Subject: Request for National Scan – Specialized Treatment Protocols (STPs) in Canadian EMS Services

Dear Paramedic Chiefs of Canada,

I am writing on behalf of Emergency Health Services (EHS) in Alberta to request your support in conducting a national scan of practices related to Specialized Treatment Protocols (STPs), or equivalent programs, across Canadian EMS services.

In Alberta, STPs are designed to address unique patient needs or circumstances that may not be fully covered within standard Medical Control Protocols (MCPs). These protocols may include atypical or tailored treatment approaches intended to support patients with complex or specialized care requirements. In addition to guiding clinical care, STPs provide paramedics with enhanced context to support informed decision-making, while reinforcing consistency, dignity, and compassion in patient care.

While this program has demonstrated benefits, we are seeking to better understand how similar needs are addressed across Canada.

Specifically, we are requesting information on the following:

- Do EMS services in your jurisdiction utilize Specialized Treatment Protocols or similar mechanisms for patients with complex or unique care needs?
- How are complex or atypical patient care situations managed outside of standard protocols?

As part of our Specialized Treatment Protocol (STP) program, one mechanism used to identify potential candidates is a frequent EMS utilization report generated through the EHS Siren ePCR platform.

Currently, this report identifies individuals who have accessed EHS **five or more times per month for at least three consecutive months**. This threshold has been in place for approximately 10 years. However, with evolving patterns in EMS utilization, this criteria now represents a relatively low threshold for frequent 911 callers, and we are seeking to better understand current practices across Canadian EMS systems.

We would appreciate information on the following:

- Do EMS services in your jurisdiction formally track or monitor frequent/high EMS utilizers (e.g., frequent 911 callers)?
- What criteria or thresholds are used to identify these patients (e.g., number of calls per month, timeframes, risk)?
- Are there different categories of high utilizers (e.g., moderate vs. super-utilizers, medically complex, social vulnerability, mental health/substance use disorders)?
- What tools or systems are used to generate and track this data?

- What programs, pathways, or interventions are in place to support these patients (e.g., community paramedicine, case management, care plans/STPs, partnerships with primary care, social services, or Indigenous health services)?
- How is success measured (e.g., reduction in call volume, improved patient outcomes, patient experience, system utilization)?
- Have any jurisdictions recently revised their thresholds or approaches in response to changing call volumes or system pressures?

We would greatly appreciate your assistance in surveying member services and sharing any available insights, frameworks, or examples.

Thank you for your time and for supporting knowledge-sharing across EMS systems in Canada.

Sincerely,

Amy Barton
Senior Quality Assurance Strategist
Quality and Patient Safety
Emergency Health Services - Alberta

Ian Walker, MD
Interim Medical Director, Clinical Practice
Emergency Health Services Alberta
Clinical Associate Professor
University of Calgary