

Air Ambulance and Critical Care Transport Resource Allocation Action Plan

August 15, 2014 Final Plan

INTRODUCTION

In September 2013, BC Emergency Health Services (BCEHS) contracted consultant Chris Nickerson to conduct a review of structures, processes, systems and outcomes related to resource allocation decisions of critical care and air ambulance resources.

As a result of Mr. Nickerson's recommendations, BCEHS has developed an Action Plan which is divided into the following five key streams of work:

- Governance
- Policy and decision-making
- Systems
- Outcomes
- Culture

Specific action items in each of these streams, as well as targeted timelines for completion, are outlined in the following pages. Accountability for monitoring progress on these initiatives rests with the BCEHS Senior Leadership Committee. BCEHS will provide periodic progress updates to the public on this Action Plan.

GOVERNANCE

This action stream will clarify organizational and program mandates and goals, ensure accountability, provide more integrated structural alignment within the organization, and enhance business and operational planning.

Actions	Target
BCEHS will clarify the appropriate scope for its mandate for inter-facility	Fall 2014
transfers and critical care patient transport based on patient-centred	
objectives. BCEHS will undertake continuous quality improvement	
practices.	
BCEHS will develop operational and clinical indicators to measure	December
performance of the air medical and critical care system.	2014
BCEHS operational teams will be realigned under the unified leadership	Complete
umbrella of the Chief Operating Officer. This structure will support the	
development of patient-centered goals and enable a common decision-	
making platform by bringing together the patient care operations	
components of the Patient Transfer Network (PTN), Patient Transport	
Coordination Centre (PTCC), and Critical Care programs.	
BCEHS will realign its governance structures to enable integrated and	Complete
effective operational decision-making.	
BCEHS will review the framework for internal and external participation on	October 2014
stakeholder advisory committees to ensure appropriate alignment and	
representation.	
Critical Care Transport Advisors will be integrated into the Emergency	Complete
Transfer Physician team to enhance clinical expertise and medical oversight.	
Aligning with the PHSA Service Plan which emphasizes patient-centered, high	December
quality care, and with the Ministry of Health Strategic Agenda, BCEHS will	2014
develop an integrated operating plan. Individual business unit plans will	
subsequently be developed to align under this broader integrated plan.	

POLICY and DECISION-MAKING

This action stream will: better enable the sharing and integration of data across internal systems and programs; promote consistent, evidence-based resource allocation decisions through robust policies and procedures; and emphasize a single, integrated approach to the intake and management of patient transfer planning and transport.

Actions	Timeline
BCEHS will conduct a demand and supply analysis for both provincial air and	Fall 2014
metro ground operations to ensure efficient and appropriate utilization of	Summer 2015
resources.	
BCEHS will continue to work with Health Authorities to obtain data about	Ongoing
patient outcomes to better inform evidence-based decision-making within its	
operations.	
BCEHS will adopt a new, single clinical acuity matrix across the organization	Complete
based on the philosophy that patient transfers are arranged according to	
clinical needs.	
Through a collaborative working committee, BCEHS will review and prioritize	Complete
issues related to operational policy and procedure.	
BCEHS will review and update Standard Operating Procedures for the	Complete and
Dispatch Centre with input from Critical Care Programs, PTN, and Medical	ongoing
Programs.	
BCEHS will implement new, more detailed procedures to provide dispatchers	Complete
with the correct processes for air transfer operations to remove	with ongoing
inconsistency in decision-making. Supervisors will perform a gap analysis to	updates
uncover questions and decisions not currently covered by procedures and	
ensure any learnings are embedded in training and procedures going	
forward.	
BCEHS will develop a Chart of Calls which will help identify viable options for	December
transport in the event of weather or other aviation-related safety or	2014
operational concerns. This Chart of Calls will focus on patient acuity,	
urgency, availability of resources, and local considerations, and will include	
developing a strategy for ongoing collaboration and communication with	
health regions around these kinds of issues. The implementation of this	
support tool will be in phases with remote communities with limited local	
support to manage complex patients needs being completed first.	March 2015
BCEHS will develop and implement specific criteria for helicopter scene	March 2015
responses (non-autolaunch) for rural and remote regions.	March 2015
BCEHS will undertake an evaluation of the Early Fixed Wing Activation	March 2015
program.	December
BCEHS will review its policy on requesting federal air resources.	December
BCEUS programs will collaborate on the development of an air medical and	2014
BCEHS programs will collaborate on the development of an air medical and	Began Dec.
critical care transport accident/incident management plan informed by best practices	2013 - Ongoing
practices.	Ongoing

BCEHS will implement a stronger communications and engagement campaign to ensure health authorities call the Patient Transfer Network (PTN) for all high acuity ("red," "yellow," and specialized services, i.e.,	Fall 2014
neonatal, pediatrics, and perinatal) transfers. BCEHS will establish an integrated "Red Team" to manage all high acuity calls.	Complete
BCEHS will expand its integrated intake and management process to "yellow" calls.	January 2015

SYSTEMS

This action stream will enhance information management and information technology systems, improve operational communications and situational awareness, and ensure appropriate capacity, expertise, and training across the organization.

Actions	Target
BCEHS will implement a flight following program to ensure missions are	Complete
proceeding without incident or delay. Flight followers will ensure that	
timings and status codes are accurate, crews have all the information they	
need, and that they are always accessible to provide support.	
BCEHS will review alignment of communication practices with the	March 2015
Commission on Accreditation of Medical Transport Systems (CAMTS)	
accreditation standards.	
BCEHS will develop procedures to ensure that the appropriate information	December
about critical care and infant transport paramedics and flight status is being	2014
collected and documented in the Computer-Aided Dispatch (CAD) system.	
BCEHS will identify the necessary data points and functional requirements for	January 2015
effective management of air medical and critical care operations. Through a	(gap analysis)
subsequent gap analysis, BCEHS will enhance existing or implement new	
systems as appropriate for operational support and program measurement.	Fall 2015
	(enhanced/new
	systems)
BCEHS will identify and implement a call-taking technology solution for PTN	March 2015
which includes an interface with the CAD program. This new PTN/PTCC	
system will enable better tracking of the patient journey through the	
continuum of patient transport and will enhance continuity of care.	
BCEHS will implement standardized training requirements for critical care and	Complete and
air ambulance dispatchers and will continue to review and adjust PTCC	ongoing
training as required.	
BCEHS will enhance quality management and patient handler capacity and	Complete
will implement new patient safety investigations processes, along with new	
PTN and Critical Care Quality Committees.	

OUTCOMES

This stream will reinforce a strong quality management program across the organization, and will continue to embed a safety management approach throughout all departments and operations.

Actions	Target
BCEHS will enhance quality-related processes by: refining committee	Complete
structures to ensure cross-program inclusion in quality reviews; dedicating	
quality-focused resources to critical care programs; standardizing process and	
methodologies; and providing centralized strategic oversight.	
BCEHS will continue to refine its quality management program across the	Complete and
organization. Daily patient safety huddles and performance walls will be	ongoing
introduced for PTN. Rapid process improvement workshops (RPIWs) will focus	
on targeted areas of improvement and include cross-program participation	
and involvement.	
BCEHS will develop and introduce standardized audit processes within PTCC to	December
study accuracy and efficiency and to enable subsequent practice	2014
improvements.	
Building on the dedicated air carrier audits completed in fiscal year 2013/14,	April 2015
BCEHS will complete Phase 2 audits with additional carriers.	
BCEHS will work with Workplace Health and WorkSafeBC to establish baseline	December
health and safety requirements across program areas.	2014 (for CCP)

CULTURE

This action stream will use external review and benchmarking to support a culture of best practice and improvement, and will enhance safe reporting and feedback processes to further promote an overall culture of quality and safety.

Actions	Target
BCEHS will implement organization-wide incident reporting and management	Complete
policies. Data capture for these issues will be through the Patient Safety and	
Learning System (PSLS), which is used by all Health Authorities to capture	
patient safety related events or hazards.	
BCEHS will improve feedback to internal reporters of patient safety concerns	Complete
based on PHSA-wide practices. This will be monitored through regular reports	
to the Board of BCEHS as well as the BCEHS Provincial Quality Council.	
BCEHS will explore opportunities to use PSLS as a broader capture tool for	Fall 2014
issues tracking.	
BCEHS will establish a Professional Standards and Conduct Office which will	August 2014
provide an avenue for any person (internal or external) to safely bring forward	
concerns about the conduct of an employee or the organization itself. The	
unit will ensure that all concerns receive consistent and appropriate follow-up,	
and that information on the outcome is provided back to the originator of the	
concern.	
BCEHS will pursue accreditation through Accreditation Canada's QMentum	October 2015
process, which includes requirements for a robust quality and safety	
management system.	
BCEHS will participate in Accreditation Canada's National Standards Working	Ongoing
Group for Medical Transport.	
BCEHS will achieve the accreditation of its Critical Care Paramedic Training	Complete
Program through the Canadian Medical Association.	