



2021 PROGRESS REPORT



APRIL 1, 2021 - MARCH 31, 2022



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EMERGENCY
PARAMEDIC
AMBULANCE

WHO WE ARE

BC Emergency Health Services (BCEHS) is one of the largest paramedic and ambulance services in North America, and provides care to all people in British Columbia as part of the Provincial Health Services Authority (PHSA).

BCEHS is responsible for provincial emergency health and ambulance services, including emergency call-taking, dispatch, and paramedic health-care services under the *Emergency Health Services Act*. We also plan and coordinate inter-facility patient transfers throughout B.C., and provide scheduled, proactive health care for patients in rural and remote communities with chronic health conditions.

Our focus is providing excellent health care, and we work closely with our health authority, first responder and other public safety colleagues across the province and health system.

We recognize with gratitude that BCEHS operates and provides patient care on the traditional ancestral and unceded territories of many First Nations across British Columbia.

Serving 5.2 million residents in an area of almost one million square kilometres, we are committed to delivering exceptional emergency health care and community health support using leading edge paramedic practices. BCEHS provides services in all weather conditions and across a vast and highly diverse geography, from remote fly-in communities to coastal and mountainous regions.

MESSAGE FROM THE BOARD CHAIR



JIM CHU

Board Chair,
BCEHS

“This year has tested and pushed us all to learn and continue to build innovative and sustainable systems of care. It has also highlighted issues in our systems that need to be addressed.”

This report summarizes a year of immense challenges and changes at BCEHS. It is also an opportunity to reflect on what BCEHS has accomplished so far, and where we need to go in the future.

BCEHS transitioned to a new governance structure this year, with the appointment of a new Board of Directors focused solely on strengthening our provincial service.

BCEHS has a massive mandate and responsibility to patients in every community across British Columbia. The scope and scale of our work can make it hard for any one of us to truly see the big picture, especially when we're necessarily focused on urgent daily work and problem-solving.

This report, covering our fiscal year from April 1, 2021 through March 31, 2022, collects disparate details of BCEHS' work in one place. Seeing all this information together helps me reflect on what a uniquely difficult, transitional, and challenging year it has been in our organization's history.

While I have been inspired by the collective resilience and resolve people at BCEHS have shown in the face of adversity, I've also seen how myriad pressures have had significant impacts on staff.

Thank you, first and foremost, to our staff at BCEHS — frontline and support — who deliver the emergency health care and services British Columbians rely on. Thanks to my six fellow board members, who joined the BCEHS board in November 2021. Together, we've been working hard to learn everything we can about BCEHS

to support a strong organizational strategy going forward. And thank you to all BCEHS' partners across the province and health system, including the Ambulance and Paramedics of British Columbia (APBC - CUPE 873), the BC General Employees' Union (BCGEU), the health authorities, and the many first responder agencies we work closely with every day.

This year has tested and pushed us all to learn and continue to build innovative and sustainable systems of care. It has also highlighted issues in our systems that need to be addressed.

Since I began in the role of board chair for BCEHS, I have spent time meeting our frontline staff and managers, and listening to their ideas and concerns. I have been very impressed by their professionalism and the high-quality care they provide. I believe BCEHS is making good progress and we will continue striving to become a world leader in delivering emergency and community care that responds effectively to the needs of our patients.

I'm confident that by continuing to work collaboratively with our employees and partners, and learning and adapting in the face of challenges, we will keep making meaningful progress towards a stronger BCEHS.

MESSAGE FROM THE CHIEF AMBULANCE OFFICER



LEANNE HEPPELL

EVP and Chief Ambulance Officer
BC Emergency Health Services
Provincial Health Services Authority

There is much to celebrate...But you'll also see frank descriptions of the severe challenges we've faced."

I'm proud to share this report as part of our commitment to transparency and accountability – to the patients and families we serve, our employees, and our many vital partners.

Since joining on an interim basis in July 2021 and being appointed to the new role of Chief Ambulance Officer and Executive Vice-President in January 2022, I've had the chance to hear directly from many BCEHS employees, partners, and patients.

I've saved every email, and taken notes from countless conversations. In those interactions, I've heard about the deep pride and passion for our work at BCEHS, along with candid feedback on problems that hamper our ability to provide the best possible care.

This report highlights our activities and accomplishments as an organization in the last fiscal year. There is much to celebrate, including launching a national recruitment campaign to hire the largest number of frontline staff in our history and strengthening the health and wellness supports for all BCEHS employees.

But you'll also see frank descriptions of the severe challenges we've faced. During the period covered in this report, BCEHS has navigated several instances of extreme weather and continued to deal with two public health emergencies. We've faced major recruitment challenges – like the rest of the health sector – and efforts are underway to fill the vacancies created

by adding new positions. BCEHS has also struggled with significant corporate payroll and scheduling system problems that continue to negatively impact employees. Throughout it all, I have been so impressed by the commitment, passion and perseverance of everyone at BCEHS.

I'm committed – alongside our board, senior leadership team, managers, and partners – to creating the conditions for our employees to thrive at BCEHS. This commitment includes working with our corporate partners at PHSA to improve internal systems like scheduling and payroll and working with CUPE 873 and others to strengthen our staff mental health and wellness supports. We are also committed to getting a rural staffing model that better meets the needs of our staff and the communities they serve.

This report helps us reflect on everything we've been through together, consider what we've learned, and prompts us to look towards a brighter future for our organization. Change is a reality of the world we operate in every day, and the changes we are making will help rebuild the foundation of BCEHS to be stronger and more innovative than ever.



VALUES, MISSION & VISION

During the timeframe of this report, BCEHS' leadership team, board, and the executive of the Ambulance Paramedics of B.C. (CUPE 873) were undertaking consultations with BCEHS staff and our union, community, and other partners, to update the important statements below to better reflect BCEHS and the evolution of our organization.

OUR VALUES

- + Respect people
- + Be compassionate
- + Dare to innovate
- + Cultivate partnerships
- + Serve with purpose

OUR MISSION

- + We are responsible for the delivery, coordination and governance of appropriate and effective out-of-hospital and inter-facility health services throughout B.C.
- + We are a responsible and integrated partner in the health-care system.

OUR VISION

To be a world leader in delivering emergency and community care that responds effectively to the needs of our patients.

This includes being:

- + International leaders in health care innovation and delivery
- + Integrated members of the health sector and communities we serve
- + Recognized as an exceptional employer

PRIORITIES

- + Provide timely and exceptional service to British Columbians when and where they need ambulance services
- + Be an outstanding employer in supporting the wellness of our employees

STRATEGIC GOAL

- + To continually improve the patient and provider experience

STRATEGIC OBJECTIVES

- Provide appropriate care:**
 - + Ensure the right care is provided to the right patient with the right resource at the right time
- Develop innovative care models:**
 - + Explore new models for providing appropriate patient care
- Integrate with the health care system:**
 - + Shift culture and systems to create a seamless patient journey across the health system

A CHALLENGING YEAR LIKE NO OTHER



This year has been one of the most difficult in the history of our organization. While implementing major organizational changes, BCEHS simultaneously grappled with an ongoing and worsening toxic drug crisis, the second year of the COVID-19 pandemic, catastrophic wildfires and flooding, and staffing shortages that created increased workload, overtime, and fatigue.

COVID-19 GLOBAL PANDEMIC

This year, the pandemic evolved both with the development of new, highly contagious variants and the introduction and distribution of vaccines. As a frontline health care delivery service, our focus continued to be on patient and employee safety with efforts directed toward ongoing training, clinical practice changes and on redirecting resources to support demand.

ONGOING TOXIC DRUG SUPPLY CRISIS

Over 2,300 people died from suspected drug overdoses during this reporting year (April 2021-March 2022), marking a 31 per cent increase from the previous reporting year (April 2020-March 2021). Supporting patients' emergency health needs during this public health crisis continues to require significant resources and weigh heavily on the resilience and mental health of BCEHS employees.

B.C. WILDFIRES & EXTREME HEAT WAVE

The 2021 B.C. wildfire season marked one of the worst on record in terms of area burned. The extreme heat dome that occurred in late June also set a record for highest temperatures recorded in various areas across the province. These events and the resulting increase in calls for our services put unprecedented strain on our resources and affected our ability to respond effectively. Residents across the province were impacted by these environmental crises and some communities were evacuated. BCEHS employees supported the transfer of patients from facilities in the fire zones, and some of our employees suffered personal losses as well. The beautiful village of Lytton, including BCEHS Station 321, was sadly demolished by the Lytton Creek wildfire. Following the fire, BCEHS partnered with the Han Knakst Tsitxw Society Transition House to temporarily use their available spaces to support emergency health services in the village.

ONGOING SYSTEMS CHALLENGES

This year, problems with the corporate scheduling and payroll systems that support BCEHS led to repeated incorrect or missed pay for BCEHS employees. Issues with pay have been especially frustrating this year while employees have been working so hard in the face of other challenges. Although BCEHS is working hard with PHSA to remedy these issues going forward, continued payroll problems had a huge negative impact on employees.

FLOODING AND LANDSLIDES IN SOUTHERN B.C.

An extreme weather system tore through southern B.C. in November, bringing record rainfall and causing severe flooding and landslides that blocked roadways and isolated communities. Many areas were evacuated while high waters destroyed homes and livelihoods and left some residents dangerously stranded. Despite many staff members being isolated from their homes and ambulance stations being inaccessible, BCEHS employees and managers stepped up to deliver emergency and community health support under these extremely difficult circumstances.



A community paramedic and acting unit chief at Station 324 in Merritt, **Mae Webster** was on the frontlines when severe flooding devastated her community and left her unable to live in her home last November. Despite this, Mae's determination and dedication ensured the continued safe operation of her station, the safety of her fellow paramedics and their families, and the continued delivery of out of hospital and emergency care in a community in crisis.





WHAT WE DO

We respond urgently to emergency situations across the province, support the movement of patients between care facilities, and provide proactive care for patients in rural and remote communities.

OUR CORE BUSINESS

Close to 5,000 BCEHS employees support patient care, including paramedics, medical emergency call-takers and dispatchers, frontline staff, administrators and managers. In 2021, BCEHS included:



PATIENT CARE DELIVERY

Pre-hospital 911 emergency care and patient transport by paramedics in ground or air ambulances, or community paramedics delivering scheduled at-home care to patients.

2,882	Primary Care Paramedics
488	Emergency Medical Responders
264	Advanced Care Paramedics
87	Community Paramedics
83	Critical Care Paramedics
25	Infant Transport Team Paramedics



PATIENT CARE COMMUNICATIONS & PLANNING

Emergency 911 call-taking and dispatching of ambulances and coordinating inter-facility patient transfers. Three Dispatch Operations Centres - Kelowna, Victoria & Vancouver - have a total of:

124	Emergency Medical Call Takers
228	Emergency Medical Dispatchers
22	Paramedic Specialists
8	Secondary Triage Paramedics
33	Physicians
2	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:

40	Patient Transfer Coordinators
4	Community Paramedic Coordinators
5	Patient Transfer Supervisors



PATIENT TRANSPORT COORDINATION CENTRE

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

43	Emergency Medical Dispatchers & Call Takers*
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*including 5 part-time employees



183 AMBULANCE STATIONS ACROSS B.C.

AIR AMBULANCE FLEET*

1	Jet
6	Helicopters
9	Turboprop Planes
30+	helicopter and ad hoc companies on contract.

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

GROUND AMBULANCE FLEET

592	Ambulances equipped with power stretchers and power loading systems
10	Hybrid ambulances equipped with power stretchers and power loading systems
22	Modified ambulances (disaster units)
3	Low acuity transport buses
217	Non-ambulance response vehicles

MARINE AMBULANCE FLEET

3	Dedicated marine ambulance vessels on contract.
12	Ad hoc water taxi providers

All numbers are as of March 31, 2022.

SUPPORTING FRONTLINE OPERATIONS

LOGISTICS & TRANSPORTATION OPERATIONS

Responsible for the provision and oversight of all fleet operations, logistics operations, and related corporate administration, the BCEHS Logistics and Transportation Operations team oversees both ground and air transportation across the province.

Logistics operations is also responsible for the provision of ambulance deep cleaning operations, inventory management, product procurement, equipment life-cycle management, patient-care equipment maintenance and medical device equipment maintenance.

CLINICAL & MEDICAL PROGRAMS

The clinical and medical programs team ensures BCEHS provides evidenced-informed, patient-centered care. This includes clinical governance, leadership, learning, professional development, and clinical professional practice, along with leading clinical and paramedic research.

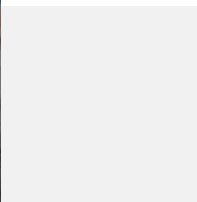
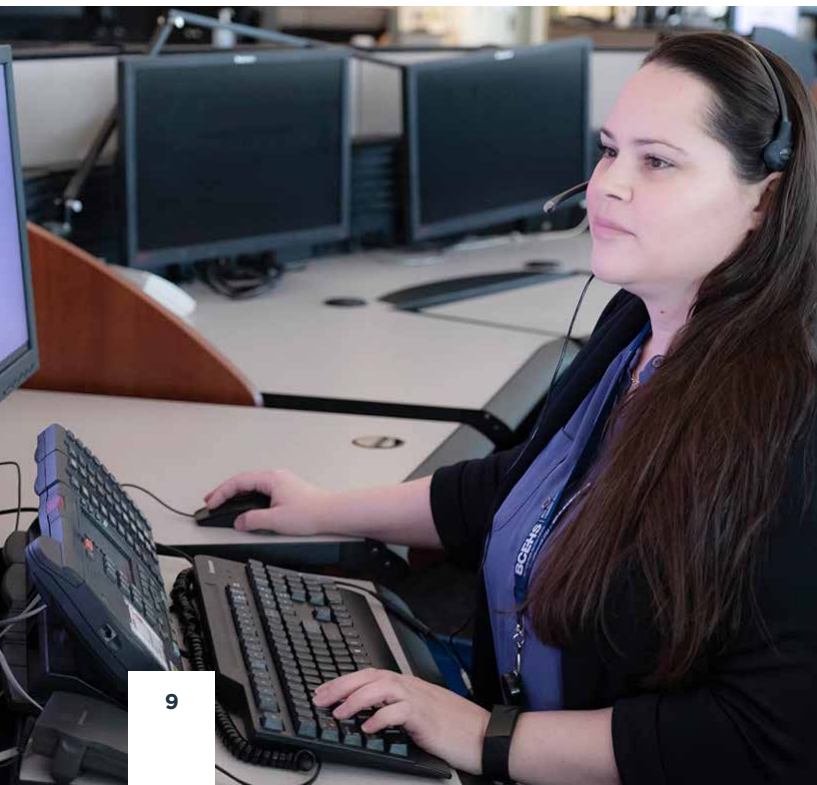
The team also participates in research, and develops and oversees innovative care models such as virtual health, community paramedicine and care options for patients with non-urgent needs to ensure best practice across the organization.

CORPORATE SERVICES

A number of different teams under corporate services support the operations of the organization including communications, administration, finance, learning, human resources, information management/technology, quality, safety, risk management and accreditation, facilities management, and labour relations.

ADDITIONAL MANAGEMENT SUPPORT

To support the rapid expansion of frontline permanent positions, additional operational manager roles were announced in various areas of the organization in early 2022. These roles are intended to provide additional support to our frontline staff.



OUR PEOPLE

Our employees are the foundation of the patient care we provide. Working as a frontline paramedic or member of our dispatch, patient transport coordination, and support teams can be extremely rewarding, but it is also challenging working in an inherently high-pressure environment.

DELIVERING FRONTLINE HEALTH CARE DURING TWO PUBLIC HEALTH EMERGENCIES, ENVIRONMENTAL DISASTERS & UNPRECEDENTED CHANGE.

Our employees dealt with significant challenges this year, and demonstrated resilience, courage, and professionalism. Working under an extraordinary level of pressure, our employees continued to show up, day-in and day-out, with a consistent focus on delivering exceptional patient care.

Over the past year, people at BCEHS have:

- + Managed and responded to consistently high call volumes, averaging over 1,500 events every day.
- + Received a record high 911 call volume on June 28, 2021, with BCEHS responding to 1,975 medical emergencies that day. That translates into a response every 44 seconds on average.
 - + Previous all-time highs were:
 - 1,833 responses on Jan. 1, 2017
 - 1,819 responses on Jan. 1, 2018
- + Responded to 29 per cent more opioid overdose events than the past year (37,144 compared to 28,747 in the previous period).
- + Worked with more personal protective equipment than ever before to keep themselves, coworkers, families and patients safe - including doing PPE changes between every patient, managing communication challenges with masks and face shields, and dealing with PPE discomfort like heat and fogged glasses.
- + Continued to deliver patient care despite the unknown impacts of new COVID-19 strains including Omicron.

Under severe conditions including torrential rain, a communications blackout and little to no light, a team of paramedics waded through mud and water to triage, evacuate, and provide medical care for patients injured and trapped in cars in Agassiz in southern B.C.

The impacts of the atmospheric river on that night in November 2021 required a well thought out and detailed plan, collaborative work between multiple agencies, and an unbending determination to help those patients in need. All patients and paramedics were safely evacuated before the mountain side gave away and covered the area. Truly incredible teamwork under incredibly high-pressure circumstances by paramedics in the area, the managers involved, and the teams in dispatch supporting and guiding their efforts.



MAKING MENTAL HEALTH & WELLNESS A PRIORITY

In 2021, mental health claims represented just over 30 per cent of all BCEHS time-loss claims and approximately 60 per cent of total BCEHS claim costs. For the past three years, BCEHS has had almost 200 time-loss* mental health claims per year with WorkSafeBC, a provincial agency dedicated to promoting safe and healthy workplaces across the province. Beyond the claim numbers, our employees across BCEHS have been grappling with serious mental health stressors including exhaustion and burnout at work.

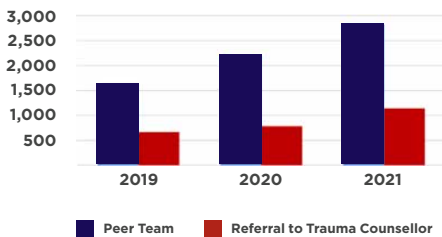
The mental wellbeing, health and safety of our frontline staff is a priority of both BCEHS and CUPE 873.

Together we are taking action to support the wellness of all employees. This year we have:

- + Increased clinical supports and resources through the Critical Incident Stress Management program to help frontline staff and their families navigate available resources and to make it easier to access important mental health services in a timely manner.
- + Improved education and resources to support psychological health, including training for leaders on trauma-informed practice and employee psychosocial check-ins and workplace psychological safety training for employees.
- + Created a BCEHS and CUPE 873 joint committee to implement collaborative recommendations on a comprehensive, short-, medium- and long-term psychological health and safety strategy.
- + Participated on the B.C. First Responders Mental Health Committee, along with representatives from CUPE 873, law enforcement and fire first responders. This committee supports initiatives including anti-stigma campaigns, workshops, conferences and mental health webinars.
- + Released the 5RF Workbook, a self-care resource guide for staff to help strengthen psychological resilience with particular focus on five resilience factors that are unique to the professions of paramedics, emergency medical call-takers and dispatchers. This tool was developed based on research by Vancouver Psych Safety Consultants Inc., supported by the BC First Responders Mental Health Committee and with grants from WorkSafeBC, and was created collaboratively with CUPE 873 and with input from paramedics.

*Time-loss claims are for work-related injuries or illness that result in time away from work.

CISM PROGRAM EVENTS BY CALENDAR YEAR (JAN. – DEC.)



*These numbers are reported by calendar (January-December) rather than BCEHS' fiscal year (April-March) because external partners including WorkSafeBC use calendar year reporting.

DEMAND FOR CRITICAL INCIDENT STRESS MANAGEMENT PROGRAM AT AN ALL-TIME HIGH

More staff required assistance from the BCEHS Critical Incident Stress Management (CISM) program during the timeframe of this report than any other year previously. The program consists of 144 certified confidential BCEHS peers and almost 100 contracted trauma counsellors and therapists who are oriented to BCEHS' culture and specialize in dealing with emergency medical service stress.

This CISM program is available to support managers, paramedics, dispatchers, and support staff with on-the-job stress following critical incidents, or types of incidents that are known to have potentially significant mental or physical impact.

The leading reasons behind peer team and trauma counsellor outreach events this year included significant events with children, working on a relative or person known to the staff member, and threats made to staff.

THIS YEAR, THE CRITICAL INCIDENT STRESS MANAGEMENT PROGRAM PROVIDED 5,649 PEER CHECK-INS TO SUPPORT THE MENTAL HEALTH OF BCEHS STAFF.



FOCUS ON PARAMEDIC INJURY PREVENTION SHOWING POSITIVE RESULTS

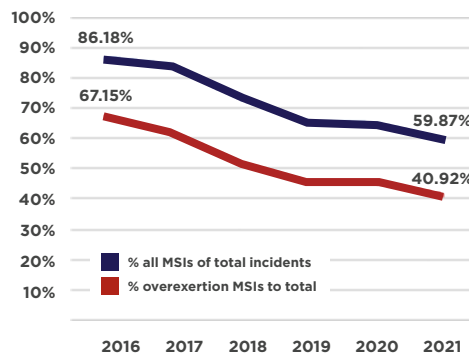
Repeatedly lifting and lowering heavy manual stretchers, and loading and unloading stretchers into ambulances were historically the top two injury-causing activities for employees. BCEHS has made significant investments in efforts to minimize injuries, to help ensure employees remain healthy.

Starting in 2017 and concluding in 2021, BCEHS implemented a five-year musculoskeletal injury (MSI) prevention program that outfitted every ambulance across the province with new power load systems, power stretchers, and ELK emergency lifting cushions, along with injury prevention education.

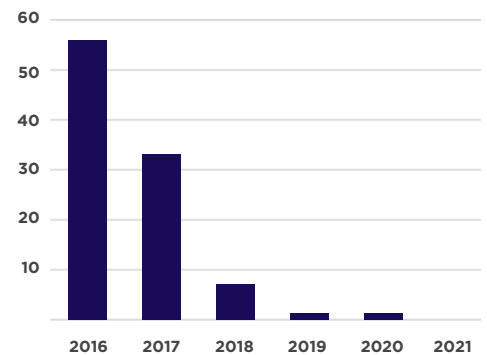
Since the program started, musculoskeletal injuries caused by lifting, transferring patients, and equipment handling have been steadily declining.

Back strains and other strains represented over 80 per cent of all BCEHS time-loss claims in 2017. In 2021, back strains and other strains have dropped to less than 60 per cent of all time-loss claims. Stretcher lift/lowering time-loss injuries went from a high of 56 time-loss injuries in 2016 to zero in 2021. Importantly, this program has also eliminated cumulative musculoskeletal damage that happens from repeatedly lifting, and minimized the risks of cumulative micro-damage from heavy lifting going forward.

MSI TIME-LOSS CLAIM VOLUMES 2016-2021



NUMBER OF STRETCHER LIFT/LOWERING TIME-LOSS INJURIES 2016-2021



BCEHS has continued to show improvements in injury prevention and injury management related to overexertion injuries, with a total reduction of 25 per cent in overexertion MSI claim volumes, resulting in fewer days lost over the past five years.

To further support injury management, BCEHS launched the Connect and Recover program, which focuses on the first 30 days after simple sprains and strains. This unique program aims to prevent an injury from becoming a longer-term disability. Connect and Recover helps staff stay connected to the workplace to support recovery. After an injury, staff are offered employer-referred direct access to physiotherapy (within the same shift or 24 hours of injury), and can stay connected to the workplace through modified duties, which also prevents interruption to pay. The Connect and Recover program was piloted and launched in 2019 on Vancouver Island, and was developed jointly by BCEHS with CUPE Local 873 and WorkSafeBC. Based on positive evidence from the pilot, the program was expanded to Metro Vancouver in 2021.

FACTS & FIGURES

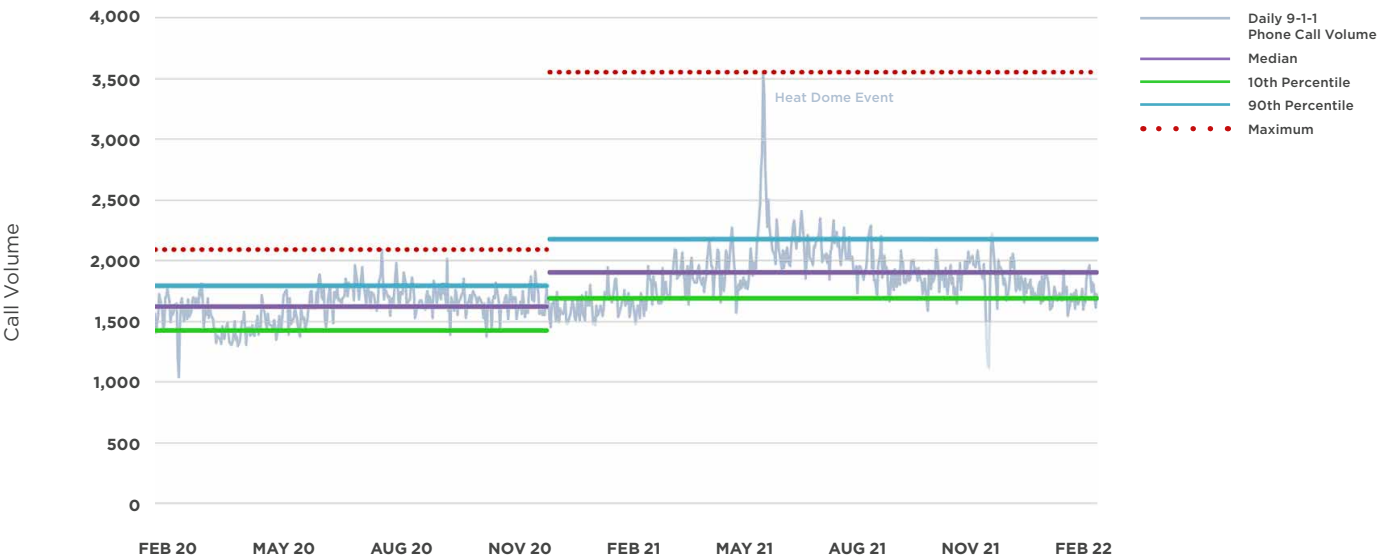
From April 1, 2021-March 31, 2022, BCEHS was called for more than 556,000 911 events, a 6.4 per cent increase from the previous 12-month period. BCEHS also saw an 18 per cent increase in 911 phone calls into dispatch.

As COVID-19 measures and restrictions were lifted with British Columbia’s restart plan starting at the end of spring 2021, monthly call volumes saw a sharp uptick. High call volumes continued throughout summer 2021, with a record-breaking spike during the late-June heat dome, and BCEHS has sustained rates well above historical averages throughout this year.

What used to be our 90th percentile for phone call volume in dispatch is now our median. BCEHS is continuing to recruit and train additional paramedics, call takers and dispatchers to help address this sustained increase in volume. Across BCEHS, our employees have experienced distress at our inability as an organization to keep up with the increased demands this year in the face of staffing challenges and external pressures.

911 PHONE CALL VOLUME BY MONTH

Feb. 2020 to Feb. 2022



An 18-year veteran with the service, Linda Anderson is a patient transfer supervisor with the BCEHS Patient Transfer Network located in our Vancouver communication centre.

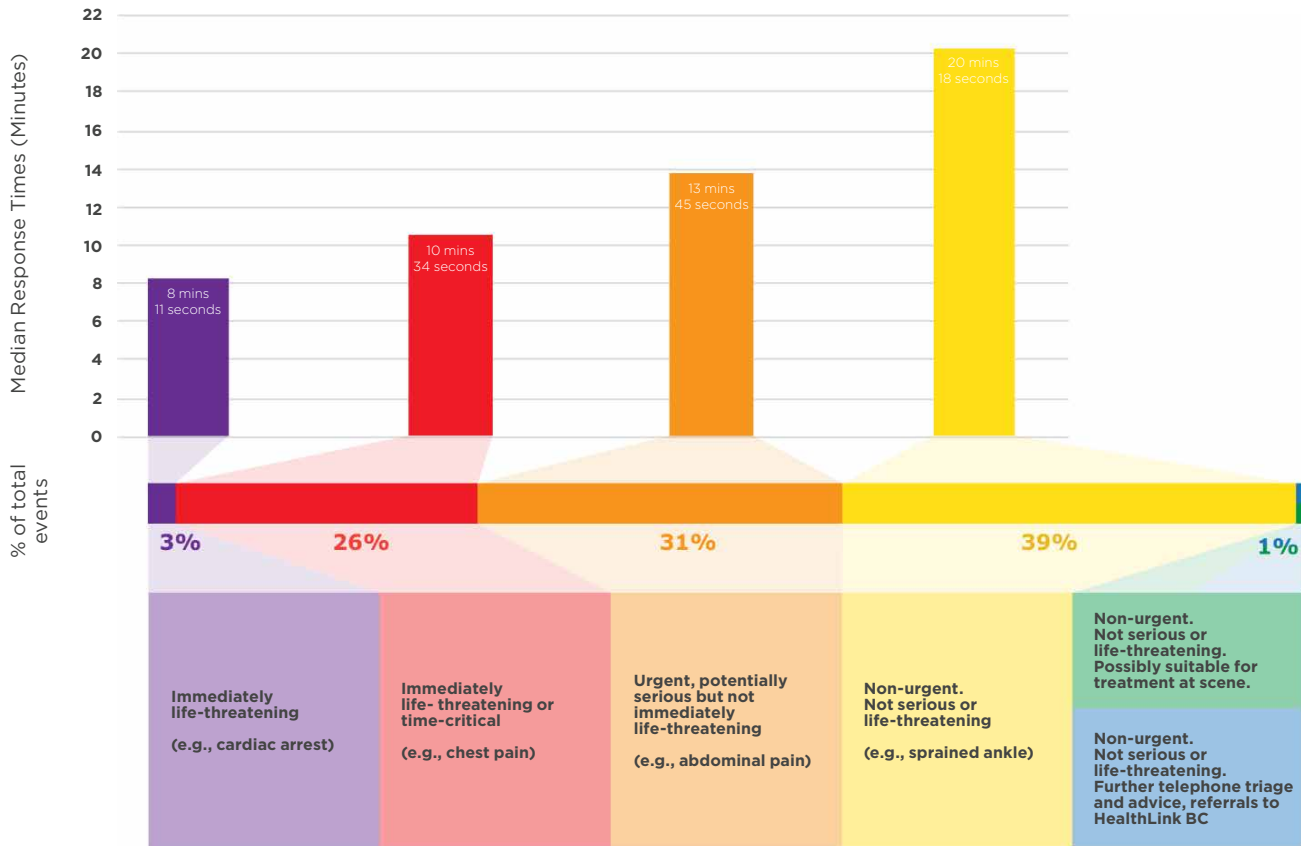
With a wealth of detailed knowledge about every health facility across the province and the varying practices within each health authority, Linda and her team help to ensure patients get from where they are to the right care in the right place, including sick and injured British Columbians who are outside of the province.

Inspired every day by the dedication, passion and hard work of her team, especially over the past two years, Linda said, “Every day is a challenge. We support each other, take care of each other, and stay flexible and adaptable to get the job done one patient at a time - we are more than co-workers; we are family.”

BCEHS dispatch uses an internationally recognized 911 triage system called the Medical Priority Dispatch System (MPDS) combined with a colour-coded resource assignment approach called the Clinical Response Model (CRM).

These two systems ensure ambulances and paramedics are focused on the most life-threatening situations and that patient concerns are appropriately matched with the right response, whether it's advice over the phone for a minor medical concern or a lights and sirens ambulance response for an urgent situation.

2021 BCEHS 911 EVENTS BY CRM COLOUR AND RESPONSE TIMES



An equipment and supply technician, **Szilvia Whynott** joined BCEHS in January 2022. She had previously worked for more than 10 years in health-care warehouse inventory services, sending and receiving supplies for hospitals. When Szilvia saw an opportunity with BCEHS, she decided to try something new. “From the moment the interview process started, I felt supported and welcomed – and that inclusive community is ultimately the reason I’ve stayed at BCEHS,” Szilvia said.

“I feel like we’re the backbone of the emergency health system, because we make sure paramedics have the supplies and equipment they need to serve patients with well-stocked ambulances,” Szilvia explained. “Even though we work behind the scenes, I’ve never felt invisible – I really feel seen and appreciated for what I do, and how I contribute to helping people in the community feel safer.”

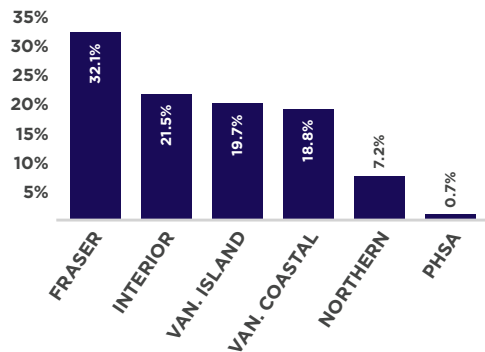


OUR PATIENTS

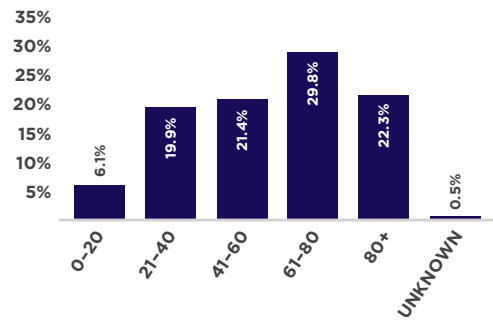
BCEHS transported more than 456,800 patients in 2021. Of those, more than 387,800 were 911 events, and almost 69,000 were inter-facility patient transfers.

Our contracted **interpretation services** provide language access in more than 240 languages through spoken interpretation. Interpretation helps callers or patients when they cannot understand spoken English, or communication is easier using their language, and an appropriate person to act as an interpreter is not available. **This year, 2,044 BCEHS events were supported with interpretation services.** The top three most-requested languages were Cantonese, Punjabi, and Mandarin.

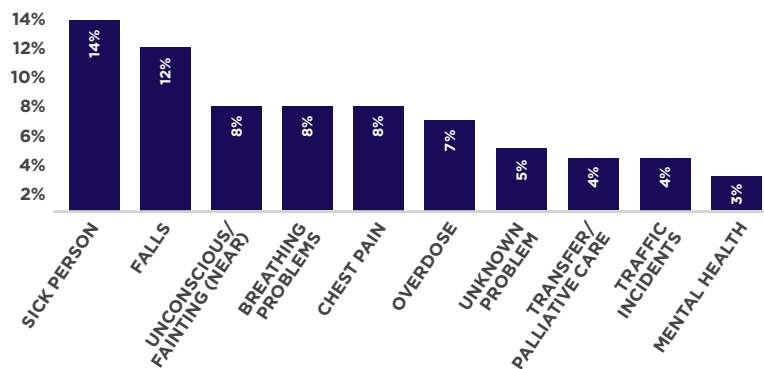
PROPORTION OF PATIENT TRANSPORTS BY DESTINATION HEALTH AUTHORITY



AGE GROUPS OF PATIENTS TRANSPORTED



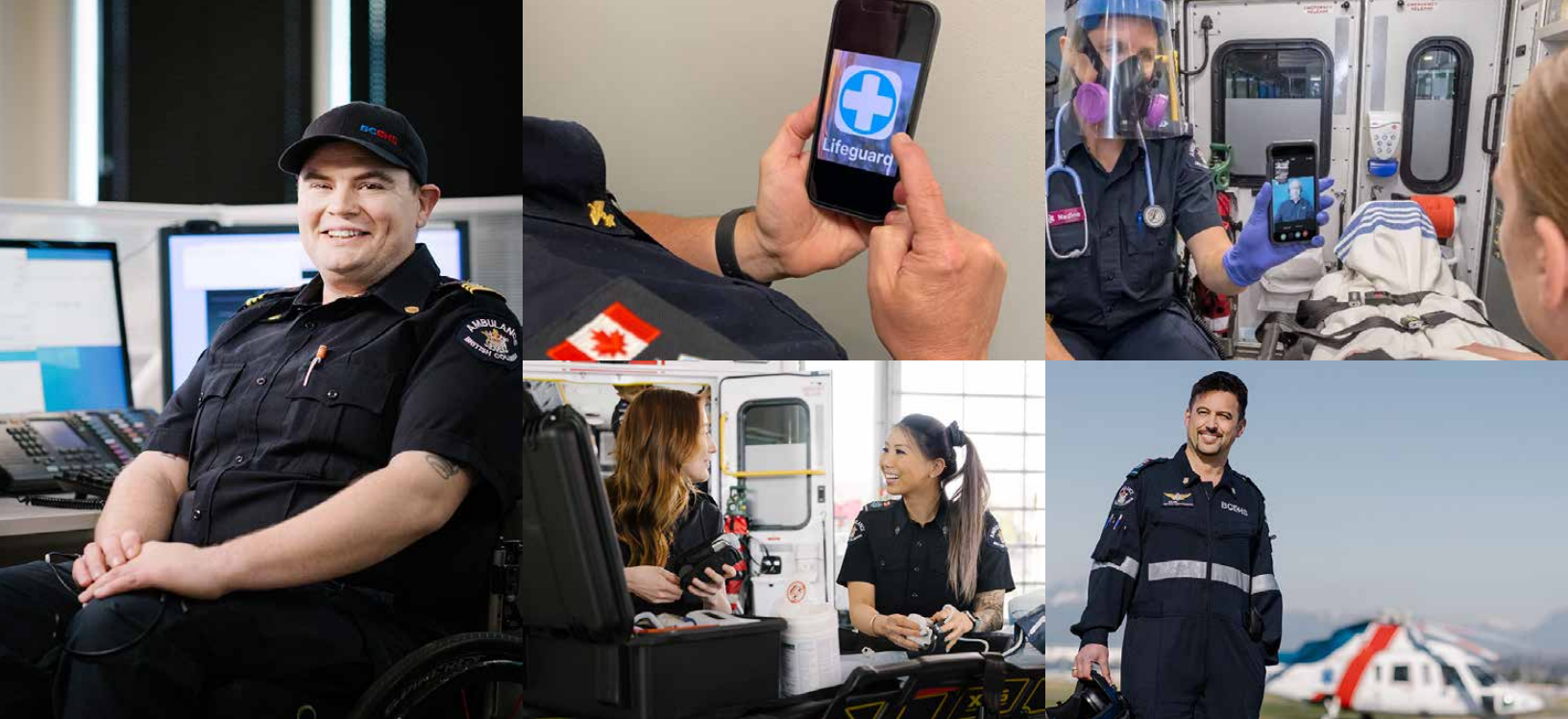
10 HIGHEST-VOLUME CATEGORIES OF 911 CALLS



BCEHS tracks data using specific terms.

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 phone call is a 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.



SUPPORTING MORE ACCESSIBLE COMMUNICATION

Members of the Deaf, Deaf-Blind, and Hard of Hearing communities found that communication with paramedics became extremely difficult with the introduction of COVID-19 protocols, including mask requirements, eliminating paper and pen for communication in ambulances, and the inability to have an additional person to support communication.

This unintended consequence of COVID-19 safety measures sparked a project to install a remote interpreter application on BCEHS-issued iPhones. Using the app, paramedics can connect Deaf, Deaf-Blind, and Hard of Hearing patients with live American Sign Language interpreters on-demand, throughout the province.

INCREASED USE OF OVERDOSE PREVENTION APP

In this reporting year, there were over 37,000 paramedic-attended overdose calls across the province, up more than 31 per cent from 2020, and almost double the total number in 2016 when the overdose crisis was declared.

In 2020, BCEHS supported the development and launch of an app called Lifeguard to help protect people who use drugs alone. The app's timer automatically alerts 911 dispatchers when the person is unresponsive and unable to turn off the app's timed alarm. This made-in-B.C. resource was developed by Lifeguard Digital Health, in partnership with PHSA, BCEHS, the Ministry of Mental Health and Addictions, the Overdose Emergency Response Centre, and regional health authorities.

This year, use of the Lifeguard app increased significantly. The number of people using Lifeguard grew from 4,832 in April 2021 to 8,630 in March 2022, and the number of sessions more than doubled, from 42,091 to 99,398. 45 lives have been saved since the app's inception.

ONE PATIENT'S JOURNEY



Doug Bigelow was moving firewood on his farm in Vernon and started experiencing chest pain. Doug's wife, Kate, jumped into action, helped her husband into their truck and dialed 9-1-1.

"As soon as the guy on the line answered, he told me 'Don't worry. We've got this,'" recalls Kate. "I felt like I was enveloped in support." Rather than have the couple drive to the hospital, the call taker sent paramedics to meet them along the highway. When Doug and Kate arrived, they were immediately met by the Advanced Life Support paramedic, followed by two other paramedics. "Everybody gave us their names. The advanced life support paramedic had a calmness and confidence that was awfully reassuring." Doug recalled. "They would say 'we're just doing our jobs' but even during the technical issues, they kept their calmness, composure and compassion. I am very grateful to them."

A COMPLEX SYSTEM

To be an effective emergency medical services organization, BCEHS works proactively with partners from different parts of the health-care system and in the communities we serve. Our organization continues to work to strengthen its relationships, working especially hard to improve how we engage with our employees, patients and their families, and our partners.

UNION PARTNERS

BCEHS works primarily with two unions: the Ambulance and Paramedics of British Columbia (CUPE 873) and the BC General Employees' Union (BCGEU).

BCEHS and CUPE 873 are engaged in many joint initiatives to improve support for frontline staff and our service to patients, including:

- + Increasing mental health supports
- + Streamlining recruitment processes
- + Co-developing a public awareness campaign about when to call 911
- + Identifying alternative patient pathways
- + Enhancing scope of practice
- + Coordinating improvements to uniforms

HEALTH AUTHORITY PARTNERS

As part of PHSA, BCEHS works closely with British Columbia's health authorities:

- + First Nations Health Authority
- + Fraser Health
- + Interior Health
- + Northern Health
- + Island Health
- + Vancouver Coastal Health

BCEHS is proud of the wide range of collaborative projects with individual and multiple health authorities, across various levels and areas of our work.

For example, working with health authorities and the BC Centre for Palliative Care, BCEHS developed and implemented an initiative that expanded paramedic scope of practice and enabled the sharing of electronic patient care information to support palliative patients and their families who call 911 for emergency assistance during crisis moments.

Over 2,000 BCEHS paramedics have received additional palliative training to provide at-home care for palliative patients. Paramedics on these calls work closely with health authority palliative physicians and nurse practitioners to support the patient's desire to stay home rather than being transported to hospital, and to share patient event details to ensure continuity of care. This new approach provides a better patient experience, by avoiding hospital transportation, and allowing paramedics to be available sooner to respond to other patients with urgent needs in the community.

Between 2019 and 2022, **more than 400 calls to 911** have resulted in paramedics treating palliative patients in their homes instead of being transported to hospital.



FIRST RESPONDER PARTNERS

BCEHS works in partnership with 275 first responder groups across the province as part of the BCEHS First Responder Program.

When a patient calls 911 for an ambulance, paramedics are dispatched based on the caller's description of their medical condition or injury. For extremely time-critical calls, BCEHS also notifies participating first responder groups. The support provided by first responders during medical emergencies is an essential part of emergency health services delivery. First responders provide basic life-saving techniques, such as cardiopulmonary resuscitation (CPR), defibrillation and administration of naloxone until BCEHS paramedics can take over the patient's care.

The joint Pre-Hospital Collaborative Care Committee was established to respond to COVID-19, and has developed into a successful partnership that supports Fire First Responders, municipalities, and other agencies in working together to ensure the delivery of the most appropriate and effective emergency response for patients. This group is developing joint policies to improve how BCEHS works with individual communities to provide the best care across the province.

TRUTH & RECONCILIATION

The identification of over 200 unmarked graves in Kamloops at the site of a former residential school in May 2021 shone a light on the truth of the history of Canada's residential school system. Ongoing searches across Canada continue to result in locating hundreds more. This tragic news has deeply impacted our country and our province and has reopened wounds from the history and ongoing legacy of residential schools. At BCEHS, we continue to grieve alongside our Indigenous colleagues, community members and families.

In support of the National Day for Truth and Reconciliation on September 30, 2021, orange epaulettes and orange recognition pins were distributed to paramedics and dispatch staff to wear as part of their uniform. The epaulettes and pins are a symbol of our commitment to honour, recognize, grieve, and commemorate those who were lost and those who continue to survive and heal.

There is much work to be done as a country and as a province to listen to, acknowledge, understand and accept the truth of injustices against Indigenous people. BCEHS is committed to working with our First Nations partners and First Nations communities across the province to improve our diversity, inclusiveness and cultural sensitivity as an organization and to improve the services we provide for our Indigenous patients.

FIRST NATIONS PARTNERS

In November 2020, a report was released by the government of British Columbia called *In Plain Sight* that highlighted the systemic Indigenous-specific racism and discrimination throughout our provincial health care system.

This year, as part of the response to this report, BCEHS added a new community and Indigenous programs portfolio to our services, including a director, manager, and three Indigenous patient navigators. This team's mandate is to:

- + Ensure the provision of patient-centered care is culturally safe for both Indigenous patients and their health care partners
- + Provide support and advocacy for Indigenous patients by facilitating and coordinating access to health care services and by addressing cultural and spiritual needs
- + Act as a resource for BCEHS employees and provide anti-racism education to enhance knowledge, understanding and improve care for Indigenous patients
- + Improve equitable and dignified care to Indigenous people
- + Increase meaningful engagement with Indigenous communities

Work to date has focused on building connections and having open discussions with First Nations communities and leadership across the province, along with various organizations and community partners aimed at supporting Indigenous people. Topics have ranged from emergency support services and mental wellness to opportunities to rebuild and create positive relationships and collaborative partnerships.



BCEHS and the Nisga'a Valley Health Authority (NVHA) in northwestern British Columbia have been collaborating on a transport agreement to allow emergency medical responders who work for NVHA to transport patients from their Gitlaxt'aamiks (New Aiyansh) Health Centre to Terrace. With a unit chief now in place, along with six community members finalizing their emergency medical response training, this initiative will build on the First Responder agreements already in place in four communities including Gitlaxt'aamiks (formerly New Aiyansh), Laxgalts'ap, Gitwinksihlkw and Gingolx.

Left to right back row: NVHA Unit Chief, April Parenteau; BCEHS paramedic, Ted Swan; emergency medical responder candidate, Bronson Nisyok. Left to right front row: BCEHS Manager, Tom Soames; BCEHS Director, Community & Indigenous Programs, Amy Poll; BCEHS Acting Unit Chief in Terrace, Andre Ledoux; BCEHS Provincial Operations Manager, Blaine Wiggins.

TRANSFORMATIVE ORGANIZATIONAL CHANGE

This year brought historic change for BCEHS and marked a pivotal point in the trajectory of the organization.

RECRUITMENT TO FILL NEW POSITIONS

With hundreds of new positions added this year, BCEHS has been undertaking the biggest hiring push in its history. BCEHS always considers qualified internal candidates before recruiting externally, and filled many positions posted in 2021 with internal applicants. But, with so many new positions available and many roles still unfilled, BCEHS launched a nationwide recruitment campaign in January 2022 to bring more paramedics and dispatch staff to B.C. Continuing these recruitment efforts and filling all open positions is a top priority for BCEHS going forward.

PERMANENT JOBS FOR PARAMEDICS IN SMALL COMMUNITIES

Historically, BCEHS relied heavily on 'on-call' or casual staffing to maintain ambulance service in small communities. On-call paramedics submit availability based on when they would like to work, without a guarantee of regular hours and pay. This model makes it difficult to attract and retain paramedics in small communities.

Working with CUPE 873, several initiatives were agreed upon as part of the 2019-2022 collective agreement to create permanent, salaried jobs for paramedics, including introducing a new staffing model called 'Scheduled On-Call' with the goal of creating permanent, salaried jobs with benefits for paramedics.

This new model was prototyped on Vancouver Island in June 2021 with three different staffing configurations. With additional support from government over summer 2021, the model was narrowed to the two more robust staffing models and candidate stations were identified based on an in-depth analysis of 911 and hospital transfer call volume.

Over **840 positions added** - the largest organizational expansion ever undertaken, including **652 full-time** and **190 regular part-time** positions created between April 1, 2021-March 31, 2022. Recruitment campaigns are underway to fill vacant positions.



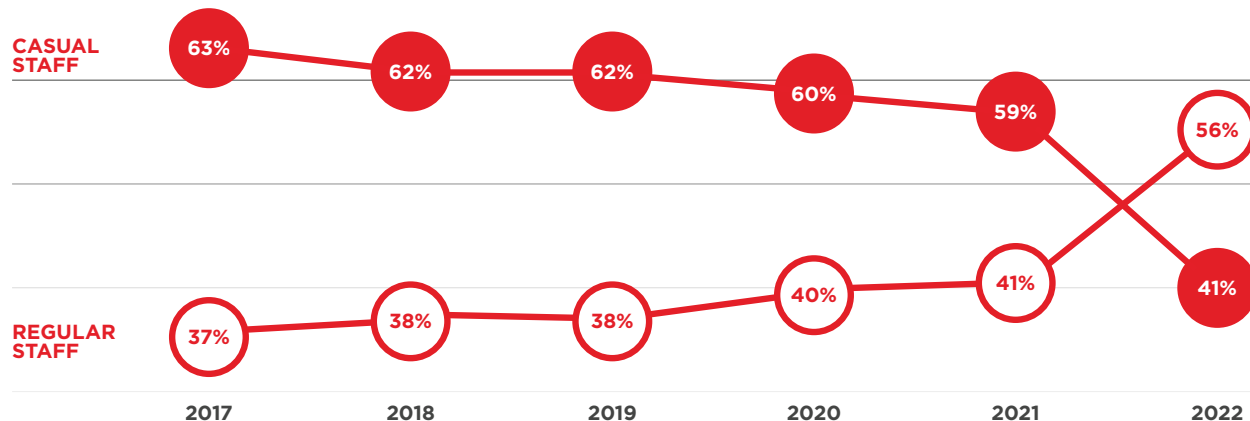
Community paramedic Scheduled On-Call stations now have four permanent positions to provide scheduled **24/7** ambulance staffing. Previously, most of these stations relied **100 per cent** on-call staff.



BCEHS worked to stabilize staffing in rural and remote communities by:

- + Adding permanent, regular positions with guaranteed wages and full health benefits for the first time in many rural and remote communities
- + Expanding community paramedicine positions (where community paramedics are attached to a station) to further support people with chronic illness and augment local health initiatives
- + Introducing fatigue management measures to protect the health and safety of paramedics
- + Introducing permanent unit chief positions at every station across the province for the first time to provide better support for frontline staff
- + Aiming to provide 24/7 regularly scheduled ambulance coverage

TOTAL PARAMEDIC STAFF BY REGULAR & CASUAL POSITIONS*



The previous on-call approach did not adequately support our employees and communities, and the new model was a first attempt to improve scheduled staffing levels. There were significant challenges implementing the Scheduled On-call model in many communities. Over the past year, we’ve heard feedback from employees that shift schedules were not conducive to work-life balance, and other serious concerns about ways the model doesn’t work for them. BCEHS is using this feedback to improve our staffing models going forward.

*Data does not include temporary full-time or temporary part-time. Data is from March 31 each year.

ENHANCED SERVICE IN LARGER RURAL AREAS & HIGH CALL VOLUME COMMUNITIES

Some ambulance stations previously used a type of standby shift, called a “Fox” shift, where paramedics are on standby at the station waiting to be assigned to a 911 event. As part of the changes initiated by the collective agreement to create permanent paramedic positions, Fox shifts were converted into full-time regular positions.

This year, 46 stations across the province were converted from standby Fox shifts to other shift patterns, creating 250 new full-time positions.

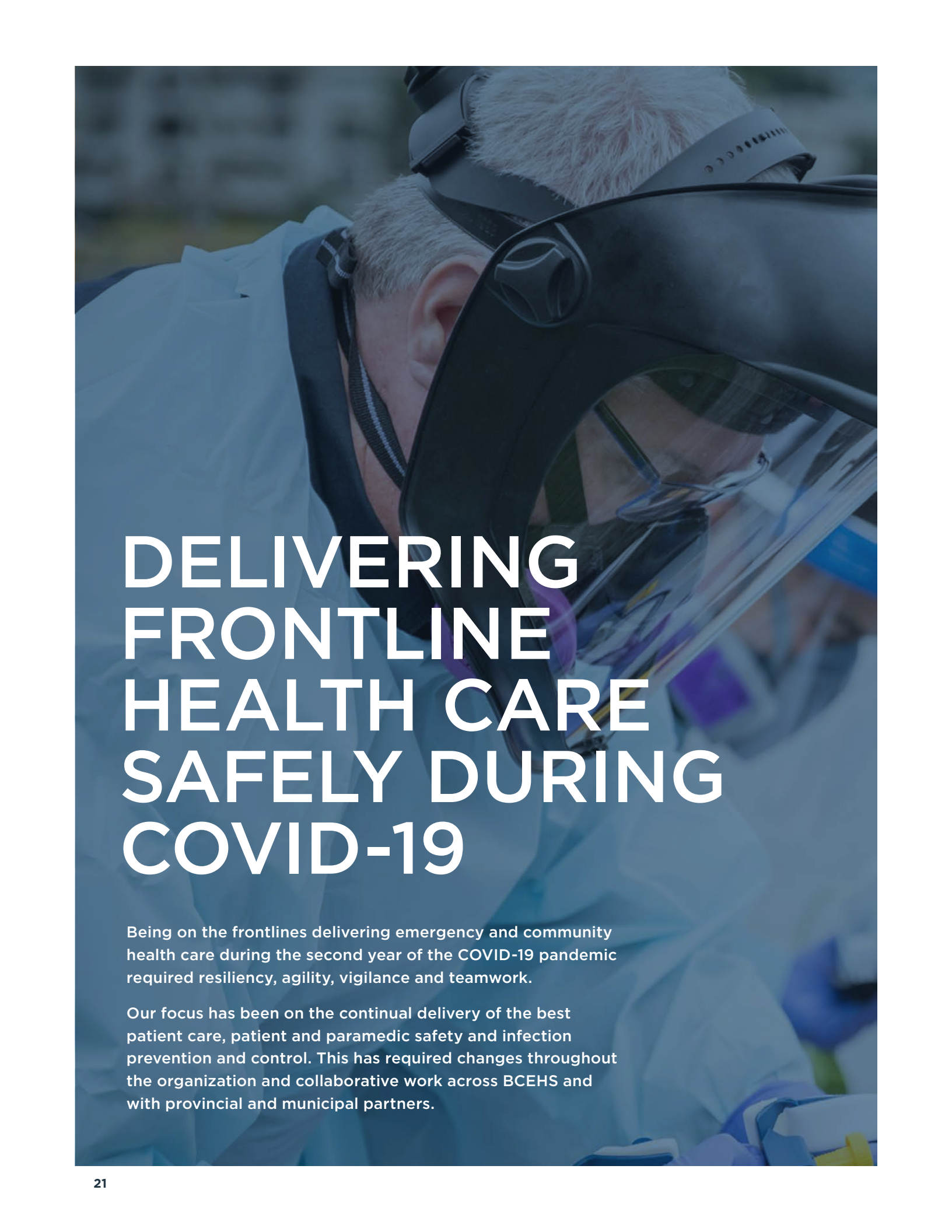
Additionally, 23 rural stations and one remote station that had been scheduled to convert to a Scheduled On-Call model were allocated additional funding, to convert instead to the 24/7 full-time “Alpha” staffing model, which created an additional 177 new full-time positions.

To support communities with high call volumes including Vancouver and Kelowna, the government also provided funding for 85 new full-time positions, 30 new full-time dispatchers and 22 new ambulances.

NEW ORGANIZATIONAL STRUCTURE FOR EXCEPTIONAL SERVICE DELIVERY

This year, the B.C. Minister of Health appointed a BCEHS Board of Directors focused solely on ambulance services, and introduced a new role, Chief Ambulance Officer, responsible for the day-to-day management of BCEHS. Together they are responsible for strengthening the foundation of BCEHS to improve service to patients and communities and improve the day-to-day work experience for our employees.

To support the rapid expansion of frontline permanent positions, eight director positions and 18 new operational manager roles were announced in various areas of the organization in early 2022, to provide a more robust framework of support and oversight and to establish a foundation to better address current and future challenges. These additions were also based on a review of the manager-to-staff ratio across clinical areas this year, which found BCEHS’ ratio could be improved compared to emergency health services in other jurisdictions.



DELIVERING FRONTLINE HEALTH CARE SAFELY DURING COVID-19

Being on the frontlines delivering emergency and community health care during the second year of the COVID-19 pandemic required resiliency, agility, vigilance and teamwork.

Our focus has been on the continual delivery of the best patient care, patient and paramedic safety and infection prevention and control. This has required changes throughout the organization and collaborative work across BCEHS and with provincial and municipal partners.

PERSISTENT DEMAND RELATED TO COVID-19

Throughout this year, BCEHS dispatch received an average of 5,294 calls per month for “influenza like illness.” Dispatchers and call-takers determine whether a patient has an influenza-like-illness quickly, based on about 90 seconds of call assessment.

When paramedics arrive on scene, they make an additional assessment after seeing the patient and gathering more information. BCEHS paramedics assessed an average of 1,869 potential COVID-19 events per month in 2021.

Every call that was coded for influenza-like-illness and/or assessed as a potential COVID-19 event required specific, additional clinical practices for frontline teams, including personal protective equipment (PPE) changes, which represented significant time and practice changes for frontline teams.

CLINICAL & PRACTICE CHANGES SUPPORTED PARAMEDIC & PATIENT SAFETY

Since the beginning of the pandemic, BCEHS has issued 35 clinical practice changes specifically to protect paramedics and patients during COVID-19 and support health care delivery during the pandemic. Examples include new protocols around PPE, infection control procedures, and vaccinations.

In 2021, 27 practice updates were introduced to support the safe delivery of patient care. Thanks in part to these changes, paramedics in B.C. have had one of the lowest rates among occupations for contracting COVID-19 while on the job, despite working in confined spaces while transporting COVID-19 patients. Since December 2020, paramedical occupations represented only 53 out of the 12,175 total WorkSafeBC-allowed COVID-19 claims in B.C.

BCEHS has also implemented new tools to support patients. For example, BCEHS used COVID-19 funding for rural patient care and interfacility transfers to expand the number of LIFEPAK 15 (LP15) devices in our rural and remote ambulances. The LP15 monitor and defibrillator is an acute cardiac care response system. This year, BCEHS deployed 96 LP15 units and expanded related training for paramedics to improve patient care during long inter-facility transfers.

COMMUNITY PARAMEDICS AUGMENTED HEALTH-AUTHORITY COVID-19 RESPONSE

As of December 2020, community paramedics were able to augment the health authorities' COVID-19 response by providing testing at collection centres to patients five years of age or older and to assist in immunization clinics. In 2021, community paramedics conducted 1,416 COVID-19 tests and administered over 13,000 COVID-19 vaccinations in rural and remote communities across the province.

EMERGENCY COORDINATION CENTRE MANAGED OPERATIONAL CHALLENGES

Since February 2020, the BCEHS Emergency Coordination Centre (ECC) has identified and managed operational challenges and coordinated among BCEHS departments and with health partners to enhance patient care during COVID-19.

As the pandemic evolved, the ECC shifted its focus according to emerging operational issues throughout 2021, including staffing challenges, supply chain needs, PPE, clinical advisory, exposure monitoring and reporting, dispatch, communications to staff and leaders, and vaccination support for health authorities, among others. During this reporting year, the ECC was fully activated 24 hours a day, 7 days a week for 307 days.

PROVINCIAL COORDINATION TRANSPORTED PATIENTS TO CRITICALLY NEEDED CARE

The Provincial Patient Transfer Strategic Operation Committee (PPTSOC), originally called the Provincial Patient Transfer Services Advisory Committee, was formed by BCEHS Patient Transfer Services in 2018 to improve inter-health authority relationships and support the efficient transfer of patients to hospitals and health care facilities across the province. Representatives from all six health authorities in British Columbia sit on this committee.

In the face of the COVID-19 pandemic, the PPTSOC has continued to collaborate throughout 2021.

For example, the PPTSOC developed a surge response plan to protect B.C.'s most essential resources, including critical care beds and urgent transport support, so that the sickest COVID-19 patients received the essential care they required, regardless of their location. The surge plan was designed so that COVID-19 positive patients could be transferred from remote communities to facilities closer to health-care centres that could treat them if their condition worsened. Enabling these lower-acuity transfers helped reduce pressure on 911 resources and medical facilities in smaller communities.



MULTI-AGENCY COLLABORATION FOCUSED ON COMMUNITY-LEVEL RESPONSE

A joint committee was established between BCEHS, the Fire Chiefs Association of B.C., the Fire Commissioners Office, First Nations Health Authority, First Nations Emergency Service Society, the Provincial Health Office, local municipal Chief Administrative Officers, and Patients as Partners to determine the best response to COVID-19 in the context of first responders throughout the province.

This partnership has carefully overseen and conserved the use of PPE, managed the risk of transmission, and helped ensure safety for both patients and our frontline first responder partners since the start of the pandemic.



First Nations' Emergency Services Society
OF BRITISH COLUMBIA



COMMUNITY PARAMEDICINE

Providing care for our patients comes in many forms, ranging from a lights-and-sirens urgent ambulance response to scheduled home visits, self-care advice, and referrals. Our goal is to provide care and comfort to our patients in an appropriate, respectful, dignified manner.

EVOLVING PARAMEDICINE TO SUPPORT RURAL AND REMOTE B.C.

Health care can be difficult to access in remote locations, particularly for aging residents living with chronic and complex issues. To improve health care access for these residents and to stabilize paramedic staffing in rural and remote communities, BCEHS introduced a community paramedicine program to 99 communities in 2019, and this year increased to 100 communities and to coverage seven days a week in some areas.

The community paramedicine program improves access to basic health care services in patients' homes, community buildings, and other non-urgent settings. In partnership with local health care providers, paramedics with additional training provide primary care services within their scope of practice. This service is intended primarily for older patients living with chronic conditions such as heart failure, chronic obstructive pulmonary disease, and diabetes, or those who are at risk of falls. All patients must be referred by their primary care physician or local health care provider.

The goals of the community paramedicine program are to:

- + help reduce 911 calls through preventative and educational approaches,
- + stabilize paramedic staffing in rural and remote communities by expanding scope of work to create regular part-time and full-time positions, and
- + bridge health service delivery gaps identified in collaboration with local health care teams.

In addition to visits with patients, community paramedics support and hold community outreach and education events. Examples include COVID-19 testing and vaccination clinics, opioid awareness and naloxone training, car seat safety and advance care planning.

Now in its fourth year of operation, research shows that this program is making a difference. A program review reported a 39 per cent drop in 911 calls made by patients who received community paramedicine services. Provincial evaluation of the program indicated that it is meeting its objectives of bridging health care gaps identified by local primary teams and is stabilizing paramedic staffing in rural and remote B.C.

COMMUNITY PARAMEDICINE DURING COVID-19

This past year, community paramedics had 19,758 scheduled in-home wellness check appointments with patients including 5,224 virtual appointments to support patients during COVID-19. Community paramedics continued to respond to 911 emergency calls when needed, and there were 3,107 events responded to during times community paramedics were on shift in 2021.



As a third generation Ucluetian who was born and raised in Ucluelet - a small community of approximately 2,000 residents - **Rachelle Cole** has a passion for supporting the day-to-day health and wellness of those around her. Rachelle is the Scheduled On-Call unit chief & community paramedic at Station 134 - Ucluelet. When a new program launched at the beginning of 2021 that enabled community paramedics to administer COVID-19 vaccinations in rural and remote communities, Rachelle was proud to be the first in the province to participate, "It's so rewarding to play a role in helping to protect people. Anything that helps to keep people healthy and safe in our community, I want to be a part of it." Working with the First Nations Health Authority, Island Health Authority and the Nuu-chah-Nulth nursing team, the first of these community paramedic collaborations at vaccination clinics occurred on Ahousaht and Tla-o-qui-aht First Nations traditional territories.



Over 40 per cent of patients who call 911 have health concerns that are **non-urgent or minor** and may not require a hospital emergency department

EXPANDED LOW-ACUITY SERVICES

This year, BCEHS has implemented and expanded new approaches to connect patients with minor health concerns with the right care, to simultaneously improve the patients experience and ensure ambulance resources are more readily available for the most critically ill and injured patients.

Evaluation of the ongoing evolution of these evidence-based strategies includes patient and clinician focus groups and surveys along with data collection and continual review.



SECONDARY TRIAGE EXPANDS

Throughout summer 2021, BCEHS significantly expanded our “Clinical Hub” group and secondary triage capacity. Following initial assessment by the call taker, a clinician calls back patients with specific non-emergent concerns to gather further information. This in turn helps to connect the patient with the best and most appropriate care, which may not include paramedic support or ambulance conveyance.

This year, the BCEHS Clinical Hub launched a pilot that brought primary care paramedics with specialized training onto the team, to assess patients over the phone before an ambulance arrives. These paramedics, known as secondary triage clinicians, are based in the Vancouver Dispatch Operations Centre.

A low acuity patient navigator role was also introduced to:

- + Improve the identification of patients who are clinically appropriate for alternative care
- + Increase utilization of alternative care options
- + Monitor workload to ensure BCEHS is not overwhelming health-care partner capacity

Alternative care options that can avoid the use of a hospital emergency room, include self-care advice, connection with appropriate clinicians including physicians, primary care providers, pharmacists and nurses, and referral to specialty resources including those related to mental health and substance use. Alternative transportation options to connect with care are also provided when appropriate, including self-conveyance, the use of taxi services, and a BCEHS low-acuity response unit.



In the first four months of the secondary triage Clinical Hub service going live, **we assessed over 2,000 patients** to help better connect them to the right care, the first time. After a clinical assessment by our paramedics in our emergency call centre, **46 per cent of patients** were connected with care without the need for an ambulance response.

TELECONSULTATIONS INTRODUCED TO ENHANCE PATIENT ASSESSMENT

In collaboration with the Provincial Health Service Authority’s Office of Virtual Health, a trial that had started as part of the COVID-19 response was expanded in January 2022 to include the use of the GoodSAM application, a virtual health solution which can facilitate on-scene video consultations between a patient and clinician in a dispatch centre. This enables secondary triage clinicians to enhance their assessment more accurately prior to emergency ambulance dispatch, helping ensure patients receive the care they require.

AVOIDING UNNECESSARY HOSPITAL VISITS WITH ON-SITE AND COMMUNITY TREATMENT

BCEHS supports paramedics in managing some patient concerns on-scene and in the community without having to convey patients to the emergency department. This approach, called Assess, See, Treat & Refer, includes guidelines and care pathways that paramedics can use in assisting patients with a specific set of illness and injury, including those relating to palliative care, influenza-like illness/COVID-19, minor burns, nosebleeds, and asymptomatic hypertension. Paramedics can also convey patients needing urgent but not emergency health care to locations including urgent and primary care centres, mental health urgent response centres and sobering centres.

The Assess, See, Treat & Refer pathway avoids unnecessary hospital visits, reduces emergency department congestion, and reduces time on events for paramedics by an average of 25 minutes, thereby freeing up ambulance resources for other patients. Given its success, this approach is set to expand this coming year.

On average, paramedics activated the Assess, See, Treat & Refer clinical protocols **31 times per day** over the past year, resulting in patients receiving care on scene and preventing a visit to a hospital emergency department.

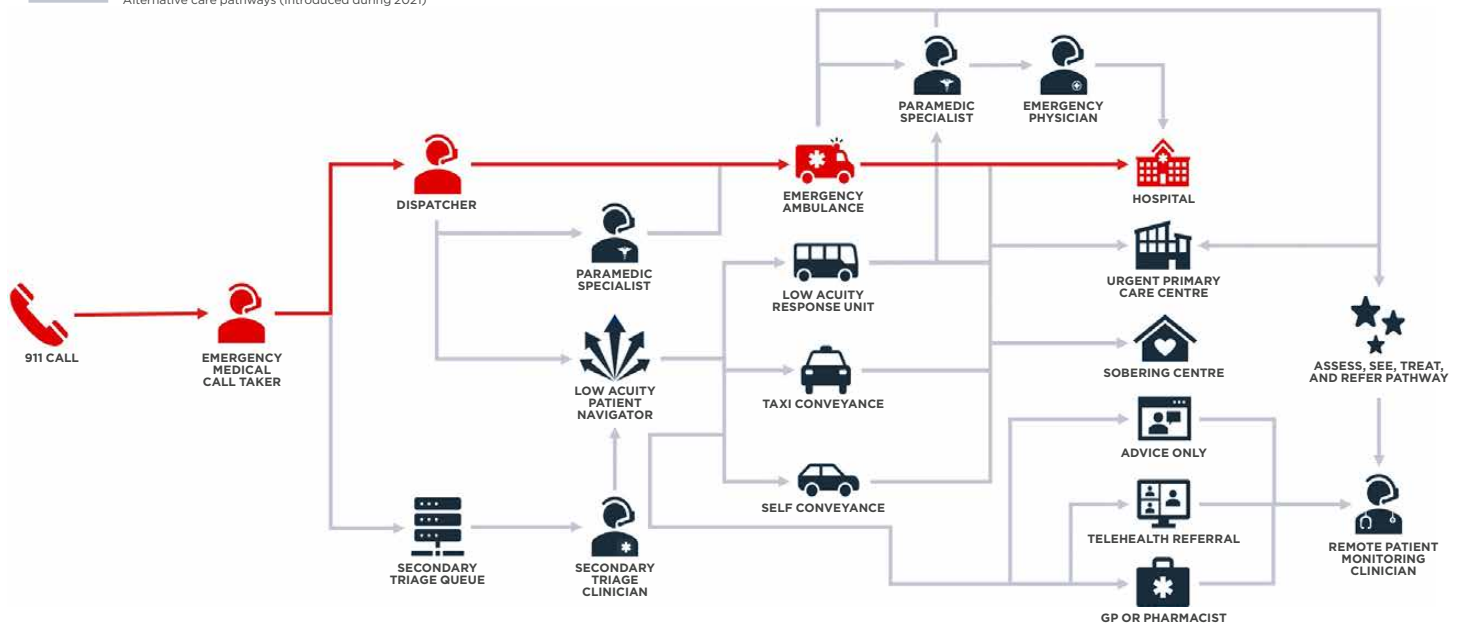
TRANSFERRING PATIENTS WITHOUT AMBULANCES

Low-Acuity Response Units (LARUs) are transport vehicles for single or multiple patients who do not require immediate interventions but who do require assistance in their care needs, often with transportation to appropriate facilities. Since the program ramped up in the Lower Mainland over summer 2021 (July through September), LARUs have supported more than 7,160 patients with minor medical concerns. Planning is currently underway to expand the use of LARUs to other parts of the province including the Interior.



LOW ACUITY AND INTEGRATED CARE EXPANSION

— Linear pre-hospital response model
 — Alternative care pathways (introduced during 2021)



LEARNING & GROWTH

BCEHS recognizes that continual learning and an overall growth mindset must be at the core of our culture and the foundation of everything we do. Ensuring our employees have a safe, respectful work environment that is welcoming, inclusive and free from harassment is also a priority. As part of these commitments, BCEHS launched a number of initiatives to better understand our culture from all perspectives, so that we can improve.

CULTURE REVIEW

An independent external review will be undertaken in 2022 to help BCEHS identify systemic issues or barriers that may exist in our organization. This will provide insight into our present state as it relates to inclusion, cultural awareness, harassment, bullying and discrimination, and help identify ways to ensure a positive, safe, and supportive workplace for all employees.

ENHANCED RESPECTFUL WORKPLACE POLICY & TRAINING

An enhanced Respectful Workplace Policy has been developed and mandatory respectful workplace online training for all staff was launched in March 2022. The goal of this training is to ensure that all staff understand our shared responsibilities and what our workplace expectations are of each other.

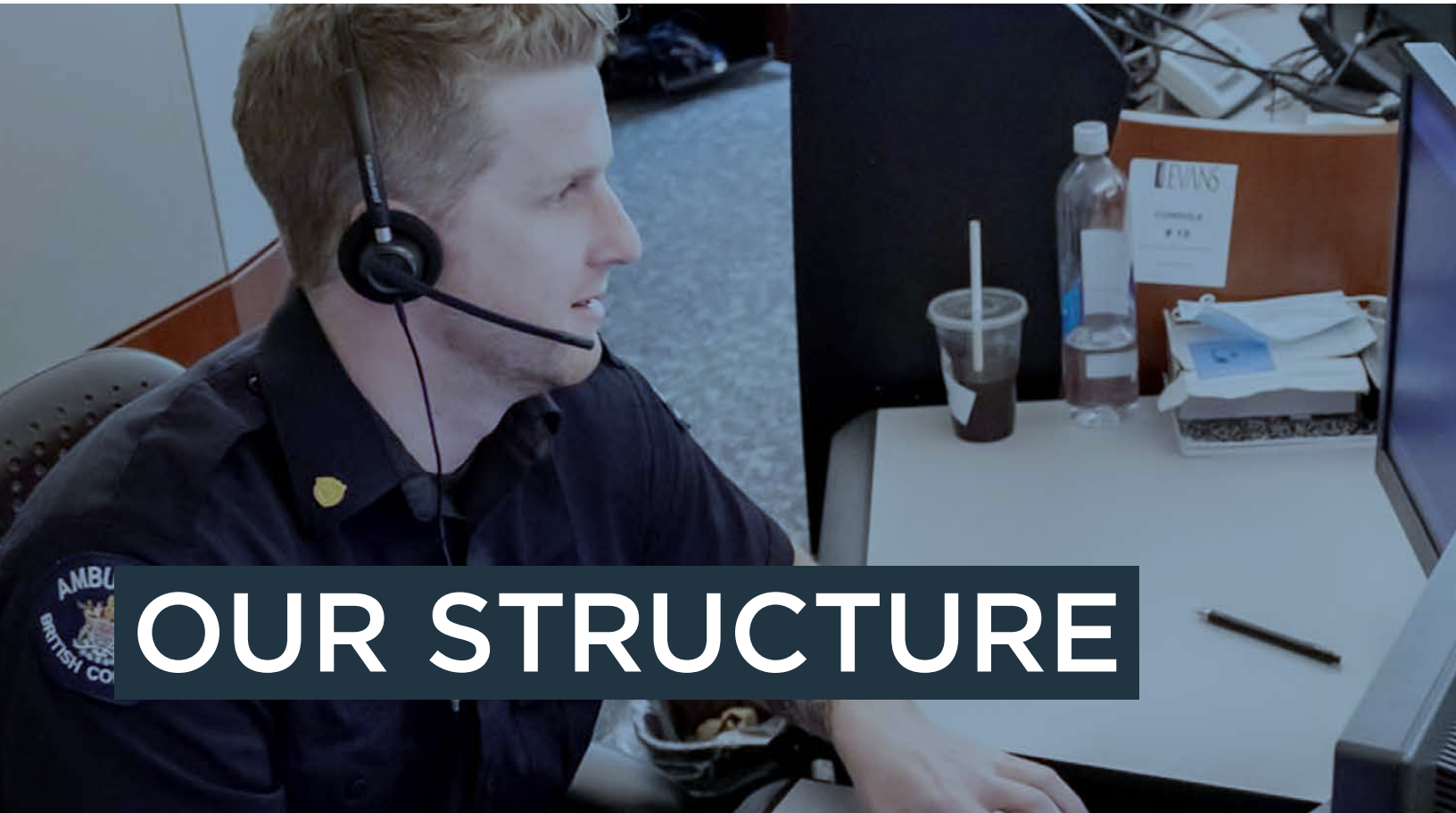
Work is also underway to develop an enhanced and streamlined reporting process for those who experience harassment or bullying at work. Having a safe and supportive environment free from intimidation or harassment is important and taken very seriously at BCEHS.

RESEARCH & INNOVATION FOR BETTER PATIENT OUTCOMES

Continual learning to improve decision making, clinical governance and patient care starts with high-quality research. BCEHS has an active community of researchers where all levels of paramedics, physicians, managers, directors, and senior leaders participate in research and evidence-based practice, often in addition to and outside of their regular job duties. BCEHS' provincial research model provides services to support data access, reviewing proposals, and assisting BCEHS staff with research proposals and active participation in research processes.

In 2021, BCEHS completed research on topics including COVID-19, out-of-hospital cardiac arrests, and paramedic-delivered teleconsultations. Articles published on this research can be found in many leading national and international paramedic and public health publications, including *Canadian Journal of Emergency Medicine*, *Clinical Infectious Diseases*, *British Medical Journal Open Quality* and the *Australasian Journal of Paramedicine*. Research done to date is leading to improved paramedic practice, better patient outcomes and increased understanding of the roles paramedics play within the health-care system.



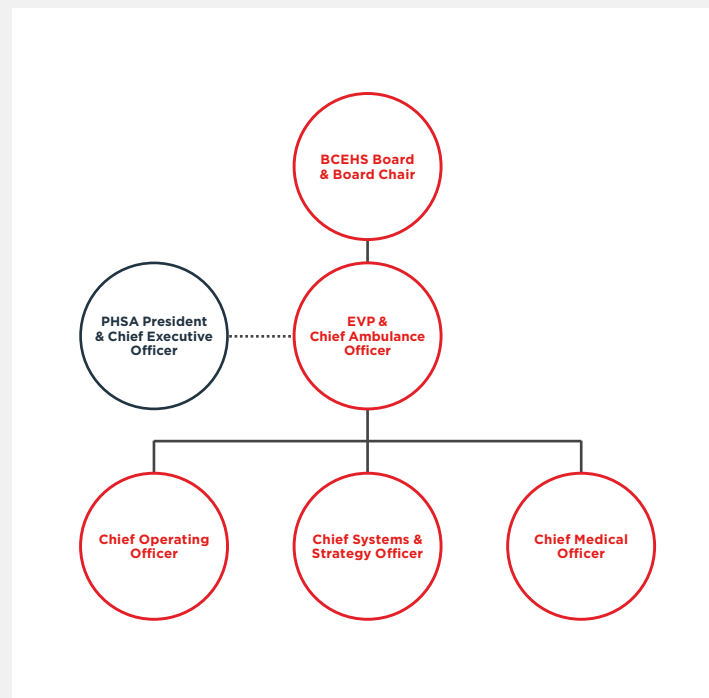


OUR STRUCTURE

In July 2021, the Ministry of Health announced changes to BCEHS' structure, to strengthen our organization and highlight government's commitment to taking the actions needed to ensure we have a high-performing provincial service that can meet the increasing demands of our patients and communities across B.C.

Changes included appointing a new board focused solely on BCEHS and reporting directly to the Minister of Health, as well as the appointment of a new senior executive leader solely responsible for BCEHS.

In March 2022, BCEHS made further changes to our leadership model with a new Chief Systems and Strategy Officer role. Working closely with the Chief Operating Officer and the Chief Medical Officer, the Chief Systems and Strategy Officer focuses on key initiatives such as improving the systems that support BCEHS, our rural and remote and Indigenous community resource planning, and our long-term capital and facilities plans.



OUR BOARD

JIM CHU

Jim has extensive experience leading frontline emergency services; he enjoyed a 36-year policing career with the Vancouver Police Department, with almost eight years as Chief Constable. In 2015, Jim joined the Aquilini Investment Group as Vice President. In 2021, he was appointed as Board Chair of BCEHS by the Ministry of Health.

COLLEEN AUSTIN

Colleen Austin, 'Wii Goot, M.Ed., the former President of the First Nations Schools Association of B.C., has worked as a First Nations educator, head teacher, principal, Indigenous languages coordinator and as a member of the negotiating team for the B.C. Tripartite Education Agreement. As a consultant, Colleen provides Indigenous Education and Indigenous Language Revitalization services to clients.

LAUREN BROWN

Lauren Brown is an Indigenous leader, executive coach and consultant. She currently sits on the Minister's Advisory Council on Indigenous Women Members for B.C. and has served on several boards including seven years on the First Nations Health Directors Association Board. Lauren holds a Bachelor of Science in Nursing, a Masters in Leadership-Health and a graduate certificate in executive coaching.

ELIZABETH CULL

Elizabeth Cull was elected to the B.C. Legislature in December 1989 in the riding of Oak Bay-Gordon Head. Re-elected in 1991, she was appointed Minister of Health, and in 1993, Deputy Premier and Minister of Finance. Elizabeth currently teaches public policy, advises organizations on how to work effectively with government, and is a regular media commentator on provincial politics.

KERRY JANG

Dr. Kerry Jang is a professor of psychiatry at the University of British Columbia where he teaches in the medical school and researches the causes of mental illness and urban health. He has authored or co-authored over 180 peer-reviewed papers and five books. In 2008, he was elected to Vancouver City Council and served for a decade. Dr. Jang is a member of the Provincial Health Services Authority Board of Directors.

DOUG LEPARD

Doug LePard, O.O.M., provides consulting services in the criminal justice sector to police, government, the B.C. Legislative Assembly, law firms, and private businesses. After 35 years of service, Doug retired as Deputy Chief in the Vancouver Police Department, then served for several years as the Chief of the Metro Vancouver Transit Police. He is also a member of the Mental Health Review Board.

BARRY O'NEILL

Barry O'Neill is the former President of the Canadian Union of Public Employees (CUPE) B.C. As President, he represented more than 70,000 workers, including those working in municipalities, school districts, universities, colleges, social services, paramedics, dispatch staff and others. Barry has held positions including the full-time President of CUPE Local 606, and Executive Officer of the B.C. Federation of Labour.



LOOKING AHEAD

BCEHS will continue to seek new opportunities to be accountable and transparent about our work and progress, through more regular public reporting.

At the time of this report's release, there are many exciting initiatives planned and in progress.

For example, the Rural, Remote, First Nations and Indigenous COVID-19 Response Framework (RRIF) was announced by the BC Ministry of Health in April 2020 to ensure people living in rural, remote, and Indigenous communities in B.C. had access to advanced health care during the COVID-19 pandemic and into the future. Now, BCEHS is moving towards sustainment of the RRIF COVID-19 Response Framework and continuing to make improvements to staffing models. This will include hiring for 18 new, permanent advanced care paramedics positions in rural communities in 2022.

In the village of Lytton, plans are underway to rebuild an ambulance station, with large temporary trailers in place to enable paramedics to serve the community while the station is built on land provided by the Lytton First Nation.

BCEHS is also conducting a review of our first responder program, and has completed a provincial engagement process with communities around the province to make core improvements to how we work with our first responder partners. BCEHS has started a review of our Interfacility Transport and Critical Care Program, to identify priority issues and establish patient-focused, cost-effective, and evidence-driven solutions. BCEHS is also working with PHSA to fix ongoing challenges with the corporate scheduling and payroll systems.

Moving forward, BCEHS will focus on making our organization a great place to work – focusing on improving our culture and creating a workplace of respect, trust, and transparency. We will continue actively recruiting to stabilize staffing, including running an international recruitment campaign and improving ratios of managers to employees. Additional funding this year will strengthen and expand the Critical Incident Stress Management program to support employee mental health and wellness.

To support all ongoing and future work, BCEHS is actively investing in rigorous engagement processes, including employee and patient surveys and consultation, community engagement activities across B.C., work to strengthening partnerships, and collaborative strategic planning.

This engagement has directly informed a forthcoming three-year strategic plan, which included staff consultation on new organizational statements and goals.

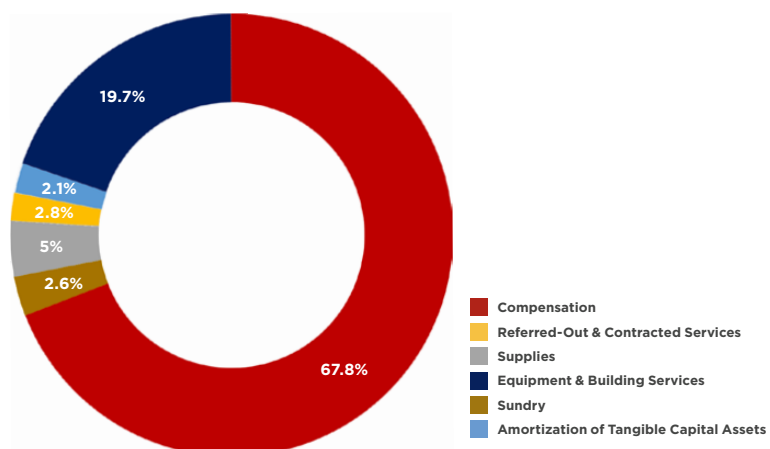
OUR FINANCIALS

STATEMENT OF OPERATIONS — SUMMARY OF EXPENSES

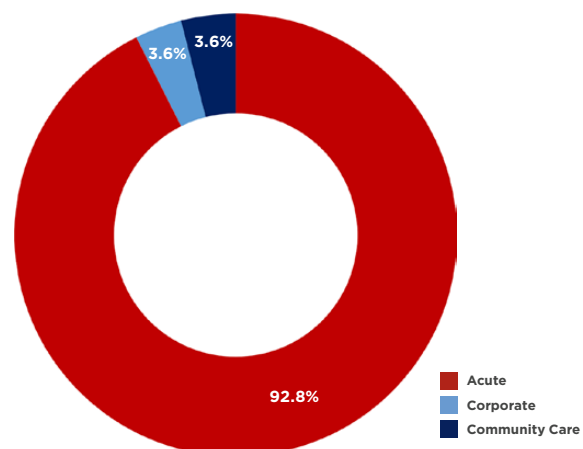
Year ended March 31, 2022 (amounts expressed in thousands of dollars)

COMPENSATION	430,184
REFERRED-OUT AND CONTRACTED SERVICES:	17,566
Other health authorities and B.C. govt reporting entities:	12,534
Health and support services providers and other:	5,032
SUPPLIES:	31,450
Drugs and medical gases:	2,368
Medical and surgical:	9,989
All Other Supplies:	19,093
Equipment and building services:	125,188
Sundry:	16,800
Amortization of tangible capital assets:	13,305
EXPENSES:	\$634,493

2021/22 EXPENSES



EXPENSES BY OPERATIONAL AREA



ABBREVIATIONS

APBC	The Ambulance and Paramedics of British Columbia - CUPE 873	MSI	Musculoskeletal Injury
BCEHS	BC Emergency Health Services	NVHA	Nisga'a Valley Health Authority
BCGEU	BC General Employees' Union	PPE	Personal Protective Equipment
CISM	Critical Incident Stress Management	PHSA	Provincial Health Services Authority
CPR	Cardiopulmonary Resuscitation	PPTSOC	Provincial Patient Transfer Strategic Operation Committee
CRM	Clinical Response Model	PTCC	Patient Transfer Coordination Centre
ECC	Emergency Coordination Centre	PTN	Patient Transfer Network
LARU	Low-Acuity Response Unit	RRIF	Rural, Remote, First Nations and Indigenous COVID-19 Response Framework
LP15	LIFEPAK 15		
MPDS	Medical Priority Dispatch System		



