

BCAS Service Adjustments: Impact on City

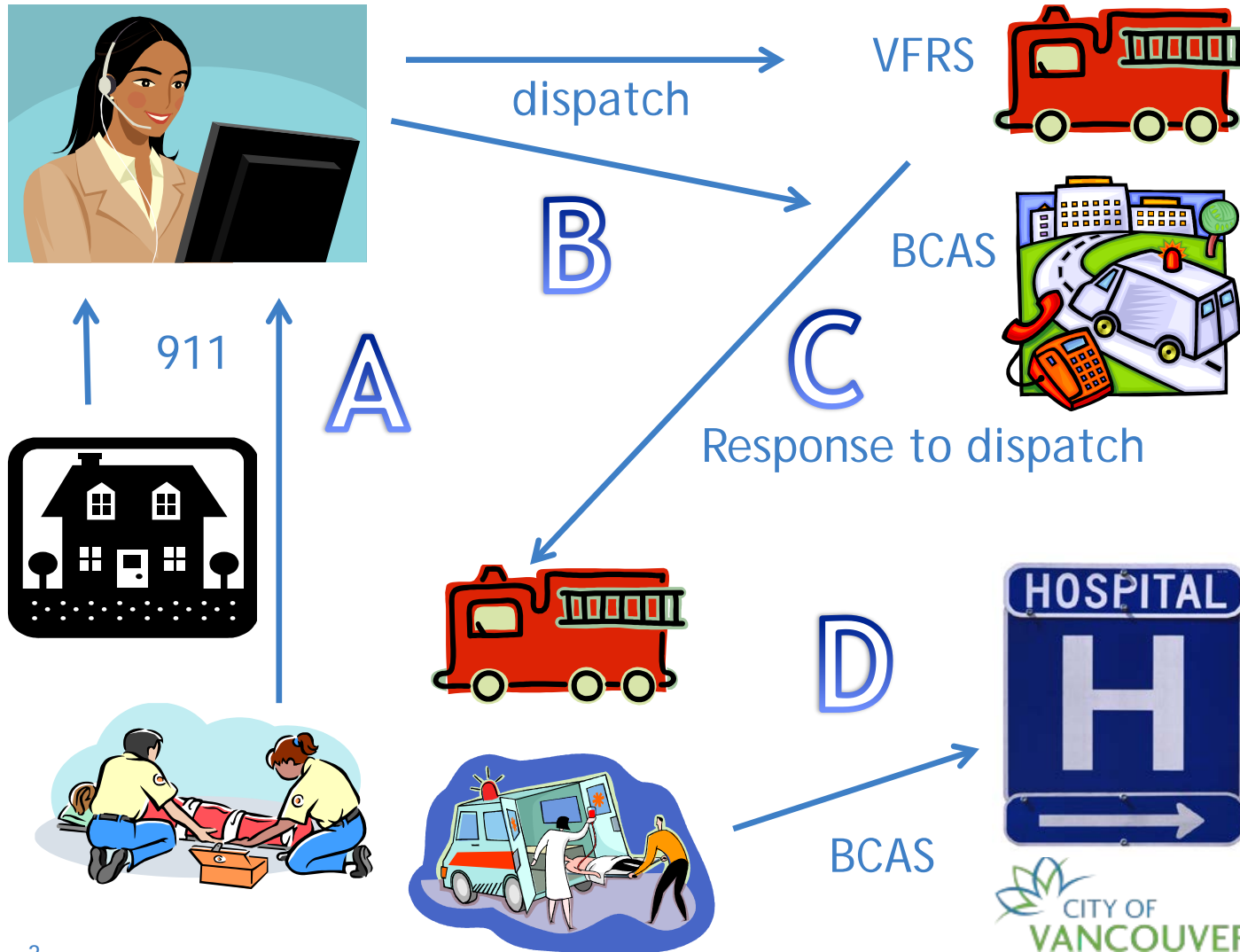


Presentation to Council
April 1, 2014

Pre-Hospital Care Governance

- BC Emergency Health Services (BCEHS)
 - Govern all emergency medical services
 - Formerly EHSC; now Provincial Health Services Authority (PHSA) Board
- Key components:
 - BCAS and Trauma Services BC
 - First Responder Agencies (such as VFRS)
 - BC Patient Transfer Network
- BCEHS provides:
 - medical oversight for BCAS and First Responders
 - Regulation and licensing of:
 - all Emergency Medical Assistants including First Responders (EMA-FR3)
 - All paramedical staff

Relationship of BCAS and Firefighter First Responders



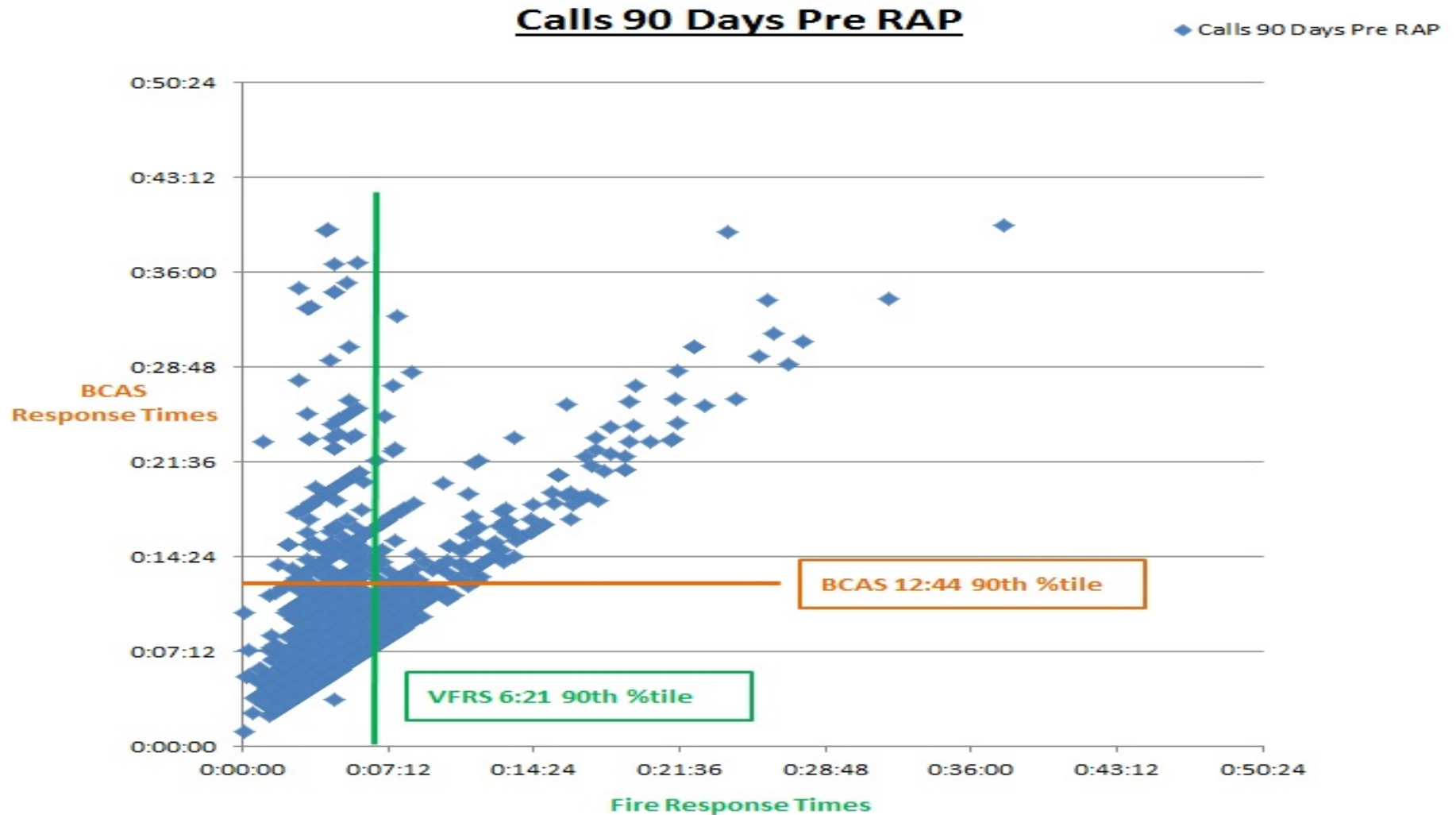
Response to Emergency Calls in Vancouver

- 911 call for medical response
- BCAS dispatches BCAS and VFRS
- Triage of every call – through specific computerized protocols
 - Different levels of acuity – different dispatch urgency
 - Emergency dispatch
 - Routine dispatch

BCAS Changes to Resource Allocation Plan (RAP): October 2013

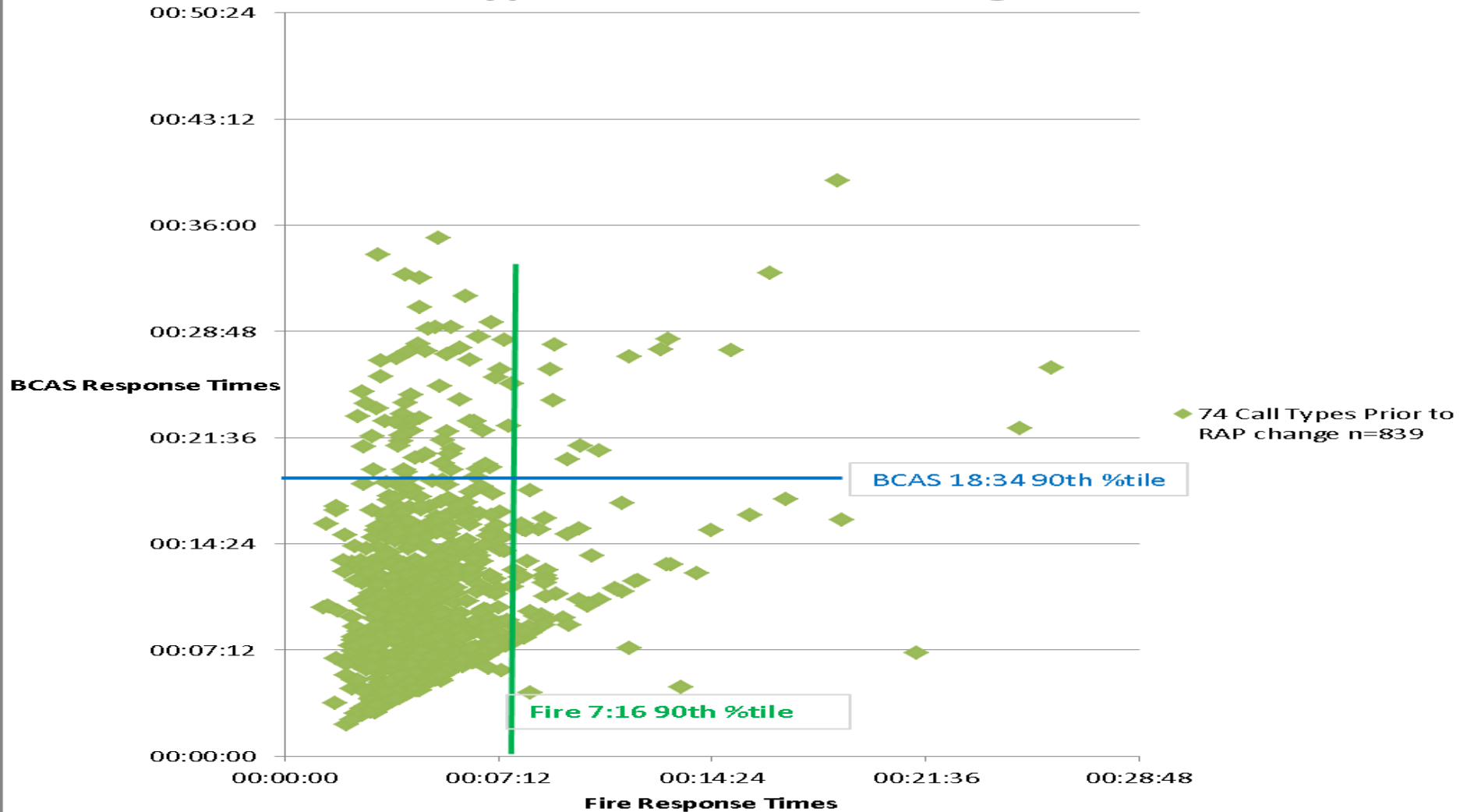
- 74 different patient acuity classifications downgraded from *emergency dispatch* to *routine dispatch* of ambulance
- Unilateral decision by BCAS
- No public consultation or notification
- No consultation with Municipal Fire Services
- Change instituted on October 29 2013
- All municipal Fire Services are dealing with impact

First Response to Emergency Dispatch - Fall 2013: BCAS and VFRS - Before RAP Changes

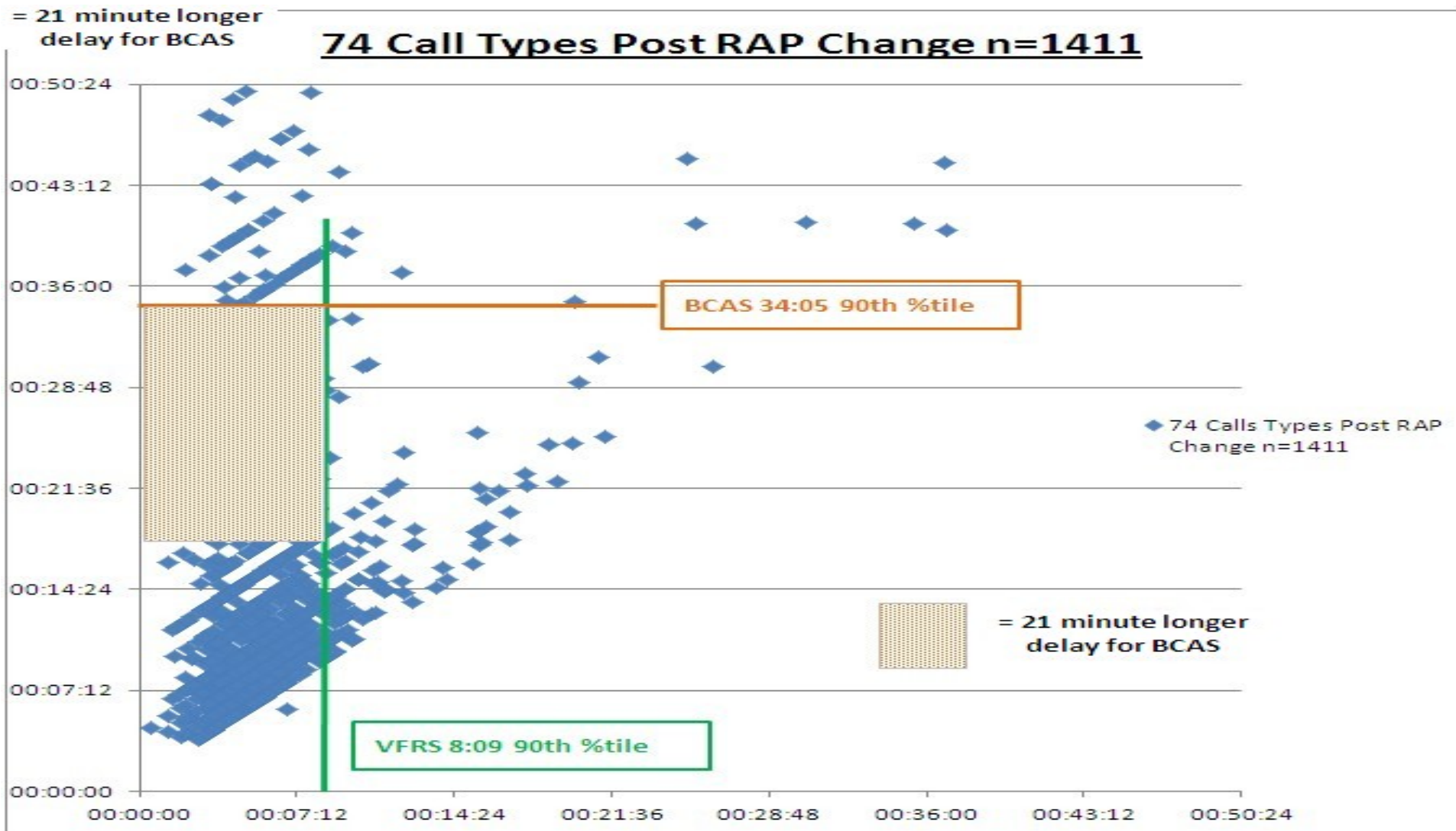


First Response to Emergency Dispatch - Fall 2013: BCAS and Surrey FS - Before RAP Changes

74 Call Types Prior to RAP change n=839

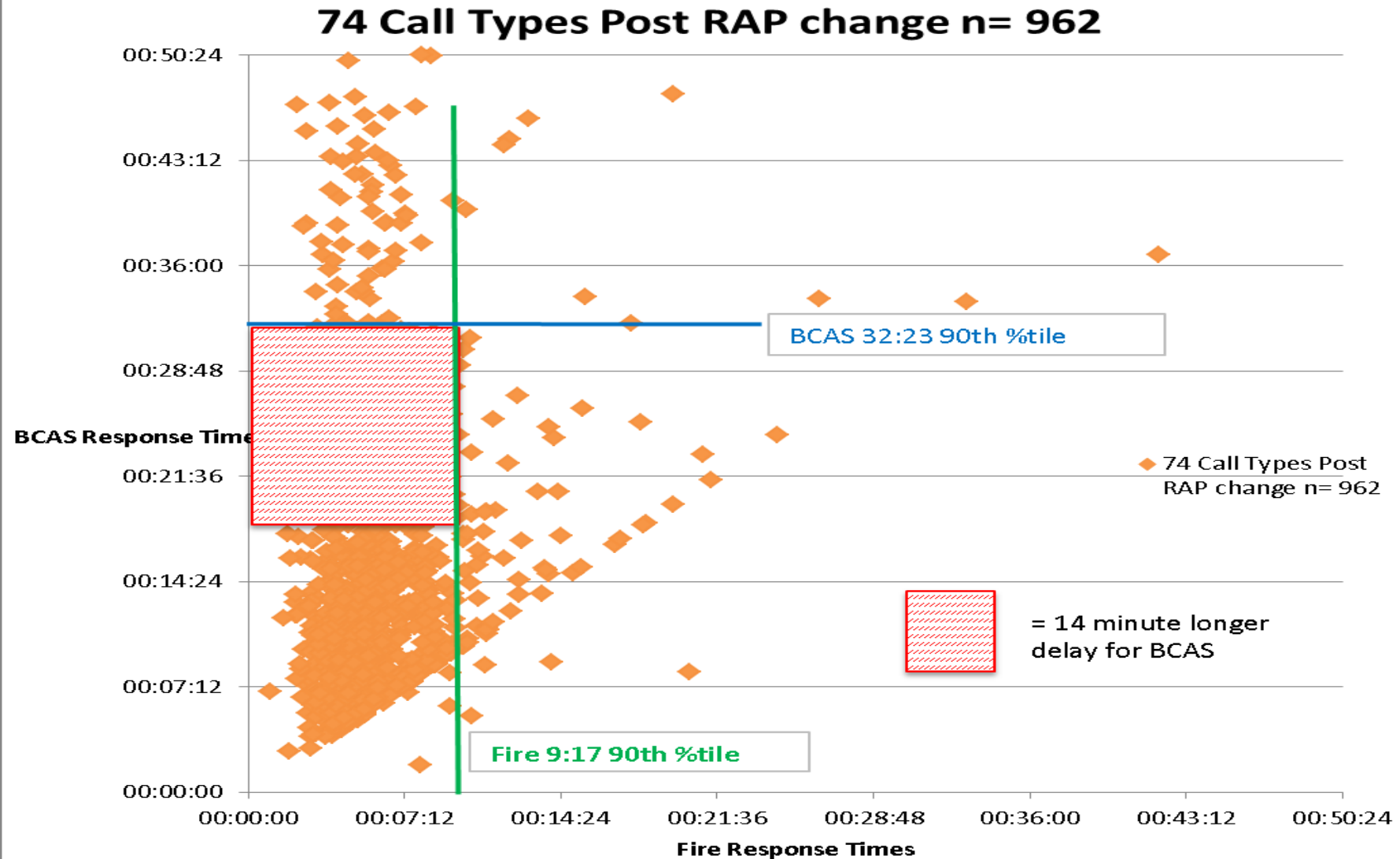


Data from 3 Months Post RAP Changes - VFRS: 74 Call Types impacted by RAP

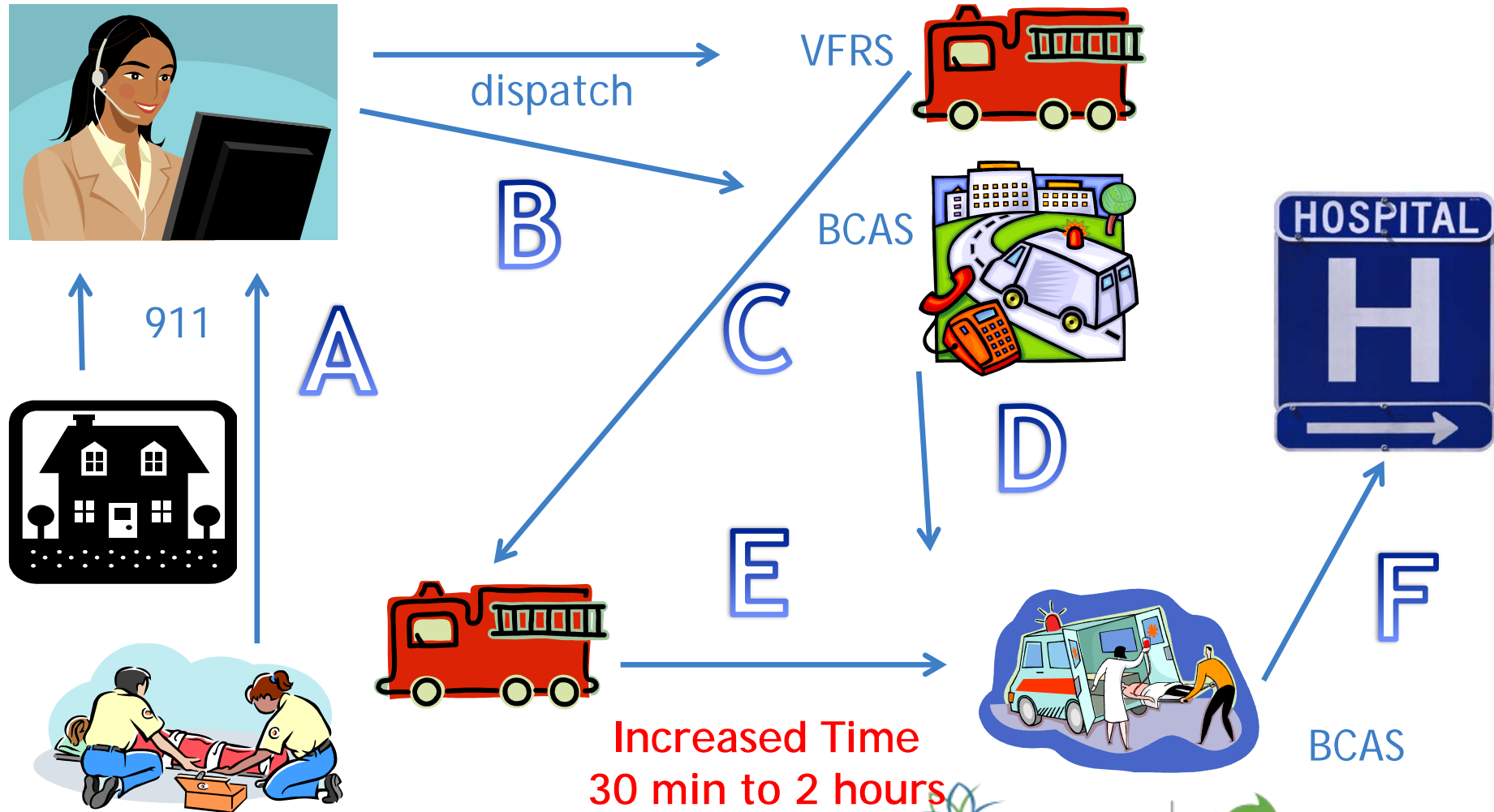


Data from 3 Months Post RAP Changes - Surrey FS

74 Call Types impacted by RAP



Relationship of BCAS and Firefighter First Responders



Post RAP Citizen Impacts: November - March 13/14

- Patient risk due to delay in BCAS arrival - 5-10% of cases inappropriately downgraded:
 - Falls
 - Breathing Problems
 - Motor Vehicle Accidents
 - Trauma
 - Assault
- FF are responsible for long wait time - no ability to transport; no meds; no access to medical advisor
- Inadequate response to request by FF to upgrade BCAS response to emergency on assessment of patient status
- Inefficient use of FF resources due to delays at scene
- Patients and families very concerned

Case Study Example #1

Traumatic Injury - 368 E. Cordova St. - November 2013

- 65 year old male with large laceration to the head, result of a fall.
- Patient was bleeding and disorientated upon VFRS arrival
- VFRS - requested dispatch upgrade BCAS from Routine to Emergency due to patient's condition
- BCAS arrived 49 minutes after VFRS
- Patient was transported to hospital

Case Study Example #2

Assault - 188 N. Renfrew - January 2014

- 39 year female on ground; trauma to the face and head
- decreased level of consciousness, possible skull and jaw fracture
- VFRS contacted dispatch for upgrade BCAS response from Routine to Emergency
- BCAS arrived 21 minutes after VFRS
- Bystanders very upset with delay
- Patient transported to hospital

Case Study Example #3

Hemorrhage - 1688 Robson St. - January 2014

- 54 year old male experiencing GI bleed, in respiratory distress
- VFRS contacted dispatch to upgrade BCAS response to Emergency
- Informed “no BCAS unit assigned” to the incident
- BCAS arrived 27 minutes after VFRS
- Patient transferred to hospital

Case Study Example #4

Abdominal Pain - High School - January 2014

- 17 year old male with abdominal injury during basketball game
- extreme pain, abdominal was ridged and point tender
- VFRS contacted dispatch for upgrade to emergency dispatch
- Informed no BCAS unit assigned at this time
- Patient began vomiting
- BCAS arrived 50 minutes after VFRS on scene
- Patient transferred to hospital
- Parents and observers upset with the delay in response by ambulance

Case Study Example #5

Traumatic Injury Fall - March 23, 2014

- 55 year old male with head trauma - fall down 2 flights of stairs
- Patient in pain, disorientated with head wound
- VFRS contacted dispatch for urgent upgrade of dispatch to emergency
- Patients level of consciousness deteriorating at 20 minutes on scene
- Second call for ETA - dispatch informs no BCAS unit available
- Informed dispatch on the need to upgrade BCAS response Emergency at the 25 minute mark
- BCAS unit arrives 40 minutes after VFRS on scene
- Patient transferred to hospital

Action by COV

- COV CM/FC and Surrey CAO/FC met with BCAS senior staff x2:
 - Outlined issues
 - Requested data
 - Requested rationale behind their RAP changes
 - Requested that they undertake public consultation to inform public
- CM/FC met with CEO of PHSA and BCAS senior staff - highlighted patient risks; risks to municipalities; concerns of public; reputational risks
- CM discussed a number of cases with DM of Health
- CM took info to RAAC
- All CM/CAOs are reporting to Councils

BCAS/PHSA Rationale

- No download - just better use of resources
 - Denied any need for benchmarks for response time
- No benefit to having FF provide first response in area of 74 patient acuity classifications
- Future BCAS plans - let FF respond "if they want"
 - No plans to mitigate waits, cover risk
 - No intention for a coherent use of resources across BCAS and FF
- Recommended that VFRS Continue sending data re problem outcomes for review by BCAS
- No clear commitment to public consultation

COV/Surrey Expectations of PHSA and BCAS

- Share data and review rationale
- Put in place quality assurance review re impact - urgent
- Undertake Public Engagement regarding Service Level Changes by BCAS
- Data Transparency to City Managers & CAO's related to BCAS Incident Emergency and Routine responses and outcomes
- Undertake shared planning and work toward effective, timely integrated system of care for public
- COV/Surrey signaled we have no intention of absorbing impact of their poor performance
- Unacceptable to leave it to munis to decide "if they want to respond to a dispatch call"

Next Steps

- Meet with Board Chair of PHSA
 - Present data
 - Discuss impact
- Request of PHSA and MOHS at planning table
- Small subgroup of RAAC formed - COV is represented
- Review Risk profile of current situation