MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 1092427

PREPARED FOR: Honourable Adrian Dix, Minister **- FOR INFORMATION**

TITLE: Investment in More Paramedics

PURPOSE: To provide the Ministry of Health's perspective on possible approaches to investing in more paramedics.

BACKGROUND:
In July 2017, Premier John Horgan outlined key commitments along with specific ministerial objectives in a mandate letter to Honourable Adrian Dix, Minister of Health. An investment in more paramedics is highlighted as a priority in the mandate letter.

BCEHS paramedics currently operate with different levels of training and education, depending on the role they fill. Critical Care Paramedics (CCP) have the highest levels of training, followed by Advanced Care Paramedics (ACP), Primary Care Paramedics (PCP) and Emergency Medical Responders (EMR).

Figure 1. Staff by Qualification in BC - August 2016[1]

	Region									
	Northern	Island	Interior	Fraser	Vancouver Coastal	Provincial Programs	Duty Operations	Medical Programs	Dispatch	**Total**
ACP/CCP	10	50	23	57	71	91	9	2		**313**
PCP	290	617	632	586	626	2	9	7		**2769**
EMR	134	120	150	60	43					**507**
Driver Only	53	22	24	13	17					**129**
Dispatch									255	**255**
Grand Total	487	809	829	716	757	93	18	9	255	**3973**

Changes to emergency services by BCEHS currently being planned and underway include:

- Expanded triage, referral and health assessment capabilities;
- Added ability for paramedics to treat and release low-acuity patients without transport to hospital;
- Completion of the rollout of community paramedicine in rural areas; and,
- More ambulances in the lower mainland and the interior.

All of these have requirements to increase the numbers of paramedics. The business case in the BCEHS' action plan dated August 30, 2016 estimated the following new positions related to the planned initiatives over the next three years:

[1] *BCEHS Action Plan*, Aug. 30, 2016. Please note that these are the number of staff at a point in time. The total number of persons qualified varies throughout the course of a year due to intake, retirements and turnover.

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This is believed to be in addition to the approximate 350 new paramedics hired each year as part of normal business. The hire rate is slightly higher than the turnover rate, with no real significant net gains.

Further investment in more paramedics requires thoughtful deliberation and consideration of work already underway. The Ministry has asked BCEHS to complete a comprehensive strategic plan to outline all of their lines of business and to clarify their priorities for the next few years and the foreseeable future. Sound investments could be made to enhance their current efforts. Confirmation from all stakeholders that they could feasibly undertake the suggested options would be required.

DISCUSSION:

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ADVICE:
Each area of exploration noted will require additional consultation and development to determine which would be feasible at this point in time, and which will be the most effective to ensure value for investment, improved patient outcomes and experience, and improved job opportunities and satisfaction for paramedics.

Program ADM/Division: Lynn Stevenson, Associate Deputy Minister
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Program Contact/Drafter: Wendy Trotter, Executive Director, Associate Deputy Minister's Office
Date: September 14, 2017

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff #1096532

PREPARED FOR: Honourable Adrian Dix, Minister **- FOR INFORMATION**

TITLE: Team Based Primary Care Update

PURPOSE: To provide a status update in implementation of Team Based Primary Care

DISCUSSION:

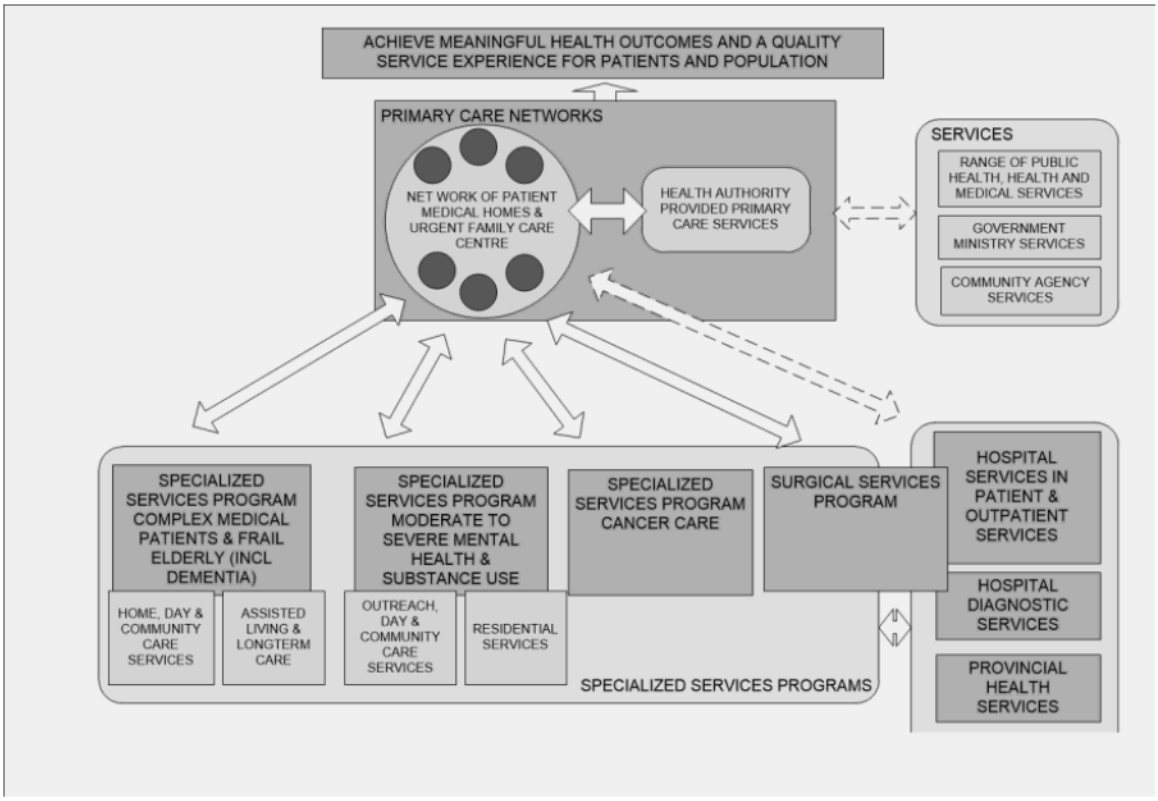
Government Commitment:

Expand use of team based primary and community health care to ensure that people have better access to the type of care they need including access to services from physiotherapists, nurse practitioners, midwives, dieticians, pharmacists, and other health professionals (CSA & Mandate Letter). Increase access to doctors, nurses and health practitioners across communities (NDPP):

- Over 700,000 people in British Columbia do not even have a family doctor.
- Improving access to a family doctor and other medical professionals by making the provision of team-based primary care the top priority for the Ministry of Health to improve access to doctors, nurses, nurse practitioners, dieticians, pharmacists, mental health workers, midwives, occupational therapists, and other health care providers. This type of team-based primary care will be the standard model for primary care delivery in BC.
- Relieve pressure on emergency rooms and reduce wait times with new Urgent Family Care Centres that gets you the care you need faster, open evenings and weekends, providing the one-on-one health care you need with the full support of a medical team.

Goal

Begin implementing Team-based Primary Care (including urgent Family Care Centre models where appropriate) in Local Community Service Areas by March 31, 2018, to improve access, timeliness, coordination and quality of care. These prototypes are used as the basis for substantive implementation of this direction during 2018/19 – 2020/21 across all 89 Local Health Areas (LHA).



Model for a Community Based Integrated and Coordinated System of Team Based Primary and Community Care

Summary of Proposed Key Deliverables Fall/Winter 2017/18

- Establish Primary Team Based Care budget, funding criteria and governance model for substantive initiative implementation over three years (November 2017).

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Update

- Policy
- Budget
- Primary Care Networks
- Urgent Care Centres
- Community Health Centres
- Team Based Care
- Digital/IMIT infrastructure

Policy Update

- **May to August 2017: Completed** Ministry Policy Refresh based on consultations over 2016/17 and then incorporated team based care, urgent family care centres, community health centres.
- **September/October 2017:** Policy review and discussion with Interdivisional/Health Authority Committees – completed Northern, Fraser, Vancouver, Island regions with Interior region pending (delayed because of estimates).
    - Overall very positive feedback on direction and keenness to move ahead.
    - Key concerns focused on governance and specifics of funding and compensation models.
    - Clarity sought on role and positioning of urgent family care centres.
- **October 2017:** Finalize policy on Urgent Family Care Services and Community Health Centres.
- **November 2017:** Finalize policy on Governance, Team Based Care; Funding and Compensation.

Budget Update

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Primary Care Networks: Update on Work Underway

- Reframed and presented Primary Care Network (PCN) Model to the General Practice Services Committee (GPSC) to incorporate government direction on team based care, urgent family care centres, community health centres:
    - Established population basis for Networks of approximately:
        - 10,000-50,000 patients for urban/rural, and
        - 50,000-100,000 metro/urban.
    - PCN will consists of Patient Medical Homes (team-based primary care practices), networked with each other to provide comprehensive primary care services delivered by GP/NP led primary care teams, health authority delivered, and/or community health centres.
    - PCNs will incorporate as appropriate an Urgent Family Care Centre supporting patient access and attachment to the network, urgent care services, expanded service hours, and access to a wider range of paramedical health professionals for the network.

- Agreed with DoBC core Primary Care Networks attributes which are being taken to GPSC for approval October 24:
    - Comprehensive primary care services including health promotion and prevention,
    - Process for attachment,
    - Extended hours of service in the evenings and weekends,
    - Timely access to appointments, same day for urgent care,
    - Linkages to specialized services,
    - Coordinated transitions in care,
    - Team based care, and
    - Culturally appropriate and safe.
- Ministry met with First Nations Health Authority (FNHA) October 20 to discuss linkages with FN communities and linkage to joint FNHA/MOH projects. This will be built into final overall plan.
- s.13,s.14,s.17

- Finalizing number and geography for Community Service Delivery Areas – this will give an approximate number of required PCNs. To be completed by December 4.
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Urgent Care: Update on Work Underway

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Community Health Centres

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Team Based Care: Update on Work Underway

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Digital & IMIT Infrastructure: Update on Work Underway

- Meeting with TELUS and MOES to discuss and develop options (November).
- Make a decision to prototype in one or more communities (November 24).
- Complete policy and budget analysis for options/scalability across 89 health service delivery areas over a three year period (November/December).

NEXT STEPS:

- Continue with action as set out in updates using a project implementation plan with monthly updates to Minister by end of the first week of each month December 2017 through March 2018.
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- Prepare materials for communicating a new model for a Community Based Integrated and Coordinated System of Team Based Primary and Community Care (February 9, 2018).

Program ADM/Division: Primary and Community Care Policy Division
Telephone:
Program Contact (for content): Ted Patterson
Drafter: Ted Patterson, Lynn Stevenson, Stephen Brown
Date: October 24, 2017

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff #1090172
xref. 1090062 and 1079070

PREPARED FOR: Adrian Dix, Minister of Health;
Judy Darcy, Minister of Mental Health and Addictions
– FOR INFORMATION

TITLE: Supportive Recovery Residence Registration Cancellation
PURPOSE: Background information regarding the cancellation of registration for s.17,s.22

BACKGROUND:

s.17,s.22 is a private pay supportive recovery residence s.17,s.22 . The residence originally came to the attention of the Assisted Living Registry (ALR) s.17,s.22 in July 2014.

Since 2014 the ALR has investigated s.17,s.22 complaints (from both former resident/family members, as well as from employees) which have substantiated a number of practices that put residents at risk of harm. On May 24, 2017, a condition was placed on s.17,s.22 registration that precluded them from making any new admissions until concerns had been addressed. Despite the condition s.17,s.22 admitted two new residents, and has previously stated that they may continue to admit due to negative business implications. We are aware that s.22 has previously been in contact with s.22 MLA: however. which riding is not known (either s.22 s.22 where the business operates or s.22

During the week of August 14-18, 2017, the ALR will be providing the Registrant s.17,s.22 s.17,s.22) with notice that her registration will be cancelled.

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DISCUSSION:

s.17,s.22 advertises that they specialize in the treatment of substance, drug and alcohol abuse. In addition to advertising in BC, s.17,s.22 . (a recent review of their files identified that the majority of clients are from s.17,s.2 The Registrant provides a 12 step support recovery program, and has no staff employed with a health care background.

In May 2017 both ALR staff and Mental Health and Substance Use (MHSU) program staff met in person with the Manager o s.17,s.22 to better understand their business model. An overview of the continuum of MHSU services was provided, and it appears that on a mild/medium/severe spectrum the clients at s.17,s.22 are in the mild section, which is where support recovery is typically provided.

ALR staff have investigated all complaints and substantiated practices that put residents at risk including, but are not limited to: More residents were being housed than permitted; incomplete criminal records checks; incomplete food safety training; improper storage and administration of medicine by unqualified staff; acceptance of detoxing residents; lack of psychosocial supports; insufficient information at entry; and, accepting residents without proper consent.

There has been some improvement (e.g. criminal records check and food safe training is complete); however, significant concerns remain regarding continued non-compliance and the potential for harm to residents.

On May 24, 2017, the Assisted Living Registrar attached a condition to the registration that no new residents be admitted. Despite the condition, the Registrant has admitted two new residents since the condition was attached. The Registrant was directed to develop a discharge plan for both residents, in consultation with FHA s.22 has refused to discharge the clients, and has stated to the ALR that s.22 business is being negatively affected by the condition, and that she may start admitting additional residents soon.

Despite numerous investigations and exhaustive efforts to educate and work with the operator, the ALR has found that s.17,s.22 knowingly continues to operate in disregard for assisted living requirements, putting its residents' health and safety at risk.

Section 27 of the *Community Care and Assisted Living Act* (CCALA) allows the Registrar to "suspend or cancel a registration, attach conditions to a registration or vary the conditions of a registration if, in the opinion of the registrar, the registrant

(a) no longer complies with this Act or the regulations,
(b) has contravened a relevant enactment of British Columbia or of Canada, or
(c) has contravened a condition of the registration."[1]

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ADVICE:

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Program ADM/Division: Primary and Community Care Policy Division
Program Contact (for content): Sue Bedford, Director, Community Care Licensing and Assisted Living
Date: August 24, 2017

[1] http://www.bclaws.ca/civix/document/id/complete/statreg/02075_01

MINISTRY OF HEALTH
INFORMATION BRIEFING NOTE

Cliff # 1096466

PREPARED FOR: Adrian Dix, Minister of Health **- FOR INFORMATION**

TITLE: Health Implications to Provincial Commitment to Expand Child Care

PURPOSE: To provide an overview in advance of a proposed meeting with Katrina Chen, Minister of State for Child Care

BACKGROUND:
The Minister of State for Child Care will be requesting a meeting with the Minister of Health to discuss the following three topics:

1. Public reporting on substantiated complaints against unlicensed facilities
2. Additional licensing resources to support the child care expansion
3. Moving the responsibility for licensing to the Ministry of Children and Family Development (MCFD) either in the short term or longer term.

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s.22 While health authorities publish information regarding substantiated complaints of licensed community care facilities on their websites, there is no mechanism to post substantiated complaints of unlicensed child care facilities. Minister Katrine Conroy has publically committed to post online information regarding unlicensed child care programs.

Government's commitment to universal child care is to: "Invest in childcare and early childhood education to improve quality, expand spaces, increase affordability and ensure childcare is accessible for all families, with a focus on early childhood education" (Confidence and Supply Agreement). The first step of the BC NDP's '10 year quality, accessible and affordable child care plan' is to create 22,000 licensed child care spaces in the next 3 years. By year 5, there will be 66,000 new spaces.

Health Authority Community Care Facility Licensing (CCFL) programs are responsible for evaluation of applications for licensure and issuance of licences for child care facilities. CCFL is also responsible for the investigation of unlicensed of child care programs, complaints regarding the operation of licensed child care facilities and monitoring child care facilities ongoing compliance with legislated requirements.

DISCUSSION:
Public Report on Substantiated Complaints: At present health authorities post high level information about inspections as well as substantiated complaints about licensed community care facilities on their websites, however, there is no information posted about unlicensed care facilities.
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Additional Licensing Resources to Support Child Care: s.13,s.17

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The need for additional licensing officers has been discussed with MCFD and will be included in their cross ministry request for resources. Health is working with MCFD to look at interim supports to assist with the licensing program demands to meet the increased child care spaces commitment (e.g. Retired Licensing Officers to support the application process).

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ADVICE:

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Program ADM/Division: Ted Patterson
Date: November 1, 2017