

**TO:** MAYOR AND COUNCIL**DATE:** 2016 May 11**FROM:** ACTING CITY MANAGER**SUBJECT: UPDATE ON BCEHS PRE-HOSPITAL EMERGENCY MEDICAL  
SERVICE IMPROVEMENTS****PURPOSE:** To provide an update to Council on BCEHS' service improvement strategy to improve the delivery of ambulance services.

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**RECOMMENDATION:**

1. **THAT** Council receive this report for information.

**REPORT****1. INTRODUCTION**

British Columbia Emergency Health Services (BCEHS) is supported by the Provincial Health Services Authority and is mandated to provide provincial ambulance and emergency health services under the Emergency and Health Services Act. BCEHS is responsible for two operations: BC Ambulance Service and BC Patient Transfer Network. This report focuses on the subject of ambulance services only. BCEHS has been working for some time to renew its emergency services to make them more responsive and effective. Wait time for ambulance response has been a long standing concern for Metro Vancouver municipalities. Changes to the Resource Allocation Plan (RAP) made by BCEHS in late 2013 for the purpose of improving response time to high acuity calls have resulted in downgrading of seventy four medical event types from Code 3 response to Code 2 and led to delayed ambulance response for many patients with low acuity condition still requiring medical attention.

Following discussions in 2015 between Metro Vancouver municipalities and BCEHS on the increased wait time and growing concern of inadequate pre-hospital emergency medical services, BCEHS retained the services of a consultant ORH to conduct a service review to examine current ambulance response time, demographics and populations in the Lower Mainland and Fraser Valley and to identify future service improvements to meet growing service demands. The report by ORH was completed and released by BCEHS in April 2016.

The purpose of this report is to highlight the key action items developed by BCEHS based on the ORH report towards improving the existing pre-hospital emergency medical service level.

## 2. DISCUSSION

As population grows within the Metro region, the demand for emergency ambulance services also rises and BCEHS resource capacity will be challenged to meet this demand. Based on the ORH study, BCEHS has developed an action plan that contains the following five key actions:

- Improve performance efficiencies to reduce response time. BCEHS will explore the use of mixed crewing (Advanced Life Support and Basic Life Support) to improve response time and to establish realistic response time based on best practices in other jurisdictions (9 minutes or less 75% of the time for high acuity cases and 15 minutes or less 75% of the time for medium acuity).
- Work with stakeholders to change how BCEHS responds to minor and low acuity calls and transfers.
- Work with health authorities to reduce hospital wait time to free up ambulances and paramedics for emergency patient care.
- Work with government to develop a multi-year strategy for implementation of new resources and to pursue the deployment of Primary Response Unit (PRU) to ensure the most acute patients receive optimal care and to improve patient outcome in critical cases. PRUs are to be staffed by one Advanced Care Paramedic and do not transport patients. PRUs would respond to patients with acute conditions, in addition to a transport-capable ambulance staffed with two Primary Care Paramedics.
- Enable innovation in the way the Province delivers emergency services. Patient care alternatives may include:
  - Hear and Release – for non-emergency calls, medical information and guidance could be provided to the patient by BCEHS staff with no deployment of ambulance and crew.
  - Hear and Refer – medical information could be provided by BCEHS triage staff, along with referral to another resource (Social Services or Community Health)
  - Treat and Release – Paramedics would attend the call and advise the patient that they do not require transport to the hospital to free up the ambulance for other calls.
  - See and Refer – Paramedics would attend the call and refer the patient to a more appropriate resource.

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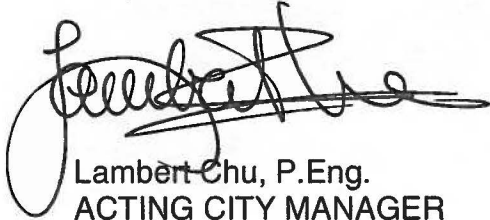
As a part of the action plan, BCEHS has added 8 ambulances and 34 full time employees in the Lower Mainland region to improve ambulance response time. Of the 8 new ambulances, 3 are in Surrey, 2 in Langley, 2 in Abbotsford and 1 in North Vancouver.

In going forward, BCEHS will be initiating consultation with municipalities to determine level of desired engagement and working with the Province to introduce changes required to meet both current and projected demand for service. Burnaby has been involved in discussion with BCEHS through Metro Vancouver's Regional Administrators Advisory Committee and will continue to participate in future consultation on service model alternatives to improve pre-hospital patient care service.

### 3. CONCLUSION

BCEHS has been working with the consultant ORH to revitalize its pre-hospital emergency medical services for the purpose of improved response time and better patient outcome. The ORH study has analyzed call data, First Responders data, ambulance response time, population projection, and performance measurement. Arising from the study, BCEHS has developed an action plan to address current and future service needs and strategies to meet the projected demand. In the short term, BCEHS has added 8 ambulances to the Lower Mainland fleet and is moving forward with a stakeholder engagement process to examine alternative pre-hospital patient care services for service and performance efficiency improvement.

Staff will continue to participate in discussion with BCEHS on their next stage of strategy and implementation plan development and to evaluate their impact on patient care and service implication to First Responders. This report is provided for the information of Council.



Lambert Chu, P.Eng.  
ACTING CITY MANAGER

Copied to: Fire Chief Joe Robertson