



## CITY OF LANGLEY

### MOTION

#### **MEDICAL EMERGENCY SERVICE ALARM CALLS COST RECOVERY– CITY OF LANGLEY**

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WHEREAS gaps within the BC Ambulance Service (BCAS) service delivery continue to be filled by local government fire departments, by way of their regular response to a high-volume of Medical Emergency Service Alarm (MESA) calls; resulting in significant direct costs to local governments.

AND WHEREAS to date the solution provided by the Province of BC recommends that concerned local governments stop responding to select MESA calls; thus, failing to rectify the gap in service internally or financial impacts externally, and simultaneously shifting the accountability for health decisions onto local governments:

THEREFORE BE IT RESOLVED that UBCM demand that the Province of BC immediately review their Resource Allocation Plan to implement an equitable cost recovery model to compensate local governments for responding to MESA calls.

## Background:

With longer wait times at hospitals throughout the Province, BC Ambulance Service (BCAS) gets backed up waiting to have patients transferred to the ER, and therefore are not able to respond as quickly to other emergency calls. Many of these emergency incidents are then attended to by local fire departments because of the delays in BCAS response. Local fire crews are then held at the incident scene conducting patient care until the arrival of an ambulance, and fire rescue crews are therefore not available to attend other emergency incidents that may not be of a medical nature.

Many Fire Rescue Services continue to experience a significant volume of Medical Emergency Service Alarm (MESA) calls. For example:

- According to a 2021 [Discussion Paper, Medical Emergency Service Alarm \(MESA\) Calls](#), it was identified that over the past 15 years, MESA calls have accounted for between 70% to 79% of Langley City Fire Rescue Service's total calls.
- According to their [2022 Annual Report](#), The Township of Langley Fire Rescue Service identifies that 55.14% of calls for service are MESA calls.
- According to their [2021 Annual Report](#), The District of North Vancouver Fire Rescue Service identifies that 42% of calls for service are MESA calls.
- According to their [2022 Annual Report](#), Burnaby Fire Rescue Service identifies that 55% of calls for service are MESA calls.
- According to their [2022 Fire Rescue Community Report](#), The Port Moody Fire Rescue Service identifies that 61.41% of calls for service are MESA calls.

Previous motions on this subject were submitted to and endorsed by the Union of British Columbia Municipalities (UBCM). They requested that the Province of BC work with UBCM to develop a fair and equitable cost recovery model to compensate local governments for their response to MESA calls. Regrettably, during this time the Province of BC has offered no solution regarding the financial burden that this supplementary service has on local governments. Nor have they addressed the gaps in service, which would alternatively alleviate the need for local fire crews to assist so frequently. The Province of BC has responded to these UBCM motions and recognized that First Responders play an essential role in the pre-hospital care system and in supporting BC Emergency Health Services (BCEHS) with the delivery of the quickest possible response to patients requiring time-critical care. However, local governments continue to be challenged by the associated financial burden.

It is the responsibility of the Province of BC and BC Emergency Health Services (BCEHS) to finance, deliver, coordinate and govern emergency health services, including call intake and dispatch. The First Responders' role within the pre-hospital care system should be providing basic life-saving interventions at the scene as part of a coordinated response and not to take over the role of paramedics.

The February 2019 Auditor General of British Columbia's independent audit report [Access to Emergency Health Services](#) noted that BCEHS is in the midst of a transformational change of its service to better match its resources to patient needs. We believe that the following investments must be made now:

- BCEHS needs to increase the number of paramedics and ambulances, as well as the plan to introduce a new dispatch approach to shorten response times for patients who need the care most.

- The pre-hospital care system requires improved coordination with fire departments to support consistent application of medical standards, information sharing, an integrated dispatch system, and improvements to patient care.

While first responders and local governments alike wait to see the benefits of upstream investments in the health care system translate to reduced MESA calls for service, the Province of BC must also review their Resource Allocation Plan to implement an equitable cost recovery model to compensate local governments for responding to MESA calls.