

**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.

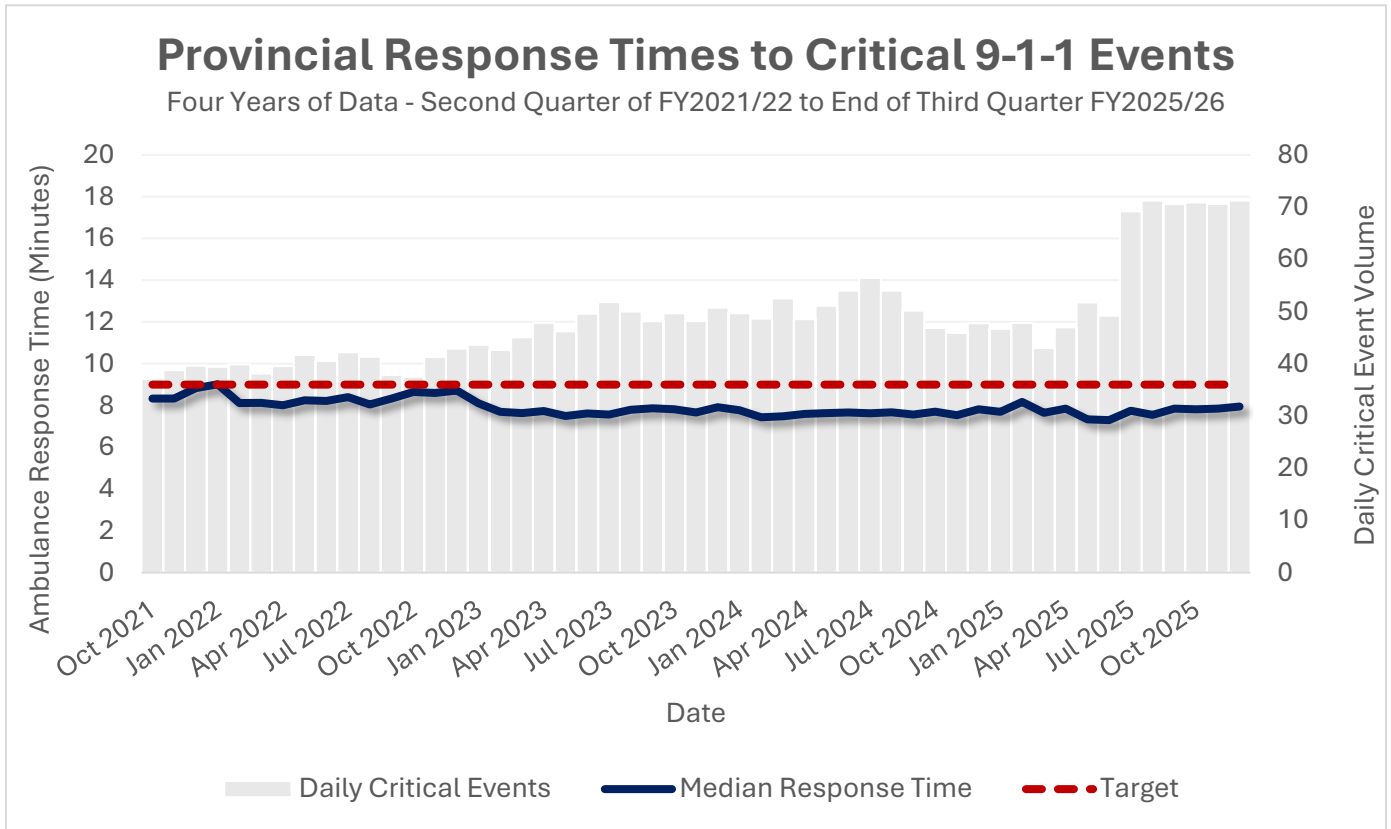
## Response Times for Time Critical 9-1-1 Events

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 October 2021 to December 2025, 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.



In July 2025, severe seizure calls were added to the category of time-critical 9-1-1 events based on clinical review and evidence.

Table 1 shows year-over-year performance for the third quarter (October–December) of fiscal years 2024/25 and 2025/26.

**Table 1**

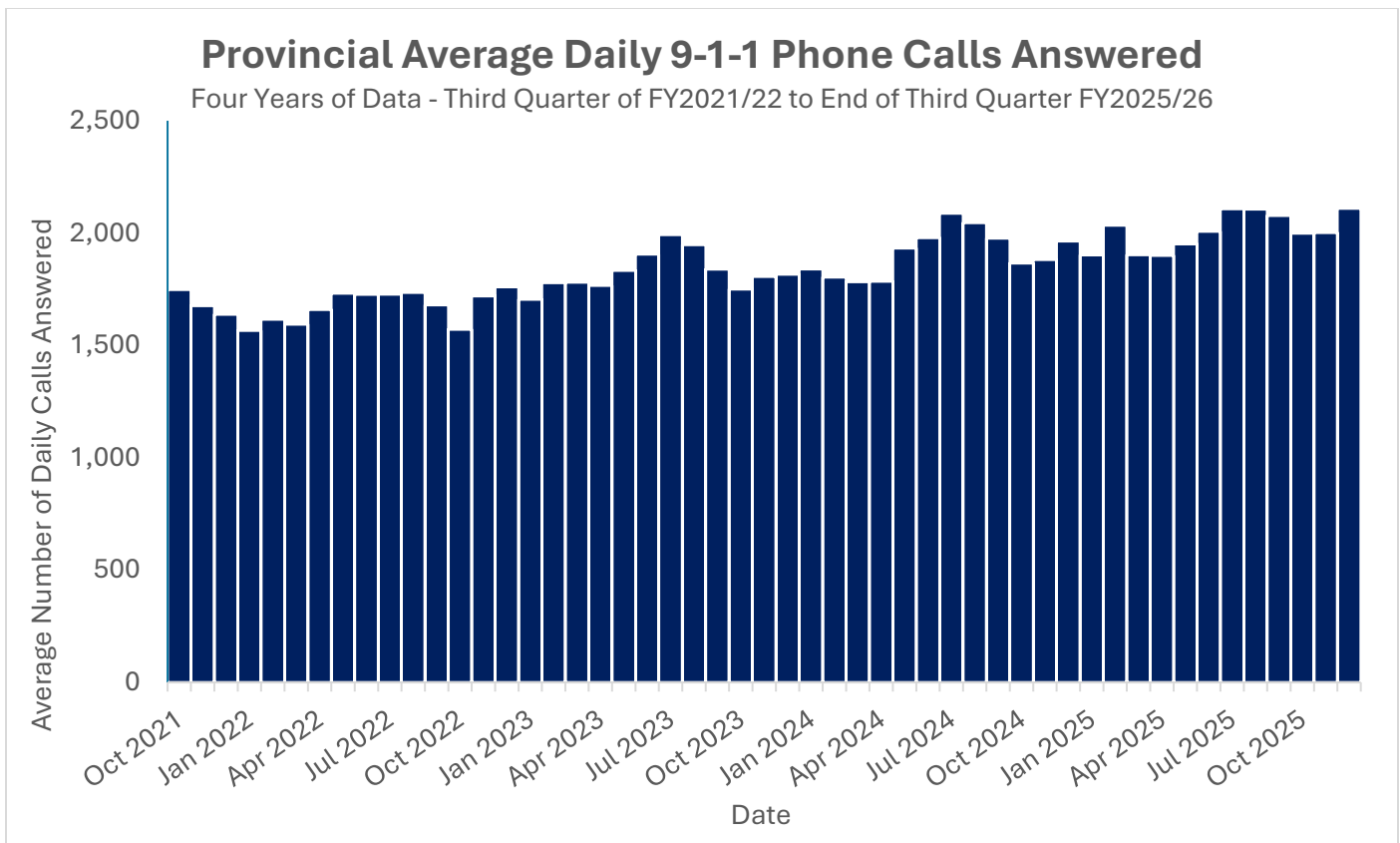
| Time Period                                     | Target | 2024/25<br>October-December | 2025/26<br>October-December |
|---|--------|-----------------------------|-----------------------------|
| Critical 9-1-1 Event Volume                     | N/A    | 4,310                       | 6,523                       |
| Critical Median Response Time (minutes:seconds) | 9:00   | 7:42                        | 7:52                        |

## 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 October 2021 to December 2025. 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 an average of over 2000 calls per day, reflecting a growing demand for emergency health services across the province. This is the highest it's been in the last 4 years.



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.

Table 2 shows year-over-year changes in the provincial daily average 9-1-1 call volume for the third quarter (October–December) this year and last year.

**Table 2**

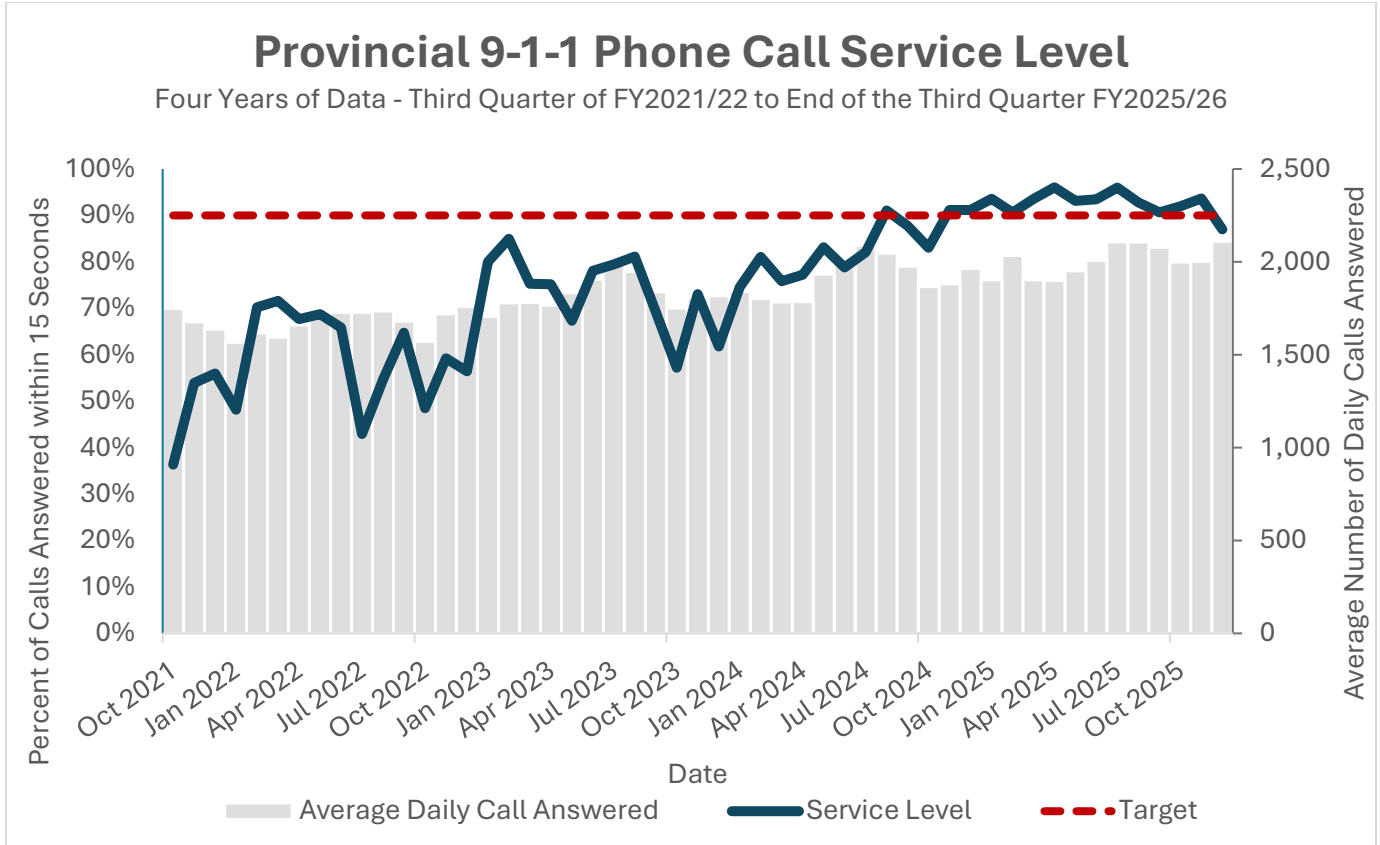
| Time Period                                    | 2024/25<br>October-December | 2025/26<br>October-December |
|--|-----------------------------|-----------------------------|
| BCEHS Average Daily 9-1-1 Phone Calls Answered | 1,904                       | 2,037                       |

### 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 October 2021 to December 2025. 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.



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. While it fluctuates, since July 2021, there has been a steady upward trend in the average daily calls answered within target.

Table 3 shows year-over-year performance for the third quarter (October-December) of fiscal year 2024/25 and 2025/26.

**Table 3**

| Time Period          | Target | 2024/25<br>October-December | 2025/26<br>October-December |
|----------------------|--------|-----------------------------|-----------------------------|
| 9-1-1 Calls Answered | N/A    | 175,164                     | 187,404                     |
| Service Level        | 90%    | 88%                         | 91%                         |

## 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 October 2021 to December 2025. The purple line represents the median call assessment time for critical calls each month.

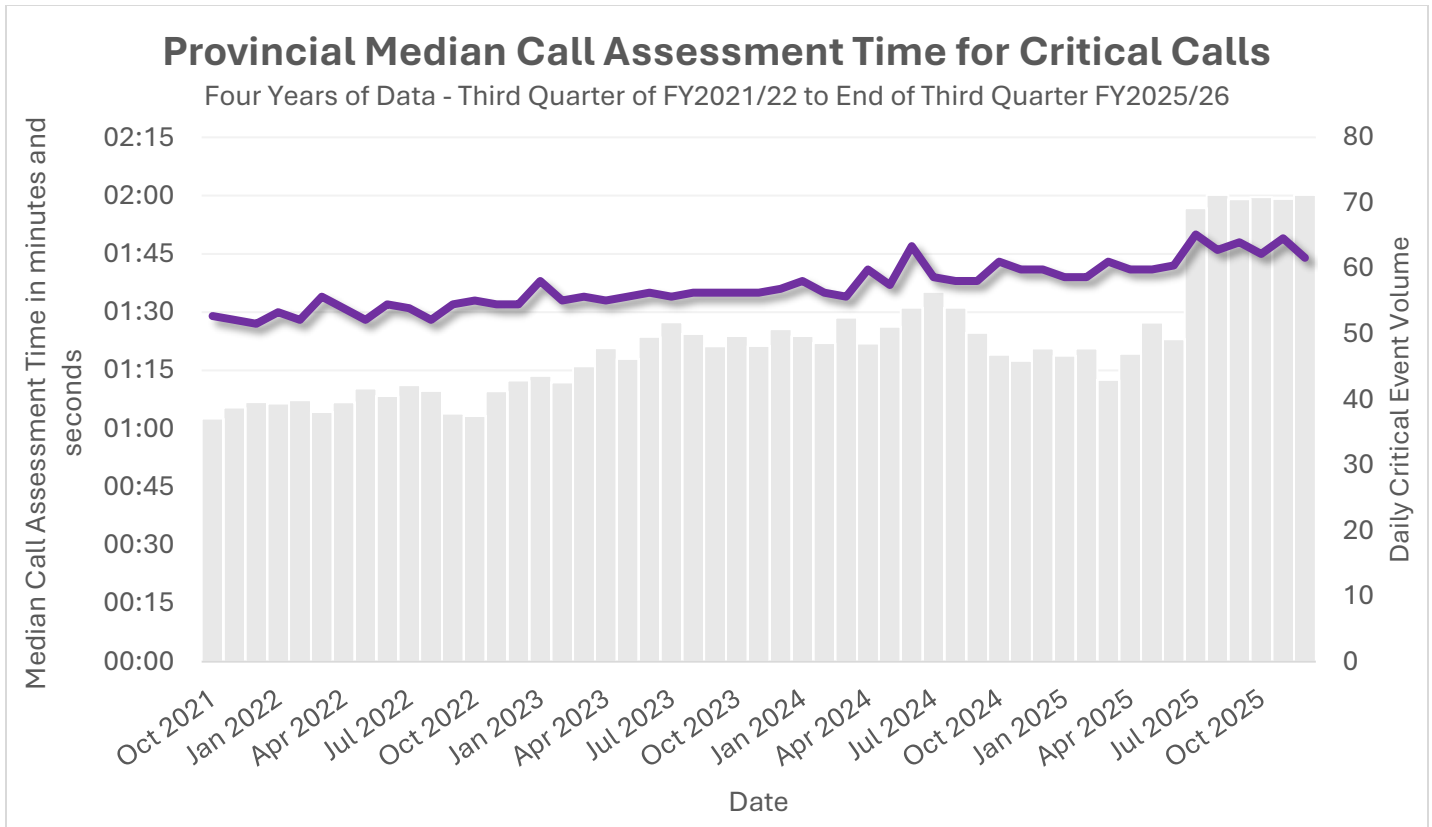


Table 4 shows year-over-year performance for the third quarter (October–December). In 2025, the median call assessment time for critical calls has shown a slight increase from 1 minute and 42 seconds to 1 minute and 46 seconds.

**Table 4**

| Time Period   | 2024/25<br>October-December | 2025/26<br>October-December |
|---|-----------------------------|-----------------------------|
| Critical 9-1-1 Event Volume                               | 4,310                       | 6,523                       |
| Provincial Median Call Assessment Time for Critical Calls | 1 minute and 42 seconds     | 1 minute and 46 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 3.05 million. BCEHS projects a further increase to 3.3 million hours by end of year 2025/26.

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.

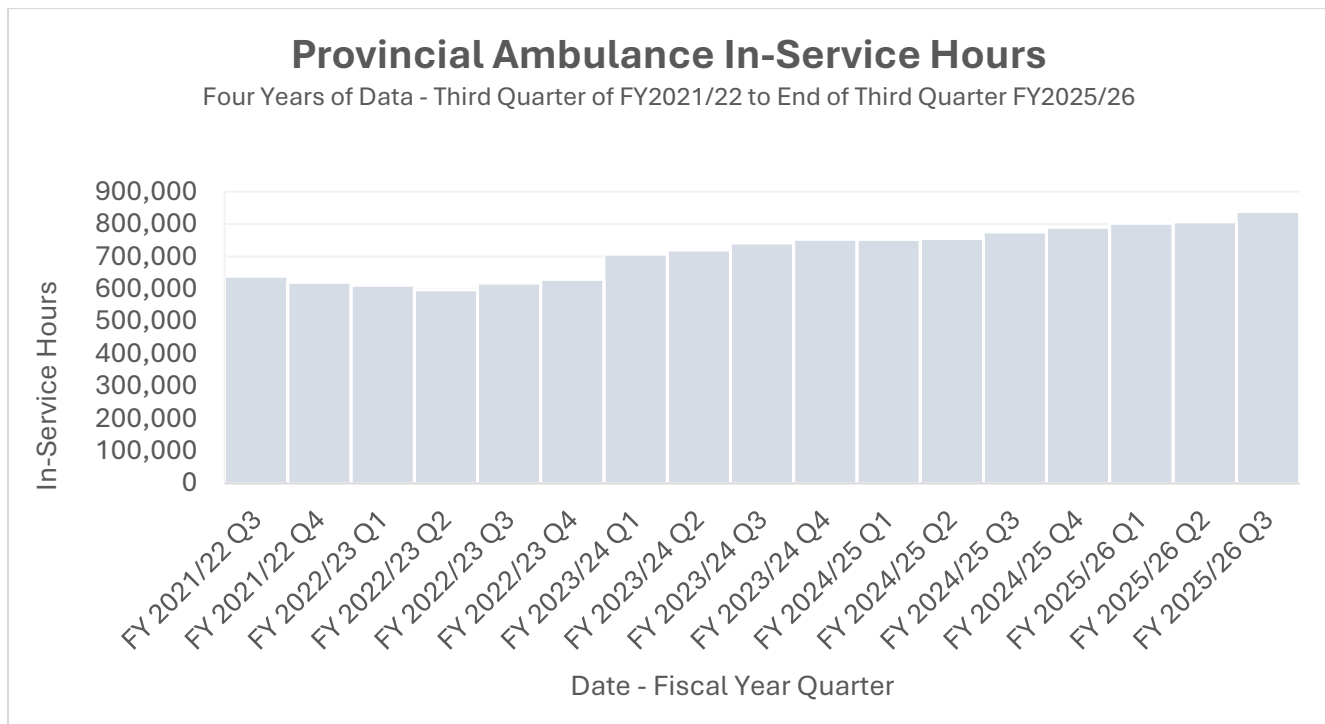


Table 5 shows the fiscal year-over-year changes for in-service hours. FY 2025/26 ends on March 31, 2026. Past In Service Hours data has been cleaned and updated through a regular data clean-up process. FY 2025/26 value has been updated to reflect the latest projection based on the most recent quarter.

**Table 5**

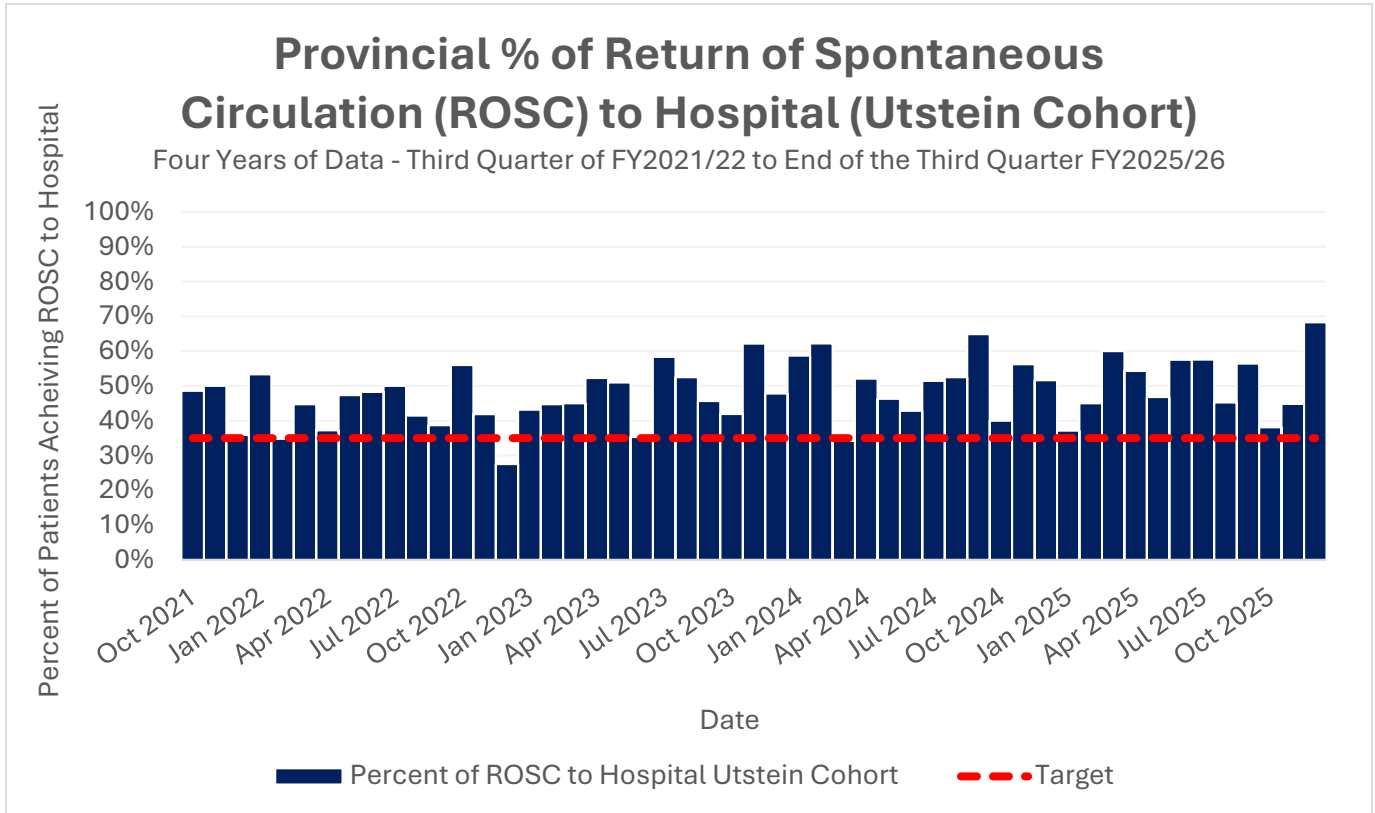
| Fiscal Year (FY) | In-Service Hours |
|------------------|------------------|
| FY 2021/22       | 2,570,000        |

|                       |           |
|-----------------------|-----------|
| FY 2022/23            | 2,450,000 |
| FY 2023/24            | 2,920,000 |
| FY 2024/25            | 3,070,000 |
| FY 2025/26 *Projected | 3,260,000 |

### 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.



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.

Table 6 shows year-over-year performance for the third quarter (October–December) of fiscal years 2024/25 and 2025/26.

**Table 6**

| Metric   | Target | 2024/25<br>October-December | 2025/26<br>October-December |
|--|--------|-----------------------------|-----------------------------|
| Percent of cardiac patients achieving ROSC to hospital in the Utstein cohort | 35%    | 49%                         | 51%                         |

\*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).