

# Air ambulance facts #2

## About the Request for Proposals (RFP)

On Oct. 10, 2000, the Ontario Ministry of Health (MoH) issued two “Requests for Proposals” (RFPs) to invite private operators to take over Ontario’s emergency air ambulance service.

Currently, the service operates from helicopter bases in Toronto, Sudbury, and Thunder Bay and fixed-wing bases in Sioux Lookout and Timmins. One RFP deals with helicopters, the other with fixed-wing aircraft.

While operation of the *aircraft* for the MoH has been private since 1977, this is the first time the Ministry has moved to privatize the *work* of the Critical Care Flight Paramedics and related support staff. However, the Oct. 10 RFPs do not only represent a change in staffing arrangements. They will also change the way aircraft are made available for emergency calls.

**Public safety will be put at risk if emergency air ambulance service is privatized according to the terms of the Oct. 10 RFP.**

How this will occur is outlined below.

## 1. Annualized budgeting

Under current practices, air carriers receive a set fee for keeping aircraft available for emergency medical use and are paid additional amounts for calls they respond to. The RFPs change that. Under the terms of the RFPs, air carriers must submit bids based on a

*fixed annual fee. This means the fee they receive for the service will not change, regardless of how many calls they handle.*

In a for-profit environment, this new arrangement creates a strong motivation for operators to pressure pilots to turn down calls. Every call a pilot responds to cuts into the company’s profits.

Pilots working for the current air carriers are not unionized and have **zero** job security.

It is pilots, and pilots alone, who decide whether aircraft fly or do not fly, either because of problems with the aircraft or problems with the weather. **The RFP sets no conditions under which pilots can refuse to fly, and establishes no process for determining if calls were refused improperly.**

*(See Request for Proposals for Critical Care Transport Rotary Wing Air Ambulance Service RFP #2000-36 OR Request for Proposals for Critical Care Transport Fixed Wing Air Ambulance Service RFP #2000-39, Ministry of Health and Long-Term Care, Oct. 10, 2000, Article 10.8, “Proposed Price,” and Schedule G, “Pricing Information.”)*

## 2. The price of safety

The government says it is committed to maximum safety for the emergency air ambulance service. How committed? The answer appears to be **60 per cent committed**. Fully 40 per cent of the decision on which operator receives the contracts will be based on cost. What’s the definition of a “good”

price? There's only one: a good price is a low price. The weighting given to price in the RFPs opens the door to low-ball bidding that can only put safety at risk.

(See Article 10.9, "Proposal Scoring")

### 3. No guarantees

It's shocking language, but here's what the RFPs say: "The Ministry does not guarantee or warrant that the information contained in this RFP or the Supplemental Information is accurate, comprehensive, or exhaustive." How can any company calculate a bid based on information that **may** be correct?

(See Article 13.6, "Limitation of Liability")

### 4. Disruption of service

The Ministry of Health knows that privatization will cause a severe disruption in emergency air ambulance service in Ontario. That's why operators who bid on the work are required to submit strategies to minimize the disruption. The RFPs call on potential operators to:

- Detail the measures they will take "to minimize high staff turnover"; and
- Describe their strategy to make sure pilots and paramedics can work together in an "equitable, cohesive, and progressive manner."

The disruption has already begun. All 35 of Ontario's Critical Care Flight Paramedics have opted to accept a severance package and layoff notice rather than be party to the

privatization of their work, slated for Oct. 1, 2001. One paramedic has already resigned; many more may follow suit.

There is one, and only one, guaranteed way to avoid disruption of this vital public service: **don't privatize it.**

(See Schedule F, F2 and F4)

### 5. Reduced staff qualifications during transition

If you think you may need emergency air ambulance service in the future, here's a bit of advice: don't get sick or injured in the first six months after the service goes private.

While the Oct. 10 RFPs call, correctly, for two Critical Care Flight Paramedics on every flight, the Ministry of Health will waive this requirement in the first six months and allow operators to fly with one Critical Care Flight Paramedic and one Advanced Care Flight Paramedic on board.

Critical Care Flight Paramedics are the best-trained paramedics in Ontario. They are trained to operate the "flying intensive care units" that Ontarians have come to rely on. If two CCFPs are needed, why allow flights to take place with only one? Advanced Care Flight Paramedics have less training. Clearly, the Ministry of Health knows it won't be able to get enough qualified staff to work for a private operator, so it's allowing extra time for the operator to train new staff.

Less-qualified staff pose a risk to public health and safety. That's the price of privatization.

(See Schedule A, A.80, A.83, and A.84)

## 6.Reduced staffing option

The RFPs also let private operators cut back on the number of paramedics on emergency flights “where necessary for operational reasons.” The private operator simply pays a \$75-an-hour penalty for each paramedic who is not on the plane. By paying \$150 an hour, private operators can send aircraft on calls **without** paramedics! “Where necessary for operational reasons” means “If you can’t find anybody qualified to do the work.” This part of the RFP basically admits that the disruption of air ambulance service by privatization won’t be a temporary problem.

(see Article 7.2, “Reduced Flight Paramedic Staffing”)

## 7. Wages: as low as possible, but not lower?

How little can you pay Flight Paramedics before they’ll quit?

That’s the question the Ministry of Health is asking private air carriers to figure out. Here’s what they’re asking potential operators:

“Are the proposed wages for the Critical Care Flight Paramedics and the Advanced Care Flight Paramedics reasonable such that the Air Operator will be able to employ and retain the required number of such personnel while still being at a cost which the Ministry considers acceptable?”

It’s a fine line for operators to walk. One false step could kill someone.

Critical Care Flight Paramedics are the highest-trained paramedics in Ontario. They won’t have trouble finding work with land ambulance services anywhere in the province. If the private operators don’t pay enough, Ontarians will lose the best people for the job – and those people are hard to come by. If the private operators **do** pay enough, and **if** CCFPs agree to work for them, the operators will need to find another place to earn their profits, likely by cutting down on the number of calls they take (see #1, above).

Either way, privatization puts lives at risk.

(See Article 10.1.2, “Wage Information”)

**YOU CAN STOP**  
**PRIVATIZATION**  
**OF ONTARIO’S EMERGENCY**  
**AIR AMBULANCE SERVICE....**

**WAKE UP WITMER!!!**

*Call Elizabeth Witmer, Ontario Minister of Health, at (416) 327-4300. Fax her at (416) 326-1571. E-mail her at [elizabeth\\_witmer@ontla.ola.org](mailto:elizabeth_witmer@ontla.ola.org). Write her at 10th Floor, Hepburn Block, 80 Grosvenor St., Toronto, Ontario M7A 2C4. Tell her to keep emergency air ambulance public – and keep it safe!*

