

YEAR ONE Progress Report

BCEHS ACTION PLAN: Transforming Emergency Health Care in BC

The BCEHS Action Plan puts an emphasis on always putting the patient first.

It addresses the system-wide challenges BCEHS currently experiences. These include the growing demand for emergency services; an unsustainable staffing model in rural and remote areas of the province that impacts the emergency health services patients and communities receive; and our current reliance on a single response – ambulance transportation to a hospital emergency department – to meet a variety of patients' needs.

Our response to resolving these challenges is to look at the delivery of emergency health services from a transformational perspective, to create a system that can deliver the right care, at the right time, in the right place, to address our patients' healthcare needs.

We are working to find meaningful and sustainable staffing opportunities for our paramedics, many of whom do not currently have the option of regular full-time employment. We are working alongside our health care partners and engaging our workforce in the planning and implementation of the delivery of integrated emergency and community paramedicine services, and ensuring we work together to develop the right tools, skills and resources to deliver exceptional care.

BCEHS has been working hard to transform how we provide care to patients in British Columbia and better support our staff and the communities we provide service in. We would like to take the opportunity to thank all staff for their outstanding work in the first year of this three year plan. It's been a very busy time at all levels of this organization, and much has been accomplished.

Year one of the Action Plan implementation was a transition year that helped set us up for a significant step forward in many areas in year two. Our service has already significantly begun to change. Thanks to a new bargaining relationship between BCEHS and Ambulance Paramedics of BC, we fully expect greater collaboration as we continue to advance paramedic and emergency health services in BC.

We look forward to sharing more good news in the next progress report in May 2019, when our organization will look substantially different than it does today.

Sincerely,



Honourable Adrian Dix,
Minister of Health



Linda Lupini,
Executive Vice-President,
BC Emergency Health Services

THE OBJECTIVES OF THE ACTION PLAN ARE TO:

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

STRATEGICALLY INVESTED IN ADDITIONAL PARAMEDICS AND AMBULANCES TO IMPROVE PATIENT CARE

We have already come a long way. In the last year, we have:

- Been reviewing our resource plans across the province using patient volume data. This work continues in year two and to date we have added 18 new paramedic positions (14 FTE) in Vancouver, including for the first time eight regular part-time positions, to ensure we have coverage during peak times and can get to our urgent patients more quickly.
- Added 30 paramedic positions into Nanaimo, Ladysmith, Qualicum Beach and Parksville areas of Vancouver Island, creating regular full-time positions with benefits and roots in these communities where in many cases on-call staffing has been relied on previously.
- Announced the addition of another 10 new full-time paramedic positions and an additional ambulance to support the health of people living in and near Williams Lake and 100 Mile House. These new positions will be in place by early summer 2018.
- Announced the community of Castlegar will also be adding three more paramedic positions and the communities of Dawson Creek and Fort St. John will each be receiving four new paramedic positions and an additional ambulance.
- Added two dedicated supervisory staff to more effectively support and manage our irregularly scheduled staff in the lower mainland.

**30**

New paramedic positions created for Nanaimo, Ladysmith, Qualicum Beach and Parksville areas of Vancouver Island.

20

Full-time equivalent dispatch positions created to handle our increasing call volume and provide more efficient patient service.

10

New full-time paramedic positions and an additional ambulance for Williams Lake and 100 Mile House. In place by early summer 2018.

4

4 additional paramedics for Fort St John, plus four new regular paramedic positions.

4

New regular paramedic positions for Dawson Creek.

- Implemented a new air ambulance in Fort St. John to provide emergency medical service and to conduct low acuity inter-facility transfers from northern communities. Originally an ad-hoc charter service, it was changed to a dedicated contract with primary care paramedic staffing in June 2017.
- Added 20 additional full-time equivalent dispatch positions, to help our provincial dispatch centres handle our increasing call volume and provide more efficient patient service.

COMMUNITY PARAMEDICINE – IMPROVING PATIENT CARE AND SUSTAINING PARAMEDIC SERVICES IN RURAL AND REMOTE COMMUNITIES

36

Community paramedics added to BC's rural and remote communities, bringing our total to 106 regular part-time community paramedics in 99 rural and remote communities. Community paramedics play a vital role in BC's rural and remote communities by helping bridge health service delivery gaps and stabilize paramedic staffing.

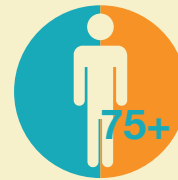
23

Regular full time community paramedics start work in their communities later this spring. This includes **six** rural advanced care community paramedics, who will bring a higher level of clinical expertise to the patient care they can provide.

by March 2018 nearly

700

patients had been seen by community paramedics



About half of all patients referred are men aged 75+.

More than 8,600 visits to patients' homes have been made by community paramedics, with over 3,200 CP services delivered, ranging from delivering community paramedic services and clinical education with patients to presentations to town councils and community organizations. In year two we are working with key partners on protocols that will enable community paramedics to provide support to palliative patients in their homes.

ENSURING PATIENTS RECEIVE THE RIGHT CLINICAL CARE AT THE RIGHT TIME, IN THE RIGHT PLACE

Our patients don't always want or need an ambulance – but they often still require care. BCEHS is working to give our patients more options and the care that is more appropriate to what they clinically need.

We implemented our first non-emergency department destination protocol in support of the ongoing opioid crisis, enabling paramedics to transport non-complex, post-overdose patients to the DTES Connections Clinic in Vancouver, in addition to transporting patients to the Mental Health centre at VGH and some sobering centres.

We have conducted a provincial review of dispatch protocols, based on the most recent clinical evaluation data, to ensure the right resources are being sent to calls, and to ensure we are focusing our resources to ensuring we are responding to the most urgent calls where time makes a difference to patient outcomes.



TRANSFORMING HOW PATIENTS RECEIVE CARE

ParaCARE Rollout



The ParaCARE project is a key enabler in supporting BCEHS strategies for improving operational efficiency and effective patient care.



The intention of ParaCARE is to reduce the number of paper forms paramedics complete and automate the capture and transfer of patient care data as much as possible. This includes electronic pre-population of call information provided by the dispatch system, patient details provided via their BC Services Card, and medical information captured by a defibrillator or cardiac monitors. This information can be transmitted to certain hospital emergency departments ahead of the ambulance's arrival with the patient.

20%

As of February 28, 2018, over 33,500 PCRs have been finalized using the electronic system. The daily average is over 310 PCRs per day, representing approximately 20 per cent of all annual BCEHS PCRs.



At present, 26 of 182 BCEHS stations are using ParaCARE, with a further 10 to 15 stations coming online each month as training is rolled out.



The heavily populated areas in Vancouver and Victoria are complete, with the deployment expanding north up Vancouver Island, and east and north from Vancouver before moving across the rest of the province. The project is expected to be completely implemented by December 2018.

Treat and Release Progress

March 2017 – two ministerial orders were issued to enable BCEHS to develop protocols to treat a patient without transport to hospital or to transport patients to non-emergency department destinations.

We have been evaluating approaches to introduce the protocols along with training and documentation processes, and will be conducting initial trials later in 2018.

CliniCall



We established CliniCall, a more clinically robust way of dealing with our non-urgent calls. CliniCall will be the basis for our new secondary triage model in dispatch, which will help us ensure we are providing excellent and appropriate care to our patients and are able to respond more quickly to those needing paramedic care urgently.

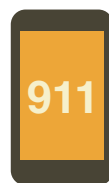


We piloted and then implemented the new role of a paramedic specialist in our dispatch centres, to assist with patient follow-up for our less urgent calls. We have recruited 16 highly trained paramedic specialists, with plans to add registered nurses to the clinical team in year two.



Paramedic specialists rotate between dispatch, working on patient calls and providing technical advice and support to other paramedics during complex and challenging calls.

Partnership with HealthLink BC – 811



nearly
4,000

lowest acuity 911 calls transferred to HealthLink BC (HLBC)

An average 48.8% of our lowest acuity (Omega) calls are now transferred to HLBC. We are looking to build on this partnership to support callers that may benefit from services provided by 811, such as clinical assessment by a nurse, healthcare system navigation, and referral into primary or community services.

IMPROVED STAFFING SUPPORT FOR OUR RURAL AND REMOTE COMMUNITIES

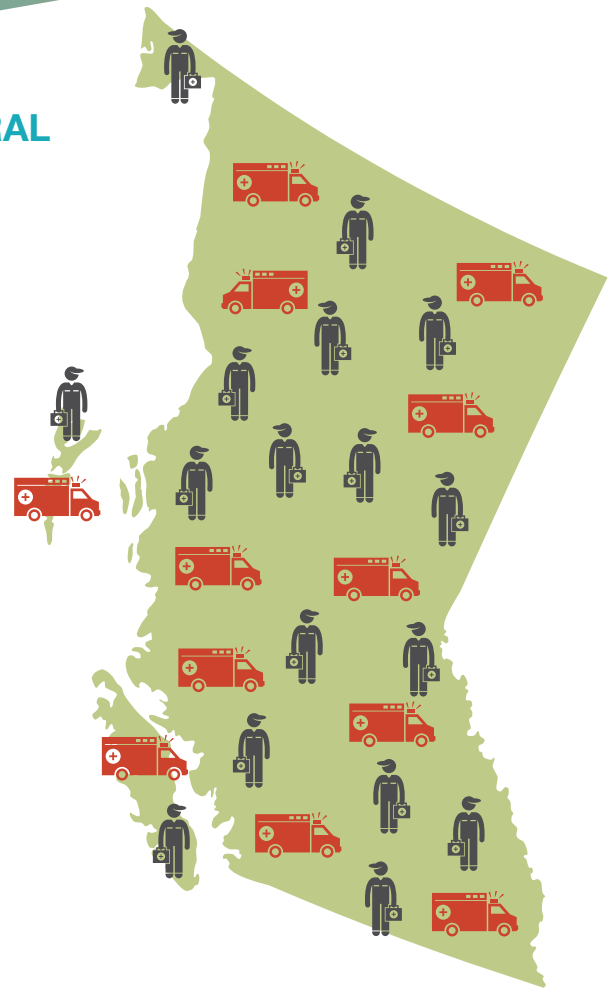
In rural and remote BC, significant ambulance capacity is lost through a lack of available staffing, where many paramedics are employed on an on-call basis.

Currently, on call paramedics are paid \$2.00/hour to carry a pager during an on-call or Kilo shift in their communities.

As an interim solution to improve staffing in rural and remote communities, BCEHS implemented a province-wide guarantee of four hours pay for all Kilo shifts that do not have an ambulance call-out during their shift.

The Kilo guarantee was started in the northern part of BC in response to staffing retention issues due to staff going to the lower mainland to take work as a result of the opioid overdose crisis.

This initiative has had a positive response and resulted in improved staffing levels and ambulance availability in rural communities. A long term solution will be sought as part of upcoming collective bargaining with CUPE 873 in 2019.



To help improve the patient experience and reduce the risks and injury to our paramedics, BCEHS has been implementing power stretchers and lift assist equipment.

2,400 Paramedics have received training and are using power stretchers and lifting cushions.

354 Power stretchers and lifting cushions have been deployed.

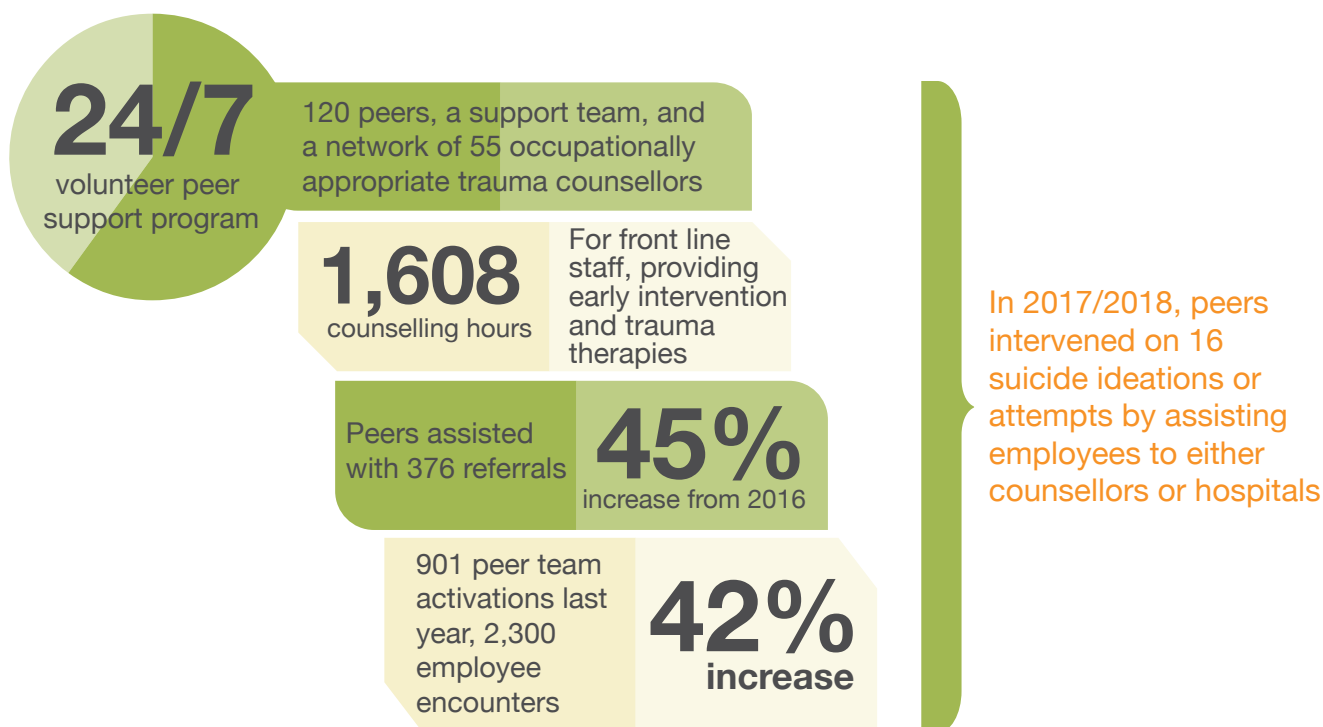
174 More power stretchers will be delivered in Spring 2018. The plan includes replacing the existing power and manual stretchers currently in our ambulances with modernized power stretchers. Once completed, all operational ambulances in BC will have modern Stryker power stretchers. Training will be provided with the equipment deployment and the implementation will be complete by the end of July 2018. We are reviewing options for how to upgrade our four contract helicopters with power stretchers.



BCEHS is installing power load systems into every ambulance in the province over the next two fiscal years. Currently, 144 power load systems have been installed into our high risk high call volume stations.

IMPROVED RESILIENCE AND MENTAL HEALTH SUPPORTS FOR FRONT LINE STAFF

A BCEHS front line leadership development course was implemented in year one, providing support to leaders across the organization. To date, nearly 300 staff have completed or are undergoing the training, and more sessions are planned for 2018.



Our current focus is on providing preventive education to promote self-assessment, skill development, stigma reduction and providing access to early interventions.

Resilience education initially focused on the impact of the opioid crisis, and more than 1,100 staff and managers have had a one-day opioid resilience course taught by a clinical psychologist. We have now included resilience concepts in orientation information for our new paramedics and are also working on the same for our new dispatcher orientations.

We have received funding from a WorkSafe BC grant and partnered with a Vancouver company to conduct research to develop a resilience profile for paramedics and dispatchers. The results of this work will be available in fall 2018.

We are also partners with WorkSafeBC and other first responder organizations as part of the First Responder Mental Health committee, and are participating in a multi-agency anti-stigma campaign.

A three-month pilot project that introduced ambient dog therapy was undertaken at our highest volume dispatch centre in Vancouver. The pilot examined this intervention as a way of providing real-time stress reduction for our dispatch staff.

The pilot results indicated staff experienced significant reductions in stress on the days of the dog visits, and also cited a general improvement in work environment attitudes that they attributed to the weekly visits. Future pilots in other centres and a sustained roll-out plan are underway.

We also provided clinical expertise to assist in the development of new paramedic mental health in the workplace standards; these are scheduled to come out in spring 2018.

Questions / more information, please email us at
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or visit our website, www.bcehs.ca

