

March 18, 2015

Editor  
Winnipeg Free Press

We, the leadership of the Winnipeg Fire Paramedic Service (WFPS), express our profound dismay with Mary Agnes Welch's column of March 11, 2015 ("Firefighters skilled at manipulating the political system"). Ms. Welch had an opportunity to research and report facts as a service to your readers; instead, the article used only select facts that do not paint an accurate picture.

In this limited space, it is difficult to fully describe the tremendously successful integrated EMS-Fire model of the WFPS. Perhaps we can interest the Winnipeg Free Press in publishing a series of articles to fulfill that task. For now, we are hopeful the following facts will be published to assist readers in seeing beyond the limits of the article:

- The majority of paramedics who work on Winnipeg's ambulances are primary care paramedics (PCPs). They hold the same emergency medical education, qualification, and licence as those who work on Winnipeg's fire trucks. In fact, the vast majority of paramedics in Manitoba are PCPs. Ms. Welch's characterization of "hand-holding" is as wrong as it is offensive. Regardless of the uniform they wear, PCPs are the foundation of Manitoba's EMS system. PCPs are proud of the emergency medical care they provide, as are we.
- A community's fire service is part of its infrastructure which attracts investment of business, industry, and residents. Proper fire resourcing reduces the insurance premiums of homeowners and business owners, on the order of \$2 in savings for every \$1 of taxation to support fire service. Fortunately, fires don't occur continually, resulting in an inherent response capacity in the fire protection service.
- Placement and staffing of fire resources is solely determined by response time to all parts of the City for fire-related calls. The National Fire Protection Association (NFPA) guideline 1710 describes the response time standards to which urban fire services are held.
- Integrated fire & EMS departments provide service to almost 60% of Manitoba residents, as this model is also used in Brandon, Thompson, and Shilo. Integrated service has existed in these communities for many years. As well, a number of other Canadian communities employ this model, and it is very common in US centres.
- Winnipeg's integrated model arose in the late 1990s and early 2000s due to the lack of capacity of the existing, standalone EMS service. Using the inherent response capacity in the fire service avoided significant duplication of resources. The integrated model framework was recommended by several independent consultants, was created in the mid 2000's, and culminated in 2007 with negotiated work sharing agreements. These agreements remain in our practice today.
- The popular myth that fire departments bolster their call volumes with medical calls to preserve their staffing is categorically false. In fact, if Winnipeg's fire service ceased medical response, our staffing and resources would not change at all, and our net cost would increase significantly with the loss of several million dollars of funding we receive for our fire service's contribution to the EMS system.
- Equally false is the notion that sending a fire apparatus to a medical call is a waste of tax dollars. As noted above, that crew and apparatus would be on duty and paid regardless of their involvement in medical response. Indeed, not responding with that crew would truly be a waste of tax dollars.

- In 2014, our integrated system provided average travel times to the highest priority calls of 3.72 minutes. Had we relied only on our ambulance resources, the average travel time would have been 6.73 minutes. Welch’s statement that “speed doesn’t matter” on these calls demonstrates a lack of understanding of medical and traumatic emergencies. We are confident that anyone who has called 911 for themselves or a loved one in medical distress would agree that having a skilled paramedic arrive almost 50% faster is critical, regardless of the vehicle in which they arrive.
- In 2014, fire-based PCPs responded alone to 11,192 calls. Almost 90% of these were “person down,” “falls,” or “assist police.” This represents the call volume of approximately three, 24-hour ambulances. Without fire involvement, these three ambulances would have been unavailable for calls more likely to require advanced care and/or transport to hospital. The addition of three ambulances would further add to the tax burden.
- Fire crews DO NOT respond to every medical call. We have used our many years of experience to hone the system responses to send the most appropriate resources to different types of calls. Of approximately 63,000 calls for emergency medical service in 2014, fire resources attended just over 31,000, less than half. We send resources according to the initial information in the call, then scale up or down as the situation presents.
- The efficiency of our system is demonstrated by impartial comparison to other cities. Winnipeg participates in the Ontario Municipal Benchmarking Initiative (OMBI), which involves many facets of municipal services. The 2013 data shows Winnipeg as providing among the highest number of ambulance service hours servicing the most calls at the lowest cost per hour among 13 cities. Winnipeg was among the busiest fire services, with the second lowest unit staffing costs among nine cities.

All of these *bona fide* facts were available to Ms. Welch for the asking. We publicly presented the OMBI data during our budget presentation on March 9, 2015. Regrettably, the only fact that Welch chose to verify with the City was the percentage of female firefighters in the WFPS. Her insertion of this figure to insinuate a gender issue borders on salaciousness.

While the focus of the article was clearly limited to observations on a political landscape, the selectiveness of factual reporting has led to an imbalance that not only slights the paramedics who serve our city, but also does a disservice to your readers by not accurately representing the integrated model citizens are served by. The March 16 column by Dan Lett (“Firefighter-paramedic rift harmful”) exacerbates the misunderstanding of the integrated model and its benefits to our citizens. We respectfully urge the Free Press to address this imbalance.

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