

ADMINISTRATIVE REPORT

TO: Shane Bourke, City Manager	DATE: July 8, 2025
FROM: Dan Lemieux, Chief Public & Protective Services Officer	MEETING: Public & Protective Services Committee
REPORT WRITER: Mark VanWerkhoven, Fire Chief	
SUBJECT: GPFD Medical Response Realignment	

RECOMMENDATIONS

That Committee receive this report for information.

PREVIOUS COUNCIL / COMMITTEE DIRECTIONS

At the February 21, 2023, City Council meeting, Council motioned that:
Council direct Administration to return to the appropriate Standing Committee with a report on the Fire Department's time on task, FMR calls, and number of calls without backup.

At the April 25, 2023, Public & Protective Services Committee meeting, Committee recommended Council:

1. Advocate provincially for immediate and sustainable funding for Fire Medical Response services provided by the Grande Prairie Fire Department.
2. Advocate for Alberta Health Services to develop a strategy and action plan to incentivize recruitment and retention of paramedics within the region and the north as a whole; and
3. Direct Administration to research possible amendments to the Alberta 911 Program Standards that make provincial funding contingent on mandatory answer times (15 seconds or less 95% of the time) for both Municipal (GP911) and Secondary (RCMP, EMS) centres.

At the October 24, 2023, Public & Protective Services Committee meeting, Committee motioned that:

Committee direct Administration to bring back short-term and long-term options regarding Fire and EMS delivery with opportunities and information, including integrated models.

At the September 17, 2024, Public & Protective Services Committee meeting, Committee motioned that:

1. Advocate for minimum EMS service levels and performance targets that meet or exceed those previously demonstrated in the City prior to the implementation of AHS EMS; and
2. Advocate for sustained provincial funding to implement Option 1 (Advanced Life Support – Fire Paramedic Response Unit)

BACKGROUND

Medical First Response (MFR) and Medical Co-Response (MCR) have been a fundamental component of the life safety and community wellbeing services provided by the Fire Department. The mandate to provide MFR and MCR services is captured in Policy 803, Level of Service - Grande Prairie Fire Department.

Periodic operational realignment of MFR/MCR response plans using available metrics, evidence-based data, and medical best practice, is an important component of any responsive and agile Fire Department. Ongoing external factors have precipitated the requirement to do so imminently.

The operational realignment presented in this report ensures GPFD stays within its current service mandate while safeguarding core firefighting capacity amid rising call volumes while remaining fiscally responsible.

Operational Objectives

Phase 1 - Medical Response Call Type Adjustments

Phase 2 - Medical Response Use of Vehicles

Phase 3 - Medical Response Location-Based Exclusions

ANALYSIS

In 2020 GPFD completed approximately 1300 MFR/MCR calls and compromised less than 50% of our overall call volume. In 2023/24, MFR/MCR call volumes approached 3000 calls annually and compromised approximately 60% of overall call volume.

This growing demand is making it harder to maintain safe and sustainable operations and may compromise GPFDs ability to ensure sufficient resources are available to provide core firefighting and rescue services. Furthermore, it has caused increased strain on our people and equipment. Simultaneously, external factors have necessitated that the Fire Department utilize heavy apparatus for an extended service life.

To address these concerns, Fire Administration will be implementing an evidence-based operational realignment through Q3/Q4 of 2025.

Phase 1 – Realign MFR/MCR Response Matrix

GPFD will align its operational MFR/MCR response matrix with AHS EMS color-coded response levels. This phase will result in an approximately 13% reduction in the total number of medical determinants (call types) that GPFD currently responds to.

GPFD Response Matrix

Response Priority	Current Response	Future Response
Purple	MCR	MCR
Red	MCR	MCR
Orange	MCR	MFR
Yellow	MFR	On Request
Blue	On Request	On Request

Medical Co-Response (MCR) - automatic response

Medical First Response (MFR) - respond if EMS delayed >15 minutes

On Request - respond on request of on-scene EMS crew

Purple	Immediately life threatening (Cardiac / Respiratory arrest)
Red	Immediately life threatening or time critical
Orange	Urgent / Potentially serious but not immediately life threatening
Yellow	Non-urgent (Not serious or life threatening)
Blue	Non-urgent (Not serious or life threatening) – evaluation of alternative (non-EMS) response when available

Phase 2 – Realign MFR/MCR Response Apparatus

GPFD currently responds to all MFR/MCR incidents from the closest available station. This can result in the deployment of a 4-person fire engine when the incident may have been appropriately resourced with a 2-person light apparatus (commonly referred to as a Squad), which may respond from the next nearest fire station. Use of fire engines for MFR/MCR response means these resources are no longer available for core firefighting services. Furthermore, they are very costly to operate when compared to light apparatus. This phase is estimated to reduce the use of fire engines for medical response by 35-65%.

GPFD Response Apparatus

Response Code	Current	Future
Purple	Closest Apparatus	Closest Apparatus
Red	Closest Apparatus	Closest Squad
Orange	Closest Apparatus	Closest Squad
Yellow	Closest Apparatus	Closest Squad
Blue	Closest Apparatus	Closest Squad

Closest Apparatus - closest available heavy or light apparatus

Closest Squad - closest squad regardless of response district or distance (Closest engine or other heavy apparatus only if no squads are available)

In summary, all color-coded response levels, other than purple, may see a longer travel time from GPFD. It should be noted that the recent implementation of a CAD-to-CAD interface with AHS EMS Dispatch appears to be reducing MFR/MCR call processing times by approximately three to five minutes. As such, any net increase in total response time could be negligible.

Phase 3 – Location Based MFR/MCR Response Exclusions & Policy Updates

Certain community-based facilities, such as seniors' homes and care centers, have regulated healthcare professionals on-site who are trained and equipped to provide initial medical care while awaiting EMS arrival. In some cases, GPFD's response to these facilities may duplicate services without offering a meaningful benefit to patient care or outcomes.

GPFD has also observed several MFR/MCR requests that include secondary duties such as assisting with patient care enroute to hospital, driving the ambulance, or providing lift assistance for stable non-critical patients.

GPFD will collaborate with AHS EMS on a continual basis to analyze potential locations where MFR/MCR response exclusions may be appropriate. Both organizations will also work together to align expectations, policies, and procedures to ensure appropriate use of one and other resources.

Relationship to City Council's Areas of Focus / Strategic Priorities

Emergency medical services for the community enhances the Quality of Life and addresses the “safety” area of focus.

Environmental Impact

Use of light apparatus reduces gas emissions and noise related to heavy apparatus use and idling on scene.

Economic Impact

Any potential economic impacts related to these changes would be complex and subjective. Therefore, they have not been analysed.

Social Impact

Any potential social impacts related to these changes would be complex and subjective. Therefore, they have not been analysed.

Relevant Statutes / Master Plans / City Documents

[City Policy 803](#)

Risk

Fire Administration has placed significant emphasis on actions that limit potential impact on citizen outcomes, although it’s impossible to provide an objective metric. Furthermore, priority-based response plans place significant weight on ensuring EMS dispatch appropriately prioritizes incidents. AHS EMS Dispatch is accredited and has an excellent reputation in this regard. However, they can only be as accurate as the information they receive, and mis-prioritization of medical acuity may occur.

STAKEHOLDER ENGAGEMENT

AHS EMS – including the Medical First Response Program, Dispatch Operations, and EMS Operations.

BUDGET / FINANCIAL IMPLICATIONS

Reducing call volumes directly reduces GPFD expenses, including shift overrun and other operational overtime expenses.

Utilization of a light apparatus reduces costs associated with the use of heavy apparatus on a per kilometer and per hour basis.

SUMMARY / CONCLUSION

GPFD has provided MFR/MCR responses to the community for over 25 years. Numerous indicators suggest these services have positively impacted on the lives and wellbeing of our citizens. This operational realignment ensures the Fire Department can continue to deliver core services sustainably and within its existing Council-approved mandate in a fiscally responsible manner.

ATTACHMENTS