BC Emergency Health Services (BCEHS) provides ambulance and emergency health services across British Columbia. BCEHS also coordinates inter-facility patient transfers requiring paramedic care and delivers community paramedicine in rural and remote communities.

As part of this work, BCEHS tracks and reports on performance measures. This dashboard is updated quarterly. Each measure is presented with graphs and information to provide insight into how our provincial service is performing.

Response Times for Time Critical 9-1-1 Events

A high-performing ambulance service responds to time-critical 9-1-1 events rapidly. A critical 9-1-1 event is an immediately life-threatening medical event such as a cardiac or respiratory arrest.

BCEHS measures ambulance response times from when the BCEHS dispatch centre answers the 9-1-1 (transferred from the 9-1-1 call service) call to the moment the first paramedics arrive on the scene. **The target for median response times of critical 9-1-1 events in BC is under 9 minutes**. This indicator shows how quickly BCEHS is reaching patients experiencing the most urgent, life-threatening emergencies.

The chart below shows BCEHS's median ambulance response times to critical 9-1-1 events from April 2022 to June 2026, measured against the 9-minute target. Each bar represents the daily average number of critical incidents, the red dotted line marks the target, and the blue line represents the median response time for each month.

Our goal is to reach our most critical patients within the target; this is achieved when the blue line stays below the red dotted line. As shown below, during the period of this report, we have consistently met our target, with response times staying below the red benchmark line.

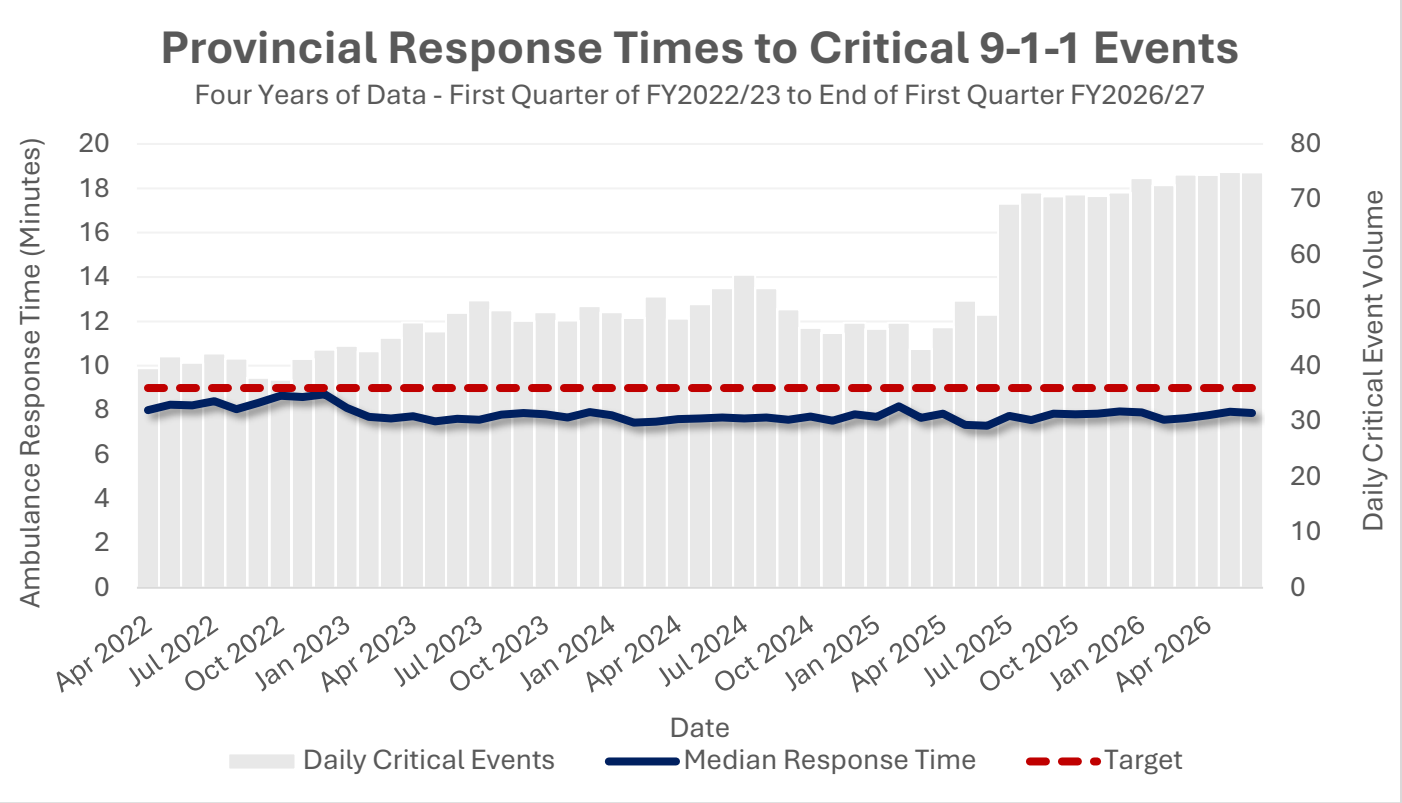

Figure 1. Provincial Response Times to Critical 9-1-1 Events, April 2022–June 2026.

The table below shows year-over-year performance for the first quarter (April–June) of fiscal years 2025/26 and 2026/27.

Table 1. Critical 9-1-1 Events and Median Response Time, Q1 2025/26 and Q1 2026/27

Time Period	Target	2025/26 April–June	2026/27 April–June
Critical 9-1-1 Events	N/A	4,489	6,801*
Critical Median Response Time (minutes:seconds)	9:00	7:30	7:51

*At the end of June 2025, there were six event types related to convulsions and seizures that were upgraded from lower acuities to being critical events. These changes resulted in an increase in critical event volume.

Daily Average 9-1-1 Call Volume

Daily average 9-1-1 call volume reflects how many emergency calls are received each day. This provides information on the overall demand for emergency medical services across the province.

Monitoring call volume helps BCEHS understand changing patterns in public need, anticipate resource requirements, and plan effective deployment of paramedic and dispatch staffing. Higher call volumes typically reflect increased pressure on the system.

The chart below shows the provincial average daily 9-1-1 phone calls for BCEHS answered from April 2022 to June 2026. Each bar represents the daily average number of calls answered per month. Over the last 4 years the number of 9-1-1 answered phone calls has slowly increased to the level of the surge seen during the heat dome, reflecting a growing demand for emergency health services across the province.

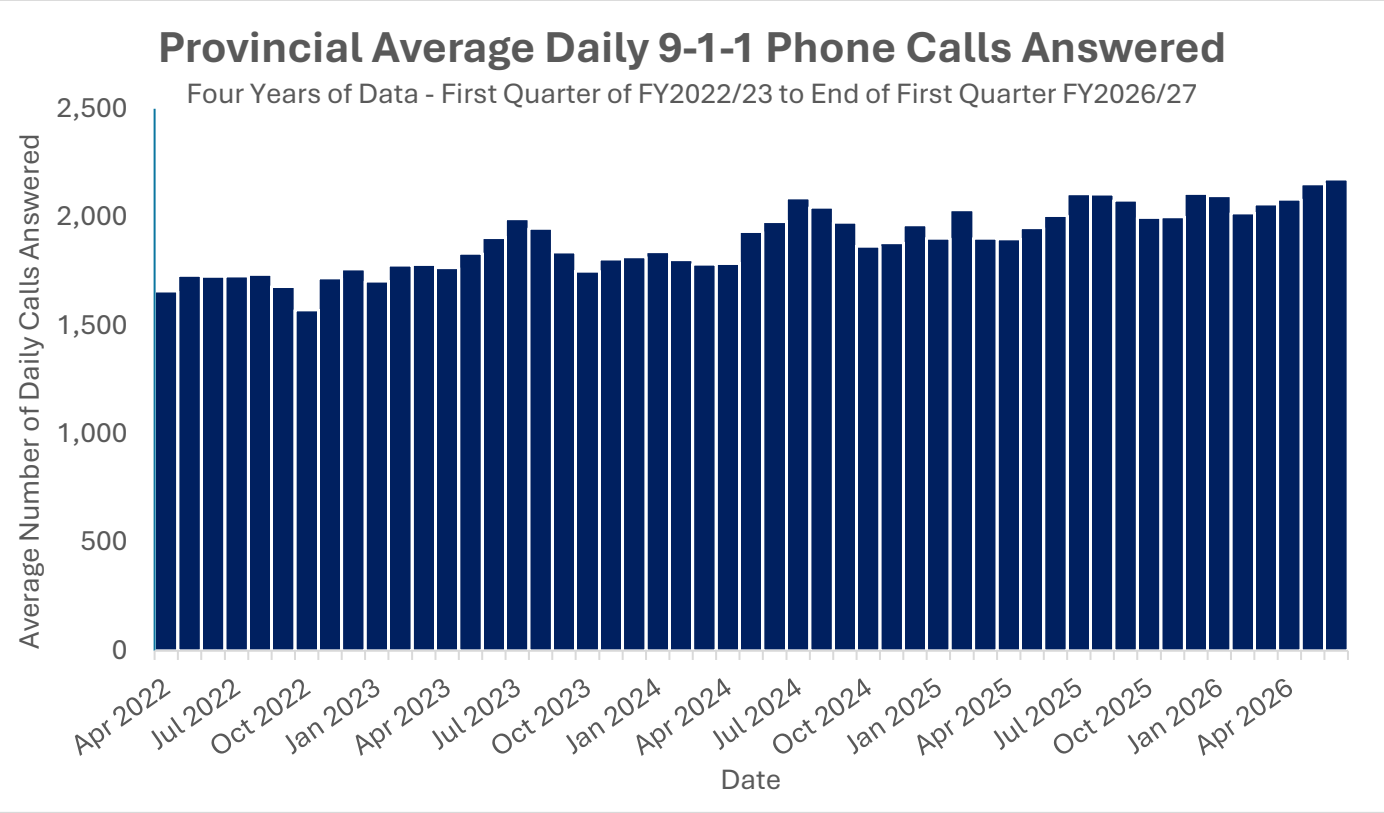

Figure 2. Provincial Average Daily 9-1-1 Phone Calls Answered, April 2022–June 2026

In 2025, there was an increase in the daily average 9-1-1 call volume at the provincial level; this daily average increase represents a gradual upward shift in demand for emergency medical services.

The table below shows year-over-year changes in the provincial daily average 9-1-1 call volume for the first fiscal quarter (April–June) this year and last year.

Table 2. Provincial Average Daily 9-1-1 Phone Calls Answered, Q1 2025/26 and Q1 2026/27

Time Period	2025/26 April–June	2026/27 April–June
BCEHS Average Daily 9-1-1 Phone Calls Answered	1,953	2,137

9-1-1 Phone Call Service Level

All 9-1-1 calls in British Columbia are first received by E-Comm, which then routes medical emergency calls to BCEHS for response. Medical 9-1-1 calls are routed to three call centres in BC, staffed by BCEHS emergency medical call takers.

The timely answering of 9-1-1 calls by BCEHS represents the first critical step towards achieving a rapid response. **The target for service level is to answer a 9-1-1 call within 15 seconds 90% of the time.** This standard is set by the National Emergency Number Association and was last updated in April 2020 in consultation with the National Fire Protection Association and the Association of Public-Safety Communications Officials. This indicator shows the performance of BCEHS against that standard and reflects the efficiency of the first link in the emergency response chain.

The chart below shows BCEHS performance from April 2022 to June 2026. Each bar represents the average number of calls answered per day per month, the red dotted line marks the national target, answering at least 90% of calls withing 15 seconds. The blue line represents the service level which is the percentage of calls accepted and answered within 15 seconds each month.

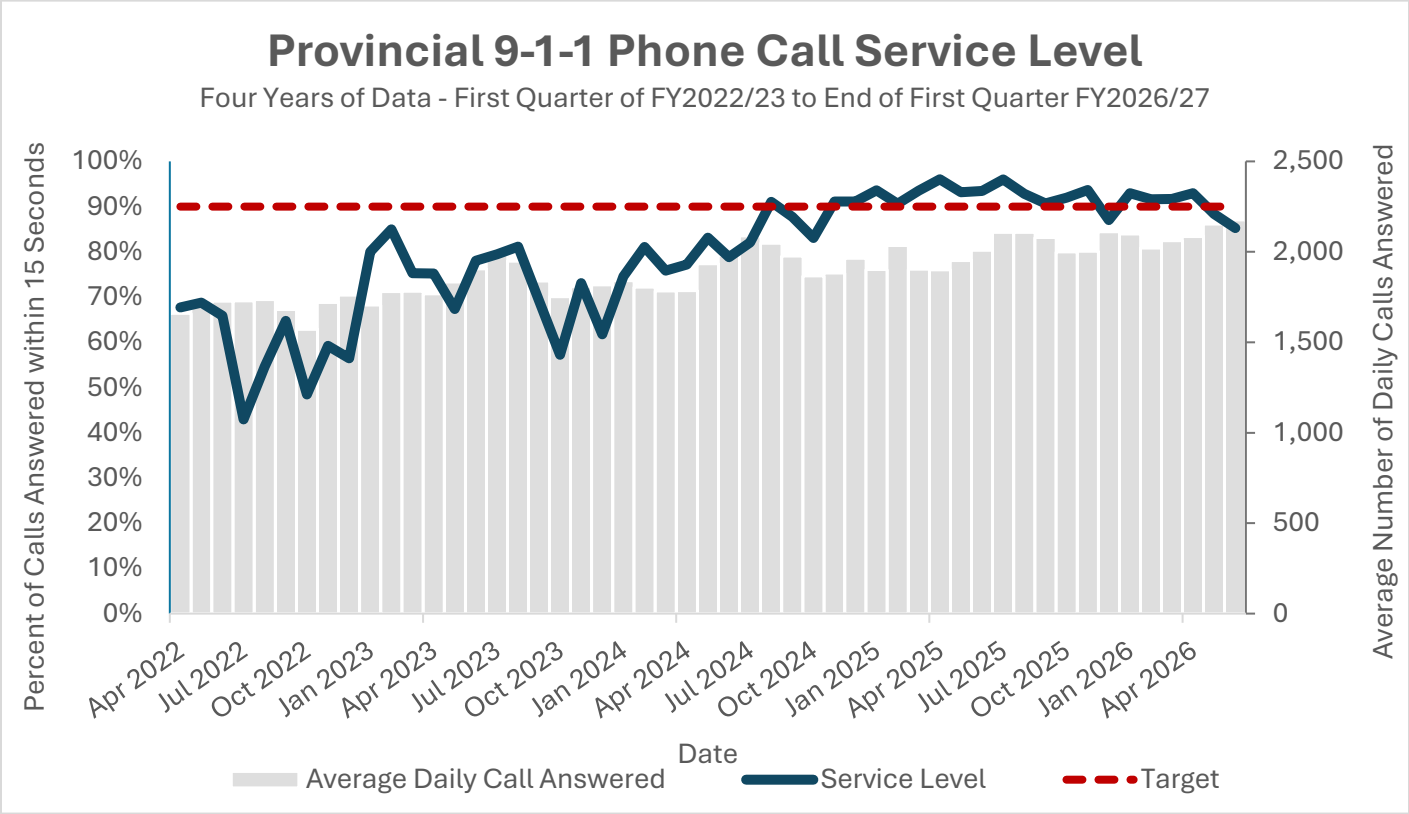

Figure 3. Provincial 9-1-1 Phone Call Service Level, April 2022–June 2026

Our objective is to ensure all emergency calls are answered as quickly as possible. This is shown when the blue line representing the % of calls answered within the target stays at or above the red target line. There has been nearly 10% increase in call volume during the same quarter when comparing this fiscal year with last year's.

The table below shows year-over-year performance for the first quarter (April-June) of fiscal year 2025/26 and 2026/27.

Table 3. 9-1-1 Calls Answered and Phone Call Service Level, Q1 2025/26 and Q1 2026/27

Time Period	Target	2025/26 April-June	2026/27 April-June
9-1-1 Calls Answered	N/A	177,702	194,477
Service Level	90%	94%	89%

Call Assessment Time to Time Critical 9-1-1 Events

Call assessment time measures how long it takes BCEHS call-takers to gather essential clinical information, assess the patient's condition, and make the event available for dispatch.

Critical 9-1-1 events are the most time-critical and immediately life-threatening medical emergencies where every second matters. Rapid and accurate assessment of the situation is essential to ensure the fastest possible response for these calls. Shorter processing times in critical 9-1-1 events reflect effective triage, efficient information gathering, and strong coordination within the dispatch system.

Monitoring call assessment time for time critical 9-1-1 Events helps BCEHS ensure that life-saving interventions begin as quickly as possible, supporting timely paramedic response and improved patient outcomes.

These events include the most urgent medical emergencies. Cardiac arrests are classified as time-critical events. In 2021, many critical overdose calls were added to this category, and in 2025, severe seizure calls were included based on clinical review and evidence. These additions ensure the indicator reflects the types of emergencies that require the fastest paramedic response.

The chart below shows BCEHS performance from April 2022 to June 2026. The purple line represents the median call assessment time for critical calls each month.

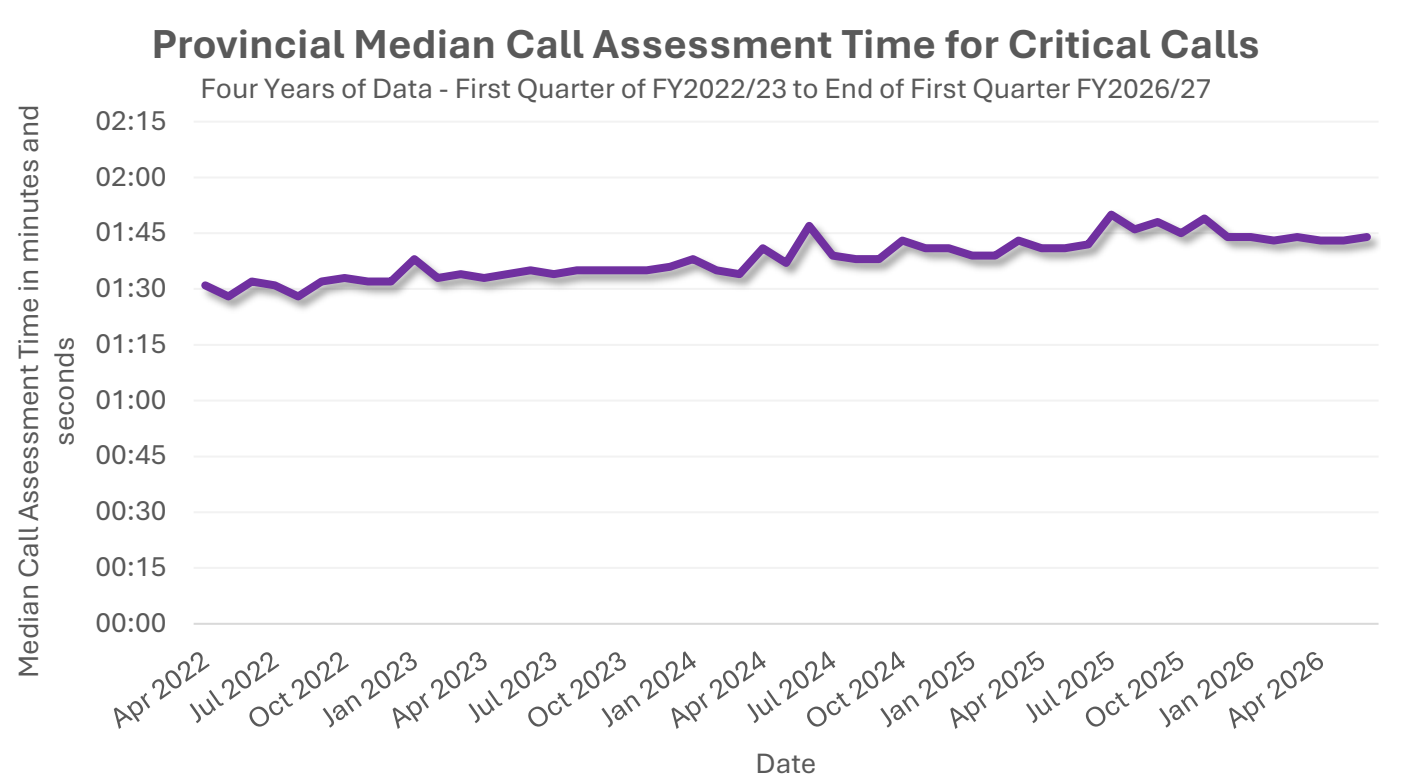

Figure 4. Provincial Median Call Assessment Time for Critical Calls, April 2022–June 2026

The table below shows year-over-year performance for the first quarter (April-June). When comparing the first quarter of fiscal year 2026/27 with fiscal year 2025/26, the median call assessment time for critical calls has shown a slight increase from 1 minute and 41 seconds to 1 minute and 43 seconds.

Table 4. Provincial Median Call Assessment Time for Critical Calls, Q1 2025/26 and Q1 2026/27

Time Period	2025/26 April-June	2026/27 April-June
Provincial Median Call Assessment Time for Critical Calls	1 minute and 41 seconds	1 minute and 43 seconds

In Service Hours

In-service hours represent the number of hours BCEHS ambulances are actively available and operating. This measure reflects how consistently ambulance resources are staffed and ready to respond to 9-1-1 events.

Tracking in-service hours helps BCEHS monitor system readiness, understand pressures affecting ambulance availability, and identify areas needing operational support or workforce planning. A higher number indicates more ambulances and paramedics ready to respond.

Over the past several fiscal years, BCEHS has steadily increased in-service hours to strengthen responsiveness and improve coverage across communities. In 2021/22 and 2022/23, the system delivered more than 2.5 million and 2.4 million in-service hours, respectively. In 2024/25, in-service hours continued to grow to 3.06 million and in 2025/26, there were 3.24 million in-service hours.

Sustained increases in in-service hours demonstrate BCEHS's ongoing efforts to expand paramedic availability, support community coverage, and meet rising demand across the province.

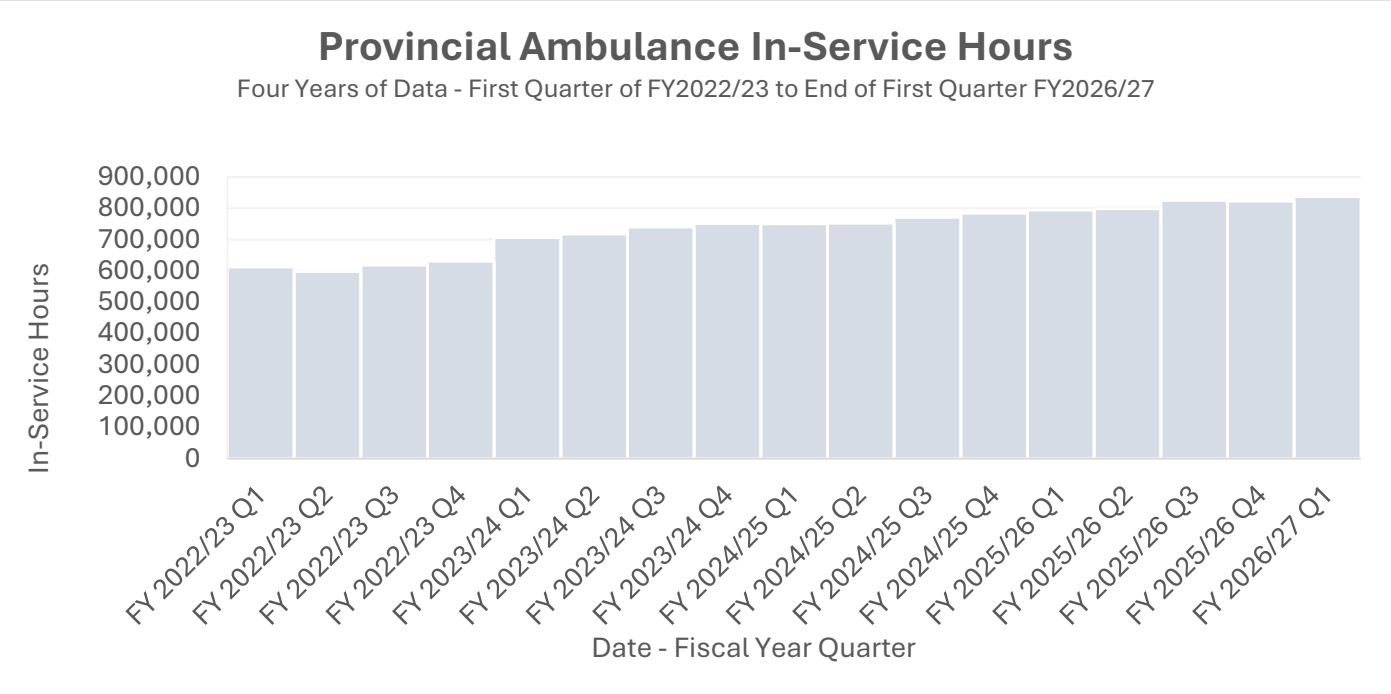

Figure 5. Provincial Ambulance In-Service Hours by Fiscal Quarter, FY 2022/23–FY 2026/27

The table below shows the fiscal year-over-year changes for in-service hours. FY 2026/27 ends on March 31, 2027.

Table 5. Annual Provincial Ambulance In-Service Hours, FY 2021/22–FY 2026/27 (Projected)

Fiscal Year (FY)	In Service Hours

FY 2021/22	2,580,000
FY 2022/23	2,460,000
FY 2023/24	2,910,000
FY 2024/25	3,060,000
FY 2025/26	3,240,000
FY 2026/27 *Projected	3,350,000

Cardiac resuscitation

Cardiac arrest occurs when the heart suddenly stops, cutting off blood flow to the brain and other vital organs. Without immediate help, death can occur within minutes. Cardiac arrests can occur under a lot of different circumstances, which can make it difficult to compare outcomes. To assess performance, international benchmarks measure outcomes on a subgroup of cardiac arrest patients (called the Utstein cohort) who have similar characteristics, thus allowing a valid assessment against a performance benchmark. **For the Utstein cohort of patients, the target represents the % of patients who** achieve and maintain a return of spontaneous circulation (ROSC) until arrival at the emergency department. **– the target is 35%.**

The chart below shows BCEHS performance against this target.

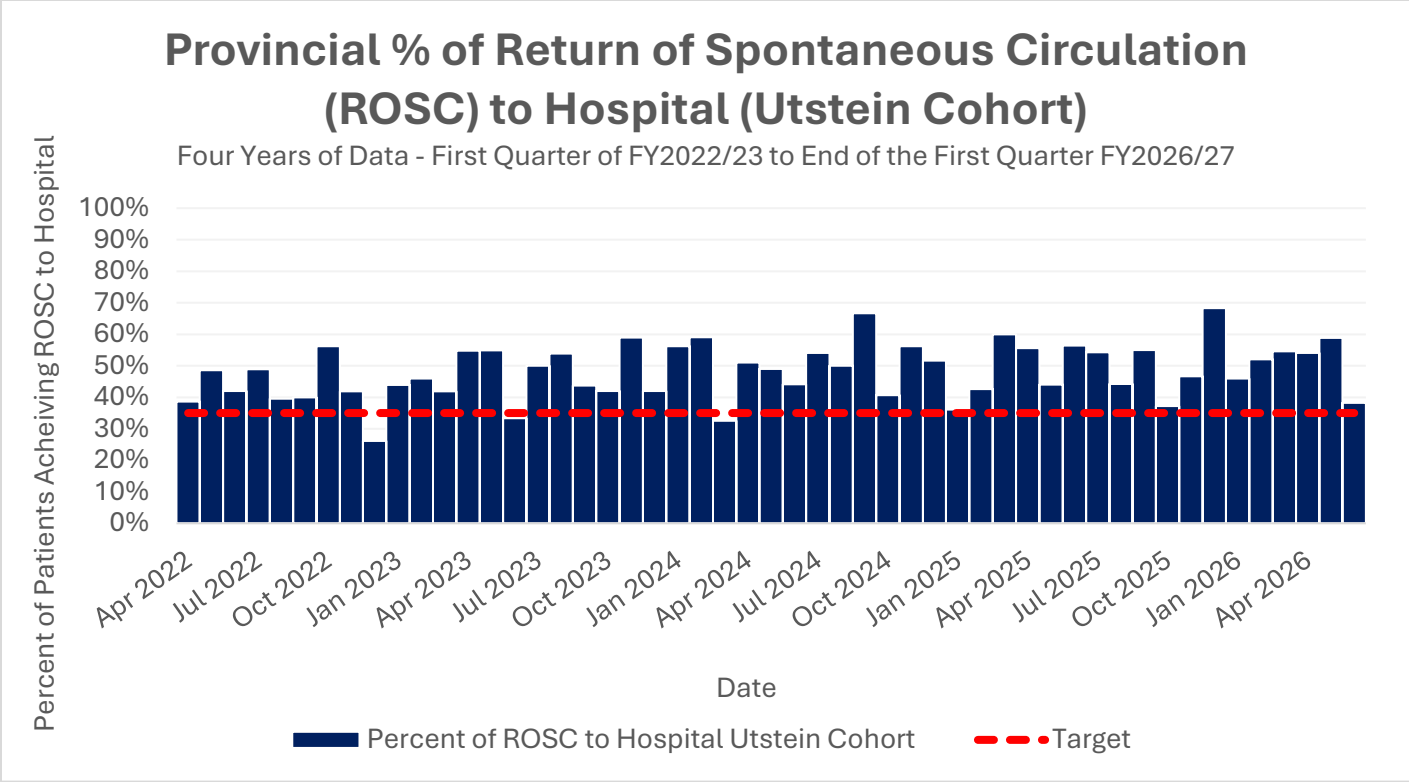

Figure 6. Provincial Percentage of Return of Spontaneous Circulation (ROSC) to Hospital for the Utstein Cohort, April 2022–June 2026

As shown above, the blue bars represent the actual percentage of patients who arrived at the hospital with sustained Return of Spontaneous Circulation (ROSC), and the red dotted line marks the 35% target.

The table below shows year-over-year performance for the first quarter (April-June) of fiscal years 2025/26 and 2026/27.

Table 6. Percentage of Cardiac Arrest Patients Achieving ROSC to Hospital in the Utstein Cohort, Q1 2025/26 and Q1 2026/27

Metric	Target	2025/26 April-June	2026/27 April-June
Percent of cardiac patients achieving ROSC to hospital in the Utstein cohort	35%	51%	50%

*Inclusion criteria for the Utstein cohort:

- The person's heart stopped (cardiac arrest) outside of the hospital.
- It was not caused by injury (non-traumatic).
- Someone saw it happen (bystander-witnessed).
- The person's heart rhythm was one that can be shocked with a defibrillator (usually ventricular fibrillation).