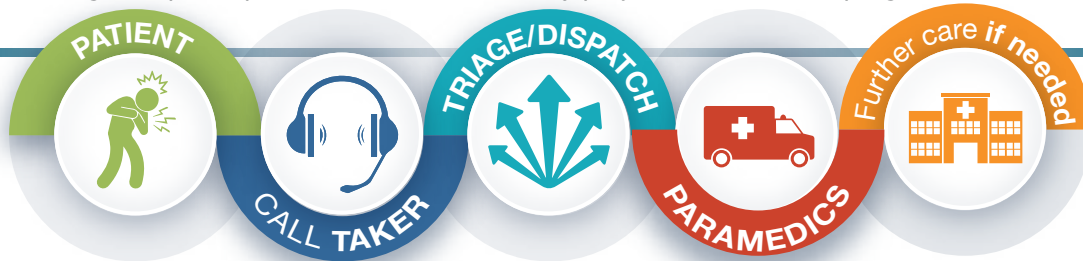


ACTION PLAN UPDATE

BCEHS | BC Emergency Health Services

The **BCEHS Action Plan** is a provincial strategy to transform how emergency health care services are delivered throughout BC. This regular update provides information on key project milestones as progress is made.



Update on Deployment Planning

A considerable part of our Action Plan involves the phased implementation of resource and deployment changes across the province. Deployment planning refers to three main components:

- Establishing the best clinical response for a patient: We know dispatching ambulances to all calls is not always the best clinical response, so we need to update our Resource Allocation Plan (RAP).
- Establishing deployment plans for improving how we dispatch: Using our resources effectively while getting to patients as quickly as we can.
- Establishing the right resources on the ground: For example, how many ambulances are needed in a specific region and when (what time of day or day of the week tend to have highest demand).

Meetings are underway in four regions to develop the appropriate resource plan for each area. These sessions allow us to hear directly from frontline leaders about what's going on in their areas and learn what would help them better manage their demand and provide better service to their communities.

Each region is unique and requires varying levels and types of resources for appropriate patient care. So far, we've had meetings in the northeast (Dawson Creek, Fort St John, Hudson Hope, Tumbler Ridge, Chetwynd), two sessions in Vancouver, covering the six stations in the city, and one session in Nanaimo, covering both local stations as well as Ladysmith. Later this month, a session is planned for the Trail, Rossland and Fruitvale region. Discussions planned for the Williams Lake area have been temporarily postponed in recognition of the heavy toll of the ongoing wildfires in this part of the province.

Following consultation with CUPE 873, we hope to have revised resource plans in place for these four regions, with the help of local teams, by the end of October. Based on these plans, implementation activities will start immediately, with a schedule of changes communicated to all staff at those stations. We will capture the lessons learned to help inform the project as it extends across the rest of the province.

THE OBJECTIVES OF THE ACTION PLAN ARE TO:

- 1 Improve emergency response time for high acuity patients in all communities
- 2 Improve service and provide sustainable employment in rural and remote communities
- 3 Provide more appropriate clinical responses to low acuity patients
- 4 Increase the resources available for emergency responses

From November, the deployment planning project will enter Phase II, where additional regions will be selected and frontline leaders from those areas will again be involved in developing updated resource and implementation plans.

For more information or for questions about this initiative, email: ActionPlanIdeas@bcehs.ca

To read the BCEHS Action Plan [click here.](#)



Introducing: CliniCall

Remote clinical support is coming to the Vancouver Dispatch Operations Centre and it will be called **CliniCall**. The **CliniCall** name spins off 'Clinical Support Services' by introducing the word 'Call' into the title. **CliniCall** is the new name given to what we were previously referring to as secondary triage. The new name is a fitting addition seeing as these services are largely provided over the phone.

CliniCall builds upon the current Emergency Physician Online Support (EPOS) model which is virtual, giving clinical emergency physician support to paramedics in the field. The new model introduces Paramedic Specialists into BCEHS dispatch centres to provide clinical support to both paramedics and dispatch staff, with EPOS becoming an escalation point for more complex clinical advice.

When **CliniCall** is fully operational, it will offer remote support across the province in many ways:

- Clinical prioritization of resources by Paramedic Specialists
- Call response upgrade and downgrade consultation in dispatch
- Reviews of pending events queue for Technical Advisor, high risk hazards and delayed calls
- Clinical support for crews on non-medical transport calls
- Starting in 2018, 24/7 clinical support hub for crews and first responders
- Support to emergency medical call takers and emergency medical dispatchers on clinical/medical questions or clarification
- Starting in 2018, call-backs to pending or on hold calls to complete secondary clinical assessment/triage of patients to support prioritization

Rene Bernklau, a BCEHS senior paramedic with 36 years experience, has been hired as the **CliniCall** Operations Manager. Rene has begun in this new role and will be responsible for the overall function and programs of **CliniCall**.

A clinical support working group for this project has been formed with representation from all BCEHS dispatch centres. The group is meeting weekly to help define the practice, determine which tools will be needed, and decide how existing systems may need to be adapted to make **CliniCall** a success.

More information on this initiative will be shared in upcoming updates.





Improving Frontline Supervision for Irregular Staff

As part of our movement to a more effective and supportive management model, we are hiring unit chiefs to better support our irregular staff in the Metro Vancouver area. Historically, as irregular staff do not have an assigned station or regular shift, they have not had a dedicated unit chief to whom they can report.

In recognition of the need for a supervisory relationship, we will have two new unit chiefs to oversee and support irregular staff. These UCs will not be responsible for a station and will be working off-car on a Delta shift pattern (Monday to Friday).

One of the unit chiefs will be based at Station 248 off Cordova, the other will be based at Station 249 in Surrey. Irregular staff will be divided by east and west areas. The UC at 248 will be in charge of the western pool of irregular staff, while the UC at 249 will be dedicated to the eastern pool.

These new unit chiefs will be in place in late September.

Paramedic Specialists

There are 114 applicants waiting to hear if they were selected into one of the 20 new, full-time Paramedic Specialist positions. Those who applied needed to meet specific work-experience criteria, then complete a 50 question multiple-choice exam while scoring 80% or higher to continue in the process. Those successful in the exam had to participate in a five-station multiple mini-interview (MMI) process where they were assessed on their skills, knowledge, behaviours, experience, and clinical skill. The candidates were assessed by patient care delivery managers, directors, a medical director, the patient care communications and planning manager of clinical services, a critical care educator, the manager of learning, as well as clinical educators.

Those successful in the MMIs will be ranked based on a combined score of their exam results, MMI score, and service seniority. Candidates will be offered positions in the order of the rank based on their overall score.

Once in place, the Paramedic Specialists will begin to take on more responsibility in dispatch including supporting the dispatch center staff to provide secondary triage to calls, upgrade and downgrade the resource allocation plan (RAP) as necessary, fulfill some of the Emergency Physician Online Support (EPOS) roles, and focus on high risk hazard recognition and mitigation. They will support HAZMAT events as well as those events involving chemical, biological, radiological and nuclear warfare-related hazards (CBRNE).

All new hires will be in place and will begin training in early October.

