

June 2018

### Clinical Response Model

- As of May 30, 2018 BC Emergency Health Services (BCEHS) has updated the system for how it assigns paramedics, ambulances and other resources to 9-1-1 calls.
- The new Clinical Response Model (CRM) is aimed at more accurately matching resources to the needs of the patient.
- It is one of the many changes being made as part of the three-year [BCEHS Action Plan](#) to improve patient care.
- The focus of the CRM is to get paramedics to the most critically ill and injured patients as quickly as possible, and to improve the health-care experience for all patients.
- The CRM replaced the Resource Allocation Plan (RAP), which assumes ambulance transport for every patient.
- As with the previous system, the condition of the patient is categorized by dispatch staff using the Medical Priority Dispatch System (MPDS). Once the condition is categorized, resource assignment is determined using the Clinical Response Model.
- The CRM uses a colour-coding system with some similarities to the colour system used in hospitals (see chart below).
- The CRM provides for six categories (vs. RAP's three) for assignment of resources for both emergency and non-emergency calls.
  - The RAP responses were: BLS 2 (Basic Life Support ambulance going non lights and sirens); BLS 3 (Basic Life Support ambulance going lights and sirens) or HL3 (Highest level paramedics and ambulances available going lights and sirens).
  - CRM responses include six colour codes. The colour indicates the resource and response type for an event and it also indicates the relative priority of the call, with Purple being the highest priority.
    - Calls that are assigned the colour Blue will not be immediately dispatched. Blue calls will be flagged for a patient callback and further clinical assessment by a nurse to determine if their need can be met without transportation.
    - At this time, no 9-1-1 calls will be categorized as Green. Including Green within the current Clinical Response Model allows for the future introduction of on-scene assessment and treatment protocols ("Treat and Release").
- BCEHS receives approximately 140,000 calls per year that are non-urgent. BCEHS estimates that slightly more than half of these calls could be resolved without ambulance transport.
  - About 3,500 of these calls are already transferred to nurses at HealthLinkBC.
- In 2017, the Emergency Health Services Act was updated to allow BCEHS to provide alternative clinical responses to patients calling 9-1-1.
- The BCEHS CRM has been implemented in other major jurisdictions resulting in improvements in the patient experience and clinical outcomes. Examples of the CRM system can be found in Scotland, Wales and Victoria, Australia.

## FACT SHEET

Patient Condition	Colour
Immediately life threatening (Eg. Cardiac Arrest)	<b>Purple</b>
Immediately life threatening or time critical (Eg. Chest Pain)	<b>Red</b>
Urgent / Potentially serious, but not immediately life threatening (Eg. Abdominal Pain)	<b>Orange</b>
Non-urgent (not serious or life threatening) (Eg. Sprained Ankle)	<b>Yellow</b>
Non-urgent (not serious or life threatening). Possibly suitable for treatment at scene <b>** NOT Being implemented immediately</b>	<b>Green</b>
Non-urgent (not serious or life threatening) Further clinical telephone triage and advice Referrals to HealthLink BC (8-1-1 calls)	<b>Blue</b>

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