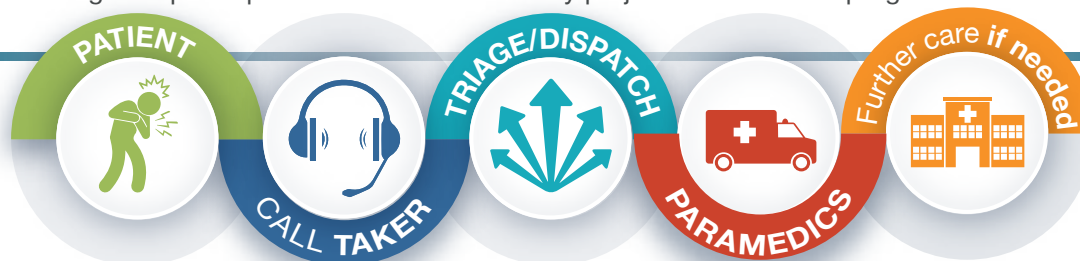


ACTION PLAN UPDATE

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.



Community Paramedicine: An Important Milestone Achieved!

The recent posting of the final BCEHS community paramedicine positions marked an important milestone: the goal of creating more than 80 full-time equivalent (FTE) positions has now been realized.

This final posting of new positions also signaled the introduction of rural advanced care community paramedics (RACCPs) in larger rural communities, and the first full-time positions for both ACP and PCP IV candidates.

Nancy Kotani, BCEHS' Chief Transformation Officer and project lead for the community paramedicine program, is quick to acknowledge the support of so many both within and outside our organization.

"The success we're seeing would not be possible without our program partners including the Ministry of Health, regional health authorities, and the First Nations Health Authority. Another program partner is the Ambulance Paramedics of BC, which is actively involved in the various advisory and steering committees. It's also important to note that

APBC got the ball rolling for the community paramedicine program with the publication in May 2014 of *A Framework for Implementing Community Paramedic Programs in British Columbia.*"

Nancy also acknowledges those within BCEHS who have supported the program. "So many people have contributed to the program, starting with the first trail-blazing paramedics who took on the new role in the prototype communities. We now have about 80 community paramedics who have completed their orientation, with more to come. They are supported by regional training officers, unit chiefs, area managers and area directors. Our project team worked with almost every department within BCEHS, from Medical Programs and Patient Care Quality, to Fleet, Dispatch, and Procurement.

"We can all take pride in our part in bringing community paramedicine to rural and remote communities throughout British Columbia, and what – according to the interim evaluation report to be released shortly – is truly "a good news story."

Other key milestones in the first two years of the program include:

- **106 regular part-time positions** and **23 regular full-time positions** posted.
- **99 rural and remote communities** were selected in cooperation with regional health authorities.
- **630 patients** have been seen by community paramedics. About half of all patients referred are men aged 75 years or older. More than 40 per cent of all patients live alone, and 30 per cent live with their spouse.
- **6,736 visits** to patients' homes have been made by community paramedics.
- **2,366 CP services** were delivered, ranging from presentations to town councils and community organizations, to delivering clinical education.
- Home health monitoring has been introduced, with **15 patients signed up** to date in the first five communities to offer this expanded service.
- CPs, while on shift as CPs, have responded to more than **40 911 calls** since project roll out, including 27 high acuity calls.



Nanaimo resourcing plan and next communities announced

An announcement in September 2017 launched the beginning of a province-wide review to better match our services to growing patient demand. As part of the Action Plan, this strategic project began with working groups in five communities across the province, including: Vancouver, Nanaimo, Trail, Williams Lake and Dawson Creek. Over the past four months working groups including area managers, unit chiefs and CUPE representatives have completed comprehensive reviews of each community to develop tailored plans to support excellent patient service. A new resource plan for Vancouver was released this past November and will come into effect at the end of this month. The Nanaimo Area resource plan was announced this week and implementation will begin at the end of March.

A working group, including Area Managers, Unit Chiefs, and CUPE 873 representatives, was formed this past September and reviewed patient call volume data in Nanaimo, Parksville, Qualicum Beach, and Ladysmith, by time of day and day of the week and evaluated different shift patterns to meet this demand. This group also assessed how best to provide: ambulance coverage; ground and inter-facility transfers including workflow to and from

Nanaimo Regional Hospital; geographic coverage considering our current station facilities; and address the low number of full-time staff.

Overall the new resource plan for this area:

- Converts Nanaimo to a full-time post offering better coverage for patients and reliable employment for staff.
- Increases staffing in Parksville, Qualicum Beach and Ladysmith to seven days per week.
- Adds thirty new full-time positions: twenty-four full-time positions in Nanaimo and 2 full-time positions each in Parksville, Qualicum Beach and Ladysmith.
- 3 new ambulances to ensure coverage at peak times.
- Improves processes for ground transfers to allow ambulances more opportunity to stay in home communities.

Throughout December and January station-level discussions have taken place in Trail, Williams Lake and Dawson Creek to gather further input from frontline staff. In addition, health authorities and other stakeholders have been engaged to provide valuable data and insights to investigate how we could manage inter-facility transfer work differently in these communities. The working groups

will be considering these inputs with the aim of implementing new resource plans for these areas later this spring.

The review is being expanded to include additional new communities: Kelowna, Kamloops and the Fraser Valley, including Abbotsford, Chilliwack and Mission. Local working groups will be formed in each area and we will be building on the lessons learned from previous reviews to ensure that the community plans developed can quickly and effectively address local operational needs. Watch this newsletter for progress updates for all of these communities.

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



CliniCall – One # for all Clinical support and Technical Advice

The introduction of Paramedic Specialists into BCEHS dispatch operations in fall 2017 brought clinical experience into dispatch to enhance our ability to ensure the most appropriate resources are allocated to the right patients at the right time. In addition, the paramedic specialists provide clinical and technical support to paramedics attending 911 events.

Staff can now access clinical support and technical advice through CliniCall by calling 1-833-829-4099 or 604-829-4099. To provide easy access to this important support, this number reaches a paramedic specialist, the EMS Physician Online Support (EPOS) service, and technical advisors. Examples of the clinical support provided by paramedic specialists include the provision of clinical advice when: the diagnosis is unclear; there are multiple potential treatments; and/or there is a significant change in the patient's condition, among others. Paramedic specialists will conference in an EPOS physician immediately when appropriate. The paramedic specialist will work with the clinical support and guidance of BCEHS Clinical and Medical Programs.

New paramedic specialists will join the team in February and training will begin for these ACP or CCP level paramedics who also act as Technical Advisors and as single responders deployed to 911

events in Specialized Response Units (SRUs) as necessary. Training includes:

- Advanced Hazmat Life Support (AHLS) certification
- Hazmat awareness to National Fire Protection Association (NFPA) operations level training with hazardous materials and decontamination skills
- High-Risk Hazard (HRH) awareness
- Personal protective ensemble training including C4 Mask
- Medical Priority Dispatch System (MPDS) knowledge, call taking and Computer Aided Dispatch (CAD) instruction
- Skills in wound packing, tourniquets and use of T-POD pelvic stabilization device
- Cardiac arrest scene management with Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) procedures in addition to LUCAS operations for ECMO cardiac arrests

Providing easily accessible clinical and technical support for paramedic and dispatch staff improves the delivery of care for patients across the province.

For more information, email actionplanideas@bcehs.ca.

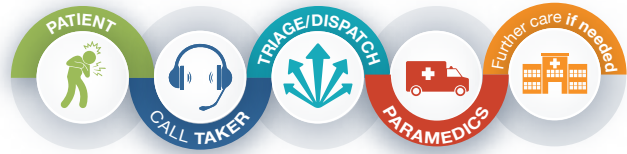
Vancouver Regular Part-Time Positions Filled

The new Vancouver resource plan, coming into effect on January 22nd, introduces eight new Regular Part Time (RPT) positions. Posted this past December as the first RPT positions outside of community paramedicine, over 150 applicants expressed interest.

Unlike on-call work, these successful candidates will have a regular schedule for 20 hours per week during peak times over the weekend. This will provide more coverage during times of high demand. The RPT employees are also able to submit availability if they wish to be scheduled for additional shifts outside of their regular part-time schedule.

“Having this extra coverage over the weekend allows us to support patient needs more effectively,” said Samantha Wilbur, Acting Director for Patient Care Delivery in Vancouver Coastal, “and these shifts really work for some of our staff members; this role is a great addition,” she added.

Regular Part Time positions will be introduced in areas of the province where the demand and operational needs support this new role. The requirement for RPT positions will be assessed within each community on a case-by-case basis. For more information email actionplanideas@bcehs.ca.



Manchester Triage System to be Launched

This past November, Rene Bernklau, Clinical Operations Manager, and Joel Herrod, Senior Leader, Practice Education, PCCP, travelled to Manchester, in the United Kingdom to receive training on using the Manchester Triage Scoring System (MTS).

Developed in 1996, MTS is an internationally recognized emergency department triage tool that is also used by paramedics and nurses to support secondary triage of non-emergent, low acuity callers in the prehospital environment. This system has now been approved for use as a secondary triage tool by BCEHS.

“With the launch of CliniCall and the introduction of the paramedic specialists into dispatch we needed a secondary triage tool to support us in providing more in-depth clinical assessment of patients,” said Neil Lilley, Senior Provincial Executive Director, Patient Care Communications

and Planning. “This robust, user-friendly secondary triage tool system helps us to provide better patient care by enabling us to gather necessary clinical data to determine the real issue at hand and match the right resources to that need.”

Designed for use in dispatch, the MTS secondary triage tool provides an in-depth, step-by-step framework from which to consistently clinically assess patients over the phone. When necessary, paramedic specialists will call back patients and utilize MTS to gather further clinical data. MTS offers a vigorous system of layered questions that provides paramedic specialists with a clear path to determining patient need. Life threatening calls will continue to be addressed with immediate dispatch of appropriate resources. In some non-emergent or low



acuity cases where an ambulance isn't necessary, this process will support the use of alternative care solutions such as self-care advice or referral to other care providers. This solution allows BCEHS resources to be more readily available for emergencies.

MPDS will continue to be utilized as the primary triage tool, with MTS providing support for secondary triage. Training and program roll-out of MTS for BCEHS paramedic specialists will take place this spring.