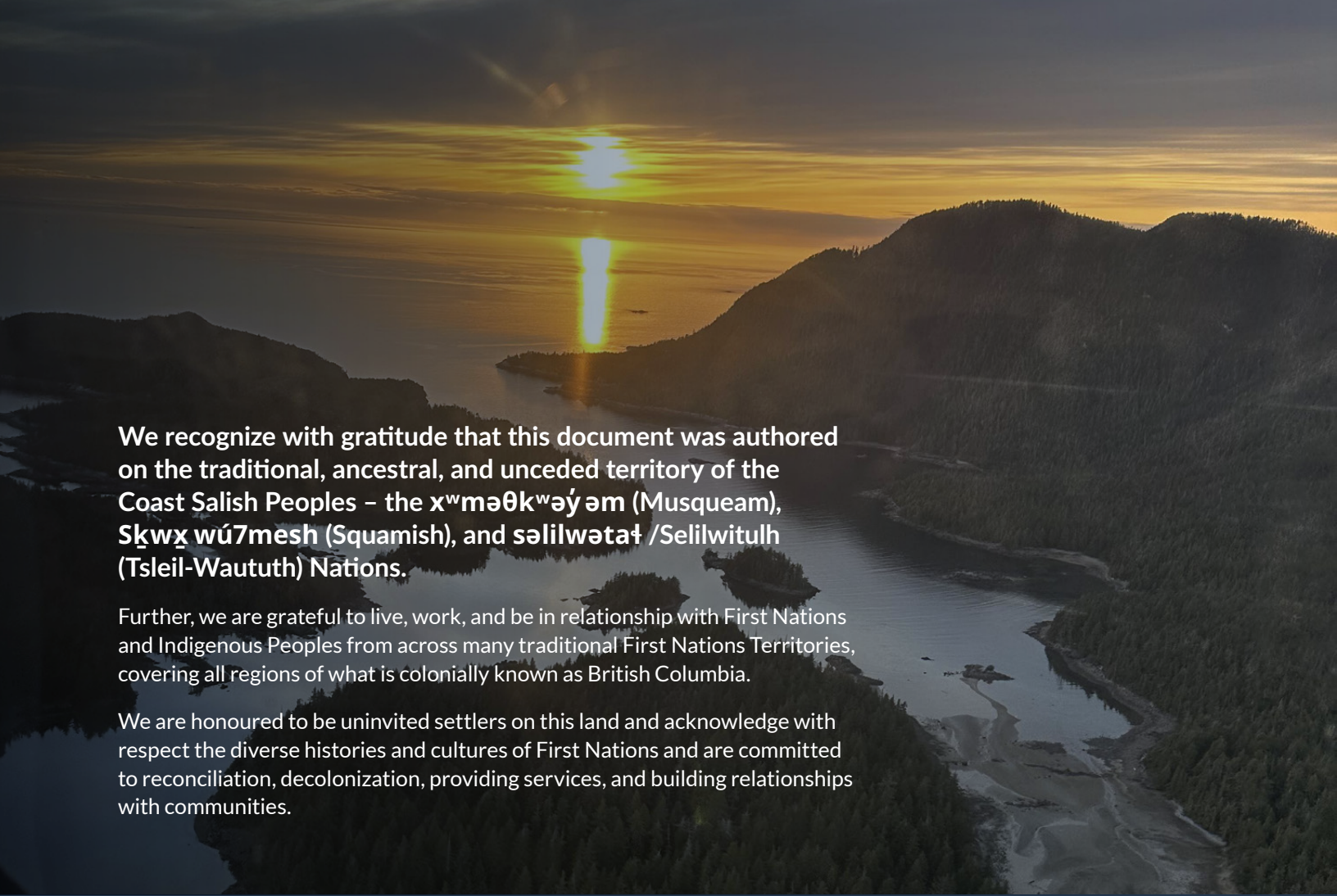




2023/2024 PROGRESS REPORT

April 1, 2023 – March 31, 2024





We recognize with gratitude that this document was authored on the traditional, ancestral, and unceded territory of the Coast Salish Peoples – the **xʷməθkʷəy̓əm** (Musqueam), **Sḵwx̱wú7mesh** (Squamish), and **səlilwətaɬ** /Selilwitulh (Tsleil-Waututh) Nations.

Further, we are grateful to live, work, and be in relationship with First Nations and Indigenous Peoples from across many traditional First Nations Territories, covering all regions of what is colonially known as British Columbia.

We are honoured to be uninvited settlers on this land and acknowledge with respect the diverse histories and cultures of First Nations and are committed to reconciliation, decolonization, providing services, and building relationships with communities.

ABBREVIATIONS

ACP	Advanced care paramedic	HR	Human Resources
APADBC	Ambulance Paramedics and Ambulance Dispatchers of B.C.	JIBC	Justice Institute of British Columbia
APBC (CUPE 873)	The Ambulance Paramedics of British Columbia, Canadian Union of Public Employees Local 873	LARU	Link and Referral Unit
BCEHS	BC Emergency Health Services	MPDS	Medical Priority Dispatch System
BCGEU	BC General Employees' Union	MSI	Musculoskeletal injury
CAR	Connect and Recover	PCP	Primary care paramedic
CCP	Critical care paramedic	PPE	Personal protective equipment
CISM	Critical Incident Stress Management	PPL	Paramedic Practice Leader
CPR	Cardiopulmonary resuscitation	PHSA	Provincial Health Services Authority
CRM	Clinical Response Model	PTCC	Patient Transport Coordination Centre
ECC	Emergency coordination centre	PTN	Patient Transfer Network
EMR	Emergency medical responder	TA	Talent Acquisition
EPOS	Emergency Physician Online Support	UPCC	Urgent Primary Care Centre



CONTENTS

Board Chair message.....	2
President and CEO message	3
Chief Ambulance Officer message	4
Who we are.....	5
Our vision and purpose.....	6
Striving for constant improvement.....	7
Our people	11
Improving staffing in rural and remote communities	14
Positive cultural shifts.....	21
Building capacity for care	27
Proactive planning	30
Engaging with our communities	33
Looking ahead	35
Financials.....	36

BOARD CHAIR MESSAGE

I was pleased to look back upon the last year and take stock of all the changes and improvements that have taken place at BC Emergency Health Services since the last progress report. The growth of BCEHS has not slowed down – and new projects and initiatives to support BCEHS employees are paving the way for future success.

This report covers the period from April 1, 2023, to March 31, 2024. It is a snapshot in time of the good work that teams across BCEHS have done and continue to do, with further positive progress taking place since the end of the fiscal year.

This past year has seen increased demand placed upon BCEHS as the number of 911 events continues to rise, as does their severity. BCEHS has had to adapt and rise to meet those challenges, and I am inspired by the innovations that are occurring, which have enabled the organization to remain responsive while also improving the overall patient experience.

Internally, there is equally important work going on to support frontline staff. Paramedics and dispatch teams care for British Columbians day in and day out, and it is important that they are equally well cared for and supported. This includes programs to strengthen mental and physical wellbeing and initiatives to improve the culture for better employee retention and morale.

I am grateful for the efforts of all BCEHS employees as they deliver and support the provision of exceptional emergency health care across B.C. The service would not be able to operate without the contributions of so many unique teams, all of which play an important role in ensuring systems are working together to allow us to provide effective and efficient care to patients. I would also like to express my sincere appreciation

to our many partners in providing care, including the health authorities across B.C. and the hundreds of first responder agencies we work with to support patient care in all corners of the province.

I look forward to witnessing another year of growth as BCEHS prepares to celebrate its 50th anniversary as a service. This past year has seen substantial progress made towards the goals set out in the organization's strategic plan, and I am eager to see what is accomplished in the next 12 months.

Sincerely,



Jim Chu
Board Chair
BC Emergency Health Services

PRESIDENT AND CEO MESSAGE

Serving as part of the Provincial Health Services Authority, BC Emergency Health Services plays a vital role, connecting patients and families to timely care and services across the province.

With the benefit of new resources and investment, BCEHS has been simultaneously stabilizing and innovating: With growth in its workforce – including dispatchers and paramedics, as well as leaders in the space of Indigenous Cultural Safety and Diversity, Equity and Inclusion – BCEHS has become more responsive to emerging needs in rural and remote communities, further engaged in education and community outreach in support of eradicating Indigenous-specific racism and discrimination, and is opening up to new ways of working, partnering and providing care.

In the past, BC's ambulance service was primarily about transportation – taking patients from point A to B. Today, team members are more highly trained than ever before, valued as strategic partners in planning for continuity of care across rural and remote communities and during periods of peak volume in urban environments, and recognized for their ability to be both nimble and creative, devising new, patient-centred solutions to connect people to the right care and at the right time.

In recent years, one of the strongest examples of this was the launch of the Clinical Hub, which supports initiatives focused on delivering alternate assessment and transportation methods for patients who may otherwise face longer wait times in accessing care when ambulances are assigned to more urgent, life-threatening calls. The suite of Hub programs includes telehealth-trained paramedic clinicians offering secondary triage, low-acuity patient navigators,

single-responder low-acuity response units, taxi conveyance, and remote patient monitoring with emergency-trained nurses.

Across all programs and services, BCEHS team members are working collaboratively to be as responsive as possible to the needs of patients and our health system partners, and to simultaneously grow, shape and support a workplace culture where wellness and safety are prioritized and everyone can thrive.

I am incredibly proud of all those serving across BCEHS. Their work is hard; it often calls upon them to meet people in moments marked by fear and pain, but this is where they rise and respond, wrapping their arms around those who need them most. I extend my thanks to BCEHS staff and leaders, our union partners, and the Ministry of Health for their ongoing support.



David Byres
President and Chief Executive Officer
Provincial Health Services Authority

CHIEF AMBULANCE OFFICER MESSAGE

The past year has been one of great progress and change at BCEHS. We have built on last year's record hiring numbers by recruiting and hiring even more staff this year to support the increased demand on our systems. We grew to 6,000 employees across the province last year, and now have more employees in permanent positions than we have previously, and we are working to boost retention and provide opportunities for staff to continue learning and growing.

We have also significantly expanded our capacity to serve rural and remote communities across B.C. We have added advanced care paramedics (ACPs) to rural communities for the first time, enabling us to provide higher-level care in regions where the hospital may be a lengthy drive away. We are also making it easier for staff from rural and remote communities to receive training closer to home – and to have training paid for by our organization as we move to remove barriers to upskilling and education.

Following consultations with communities, employees, and partners, we successfully transitioned to more flexible staffing models at 60 of our rural and remote ambulance stations. These new models will provide more reliable and consistent service to the affected communities and also better work/life balance for our employees.

We are also in the middle of a significant initiative to increase the scope of practice for our paramedics. This is a substantial undertaking that we are implementing at all licence levels within our organization. This is an unprecedented, and exciting effort to add new tools and skills, such as medication administration for our employees, and we have seen very positive uptake from staff going through the training and exam process. We also graduated the first-ever critical care paramedic (CCP) cohort trained outside of the Lower Mainland, and those three new CCPs trained in Prince George remain in that city to serve patients in the north.

Our ability to care for our patients is made possible by the efforts of our staff, and I am pleased by the efforts that have been made to enhance the work experiences of our employees. Not only are we focusing on taking care of the mental and physical wellbeing of our staff

and ensuring our workplaces are more welcoming, inclusive and safe spaces, work has also continued to strengthen how we recognize and celebrate the immense contributions of our employees. There are many people within this organization who go above and beyond on a daily basis to make hugely positive impacts on British Columbians, and their service deserves our acknowledgement and appreciation.

Thank you to all our employees and to our leadership team for their ongoing support as we continue to grow and increase our capacity to provide ever-improving care. I hope you take this opportunity to look back on the past year and are looking forward to the coming year, as there is much more opportunity for positive changes ahead.

Sincerely,



Leanne Heppell
Executive Vice-President and
Chief Ambulance Officer
Provincial Health Services Authority
BC Emergency Health Services



WHO WE ARE

BC Emergency Health Services (BCEHS) is among the largest paramedic and ambulance services in North America, providing emergency call-taking, dispatch, and paramedic health care services to all people in British Columbia as part of the Provincial Health Services Authority (PHSA) under the *Emergency Health Services Act*.

We have an important role to play in helping to fulfill the PHSA vision to create an equitable, anti-racist and culturally safe health system where everyone thrives. Doing this requires excellence in the care we provide everyday and a commitment to living the six Coast Salish teachings gifted to PHSA in fall 2023.

In our day-to-day work, BCEHS is also responsible for the planning and coordination of interfacility patient transfers that require paramedic care, as well as the community paramedicine program, which provides scheduled care to patients living with chronic health conditions in remote and rural communities across British Columbia.

We are committed to delivering excellent emergency health care and community health support for 5.2 million British Columbians over an area of almost one million square kilometres. Working with our health authority, unions, first responder, and other public safety partners, BCEHS uses leading paramedic practices to provide services in all weather conditions and across a vast and highly diverse geography, from our cities and suburbs to remote fly-in coastal and mountain areas of the province.



OUR VISION AND PURPOSE

VISION

BCEHS is a place where we care for the people who work here. Employees at BCEHS feel pride in the work they do together and feel supported to provide the highest quality, evidence-informed emergency care, interfacility transfers, and community services to all patients.

PURPOSE

BCEHS brings compassionate, equitable, and professional emergency care, interfacility transfers, and community health care services to people in communities across British Columbia.

WE BELIEVE IN...

- + Creating the conditions for employees to thrive – to learn, be healthy, and effectively apply their professional expertise to do work they are proud of.
- + Providing high quality and timely emergency and community health care to meet the unique needs of patients and their families.
- + Collaborating and coordinating with partners across health care systems to provide people with the right care at the right time, the first time.
- + Meaningfully consulting and partnering with communities, including First Nations and Indigenous communities, to understand and better meet their needs to ensure equity as well as cultural safety and humility
- + Using evidence-informed decision-making to support a learning organization that drives quality as well as innovative and sustainable systems of care.



STRIVING FOR CONSTANT IMPROVEMENT

BCEHS is future focused. As B.C.'s population continues to grow, we are constantly working to enhance both our patient care and our capacity to adapt to better meet the needs of the people and communities we serve.

Our goal is to provide timely, high-quality emergency care, interfacility transportation, and community health care services to patients in communities in all corners of the province. To maintain the high standard we hold ourselves to, we continue to adapt and enhance our abilities to respond to additional challenges posed by the increasing volume of 911 calls, the frequency of extreme weather events, a toxic drug crisis, and, as the population ages, more complex health presentations of older patients.

We are guided by the BCEHS Strategic Plan, which sets out four key priorities: consistently improving patient care, boosting employee supports, addressing health care inequities for First Nations and Indigenous

Peoples, and developing longer-term strategic and infrastructure plans.

Our ability to provide exceptional care is made possible by our employees. Since the Strategic Plan's implementation in June 2022, we have aggressively increased recruitment and training to support our people. BCEHS also continues to focus on improving the mental and physical wellbeing of staff and building a culture of anti-racism, diversity, inclusion, and equity. We have made significant, unprecedented investments in the development and continued education of employees throughout our organization, supporting individual growth and retention.



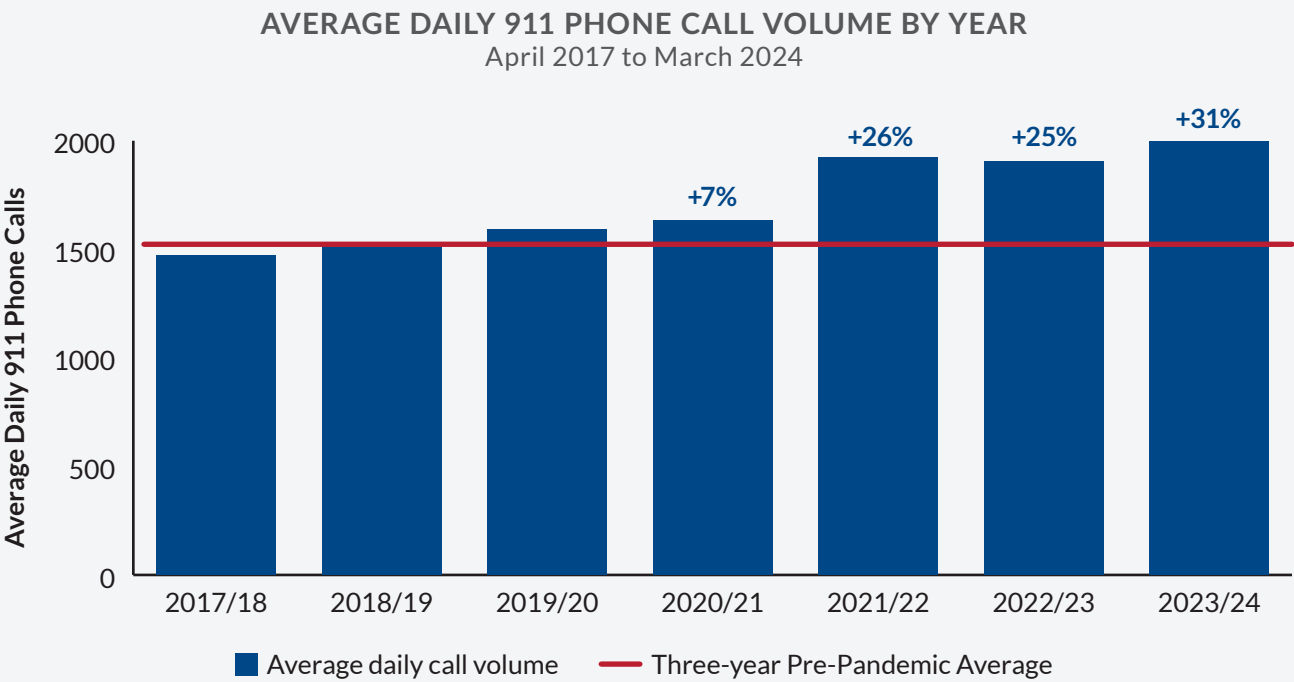
CALL VOLUME – AND URGENCY – CONTINUES TO INCREASE

BCEHS responded to more than 596,000 911 events and completed over 71,000 interfacility patient transfers between April 1, 2023, and March 31, 2024. This is a nearly eight per cent increase in the volume of 911 events from the previous year, with over 40,000 more 911 events in 2023/2024 than in 2022/2023.

In 2023/2024, there were an average of 1,998 calls per day to 911. This is 31 per cent higher than the average daily 911 call volume in the three calendar years before the pandemic. To support the increasing call volumes, BCEHS has increased its staffing and in-service hours in the past year.

Averaging nearly **2,000** 911 calls per day

Averaging more than **1,600** 911 events per day

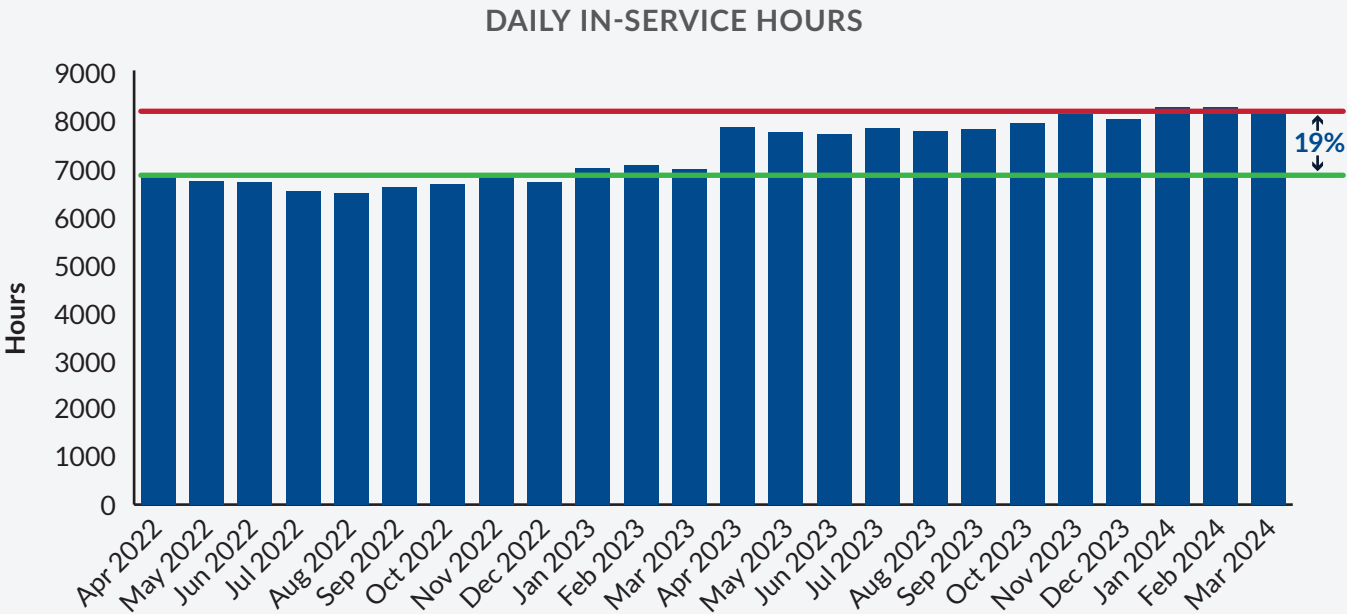


Wondering why the call and event numbers don't match up? It's because they're two different metrics.

A **911 event** is a request for BCEHS service that originated through one or more 911 phone calls. One event can generate multiple 911 calls and trigger multiple ambulance responses.

A **911 call** is a phone call into dispatch to request BCEHS service. As mentioned above, a 911 event may be associated with multiple 911 phone calls. For example, a traffic collision on a busy street may trigger many calls to 911 from various witnesses and patients.

Starting in April 2023, BCEHS dramatically increased the number of daily in-service hours. By March 2024, we had added 1,325 in-service hours per day across the province compared to April 2022 – a 19 per cent increase.



In-service hours provide an indication of our capacity to provide patient care across the province. It is an indication of system readiness and demonstrates the ability to hire, retain, and schedule staff to meet the needs of the population.

BCEHS responds to the most critically ill and injured patients first, allocating ambulance responses using the internationally recognized *Medical Priority Dispatch System* (MPDS) and *Clinical Response Model* (CRM). In this system, patients reporting life-threatening

symptoms including cardiac arrest, chest pain, breathing difficulties, and severe bleeding or unconsciousness are prioritized. The CRM is a colour-coded resource allocation approach, with the colour indicating the resources, response type, and relative priority of a call in a range from purple (immediately life-threatening, highest priority) to blue (non-urgent, lowest priority).

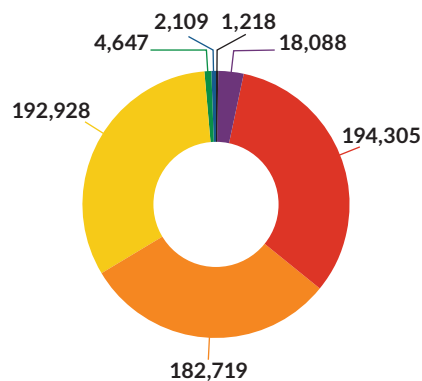
This process also allows for calls to be upgraded in priority if the patient’s condition worsens.

CLINICAL RESPONSE MODEL COLOUR CODES					
<p>Immediately life-threatening e.g., Cardiac arrest</p>	<p>Immediately life threatening or time-critical e.g., Chest pain</p>	<p>Urgent, potentially serious, but not immediately life-threatening e.g., Abdominal pain</p>	<p>Non-urgent, not serious or life threatening e.g., Sprained ankle</p>	<p>Non-urgent (not serious or life threatening), possibly suitable for treatment at scene. e.g., Minor cut</p>	<p>Non-urgent (not serious or life threatening), further telephone triage and advice, referrals to HealthLinkBC e.g., Skin rash</p>

BCEHS is responding to more urgent, life-threatening 911 events than ever before. Critical, immediately life-threatening events – categorized as purple or red in the Medical Priority Dispatch System (MPDS) – made up 35.6 per cent of all events between April 1, 2023, and March 31, 2024. In 2022/2023, purple and red events comprised of 31.3 per cent of all patient events.

The number of purple events alone increased by 20 per cent this past year compared to the figure from 2022/2023.

911 EVENTS BY CLINICAL RESPONSE MODEL COLOUR

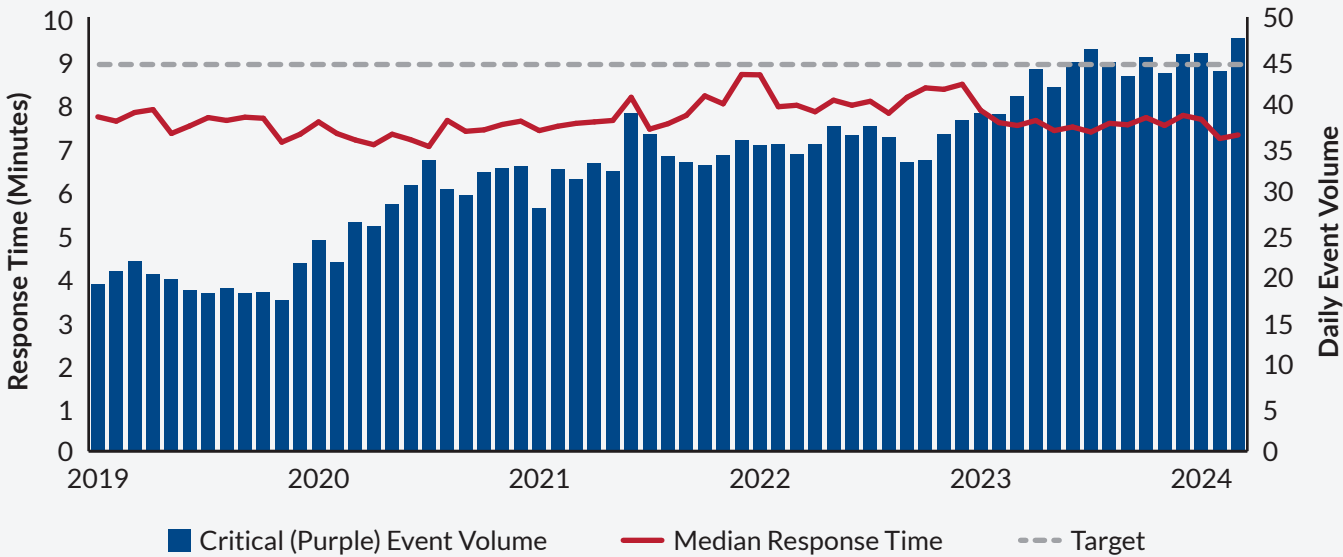


Approximately a third of 911 events in 2023/2024 were considered ‘lower acuity’ or not immediately life-threatening and coded as yellow, green, or blue. While some of these patients may not need to be seen at an emergency department, they require appropriate treatment and connection to care for less urgent concerns, such as sprains, mild illness, minor cuts, or skin conditions.

A key performance measure for BCEHS is our response times for ‘high acuity’ urgent or life-threatening events.

While BCEHS is seeing more 911 patient events, response times remain at or below our target thresholds for the most life-threatening (CRM purple) events in metro, urban, rural, and remote communities. We are constantly endeavouring to improve our responses to all 911 calls and deliver the most appropriate care to patients across the province.

RESPONSE TIMES TO CRITICAL 911 EVENTS IN METRO/URBAN B.C.
January 2019 to March 2024



The median represents the middle point of the responses, so half of all BCEHS responses are shorter and half are longer than the median response time.

More than 80 per cent of British Columbians live in urban areas. In 2023/2024, more than 90 per cent of critical 911 events (CRM code purple) occurred in metro or urban B.C.

OUR PEOPLE

We have 6,000 BCEHS employees supporting patient care, including paramedics, emergency medical call-takers and dispatchers, administrators, and leaders. The below staffing figures and resources are a snapshot of BCEHS' complement as of March 31, 2024.

CLINICAL OPERATIONS

Clinical Operations includes out-of-hospital 911 emergency care delivered by frontline paramedics and community paramedics providing scheduled at-home care to patients.

3,000+	Primary Care Paramedics
1,000+	Emergency Medical Responders
280+	Advanced Care Paramedics
120+	Ambulance Drivers/Attendants
90	Critical Care Paramedics
66	Community Paramedics
18	Link and Referral Units
20	Infant Transport Team Paramedics

Clinical Operations is also responsible for emergency 911 call-taking, dispatching resources, and coordinating interfacility patient transfers. BCEHS' three Dispatch Operations Centres – Kamloops, Victoria, and Vancouver – have a total of:

375	Emergency Medical Dispatchers & Call-Takers
28	Emergency Physician Online Support Physicians
23	Paramedic Specialists
18	Secondary Triage Clinicians
6	Low Acuity Patient Navigators

PATIENT TRANSFER NETWORK

The **Patient Transfer Network** (PTN) centrally coordinates patient referrals and ambulance transportation across the province by connecting sending and receiving physicians, facilities, and ambulance services. PTN has:

57	Interfacility Emergency Medical Call-Takers (I-EMCTs)
5	Charge I-EMCTs
4	Practice Educators

PATIENT TRANSPORT COORDINATION CENTRE

The **Patient Transport Coordination Centre** (PTCC) manages the logistical aspects of interfacility patient movements, including coordinating the staffing and equipment for required acuity levels. PTCC is also responsible for dispatching CCPs by air resources to high acuity out-of-hospital events to support the regional units with rapid transport of patients to trauma centres. PTCC has:

54	Interfacility Emergency Medical Dispatchers (I-EMDs)
5	Charge I-EMDs
2	Practice Educators

RESOURCES

BCEHS paramedics work out of **182 ambulance stations** around the province. Of those stations, 64 serve remote areas, 49 serve rural areas, 39 serve urban areas, and 30 serve metro areas.

REMOTE	RURAL	URBAN	METRO
Low response volumes and limited number of transfers due to population or geographic location	Slightly higher response volumes and limited transfers due to population or geographic location	Higher response volumes and transfers with increased population or geographic location	Highest response volumes and number of transfers with increased population

The Logistics and Transport Operations team oversees the following fleets to facilitate the delivery of patient care:

AIR AMBULANCE FLEET[±]

35	Helicopters and airplanes from contracted providers
9	Turboprop planes
6	Helicopters

[±]Air Ambulance resources are spread across the province in various locations including Vancouver, Kelowna, Kamloops, Nanaimo, Prince George, Prince Rupert, and Fort St. John.

GROUND AMBULANCE FLEET

630+	Ambulances equipped with power stretchers and power loading systems
27	Low acuity transport vehicles
300+	Non-ambulance response and support vehicles

MARINE AMBULANCE FLEET

12+	Contracted water taxi providers
3	Dedicated marine ambulance vessels on contract

All numbers are as of March 31, 2024.

SUPPORT TEAMS

BCEHS’ frontline staff are supported by hundreds of employees across various roles and departments.

CORPORATE SERVICES

Supports organizational operations with functions including communications, administration, finance, learning, human resources, information management/technology, quality, safety, risk management and accreditation, facilities management, data governance, and labour relations.

CLINICAL GOVERNANCE AND PROFESSIONAL PRACTICE

Ensures BCEHS provides evidenced-informed, patient-centered care, including providing clinical governance, professional development and practice, research, and oversees innovative care models to ensure best practice across the organization.

LOGISTICS AND TRANSPORTATION OPERATIONS

Oversees all fleet operations, logistics operations, and related corporate administration, including deep cleaning, inventory management, product procurement, equipment life-cycle management, patient-care equipment maintenance, and medical device equipment maintenance.

AGGRESSIVELY EXPANDING OUR WORKFORCE WITH UNPRECEDENTED HIRING

In recent years, BCEHS has increased its proactive recruitment efforts to substantially increase hiring and improve staffing levels. This past year is no different, with a record number of new paramedics joining the organization over the last 12 months.

BCEHS continues to focus on building paramedic capacity in all communities throughout B.C. to meet service demands and has an active national recruitment campaign – the largest in its history – underway. We attended 519 proactive recruitment events over the last year in 169 communities. These efforts helped facilitate record hiring, with 734 new paramedics joining BCEHS this past fiscal year, a four per cent increase over 2022/2023 and substantially more than previous years.

Our focus on improving staffing levels has resulted in significant additions in our metro and urban workforce and bolstered resources in rural and remote areas with hundreds of new full-time positions. We have added ACPs to rural communities for the first time in our history, supporting the provision of more advanced care in areas where a hospital may be further away. Our efforts to make education and training easier for staff in rural and remote areas also supports retention in those communities, ensuring better emergency coverage across the province.

BCEHS has also worked with CUPE 873 to expedite the hiring process and continues to utilize this process to reduce the time it takes to fill regular vacancies.

MORE STAFF IN PERMANENT POSITIONS

Not only is BCEHS hiring more staff, but we are seeing more employees in permanent positions. Since 2017, we have added more than 1,800 new full-time and part-time permanent paramedic, emergency medical responder (EMR), and dispatch positions. In 2017/2018, only 41 per cent of paramedics were in permanent positions. Six years later, after adding more than 1,700 new paramedic positions, 62 per cent of paramedics in B.C. have a regular, permanent full-time or part-time position.

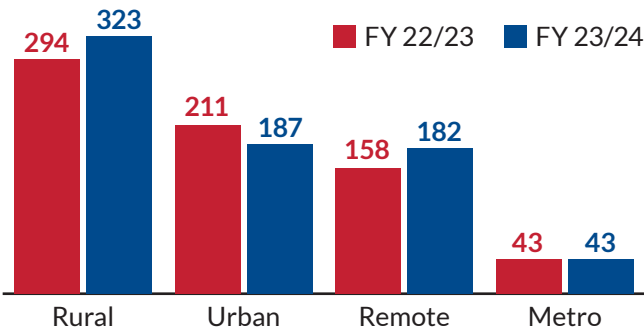
At the end of the 2023/2024 fiscal year, 74 per cent of the 3,099 total permanent regular part-time and full-time paramedic and dispatch positions were filled.

BY THE NUMBERS

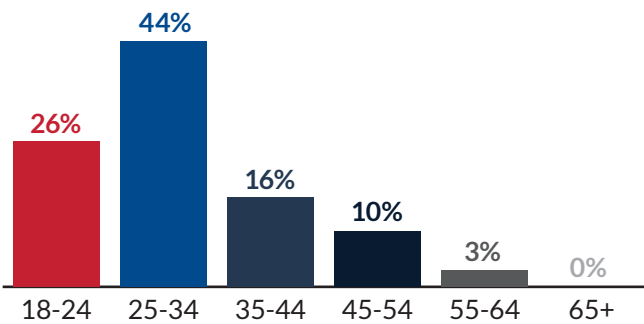
This past year saw BCEHS hire a record number of paramedics, with 734 new hires joining the organization in 2023/2024. The majority of these new paramedics were EMRs, and the Interior region of the province saw the largest percentage of external hires, followed by Vancouver Island.

Remote and rural stations had the largest numbers of new paramedics, with 323 new hires joining rural stations and 182 joining remote stations. Together, rural and remote stations accounted for nearly 70 per cent of new hires' destinations.

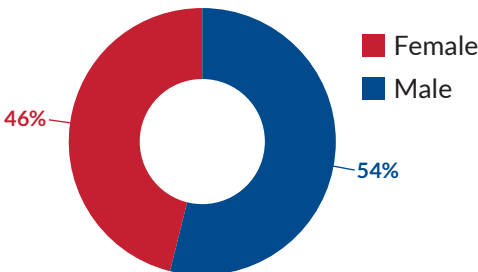
NEW PARAMEDIC HIRES BY AREA



PARAMEDIC HIRES BY AGE



PARAMEDIC HIRES BY GENDER



IMPROVING STAFFING IN RURAL AND REMOTE COMMUNITIES

SCHEDULED ON-CALL CONVERSION

BCEHS wrapped up this past year preparing for significant improvements in our staffing practices in 60 rural and remote communities to further enhance paramedic support in those regions.

The Scheduled On-Call (SOC) model of staffing was phased out on March 31, 2024, with affected stations moving to new shift patterns the following day. This SOC model was a key part of the Ambulance Paramedics and Ambulance Dispatchers of B.C. (APADBC) collective agreement that was signed in February 2023, with the goal of providing better service to the impacted communities while supporting improved work/life balance for paramedics in those stations. The model didn't meet its objectives, and a significant consultation process was undertaken to determine the most appropriate staffing model replacement for each community.

BCEHS engaged and solicited feedback from employees, communities, and health partners around the province to determine which model would best fit each station and the surrounding community, with 22 stations converting to the Alpha staffing model, 25 stations converting to the Mix Shift model, and 13 stations moving to on-call Kilo staffing with a full-time unit chief. The changes resulted in the addition of 281 new full-time paramedic and 200 part-time positions in B.C., providing more consistent and reliable paramedic coverage province-wide.

Stations that have converted to the Alpha model now have at least eight full-time paramedic positions, with staff on duty in the station 24 hours a day. Two-person crews work 12-hour shifts on a rotation of four days on, four days off. Under the previous SOC model, paramedics were available in the station eight hours a day, with the remaining 16 hours covered by on-call shifts. This round-the-clock coverage is a significant upgrade in our ability to provide service to these communities.

The Mix Shift model has staff on duty twice as often as they did with the SOC model, with 16 hours in the station and eight hours on call via a pager at night. Mix Shift stations have eight regular part-time positions, with one crew working a full 12-hour shift, then the next crew working four hours in station, followed by eight hours on call, with both on a four-days on, four-days off rotation.

Stations that have shifted to the On-Call Kilo model have a new full-time unit chief and staff that are on-call. This model enables flexible staffing and aims to maximize local recruitment, also utilizing the new on-call rate of \$12 per hour for being on call in the community.

As well, the enhancement of the Community Paramedicine program means more than 55 full-time equivalent positions will be providing dedicated community-based care and outreach as they are no longer automatically integrated into emergency responses as previously required under the SOC model. However, they will still respond to critical 911 calls if they are the closest paramedic unit to the scene to support patients until emergency crews arrive.

PAID TRAINING

BCEHS is removing obstacles to training by funding education for employees who accept primary care paramedic (PCP) full-time or regular part-time positions. This initiative supports the continued drive to increase staffing in rural and remote communities by addressing barriers to completing education.

Eligible employees are able to complete their PCP education without losing any wages – they receive paid time off for their education – in addition to having BCEHS fund their tuition, textbooks, uniform, travel and meal allowances, and exam costs. Emergency Medical Responders (EMRs) who accept PCP positions and are already taking PCP education have their training costs covered on a go-forward basis.

This initiative is a tangible demonstration of BCEHS' continued prioritization of education and upskilling for employees driven by the desire to provide excellent patient care.



NEW AIRCRAFT CONTRACTS

BCEHS finalized new air ambulance contracts in the summer of 2023 for both fixed wing and rotary wing aircraft, each with a single provider respectively. The new fixed wing planes are a significant upgrade in terms of technology, and the standardized interior and layout will make working on them a more consistent experience for our paramedics.

A key feature on the new planes is the mechanized stretcher loading and unloading system, which is anticipated to make transport much smoother for our staff and our patients. The new fixed wing fleet also offers greater capabilities to support patients with highly specialized medical needs, including patients using extracorporeal membrane oxygenation (a form of life support for critically ill patients that does the work of their heart and lungs), neonatal patients in biomedical neonatal transport incubators, bariatric patients, and patients in EpiShuttles, a type of mobile medical isolation unit for patients with certain infectious diseases.

The new planes can also land on gravel runways, improving our ability to serve patients in the north and in remote, rural, and Indigenous communities. Of the dozen new air ambulances, three will be based in Vancouver, three will be in Kelowna, two will be in Prince George, and one will be in Fort St. John. The remaining three planes are intended for backup services.

The first new fixed wing air ambulance will come into service with BCEHS in May 2024. The new rotary wing fleet will come into service in 2025.

In 2023/2024, 8,290 patient transports involved air resources, 6,177 of which used fixed wing aircraft. Approximately 70 per cent of calls for air ambulances use airplanes and 30 per cent use helicopters.

ENHANCING OUR CARE

SCOPE OF PRACTICE EXPANSION

Following the 2021 heat emergency in B.C., the Ministry of Health (MoH) announced a comprehensive review of the Emergency Medical Assistant (EMA) Scope of Practice to enhance the quality of emergency health services and improve out-of-hospital patient care across the province. This led to the amendment of Schedule 1 and Schedule 2 of the EMA Regulations under the *Emergency Health Services Act*, expanding the skills and tools that paramedics are legally authorized to use.

The Scope of Practice expansion project operationalizes those changes by coordinating education and supports to EMRs and paramedics across all licence levels to expand their clinical practice with the use of new medications and methods of administration, equipment, and competencies.

As of March 31, 2024:

- + **307** Driver-Only employees had completed their education to upgrade to EMR
- + **593** EMRs had completed their scope of practice expansion education
- + **89** CCPs had completed their scope of practice expansion education

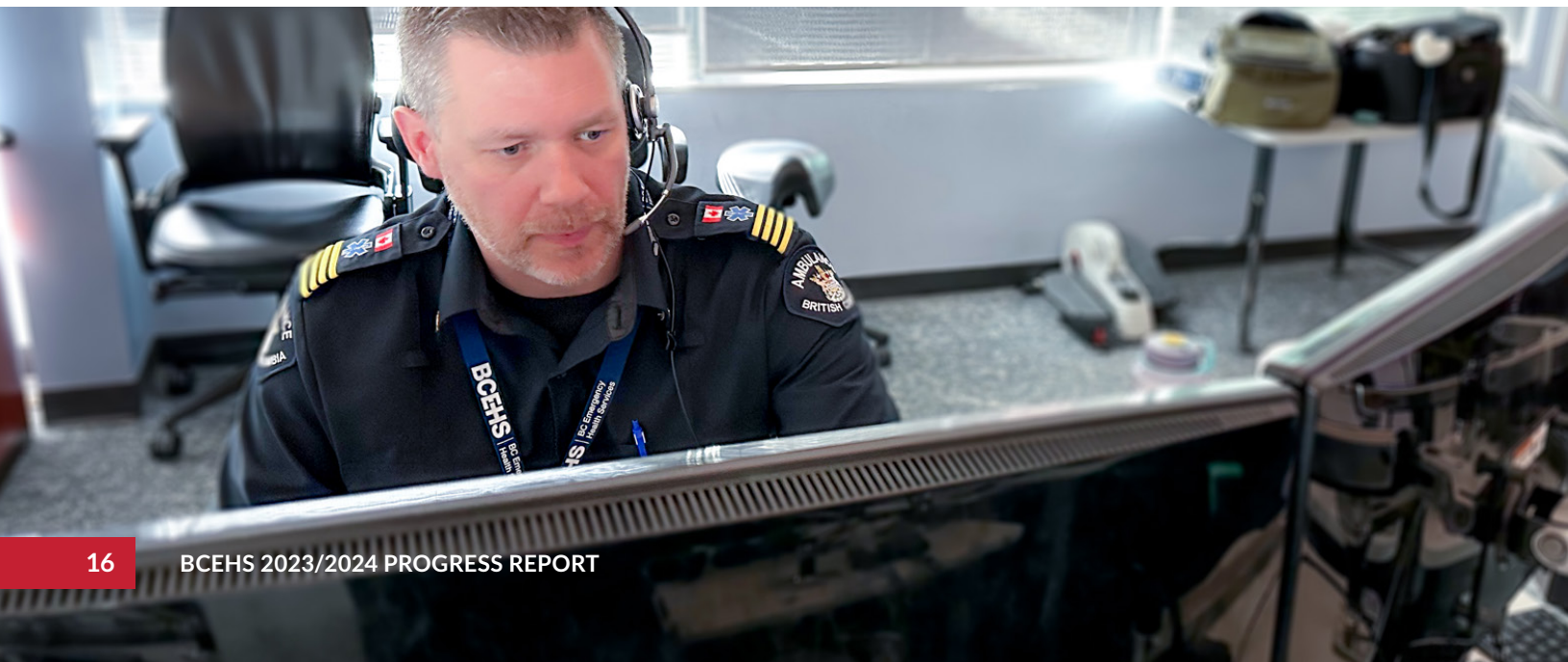
EMR and CCP scope of practice education is ongoing, and PCP scope of practice education is rolling out mid-2024. Corresponding education for ACPs is in development.

DISPATCH CONTINUES TO GROW

BCEHS Dispatch Operations continued to build on growth from the previous year, with substantial additions to the staffing complement as well as physical improvements to the dispatch operations centres.

BCEHS hired 96 new emergency medical call-takers (EMCTs) in 2023/2024. EMCTs receive incoming 911 calls and collect critical information to assess and classify the call using the MPDS and CAD systems, allowing emergency medical dispatchers (EMDs) to coordinate the appropriate paramedic resource. Call-takers may also give in-the-moment instructions to callers on performing CPR, providing reassurance and a calm voice at the end of the line when callers are navigating through stressful, life-threatening situations.

The Vancouver Dispatch Operations Centre saw construction get underway on its dispatch floor at the end of the fiscal year, with significant updates planned to support improved workflow for Patient Transfer Services. On Vancouver Island, the dispatch floor saw renovations that added 10 new call-taker workstations to accommodate their growing team and enhance the workspace.



EDUCATION IN DISPATCH

The rapidly increasing number of call-takers and dispatchers necessitated additional support for education, and the Dispatch Practice Educator team added five new positions in 2023/2024.

Practice Educators are responsible for all education within dispatch and constantly review and improve classes for new hires. They provide active support on the floor for call-takers, answering questions from staff and debriefing calls to identify any areas for improvement, and craft quarterly feedback reports for each employee based on call audits, which identify strengths and weaknesses as well as trends in performance to help support quality assurance and continuous improvement.

A key part of the education provided by the Practice Educator team in dispatch are the professional development days, which take place every 60 days. The content of these sessions is based on trends the Practice Educator team is seeing from staff as well as topics that staff have mentioned they're interested in learning more about.

Practice Educators also train the dispatch preceptors, with 95 preceptors in B.C. this past year. This training includes providing coaching for the preceptors as they spend time on the dispatch floor, mentoring them, and supporting their ongoing education.

The preceptor role is a stepping stone towards the Practice Educator role and supports new call-takers and dispatchers after they've completed their EMCT or EMD courses. While preceptors support Practice Educators in class, their primary role is to spend time on the floor sitting with new call-takers and dispatchers to provide mentorship for their first three months.

Practice Educators are standing members of the Dispatch Review Committee, which began in early 2024, and are active in various steering committees and working groups. The adoption of new technology in dispatch is led by the Practice Education team, including the current exploration of artificial intelligence tools for quality improvement purposes.

A YEAR OF CHANGE FOR PATIENT TRANSFER SERVICES

Patient Transfer Services (PTS) – comprised of the Patient Transfer Network (PTN) and Patient Transport Coordination Centre (PTCC) – coordinates and dispatches interfacility transfers between hospital and/or health care facilities. PTN staff work with the sending and receiving facilities to determine patient needs and coordinate the transfer, then pass the confirmed transfer to PTCC, which handles the logistics and dispatching of resources.

Most transfers done by PTS are within B.C., but depending on the circumstances, they may also involve other domestic or international destinations. The two distinct departments are based out of the Vancouver Dispatch Operations Centre (VDOC) and saw substantial growth this past year.

PTN staff transitioned from the BC General Employees' Union (BCGEU) to CUPE 873 in September 2023. This was part of a significant change that involved several positions being reclassified, with Patient Transfer

Coordinators becoming Interfacility Emergency Medical Call-Takers (I-EMCTs). PTCC Emergency Medical Dispatchers are now classified as Interfacility Emergency Medical Dispatchers (I-EMDs). Both departments increased their respective staffing complements, including the addition of several practice educators for each team.

This growth is mirrored in the renovations taking place at the Vancouver dispatch centre to create a new, dedicated space for PTN and PTCC staff.

PTCC dispatches the Lower Mainland's transfer fleet, which now includes more than 30 ambulances, as well as the transfer ambulances in the Interior and on Vancouver Island. The addition of transfer units outside of the Vancouver area is intended to help regional centres maintain coverage for pre-hospital emergency events. In addition to the ground fleet, PTCC also dispatches all critical care and air-evacuation interfacility transfers as well as BCEHS' aircraft – with new fixed wing aircraft joining the rotation in 2024 after contracts with new providers were signed in the summer of 2023.

INNOVATING TO PROVIDE BETTER CARE FOR EVERYONE

CLINICAL HUB

BCEHS' Clinical Hub continued to grow in 2023, adding more clinicians to the team and seeing its programs expand to better support low acuity patients. The department, which was launched in January 2022, is responsible for the planning, implementation, and evaluation of patient care initiatives that use innovative roles, systems, and processes to ensure that patients receive the right care the first time they contact the 911 system.

More than a third of BCEHS' 911 calls are triaged as less-urgent medical concerns. These non-life-threatening emergencies include minor wounds, sprains, muscle strains, mild illness, or aches and pains. Improving processes to support lower acuity patients and provide them with the most appropriate care is helping BCEHS ensure that our emergency ambulances are kept available for more urgent, life-threatening calls.

The Clinical Hub's interdisciplinary team now has more than 100 full-time positions and has added new partnerships with virtual care teams, mental health teams, sobering centres, and urgent primary care centres (UPCCs) around the province. Working with health authorities, the Clinical Hub continues to develop new models of care and expand on its goals.

UNIQUE ROLES

Secondary Triage Clinicians

Secondary Triage Clinicians (STCs) are specially trained PCPs who conduct detailed clinical assessments by phone or videoconference of patients that have been categorized as low acuity. STCs use their clinical judgment and skills to support patients, including advising on at-home care plans and coordinating alternate transportation to an appropriate facility.

Low Acuity Patient Navigators

Low Acuity Patient Navigators (LAPNs) are PCPs who support and assess low acuity patients to refer them to alternate care and conveyance pathways. This includes the use of UPCC referrals, low acuity responses, or alternate conveyance. LAPNs also support emergency paramedic crews who are seeking advice for patients for whom the emergency department may not be the most appropriate destination.

Link and Referral Unit Paramedics

Link and Referral Unit (LARU) paramedics are specialized PCPs who respond to non-urgent patients that do not require stretcher-transport. They assess patients and can refer them to alternate pathways (such as Assess, See, Treat, and Refer [ASTaR] pathways) or transport them to an urgent care or emergency department. LARU paramedics work with LAPNs to identify low acuity patient events that may be suitable for a LARU to respond to.

Paramedic Specialists

Paramedic specialists are ACPs and CCPs who provide CliniCall support services to all BCEHS staff around the province and offer advice on specific high-risk situations. They also support other Clinical Hub staff to facilitate upgrades or downgrades of calls as needed. Paramedic specialists answered more than 21,000 CliniCall phone calls this past fiscal year.

Emergency Physician Online Support Physicians

Emergency Physician Online Support (EPOS) physicians are a contracted group of emergency room physicians and intensivists who provide real-time consultation services for both paramedics on scene and during interfacility transfer planning. They are experienced clinicians who have subject matter expertise in the pre-hospital environment. EPOS physicians answered more than 5,554 consults from the Clinical Hub (CliniCall) and Patient Transfer Services this past fiscal year.

A DAY IN THE LIFE OF A SECONDARY TRIAGE CLINICIAN

Tony Schindle is a PCP-IV who became an STC two years ago after working on-car for 15 years, and says the Clinical Hub role allows him to use his skills in a new way.

“It was explained to me that [the STC role] was a way of trying to help alleviate some ambulance calls on the regular crews and trying to support the patients as best we could and see if we could help their problems without sending an ambulance to them or sending them to the hospital,” Tony said. “We use our clinical judgment on what the best and most appropriate care plan is for the patient, and work with the patient to create that care plan, gathering information about what resources they have on hand, what transportation, which medications, and even specialists and after-hospital care.”

Tony’s work can involve determining how the patient will get to the appropriate health care facility, and his options

are much broader than just emergency ambulances. He may advise patients to drive themselves to UPCC or a hospital, encourage them to get a ride with a friend or family member, help coordinate a taxi, or recommend a LARU unit responds and assesses the patient.

Tony also says some of the resources used daily by LARU paramedics also benefit non-LARU crews, such as the Assess, See, Treat, and Refer (ASTaR) pathways, including the UPCC referral pathway.

“Recently, our [Clinical Hub] managers have gone to Kelowna when the three UPCCs opened up for referrals for us, and Kelowna [crews have] done an amazing job at phoning us up – it was almost one a day, getting patients to go to the urgent care instead of the hospital,” Tony said. “It also is an easier transition at the urgent care [centre] as we [in secondary triage] have already provided all patient information and history about their ongoing issue prior to the crew arriving.”

Since January 1, 2022, more than 9,000 patients who were assessed by Secondary Triage did not require an ambulance:

4,135

patients in
2022

3,945

patients in
2023

938

patients in the
first three months
of 2024

IMPROVING LOW ACUITY CARE IN MORE REGIONS

The LARU program expanded from 14 to 18 units in early 2024, with new LARU paramedics receiving specialized training to staff units that launched in Victoria, Nanaimo, and Prince George later in the spring.

The program was substantiated in 2023 following a pilot phase in the Lower Mainland, Kamloops and Kelowna. The expansion to the three new sites in 2024 offers improved care for low acuity patients on Vancouver Island and in Prince George – and supports more effective allocation of emergency resources in those regions.

LARU units are lone responders operating vehicles that are not equipped for a lights and sirens response, though they can respond to more urgent patient events if they are the closest unit to the scene. For a patient to be suitable for a LARU, they must be ambulatory – LARU vehicles cannot accommodate stretchers. The program is a win-win: LARU responses allow low acuity patients to be seen faster instead of waiting hours for an ambulance when they don’t really need to go to the emergency department, and they free up emergency crews to focus their resources on more critical patients.





Since January 1, 2022, there have been nearly 5,000 events where a Link and Referral Unit was the primary unit dispatched to a low acuity event and the event was resolved in a manner other than transporting a patient to an emergency department:

2,426

patients in
2022

2,070

patients in
2023

345

patients in the
first three months
of 2024

NEW OPTIONS FOR LESS URGENT CONCERNS

Not only has the LARU program expanded, but the Clinical Hub's work has increased other resources for low acuity patients for all paramedic crews to use.

Assess, See, Treat, and Refer (ASTaR) pathways are frequently used by LARU paramedics, and their use is growing among emergency paramedics when responding to low acuity patients. The pathways are a tool that enable paramedics to link non-acute patients with an appropriate level of care within the broader health system instead of bringing them to the emergency department, meaning more patients spend less time waiting at the hospital and are able to access care faster.

The Clinical Hub team implemented four new ASTaR pathways during the last fiscal year: frailty, heat emergencies, cold emergencies, and generic UPCC inclusion criteria, building on the existing library of pathways, which include for concerns such as minor burns, allergies, and non-traumatic back pain.

The department is also coordinating partnerships with more UPCCs around the province to receive BCEHS patients. As of March 31, 2024, BCEHS had partnered with 24 UPCCs – eight more than at the same time last year. There were 384 patients referred to UPCCs by BCEHS crews between April 1, 2023, and March 31, 2024, including patients who were conveyed to the UPCC by a paramedic crew and those who received a referral from an STC or a LAPN following a virtual assessment over the phone or by videoconference software.

POSITIVE CULTURAL SHIFTS

BCEHS filled a trio of key positions in 2023/2024 that were flagged as high priorities to support positive cultural shifts. The roles share a common thread of focusing on people, diversity, and culture, which aligns with BCEHS' People Plan – a three-year strategy actioning the organization's commitments to inclusivity, diversity, and eliminating anti-Indigenous racism.

Indigenous-specific anti-racism training is required for all staff across the organization, expanding on the requirement for leaders to complete the courses. Diversity, equity, and inclusion (DEI) education is also incorporated into programs for leadership, and DEI courses are available for all employees. BCEHS is a frequent participant in Pride events across the province, with teams attending 12 Pride celebrations in 2023.

AGGIE PEEL **Chief, People, Culture and Diversity**

Aggie Peel joined BCEHS in February 2024 as the new Chief of People, Culture and Diversity. Her role is responsible for two crucial streams of work within the organization – implementing the People Plan and supporting the Indigenous Health portfolio – which sees her lead three teams: Indigenous Health, Employee Experience, and HR Services and Recruitment.

VICKY WHITE **Executive Director, Indigenous Health**

Vicky White joined BCEHS in January 2024 as the organization's first Executive Director, Indigenous Health. Vicky comes from the Tla-o-qui-aht First Nation and is a member of the Tseshaht First Nation on the west coast of Vancouver Island. Her role with BCEHS provides leadership expertise to help guide the work of the growing Indigenous Health team and enhances Indigenous Health's presence at the leadership level within the organization.

CARLY JOKIC **Executive Director, Employee Experience**

Carly Jokic joined BCEHS in April 2023 as the first-ever Executive Director, Employee Experience. In this new position, Carly and her team work to improve the experience for all BCEHS staff across the province in areas such as mental health and wellness, diversity, equity, and inclusion, recognition, and culture.



VICKY WHITE

As BCEHS' first Executive Director for Indigenous Health, Vicky aims to support the organization to move forward on the creation and implementation of its first

Indigenous Strategic Plan, as well as work to eradicate Indigenous-specific racism. She also hopes to meaningfully support her team and other Indigenous colleagues by establishing an Indigenous community of practice.

"My lived experience as a First Nations woman who experienced challenges with access to health care for my family has been one of the driving factors that led me to this role," Vicky said. "I have also worked in community health with and for Nuuchahnulth people for over 20 years and feel this experience has taught me how to meet people where they are at and provide support as needed while as they navigate the health system."

Among Vicky's immediate goals is seeing the Indigenous Health Strategy approved by BCEHS leadership in fall 2024, which she says will enable her staff to work towards accomplishing their priorities in the coming years.

"I am honoured to lead and support an incredibly talented and passionate team," she said. "Together we uplift and uphold the work of our team and aim to support each other in our collective efforts."

INDIGENOUS HEALTH

The Indigenous Health team continued to grow in 2023/2024, including with the hire of the program's first-ever Executive Director, Vicky White, in January 2024. The team now includes five Indigenous Cultural Advisors, a Senior Business Analyst, a Project Coordinator, three Managers, a Patient Safety Investigators, and an Executive Director.

Indigenous Cultural Advisors (ICAs) were formerly known as Indigenous Patient Navigators (IPNs). The reclassification of the position took place in January 2024 and better reflects the nature of the ICAs' work and their responsibilities within the organization.

ICAs work to build relationships with Indigenous Peoples, families, communities, and all staff to ensure culturally safe health care experiences. They play a pivotal role in Indigenous patient support and advocacy and facilitate connections between frontline staff and Indigenous communities. They also supported the hiring of employees in Indigenous communities, and act as a resource for Indigenous patients and providers.

Together, the team supports the work of the Indigenous Health Strategy, which is identified as a key priority in the [BCEHS Strategic Plan](#). The Indigenous Health Strategy was in draft form at the end of the fiscal year.

A key part of the work done by the team involves supporting BCEHS' Indigenous employees. The team coordinates quarterly gatherings for Indigenous staff and held a kickoff meeting for the Indigenous Health strategy in March 2024, which involved engaging with Indigenous BCEHS employees, elders, and non-Indigenous individuals who will be supporting the rollout of the strategy. Indigenous Health also hosts monthly Talking Circles for all staff, which regularly see a large group of attendees listen and learn as part of meaningful discussion and information sharing.

Indigenous Health aims to eradicate Indigenous-specific racism within the organization and create a culturally safe space for Indigenous employees, patients, and communities. A big step towards these goals involved partnering with the BCEHS Clinical

Operations team to make the San'yas Indigenous Cultural Safety Core Health course and PHSA's Anti-Indigenous Racism Response Training (ARRT) required courses for all employees. Prior to August 2023, these courses had been available for all staff but were only mandatory for leaders.

As of March 31, 2024, **44%** of all BCEHS staff had completed the **San'yas program**, while **57%** had completed the **AART course**. Data from across Canada also indicates that BCEHS paramedics now have the **highest completion rate** across jurisdictions that require San'yas training.

The team is active in communities across the province, attending Indigenous health caucuses, recruitment events, parades, and cultural celebrations. Partnering with the First Responder program team, Indigenous Health works to uplift Indigenous voices in the First Responder Agreement process and continues to build and maintain strong relationships in Indigenous communities around B.C., engaging with First Nations and supporting them as they identify their local health care needs.

Looking to the future, the team is continuing work to eradicate anti-Indigenous racism, with plans to create an Indigenous Community of Practice to help further support Indigenous employees. The team's work with the First Responder program and Community Paramedic program is ongoing as more First Nations and Indigenous communities look to collaborate with BCEHS and increase community capacity in the delivery of pre-hospital service. Indigenous Health also plans to build its capability to deliver non-clinical education in partnership with the Learning team and have those teachings embedded within existing practice guidelines.



CARING FOR OUR PEOPLE

We ask a lot of the people who work for us, and we are committed to taking care of our workforce. Our staff provide excellent care to their patients, and we recognize that their work can be very challenging. As an organization, we are committed to improving and building upon efforts to support our staff and learning from where we have fallen short in the past.

To ensure we are providing our staff with effective support, we have undertaken work to bolster resources for mental and physical health and evaluated existing programs and initiatives. We have also created a psychological health and safety course for leaders, which is in the process of being implemented, and launched a dedicated phone line for staff seeking information on how to report bullying or harassment.

CRITICAL INCIDENT STRESS MANAGEMENT

The Critical Incident Stress Management (CISM) program is a key piece of BCEHS' strategy to improve employee wellbeing and has expanded its capacity to meet increasing demand. The program provides access to trained clinicians and psychologists for staff who have experienced a work-related event that has negatively affected their emotional wellness, with a 24/7 phone line that initiates peer check-ins and debriefings and connection to getting counselling sessions.

Due to the nature of their work, paramedics, dispatchers, and emergency medical call-takers witness and experience high stress situations on a regular basis. This makes having an effective program to support staff dealing with stress even more important. BCEHS initiated an external review of the program in 2023 to ensure that it was providing adequate support as intended.

CISM team members responded to more than 4,000 peer activations this past year: 3,650 primary activations marking the first time an employee contacted CISM in relation to an event, and 498 ancillary activations relating to a previously documented primary event. More than 1,600 staff were referred to trauma clinicians and support services over in 2023/2024, 618 of whom were first-time clients of the CISM program. Peer team connections, which involve peer volunteers checking in with someone affected by a critical incident, rose again this year, with more than 5,000 connections made between April 1, 2023, and March 31, 2024. This is a 35.6 per cent increase from 2021/2022.

The program added 45 new peers and 51 new clinicians over the past year to accommodate the increasing service demand, with 346 clinicians – 73 psychologists and 273 counsellors – and 194 trained peers involved with CISM as of March 31, 2024.

Additional staffing changes took place last year to create further stability and enhance sustainable growth for the program. BCEHS hired a CISM supervisor, and the CISM coordinator role was transitioned from part-time to full-time, with five full-time coordinators hired to support the program's demand.

CONNECT AND RECOVER

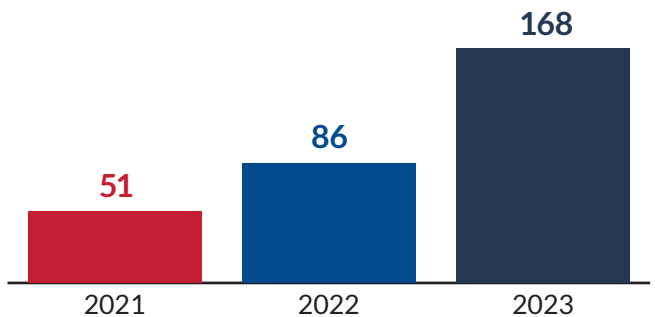
BCEHS isn't just invested in the mental health of our staff – we are committed to doing our part to care for their physical wellbeing too, including helping employees return to work safely after an injury.

The Connect and Recover (CAR) program is an early intervention injury management program that offers staff expedited access to physiotherapy and facilitates the coordination of modified duties during the recovery period to keep staff connected to their colleagues and workplace. The initiative was developed by BCEHS in partnership with CUPE 873 and WorkSafeBC.

CAR began at stations in the Victoria area but has since spread to the Lower Mainland, with work ongoing to continue to increase the program's reach across the province. As of March 31, 2024, CAR was available to staff at four stations in Victoria and 38 stations in the Lower Mainland, with the ability to reach more than 2,000 employees in the latter alone.

Since its inception in 2021, its use has grown substantially, with triple the enrolment in 2023 versus two years prior. The first few months of 2024 also saw a 67 per cent increase in the uptake by Victoria staff compared to the same period for 2023, and a 40 per cent increase for the Lower Mainland.

CONNECT AND RECOVER STAFF ENROLMENT



CHAMPIONING OUR PEOPLE

CELEBRATING AND RECOGNIZING OUR EMPLOYEES

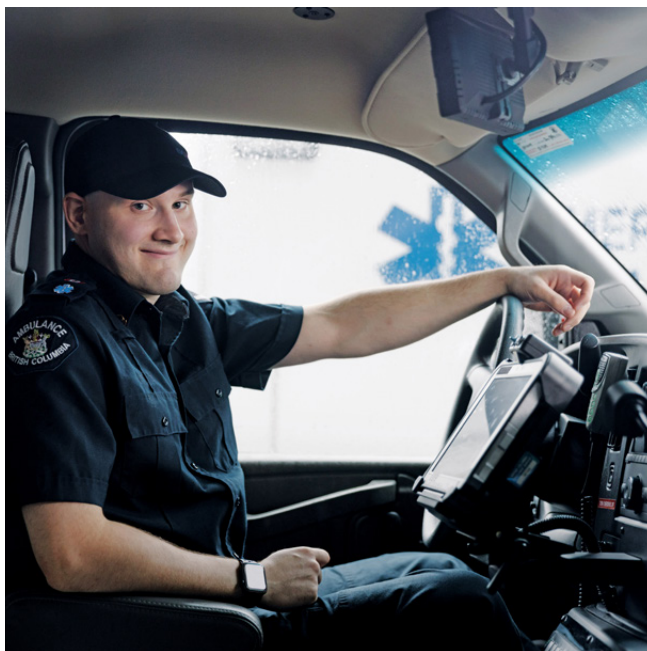
Our staff do incredible work every day and many have been doing so for years, if not decades. BCEHS endeavours to recognize the accomplishments and dedication of employees through a variety of avenues.

Our organization's Recognition team has strengthened its programs celebrating staff and also coordinates events that recognize collaboration from members of the public in providing lifesaving care. We are pleased to see the important work our people do recognized both by leadership and among colleagues, which was reflected in the high numbers of nominations for various awards this past year.

The Chief Ambulance Officer's Commendation for Excellence in Adversity award was created to recognize employees for their outstanding contributions under extraordinary circumstances. Since its inception, the award has been presented to 108 staff for their efforts under pressure to respond to exceptionally difficult situations.

In September 2023, BCEHS hosted its 2023 Long Service Awards ceremony, presenting awards to more than 150 staff who had marked between 25 and 45 years of service with the organization.

The Recognition team also worked to enhance the Long Service Awards program for employees who had between five and 20 years of service, sending out monthly awards to staff who marked significant milestones. In the first three months of 2024 alone, the team presented awards to more than 200 employees celebrating major anniversaries with BCEHS.



The Tom St. Laurent Leadership Memorial Award and the Tony Sunderland Memorial Plaque of Pride were each presented to two recipients for 2023. The Tom St. Laurent award was developed in collaboration with the St. Laurent family and is given to an employee in recognition of their above and beyond approach to leadership, embodying the caring, compassionate, and supportive nature Tom was known for. The Tony Sunderland plaque is given to an employee in recognition of their dedication and loyalty to BCEHS and a strong commitment to the needs of their community.

These annual awards are normally each given to a single recipient, but the strong field of 43 nominees in 2023 warranted recognizing two winners for each award.

BCEHS staff are also eligible for national awards, such as the Emergency Medical Services Exemplary Service Medal (EMSESM). This award, established on July 7, 1994, is administered by the Governor General's Chancellery of Honours. The prestigious medal recognizes professionals in pre-hospital emergency medical care who have performed their duties in an exemplary manner, characterized by good conduct, industry, and efficiency, for a minimum of 20 years. The ceremony for the 2022 EMSESM winners was held in November 2023, and the 2023 recipients were presented with their awards in late spring 2024.

RECOGNIZING COMMUNITY HEROISM

In addition to recognizing BCEHS staff for their accomplishments, the Recognition team also coordinates events celebrating bystanders for providing life-saving first aid assistance. In a medical emergency, acting fast is critical – and when a member of the public starts CPR while paramedics are enroute to the scene, those extra few minutes of help can make all the difference between whether a patient has a positive outcome or not.

Vital Link awards and Good Samaritan awards are presented to bystanders who have saved lives by performing CPR and first aid. In 2023/2024, BCEHS held 39 Vital Link ceremonies, recognizing 73 members of the public for their heroism. A further 12 Good Samaritan award events were held for 17 nominees.

These ceremonies also offer the paramedics who respond to those events a chance to connect with the individuals who were first on the scene as well as the patient. It's rare for paramedics to find out what happened to a patient after they have handed them off at the hospital, and the community awards offer the opportunity to close the loop in a positive way.

On April 17, 2023, Bryce Young was asleep upstairs as his parents were working out downstairs in their home gym. Bryce's father, Wayne, had just gotten off the elliptical trainer and was about to start doing weights when he began feeling unwell. He told his wife that he felt like he was going to "pass out" and then collapsed.

Bryce awoke to his mother's screams for help and rushed downstairs to see what was going on. He called 911 for an ambulance and, following the advice of BCEHS Emergency Medical Call-Taker (EMCT) Anna Avery, immediately began chest compressions. Bryce, 26, had learned CPR in high school, but had not performed it on anyone until that day. The EMCT helped him with the pacing.

"They always tell you to do it to [the song] 'Staying Alive' and fortunately, my dad did stay alive," he remarked.

The Vital Link Award presentation was especially touching for the family and the four responding paramedics Lisa Salt, Chelsea Smith, Josh Lowery, and Ted Ervine who attended the ceremony.

"Bryce was very important, he was that key chain in the link of survival," Advanced Care Paramedic Lisa Salt said.

"The emergency medical call-taker giving instructions, Bryce being brave and doing them even though it seems unnatural and unsure, to firefighters arriving continuing, and us as a team arriving and we bridge to definitive care at VGH [Vancouver General Hospital]. Bryce did a good job," Lisa continued.

"Just trust what you are hearing from the call-taker, and do the best you can in the moment, and I think you will rarely regret attempting versus not attempting."



BUILDING CAPACITY FOR CARE

Improving the capacity to provide care is an important effort that involves working with our partners, the communities we serve, and our staff.

EXPANDING CRITICAL CARE TRAINING

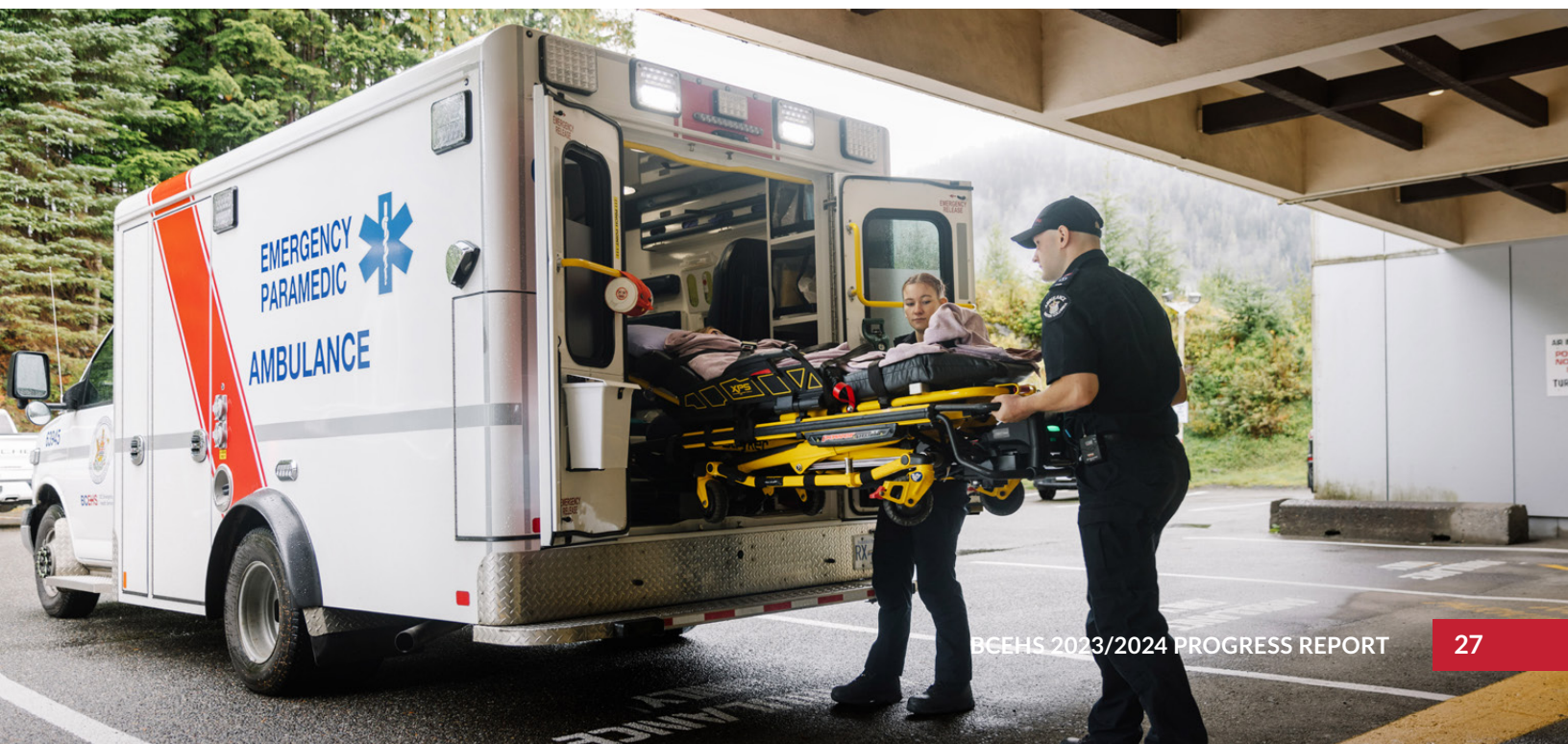
BCEHS was excited to graduate the first-ever critical care paramedic (CCP) cohort trained outside of the Lower Mainland in November 2023. Three new CCPs received their critical care education in Prince George and continue to be based out of the city, bolstering our critical care transport capacity in the north. Previously, all CCP education was provided in metro Vancouver.

This accomplishment was made possible through collaboration with Northern Health, who made facilities available for the paramedics and instructors to use during the program. Another CCP class began training in Prince George in January 2024.

Having the ability to train and upskill employees closer to home is a key priority across all licence levels. We want our staff to have the opportunity to learn and grow without having to move far away from their communities and support systems. To further this goal, we piloted a new approach to offer EMR training in remote, rural, and northern communities to allow prospective hires to learn in their home communities.

The Scope of Practice Expansion program is another piece of our strategy to enhance the care our paramedics are able to provide across the province. The scope expansion aims to improve pre-hospital symptom management in remote, rural, and Indigenous communities – places where the nearest hospital may be hours away.

In addition to improving access to training, we have also streamlined access to Class 4 Driver's Licence road tests to remove obstacles for staff looking to upgrade their licences.





SUPPORTING FIRST RESPONDERS

BCEHS currently has agreements with 246 agencies, districts, and fire departments under the First Responder program. The program's work supports first responders to provide basic life-saving techniques, including cardiopulmonary resuscitation (CPR), defibrillation, and the administration of naloxone, until BCEHS paramedics are able to take over the patient's care.

BCEHS recently signed agreements with Gabriola Island (Vancouver Island region), Pinantan Lake (Thompson region), Xení Gwet'in (Tsilhqot'in territory), and Tsideldel (formerly known as Alexis Creek), and renewed an agreement with the Kootenay Emergency Response Physicians Association.

Community engagement is a significant part of the First Responder program's work, and the team has recently engaged with Penelakut Island, Dog Creek and Canoe Creek, Whispering Pines, the First Nations Health Authority caucuses, and the Nisga'a Nation for their emergency tri-chair meeting.

The First Responder program has partnered with the Nisga'a Emergency Medical Transport team on a Garmin InReach trial, which aims to support maintaining better contact with the Nisga'a first responders and ensure their safety when they are out of a normal communications range.

In March 2024, the First Responder Manager's vehicle was adorned with Indigenous art created by program manager Lyndsay Kay, who is Tsimshian and Nisga'a, with support from Elders and a Knowledge Keeper. The vehicle was blessed at a ceremony in Burnaby.

The addition of Indigenous art to the vehicle is particularly significant given the program's work and the importance of building relationships with Indigenous communities across the province.

"The First Responder program supports communities to decolonize pre-hospital care by expanding their First Responder programs to include their own traditional medicine people and Elders on calls, especially where cultural protocol can be practiced, marrying allopathic and traditional medicine," Lyndsay said. "The art represents patient-centered, culturally safe, trauma-informed care."

The First Responder program continues to work with the Office of the Auditor General on the First Responder Services Agreement and the Operational Response Plan. When this work is finalized, BCEHS will start renewing existing agreements and reach out to other agencies and communities across the province to offer support should they be interested in joining the program.

COMMUNITY PARAMEDICINE

BCEHS' Community Paramedicine program has been strengthened to better fit the needs of the people it serves – including with the introduction of full-time, standalone community paramedics (CPs).

CPs deliver community-based care and outreach services in rural and remote communities, and in some urban regions as well. Their work involves four main themes: health promotion, wellness clinics, community outreach, and home wellness checks. They also provide virtual wellness checks for patients – a service that initially launched during the COVID-19 pandemic to provide safe support while social distancing, but has expanded to provide coverage to individuals in communities without a CP. The role is particularly valuable in supporting aging individuals in underserved communities who may have chronic or more complex health care needs and helps bridge the gap in local health service delivery.

A preliminary study from 2022 showed that patients who interacted with the CP program ended up calling 911 far less frequently, with a roughly 50 per cent reduction in the number of calls for both more serious complaints and lower acuity situations.

More than half of BCEHS' stations have enhanced community coverage: there are 90 stations with CPs around the province, which are also able to provide cross coverage for a further 10 stations. With the phasing out of the Scheduled On-Call model, the CP role is no longer automatically integrated into the 911 emergency response, but CPs can respond to more critical, life-threatening 911 calls if they are the nearest available unit while emergency ambulances are en route.

CPs completed 9,726 home visits over the last year, including:

430	9,239	57
initial assessments	patient home visits	in-home safety checks

CPs also completed 2,408 virtual wellness checks with patients who did not have a CP in their area.



PROACTIVE PLANNING

DR3 TEAM BUILDS CAPACITY TO ENHANCE DISASTER RESILIENCY

The Disaster Risk Reduction & Resilience (DR3) team grew this past year, reflecting BCEHS' investment to enhance disaster resilience as an organization.

As climate-related disasters increase in frequency and intensity, BCEHS is committed to building capacity and adaptability to handle these challenges. DR3 applies a proactive lens to emergency management to boost organizational resilience and enable BCEHS to come back stronger in the face of disasters.

The team's work is divided into seven different streams:

PREPAREDNESS

The Preparedness team promotes a culture of readiness within BCEHS through the implementation of evidence-based initiatives that enhance knowledge, capacity, and capability. As preparedness begins with the individual, the team raises awareness of the importance of personal and household preparedness for all staff.

The team also hosts seasonal hazard presentations with subject matter experts to provide information to BCEHS staff and leaders about upcoming seasonal hazards, weather, and climate conditions.

PLANNING

The Planning team develops strategic and comprehensive organizational projects related to disaster risk reduction. Grounded in best practices, its main focus is on creating systems to mitigate and respond to disasters.

The team supports DR3's vision through research, design, and development of innovative and integrative mitigation systems using data and analytics. This includes the development and maintenance of the Clinical Mitigation and Action Plan (CMAP), a system of systems used to continuously monitor, assess, and mitigate risks to support quality patient care through the use of data, thresholds, and actions.

RESPONSE

The Response team implements mitigative actions in the face of disasters. This stream is crucial for preserving effective operations province-wide, providing timely and coordinated efforts to minimize the impacts of system and service disruptions.

The Situational Intelligence Officer (SIO) program was initiated last summer in response to the unprecedented wildfire season. It aims to maintain situational awareness of potential risks to BCEHS operations from external pressures and hazards and has grown from one position to four positions since its inception.

The Employee Disaster Assistance and Support Hotline (E-DASH) has been established to offer guidance and assistance tailored to the challenges brought by compounding climate-related risks. The hotline provides employees with a single point of contact to help navigate their needs related to the personal and professional impacts of disasters.

EDUCATION AND EXERCISES

The Education and Exercises team serves as the foundation for our organization's expertise and readiness for disasters and large-scale disruptions. Through continuous learning and simulation exercises, this stream ensures that our staff are knowledgeable and adept at applying their skills in real-world scenarios.

Over the past year, we have worked with several internal and external rightsholders to support and participate in disaster exercises, develop education pathways, and lead BCEHS's first functional exercise, Exercise HEAT. The Heat Emergency Activation Test (HEAT) was developed and facilitated by DR3 to assess the BCEHS Emergency Coordination Centre (ECC) and the processes and procedures implemented since the heat dome in 2021.

RECOVERY

The recovery process begins during and continues after a disaster. The Recovery team focuses on restoring, rebuilding, and improving our operations and systems to be more resilient. This stream emphasizes long-term strategies to build back better and improve preparedness for future challenges.

Since DR3's major expansion in January 2024, the team has facilitated the after-action review of several critical issues affecting BCEHS operations. A process of transparent, evidence-informed data collection and information sharing has also been developed to support learning during recovery efforts.

BUSINESS CONTINUITY

The Business Continuity team ensures that our critical functions remain operational during and after a disaster, focusing on safeguarding our capacity to deliver essential services to ensure that our organization remains robust and reliable.

PROGRAM MANAGEMENT

The Program Management team provides oversight, coordination, and integration across our initiatives. The team ensures that our efforts are aligned, resources are optimized, and objectives are achieved cohesively.

FIRSTWATCH DELIVERS REAL-TIME SITUATIONAL AWARENESS DATA

In July 2023, BCEHS began using FirstWatch, a software system that enables the organization to monitor its response capabilities through real-time data. This resource was implemented to help improve system performance and readiness, as existing data sources made it challenging to create consolidated, real-time performance reporting, limiting our ability to plan, mitigate, and adjust operations in a timely fashion.

FirstWatch enables us to view our systems in-the-moment and respond to fluctuating demand by capturing, translating, and transmitting 911 information from multiple data sources in real-time to help inform operational decision-making and performance.

There are currently more than 200 FirstWatch users within BCEHS, and training to onboard more staff to access the data is ongoing.



MAKING IT HAPPEN

BCEHS responses would not be possible without the Logistics and Transportation Operations (LTO) team that supports our fleet – on the ground, in the air, and in the water. LTO is involved in fleet coordination, new ambulance builds, deep cleaning coordination, inventory and supply management, product procurement, and projects involving clinical operations.

GREENING THE FLEET

BCEHS is committed to decarbonizing operations and minimizing emissions, and we are moving the needle on this key priority through several initiatives. Our organization signed on to the West Coast Fleet Electric Pledge in early 2022, and we have since expanded the use of electric vehicles (EV) in our support fleet, with an eye to using EV for emergency response in the future.

We are working towards creating and adopting a Clean Fleet plan by the end of 2024: an actionable, multi-year strategy to accelerate emissions reduction across the organization, eventually transitioning the entire fleet to zero-emissions options.

In 2023, BCEHS began decarbonizing our supervisor vehicles, Paramedic Response Units, and additional support vehicles through the purchasing and deployment of chargers and battery electric vehicles (BEV). We have procured and deployed 18 zero-emission BEV vehicles as supervisor and PRU units and added 70 hybrid Ford Interceptors to frontline response roles. BCEHS' first EV ambulance has been procured and will be deployed and tested throughout 2024 within the Patient Transfer Fleet.

The joint BCEHS/Ambulance Paramedics of BC (APBD) Decarbonization Committee was established in 2023 to improve the sustainability of operations.

BCEHS was the first ambulance service in North America to deploy a battery electric vehicle (BEV) into code-3 service. The Paramedic Response Unit (PRU) was deployed on its first code-3 call in June 2023. The first Ford Mustang Mach-E received into the BCEHS fleet has served as a technology test subject and proof-of-concept vehicle, notching up several firsts along the way – including being the first EV in the BCEHS fleet and the first code-3 paramedic response EV in North America.

Prior to upfitting the Mach-E to code-3 capabilities, there was significant stakeholder engagement with design teams consisting of paramedic, ergonomic, medical, and vehicle subject matter experts. The result was a leveraging of vehicle, systems, and practice level integration to optimize provider and patient experience in alignment with the BCEHS Strategic Plan.

Each support vehicle replaced by an EV contributes to a lifetime savings of \$162,769 over 10 years (mostly in fuel costs) and an emissions reduction of 138 tonnes of CO₂e.

DEEP CLEANS

The BCEHS Logistics team is also responsible for coordinating deep cleaning and restocking services for ambulances. These services have many benefits: they improve the lifespan of equipment, reduce waste of medications and supplies, and improve our ability to provide quality patient care through the standardization of ambulance restocking. Two-thirds of deep cleans are audited to ensure quality, and the audit score improved from just over 97 per cent last year to 98 per cent this year.

Staff provided deep cleans 2,448 times in the past year, with the service done at stations in Chilliwack, Victoria, Burnaby, Kamloops, Kelowna, Parksville, and Penticton. Station 240 in Burnaby saw the most deep cleans take place last year, with a total of 1,345.

ENGAGING WITH OUR COMMUNITIES

PATHWAYS TO PARAMEDICINE FOR HIGH SCHOOL STUDENTS

BCEHS is expanding opportunities for high school students to take EMR training and ran its first-ever Paramedic Youth Camp in Port Alberni this past year.

The Youth Pathways programs offer education to high school students to introduce them to the world of emergency health services. For Grades 11 and 12, this involves partnering with high schools and the Justice Institute of British Columbia (JIBC) to provide EMR training taught by high school faculty. The course covers basic anatomy and physiology, emergency response protocols, and practical skills training to prepare students for EMR certification, which opens the door to entry-level roles in emergency medical services and health care.

Two schools were involved in the program in spring 2023: Alberni District Secondary School in Port Alberni and Rutland Senior Secondary School in Central Okanagan. Two more schools became involved this year, as Highland Secondary School in Comox and Bulkley Valley Christian School in Smithers also began offering EMR training for the full semester. These four

schools graduated more than 50 students this year with their EMR certification. In an unprecedented move, BCEHS added licensing sessions to the end of each school semester, and 27 youth were successful in the licensing process.

There is substantial interest from other schools around the province, with another seven schools anticipated to join the program in February 2025 and a further 25 to 30 school districts elsewhere in B.C. are also looking to facilitate access to this training for their students.

In addition to the BCEHS program, more than two dozen high schools in the Lower Mainland also run their own programs training students as EMRs independently.

The first-ever Paramedic Youth Camp held in Port Alberni in spring 2024 had 22 students.

The Youth Observer Program for 17- and 18-year-olds continues to see strong interest from young adults looking to ride third with a paramedic crew. In spring 2024, BCEHS had 74 youth in the application process and a further 26 youth had completed the program. The initiative recently noted its first full circle moment where a participating youth rode third several times prior to turning 19 and was hired by BCEHS.





LOGAN JONES

Logan Jones is a Youth Observer Program trailblazer: he took a first responder program offered by his high school in grade 11, but it wasn't an immediate fit – he failed

the course the first time, eventually passing the class the second time around. When it came time to apply for university, his initial plan was to major in business – but participating in the Youth Observer Program changed that.

Logan says the more calls he attended, the more interested he became in medicine as a whole. He eventually decided to apply for the nursing program at the University of Alberta, where he's currently a student. When he first realized he wanted a career in medicine, his initial thought was to become a trauma surgeon – but upon considering the length of schooling that would involve, he started thinking about becoming a paramedic more seriously.

Logan soon applied for PCP training and did another two ridealongs to gain experience. He is on track to finish his PCP education in December 2024 and expects to receive his PCP licence in spring 2025, but before then, he will be working as an EMR in Lillooet this fall while doing nursing school online and tackling his PCP practicum.

Ultimately, Logan's goal is to continue furthering his paramedic skills and education, with the plan to eventually obtain his CCP licence. He says nursing school is a nice complement to paramedicine, and given that the higher levels of paramedicine require a diploma, his nursing education will come in handy.

"For me, it's really corny, but [paramedicine] changed my life in a way. I didn't know what I wanted to do with my life ... but I'm really, really excited to wake up at 4:30 a.m. tomorrow."



ENHANCING PUBLIC AWARENESS

BCEHS' communications team takes a proactive approach to public messaging and raising awareness about important initiatives, such as how to stay cool during heat events. The team supports the organization's social media engagement and responds to journalists' requests for information.

In the past year, the team produced and shared more than 20 public awareness videos on social media on topics including heat, EpiPen usage, water safety, carbon monoxide, and emergency preparedness.

The team received nearly 1,600 media requests between April 1, 2023, and March 31, 2024 – an increase of roughly one additional request each day over the previous year. January 2024 saw a flurry of media activity with 194 requests in that month alone.

The bulk of the requests the team responds to are for written media: print and web requests make up 94 per cent of all inquiries, with TV and radio making up the remaining six per cent.

BCEHS' social media presence continues to grow in followers, engagement, and impact. Across its social media platforms, BCEHS accounts added 5,146 followers, an increase of 29 per cent, over the past year.

We shared more than 1,580 posts across our platforms and saw 64,537 engagements with those posts – a ratio of 37 engagements per post.

LOOKING AHEAD

It is an exciting time at BCEHS, and we are eager to continue showcasing the important work going on across the province.

We were pleased to make progress on our three-year People Plan, and a significant focus over the next year will include the continuation of this work to improve our culture and increase diversity, equity, and inclusion throughout the organization. We will continue to prioritize our people and their wellbeing, including bolstering supports for physical and mental health and taking the steps needed to eradicate Indigenous-specific racism and racism overall.

We will also be supporting more staff to gain new skills and upgrade their licences as part of the scope of practice initiative. The EMR and CCP training was already well underway by the end of this fiscal year, and education for PCPs and ACPs is on track to roll out later in 2024. We look forward to seeing the completion rates keep ticking up as our employees go through their respective courses, exams, and licensing upgrades.

Following the signing of new air ambulance contracts in summer 2023, the first planes from our new aircraft providers will be joining our fleet later in spring 2024.

This exciting upgrade represents one of the largest leaps in technology and capacity we have seen for the air ambulance fleet and will improve the patient experience along with the wellbeing of our staff. We are also looking forward to the arrival of the new rotary wing aircraft at the end of 2024, with the aircraft coming online in early 2025.

We are also working to improve our facilities – a priority highlighted in our Strategic Plan. This includes finalizing a 10-year infrastructure plan and upgrading ambulance stations and office facilities to better meet the needs of staff. Renovations are currently underway at the Vancouver Dispatch Operations Centre, which will be completed later in 2024.

We will reach our 50th anniversary as an emergency health organization in the coming year. The provincial ambulance service began on July 1, 1974, and this major milestone is a chance for us to celebrate our people and accomplishments while looking to the future with optimism.



FINANCIALS

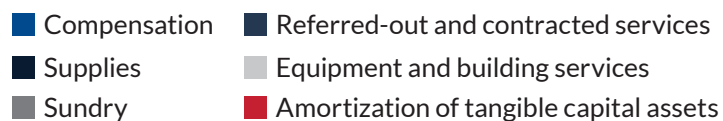
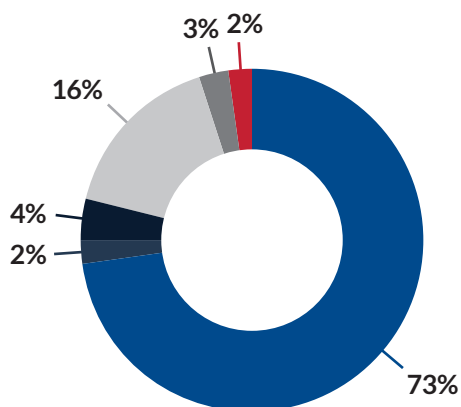
STATEMENT OF OPERATIONS - SUMMARY OF EXPENSES

Year ended March 31, 2024

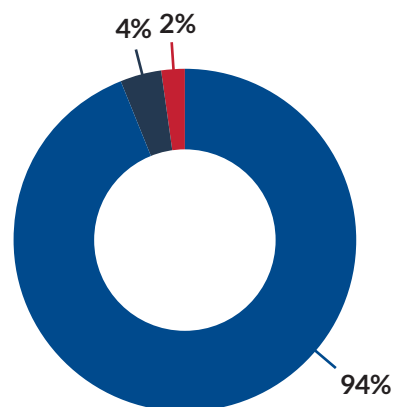
(amounts expressed in thousands of dollars)

COMPENSATION	\$695,548
REFERRED-OUT AND CONTRACTED SERVICES:	
Other health authorities and B.C. gov't reporting entities	\$14,194
Health and support services providers and other	\$6,978
	\$21,172
SUPPLIES:	
Drugs and medical gases	\$3,498
Medical and surgical	\$8,659
All other supplies	\$25,289
	\$37,446
EQUIPMENT AND BUILDING SERVICES	\$152,373
SUNDRY	\$27,947
AMORTIZATION OF TANGIBLE CAPITAL ASSETS	\$20,754
EXPENSES	\$955,240

2023/2024 EXPENSES



EXPENSES BY OPERATIONAL AREA





EMERGENCY
PARAMEDIC
AMBULANCE



63954

AMBULANCE

BCCHS



[BCEHS.ca](https://www.bcehs.ca)