

## EMR Frequently Asked Questions for Public

### Emergency Medical Responder scope of practice

**1. How will the Emergency Medical Responder (EMR) be used within the emergency response system?**

- a. The EMR will be used within the emergency response system when partnered with a paramedic. This configuration may be assigned to any emergency call in the same deployment manner as a paramedic-paramedic configuration. Deployment decisions are based on assigning the most appropriate unit considering patient acuity and EHS resource availability. It is important that the EMR role has an appropriate scope of practice and scope of employment, the appropriate training, and has the appropriate background to be able to provide the right support for their paramedic partner during patient care.

In addition to the right provider qualifications, having a structured system that enables clinical resources to be assigned for additional support and available consults with the Medical Communications Centre Clinical Team will contribute to optimizing patient safety.

**2. What areas will the EMR work within the EHS system?**

- a. EMRs will work in the following areas:
  - i. EMR-Paramedic configuration responding to urgent and emergency calls
  - ii. EMR-EMR configuration to facilitate low acuity transports from scene following paramedic assessment
  - iii. In the EHS transfer service moving patients between to, from and between hospitals
  - iv. In emergency department offload areas

Our primary focus is to evaluate where EMRs may contribute to the broader system most effectively based on the above criteria.

**3. What will the scope of practice be for the EMR provider?**

- a. The [Paramedics Association of Canada](#) as well as the [Canadian Organization of Paramedic Regulators](#) reflect general competencies for an EMR that are often referenced by provincial regulators. Within Nova Scotia, decisions related to the practice of paramedicine are regulated by the College of Paramedics of Nova Scotia (CPNS).



The Class of License is currently being reviewed and will be established by the CPNS. This will include the development of a competency profile, scope of practice and continuing education requirements. Following the completion of this work, EMC and EHS will establish a scope of employment that will reflect what the EMR provider will do while working within the EHS system. The scope of employment needs to remain within the broad scope of practice established by the CPNS.

## EMRs in the EHS system

### **4. How will the EMRs contribute to the challenges with offload delay? How will that enable paramedic availability for emergency response?**

- a. Offload delays are a broad health system issue that requires creativity, commitment, and patience to address. Given that offload delays are not going to be resolved quick enough to minimize the ongoing impact to public and patient safety, we have to accept that there will be some degree of offload delay while the system works hard to improve. The challenge is to come up with solutions that ensures the right resources are supporting patients in offload that are safe for the patient and supports the broad system.

Two distinct opportunities are being explored where the EMR may be able to assist with offload challenges.

- i. Patients who require ambulance transport to the Emergency Department, but do not require ongoing care by a paramedic, may be suitable for transport directly from the scene to the hospital by an EMR resource rather than a paramedic. By facilitating transport to the hospital with an EMR, this will reduce the frequency of paramedics being delayed at the hospital with low acuity patients who often experience longer offload periods.
- ii. During extensive offload periods, having EMRs support patients who are awaiting placement within the Emergency Department would enable paramedics and emergency resources to transition care to an EMR(s) and return to service quicker.

### **5. Is there a concern that more paramedics will leave the system if they're not comfortable working with an EMR?**

- a. We acknowledge that change within a complex work environment is difficult and will impact people differently. There are two primary objectives we remain focused on with this initiative:

- i. improving public and patient safety by enabling sufficient EHS resources to attend to emergency calls and support the broader health system;
- ii. improve the employee experience while working within the EHS system by increasing the resources to enable workload management, facilitating breaks and enabling our staff to complete their shifts on time.

We feel that improving the health human resources will have a positive impact on both of these two key areas. With the EMR being a regulated role with a defined scope of practice, entrance to practice requirements and a commitment to continuing education and collaborative training opportunities, we are committed to safely integrating the new role into the system.

**6. Many areas throughout Nova Scotia are presently understaffed. Will the EMR role be introduced into the rural areas?**

- a. The introduction of EMRs into the system is intended to supplement the provincial workforce and resources where required. The initial graduates will likely remain within the Central region as this will have the most impact on the overall system considering the call volume, proximity of hospitals and significant offload challenges. Introducing the role in a smaller geographical area also ensures support and resources are immediately available and allows for a more concentrated evaluation. As we collectively learn from and gain experience with the introduction of EMRs, the goal is to expand the role safely and strategically into the areas of practice across the province where they are needed the most.

**7. Will the Clinical Transport Operator (CTO) be phased out with the introduction of EMR?**

- a. The introduction of the EMR role will not impact current CTO employees. The CTOs make valuable contributions to the EHS system every day and it is essential that the service level that the EHS and broader health system have come to rely on continue. Once the EMR program is established and consistently offered by Medavie HealthEd, we will no longer be training new CTOs to enter the EHS system.

**EMR education and licensure**

**8. Will EMRs registered in other provinces be able to obtain licensure in Nova Scotia?**

- a. The College of Paramedics of Nova Scotia will be the regulator of the EMR role. Decisions related to labour mobility will be directed by their process in



accordance with the Paramedics Act and Regulations as well as the federal Agreement on Internal Trade.

**9. Will there be an opportunity for EMRs to continue their studies towards a paramedic?**

- a. Part of the design model is to encourage and enable EMRs who are interested in pursuing a career in paramedicine an opportunity to do so. We have been working with Medavie HealthEd to have their EMR program contribute to the academic requirements for the PCP program through a prior learning assessment. This may result in some academic credits being awarded to graduates of the Medavie HealthEd EMR program who are enrolled in the Medavie HealthEd PCP program, reducing the length of their PCP program.

**10. The cost of some EMR courses in other parts of Canada is between \$1500 and \$5000. Why is the cost approximately \$9000 in Nova Scotia?**

- a. The cost of EMR programs vary widely across the country. The key factors when comparing the cost of individual programs include:
  - i. Length of program – some EMR programs are as short as 80 hours in length. The program in Nova Scotia is approximately 400 hours in length which significantly increases the cost of delivery in comparison.
  - ii. Government subsidy – many programs across the country receive government subsidy to offset the cost of program delivery. That does not make the program cheaper to deliver, it reduces the expense to the learner by subsidizing the cost.

Within Nova Scotia, the cost of the EMR program for the initial intake will be covered in full by EMC including tuition, uniforms, and books/resources. We are committed to ensuring that financial burden will not be a barrier to access for those attending the initial program. We are continuing discussion with the Nova Scotia Government for ongoing support beyond the initial program.

**11. Will there be continuing education requirements for the EMR?**

- a. Similar to the structure for the other regulated health professional roles, there will be continuing education requirements for the EMR provider to complete as part of their licensing process. The Clinical Services team with EMC will design a program that will enable EMRs to meet their licensing requirements. Part of this strategy will be to ensure collaborative training opportunities exist to allow EMRs and paramedics to participate in continuing education programs together.

**12. How much will EMRs be paid?**

- a. Terms and conditions of employment will be negotiated between EMC and IUOE Local 727.