

Calgary Regional EMS Partnership

Working hand in hand.



Team Charter

June 2003

Revised May 2005

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1. Shared Purpose

Why is the team needed?

Effective April 1 2003, the number of Regional Health Authorities in Alberta was reduced from seventeen to nine. As a result, the Calgary Health Region's service area grew substantially, and now encompasses the service areas of thirteen EMS providers. Figure 1 on the following page shows the new region.

The rationale for moving to fewer, larger health regions is summarized in this excerpt from a Government of Alberta news story:

"Region boundaries are based on factors that include patient flow patterns, community trade patterns, achieving larger regional populations, and taking advantage of local centres of expertise in patient care and administration, especially in rural areas. Fewer regions will reduce the flow of patients and money out of the smaller regions, giving them the resources to better meet patient needs. Larger regions will provide the population size, facilities, and resources to meet a wider range of health care needs, and to help attract and retain health professionals. Regions can take advantage of more opportunities to collaborate, innovate and achieve cost efficiencies."

(Government of Alberta, *'Transition to fewer health regions underway'* January 23, 2003, http://www.gov.ab.ca/home/news/dsp_feature.cfm?lkFid=334)

Although our EMS services were previously attached to different health regions, we have a history of working together to varying degrees, and in many capacities. Upon learning of the decision to create the new Regional Health Authority #3 (the Calgary Health Region), we decided to explore the possibilities of formalizing our collaborative relationships toward generating the greatest efficiencies in what is essentially a new operating environment. We define efficiencies in the context of:

- our work and relationships with the Calgary Health Region and other stakeholders; and,
- those we can generate specifically for our members, for example through co-operative staff recruitment, training development and delivery, and purchasing economies.

In February 2003, representatives from all EMS services in the new region agreed to develop a new level of working relationship, which is defined in this charter. We also agreed that the Calgary Hospital Patient Transfer Service and Alberta Shock Trauma Air Rescue Society should also be represented on the team, as they are active providers of out of hospital care in the region. As of October 2007, we have made significant progress establishing a team relationship, have revised and ratified the team charter, and undertaken a review of our strategic plan.

The key mandate of the Calgary Regional EMS Partnership is to advance and align the provision of excellent pre-hospital emergency care. Equally important is the communication and decision-making links with the Calgary Health Region and all other emergency care providers. A new regional health care delivery model will introduce new systems, procedures, and expectations. We intend to 'collaborate, innovate, and achieve cost efficiencies' as expert partners of the Calgary Health Region, and by doing so, actively influence the evolution of out of hospital patient care delivery.

Who is the team?

The partnership consists of representatives of the following services:

- Airdrie Emergency Services
- Alberta Shock Trauma Air Rescue Society
- Banff EMS
- Calgary Health Region
- Canmore Fire - EMS
- Cochrane Fire - EMS
- Foothills Regional Emergency Services Commission
- Nakoda Ambulance Service
- Mountain View Regional Emergency Services Commission
- Siksika EMS
- The City of Calgary EMS
- Vulcan and District EMS
- Wheatland and Adjacent Districts EMS

Each of our member organizations has designated lead and alternate representatives to participate on the group. Representatives are in a senior position with their organization in order to generate full value for the group.

Why do we exist as a team?

The partnership exists to respond to the challenges and opportunities associated with a new health region. It is from the following desired future state that the team mission, vision, and strategic directions have been developed:

- A co-ordinated and seamless out of hospital care delivery system throughout the Region.
- Open relationships and communication with stakeholders.
- A focused alliance meeting community needs within a regional operating environment, recognizing the uniqueness of our communities.
- Strong operational linkages between services (for example, relating to rescue and other specialty operations).
- Team efficiencies supporting our long-term operational sustainability.
- Proactive positioning to address our changing environment.
- We measure our impacts and outcomes.
- Our political and administrative leaders support the team's strategic and tactical directions.

Our Vision

We will deliver expert, co-ordinated, and seamless out of hospital care throughout the region, while focusing on the needs of our individual and unique communities. We will be a best practice model for efficient and operationally sustainable out of hospital care.

Our Mission

We strive to create the greatest efficiencies in our evolving environment. Working closely with the Calgary Health Region, we deliver efficient and sustainable out of hospital care throughout the region, while respecting the individual needs of our communities. We work for the best interest of patients and the communities we serve. We value honest and respectful relationships, and are accountable for our actions.

Our Shared Values

The team's shared values are consistent with our mission statement. In our dealings with other groups and with ourselves, our actions and decisions will be guided by these values:

- We develop effective working relationships, and honour the needs of others we work with.
- We communicate in a timely, open, and honest manner.
- We are accountable for our actions and decisions, both individually and as a group.
- Our focus is on the best interests of patients and the community.
- We respect the uniqueness of the communities and services represented on the team.

2. Team Guidelines

Meetings

Members have committed to attend all meetings, or to ensure a representative attends in their absence. Bi-Monthly team meetings are hosted by team members on an informal rotating basis. Members are under no obligation to host meetings.

Standing agenda items at team meetings are:

- Approval of previous minutes
- Report back and update on previously identified action items
- Approval of agenda
- Member updates, including information and communication from other stakeholders
- Committee or task team reports
- Plans for the following meeting

Committees or task teams will be formed to develop and implement the strategies required to address our key challenges and opportunities. They will arrange their meetings as needed. Committee updates are a standing item at each monthly team meeting.

Focus

We have developed goals and objectives we hope to achieve over various time frames. Our focus is clearly to achieve or surpass them. Much of our work will involve the design and implementation of strategies aligned with our goals. Focus at this level is achieved by assigning team members a manageable number of projects, and the accountability for achieving tangible expectations or deliverables.

Meetings are guided by an agenda developed by the group. All agenda items are attached to expected results; action items also to a steward and timeframe.

The group's focus comes ultimately from our mission, vision, and strategic directions. We will dedicate time at each meeting to ensure the work we are conducting aligns clearly with these guideposts. We will update our strategic direction on an annual basis.

Team Decisions

Decisions and agreements are made by group consensus.

Authorities and Challenges

No formal authority has been delegated to the group. As experts in out of hospital patient care, we will forge relationships of mutual gains with other stakeholders. By doing so, we will create opportunities to provide our input into policy and program development, instead of reacting to decisions made in our absence. We intend to earn the role of an equal partner in developing an industry standard model of regional out of hospital care.

The key challenges we face are resources (funding and staff) to effect change, busy schedules and the wide geographic distribution of our members and the limiting effects this has on face to face meetings.

3. Roles

Co-Chairs & Members

Group leadership will be through two co-chairs, one member representative from each of a rural and urban service. Their roles are generally threefold:

- 1 to develop and maintain an open and consensus based team environment;
- 2 to assume overall leadership for the team's strategic and action plans;
- 3 to act as the primary spokespeople for the team.

Appointment to each position is through group consensus.

Team members participate in the general proceedings and activities of the large group, and are also part of task teams or committees charged with more specific responsibilities, such as delivering on the objectives introduced in Figure 2. Committee members are selected based on their interest or expertise in the subject.

Support Systems

Support systems and administrative duties will be the responsibility of The City of Calgary EMS, until funding allows for other arrangements.

Marketing and communications will be part of the communications task team action plan.

Budget strategy development will be part of the funding task team action plan. At the present time, our member organizations are absorbing all start up costs.

4. Strategic Goals

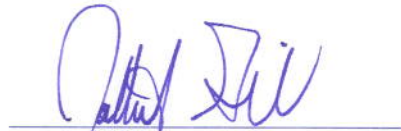
The partnership will develop and review strategic objectives and an action plan annually. These goals and objectives are provided in a separate document.


5. Charter Ratification


By affixing our signatures, we certify our commitment to the principles and practices outlined in this charter.

This document does not constitute a legally binding agreement between the signing parties. By signing, parties commit to the principles of the Calgary Regional EMS Partnership. Members can withdraw from the partnership at any time.


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