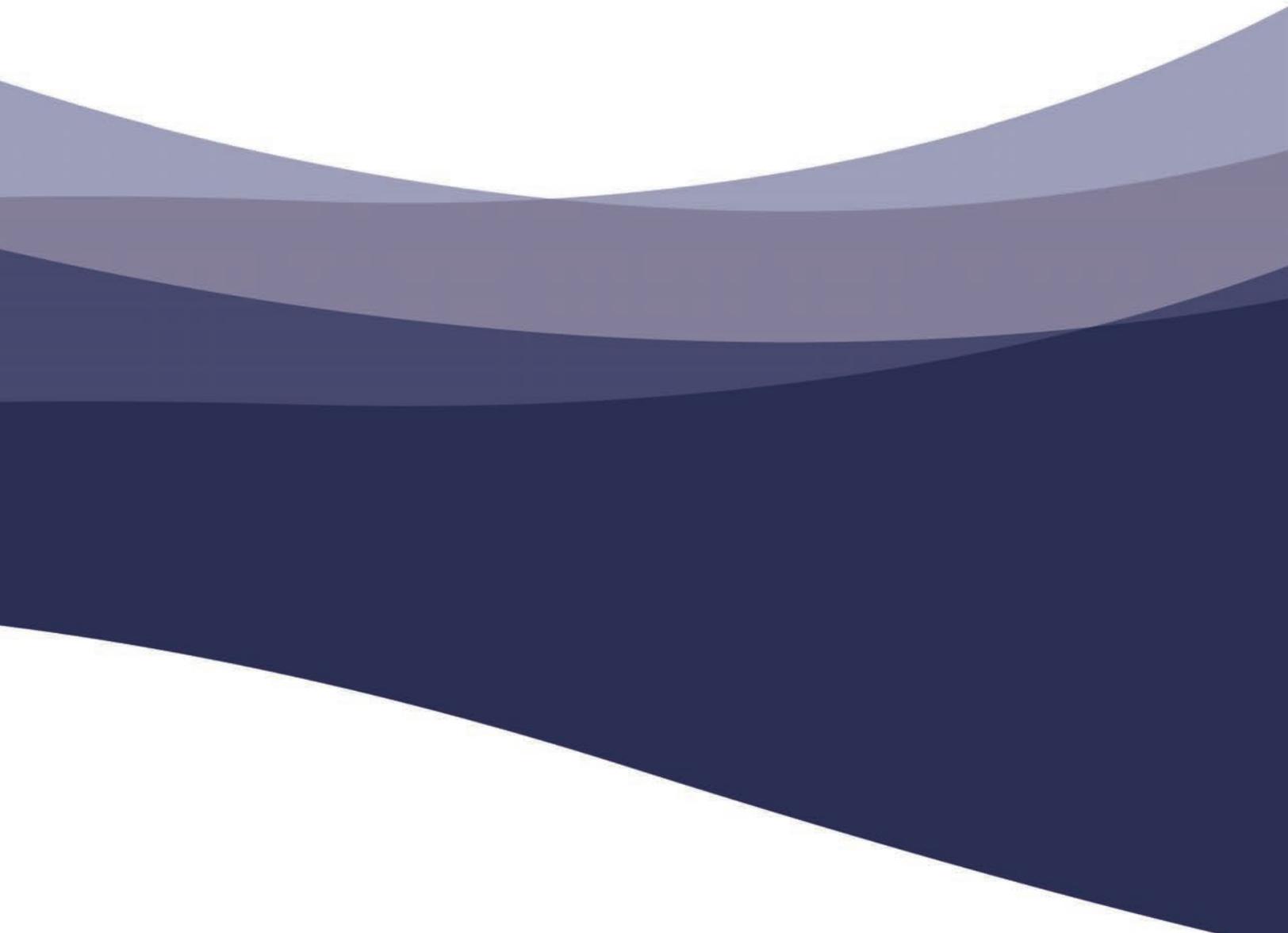


# STRATEGIC PLAN

2015-2018



# Who We Are

BC Emergency Health Services (BCEHS) is responsible for the delivery, coordination and governance of out-of-hospital emergency health services and inter-facility patient transfer planning and coordination services through the BC Ambulance Service (BCAS) and the BC Patient Transfer Network (BCPTN).

BCEHS is in its fourth year of integration into the health sector and is working to achieve strategic leadership integration with the Provincial Health Services Authority (PHSA). Strategic oversight is provided by cross appointment of PHSA board members to the BCEHS Board of Directors. BCEHS carries out its legislated mandate in accordance with the *Emergency Health Services Act* – amendments to the Act in 2013 officially aligned BCEHS with the health sector and the PHSA.

## BCEHS MISSION

- We are responsible for the delivery, coordination and governance of appropriate and effective out-of-hospital and inter-facility health services throughout BC
- We are a responsible and integrated partner in the healthcare system

## BCEHS VISION

- To be international leaders in healthcare innovation and delivery
- To be integrated members of the health sector and communities we serve
- To be recognized as an exceptional employer

## PHSA & BCEHS VALUES

- Patients First
- Results Matter
- Best Value
- Excellence through Knowledge
- Open to Possibilities

## STRATEGIC GOAL

### Objectives

Provide Appropriate Care:

- *Ensure the right care is provided to the right patient with the right resource at the right time.*

Develop Innovative Care Models:

- *Explore new models for providing appropriate patient care.*

Integrate with the Health Care System:

- *Shift culture and systems to create a seamless patient journey across the health system.*

# Our History

Until 1974, emergency medical services in BC were provided by a wide range of commercial and municipal operators, including funeral homes and volunteer fire departments. Given this range of service providers, there were significant inconsistencies in response times and quality of service as well as the quality of ambulances and equipment.

In 1970, the report *Health Security for British Columbians* recommended that the provincial government assume responsibility for all privately and municipally operated ambulance services in BC and create an amalgamated service. In 1974, legislation was passed that mandated the establishment of the Emergency and Health Services Commission (EHSC) to provide high quality and consistent levels of pre-hospital emergency medical services.

By 1990, the BC Ambulance Service under EHSC was providing direct ambulance service in all but seven BC communities. Today, direct service is provided in 169 communities through what is now one of the largest providers of emergency medical services in North America.

In 2010, the provincial government made the decision to align emergency health services within the overall health sector. In 2013 the Emergency and Health Services Commission became BC Emergency Health Services (BCEHS).

The British Columbia Ambulance Service now operates under the authority of BC Emergency Health Services, as established by the *Emergency and Health Services Amendment Act of 2013*. The mandate of BCEHS has also been expanded to include urgent and ancillary health services, to help support the integration of paramedics in rural and remote community settings.

Today, BCEHS responds to the emergency medical needs of more than 4.4 million British Columbians and attends calls for service across the five regional health authorities, covering nearly 950,000 square kilometres.

An ambulance crew is dispatched to a medical call nearly every minute of every day in BC. In fiscal 2014/15, BCEHS dispatched units to over 545,000 events. BCEHS ambulances travelled more than 23 million kilometres in 2014/15, equivalent to more than 575 times around the world.

A province-wide service, BCEHS has more than 4,300 employees, ranging from front-line paramedics and dispatchers supporting air and ground ambulances to staff handling inter-facility transfers of patients, providing clinical oversight and research, as well as corporate services such as information technology, human resources, risk management, accreditation, finance and communications.



# What does BCEHS do?

## BC EMERGENCY HEALTH SERVICES



### Patient Care Delivery

- In fiscal 2014/15, BCEHS ground-based ambulances responded to over **545,000** events.
- This consisted of over **446,000** pre-hospital (911) events and **96,000** inter-facility patient transfers.
- BCEHS air ambulances responded to more than **6,700** calls.

### Corporate Services

BCEHS Corporate Services includes the following functions:

- Quality, Safety, Risk Management & Accreditation
- Information Management & Information Technology Services
- Human Resources
- Business Planning (Financial Services), Facilities Management, Adjudication & Billing
- Procurement (HSSBC)
- Communications
- Patient Care Quality Office

## Provincial Programs

BCEHS Provincial Programs includes the following functions:

- Critical Care Program
- Emergency Management
- Special Operations
- Aviation Operations
- Fleet Operations
- Provincial Logistics

## Patient Care Communications and Planning

BCEHS Patient Care Communications and Planning (PCCP) was created in November 2014 through the consolidation of Dispatch Operations (Vancouver, Victoria and Kamloops dispatch centres, which handle 911 ambulance calls and the dispatch of both ground and air ambulances), the Patient Transport Coordination Centre (PTCC) and the BC Patient Transfer Network. PCCP has call takers and Clinical Transfer Nurses who work with physicians and healthcare professionals to coordinate the safe, timely and cost-effective transfers of patients between health care facilities.

Improved processes and training in Patient Transfer Coordination Centre (PTCC), BC Patient Transfer Network, Critical Care Program and Air Operations resulted in:

- Increase of 3.0% in patients transported by fixed wing while cost per patient decreased by 2.8%\*
- Increase of 9.7% in patients transported by rotary wing while cost per patient decreased by 7.3%\*

Dispatch Operations encompasses 911 call taking, dispatching, prioritizing and coordinating ground ambulance responses from three separate but integrated dispatch centres in Kamloops, Victoria and Vancouver. The centres are also responsible for ensuring appropriate resources are allocated and maintaining operational readiness for all areas of BC. BCEHS's three dispatch centres receive a total daily average of 1,900 requests for emergency response.

## Medical Programs

Medical Programs provides medical input, education and oversight to guide paramedics in providing the best patient care. This includes:

- the continuous development of medical policy, standards and protocols for pre-hospital care
- monitoring the delivery of and recommending ways to improve patient care in pre-hospital settings
- prioritizing, developing and monitoring the effectiveness of clinical and other continuing education
- directing medical research to ensure currency and best practice in pre-hospital care

BCEHS Medical Programs helped increase the out-of-hospital cardiac arrest survivability from seven per cent in 2008 to more than 14 percent in 2013 through our ongoing support of Resuscitation Outcomes Consortium (ROC) research projects. ROC research projects include ground-breaking work on cardiac arrest survivability, effective CPR and cutting edge pre-hospital trauma care.

In addition, Medical Programs introduced the primary care paramedic use of extraglottic airways in cardiac arrest with a resultant increase in patient survivability; tranexamic acid (TXA) to stem severe hemorrhage in trauma patients; and dimenhydrinate to treat patient nausea and vomiting. It also added Continuous Positive Airway Pressure (CPAP) devices for paramedics to use with patients in severe respiratory distress.

BCEHS also expanded Emergency Physician Online Support (EPOS) to include medical oversight of critical care transports on a province-wide basis as of July 2014, significantly strengthening our direct medical oversight of patient care.

EPOS provides paramedics with 24/7 rapid access to consultation with an emergency physician. Between July 2014 and June 2015, EPOS responded to 17,000 clinical support calls.

\*Data from April 1, 2014 to March 31, 2015

# Our Plan for the next three years

This plan was led by the BCEHS executive team in consultation with excluded staff and augmented with employee participation in setting the vision, values and mission of BCEHS. The strategic plan is part of focusing the organization to ensure it is a seamless part of the continuum of care for patients and to position it for the delivery of sustainable, patient-centred and appropriate care.

The PHSA/BCEHS concept of Patients First is a core value. Inherently, this value recognizes that the patient's experience is a sum of all interactions, shaped by the organization's culture and practice, that influence and shape the perception of care across the service continuum.

BCEHS is committed to ensuring consistent patient-centred care that exceeds the expectations of patients and families, because we realize that the patient experience of care is as important as clinical effectiveness and safety. In focusing on the patient experience of care, we listen to patients and provide information and support that promotes meaningful decision making and choices.

**Provide Appropriate Care** - Ensure the right care is provided to the right patient with the right resource at the right time by:

- Improving patient care and patient and employee safety
- Standardizing care and reducing variation in practice
- Ensuring we have the right people in the right roles
- Ensuring employees have the resources they need
- Supporting evidence based decision making
- Improving consistency, accountability and communication
- Improving work processes and efficiencies

**Develop Innovative Care Models** - Explore new models for providing appropriate patient care by:

- Improving accessibility and quality of services to improve patient outcomes
- Addressing gaps in care for underserved or at-risk populations
- Promoting community and patient safety

- Shifting paradigm of paramedic practice from emergency pre-hospital care to health promotion and public education
- Reducing unnecessary patient transport and pressures on acute care, residential care and emergency departments
- Translating evidence-based research to clinical best practice

**Integrate with the Health Care System** - Shift culture and systems to create a seamless patient journey across the health system by:

- Shifting from focus on transport to focus on patient-centred care
- Shifting culture to support the provision of quality health care
- Aligning with health systems

## **BCEHS 2015-2018 Deliverables**

### **Patient Care and Experience**

- Achieve Q-Mentum Accreditation
- Fully implement the Resource Allocation Plan and re-evaluate it regularly
- Build on existing skills sets of paramedics to introduce Community Paramedicine, providing health prevention and promotion of services
- Develop and implement processes for patient involvement, including patient rights policy and patient satisfaction surveys
- Develop and implement an ethics framework, using input from front line employees to inform applied ethics in emergency medicine services practice.
- Provide public health education and awareness on AED access and CPR training to improve patient outcomes

### **Workplace Excellence**

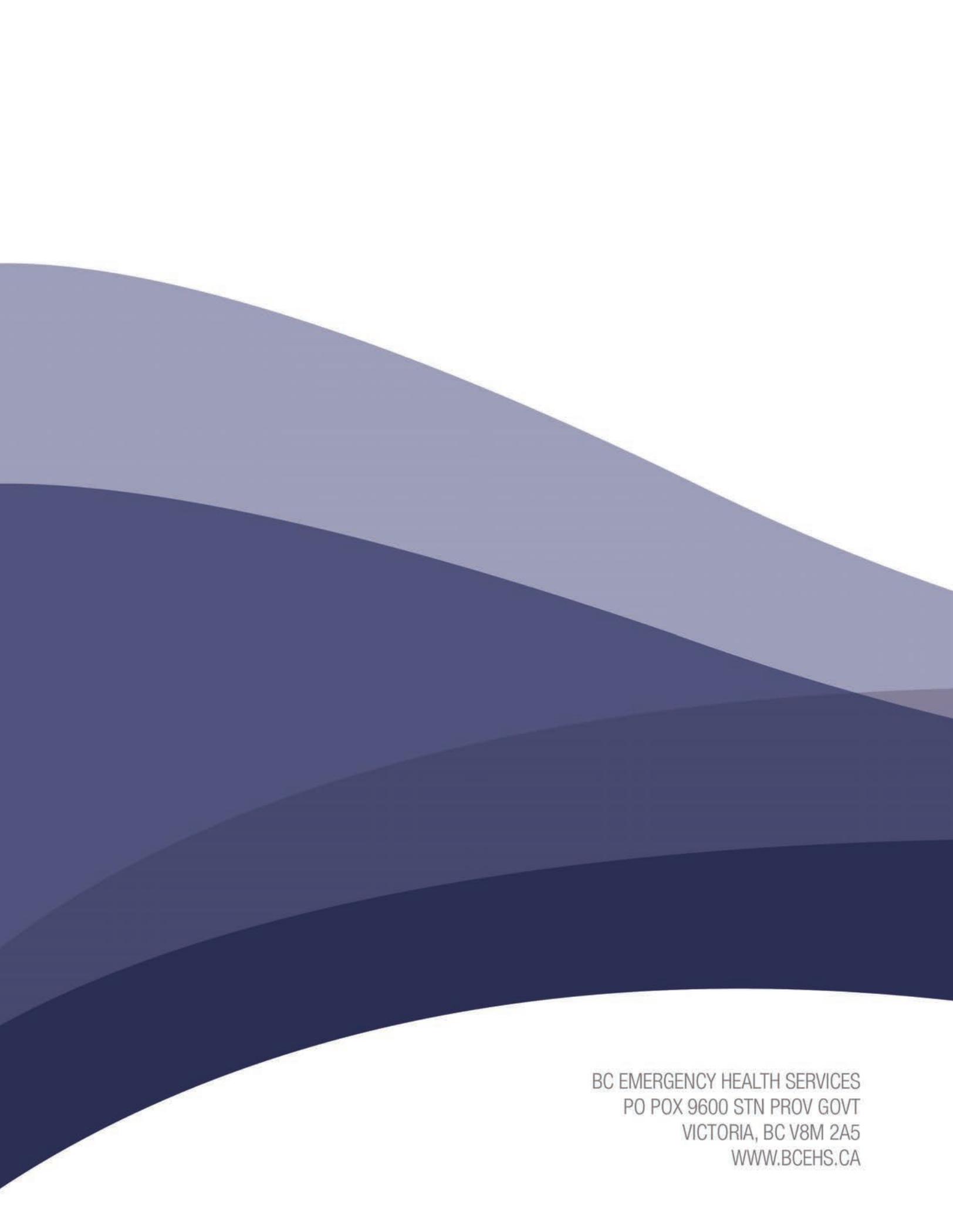
- Develop and implement a psychological health support system with recognized standards of practice and clinical oversight.
- Develop and implement effective education/training programs to support quality clinical practice, continuous learning and workplace culture change.
- Develop and implement a robust recruitment, retention, recognition and development strategy to foster workforce engagement.
- Strengthen front-line leadership through role and responsibility clarification and by providing development, guidance and mentorship with a focus on involving, engaging, supporting and empowering leaders.

### **Stakeholders and Partners**

- Finalize partnership agreements with fire departments and ancillary partners that include robust medical oversight, a patient safety framework, responsive complaints processes and transparency of performance metrics.
- Foster collaborative and productive relations with employee representatives.
- Partner with health authorities and local hospitals to develop over-capacity protocols and reduce off-load delays impacting ambulance service delivery.

### **Business Effectiveness and Operational Excellence**

- Conduct a comprehensive strategic and operational review of inter-facility ground patient transfers to improve emergency response capacity and ensure timely, high quality pre-hospital care in rural and remote communities.
- Implement provincial standardized patient transfer/transport processes along with proactive repatriation for all levels of patient acuity.
- Complete analysis of current and future service demand and implement recommendations to optimize deployment of resources to deliver high quality patient care.



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