



# 2022-2023 PROGRESS REPORT

APRIL 1, 2022 — MARCH 31, 2023



**We recognize with gratitude that this document was authored on the traditional, ancestral and unceded territory of the Coast Salish Peoples — the x<sup>w</sup>məθk<sup>w</sup>əy'əm (Musqueam), S<sub>k</sub>wxwú7mesh (Squamish), and səliiwətał /Selilwitulh (Tseil-Waututh) Nations.**

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

We recognize we are uninvited settlers and are honoured to be on this land, acknowledging with respect the diverse histories and cultures of First Nations. BCEHS is committed to reconciliation, decolonization, providing culturally safe services, and building stronger relationships with these communities.

## ABBREVIATIONS

<b>APBC —</b>	The Ambulance Paramedics	<b>HR</b>	Human Resources
<b>CUPE 873</b>	of British Columbia, Canadian Union of Public Employees Local 873	<b>JIBC</b>	Justice Institute of British Columbia
<b>BCEHS</b>	BC Emergency Health Services	<b>LARU</b>	Low Acuity Response Unit
<b>BCGEU</b>	BC General Employees' Union	<b>MSI</b>	Musculoskeletal injury
<b>CAR</b>	Connect and Recover	<b>PPL</b>	Paramedic Practice Leader
<b>CISM</b>	Critical Incident Stress Management	<b>PHSA</b>	Provincial Health Services Authority
<b>CPR</b>	Cardiopulmonary resuscitation	<b>PTCC</b>	Patient Transport Coordination Centre
<b>CRM</b>	Clinical Response Model	<b>PTN</b>	Patient Transfer Network
<b>EMR</b>	Emergency medical responder	<b>UPCC</b>	Urgent and Primary Care Centre



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# BOARD CHAIR'S MESSAGE



“We can recognize this year’s many successes while acknowledging we have a lot of work still ahead.”

## **Across BC Emergency Health Services (BCEHS), our teams are making headway on some of our most intractable challenges.**

Our organization has seen significant changes and growth since I joined BCEHS as board chair in summer 2021. This report is an opportunity to reflect on what has been accomplished over our last fiscal year from April 1, 2022, through March 31, 2023.

I’m inspired by how much positive change has happened over these 12 months — stemming from the hard work and focused, strategic efforts of teams across BCEHS and our community partners. Yet I know there is much more work for us to do. We can recognize this year’s many successes while acknowledging we have a lot of work still ahead to realize our shared vision for BCEHS.

Thank you to all our employees, who deliver and support emergency health care and services province-wide. Thanks to the BC Ministry of Health, for the increased funding that has allowed BCEHS to grow to meet the record 911 call volumes. I’m grateful to all of BCEHS’ partners for their hard work and collaboration, including the Ambulance Paramedics and Emergency Dispatchers of B.C. — Canadian Union of Public Employees Local 873 (APBC — CUPE 873), the BC General Employees’ Union (BCGEU), the health authorities, and the many first responder agencies we work closely with every day. Thanks to our Board of Directors, who are committed to listening and advancing BCEHS’ organizational strategy: current board members Colleen Austin, Lauren Brown, Gary Caroline, Elizabeth Cull, Doug LePard and Barry O’Neill, and past member Dr. Kerry Jang. And, thanks to our patients and the communities we serve, who are the reason we do this work.

Continuing to listen and work with our employees, patients and partners is vital to BCEHS’ future. Our board has great confidence in our executive leadership team headed by chief ambulance officer, Leanne Heppell, and president and CEO, Dr. David Byres. By continuing to work collaboratively, adapting, and learning in the face of challenges, we will keep making meaningful progress towards our strategic plan goals and a stronger BCEHS.

Sincerely,

**Jim Chu**  
Board Chair, BCEHS

# OUR VISION MOVING FORWARD

As part of the Provincial Health Services Authority, BCEHS has contributed to a staff engagement process leading to a refreshed purpose, vision and values for the health authority overall in fall 2023, along with new foundational Coast Salish teachings, which have been gifted to PHSA by Coast Salish Knowledge Keeper Sulksun. We look forward to supporting the roll-out of this work, while also honouring engagement activity happening within BCEHS in partnership with CUPE 873. Over the past year, we have worked together with BCEHS employees to update our “core tenets,” which reflect our organization today and our aspirations for the future.

## OUR 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.

## OUR 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 the right care at the right time, the first time.
- + meaningfully consulting and partnering with 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.



Alaina Berman



Kalani Poison

# CHIEF AMBULANCE OFFICER'S MESSAGE



“We’re starting to see exciting results thanks to the efforts of teams across BCEHS.”

**The period covered in this report was my first full fiscal year leading BCEHS, a vital service within the Provincial Health Services Authority (PHSA). With this progress report, I’m proud to continue delivering on BCEHS’ commitment to share information on our journey to invest in and improve our service — to our employees, our many vital partner organizations, and the patients and communities we serve.**

BCEHS is in the midst of ongoing change, which presents us with positive opportunities and real challenges. In partnership with the BC Ministry of Health, the Provincial Health Services Authority and our provincial partners, BCEHS is working on longer-term plans to modernize our service. Our service is expanding. While this expansion is an incredible opportunity, it also puts pressure on our organization and reveals areas where real improvement is needed.

This year, I had more opportunities to connect in person with BCEHS employees and patients across the province. BCEHS’ entire senior leadership team has committed to getting out and spending time regularly talking to our employees.

This face-to-face engagement has been particularly rewarding for me. I’ve been able to not just listen but also to see firsthand the realities and needs at BCEHS facilities province-wide.

Last year’s 2021 report summarized a year of significant challenges and change. This year, BCEHS is still facing both challenge and change, but we are also seeing many positive signs of progress. We’re starting to see exciting results thanks to the efforts of teams across BCEHS, such as hiring over 800 new employees this year, the largest expansion of staffing in our history. We have also worked with CUPE 873 on improvements to our mental health supports, increased wages and improved benefits for our frontline employees.

We’ve also been able to increase our employee recognition to thank staff for everything they do, day in and day out. These efforts include creating a dedicated employee recognition team to lead this important work, and initiating BCEHS’ first-ever Chief Ambulance Officer’s Commendation for Excellence in Adversity, to recognize employees for their amazing efforts under extraordinary circumstances.

Going forward, we will keep listening and taking action to support positive culture changes within our organization. We want to become an organization that is recognized as an employer of choice, where staff are passionate about what they do and feel it’s more than just a job; where they feel engaged, safe, valued and supported in providing the best care to patients, their families and their local communities.

I continue to be deeply committed — alongside our board and senior leadership team — to creating the conditions for our employees to thrive at BCEHS. The changes we have been making are helping strengthen the foundations of BCEHS, so we can be more innovative and effective in our shared purpose: helping people and making a difference in our communities.

Sincerely,

**Leanne Heppell**

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



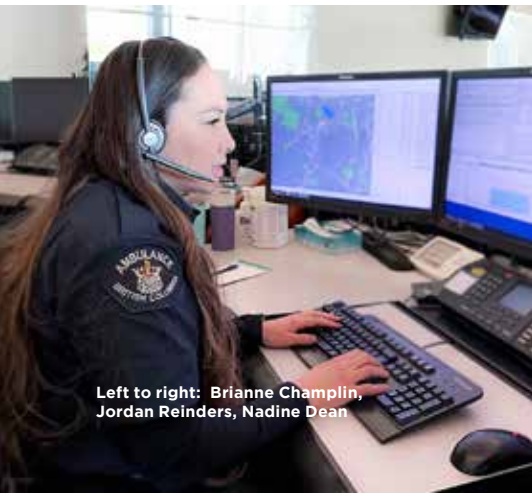
# WHO WE ARE

**BC Emergency Health Services (BCEHS) is one of 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*.**

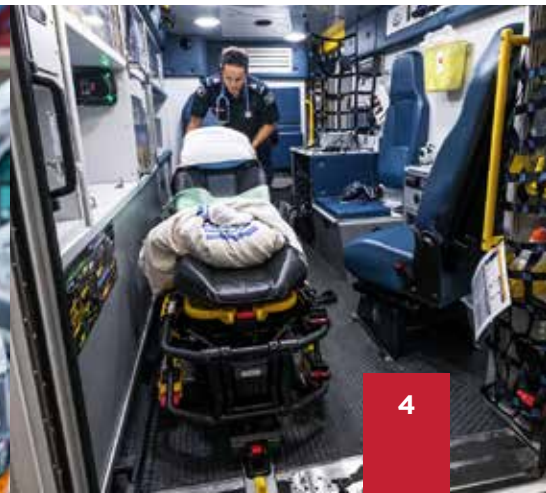
BCEHS is also responsible for the planning and coordination of interfacility patient transfers that require paramedic care, as well as the community paramedicine program, which provides scheduled care to patients living with chronic health conditions in remote and rural communities across British Columbia.

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, 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 regions.



Left to right: Brienne Champlin, Jordan Reinders, Nadine Dean





# ALWAYS ADAPTING

**Emergency health needs in B.C. are evolving. That means BCEHS is continually working to improve the quality of care we provide while expanding our capacity to be there where and when patients need us.**

Throughout much of 2022, we've seen continued impacts of the COVID-19 pandemic. Increasingly, British Columbians face extreme weather events. B.C.'s toxic drug supply crisis is ongoing. Our population is growing and aging, presenting more complex health needs.

BCEHS' purpose is to bring compassionate, equitable, and professional emergency care, interfacility transfers, and community health-care services to people in communities across British Columbia. From timely emergency ambulance responses to scheduled home visits, patients and families should expect high-quality emergency and community health services, wherever they are across the province.

We know that our employees are at the core of delivering on that promise to patients. Improving current employee supports and increasing staffing levels was a priority in 2022 and will continue to be going forward.



Scott Haig, Brian Twaites



# INCREASED CALL VOLUME

BCEHS was called for more than 553,000 911 events and completed over 67,000 interfacility patient transfers from April 1, 2022, to March 31, 2023. Numbers of 911 phone calls increased and have remained high compared with pre-pandemic levels.

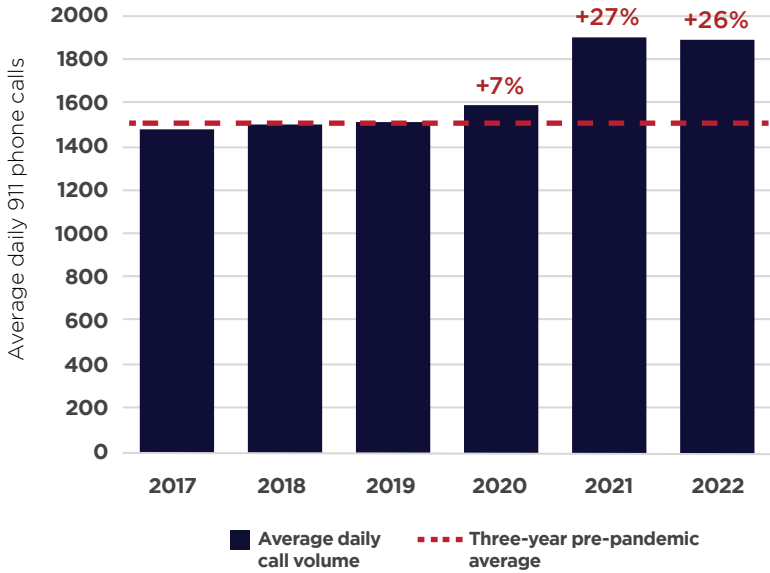
Averaging nearly **1,900** 911 calls per day

**BCEHS tracks data using specific terms.**

**A 911 event** is a request for BCEHS services 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 services. 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.

**911 PHONE CALL VOLUME BY YEAR**  
January 2017 to December 2022



**BCEHS dispatch uses a triage system to ensure ambulances and paramedics are focused on the most life-threatening situations and that patient concerns are matched with the right response.**

Our triaging uses the internationally recognized Medical Priority Dispatch System combined with the Clinical Response Model (CRM) — a colour-coded resource assignment approach. The CRM colour indicates the resources, response type, and relative priority of the call, with purple as highest priority.

**CLINICAL RESPONSE MODEL COLOUR CODES**

<p><b>Immediately life-threatening</b> e.g., Cardiac arrest</p>	<p><b>Immediately life-threatening or time critical</b> e.g., Chest pain</p>	<p><b>Urgent, potentially serious, but not immediately life-threatening</b> e.g., Abdominal pain</p>	<p><b>Non-urgent, not serious or life-threatening</b> e.g., Sprained ankle</p>	<p><b>Non-urgent (not serious or life-threatening), possibly suitable for treatment at scene</b> e.g., Minor cut</p>	<p><b>Non-urgent (not serious or life-threatening), further telephone triage and advice, referrals to HealthLinkBC</b> e.g., Skin rash</p>
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**BCEHS has also seen an increase in the number of patients who call 911 with life-threatening or urgent health needs over the last three years. Events coded purple or red increased by nearly nine per cent in 2022 compared with 2021.\***

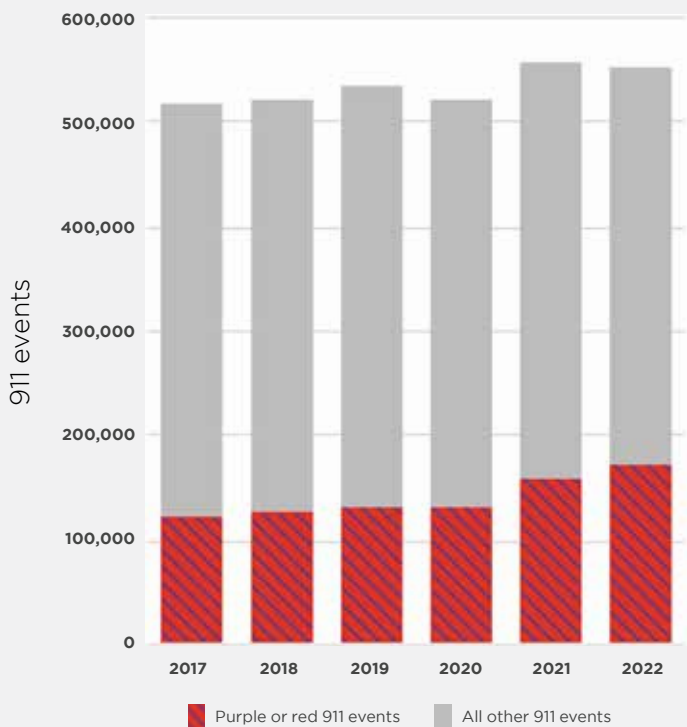
Approximately 30 per cent of 911 events in 2022 were coded as purple or red. Another 30 per cent of calls were urgent and potentially serious, but not immediately life threatening, coded orange, The remaining 40 per cent of all 2022 911 events were not life threatening or time sensitive, and coded as “lower acuity” yellow,

green or blue. Some of these low acuity patients do not need to be seen at an emergency department, but they require some other connection to care, for concerns such as sprains, mild illness, minor cuts, or skin conditions.

*\*April 1, 2022, to March 31, 2023, compared with the previous 12 months*

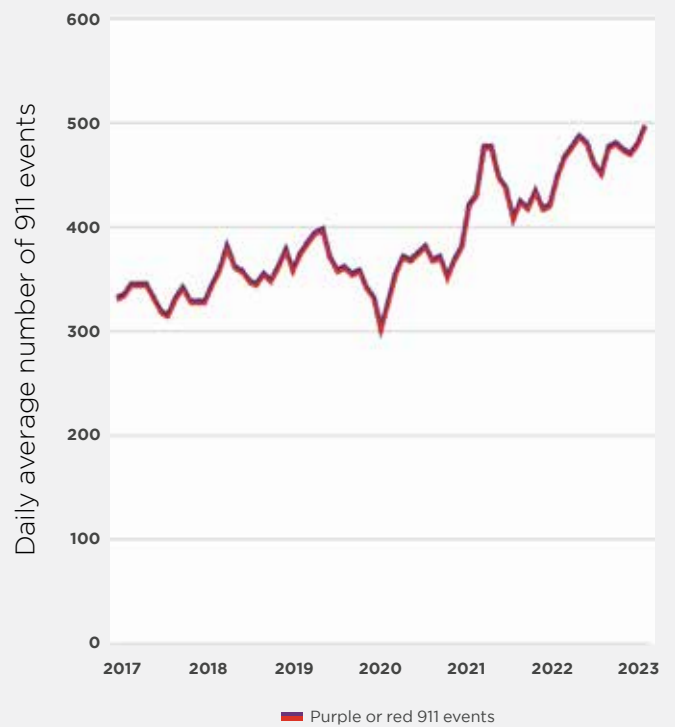
**YEARLY 911 EVENTS BY CLINICAL RESPONSE MODEL (CRM) COLOUR**

Total 911 events for fiscal years 2017–2022 (April 1–March 31)



**DAILY AVERAGE NUMBER OF LIFE-THREATENING OR URGENT 911 EVENTS**

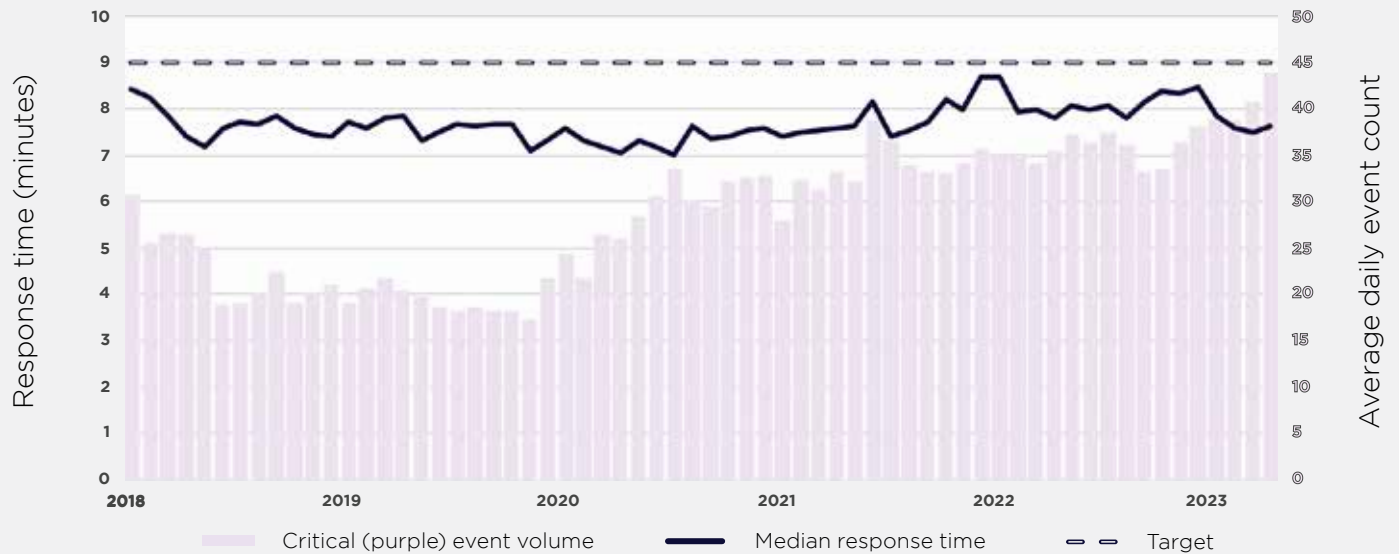
April 1, 2017–March 31, 2023



Left to right: Gentiana Balla, Michelle Cowan and Gurpreet Johal

## RESPONSE TIMES TO CRITICAL 911 EVENTS IN METRO/URBAN B.C.

January 2018 to March 2023



*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 2022, **84 per cent of critical 911 events** (CRM code purple) **occurred in metro or urban areas of B.C.**

A key performance measure is BCEHS response times for “high acuity” urgent or life-threatening events. Although the number of critical 911 events has increased, BCEHS has maintained response times at or better than our provincial targets for the most

life-threatening (purple) events in urban areas. Continued expansions and improvements aim to deliver better responses and patient care for all categories of 911 events province-wide.

## SHARING OUR STRATEGIC PLAN

**In 2022, BCEHS published a three-year strategic plan, which provides a roadmap to address foundational issues and improve how we support frontline employees and provide patient care.**

The plan outlines how BCEHS will build our foundation by focusing on supporting staff, improving access and quality care, making resource and system improvements, and creating longer-term plans. This BCEHS plan is grounded in four strategic priorities, each with specific goals and actions:

- + Improve access and quality
- + Improve recruitment, retention, employee well-being and engagement
- + Develop a BCEHS Indigenous health strategy
- + Create a 10-year plan for BCEHS, with an aligned capital infrastructure strategy.

As part of the process to develop the plan, we heard clearly from our employees, patients and partners that BCEHS has a unique role in the health-care system. Our vision, purpose and belief statements as an organization have been revised to reflect what we heard.

The goal of this plan is to create a clear path to a strong, stable foundation and shared understanding of our organizational priorities. The plan places great emphasis on supporting employees and creating more robust staffing models.

# OUR PEOPLE

Close to 5,000 BCEHS employees support patient care, including paramedics, medical emergency call takers and dispatchers, administrators and leaders. In 2022, people and resources at BCEHS included the following:



## 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.

<b>2,900+</b>	Primary Care Paramedics
<b>670+</b>	Emergency Medical Responders
<b>270+</b>	Advanced Care Paramedics
<b>130+</b>	Ambulance Drivers/Attendants
<b>80+</b>	Critical Care Paramedics
<b>70+</b>	Community Paramedics
<b>28</b>	Low Acuity Response Unit Paramedics
<b>19</b>	Infant Transport Team Paramedics

Clinical operations is also responsible for emergency 911 call-taking, dispatching of ambulances, and coordinating interfacility patient transfers. Our Dispatch Operations Centres – Kamloops, Victoria and Vancouver – have:

<b>260+</b>	Emergency Medical Dispatchers & Call Takers
<b>27</b>	Emergency Online Support Physicians
<b>24</b>	Paramedic Specialists
<b>16</b>	Secondary Triage Clinicians
<b>4</b>	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:

<b>43</b>	Patient Transfer Coordinators
<b>4</b>	Patient Transfer Supervisors
<b>3</b>	Community Paramedic Coordinators
<b>1</b>	Educator
<b>1</b>	Quality Improvement Coordinator



## 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 critical care paramedics 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:

<b>42</b>	Emergency Medical Dispatchers & Call Takers*
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\*including five part-time employees



## RESOURCES

Across **182 ambulance stations**, BCEHS' Logistics and Transport Operations team oversees the following fleets to support patient care:

### AIR AMBULANCE FLEET\*

<b>35+</b>	Helicopters & Airplanes Contracted
<b>9</b>	Turboprop Planes
<b>6</b>	Helicopters
<b>1</b>	Jet

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

### GROUND AMBULANCE FLEET

<b>650+</b>	Ambulances
<b>19</b>	Low Acuity Transport Buses
<b>260+</b>	Single Response Units & Non-ambulatory Vehicles

### MARINE AMBULANCE FLEET

<b>12+</b>	Ad Hoc Water Taxi Providers
<b>3</b>	Dedicated Marine Ambulance Vessels on Contract

All numbers are as of March 31, 2023, and include full-time and part-time employees.



Chelsie Osmond and  
Sapphire Kwok



Vicki Morran, Kari Sloane,  
Janice Jorgensen and Lauren Ivezich

## SUPPORT TEAMS

**Hundreds of employees across BCEHS support frontline health-care operations.**

### 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 overseeing innovative care models to ensure best practice across the organization.

### LOGISTICS & 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.

**Kevin Marriott** is a supervisor in Vancouver Dispatch Operations, and has worked at BCEHS for over 30 years.

**“It feels like it’s gone by in the blink of an eye!”** Kev reflected on his three-decade career in paramedicine, which began at Station 149 in his hometown of Chemainus on Vancouver Island.

Since starting as a paramedic and moving into dispatch roles, Kev has seen many changes at BCEHS. **“For example, now we’re much more cognizant of mental health challenges in this job, and the critical role of mental health care.”** Looking back, Kev said he’s met amazing people, and loves that no day is the same. **“You never know everything in this job — each day is different and you always learn something new.”**



# RECORD HIRING & EXPANSION

**BCEHS is taking unprecedented action to grow our workforce with new positions and increased hiring. Augmenting staffing levels through increased recruitment, hiring and training is critical to support our current employees and better serve patients.**

Between April 1, 2022, and March 31, 2023, BCEHS:

- + Announced **400+** new, full-time **paramedic positions**.\*
- + Hired **800+** new employees across BCEHS paramedics, dispatch, and support services into existing vacancies and new positions.

*\*Total includes 190 full-time positions announced in 2022 and made permanent in early April 2023.*

This builds on our momentum from last year, when more than 600 permanent full-time paramedic positions were added in fiscal year 2021.

Currently, 75 per cent of regular permanent full-time and part-time positions are filled and BCEHS is actively recruiting for unfilled positions in regions throughout B.C.

## RAMPED-UP RECRUITMENT CAMPAIGN

BCEHS started an award-winning marketing campaign in fall 2021, targeting potential new hires in B.C. and across Canada to address our urgent staffing crisis.

In spring 2022, the second and highly effective phase of the campaign launched with a careers video, increased social media, a new website landing page, enhanced email marketing, and community-based advertising (including radio advertising, transit bus ads, and more). In summer 2022, the talent acquisition marketing team also produced hiring event toolkits to standardize recruitment across in-person events. The campaign has contributed to an increase in applications, averaging about 100 per month since May 2022 and hitting an all-time high of 150 in March 2023.

One unexpected but significant outcome of the marketing campaign is that the Justice Institute of British Columbia (JIBC) — the main school in B.C. that trains paramedics — saw increased demand throughout 2022. JIBC had to increase their program size, and attributed their growth to BCEHS' marketing efforts.



Recruitment campaign video shoot and bus ad

## TRANSFORMING PROACTIVE RECRUITMENT EVENTS

This year, proactive recruitment strategies included a rapid scale-up of in-person events, new collaborations, and effective system-level changes. For the first time, BCEHS has a dedicated talent acquisition and proactive recruitment team to specifically focus on the organization's needs.

Collaborating with local stations and communities, BCEHS' new proactive recruitment team expanded both the number and variety of event formats — from attending large hiring fairs and visiting high schools to co-hosting station open houses and supporting events with Indigenous Bands and Councils. In total, BCEHS was at more than 180 in-person recruitment events this year in 107 communities across B.C. and hosted over 50 virtual events.

A key focus throughout 2022 was to more effectively recruit, hire and train local candidates for positions at rural and remote ambulance stations. BCEHS systematically prioritized events in the most critical regions for hiring, and strengthened relationships with organizations, including high schools, fire departments, and mayors and councils in those regions and neighbouring communities.

To further support rural and remote recruitment and hiring, BCEHS also launched on-site application assistance and in-person interviews, along with new training options. For example, now if eight or more candidates apply, BCEHS

can facilitate the required emergency medical responder (EMR) training and licensing in the rural or remote community, meaning new hires no longer have to spend weeks training in other areas of the province.

The BCEHS Career Pathway Presentation was developed to highlight the diverse positions within BCEHS and emphasize how entry-level opportunities can lead to lifelong, rewarding careers. This presentation has enabled consistent information to be shared across the province and empowered presenters to feel more confident with clear messaging.



**Ben McGregor** and **Kate O'Reilly** are highly trained advanced care paramedics who moved from London, UK, to work at BCEHS.

The couple shares a love of paramedicine as a career. Both went to university for paramedicine in Australia and then moved to serve in London, one of the busiest ambulance systems in the world.



Laura Eusanio



Emma Arksey, Glen Greenhill and Eric Hansen

## INNOVATIVE HIRING APPROACHES

BCEHS is taking new, strategic approaches to bring employees into the organization and support their career trajectories.

The BCEHS external recruitment team takes in applicants, conducts interviews, and helps potential BCEHS employees move through the hiring system. Since April 2022, this team has decreased the time it takes to move from application to interview from one to two weeks to just 24 to 48 hours.

Historically, new employees would be sent to rural and remote communities for part-time, on-call positions. Often, those employees would eventually move back to serve in urban and metro areas.

This year, BCEHS introduced conditional hiring, where “driver-only” hires are provided employer-paid EMR training so that more people can be hired into the communities in which they live and employees have paid opportunities for career advancement. Before 2022, driver-only hires accounted for less than five per cent of all recruits, and were generally hired into remote stations with no obligation to increase their clinical training. This year, 25 per cent of new hires were driver-only, hired with the condition that they obtain an EMR or primary care paramedic licence during their six-month probation. As of March 31, 2023, BCEHS had provided training for 55 successful candidates with much more planned for 2023 and beyond.

In 2022, BCEHS also hired 26 new employees directly into full-time positions — rather than on-call or part-time — which has never been done before and made these roles a more viable career choice for skilled paramedics.

BCEHS is continuing to proactively work with regulators and various bodies to streamline the flow of licensing and enable highly qualified people to join BCEHS from around the world.

The two didn't meet until a ski trip in France, through mutual paramedic colleagues. After serving for over eight years in London, they made the move together to B.C.

Ben and Kate said they appreciate the opportunities for career development with BCEHS. The **critical care program** was a major draw — because it's intensive and offers especially good workplace training with lots of education.

In rural and remote B.C., where patients sometimes need to travel vast distances, paramedics need to provide critical care services and flight-based transports.

**BCEHS piloted a new approach to offer emergency medical responder (EMR) training in remote, rural, and northern communities.**

The goal was to make training more accessible for local community members to ultimately become paramedics and work at their local ambulance stations. Rather than requiring prospective hires to travel long distances, candidates can learn in their home communities.

For the pilot in fall 2022, BCEHS partnered with Hecate Strait Employment Development Society in Prince Rupert, the Justice Institute of BC and WorkBC to train emergency medical responders (EMRs) in Northwest B.C. The Emergency Medical Assistant Licensing Board helped expedite licensing exams upon completion of the EMR course.

All who successfully completed the training have been hired out of the inaugural class — a major success for Northwest B.C., where

every additional hire makes a difference for local stations. Building on insights from the pilot, the approach is being improved and expanded to other communities.

**Becoming an EMR has always been on the “bucket list” for Chris McWilliam, who graduated from the training and started working in Prince Rupert as an on-call casual EMR last November.**



**Anthony Del Pino** joined BCEHS this year, as an on-call emergency medical responder (EMR) in Lillooet. Anthony works full time as a teacher during school-year weekdays.

**“I have always been interested in learning more about medical intervention and hoped to do an EMR course on my own,”** said Anthony. **“When I heard of our local opportunity to join the ambulance service and improve my knowledge of patient care, I jumped at the opportunity to expand my skills and give back to the community.”**

Anthony and his partner moved from Vancouver to Lillooet three years ago, drawn by the access to outdoor recreation like rock climbing, hiking and kayaking, and a lower cost of living in a small municipality of 2,300 residents. **“Many of the current paramedics at the station are friends of mine, and I know station resourcing and staffing can be a challenge,”** said Anthony. **“Although I will only be filling in weekends and summer shifts around my other job, I am happy to support them in any way I can.”**

After completing his new employee orientation in April, Anthony is excited to contribute to the team. **“I’m increasingly learning how every call is different and that means that you have to constantly problem-solve, think on your feet, and adapt to changing environments.”**



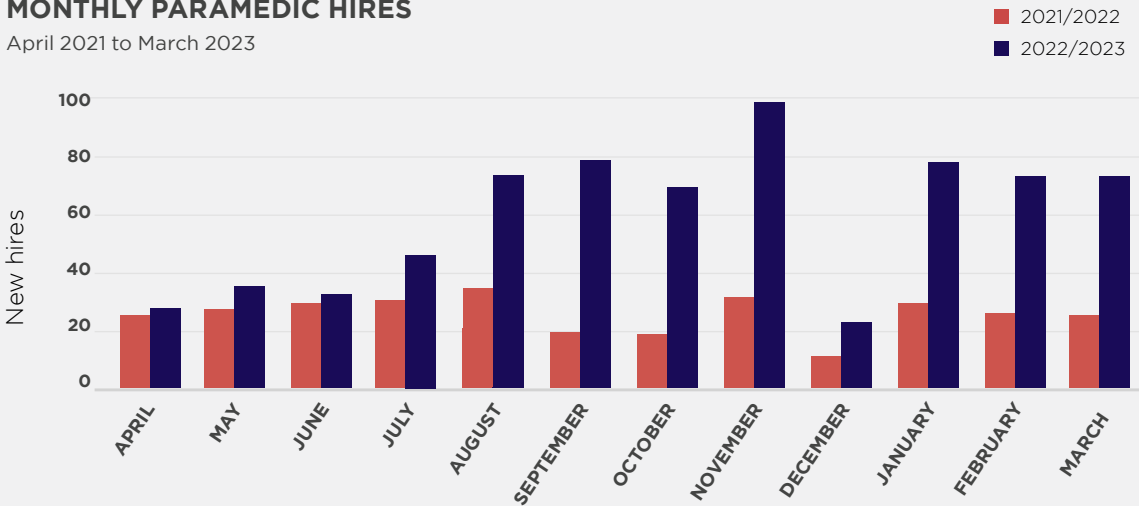
# DELIVERING RESULTS WITH UNPRECEDENTED HIRING

Starting from spring 2022, BCEHS saw hiring numbers each month increase compared with 2021, coinciding with the expanding recruitment campaign and events.

New paramedic hires increased by **131 per cent**, from 305 paramedics hired in 2021 to over 700 this year.

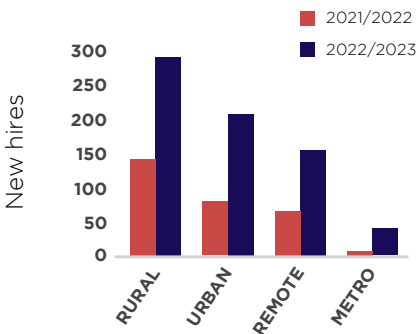
## MONTHLY PARAMEDIC HIRES

April 2021 to March 2023



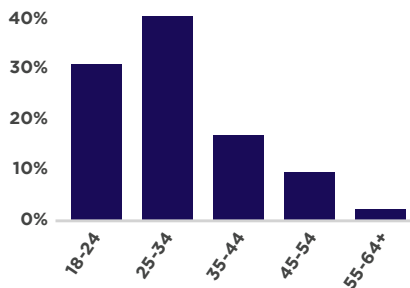
**Over 270 employees** were hired into rural communities and 128 into remote communities. Combined, hiring for rural and remote stations made up **73 per cent** of all new hires in 2022.

## PARAMEDIC HIRES BY AREA



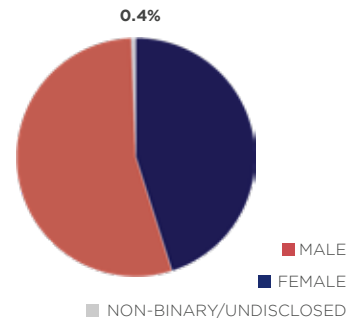
## PARAMEDIC HIRES BY AGE

April 2022 to March 2023



## PARAMEDIC HIRES BY GENDER

April 2022 to March 2023



## INVESTING IN NEW EMPLOYEE ORIENTATION

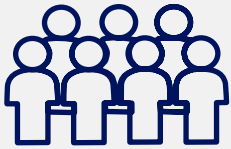
With increased hiring, BCEHS had to rapidly scale and restructure the new employee orientation (NEO) program. NEO is a 10-day program that teaches standard provincial and regulatory information for all BCEHS paramedics and emergency health responders. Employees start with the same classroom training, and then are deployed into their communities with a six-month period of ongoing and community-specific training.

Changes included a fundamental realignment of scheduling, including increasing training to seven days a week (up from five), and completely transforming the sequencing of instructors, equipment, and travel.



New employee orientation groups and training





Before 2022, BCEHS averaged 280 new employees per year, taught within 40 NEO cohorts.



BCEHS restructured our new employee orientation program in 2022, and one of the goals was to increase capacity: our target was 600 new employees within 50 cohorts.



In 2022, we supported 679 new employees in 59 cohorts, a 240 per cent increase in new employees over previous years, and 13 per cent over target.



Candice Dunsmore

## EXPANDING DISPATCH TEAM AND CAPACITY

BCEHS dispatch centre operations also grew in 2022, with new roles on the team alongside significant hiring and increased professional development.

Emergency medical call takers (EMCTs) receive inbound 911 calls, gather critical information from the caller and use approved protocols and systems to assess the patients while calling upon dispatch to send the appropriate resource. During the call, they may also deliver life-saving instructions to callers and first responders.

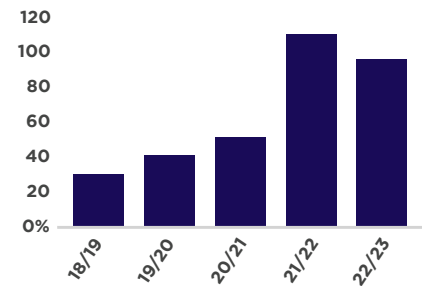
New EMCTs are onboarded with classes involving online pre-class training, class training over four weeks, and a practicum over two months with 250 hours of one-to-one training on 911 calls.

Dispatch increased the number of practice educators to support the growing team, hiring seven new practice educators in 2022 to run more classes and serve as educators on the live 911 call taker floor. They are available to answer in-the-moment questions from staff and provide educational feedback on current events and situations.

BCEHS Dispatch also introduced new staff development days, with professional development to support retention, wellness and development, and implemented phase one of a quality improvement plan including additional education.

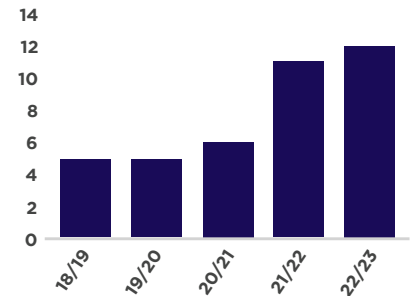
## EMCTs HIRED

From 2018 to 2023



## EMCT CLASSES

From 2018 to 2023



**Lewis Wu** is a full-time emergency medical dispatcher in Vancouver Dispatch and a part-time primary care paramedic out of Lions Bay. He joined BCEHS in 2013 as a paramedic, and joined Dispatch in 2016.

He most enjoys seeing the impact of his work. **“Every day, I go home and I know I’ve made a difference. It’s not just about sending patients an ambulance but also making sure they have the right response at the right time.”**

The work involves empathy and focus. **“You need to maintain an almost 100 per cent level of focus for 12 hours,”** explained Lewis. **“And, you need to connect with people to understand what they’re feeling and what they’re going through but also be able to convey the parts that you’re able to help them with.”**





December 2022 post-orientation new employee group



Vancouver 2022 Pride parade



30-year long service award, Leanne Heppell and Andrew Burke

# GATHERINGS & CONNECTIONS IN 2022

AWARDS & RECOGNITION, TRAINING, AND COMMUNITY EVENTS



Indigenous Health Program portfolio team members. Top row: Natalee Dennis, Amy Poll, Lorna Paul, Lyndsay Kay. Bottom row: Geraldine Elkins, Jordan Stehelin-Holland, Dakota Stone



All Native Basketball Tournament in Prince Rupert, February 2023



September 2022 long service awards



Chief Ambulance Officer's Commendation Award ceremony in Kelowna, February 2023

# INCREASING & IMPROVING EMPLOYEE SUPPORTS

**BCEHS is committed to continually creating conditions for employees to thrive – to learn, be healthy and effectively apply their professional expertise to do work they are proud of.**

## PRIORITIZING MENTAL HEALTH & WELLNESS

In 2022, mental health claims represented over 30 per cent of all BCEHS time-loss claims\* with WorkSafeBC, a provincial agency dedicated to promoting safe and healthy workplaces across the province.

Because of the nature of their work, paramedics, emergency call takers and dispatchers are exposed to and experience a disproportionate incidence of mental health injuries compared with other types of work. In collaboration with our partners, BCEHS is continuing to take actions that aim to reduce mental health injuries, accommodate injured employees, and increase positive mental health and wellness for employees.

The BCEHS Critical Incident Stress Management (CISM) program engages and supports employees who are exposed to occupational stress injuries and mental health challenges. The program provides confidential peer support, check-ins, and referrals to trauma-informed counselling services for our employees.

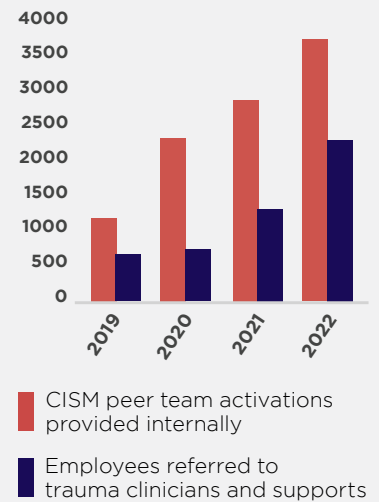
This year, CISM focused on increasing staff and resources to meet increasing demand.

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

The program grew with 30 new peers and 175 new clinicians, for a **total of now 160 peers and 295 clinicians** serving BCEHS employees.

## SUPPORTING MORE STAFF THAN EVER BEFORE

CISM program utilization at an all-time high



**Stephen Burns**, lead coordinator, Critical Incident Stress, has worked at BCEHS for 16 years. Based in Prince George, Stephen first got involved with CISM as a peer volunteer when the program started in 2015. He's proud of how much it's grown since then. **"As an organization, BCEHS is putting huge support behind this program, to enable its thoughtful and sustained development over time,"** said Stephen.

The year 2022 saw some very challenging emergency health service responses, and Stephen said he's proud of what the program has been able to do. **"I get so much satisfaction working behind the scenes to support the people out front, getting the work done. I feel incredibly fortunate to do this work with an incredible team."**

The program provides psychological support for staff who are not only exposed to traumatic events but also experience cumulative stress over time. It aims to remove stigma and normalize the reality of being impacted by this work. **"We have amazing people at BCEHS who are willing to do this vital work out in communities across B.C.,"** explained Stephen. **"As an organization, we need to continue providing and improving our mental health and wellness supports for everyone at BCEHS."**

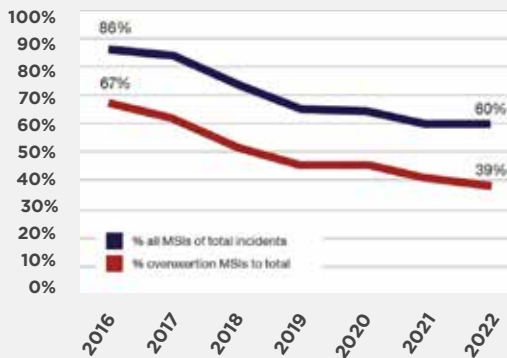


## SUPPORTING INJURY PREVENTION, RECOVERY AND RETURN TO WORK

Historically, musculoskeletal injuries (MSIs) were a major injury category for paramedics, particularly from repeatedly lifting and lowering heavy manual stretchers and loading and unloading those stretchers into ambulances.

As a result of BCEHS' five-year program (2016-2021) to prevent MSIs with new equipment and training, employee MSIs caused by lifting, transferring patients, and equipment handling have been declining into 2022.

### MSI TIME-LOSS CLAIM VOLUMES



Cassidy Jessup

Stretcher raise/lower time-loss injuries were at a high of 56 injuries in 2016, when the program was introduced. Since then, there have been three MSIs total over the last four years, and stretcher load/unload injuries have also been reduced significantly. BCEHS is continuing to identify and mitigate MSIs to our workforce. Next year's focus will be on delivery of education and new opportunities to continue the journey of reducing and preventing MSIs.

To help support physical injury management, BCEHS has expanded its Connect and Recover (CAR) program.

CAR is a collaborative early intervention injury management program. Its goal is to give employees immediate access to first aid and to connect them with modified duties to allow active participation in their own recovery. Those with strain- or sprain-related injuries have priority access to physiotherapy.

After an injury, employees 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 CAR program was developed jointly by BCEHS with CUPE 873 and WorkSafeBC. Based on positive evidence from an initial trial, the program was expanded starting in 2021 to now cover over 60 stations and approximately 2,000 employees who can use the program if needed. Since its launch in 2021, over 400 employees have enrolled in CAR for support with short-term injury management. Substantial work was undertaken in 2022 to improve the supports, systems, and enrollment processes, creating more meaningful experiences for our employees. The program has seen increased enrollment throughout 2022. BCEHS is looking to expand CAR to other areas of the province.



Karen Nixon

# RECOGNIZING & VALUING OUR PEOPLE

## RENEWED FOCUS ON EMPLOYEE RECOGNITION

With pandemic measures lifted, BCEHS long service awards restarted in 2022. In-person recognition events were hosted for all recipients of long service awards in 2019, 2020 and 2021 as well as this year's 2022 recipients — recognizing over 600 employees with more than 25 years' service at BCEHS.

In 2021, the Chief Ambulance Officer's Commendation for Excellence in Adversity was introduced as a new award, with the goal of having the chief ambulance officer and chief operations officer personally recognize employees for their responses to extraordinary events. This inaugural award was presented in recognition of outstanding employee responses during the 2021 flooding and during a tragic multi-casualty incident involving a bus crash in 2022.

BCEHS has established a new employee experience team that includes positions focused on recognition. In addition to organizing events, this team supports people across BCEHS to share positive feedback and thanks, and actively listens to employees' suggestions about the kinds of recognition that feel meaningful.

Looking ahead, the employee experience team will continue to grow and work with people across BCEHS to strengthen the employee experience in all its forms.



## NEW THREE-YEAR COLLECTIVE AGREEMENT

A new collective agreement was ratified on February 14, 2023, between the Health Employers Association of BC, representing BCEHS, and the Ambulance Paramedics and the Ambulance Dispatchers Bargaining Association of BC, representing APBC — CUPE 873 and its paramedics, emergency medical dispatchers and emergency medical call takers.

This three-year collective agreement includes changes that will help stabilize staffing, increase employee retention, improve employee wellness, and improve coverage and patient care, particularly in rural and remote areas. BCEHS' new expedited and streamlined internal provincial job posting process aimed to hire and place paramedics in positions around the province. The process was successful and embedded in the new collective agreement.

### Improvements include the following:

- + General wage increases in each year of the agreement
- + Transitioning the scheduled on-call model in rural and remote areas to an approach more tailored to the community and station
- + Increased shift premiums
- + Increased diversity, equity and inclusion provisions, including work to advance Indigenous-specific anti-racism efforts
- + Improved benefits coverage for mental health and other health-care provisions
- + A cost-of-living allowance in 2023 and 2024

Following the extreme heat wave in summer 2021, BCEHS responded to support paramedic health, wellness and comfort by deploying new uniform options, training, and heat mitigation strategies to support paramedics' comfort working in extreme conditions.



# ADDRESSING SYSTEMIC CAUSES OF RACISM, SEXISM & DISCRIMINATION

Throughout 2022, the BCEHS leadership team has worked towards creating workplaces that are safe, respectful and inclusive, in collaboration with partners including CUPE 873, PHSA and the BC Ministry of Health.

BCEHS employees have voiced concerns about workplace bullying, sexual harassment, and racist attitudes and conduct. As an organization, BCEHS is committed to listen, take meaningful action, and report on progress towards ensuring a positive, safe and supportive workplace for all employees.

BCEHS has undertaken significant work this year that will continue going forward. For example, BCEHS is strengthening the capacity of the human resources (HR) team by adding five staff to the wellness recovery team and eight staff dedicated to HR services. Additional staffing will support workplace culture, training and investigations.



## **There is much work done – and to do – to ensure BCEHS workplaces are safe, respectful and inclusive. Some of this work is underway, some of it has been completed, and some of it is only beginning.**

Four new leadership positions will support culture change at BCEHS, focusing on work in employee experience; diversity, equity and inclusion; employee recognition; and mental health and wellness.

Going forward, the role of executive director, employee experience, will lead our employee recognition, mental health, and diversity, equity and inclusion teams, and report to the newly created role of chief of people, diversity and culture. These dedicated roles will help ensure we have the focused support and guidance required to make the positive changes needed to improve our culture at BCEHS.

Specifically focusing on mental health and well-being is an important culture shift at BCEHS, to create a workplace where employees feel comfortable reaching out for help and mental health care. New leadership roles and teams will focus on strengthening mental health supports for BCEHS employees, including expanding injury prevention, management and recovery programs for employees' mental health injuries.

In the coming year, BCEHS will implement a People Strategy that outlines the behaviours, culture, values and work environment BCEHS embraces, with review and input from employees. This will support actions including additional training, mentoring opportunities, and surveys to track progress.

## **To raise the profile of women in paramedicine and advocate for people working at BCEHS who identify as women, five women at BCEHS formed the Women in Paramedicine Special Interest Group (WIPSIG) in September 2021.**

Since then, a Facebook group associated with WIPSIG has grown to more than 450 members and allies.

Paramedicine has historically been a male-dominated field. Despite an increase in women entering paramedicine, data shows women still haven't reached equity in more senior paramedic and leadership roles.

As a group that is supported, but not mandated, by BCEHS, WIPSIG's mission is to bring gender equity to the forefront of BCEHS by advocating for policies and procedures that remove obstacles for women and support them in obtaining fulfilling careers within the organization. The group advocated for actions including a review of organizational culture, the creation of a sexual harassment policy, and establishing a female-to-female mentorship group.



WIPSIG founding members Maria Cirstea, Shauna Speers, Melissa Vose and Jen Bolster dedicate their time to move this important work forward. Kelly Noel joined the group in the fall of 2022.

Work throughout 2022 and into 2023 focused on gaining a better understanding of workplace gender equity, sexual harassment, bullying and discrimination at BCEHS, and finding ways to improve and address current problems.



# OUR PURPOSE

**BCEHS provides high-quality and timely emergency and community health care to meet the unique needs of our patients and their families. With continually increasing needs for emergency health and community services, BCEHS aims to improve our response times and service levels across the province.**

In 2022, BCEHS made progress in developing and expanding new, evidence-based ways to care for non-urgent needs to provide better care for all patients while enabling ambulances and emergency departments to focus on urgent events.

While there is much more to do, work to expand paramedics' scope of practice and bolster frontline support systems is making a positive difference for employees and patients.

## PROVIDING INNOVATIVE CARE FOR NON-URGENT PATIENTS

Emergency health services traditionally focus on treating the most seriously ill or injured patients as fast as possible. This means 911 callers with “low acuity” issues that are not urgent or life-threatening — like an injured wrist or minor burn — may wait longer for care if emergency services are busy treating higher acuity patients.

This year, BCEHS has continued to expand approaches to serve patients with low acuity health concerns — increasing emergency resource availability while providing patients with appropriate care the first time they contact 911.

On average, **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.



Above: Nicholas Fung  
Kelly Budway

Paramedics across the province referred **two to three patients per day** into Assess, See, Treat and Refer (ASTaR) pathways.

## EXPANDING PATHWAYS FOR CARE

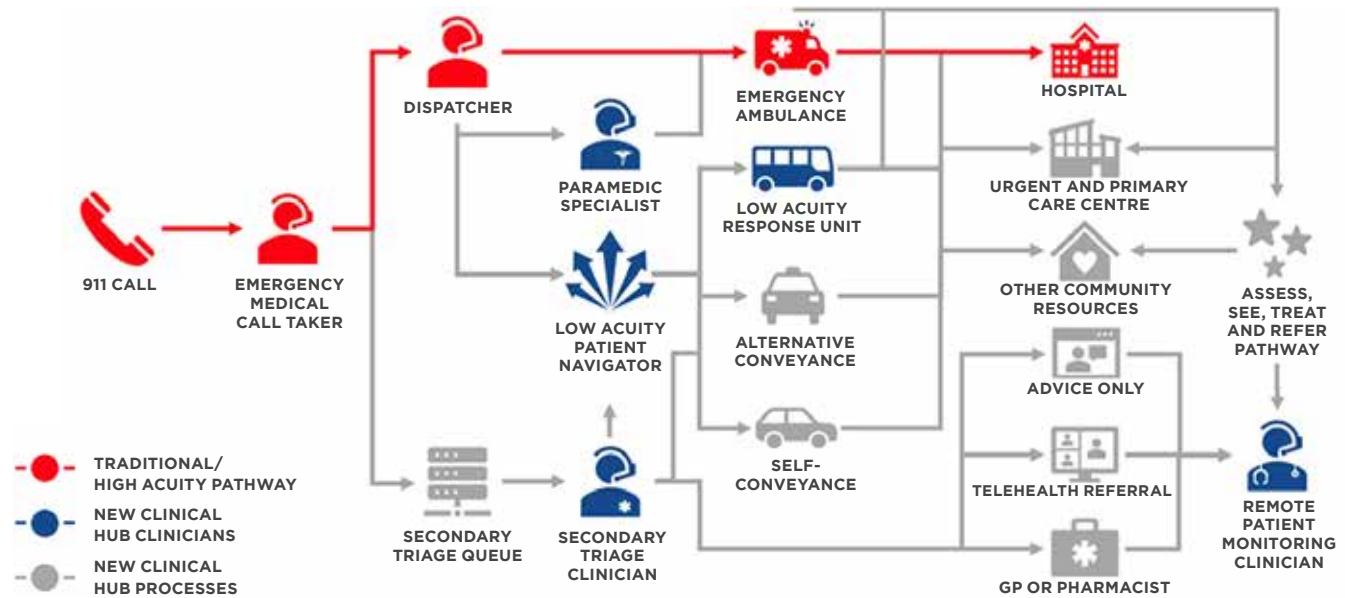
Assess, See, Treat and Refer (ASTaR) pathways help patients access the most appropriate care. In collaboration with health authorities, physician groups, patients and other partners, BCEHS works to research and develop new guidelines and education on the new pathways, which provide a wider range of options than only taking a patient to a hospital emergency department.

This year, BCEHS developed and implemented two new ASTaR pathways for substance use and gastroenteritis, building on the existing pathways for palliative care, influenza-like illness, and minor burns. All ASTaR clinical pathways patients who are not transported to an emergency room or Urgent and Primary Care Centre (UPCC) are contacted by a clinician within 24 to 48 hours to make sure the patient received the care they needed.



# CLINICAL HUB CHANGES TO THE TRADITIONAL LINEAR RESPONSE MODEL

(Includes secondary triage, low acuity patient navigation, low acuity response units, and other telehealth-based roles.)



## TRACY'S PATIENT JOURNEY

Tracy\* is a 43-year-old woman who wakes up at 8:30 a.m. for work. She begins feeling back pain that slowly worsens over breakfast. Worried about what may be happening, she calls 911 at 9:21 a.m. and speaks with an emergency medical call taker (EMCT). After asking a series of questions, the EMCT reaches a Medical Priority Dispatch System determinant of non-traumatic back pain, which is a clinical response model code "yellow" and low acuity.

BEFORE THE CLINICAL HUB	AFTER THE CLINICAL HUB
The call is sent to an emergency medical dispatcher at 9:24 a.m. and added to the "pending" queue.	Based on the Medical Priority Dispatch System determinant, Tracy's event enters the secondary triage queue for review by a secondary triage clinician.
Tracy is now 25th in the queue for an ambulance to be dispatched.	Ten minutes after her initial 911 call, Tracy speaks with a secondary triage clinician on the phone, who assesses her back pain.
Every 20 minutes, while sitting at her kitchen table in pain, Tracy receives a callback from an EMCT to see how she is holding up.	The secondary triage clinician determines that an ambulance is not indicated, but a face-to-face visit at the Urgent and Primary Care Centre (UPCC) would be recommended if Tracy's pain persists later in the day.
At 12:04 p.m., an ambulance is dispatched to Tracy's home, and paramedics arrive at 12:17. They complete their assessment and determine that there are no vital signs indicating anything serious, but offer to take her to the hospital for further assessment.	The secondary triage clinician advises Tracy to take the acetaminophen and ibuprofen she has in her medicine cabinet, and to see how the pain progresses before visiting the UPCC.
They provide Tracy with some pain medication en route (acetaminophen and ibuprofen) and arrive at St. Paul's Hospital at 12:34 p.m..	Tracy is told she can call 911 if anything changes, and the event is closed at 9:43 a.m., 22 minutes after her initial call.
After waiting in the emergency room for another five hours, Tracy sees an emergency physician at 5:23 p.m.	Tracy's pain is reduced by the pain-relieving medications, and she is able to return to work later that day without any problems.
She no longer has severe back pain, and the physician advises the issue was likely a muscle strain.	
Tracy takes the bus home and arrives at 6:45 p.m., tired and frustrated, nearly 10 hours after her initial 911 call and having missed a day of work.	

\*Composite patient example

# IMPACTS OF THE CLINICAL HUB

## A FIRST FOR CANADA: SUPPORT FOR OUT-OF-HOSPITAL DELIVERIES

BCEHS emergency medical call takers partnered with a paramedic specialist and secondary triage clinician to provide phone and video assessment services for an out-of-hospital birth in Altona, a remote community in northern B.C.

Over the phone, Paramedic Specialist **Jodi Bender** assessed the newborn and provided instructions on the delivery of the placenta and cutting of the umbilical cord. Secondary Triage Clinician **Max Bibby** advised the baby's grandmother on how to connect her cell phone to the GoodSAM video app. "Once connected, we could see how they were doing, and get a basic set of vitals to see how fast the baby was breathing. We could see that they were doing really well," said Max.



## VIDEO CALLS EXPAND ASSESSMENT CAPABILITIES

GoodSAM Instant.Help (GoodSAM) is a web-based video platform that enables secure, instant video. GoodSAM is used in BCEHS secondary triage, to provide video consultations with patients over the phone to aid in clinical decision making and improving health resource allocation. It's also used at the CliniCall desk, enabling support for frontline paramedics by providing clinical consultations on scene.

**Clinical Hub staff completed 800+ two-way video consultations with patients.**

## COORDINATING LOW ACUITY CARE

Low Acuity Patient Navigator **Keith Tyler** was working to assess a patient's candidacy for transport by a Low Acuity Response Unit (LARU) when he called the patient to do a telehealth mobility assessment. He found that the patient — a double leg amputee — had a broken prosthesis and, not knowing what to do, had called 911 because of their declining well-being over the past few days. Keith immediately began working on a care plan for the patient, contacting prosthetic clinics, Vancouver Coastal Health resources, and follow-up care teams to not only find the patient a new and functioning prosthetic device but also ensure they had the follow-up care in place to ensure the situation didn't happen again.



During respiratory illness season, the PHSA Office of Virtual Health partnered with BCEHS' Patient Transfer Network team to use GoodSAM to support the increasing number of respiratory illness cases among children in B.C. in a new way.

Pediatric Intensive Care Unit (PICU) specialists and intensivists needed to see and assess children province-wide to determine what interventions were needed and whether a patient could receive care in their home community or needed an emergency health transfer to BC Children's Hospital.

As experts in facilitating provider-to-provider consults and interfacility transfers, the Patient Transfer Network team was well positioned to help. Within weeks, the team trialed and tested the GoodSAM application to enable timely and seamless video calls between PICU specialists, BCEHS patient transport coordinators and advisers, local health-care providers, and pediatric respiratory patients and their families across B.C.

# LOW ACUITY RESPONSE PROGRAM EXPANDS

BCEHS' Low Acuity Response Units (LARUs) are dedicated crews that serve low acuity callers while freeing ambulances to attend the most urgent emergencies.

## **BCEHS' 12 operational LARUs attended 17,302 patient events.**

(Between April 1, 2022, and March 31, 2023.)

Expanding on existing pilots in the Lower Mainland, the LARUs launched in Kamloops in May 2022, with two units and six highly experienced paramedics.

Alongside the LARU crews, the Interior Dispatch Centre and support teams are continually learning and improving the region's collective responses to low acuity calls, working closely with the provincial Clinical Hub team.



**55%** of LARU patients were treated in their own home without requiring conveyance to the hospital.



**Tammy Forsyth** had been preparing to retire after over 30 years working as a BCEHS paramedic, but decided to stay when she heard about the LARU opportunity in Kamloops.

**“We help people who need assistance but don’t require a stretcher or a ‘lights-and-sirens’ drive to an emergency department,”** said Tammy. **“Our system is so busy and overtaxed. I like how the LARU can connect people with the health resources they need, rather than just dropping them off at emergency.”**

Tammy emphasized it’s been a team effort to implement the Kamloops LARUs over the last 10 months. **“The whole group is fantastic, they’ve all done a great job, and we’re always learning about what does and doesn’t work well for the LARU together.”**

## **PARTNERING WITH URGENT AND PRIMARY CARE CENTRES**

Traditionally, ambulances take all patients to a hospital emergency department. But not every patient is best served by emergency department care. BCEHS has been developing alternative destination pathways to serve a wider range of patient needs.

Urgent and Primary Care Centres (UPCCs) provide access to same-day, urgent, non-emergency health care, and offer an alternative to visiting an emergency department for non-emergency issues. For example, patients who require medical attention for injuries such as a sprain, minor cut, burn or low acuity medical concern can visit a UPCC. These centres help ease demands on emergency health services and offer low acuity patients more timely access to the care they need. BCEHS paramedics can connect patients with care in UPCCs through transports in ambulances, through low acuity response units, or by coordinating patient self-conveyance.

## **Approximately two to three patients per day were seen at a UPCC after BCEHS referral.**

This alternative pathway expanded in 2022, with 12 new UPCCs being onboarded to receive BCEHS patients between April 1, 2022, and March 31, 2023, for a total of 16 UPCCs partnering across B.C.

Now, BCEHS continues to work with health authority partners as new UPCCs continue to be opened around the province. This represents a major change of practice for crews and new workflows, but is having a major impact on improving patient journeys, so that they receive care faster and get home sooner.

# TOXIC DRUG SUPPLY CRISIS

**BCEHS responded to more than 34,500 overdose or poisoning 911 events, an average of more than 94 calls a day between April 1, 2022, and March 31, 2023.**

On March 22, 2023, a new daily record was set with BCEHS receiving 205 overdose or poisoning calls, the highest call-volume day so far and the second over 200.

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.

The year 2022 marked the two-year anniversary of the introduction of the Connect by Lifeguard App, which was developed to help protect people who use illicit drugs alone. The app's timer automatically alerts BCEHS 911 dispatchers when the person is unresponsive and unable to turn off the alarm in the event of an overdose. As of May 2022, there were a total of 8,989 unique Lifeguard App users, and 102,538 sessions.



Low-income, older adults living in subsidized housing often encounter barriers to accessing primary care and report poorer health. The Community Paramedicine at Clinic (CP@Clinic) program, initiated at McMaster University, has shown that bringing regular health services to these residents improves their quality of life and can lead to a significant 19-25 per cent reduction in 911 calls.

BCEHS started the first B.C. CP@Clinic at Surrey's Ted Kuhn Towers in December 2021. Since then, paramedics have provided care in weekly clinics for the building's more than 65 residents. Clinic clients are often referred to health-care partners including home health, physio and occupational therapy, respiratory therapy, social work, and primary care. There has been a positive reception from the residents and staff at Ted Kuhn Towers, and the program continues to grow and develop.

**Chris Michel**, the current CP@Clinic paramedic, said the experience has been personally rewarding as well. **"The ability to build long-term relationships with our clients gives us an opportunity we don't often have as paramedics. The people we meet are often incredible, and seeing how many of them live such positive lives while faced with adversity is inspiring, helping to build my own capacity for compassion and resilience."**

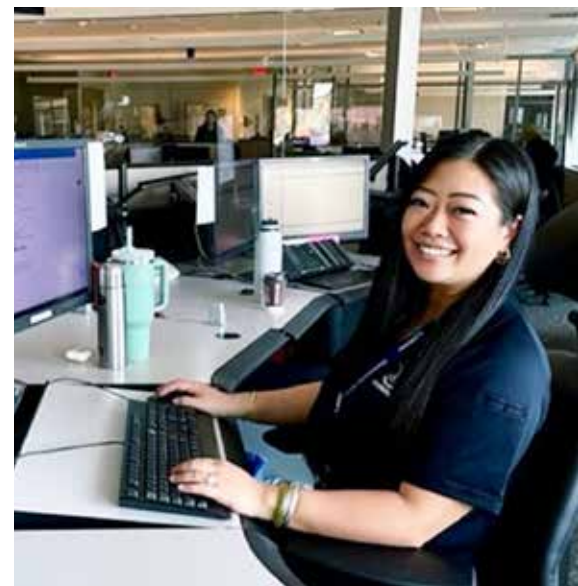
**Melissa McIntosh** is a community paramedic (CP) coordinator based in Vancouver. She's worked at BCEHS for eight years.

**"Simply connecting with the CPs and witnessing the passion they have for their patients and community is contagious. When your job is to support the kind of people who become CPs and the work they do, what's not to enjoy?"**

Melissa's responsibilities include processing referrals to CPs from community health-care providers across the province, acting as a liaison between local health-care teams and CPs.

**"Supporting our community paramedics gives us a front seat view of their day-to-day activities. We get to hear about their uplifting patient stories and impactful community events — like having coffee with seniors while doing blood pressure checks or providing Narcan and CPR training."**

CP coordinators like Melissa serve as a knowledge hub for all CPs across the province, supporting daily administrative tasks or answering program related questions. **"A highlight of our role is being able to connect directly with the patients and providers of the program. It's heartwarming to speak with the patients and providers, and to hear the respect and appreciation they have for their CP is heartwarming."**



# IMPROVING SERVICE LEVELS IN RURAL & REMOTE B.C.

BCEHS is moving towards sustainment of the provincial government's Rural, Remote, First Nations, and Indigenous COVID-19 Response Framework and continuing to make improvements to staffing models.

**Thirty-two stations gained new, full-time paramedic positions**, including through rural and remote stations converting to new full-time shift patterns, between April 1, 2022, and March 31, 2023.

## COMMUNITY PARAMEDICINE

Health care can be difficult to access in remote locations, particularly for aging residents living with chronic and complex issues. Now in its fifth year of operation, 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.

In 2022, community paramedics (CPs) attended

**11,300+** in-home visits  
plus an additional  
**2,500+** virtual wellness  
checks.

The virtual wellness check service was initially established in 2020 to provide safe and socially distanced patient support during COVID-19. Now that pandemic restrictions have been lifted, this service is being used to support vulnerable patients in communities currently without CPs by offering remote coverage.

**A preliminary 2022 study looking at the impact of CP support on 911 call volume shows the positive effects of the program.**

Comparing the 90 days before the CP's first visit and the first 90 days post-discharge from the CP program, patients who were enrolled in the community paramedicine program made...

**49%** fewer calls to 911

**55%** fewer calls to 911 for key complaints (i.e., breathing problems, non-traumatic chest pain, diabetic problems, falls, heart problems)

**47%** fewer lower-acuity 911 calls (coded orange, yellow, green, blue)

CPs are expanding the ways they can help, leveraging their strong local connections and learning from each other through regional and provincial communities of practice.

All CPs in B.C. have been given the opportunity to support local health authorities in the provision of both influenza and COVID-19 vaccinations, supported by a ministerial order extending the ability to licensed paramedics during the pandemic. In the 2022 fiscal year, CPs attended 45 health-authority-run immunization events that supported over 1,600 patients. During these events, the CPs delivered 985 COVID-19 vaccinations and 330 flu immunizations. Additionally, CPs provided in-home or in-facility vaccinations for 40 patients.

## EXPANDING SCOPE OF CARE FOR PAIN MANAGEMENT

**In 2021, data highlighted that pain was a primary symptom and top concern for BCEHS patients. But, only a very small percentage of those patients received strong pain medication while in BCEHS care.**

Throughout 2022, BCEHS reviewed best-practice clinical evidence, regulatory requirements, and organizational data to expand how paramedics can care for patients in pain. Pain management has historically not been a focus of paramedicine and out-of-hospital care, so major changes in practice were needed.

BCEHS launched pain management training and the use of methoxyflurane (Penthrox) as part of an expanded scope of practice for paramedics this year, with the medication procured and starting to be distributed to stations following a phased approach. Going forward, BCEHS will continue expanding evidence-based pain management practices, and will add intravenous acetaminophen and eventually morphine for use by primary care paramedics as part of the continued scope of practice changes.

**Shauna Speers** is an advanced care paramedic and unit chief, Golden Station 413. She's worked with BCEHS since 2008, and said she's seen major impacts from the expanded scope of practice for pain management.

The addition of Pentrox pain medication to both emergency medical responder (EMR) and primary care paramedic (PCP) license levels has provided paramedics with options to more effectively manage the kinds of traumatic injuries frequent in Golden, Shauna explains.

**“Both paramedics and EMRs in Golden have welcomed the expansion of pain management strategies and the additional training and now feel better equipped to treat patients’ pain,”** said Shauna, who emphasizes that effective pain management is a critical component of patient care in out-of-hospital settings to improve patient comfort, allow for better assessments, and positively impact the patient’s experience.

**“As paramedics and EMRs we strive to provide care that improves patients’ outcomes, and effective pain management is a key part of that,”** said Shauna. **“The additional training has positively impacted the team’s knowledge and attitudes towards acute pain assessments and treatment. Paramedics and EMRs in Golden have become more engaged and thoughtful in not only how they manage a patient’s pain but also in how they assess and document it.”**



## STRENGTHENING BEHIND-THE-SCENES SUPPORT

Many teams at BCEHS work to support frontline health-care services. For example, the **Logistics and Transportation Operations (LTO)** team provides support services related to fleet operations (aircraft, ground ambulance, marine) and other specialty services throughout B.C. Over 100 employees support operations, including ambulance deep clean operations, fleet coordination, new ambulance builds, inventory and supply management, product procurement and projects supporting clinical operations.

This year, BCEHS completed procurement processes for both fixed and rotary wing air ambulances and is entering into contracts for new fleets in 2024 and 2025. There are many benefits to single providers of new airplanes and helicopters, including standardized medical interiors at all bases, a state-of-the-art fleet, and mechanized loading and unloading of patients into and out of the aircraft.

The year 2022 also saw a deep clean operational expansion in the interior and on North Vancouver Island. Ambulance deep cleaning reduces waste of medications and supplies, improves life span of equipment, and improves the quality of patient care because of standardized ambulance stocking. Typically, ambulances are brought in for deep cleaning every six to nine weeks, depending on their call volume. At least two-thirds of deep cleans are audited: before a clean starts, the supervisor dabs a UV gel called Glo Germ in 10 spots around the ambulance. After the clean, the supervisor uses a UV black light to illuminate any missed spots, records the results, and then asks the team to re-clean those sections.

**In 2022, LTO team members completed just under 1,500 deep cleans, achieving a remarkably high average of 97.29% cleaning results on UV audits.**



**Dean Hooson** is a logistics supervisor for the North Island, living in Nanaimo and working in Parksville. Dean was hired by BCEHS in 2013 as an equipment supply technician (EST) at Victoria Central Report Station and promoted to his logistic supervisor role in 2021.

Dean and his team help keep North Island ambulances deep cleaned, restocked, and running smoothly with the Preventative Maintenance Agreement schedule. This year, Dean supported LTO expansions of BCEHS’ ambulance deep cleaning program, helping recruit and train team members to ensure standardization, accuracy, and regularity of BCEHS ambulance deep cleaning province-wide, to better support paramedics and ultimately improve patient care and safety. **“I most enjoy the camaraderie and the ability to see positive change by what we’re accomplishing,”** said Dean. **“When I was hired on, I took the job as an EST because I believed in the program. I thought it was a great concept, and I’ve stood behind it for years now.”**

It takes two equipment supply technicians about four hours to complete one deep clean. **“I’m very proud of all of our teams performing deep cleans,”** said Dean. **“We’re fortunate to have such wonderful ESTs. They work extremely hard and do an outstanding job.”**

# COLLABORATING & COORDINATING

## UNIONS

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

## HEALTH-CARE SYSTEM PARTNERS

BCEHS is part of the Provincial Health Services Authority (PHSA), and works closely with many partners:

- + First Nations' Health Authority
- + Fraser Health
- + Interior Health
- + Northern Health
- + Island Health
- + Vancouver Coastal Health
- + Nisga'a Valley Health Authority

BCEHS is proud of the range of collaborative projects with health system partners across various levels and areas of our work.

## ENHANCING INTERFACILITY TRANSPORT OPTIONS

In fall 2022, the Patient Transfer Network launched an online booking process to make it easier for health authorities around B.C. to request patient transfers.

Before the online booking form, health-care workers at health authority sites would have to call and request transfers. Triageing meant that urgent, high acuity transfer requests had to be prioritized. Those requesting lower acuity transfers such as patient repatriations to community hospitals would have to leave voicemails during peak call times with heavy volumes.

The process was not ideal, often resulting in multiple calls back and forth between staff on-site and the provincial patient transfer coordinators.

The new system streamlines patient transfer requests for both health-care facilities and patient transfer coordinators. Now, health-care workers can submit a complete request online and track their request through a dashboard as it is processed.



Photo by paramedic Ajinkya Chodankar

## IMPROVING BUSINESS SYSTEMS AND PROCESSES

Throughout 2022, BCEHS embarked on a pay process improvement project to identify and understand the root causes of existing pay-related issues, simplify processes, and improve clarity, accuracy, and completeness of data across hiring, scheduling and payroll processing systems.

Continuous improvement sessions with employees from across BCEHS, including paramedics, dispatchers, operations management,

senior management, and support services such as HR and Employee Services helped identify over 100 action items to address numerous gaps, issues and opportunities for improvement in the end-to-end process.

As of March 2023, the project has shifted from environmental scan and data-gathering to implementation, with a dedicated team and project managers in place to drive this work.

# FIRST RESPONDERS

BCEHS works with 290 first responder groups across the province as part of our First Responder program. These groups provide basic, life-saving out-of-hospital care, such as cardiopulmonary resuscitation (CPR), defibrillation and administration of naloxone until paramedics can take over the patient's care.

BCEHS continues to work on improving our first responder agreements in collaboration with the Ministry of Health, the pre-hospital collaborative care committee, and external partners to better support our first responders. BCEHS is also working with communities to find and implement specific solutions for successful local programs.

BCEHS has a mandate to support first responders with clinical oversight and information sharing. This year, the BCEHS Clinical Hub created a "clinical escalation pathway" to quickly assess patients who require evaluation because of a change in their presentation or level of acuity. This empowers first responders to contact BCEHS CliniCall support services to ensure the right ambulance resource responds to the right patient. The pathway is currently in a trial phase with three departments in the Lower Mainland and will continue to expand throughout 2023.

Paramedic specialists providing CliniCall support services receive approximately **100 inbound calls per 24-hour period**, including but not limited to first responder support.

**Thanks to new partnerships with Island Health and Interior Health, more BCEHS air ambulances have blood products on board**, making it possible for critical care paramedics to give patients blood transfusions while they're being transported to hospital.

Now, blood products are always available on ambulance helicopters based in Kamloops and Parksville. Out-of-hospital blood was previously available only to critical care paramedics dispatched from the Vancouver International Airport area. The program expansion to Vancouver Island and the interior will be particularly important for patients in rural and remote areas, who face a longer journey to the hospital.



Mathieu Desfosses and Edward Peters

# FIRST NATIONS

Building on their work from 2021, the First Responder and Indigenous Health program teams have focused in 2022 on connections and open discussions with First Nations and Indigenous communities, Peoples, patients and leadership across the province.

BCEHS First Responder programs portfolio team activities this year included connecting with emergency managers, emergency management teams, and community members. Some of the nations BCEHS has engaged with are Nlaka'pamux, Nisga'a villages, Prophet River First Nation, Takla First Nation, Metlakatla First Nation, Lillooet First Nation, and Tsilhqot'in Nations. The First Responder and Indigenous Health program teams continue to engage and build relationships with many First Nation communities throughout B.C.

The team is connecting with communities on topics ranging from helipad training and BCEHS support and needs, to first responder training and mental health supports, in communities including Xenigwet'in, Gingolx, and Tahtlan Nations.

**Ivan Hayward** is the community paramedic (CP) for Vanderhoof, a district of about 4,500 people an hour west of Prince George and located in the traditional unceded territories of the Saik'uz, Stellat'en, and Nadleh First Nations.

**"We help clients manage their conditions and understand when to visit their doctor. This helps prevent 911 calls and more importantly, allows the client to stay in their home longer, safely, and with a better quality of life."**

Ivan worked as a part-time paramedic with BCEHS for three years before starting as a CP in 2022. **"The best part is when I get to help people take back the hobbies they used to love but thought they couldn't do anymore. Whether knitting, gardening, or playing guitar, these hobbies are an important part of a person's mental health."**

This year, Ivan enjoyed collaborating with the community to implement an evidence-based strength, balance and fitness program for older adults called Stay Active and Independent for Life, or SAIL for short. **"We do all the exercises together as a group, and encourage participants to do the exercises at home too,"** explains Ivan. **"Participants have told us they've noticed many improvements, including in their ability to stand up from sitting, to get dressed and generally feeling less tired."**



Ivan (front right) with the SAIL exercise group at the Nechako Senior Citizen Society #93's Friendship Hall.



# PARTNERING WITH COMMUNITIES

**BCEHS is committed to meaningful consultation and partnership with communities to better meet their needs and improve the equity, cultural safety, and humility of our services.**

## INCREASING ENGAGEMENT WITH FIRST NATIONS & INDIGENOUS COMMUNITIES

This year, the Indigenous Health Program portfolio grew significantly at BCEHS, hiring a director, two managers, and two new Indigenous patient navigators (IPNs) since summer 2022, for a total of four IPNs supporting BCEHS.

### Indigenous patient navigators

- + facilitate relationship building between First Nations and Indigenous communities, BCEHS, PHSA programs and services and community sites/clinics;
- + support First Nations and Indigenous communities and organizations to improve access to appropriate care;
- + assist with hiring employees in Indigenous communities;
- + act as a resource for both Indigenous clients and health-care providers to ensure the provision of care is culturally safe and client-centered; and
- + support the improvement and performance of health-care services through promotion of cultural safety and cultural humility training and education for BCEHS employees

The Indigenous Health Program portfolio team seeks to improve the quality of health care for Indigenous people, foster cultural safety, and contribute to closing the health gap between Indigenous and non-Indigenous people in B.C. This includes supporting the PHSA Patient Care Quality Office with complaints from Indigenous patients and their families by helping with investigations and providing information and support to the responding managers and paramedics.

The team also assists BCEHS talent acquisition at hiring fairs, attends All Native tournaments for recruitment, and conducts community visits alongside managers and unit chiefs, to open lines of communication and break down barriers between First Nations communities and local ambulance services.

The team is serving as a resource for BCEHS employees in various ways, including by providing anti-racism education to enhance employees' understanding and improve care for Indigenous patients. The team started hosting monthly talking circles to provide a safe space for employees to learn about specific topics, ask questions and have the team become regular faces for staff. They also hosted the first-ever Indigenous Health Cultural Gatherings for BCEHS employees on and around traditional territories. San'yas Indigenous Cultural Safety and Anti-Indigenous Racism Response Training is available to all BCEHS employees, and a formal roll-out of these programs as mandatory training is in progress.



Left to Right: Lorna Paul, Lyndsay Kay, Jordan Stehelin-Holland, Geraldine Elkins, Dakota Stone, Amy Poll, Natalee Dennis

The Indigenous Health Program portfolio will continue to build as organizational needs change over time. As BCEHS continues on its cultural safety and humility journey, the Indigenous Health Program will continue growing along with it.



**Geraldine Elkins**, a BCEHS Indigenous patient navigator, lives and works within the ancestral, traditional territory of T'exelceme (Williams Lake First Nation) of the Secwepemc (Shuswap Nation). She started as a "driver only" with BCEHS in 2013 at Station 353 – Alexis Creek, then became a primary care paramedic.

In her work as an Indigenous patient navigator, Geraldine shares her knowledge with those who otherwise would not have the opportunity to hear firsthand the experiences of being Indigenous in B.C. **"Traditionally within Indigenous communities it is our duty and responsibility to pass on history and knowledge to the next generation.**

**"Indigenous patient navigation services are important to BCEHS because historically the Indigenous population has been underrepresented in all areas, which leads to misunderstanding, misinterpretation and mistreatment,"** Geraldine said. **"BCEHS is often the entry to B.C.'s health-care system. We should therefore be leaders in trauma-informed practices and inclusivity, and unbiased in our services.**

**"I am proud and honoured to be a part of a growing team of Indigenous Health. We are creating opportunities, opening doors that have always been shut for Indigenous Peoples in B.C.,"** she said. **"I am also grateful for the opportunity to be part of a team that is open, willing to move ahead, move forward in true reconciliation."**

## RESTARTED AWARDS TO RECOGNIZE COMMUNITY HEROISM

When quick-thinking members of the public take action in health emergencies, it can mean the difference between life and death for patients — through acts like performing bystander CPR, assisting paramedics on-scene, or providing critical information for emergency medical call takers.

During the pandemic, in-person events to recognize heroic community members had to be paused, and COVID-19 event restrictions created a backlog of over 100 nominations. With restrictions lifted and a new, dedicated awards team, BCEHS was able to hold more community recognition events in 2022 than ever before.

Between April 1, 2022, and March 31, 2023, BCEHS hosted 37 events for **Vital Link or Good Samaritan awards**, recognizing 81 Vital Link recipients and 16 Good Samaritan recipients across B.C. The BCEHS awards team fully caught up on the backlog and are now coordinating recent nominations from 2022.

The community awards program provides formal recognition to members of the public, and is an important opportunity to raise awareness about the positive impact of bystander CPR and first aid.

The awards also provide a unique opportunity for BCEHS employees to connect with community members. Often, neither the bystanders nor the paramedics learn the outcomes of emergency calls, and they're left to wonder what happened. These awards are a unique and heartwarming opportunity for patient, bystander and BCEHS employees to come together after emergencies.



Vital Links awards across B.C. in 2022, including in Surrey, Victoria, and Delta.



## HIGH SCHOOL TRAINING LINKS YOUTH TO EMERGENCY HEALTH CAREERS

BCEHS is expanding a successful program to offer emergency medical responder (EMR) training to high school students. Started in Port Alberni nine years ago in partnership with the Justice Institute of B.C. (JIBC) and the school district, students in this first-in-B.C. program can graduate high school with an EMR certification. The program trains local high school teachers to deliver a semester-long course for up to 16 students at a time. Teachers are encouraged to license as EMRs so they can stay current and assist the students.

Based on the success of the Port Alberni program, BCEHS is partnering with more school districts across the province, with a focus on rural, remote and Indigenous communities. For stations where staffing has been challenging, this program is building capacity in local and rural communities and helping launch students' careers in health care and emergency medicine.

Highlands High School in Comox/Courtenay, Fort Nelson, Oliver, and Smithers are next to launch the high school EMR program in the 2023/24 school year. High schools in Dease Lake, Salmon Arm, Port McNeill, Salt Spring Island, Prince Rupert and Williams Lake are all hoping to bring the program to their districts in the future.

In addition to this uniquely partnered training program, over two dozen schools in the Lower Mainland also run their own, independent programs to train students as EMRs. BCEHS is very supportive of these valuable programs and offers learning sessions on paramedicine as well as ambulance tours and equipment demonstrations. The BCEHS proactive recruitment team presents on career pathways to students in grades 10, 11 and 12 across the province, as well as hosting open houses at the stations, participating in career fairs and visiting other events where opportunities to engage youth arise.



**Deb Roberts** is BCEHS' provincial high school EMR project coordinator — a new role in 2022. Born and raised in Port Alberni, Deb has been a paramedic with BCEHS for 23 years and has always enjoyed teaching with the BCEHS learning department and the JIBC.

**“I love the full circle moments of training people through EMR and PCP [primary care paramedic] and then training and mentoring them on-car and ultimately working together as partners.”**

Deb's brother works as a career coordinator for the local high school. **“We were at a backyard barbecue, and I was teasing him — asking why there were dual-credit courses for welding, automotive repairs, and hair dressing in high school, but nothing for careers in health care.”** The casual conversation turned into an effective program, in partnership with JIBC and the school district.

**“A few years ago I had an ‘aha’ moment,”** recalled Deb. **“I was sitting in at Station 124 and realized that all four of my coworkers had been EMR-trained in the high school program.”** Looking at the program data, Deb saw the high school program was a feeder not just for Port Alberni, but for other Island communities, including Ucluelet, Tofino, Parksville and Qualicum Beach. In fall 2022, Deb was asked to take on a new position to expand the program, and now enjoys working with teams in recruitment, communications, community paramedicine and Indigenous Health.

# PUBLIC ENGAGEMENT AND AWARENESS

Community engagement is an important part of BCEHS' work, including providing information to the public, local governments and the media.

BCEHS fielded more than **1,250 media requests**, including at least **120 media requests** about proactive news releases, pitches, or public service announcements between April 1, 2022, and March 31, 2023.

BCEHS' social media accounts — including Instagram and X (formerly known as Twitter) — posted more frequently and gained more followers throughout 2022, achieving higher engagement rates than in 2021 (the percentage of people who like, share, comment or otherwise interact with a social media post).

- + BCEHS social media channels have **17,160+ followers** (24% increase from 2021).
- + Social media engagement rates grew **over 8%** (a 43% increase from 2021).

The new paramedic public information officer role was created to connect experienced frontline responders directly with the public and news media. Since the role was created, BCEHS' first paramedic public information officer, Brian Twaites, has created short videos for social media that have been shared across 41 posts and have already been viewed more than 1.2 million times, garnering over 8,600 likes and 6,700 clicks to learn more about important public health and safety topics.

**Brian Twaites** became BCEHS' first-ever paramedic public information officer in March 2022. In this new and still-evolving role, Brian serves as a uniformed media spokesperson and assists with public education and employee recruitment initiatives.



Brian draws on his 36 years of experience as a frontline paramedic, primarily in downtown Vancouver. After working as a paramedic specialist for the last six years, he was excited by this new opportunity to contribute a paramedic's voice to BCEHS communications and recruitment efforts.

**"I'm honoured to represent our organization and all our paramedics and dispatchers,"** said Brian. **"It's incredible to be able to tell the stories of the amazing work that our people do every day and in every corner of the province."**

Whether he's promoting paramedicine careers to students, creating social media content, or connecting with employees and families at award events, Brian emphasizes that teamwork is behind everything he does with BCEHS communications. **"It's been amazing seeing how hard our communications team works. They're so busy every day, and absolutely dedicated to getting things right. I'm just proud to contribute and learn."** The public information officer position was made permanent in February, and Brian was appointed to the role. **"It's been a really fulfilling year, and there's lots of work to do still ahead!"** said Brian. **"Thirty-six years in and I'm still here with a smile on my face."**

## 'HELP US HELP' CAMPAIGN RAISES AWARENESS ABOUT APPROPRIATE 911 USE

BCEHS took action to address higher-than-ever 911 call volumes with a provincial awareness campaign. From conversations with callers, BCEHS observed that some people call 911 because they aren't aware of what other resources are available for less-urgent health conditions. In addition to operational efforts that increased dispatch staffing, paramedic positions, and ambulance resources, BCEHS still needs the public's help to use emergency health resources wisely.

To reduce pressure on operations and proactively get information to the public, BCEHS developed a public awareness campaign on the appropriate use of 911 in fall 2022. Campaign activities included content on the website, internal newsletters, social media, outreach and video clips.

BCEHS is seeing high external engagement in its communications efforts to address this awareness need. In the four months since launching, the campaign has reached over 3 million people across social media channels, with over 1.8 million video views and more than 30,000 clicks and reactions between November 30, 2022, and March 31, 2023. Going forward, BCEHS will be expanding its efforts to reach even more of B.C.'s population.





# LEARNING & GROWTH

**BCEHS believes in using evidence-informed decision making to support a learning organization that drives quality as well as innovative and sustainable systems of care.**

To be an international leader in health-care innovation, delivery and sustainability, BCEHS recognizes that continual learning must be at the foundation of everything we do.

BCEHS supports an active community of researchers where all levels of paramedics, managers, directors and senior leaders are involved in research and evidence-based practice. In 2022, BCEHS employees and research partners published academic papers on topics including heart failure care, workplace violence, out-of-hospital cardiac arrests, and COVID-19. Articles published on this research can be found in leading national and international paramedic and public health publications, including *Journal of Physiology*, *BioMed Central Emergency Medicine*, and *Microbiology Spectrum*.

## UPHOLDING ACCREDITATION STANDARDS

In June 2022, BCEHS went through a comprehensive on-site survey run by an external agency, Accreditation Canada, to assess the compliance of BCEHS against national standards for quality and safety in patient care. Accreditation helps the organization prioritize the areas that the accreditors noted could be strengthened.

BCEHS successfully achieved accreditation status through Accreditation Canada. Through this process, BCEHS was also recognized for developing several ‘leading practices,’ including for the low acuity strategy. A leading practice is defined by Accreditation Canada as an innovative, people-centred, evidence-informed practice that has been implemented and demonstrated positive change.



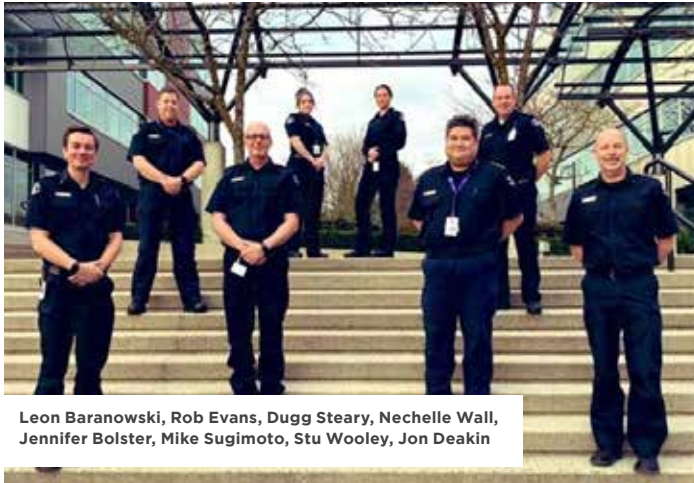
Accreditation is an important part of being a high-quality, patient-centric, and properly run health-care organization. **Ole Olsen**, BCEHS' director of quality, patient safety and accreditation, has over 25 years of experience in emergency health services at all levels of practice, including as a critical care paramedic and operations director.

**“Our goal is to be in a continual state of accreditation readiness by being able to demonstrate — in all the work we do — that we meet those requirements.”** Ultimately, the process is an important exercise in gathering and understanding different data across the organization, including frontline experiences.

Ole and his team support BCEHS to adopt and sustain best practices to achieve high-quality care outcomes for our patients. Together, they enhance continuous quality improvement capability and capacity at BCEHS and foster a no-blame and safe culture of reporting and learning, along with supporting the organization to implement best practices from the 2022 accreditation survey and ongoing accreditation requirements.

## USING RESEARCH EVIDENCE TO INFORM PRACTICE

Paramedic practice leaders (PPLs) play a crucial role in overseeing clinical practice at BCEHS, from developing guidelines to collaborating with local and provincial health authorities, conducting research, and improving quality. The team serves as a conduit for the latest best practices in paramedicine, distilling and sharing the best available evidence with teams across BCEHS.



Leon Baranowski, Rob Evans, Dugg Steary, Nechelle Wall, Jennifer Bolster, Mike Sugimoto, Stu Wooley, Jon Deakin

## NEW COMMUNITIES OF PRACTICE

In 2022, BCEHS' team of PPLs launched new "communities of practice" for emergency medical responders (EMRs), primary care paramedics, advanced care paramedics and critical care paramedics, co-created in partnership with employees and clinical partners.

Before the communities of practice, on-the-job learning opportunities for paramedics and EMRs tended to be informal and ad hoc. Unit chiefs and paramedics would connect with medical coordinators and physicians as needed, but there was no provincial structure or regular schedule for ongoing clinical learning.



**BCEHS is taking the first steps towards converting ambulance vehicles to electric in 2022, working towards longer-term sustainability in our operations.**

The Electric Vehicle (EV) Pilot Project is part of the government's CleanBC initiative to reduce carbon emissions with funding provided through the Carbon Neutral Capital Program. It will also help reduce air contamination and environmental degradation. Next year, BCEHS plans to expand the geographic scope and scale of the EV deployment.

## PRE-HOSPITAL FIBRINOLYSIS PROGRAM

This year, BCEHS grew its pre-hospital fibrinolysis program, based on a strong evidence base and expanding from trials in partnership with Interior Health in Kamloops. Under this program expansion, paramedics in Prince George and Nanaimo can now provide pre-hospital care for patients with a heart attack involving a completely blocked coronary artery within critical time windows.

Paramedics are equipped to do a heart tracing or "electrocardiogram" to record electrical signals in the heart. Then, if appropriate, they can administer a "clot buster" medication called tenecteplase before the patient arrives at the hospital.

Previously, care for these serious types of heart attacks was typically available only in specialized hospital settings. However, reducing time-to-treatment is critical for patient outcomes, especially those in rural and remote communities who live farther from hospitals.





# LOOKING AHEAD

**BCEHS will continue to be accountable and transparent through public reporting on our work. At the time of this report's release, there are many ongoing and exciting initiatives planned and in progress.**

Teams across BCEHS are undertaking significant and focused work to ensure our organizational culture is more inclusive, safe, fair and accountable.

BCEHS made vital investments this year to strengthen our organization's work on Indigenous cultural safety and anti-Indigenous-specific racism. The growth of the Indigenous Health Program portfolio — including new Indigenous patient navigators — will deepen BCEHS' work towards achieving a more culturally sensitive and respectful environment for both employees and the communities we serve. The creation of new BCEHS roles and teams focused on people, diversity and culture will support the implementation of BCEHS' forthcoming People Strategy, which will guide our work over the next three years. These important teams will continue to work with BCEHS employees, partners and patients towards our shared commitment to inclusivity, diversity, and the eradication of anti-Indigenous-specific racism within our organization.

BCEHS will continue working in conjunction with our employees, the communities we serve and CUPE 873 to phase out the "scheduled-on-call" model and transition current positions to new scheduling models across the province, with a completion target of March 31, 2024. These new models will enable BCEHS to provide better working conditions and job satisfaction for our paramedics, while improving our ability to provide excellent patient care in rural and remote communities.

BCEHS talent acquisition and marketing is implementing new phases of the paramedic and dispatch recruitment campaign, with expanded emphasis on national and international hiring to fill remaining vacancies and to build capacity for the future. Local community training opportunities and high school programs will continue expanding, with the long-term vision of opening paramedicine as a career pathway for more British Columbians in all regions and career stages.

BCEHS will also continue working to improve mental health supports, including by expanding and improving the Critical Incident Stress Management program, and other existing resources such as the Employee and Family Assistance Program and the resiliency-focused 5RF Workbook for emergency health service providers.

Building on work done this year, BCEHS is developing a 10-year infrastructure plan to ensure our buildings and transports are located and designed to support a world-class service, and ensure our resourcing meets the needs of our patients as we move forward.

As BCEHS heads into its 50th year as a provincial emergency health service in 2024, we are looking forward to continued improvements in our foundational supports and increased investments in our people and future. We will continue talking with and listening to our employees and working to ensure BCEHS is a more inclusive and diverse organization that better recognizes and celebrates our employees' achievements and our shared successes.

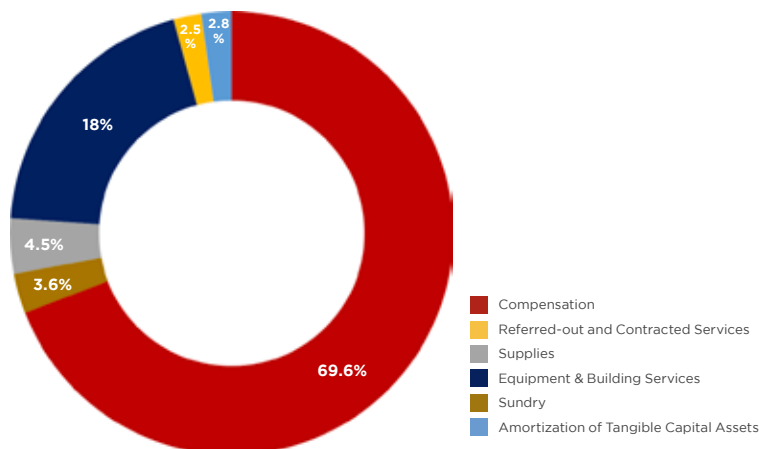
# FINANCIALS

## STATEMENT OF OPERATIONS — SUMMARY OF EXPENSES

Year ended March 31, 2023 (amounts expressed in thousands of dollars)

<b>COMPENSATION</b>	<b>\$525,801</b>
<b>REFERRED-OUT AND CONTRACTED SERVICES:</b>	<b>\$18,875</b>
Other health authorities and B.C. government reporting entities:	\$13,253
Health and support services providers:	\$ 5,622
<b>SUPPLIES:</b>	<b>\$34,521</b>
Drugs and medical gases:	\$2,627
Medical and surgical:	\$9,513
All other supplies:	\$22,381
<b>EQUIPMENT AND BUILDING SERVICES:</b>	<b>\$137,689</b>
<b>SUNDRY:</b>	<b>\$27,874</b>
<b>AMORTIZATION OF TANGIBLE CAPITAL ASSETS, accretion of asset retirement obligation, net book value of disposed tangible capital assets:</b>	<b>\$21,415</b>
<b>EXPENSES:</b>	<b>\$766,175</b>

2022 EXPENSES



EXPENSES BY OPERATIONAL AREA

