

Board Brief summarizes the board meetings of BC Emergency Health Services (BCEHS). It is shared with BCEHS agencies, government, media and other stakeholders to keep them informed about the activities of BCEHS.

- Board briefs are available online at: www.bcehs.ca/about/accountability/board-meetings
- Media contact: BCEHS Communications at 250-953-3651

Summary of the April 23, 2015 Board Meeting

The BC Emergency Health Services (BCEHS) board has six scheduled open board meetings per year. BCEHS is committed to holding open board meetings outside the Lower Mainland twice a year. The April 23, 2015 meeting was held in Vancouver.

Question & Answer / Public Presentation Period

In the spirit of its commitment to public accessibility, the board of BCEHS provides opportunities for the public to schedule presentations and to ask questions of the board prior to the beginning of every open board meeting. There were no questions or presentation from the public.

Business Meeting

Community Paramedicine

Nancy Kotani, Executive Director, Strategic Planning and Implementation, presented an update on the implementation of the Community Paramedicine Initiative. There are three important components to the successful implementation of the Community Paramedicine program. First is the timely implementation of an aggressive schedule – the commitment is 80 FTEs in place between 2015-2019.

Phase One was initiated at the beginning of April 2015. The second component is the successful forging strong new working relationships with the three health authorities that will implement Community Paramedicine – Northern Health, Interior Health and Island Health. The third component is to encourage the collaborative approach necessary to create a new role for paramedics in a rural and remote community setting.

Discussion among board members included the following points:

- Who is on the community planning teams?
- How are the communities chosen?
- How will we compare the work BCEHS is doing in this field with other jurisdictions?

BC Patient Transfer Network Evaluation

Kathy Steegstra, Senior Provincial Executive Director, Patient Care Communications and Planning, presented an update on the transformation and evolution of the BC Patient Transfer Network, which began as BC Bedline. Guiding principles for the changes have been ensuring value to patients, using a

system wide view of patient flow and metrics for decision making. The project approach was based on the LEAN process and LEADS competencies for BCEHS and PHSA. An overview of the new BCEHS patient acuity matrix as well as improvements to the Red, Yellow, neonatal, Green and Blue patient transfer matrix was presented. The new standardized pan-provincial Red process has reduced the time it takes to coordinate an inter-facility transfer for the most acute patients considerably. The lead time has gone from 38 minutes down to between 10-11 minutes now with the improvements (consistently for over a year now). Access to physicians on these transfers has improved and 78% of all Red transfers have a clinical transfer nurse as part of the process now. In May 2015, the Yellow process pilot will begin with Interior Health.

Discussion among board members included the following points:

- Looking at how other jurisdictions manage their inter-facility transfers
- Benchmarking our performance against other countries
- Applying the LEAN principles to the transfer process.

Aviation Update

Sunny Dhaliwal, Executive Director, Provincial Programs, presented an overview of the BCEHS air ambulance program and the use of airports, heliports and helipads. BCEHS uses fixed and rotary wing air ambulances to provide out-of-hospital transportation as well as inter-facility care and transport of patients. The size, geography and weather of the province present a number of challenges for the use of emergency medical services helicopters. The BCEHS strategy is focused on optimizing the use of the helicopter fleet, taking into account that helicopters are a very scarce resource and are used only when it is optimal for a positive patient outcome. Helicopters also have a limited range and are used when the response area is within 30-90 minutes (including return trip).

Discussion among board members included the following points:

- The use of standardization and LEAN principles for aviation
- The use of contracted providers, such as STAARS
- The different types of helipads and their capacities.

Board Committee Reports

Quality & Access Committee

Mr. Ritchie reported that they are tracking progress on all ROPs that are part of the Accreditation Canada process and are confident all will be in place in time for BCEHS's fall 2015 accreditation process.

Governance and Human Resources Committee

No report.

Finance Committee

Mr. Manning reported that an annual review of the safe reporting policy was performed and only minor revisions were required.

Audit Committee

Ms. Rafferty reported that an annual review of the safe reporting policy was performed and only minor revisions were required.

Research Committee

No report.

Next meeting: June 18th 2015 in Abbotsford