 1.5 million would be recovered in seven years. Amortized over fifteen years this course of action could save Winnipeg taxpayers $20 million over the long term. Since no real reduction in staffing occurs, the traditional Union battles over such actions are minimized. The possibility of this change occurring would be greatly enhanced through a full integration of services because of the possible buy-in of union executives if their membership as a whole is getting larger through merger.

SEATTLE:

The Seattle Fire Department EMS is arguably the best in North America, if one analyses the "outputs" of the service (patient save rates.)

Seattle stands as a strong example of how a fully integrated service can work. The members of this department make no distinction between Fire and EMS, both are simply accepted facets of the job. Belton found the

reason for this to be that: "The management of the Fire Department has been effective in balancing these competing demands and in integrating the EMS program into the Fire Department system and culture." The result has been that,[104] within the Seattle Fire Department there is only one culture. The dichotomy (Fire/EMS) has been eliminated. The evolution of the fully integrated service in Seattle has now been ongoing for over twenty-five years. Because the "us" versus "them" scenario was avoided originally there is now only a "we" in the service. The results are that Seattle has been labelled "the best place in the world to have a heart attack."[105]

This claim is based on survival statistics generated by the American Heart Association that show that "... the U.S. survival rate of people who suffer cardiac arrest outside the hospital is less than 5%. In the Seattle area the survival rate is 29% and that rate rises to 40% among Seattle cardiac victims who receive CPR within four minutes and advanced cardiac life support within eight minutes."[106] Figures such as these indicate what type of effectiveness is possible with a carefully structured and well trained, motivated work force.

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[104] Belton 36.

[105] "Medic One Celebrates 25 Years." Fire Scene March 1995: 1

[106] "Medic One Celebrates 25 Years." Fire Scene March 1995: 2

Of course these numbers can be repeated under any system, be it integrated or separate. The point is that Seattle's success demonstrates the potential of properly designing your EMS system, and further destroys the myth that Fire and EMS personnel are and must be somehow different in attitude, behaviour, personality or any other trait. The article also says that the designers of the system in Seattle "... recognized that motivated people with basic education could be trained to perform sophisticated medical procedures proficiently."[107]

Of key significance is the fact that Seattle was achieving these numbers prior to the technological advances available today in terms of automatic defibrillation and airway management. Seattle's present "Medic One" program now involves six medic units, 6 aid units supported by 33 Engine and "Ladder Companies."[108] Interestingly, a merger in Winnipeg would result in a very similar service base.

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[107] "Medic One Celebrates 25 Years." Fire Scene March 1995: 1

[108] "Medic One Celebrates 25 Years." Fire Scene March 1995: 2

PHOENIX:

The Phoenix Fire Department provides yet another example of how well a fully integrated service can work. Phoenix has evolved into a very unique service both in terms of its Fire response and its EMS.

Like Seattle, EMS provision in the Phoenix Fire Department is not new. They have been active in EMS since the early seventies, and in the early nineties successfully bid for the patient transport function.

The Belton Report described the Phoenix System in 1983 as "... cost effective with low Paramedic turnover and burnout and a strong system orientation."[109] The system in Phoenix today has become even more effective than as described by Belton. By absorbing the patient transfer function and incorporating fully cross trained/dual role Paramedics on Engine and Truck companies the resource utilization effectiveness has been greatly increased. Phoenix Deputy Chief Gary Morris makes this point "...analysis revealed 30% -50% of our EMS dispatches resulted in a Para Medic level patient transport... to place paramedics on ambulances would make them

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[109] Belton 31.

unavailable 70% of the time."[110] By staffing non-transport Fire apparatus with the Paramedics they are not tied up with transporting patients who do not require their level of training.

Also of significance for the Winnipeg situation is the fact that the paramedics in Phoenix are trained for 900 hours,[111] while those in Winnipeg complete over 2000 hours.[112] The question that must be asked, given the high cost of this training is, why? Careful analysis of the point of diminishing returns for this training is beyond the scope of this paper but should be studied as a component of any merger proposal.

The parallels between Phoenix and Seattle are evident, both have put in place systems which have overcome the key problems inherent in merger. The philosophies of these two organizations differ from many traditional Fire Departments. They both embraced EMS as an equal partner in merger and manage their resources in appropriate fashion to facilitate the partnership. Chief Morris exemplifies this difference in philosophy when he says: "Some

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[110] International Association of Fire Chiefs, Improving Fire Department Emergency Medical Services, Fourth. Virginia: Fairfax, n.d: 42.

[111] Gary P. Morris, "EMS is not a fire department stepchild" Implementation of EMS in the Fire Service. Challenging the Fire Service ed. Robert P. Pringle, Jr. Fourth in Ser. Fairfax: Virginia, 1991. 32

[112] J. Brennan, personal interview, 23 November 1995

Fire Administrations will refuse to send an Engine Company to help a heart attack victim, but will send it to a trash can fire, or to close an open hydrant."[113] This mind set is the norm with many Senior Fire Department officers and it is the main reason why merger fails in these departments.

Alguire, writing in 1988, made this point:

> The explanations offered for the disparity in reception given EMS by fire departments range from a philosophical difference stemming from the dichotomy between the old and the new, and the traditionalist versus the innovative.[114]

In today's Fire Service this dichotomy can be present and counter productive whether the service is involved in EMS or not. The reality is that the Emergency Services must be innovators. Phoenix and Seattle realized this twenty years ago and the result is that the marriage of EMS and Fire has been successful in these cities. Alan Brunacini the Fire Chief in Phoenix admits that the union can be far from perfect but in a fully integrated service problems are easier to overcome. Quoted in the Belton report he said: "It's O.K. you can put up with the minor problems of the household, if you already love the person."[115]

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[113] Morris 32.

[114] Alguire 3.

[115] Belton 31.

In this simple statement the best reason for the success of a merger is described. If the jurisdiction can minimize the "us" and "them" possibilities the problems are so much easier to solve. Belton elaborates on this point in his study when he cautions. "... the most important factor in the achievement of a successful amalgamated fire/emergency medical service is the organizational structure."[116]

NORFOLK, VIRGINIA:

The City of Norfolk, Virginia provides perhaps the most salient example of a successful merger of Fire and Ambulance, particularly as it could be applied in the context of the Winnipeg situation. This is because the merger was driven by a very similar set of circumstances to those in Winnipeg and occurred in 1989, making it more current.

The history of the situation in Norfolk in 1989 closely mirrors that of Winnipeg. The Fire Service was experiencing a declining call volume and fewer fires while the Ambulance Service was moving in the opposite direction. Both services were pressing for increases in staffing and using public lobbying in doing so.

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[116] Belton 46.

The Fire Service was, as Simon puts it, "...the city's grand dame,"[117] dwarfing the Ambulance Service by a ratio of 412-63 in number. In the early 1980's the Fire Chief began to actively pursue amalgamation. The Ambulance Manager, while desperate for help, feared being " ...gobbled up by the fire department if there was a merger."[118] The feelings surrounding these fears were typical. As David Palmer, a Paramedic Trainer said, "There was a fear of being overtaken, a great fear that these individuals (in the fire department) would relegate EMS personnel to a redheaded stepchild, kind of isolate them."[119]

Further exacerbating the problem were factors such as incompatibility of work schedules, work load inequities, cultural differences and fear of the unknown. The Fire Chief summed up these feelings when he said, "Both the PRS(Paramedical Rescue Service) and the fire department were afraid their services were going to get gored, and neither one wanted their services to be prostituted."[120]

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[117] Harvey Simon, "The Redheaded Stepchild and the Favorite Son: Resolving Disparities between Norfork, Virginia's Paramedical Rescue Service and Fire Department": 3.

[118] Simon 5.

[119] Ibid.

[120] Simon 6.

The challenges for the Assistant City Manager, Darlene Burcham, tasked with solving these problems, were considerable. A plan to cut an aerial ladder and supplement the ambulance service failed when the fire union successfully lobbied the public with the "babies will burn argument". The Medical Director of the Ambulance Service was against merger and was also lobbying, as were the union leaderships. A pilot program to train fire fighters as paramedics was coming to an end. Supplementing staff without a corresponding cut elsewhere was not an option. She was basically left with three choices: Increase the PRS staff at the expense of the fire service, incorporate the PRS into the fire service, or expand the pilot program. Any choice was sure to be met with opposition from one or more of the players.

She chose a course of action which would, in her opinion, result in a solution, and at the same time, minimize resistance. A steering committee was established comprising equal numbers of fire and ambulance personnel. In this way, she felt that: "Whatever decisions were made (needed to) be ones that were supported by the very people who were in a position to make it happen or not happen."[121]

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[121] Simon abstract 1.

The onset of these discussions was characterized with confrontation and actual physical conflict. As noted above, the climate of fear and dissention was so pervasive that police officers were positioned at the door to prevent violence and each side from leaving.[122]

The process was to take two stormy years but the result was the creation of the Norfolk Fire and Paramedic Service, a fully cross trained, dual role service under the direction of a "Manager of Emergency Services", Ron Wakeman, a former Paramedic who was also a Captain in the Norfolk Fire Service.

On April 9, 1991 city Ordinances dissolved both the Norfolk Fire Department and the PRS and the NFPS was born. This diversified service resulted from a process that focused on the concerns and ideas of the people who were to work in the new system.

The system, in Mr. Wakeman's words, enjoys greater job satisfaction and security, higher training credentials, increased service levels, a stronger team approach, and increased support from the Doctors (including the medical

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[122] Wakeman, interview.

Director who had lobbied so strongly against merger). The medical director actually went through the 16 week fire training course.[123]

Norfolk's system is not perfect, and even five years later still has minor problems. It does, however, offer a clear example of the importance of process in the issue of merger. It also serves as a close parallel to the present Winnipeg situation.

BRANDON, THOMPSON, and PORTAGE LA PRAIRIE, MANITOBA:

At this writing Brandon and Thompson have operated fully integrated services for a number of years and Portage la Prairie has just replaced a private Ambulance service with a Fire Department run service in an attempt to provide a more cost effective delivery method.

These communities are, of course, significantly different from Winnipeg to the degree that any comparison suffers from reliability problems. However, the point is, that they are all able to take advantage of the provincial grant system. This is significant, given that the rationale for rejecting amalgamation in 1983 in the Frame report was the danger of losing these

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[123] Ibid.

grants. This argument is repeated in the rejection by Reynolds in 1995, even though it appears no research was conducted to substantiate this fear.

A high ranking official in the Provincial Ambulance Division of Emergency Health was somewhat surprised at this position. "Our grants go to the provider of the service; this means private services, cities, towns or Fire Departments are eligible. This has always been the case even in 1983. No one from Winnipeg, to my knowledge, has ever asked for this information. It appears that someone has told them this and they believed it."[124]

Given the present fiscal situation in Manitoba there is no guarantee that the grant system will remain intact no matter which model of service provision is in place.

CONCLUSION:

The examples described in this chapter are but a cross section of the plethora of those that could have been used. They serve no purpose other than to offer examples of successful and not so successful mergers.

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[124] Senior Official, Emergency Health and Ambulance Services Division, not for attribution, telephone interview, 2 April 1996.

Characteristically, studies on the issue begin with bias and it is obvious that, depending on the position of the writer, any argument can be substantiated through selective examples. This was the case in 1983 when amalgamation was rejected in Winnipeg. Anyone who focuses on the Calgary attempt would have difficulty recommending merger. Proponents look at Phoenix or Seattle.

A serious study must take the form of a macro analysis wherein a cross section of successes and failures are analysed, key points on both sides are identified and then applied to the specific locale being considered for merger. Only through such a balanced approach can reliable and valid recommendations be made, which when measured against the comprehensive audit, completed prior to the study, will allow for rational decisions and sound results.

However, several general points can be made following from the experience of the jurisdictions described. The first and most important is that successful mergers involve the people who will work in the newly created organization in process design and implementation. Secondly, the resulting organization must be equitable in terms of wages, benefits and structure. In other words, all employees must feel like equal partners in the organization. This requires

a blending of cultures and the development of new paradigms for the organization. This must be communicated to all players in the system including union, political, media, and citizenry. To accomplish this requires open thinking. This is the third necessity for success. As an example, a fire service that is inherently larger than the ambulance service with which they integrate must accept that, despite this fact, they will, as a result of call volumes, become predominately an ambulance service after the merger. This is a fundamental paradigm shift that, no matter how difficult, must be made for a successful merger to occur.

Attempts at utilizing common infrastructure, administration, or any other sub units of the organizations to save money will result in the toxic type of environment characterized by the Calgary model. Systemic design must take this into account and appropriate funds designated to prevent this from occurring.

CHAPTER IV

THE PROCESS

INTRODUCTION:

Familiarity with the history of Fire/Ambulance Integration proposals in Winnipeg and other jurisdictions, while necessary, still yields no firm answers to the basic questions. Will an integrated service be less costly to run? Will patient care be enhanced? Can the two employee groups be successfully merged, so as to create an equitable workplace? Will the taxpayer benefit, both in terms of costs and service levels, as the new organization develops? The fundamental question which must be addressed is: how does a municipality study this issue so as to properly answer all of these questions? The answer lies in developing a process which addresses all of the concerns of all of the players affected by its development at each stage in the development.

The challenge, then, is to utilize a process which, as a first step, answers each of the key questions. This is a very difficult task, as personal agendas and prejudice will tend to bias answers. Decision makers will then be faced

with non valid information upon which to make choices. This creates the temptation to take the path of least resistance and simply make incremental changes to the status quo situation. This occurred in 1983 in Winnipeg.

In Calgary's case, a poorly planned and instituted merger has created decades of dissention and mistrust. Edmonton has chosen a similar path and labour relations are, to say the least, dismal. (EMTs —Emergency Medical Technicians— have recently threatened strike actions). The result is a system rife with grievances, inter-party conflict and toxic relations.

Winnipeg reached the eleventh hour with its last merger plan and then buckled under the pressure applied by the stakeholders through the media and political lobbying. The result has been the evolution of two organizations which, by necessity, must work together, and yet do not trust or understand each other. Two infrastructures result in costly redundancy. There is no balance in work load. The Paramedics of WAD suffer from "burn-out" while some firefighters suffer from "rust-out". Dr. Wayne Corneil, an Ottawa Sociologist, whose work involves health problems associated with Emergency Service provision, points out that "while the cause is different the negative effects on personnel of the two conditions are very similar."[125]

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[125] Dr. W. Corneil, PhD., personal interview, 13 October 1995.

Exacerbating the psychological aspect of the problem are the devastating effects of the parochial bickering resulting from merger proposals. Municipalities, in an effort to allocate finite resources, often must do so by enhancing one service at the expense of the other. The effect on morale in the detrimentally affected department is substantial and only creates problems with on scene interactions.

The answers to all of these questions are found in the creation of a process that evaluates all aspects of the proposed merger on an equitable and objective basis, free of personal bias, agendas, and the "us" and "them" mentality. This process can be developed through the creation of a hybrid which draws upon the Pross model of sub government policy analysis for identification of the key stakeholders and the Norfolk, Virginia process.

Pross focuses on a model through which all players in any policy area can be identified. This identification is crucial to valid policy decisions and provides the first step in the process model described in this chapter. The municipality must avoid past failures and mistakes and understand their causes. The key players, both formal and informal, must be identified and their personal mind set openly communicated and understood. A climate of empathy will be more productive than one of mistrust.

Recommendations must come through those involved working together, as was the case in Norfolk, not through separate units with differing mandates. These recommendations will, in this way, be made with an understanding of their impacts on the "system" and the other players.

Realistic timeliness are also necessary. The budget process cannot be a driver. Last minute efforts to save money will only devastate the process. The issue must be carefully studied utilizing deadlines which are sensitive to data collection and flexible enough to allow appropriate participation.

The issue must be divided into components and each analysed at the appropriate level with input flowing through the system for decisions by the correct level.

The process must be location specific. Local politics, demographics, budgetary concerns, and external control mechanisms, such a licensing bodies, standards etc. will have an impact on the process.

At this point the question asked by the Council is: Should we study Fire/EMS merger? Without an answer to this basic question further discussion is essentially pointless.

On August 22, 1995, Winnipeg City council asked this question through the Commissioner of Parks, Protection and Culture. Mr. Lorne Reynolds directed both Fire and Ambulance to submit reports on the topic. Not surprisingly, the results mirror the 1980 situation, with Fire recommending study on the issue and Ambulance alluding to, but never clearly making recommendations for maintenance of the status quo. The report of the Fire Department was subjected to careful scrutiny with comments make on several of the claims questioning their validity. However, the Ambulance narrative (it was not in a report format) remained unchallenged despite many unsubstantiated references. The Commissioners' recommendations were:[126] ...that the Winnipeg Fire Department and the Winnipeg Ambulance Department remain separate Departments and <u>not</u> be amalgamated for the following reasons:

1) All operational audits conducted by both internal and external agencies conclude that both the Fire and Ambulance Departments have been well administered and provide efficient and effective service to the citizens of Winnipeg.

2) Despite contentions from the Fire Department, no evidence shows that financial savings would be realized by amalgamation of these different and

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[126] Kowalski 21.

diverse services. Instead, the City would be subjected to a high short term cost with any potential savings being long term as a result of attrition and downsizing.

3) An analysis of the wage differential between Fire Fighters and Ambulance personnel shows that wage parity for Ambulance employees would cost the City an additional $967,370. Any potential integration plan without wage parity and clearly defined career options would be a disaster. These preliminary wage cost analyses, only scratch the surface of many additional financial issues that would also have to be addressed.

4) Personnel issues such as right to strike, union membership and representation, wage parity, operational and cultural differences, would create major worker unrest at the expense of the citizenry.

5) Any proposed amalgamation of the Fire and Ambulance Departments would potentially jeopardize the existing provision of Provincial funding support for Ambulance Services.

These conclusions provide a clear example of how the existing process has failed to properly assess the potential for merger. The recommendations are

made with no research base and with input of only a few of the high level players involved in the issue. To conclude that merger should not occur because both Departments are well administered is ludicrous. To conclude that short term costs will not be offset by long term savings demonstrates the short sightedness of the writer of this report. The financial costs or savings must be analysed and not casually dismissed, as is the case in this circumstance. The claim of major worker unrest is, in fact, as possible within the existing situation. For example, over a dozen WAD employees applied for the recent WFD recruitment.[127] Three have already been successful. Obviously, the street level ambulance attendants do not share the negative view of the Fire Service that their administration proposes is the case.

The claim of jeopardizing Provincial Funding is totally false. Brandon, Portage La Prairie, and Thompson, Manitoba operate Fire/Ambulance Services under the same regulations as the City of Winnipeg and receive full funding.

The bureaucratic stonewalling and personal agenda must be factored out of any reasonable study on this issue. Council must provide an unbiased answer to this first basic question. To obtain this answer requires political

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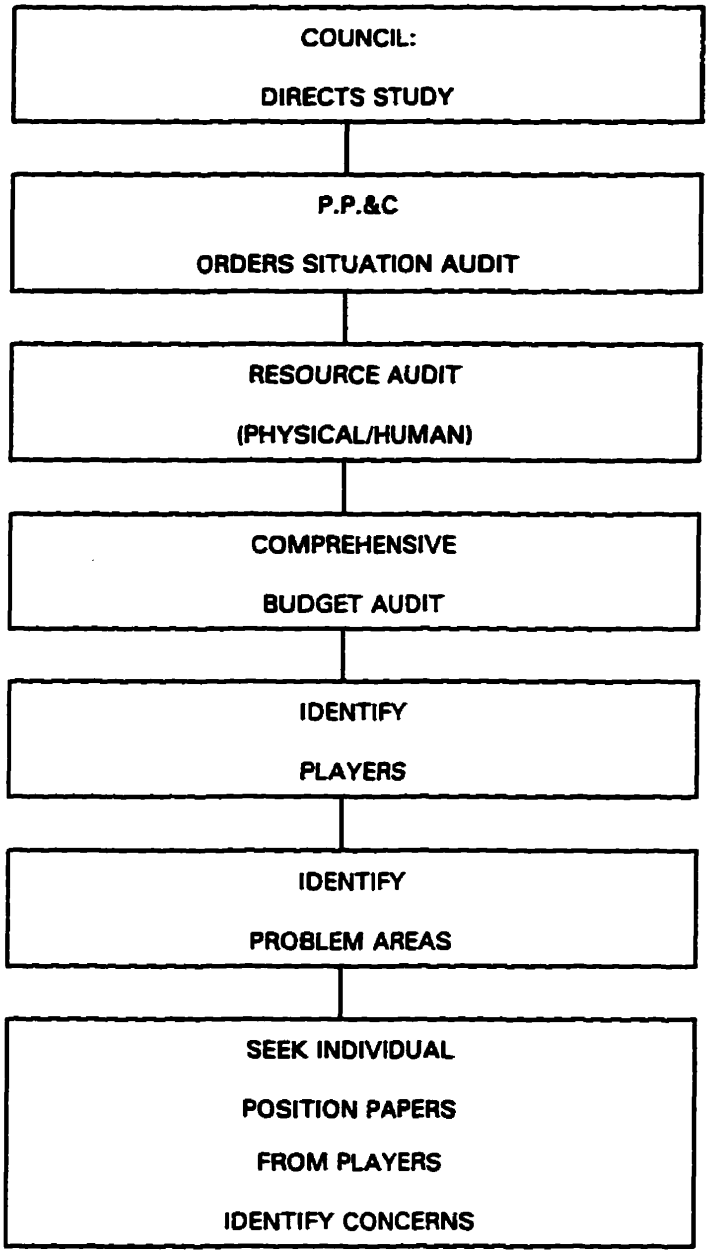
[127] Clark.

direction. All input to this point has focused on why merger will not work. Rather than focusing on jurisdictions with significant problems (Edmonton and Calgary) a balance should be achieved by looking at successful mergers as well. (Norfolk and Phoenix)

DIAGRAM I

PHASE I



Council must determine their rationale for merger and acknowledge this rationale in their decision to study the issue. Clearly, the bottom line is, that

expenditure efficiency must be achieved, and at the same time patient care must not suffer and should be enhanced. These are political goals, for they relate to taxpayers. If the answer to either of these questions is yes, study should proceed.

The next step in Phase I would be to conduct a situation audit in both organizations. This audit will be crucial in determining validity for the remainder of the steps in the process. It should be organized and conducted by a committee made up of three representatives from each organization and chaired by an unbiased representative from Human Resources who has skills in group facilitation and human dynamics. Further, these people should be selected from the ranks, and be, to as great an extent as possible, free of the personal interest that would be typical of a Senior Manager or a Union Executive member. Knowledge of their individual organizations structure and culture forms the key criterion for selection to this group.

The project, by involving both organizations will, hopefully, create mutual understanding of the operations and culture of both organizations. Without this understanding the process would be characterized by parochialism and dissention to a greater degree.

It must be clearly understood that this phase constitutes data collection only. No decisions will be made. The Committee will gain knowledge through collection of data which will facilitate future phases.

The terms of reference for the committee will be:

- To analyse call volumes, types, and response patterns for both services over a five year period.
- To determine response times and utilization ratios for the same period.
- To list human resources and changes over the same period in these services.
- To analyse organizational charts and changes over this period.
- To list physical plant changes over the five years.
- To identify trends in training needs over the same period for both organizations.
- To list all new initiatives and directions both organizations have been involved in, over the study period.
- To conduct comprehensive budget analysis for both departments over the same time period. (Independent consultants could be utilized for this study.)
- To identify all stake holders in the merger through discussion. This would include external agencies, levels of government, professional

organizations, unions, etc. involved with both the Fire and Ambulance Service in any way.

It must be noted that these are key steps in the data collection process. Failure to identify any player in the process will result in that player being omitted from the loop. The consequences of this occurring can be that the affected group will do all in their power to damage the process.[128] Identification of the stakeholders will yield potential problem areas. Once completed, the committee should solicit position papers listing concerns from all of these groups.

Simultaneous budget analysis of both Departments must occur in Phase I. This analysis will obviously be conducted by auditors either from within the City or hired for this purpose. They, too, should seek to identify trends or patterns in the budgets over the study period, looking at such things as capital expenditure, infrastructure/maintenance costs, fleet expenditures, overtime, training, administration, etc. The goal is to target redundancies and expenditure patterns. A realistic time line for this Phase must be established prior to implementation.

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[128] A. Paul Pross, Group Politics and Public Policy (Oxford University Press, 1986) 84-107.

PHASE II

(DECISION STAGE)

RESULTING DATA PHASE I

COMPLETE SITUATION AUDIT WITH TRENDS IDENTIFIED eg. < EMS call (utilization) > Fire (utilization)
RESOURCE AUDIT human, physical, training etc.
BUDGET COMPARISON (expenditure/revenue analysis)
REDUNDANCY COSTS
KNOW PLAYERS
KNOW POSITIONS
KNOW PROBLEM AREAS

Phase II of the process is a decision stage. Utilization of the information collected and analysed in Phase I will allow for decisions that are research based and information driven. This crucial point has been lacking in the recent process. Phase I will yield trends, redundancies, and the concerns of

the players involved, budget data, and comprehensive human and physical resource information, and indicate potential problem areas including personal agendas. Equally as important, however, it will have established within the membership of the committee an understanding of both organizations never before realized in Winnipeg. The position papers from the players will yield concerns and problem areas which can then be more easily addressed as a result. These data will minimize the effect of perceptions on the decision making process and by so doing make informed decisions possible in this very convoluted issue. Objectivity will be enhanced and the effect of bias reduced. Most importantly, the recommendations will be coming from the people who are involved; the Fire and Ambulance Services personnel. In this way, lobbying for or against positions taken will be more difficult and the credibility for these pressure groups subject to scrutiny.

PHASE III

INFORMATION STAGE

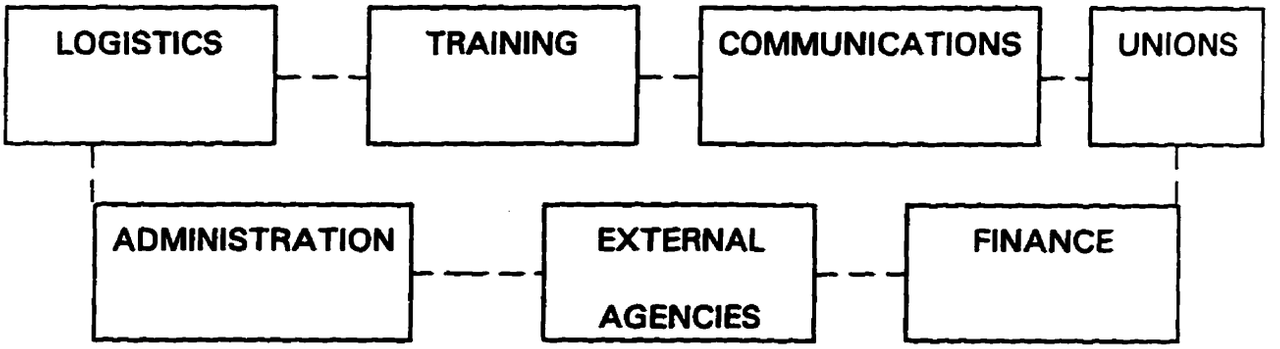
STEERING COMMITTEE

Objective Decisions

→ decided based on information

■ Can merger work given present players & positions? Demographics?
■ What steps would be necessary to make it work?
■ Do we need further information on any aspects?
■ Proceed to Phase IV

MICRO STUDY - Sub Committees



Should the committee decide to recommend further study, Phase III will commence. If not, the process will end and the rationale for the recommendations will be communicated to all of the stakeholders. Work will

then begin on establishing the criteria for the tiered response involving two, separate organizations.

Phase II will have answered several key questions. They are:

1) Can a merger work in the city given the present players, positions and demographics?
2) What steps would be necessary to make it work?
3) Is further information required in any area?

Proceeding to Phase III will involve analysis at the micro level. The first step will be to establish a steering committee, as was the case in Norfolk, once again made up of three representatives from each "Service" and a facilitator. It is suggested that two members of the data collection committee carry on as members of the new steering committee. These people, representing their respective Departments, would ensure continuity in the process and serve as a valuable source of information for the new committee members, by virtue of their experience in Phase I.

The members of the steering committee should also be, to the greatest extent possible, free of bias or personal agenda. This is not an easy objective to reach, and therefore, the selection should be made based on

organizational knowledge and it is crucial that their appointments be made based upon recommendation by the facilitator from Human Resources, and after agreement from both organizations, and not by management or union.

The steering committee will be empowered to appoint a series of sub-units or action groups whose mandates will be to analyse in detail, and make recommendations regarding, the various components of the Departments. The information obtained in Phase I will form a reliable database for this analysis.

During these studies the human factors alluded to earlier in this paper will begin to play a role. This must be realized at the onset of study. Such area as Logistics, Training, Communications, Labour Relations (Unions) Administration, Finance, and External players (as identified through Pross' method) must be examined. A special sub-unit will address mergers in other jurisdictions and analyse success or failure and the reasons for each.

The Steering Committee must guide the sub-units throughout their data collection processes and address problems as they arise. The sources of all information must be understood in terms of agenda and bias.

Each sub-unit must present an objective analysis of micro needs within an integrated service. The Finance study group must assess short and long term costs associated with these needs and factor identified redundancy into these costs. Once presented, these separate reports will be analysed together by the committee and the positions of the players that were solicited in Phase I compared to the results. In this way, unanswered concerns will be identified. If necessary, individual concerns may be readdressed within the new framework created by the analysis. Problems with particular stakeholders will result in more consultation and communication with the committee.

As the process proceeds all questions will be answered. Once this has occurred, a clear picture will emerge with respect to the issue and the concerns of the various players associated with it.

Joint meetings with representatives of the various groups can be utilized as a method of clearing up the key concerns. These meetings have the potential to result in volatile behaviour as demonstrated by the Norfolk experience.

> When the formal meetings of the newly chosen Steering Committee began they were characterized by confrontation so violent that cups of coffee were thrown on committee members, and some group members stormed out of the meetings. Eventually a Police officer was positioned at the door

> to intervene in these confrontations and prevent anyone from leaving.[129]

Eventually a successful merger occurred, despite this initial climate of fear and uncertainty.

Communication is the key factor in preventing this from occurring. It is crucial to stress that this is an information gathering exercise only and that arguments for and against merger are inappropriate in this venue. All of the sub-units will be fully appraised of the study results as they are achieved.

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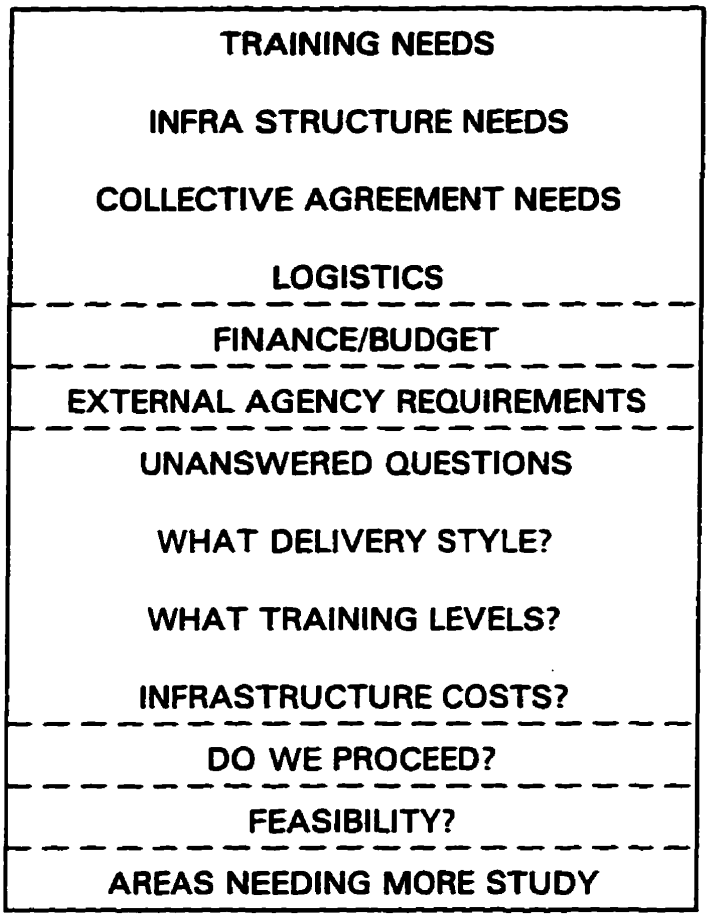
[129] Ron Wakeman, Manager Norfolk Fire/ EMS, personal interviews, 26-27 January 1995.

PHASE IV

DECISION STAGE

RESULTING DATA PHASE III



This phase of the process will yield comprehensive data sets which will answer the key questions necessary to determine whether integration is feasible in the jurisdiction. The understanding of these data by those involved will make the advantages and disadvantages clearer.

The organizational needs in terms of training, communications, infrastructure, logistics, budget, collective agreements, and external agency concerns will have been identified. The key concerns of all players involved will also have been addressed and outstanding concerns listed, along with potential solutions.

The most critical result of this Phase, however, will be the development of mutual understanding among all of the individuals associated with the various studies. Through this understanding recommendations flowing from Phase IV will be communicated throughout both organizations. By receiving this information from peers in the system this communication will be considerably more effective. These data, properly developed and presented, will, for the first time in the Winnipeg situation, allow informed decisions to dictate future provision of service. The information will have been objectively collected from the people affected by the resulting decisions.

It is at this point in the process that bias and personal agenda will most strongly become prevalent. However, through a database of reliable information, perceptions and misconceptions can be quickly factored out of the decision making process, despite their source.

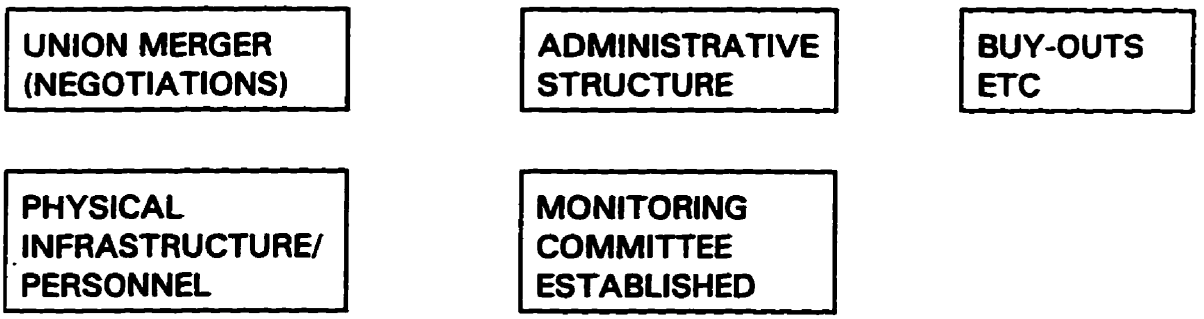
The decisions made at this level will involve Senior Management from both services and the Parks, Protection and Culture Committee. These people will have been fully informed of all information compiled by the facilitation of the steering committee prior to their entrance into the process. This will be a delicate procedure, as bias at this level will be considerable. However, it must not be rushed, and all concerns have to be addressed prior to proceeding.

The original position papers submitted in Phase I will have provided the Steering Committee with a base for the discussion. The information will have established a comprehensive situation audit of both Fire and Ambulance and the potential for their merger.

The decisions made at this step will form the basis for the direction of study in Phase V. For example, the question of integration feasibility and the extent of the integration potential will lead to the analysis looking towards, for the first time, future organizational structure. This will occur no matter what recommendations are made.

PHASE V

Design New Service



This phase will design the Emergency Response system for the jurisdiction. The design will develop utilizing the data base created in Phase I - IV. It will be facilitated by the enhanced mutual understanding resulting from the work of the various committees and sub-committees.

As in the transition from the original committee membership to the Phase IV Steering Committee a new and more integrated Steering Committee for this development must be created at this point in the process. Membership must now involve all key groups, management, unions, provincial health, human resources, finance, and Parks, Protection and Culture Committee. As in Phase IV there must be a carry-over of original steering committee membership to ensure continuity of process and to import knowledge of the process to date to new members.

Prior to the commencement of any study the members for this committee must become familiar with the history of the process and the operations of both services. This can be accomplished through information sessions and, at the grassroots level, through ride-alongs and informal communication sessions within respective departments. This understanding will foster a climate more receptive to the necessary changes.

At the micro level of study each sub-committee or action group assembled for any reason must repeat and perpetuate the communication process utilized at the main committee level. The facilitator, as an impartial referee, must formalize these communication structures.

As study begins and the new system takes shape it is also crucial that the action groups can access each other. Regular information sharing sessions comprising members from each group must be held to prevent redundancy and overlap. Also, as questions arise they can be answered through these sessions.

Time lines, and deadlines must be established, but should be flexible enough to prevent hurried decisions. The time frames and deadlines too will be established as a result of local need. In Norfolk, a two year time frame was

established due to the severe stress present on the City's budget.[130] In Winnipeg both departments are operating efficiently at the present time but future budget analysis may indicate a point of diminishing returns.

The recent introduction of Para Medic service in the City has already led to longer commitment times at incidents and an increase in Ambulance shortfalls in availability. This is demonstrated in a March, 1995 article in the Winnipeg Free Press in which Derek Boles, the Ambulance Union President, is quoted. "Its a chronic problem...", and later in the same article, "We run out of vehicles quite often."[131] Any design of a new tiered response system must first and foremost look at future trends and not be limited to the present situation.

The process developed in this Chapter serves as an example of how a merger of the two groups must be approached. Past attempts have failed, not because they did not have merit, but because the process was flawed by a failure to involve those affected by the recommendations.

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[130] Ibid.

[131] Paul McKie, Winnipeg Free Press, "Ambulance shortage a 'chronic problem,' union claims", 6 March 1995: A1.

In an interview with Mr. Gerry Follows, the former president of the ambulance workers Union, now residing in Adelaide Australia, this very point was made.

> We did not form the strong lobby against the original proposal to amalgamate Winnipeg Fire and Ambulance because the idea was wrong, we did so because the method chosen for amalgamation was unfair. In essence, the Winnipeg Ambulance attendants were simply to disappear through assimilation into the much larger Fire Department.[132]

Involving these people in the mechanics of the process and addressing their concerns at an early stage would have prevented the subsequent lobby which proved disastrous to the proposals in 1983.

Whatever delivery system is chosen for the future in any municipality this involvement is integral to the success of the system. In Winnipeg's case the issue will continue to surface in perpetuity until a clearly defined and well researched plan is created which fully involves everyone in the process of its creation.

The most recent report from Parks, Protection and Culture Committee as described in this chapter makes recommendations, which are seriously

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[132] Gerry Fellows, Former President Machinists and Aero Space Workers Union, telephone interview, 15 October 1995.

flawed and doomed to failure. The reasons for this conclusion are:

1) Once again key players at all levels of both organizations were not involved in their creation.

2) They are based in unsubstantiated and biased reports from both Fire and Ambulance.

3) The key conclusion dealing with a lack of Provincial funding is flawed and basically untrue. (No Provincial documentation exists to substantiate this claim)

4) The attempt to supplement the Ambulance Service by decreasing Fire coverage may fail once again should the firefighters Union successfully lobby the public and force political decisions as a result. The "babies will burn" argument is simply too dangerous for politicians to ignore without support of Fire Administration, which will, in all probability not occur. If this strategy were successful the resulting potential for on scene dissention would far surpass any such predictions for a unified service.

The result of this high level recalcitrance to properly study the issue will, once again, be continued growth by both organizational units, and increases in redundancy and overlap of service. All of the previously discussed issues will repeat themselves and the basic questions regarding some form of integration will continue to be asked.

CHAPTER V

CONCLUSION

This paper has attempted to collate the components of a tremendously complex issue in order to understand fully the potential impacts of merging two emergency services to better serve the community. Since this solution first presented itself in the early to late sixties many jurisdictions have seized the opportunity, taken the necessary actions, and succeeded in creating more effective organizations while others attempted and failed to varying degrees.

Ritcey asks the question. "Why do some organizations take a concept and successfully run with it, while others take the same notion and fail miserably?"[133] In the body of his report he provides the answer to this question which best summarized the entire issue. "... the problem is often with our implementation method and not with the concept itself."[134] Yet, study after study focuses on the concept and relegates the implementation

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[133] International Association of Fire Chiefs, Improving Fire Department Emergency Medical Services, Fourth. Virginia: Fairfax, n.d: 44.

[134] Ibid.

method to the back ground. This happened in Winnipeg in 1983 and again in 1985.

The reason for this concept to surface time and time again throughout North America is that there are obvious advantages to reducing the inherent redundancies of the Fire/EMS structure for any jurisdiction. Increasing fiscal restraint is a reality today and is not a short term issue. This pressure will drive merger and rationalization in all facets of governance and service delivery.

In 1991 Brame wrote: "If departments do not implement these programs (Emergency Defibrillation/Emergency Dispatch) as a result of internal desires to provide the service the efforts of risk managers, attorneys, physicians, and legislators will bring them to the fire stations door."[135] Winnipeg, along with all other civic governments, would be wise to take this advise. Risk management, in the face of liability concerns which are growing exponentially in our society is no longer a luxury, it has become a crucial component of municipal management. This factor has not even been

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[135] Kevin Brame, "Fire Service EMS Comes of Age" Fire Chief, May 1991: 32-33.

considered in past merger studies, yet it has the potential to cost services more dollars than any forecast savings from cutbacks or downsizing.

This argument alone provides one of the most powerful political arguments for merger. Current budgets exceed 90% of expenditure on wages and benefits in emergency services. Very little analysis is required to ascertain where savings must occur.

The most difficult aspect of the "expenditure savings" argument for merger is that one must rely on prediction to forecast savings. These predictions must contain both quantifiable short term savings as well as more long term cost efficiencies. In Norfolk, for example, the savings did not take the form of a substantially lower budget. The resulting organization has a budget equal to the sum of the previously separate budgets for Fire and Ambulance. However, Ron Wakeman, the Chief of the Norfolk Fire/EMS Department is quick to point out that this occurred simultaneous with a significant increase in call volume which, he feels, "under the old system would have raised expenditures to excessive levels."[136]

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[136] Wakeman, interview.

The Edmonton Ambulance Authority Audit applied this argument to the Winnipeg situation. In rationalizing the cost per call in Edmonton versus Winnipeg the audit says: "In 1992 Winnipeg plans to implement a higher cost per call two tier strategy that will employ both ALS and BLS staff. This departure from the all BLS strategy will result in a significant higher cost per call and will probably exceed the EAA's cost per call."[137] This has yet to be analysed but indications are that this prediction has some validity.

The significance of this statement is that it provides a clear example of the dynamism of the issue of merger. While past experience can provide a valuable tool for identifying mistakes, any study or analysis must focus on the future to achieve reliability.

This focus must also be location specific. Winnipeg may never see the tremendous increase in the use of destructive drugs such as crack cocaine that led to Norfolk's exponential increase in call volume or the increase in older population that Victoria B.C. has experienced resulting in a similar increase. Land clarifies this point "Clearly, the literature reveals there is no one acceptable delivery system but rather implies systems are devised from

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[137] Powell 15.

community history and traditions and developed within the parameters of a given jurisdiction."[138]

By utilizing the process model proposed in Chapter III for the analysis the key players in the creation of these parameters would also be those working in the operation of the system created. Decisions emanating from this process would, in this way, mitigate opposition rather than exacerbate it.

Emergency Services are perhaps the most crucial basic services provided by municipalities and other governments. Citizens, with a renewed focus on accountability and efficiency drive political decisions. The old parochial walls are falling. That is reality.

In 1991 an article in *Fire Engineering* magazine predicted the key challenge. "To those who lose the battle for possession, or who give up their EMS program as a nuisance, the next challenge will be the most difficult; demonstrating to elected officials and the public that a single function Fire

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[138] David W. Land, "Integration of Fire and EMS Delivery Systems" Implementation of EMS in the Fire Service. Challenging the Fire Service ed. Robert P. Pringle, Jr. Fourth in Ser. Fairfax: Virginia, 1991. 14.

Department is productive and cost effective."[139] This challenge to Fire Chiefs formed the main source of opposition to merger from ambulance administrators throughout the eighties. The "job saving" rationale was highlighted as the only reason Fire wanted anything to do with ambulance services.

In 1996 a new challenge has emerged which will fall to ambulance administrators. "Privatized" services are enjoying exponential growth. The "franchised" Emergency Service is a reality. I would suggest that all administrators of Fire and Ambulance services had better be offering the most effective and efficient delivery system or their personnel could soon be drawing pay cheques from corporations like LaidLaw. This will provide another option as a service delivery model for municipalities.

The old thinking is not as prevalent in the Fire Service today and is disappearing in the newer Ambulance Services. Municipalities need only ask one key question when deciding on any service related issue today. "What is in the best interest of the people we serve."[140]

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[139] James O. Page, "Trends in fire Service EMS" Implementation of EMS in the Fire Service. Challenging the Fire Service ed. Robert P. Pringle, Jr. Third in Ser. Fairfax: Virgina, 1991. 17

[140] Jack Snook, Retired Fire Chief, personal interview, 06 February 1996.

In the Winnipeg situation, which is not unique, this question has yet to be asked. Rejection of merger has occurred with little or no input from those in the system who are relatively free of personal bias and agendas. In a recent conversation with a Fire Department Union Official he told me "If a vote was held tomorrow in the issue it would result in an 80% in favour decision but Ambulance Administration and Union Officials would never allow the vote."[141] This may or may not be true and those resisting cursory decisions of merger, while they feel it is the best decision to do so, have truly never asked the key question.

The dynamism characterizing organizational management today has finally reached all levels of government and the service providers. The traditional Fire "Department" is a thing of the past. The reality is that all municipal services must work together for the common good.

New Services and directions are reality. Taxpayers are now "customers" and competition for customer services is leading to different thinking. The entrepreneurial civic manager will survive and his/her organization will thrive. Rhetoric and selective use of data are no longer acceptable means of

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[141] Andrew Burgess, President of Local 867, telephone interview, March 1996.

achieving organizational goals. Many Fire chiefs have learned this the hard way. Their staffing levels are lower and budgets tighter than even a few years ago. Ambulance service managers have enjoyed growth as their organizations experienced the funding increases that, in the seventies, were directed toward Fire Services. This is particularly evident in the budget analysis provided in Appendix A.

This trade off of one service against the other is counter productive and dangerous from a "Customer service" perspective. One can only "rob Peter to pay Paul" for so long. Eventually a point of diminishing returns will be reached. Yet this strategy appears to be surfacing again in Winnipeg with another rejection of discussion on the issue and a further push to downsize the Fire Department. Actions such as this demoralize staff and create the very dissention that was treated as a reason not to integrate in 1983.

This example may indicate a personal bias on the part of the writer engrained over a twenty five year Fire Service career. My exposure to the issue has nonetheless led me to see this as the truth.

The facts, as revealed in this study are:

- Past studies, while a valuable information tool, are no longer valid as a base for decision making in today's situation in Winnipeg.

- The Fire and Ambulance Services in Winnipeg have evolved together over the past twenty years in a working relationship which has proven successful in terms of service provided to the citizen.
- The tiered response for medical calls is a reliable, effective, and proven delivery system. It is therefore here to stay.
- The Fire service culture now incorporates medical response as a norm and not an exception.
- The Ambulance Service has evolved into an efficient, well trained effective service providing top quality care.
- The Fire Service in Winnipeg has changed at an unprecedented rate in terms of its demographics, operations, mandate, mind set and culture. In short, the conditions hampering amalgamation potential in 1983 are no longer prevalent.
- The Ambulance Service in Winnipeg has seen growth in its budget requirements since the 1983 rejection of amalgamation at a rate far exceeding the predictions for savings per cost in the Frame, Lofto report. With the full implementation of the Paramedic program this growth in expenditure will continue.
- Winnipeg Ambulance trains Para Medics for over 2000 hours. This is more than triple the training for Seattle and Phoenix and more than four times the Province of Manitoba standards. Comparative study is required

to ascertain what level of training meets the needs of the community without becoming cost prohibitive.

- Recent research has indicated that rapid intervention in airway management and automatic defibrillation achieve the highest patient save rates in cardiac cases. Yet, Winnipeg remains one of the only jurisdictions not involved in a First Responder automatic defibrillation program.
- Winnipeg Ambulance continues to provide extrication services with a single vehicle staffed by one person while Fire Rescues with crews of four, equipped with extrication tools remain for use as back-up only. As a result of this policy training in the use of this equipment has diminished and the firefighters are often tentative and inexperienced in its use. This results in less than expected performance on the rare occasion that they are needed.
- The Provincial grant system through which Winnipeg Ambulance recovers significant funds may be reduced or eliminated at some point. The cost of maintaining the service will increase considerably for the city should this occur.
- These grants are offered to the service provider whether that provider is a Fire Department (Brandon, Thompson, Portage La Prairie, a private operator (Swan River) or a city run ambulance service (Winnipeg).

Integration would not affect Winnipeg's ability to receive this funding.

- The "patient" would receive care from the same people in an integrated service as is now the case.
- Fire Department medical training is now conducted in-house to provincial standards. There is little or no direct instruction from Winnipeg Ambulance Trainers. This must change no matter what service delivery model is chosen. The present situation prevents street level service providers from learning and working together in any venue other than emergency scenes. This emphasizes differences rather than enhancing the possibility of similarities.
- Amalgamated services can provide top quality care effectively and efficiently and result in well adjusted and happy workers.
- Amalgamation can be a recipe for disaster in terms of employee relationships.
- The most successful mergers result from the elimination of both former organizations and the creation of a single new organization which is flexible and receptive to the needs of all of its employees.
- Partial mergers which attempt to capitalize on savings in certain areas (Administration, Infrastructure, etc.), yet keep the services themselves separate are doomed to failure.
- In the Winnipeg of 1996, the many personal interviews conducted by the

writer of this paper indicate that support for amalgamation is strong at the service provider level, the provincial government level, the Fire Department Union and Administration level. The major stakeholders opposing merger are, it appears, Ambulance Administration, Ambulance Union Executive and the Board of Commissioners, as evidenced by the report from the board of Commissioners and the resulting recommendations.[142]

- Higher than normal retirement numbers in the Fire Department will create a window of opportunity for incorporation over the next few years. (This will be particularly true if wages are cut or frozen because pension formulas are based on the best five years.)
- A single dispatch, stores, and maintenance must occur no matter what delivery system is chosen. Cost efficiencies in these areas are obvious.
- Fully merged services in Brandon, Thompson and Portage La Prairie are a reality in Manitoba. This is not new ground.
- Automatic defibrillation programs are a reality all over North America. Continued resistance to such an approach in Winnipeg will falter as external pressure increases and benefits become obvious.
- The issue will never be resolved until those in the system work together to develop the most appropriate service delivery model.

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[142] Kowalski.

- Politicians, bureaucrats, Union Executives and Administrators must together ask themselves. "What is in the best interest of the people we serve?"
- To focus on all the reasons why something will not work while ignoring the reasons why it can work serves no purpose other than to surrender to one's paradigms.

It may appear that these facts point to a single inescapable conclusion. Amalgamation is necessary.

That is not, in fact, the case. What the writer believes sincerely is that they point to the conclusion that no matter how obvious the benefits of merger it will not be successful unless those who truly deliver this service are the ones who determine how it is to be delivered.

The arguments against merger in 1983 were valid. The reasons substantiating the arguments were not. There is no internal difference between people who pursue Fire and Ambulance careers. They can work together. This happens everyday on the streets of many municipalities in Canada and the U.S.

Frank Sherburne the Fire Chief in Edmonton examined the down sides to merger in his report on the subject. He concluded that:

> There does not appear to be any that cannot be overcome by careful planning. In some cases, such as the District of Columbia, integration was almost accomplished, but at the last minute a less controversial position was taken. The author sees this as the folly that created an antagonistic atmosphere between EMS and Fire personal.[143]

The most difficult aspect of the "expenditure savings" argument for merger is that one must rely on prediction to forecast savings. These predictions must contain both quantifiable short term savings as well as more long term cost efficiencies.

In Norfolk, for example, the savings did not take the form of a substantially lower budget. The resulting organization has a budget equal to the sum of the previously separate budgets for Fire and Ambulance. However, Ron Wakeman, the Chief of the Norfolk Fire/EMS Department is quick to point out that this occurred simultaneous with a significant increase in call volume. One could make a strong argument in the same direction for the Winnipeg situation in 1983 and 1985.

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[143] Sherburne 31-32.

The irony of this argument is that the reason for rejecting merger actually becomes a self fulfilling prophecy. Dissention is exacerbated not ameliorated by maintaining "differences". By forcing both organizations to work together with a common goal, such as developing a truly integrated model of service delivery, many of the perceived problems will be proven false. Chief Sherburne makes a key point substantiating such a process in his report. He says "there are many areas of common resources and common needs."[144] Who can best determine these areas than the people who will benefit from the determination?

The need for a formal process can be demonstrated by asking several questions which must be answered within the context of the "million dollar question." What is in the best interest of those we serve?

These questions are:

- Why is the Fire Department not involved in training jointly with the ambulance service in the areas of incident command, specialty programs (Haz Mat, Water rescue, Technical Rescue, Auto Extrication, Multi-Casualty incidents/Disasters)?

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[144] Sherburne 29.

- Why is the Medical Training received by the Fire Department not developed, delivered and monitored by Winnipeg Ambulance Training in concert with Fire Department Training?
- Why is there not a common dispatch function?
- Why are two separate infrastructures necessary?
- Why is the Winnipeg Fire Department not fully involved in Automatic Defibrillation?
- Has anyone asked front line staff from both organizations their opinions on merger?
- Who most vehemently opposes discussion in this area and why?
- Why does this issue continue to surface?
- Why are training levels for Winnipeg Ambulance staff at a level 4X the Provincial level and 2X most other levels (Phoenix & Seattle). Is this cost effective?
- Why has comparative budget analysis never been carried out since the 1983 rejection to determine the accuracy of the predictions made at that time?

These, and many other questions must be answered comprehensively before accepting or rejecting integration.

The myriad of studies, models, theories, predictions, reports, and other documents commissioned over decades in North America only serve to convolute the issue of integration. In fact, many jurisdictions would be able to utilize only the trends identified by these documents. These trends are:

- Integration is a location specific topic.
- The success or failure is more a result of process than the merger or rejection of merger.
- The human aspects of integration must be addressed before the logistics.
- The people who must work in the new system must play a role in its design.
- Both organizations involved must be open, flexible and willing to expose their inner "secrets" to each other.

The following quote best demonstrates the thrust of the key argument corroborating the need for study of the integration of Fire and Ambulance and the inherent dangers of the issue. James Page served as a firefighter/paramedic for Los Angeles for 16 years. He is now the publisher of JEMS magazine. Writing in 1984 he said:

> In many areas of the U.S. the fire service is a house divided. The internal divisions of attitude and opinion have become a public spectacle. Despite the traditional resistance to outside interference with the fire service affairs, the question of fire service/EMS will be decided by outsiders, especially physicians.

> The ultimate product of EMS is patient care and few believe that quality patient care can be delivered by a house divided.[145]

Mr. Page was attempting to argue against integration and made a convincing argument but he inadvertently summed up the entire problem. The "house divided" can occur no matter what barriers exist between or among organizations. A single organization can be a house divided, but so too can two separate entities.

The City of Winnipeg will continue to operate emergency services including ambulance. Unless a formalized process is established to determine how these services will be delivered the question of merger will remain unanswered but will continue to be asked.

The process must involve the people who can best determine how to work together, those who must work together. Only in this type of process will the best patient care be achieved, the most effective system be created and the most efficient mode of operation be identified.

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[145] James O. Page, "Understanding the Fire Service" Implementation of EMS in the Fire Service, Challenging the Fire Service ed. Robert P. Pringle, Jr. Fourth in Ser. Fairfax: Virginia, 1991. 39

The persons facilitating the process will face an enormous series of challenges. Chief Snook, who engineered the merger of twelve Fire Departments in Tualatin County, Oregon, sums up these challenges. When asked if the merger worked: he answered, "This is absolutely the best thing that has ever happened for the citizens of this county and the providers of emergency services here" and when asked if he would ever do it again he replied "Absolutely not".[146]

The writer of this report is no longer actively involved in the Winnipeg system but it is my sincere hope that this paper can serve as a useful tool to those who must inevitably face these challenges in the future. The impact of present series of "cuts" proposed for the Fire Service in Winnipeg can be reduced substantially through a merger engineered by the stakeholders. In fact, the reality may provide a driving force to finally make this happen.

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[146] Mr. Jack Snook, Retired Fire Chief, personal interview, 06 February 1996.

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APPENDIX A

BUDGET ANALYSIS

The primary drivers of amalgamation are the potential expenditure reductions resulting from decreased redundancy and/or economies of scale achieved by the creation of the new organization.

There is considerable debate as to whether these factors do, in fact, result or will, in fact, exist over time in an integrated service. In Winnipeg, in 1983, Lofto et al rejected merger based on uncertainty regarding Petersen's predictions in this area.

There are several options for analysing budgets to determine cost/benefits as they apply to integration models. They are:

1) Present year comparisons. This snapshot approach allows the analysis to compare fixed costs on such items as maintenance, infrastructure, training, employee benefits, debts, revenue, etc. It forms a key component of a "situation audit" and a sound base for further study.

2) Trend Analysis. This involves comparing several years of existing data (present year comparisons) to identify trends and patterns. The figures must be analysed in terms of "constant dollars" to factor out inflation, etc. which could bias the analysis.

3) Future Analysis considering demographic trends. This is a most difficult process as planners must predict not only demographics, but changes in technology, administrative dynamics, and external influences on the system being studied.

4) Retrospective Analysis. This involves study of other jurisdictions and past history. Mergers versus separate service decisions are examined for prediction validity. (This will prove invaluable within the Winnipeg context, were, for example, Lofto et al proven valid in terms of their predictions.)

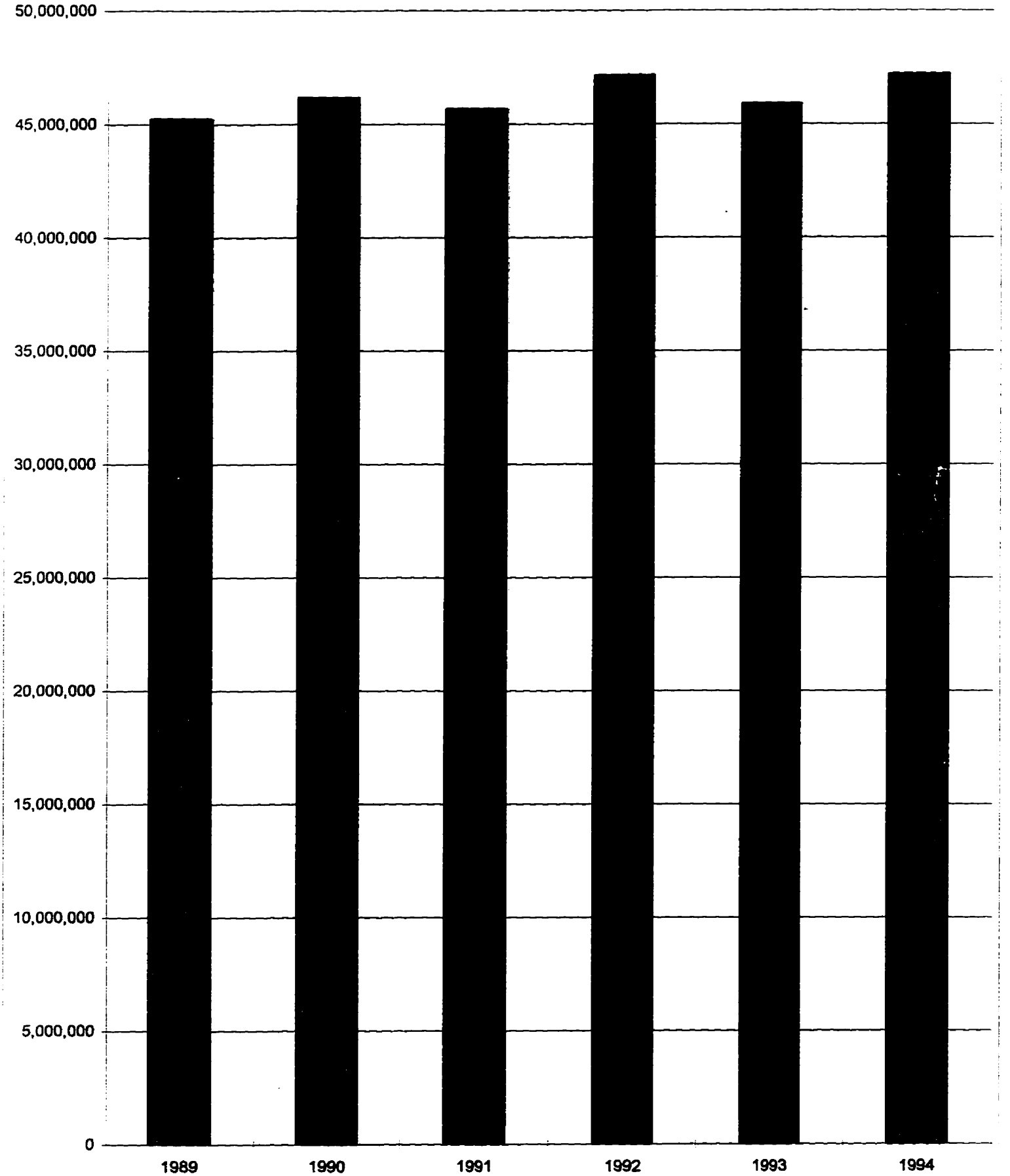
The final, and most difficult stage, in this process is to perform value ratio/ percentage and activity ratio/ percentage analysis. Since "bottom line" performance criteria are difficult to establish in emergency services, considerable expertise is required for this type of analysis. (It is beyond both the writers capability and the scope of this paper to conduct this analysis. However, it is readily admitted that it must be completed as a component of

any merger studies, and, in fact as an ongoing process in the management of all city services.)

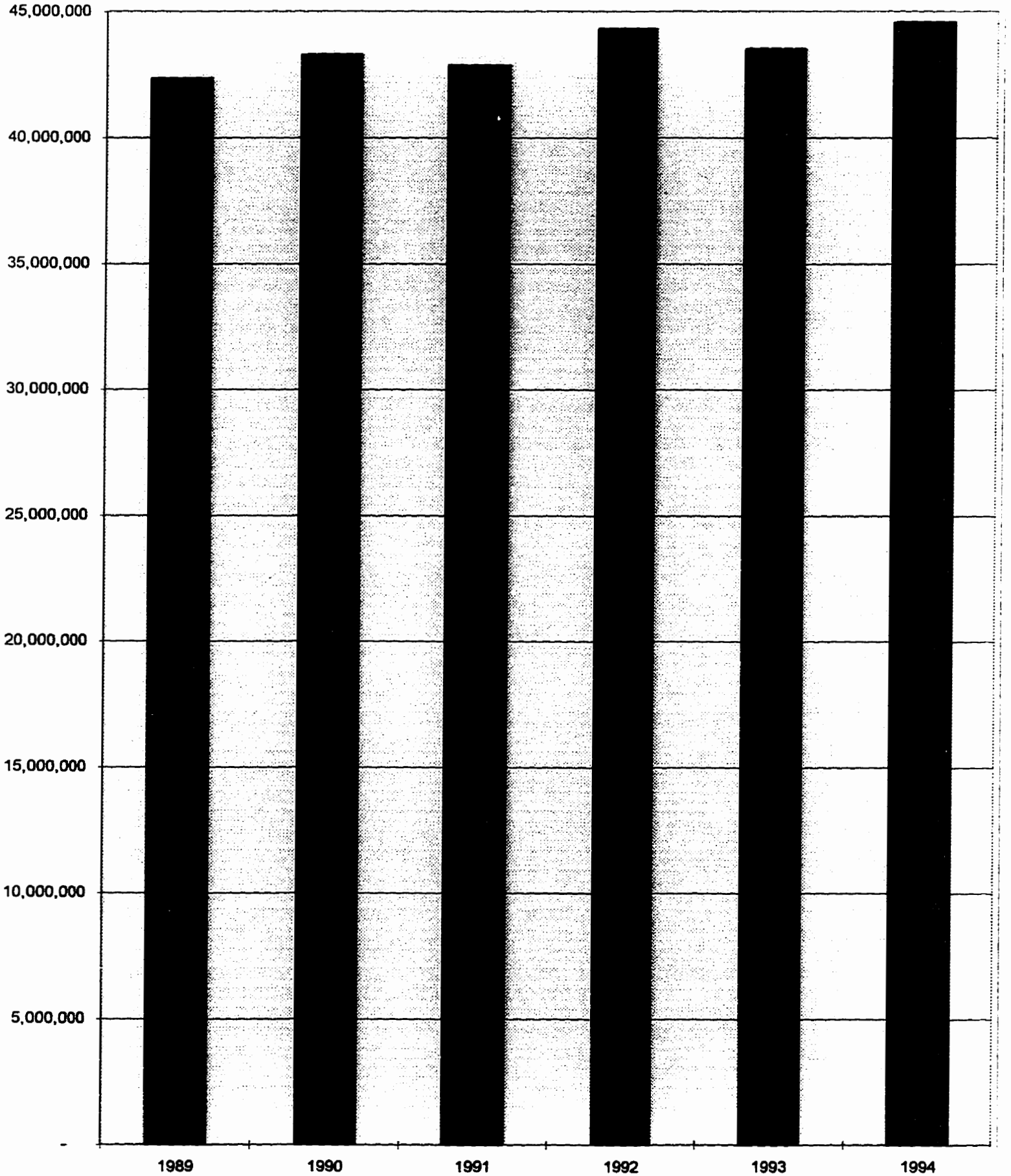
THE ANALYSIS

Preliminary trend analysis for the Winnipeg Fire department and Ambulance Department for the years 1989-1994 were compiled and tabulated. (Actual expenditures for 1989-93 and budgeted expenditures for 1994.)

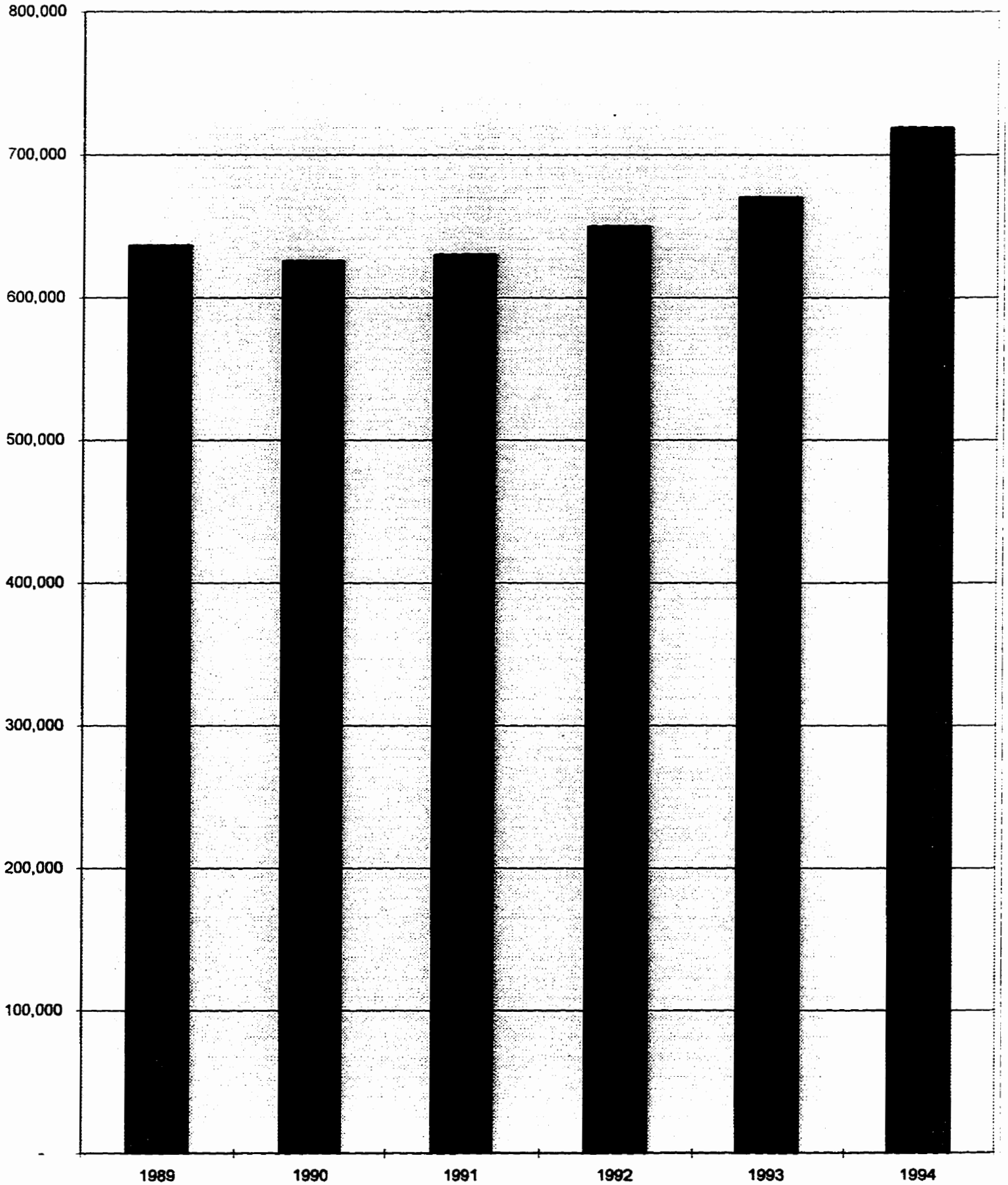
FIRE & AMBULANCE SERVICES - TOTAL SALARIES & BENEFITS



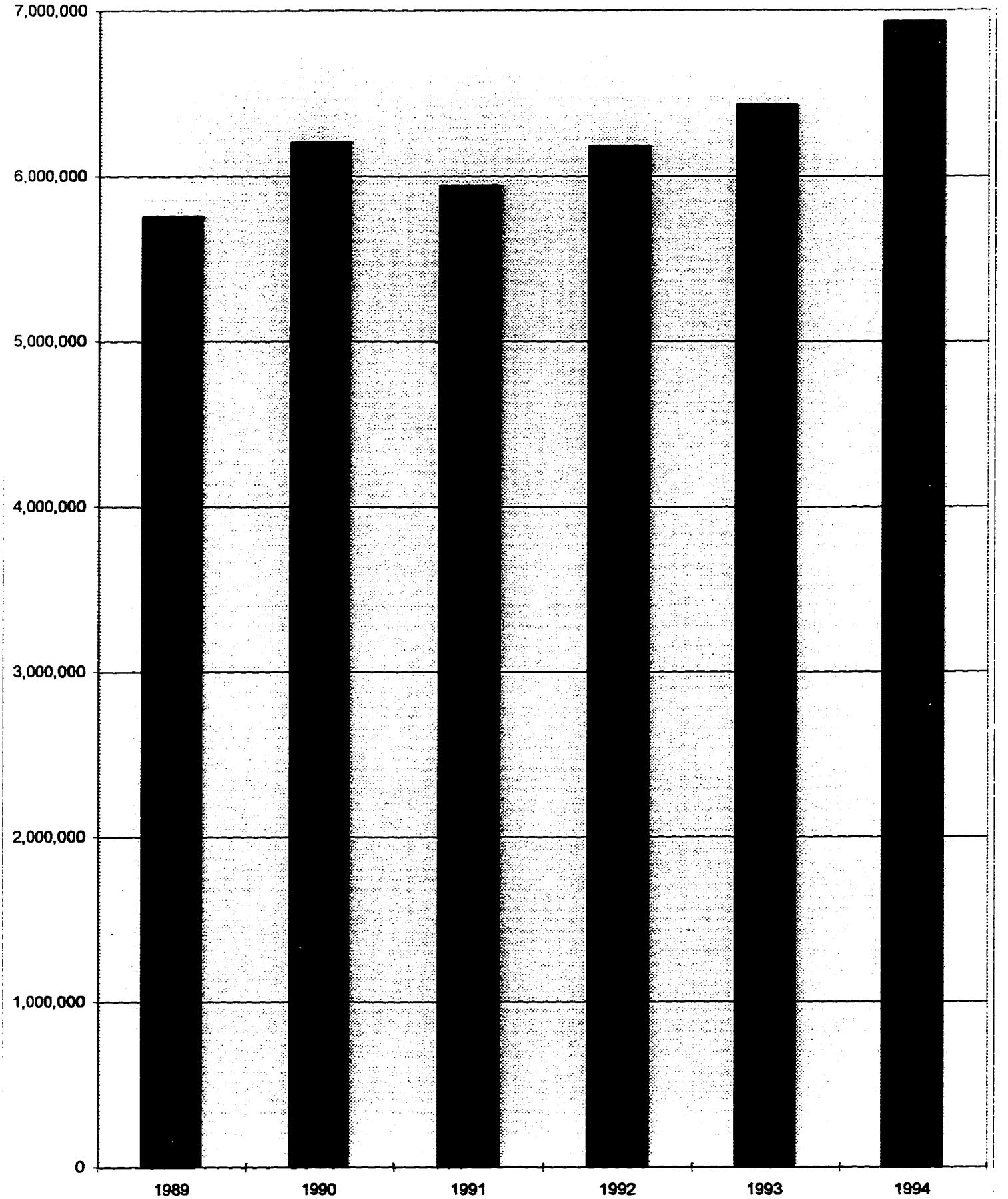
FIRE & AMBULANCE SERVICES - PERMANENT SALARIES



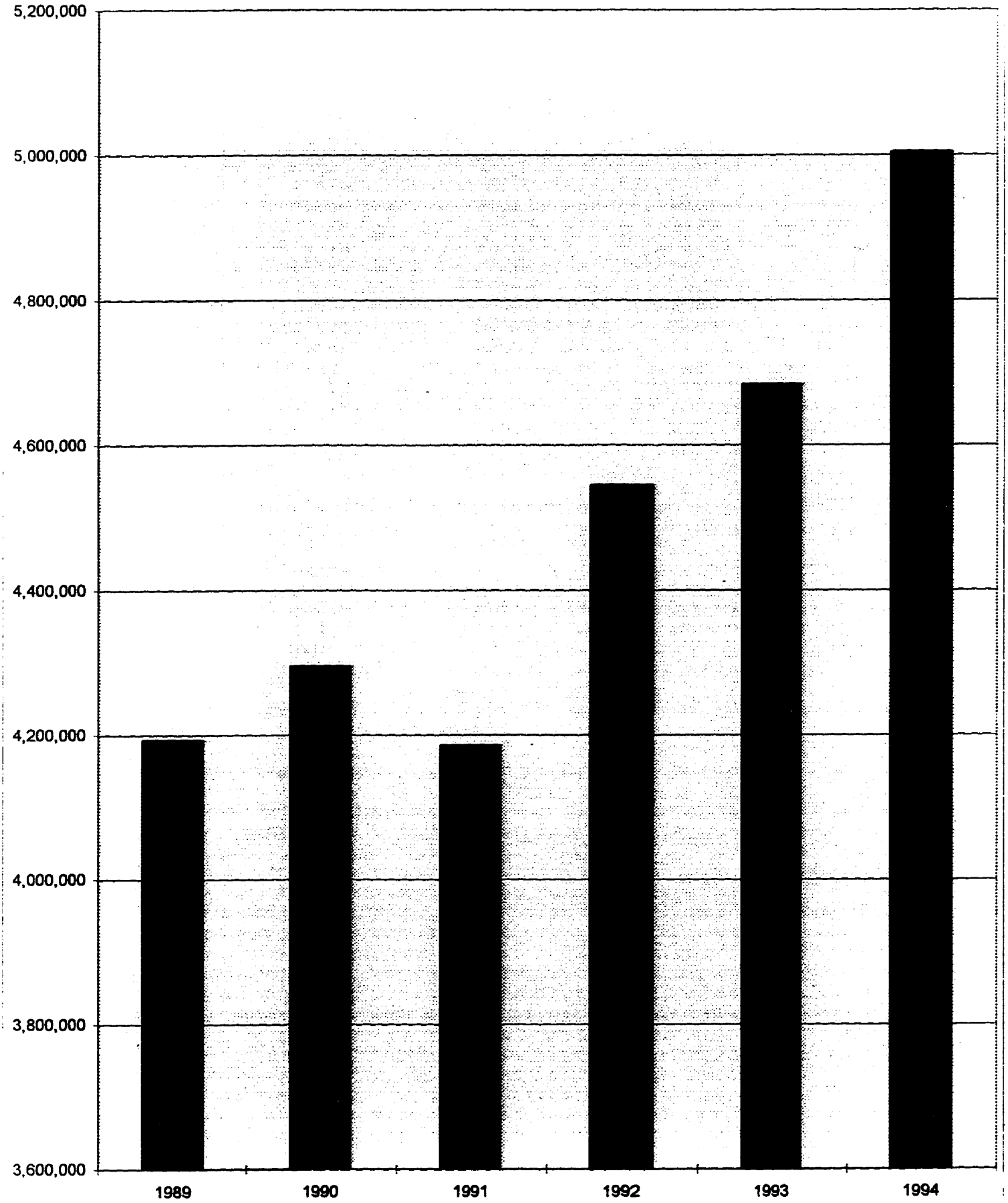
FIRE & AMBULANCE SERVICES - OVERTIME



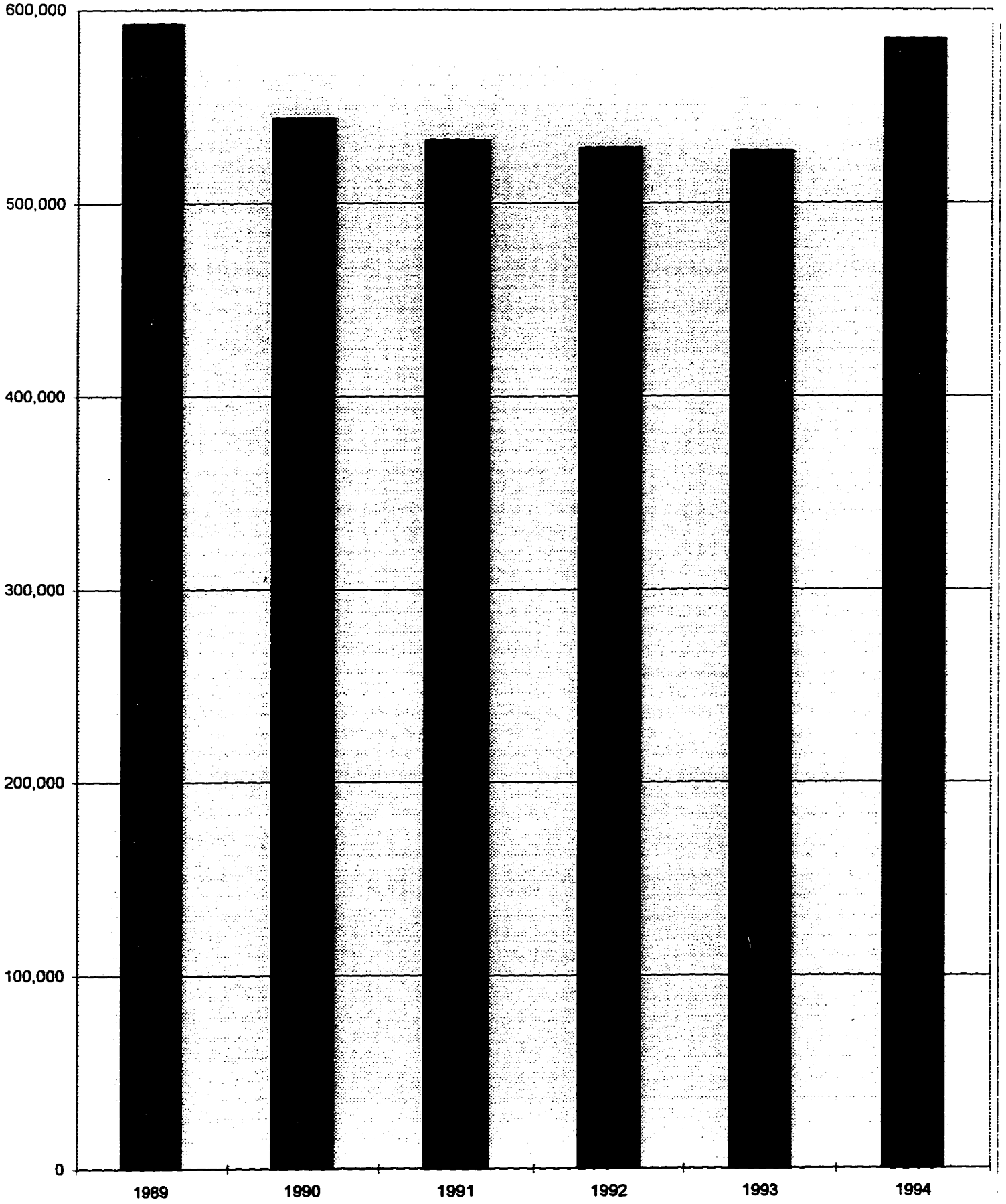
WINNIPEG AMBULANCE SERVICES - TOTAL PAYROLL EXPENSES



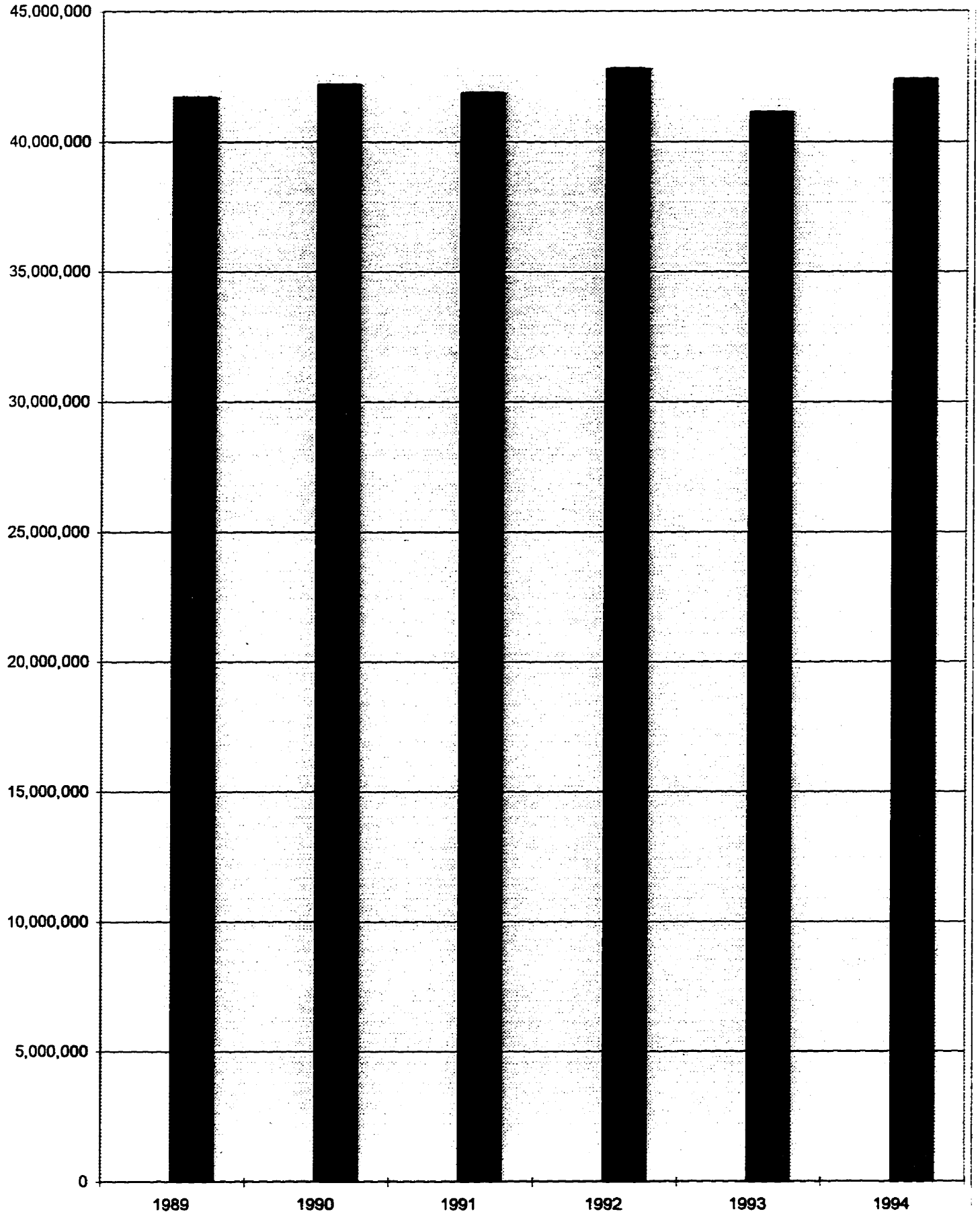
WINNIPEG AMBULANCE SERVICES - SALARIES (PERMANENT)



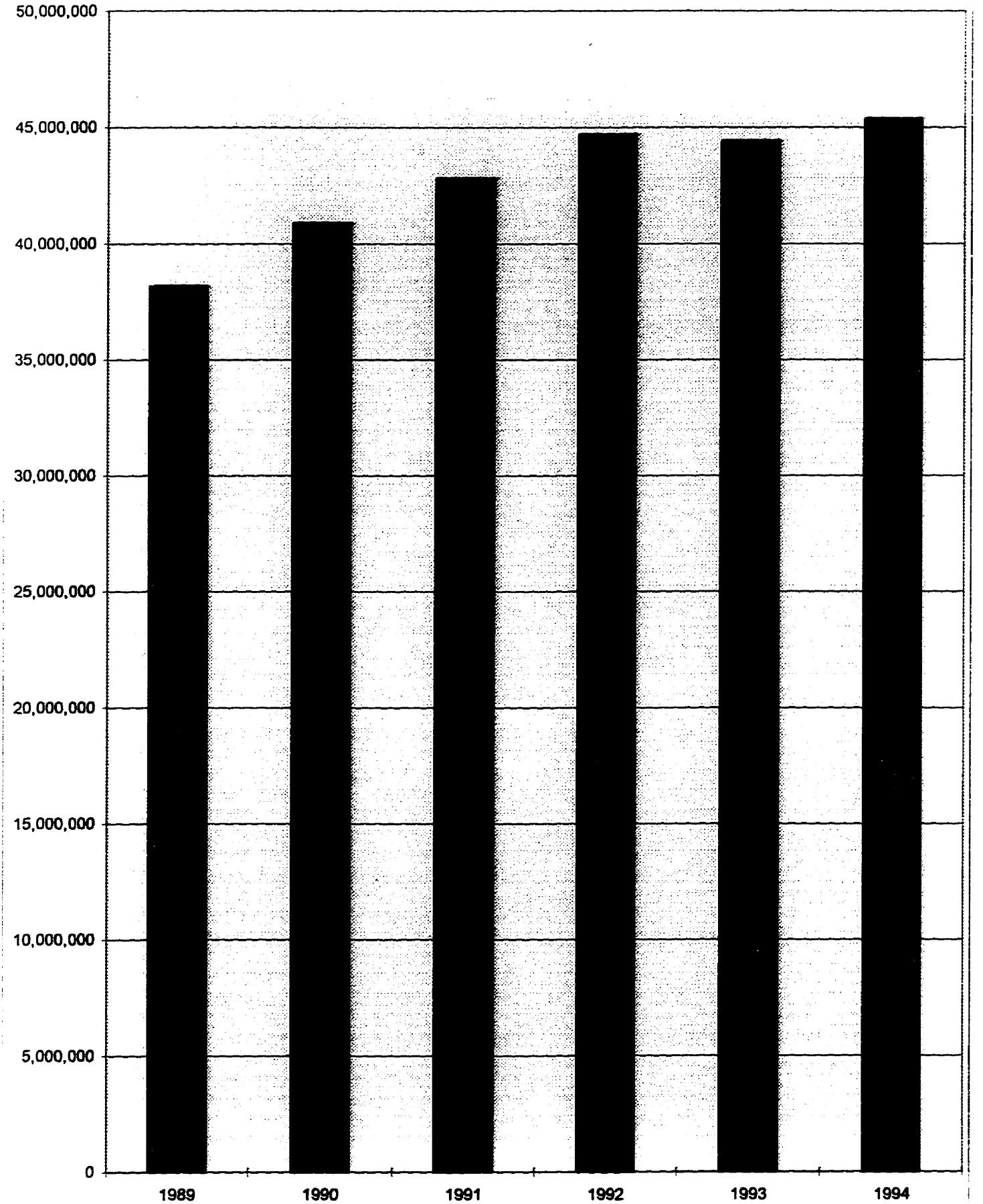
WINNIPEG AMBULANCE SERVICES - OVERTIME

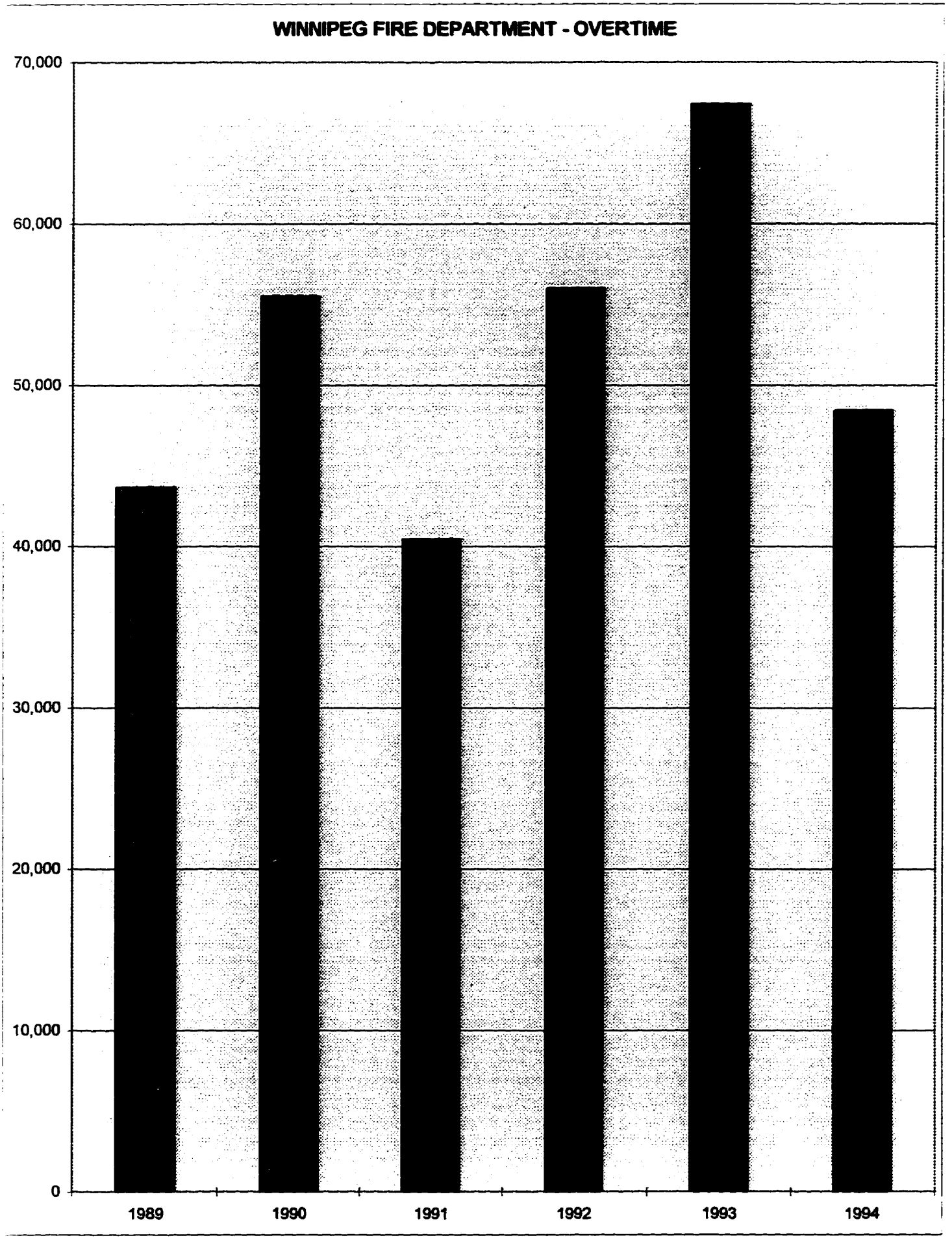


WINNIPEG FIRE DEPARTMENT - PAYROLL EXPENSES



WINNIPEG FIRE DEPARTMENT - SALARIES (PERMANENT)




WINNIPEG FIRE DEPARTMENT - OVERTIME
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
1989
1990
1991
1992
1993
1994

FIRE STATISTICS

	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989
FIRES																
Buildings	1527	1382	1401	1362	1362	1378	1426	1391	1329	1288	1226	1232	1177	1068	1216	1091
Ground Transportation Vehicles	702	612	642	612	544	623	688	602	565	573	515	555	598	558	559	539
Fences and Garbage Cointainers	452	431	533	565	824	607	826	1021	742	812	1027	979	935	804	813	621
Rubbish, Grass and Brush	575	604	1054	836	304	411	899	520	335	627	763	492	288	462	825	371
Railroad Fires	34	20	35	9	11	26	13	8	9	10	13	21	13	20	19	9
Miscellaneous Outdoor Fires	233	138	250	261	143	131	147	99	102	139	177	182	169	197	190	200
TOTAL FIRES	3523	3187	3915	3645	3188	3176	3999	3641	3082	3449	3721	3461	3180	3109	3622	2831
False Alarms	2968	3339	3806	4731	4530	2979	1436	1764	1858	1702	2398	2060	2314	2594	2740	2291
Accidental Alarms	12	5	38	43	15	0	2	69	64	188	268	377	358	499	676	745
Trouble on System											504	2188	2355	2356	3610	4014
Same as Previous Fire/Alarm								738	755	964	901	888	897	981	1232	1013
First Responder									290	1386	1710	2593	3125	3486	3553	3069
Water Rescue Response													31	53	26	17
High Angle Rescue														2	2	5
HazMat Response														45	43	33
Miscellaneous Emergency Calls	3210	2987	3154	3513	3774	4038	4654	3886	4190	4566	4378	4256	5071	2298	2790	2993
Dispatch Cancelled														2690	2253	1705
Resuscitation Calls	3438	2400	66	16	14	8	14	43	37	30	5					
Other Special Serv. By Rescue	203	149	258	184	193	172	187	160	202	166	49					
Fires Attended Outside City	12	4	11	8	6	3	11	11	3	2						
Alarms Attended Outside City	9	1	22	10	8	6	21	7	17	6						
TOTAL CALLS	13375	12072	11270	12150	11728	10382	10324	10319	10498	12459	13934	15823	17331	18113	20547	18716

FIRE STATISTICS

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
FIRES										
Buildings	1232	1177	1068	1216	1091	1156	1069	1039	1303	1650
Ground Transportation Vehicles	555	598	558	559	539	440	524	482	486	559
Fences and Garbage Containers	979	935	804	813	621	825	563	844	969	1155
Rubbish, Grass and Brush	492	288	462	825	371	547	415	596	559	860
Railroad Fires	21	13	20	19	9	7	10	5	2	4
Miscellaneous Outdoor Fires	182	169	197	190	200	173	140	213	249	256
TOTAL FIRES	3461	3180	3109	3622	2831	3148	2721	3179	3568	4484
False Alarms	2060	2314	2594	2740	2291	1997	1778	1808	1724	1630
Accidental Alarms	377	358	499	676	745	868	812	837	900	948
Alarm System Activated	2188	2355	2356	3610	4014	3566	3661	3454	3775	3687
Smoke Detector Activated							120	152	147	99
Same as Previous Fire/Alarm	888	897	981	1232	1013	1108	860	1047	1160	1200
First Responder	2593	3125	3486	3553	3069	2072	3271	5665	5881	6014
Water Rescue Response		31	53	26	17	86	41	44	59	81
High Angle Rescue			2	2	5	3	2	0.00	1	6
HazMat Response			45	43	33	45	27	25	37	49
Miscellaneous Emergency Calls	4256	5071	2298	2790	2993	3064	2951	3126	3177	3096
Dispatch Cancelled			2690	2253	1705	1150	1604	2452	2304	2003
TOTAL CALLS	15823	17331	18113	20547	18716	17107	17848	21789	22733	23297

The categories "Alarm System Activated" and "Smoke Detector Activated" were combined prior to 1991.
The category "Dispatch Cancelled" was included in "Miscellaneous Emergency Calls" prior to 1987.

FIRE STATISTICS

	JAN. 1 TO DEC. 31/94	JAN. 1 TO DEC. 31/95	PERCENT INCREASE
FIRES			
Buildings	1650	1479	-10.36%
Ground Transportation Vehicles	559	595	6.44%
Fences and Garbage Containers	1155	960	-16.88%
Rubbish, Grass and Brush	860	651	-24.30%
Railroad Fires	4	5	25.00%
Miscellaneous Outdoor Fires	256	225	-12.11%
TOTAL FIRES	4484	3915	-12.69%
False Alarms	1630	1606	-1.47%
Accidental Alarms	948	934	-1.48%
Alarm System Activated	3687	3662	-0.68%
Smoke Detector Activated	99	110	11.11%
Same as Previous Fire/Alarm	1200	1018	-15.17%
First Responder	6014	6081	1.11%
Water Rescue Response	81	62	-23.46%
High Angle Rescue	6	5	-16.67%
HazMat Response	49	42	-14.29%
Miscellaneous Emergency Calls	3096	3183	2.81%
Dispatch Cancelled	2002	1790	-10.63%
TOTAL CALLS	23297	22408	-3.82%