

Ms. Coralee Oakes  
 MLA, Cariboo-North  
 401-410 Kinchant St  
 Quesnel BC V2J 7J5

Dear Ms. Oakes:

Thank you for your letter of August 6, 2019, and your follow-up letter of September 12, 2019, relaying concerns regarding changes implemented with the BC Emergency Health Services' (BCEHS) 911 Clinical Response Model (CRM). I assure you that timely and appropriate access to emergency health services is of the utmost importance to the Ministry of Health (Ministry) and BCEHS, and the lateness of this response is due to a desire to provide you with the most current information on municipal engagement efforts both underway and planned.

Please allow me to first clarify that 911 callers have always been asked questions as part of an initial patient and resource allocation assessment. Emergency medical dispatchers and call takers are professionally trained to ask questions and follow triage procedures to obtain the most accurate information possible in order to best identify the urgency of a caller's condition to ensure they receive the most appropriate care. This process is not new, nor part of the CRM.

Since it was introduced in May 2018, the CRM has proven to be an effective way to ensure resources are prioritized for patients with the most urgent concerns. The model is based on existing, successful systems in other parts of the world, and studies have shown it improves the safety and quality of care provided to patients. However, we are aware of concerns about the impact of the CRM, including its effect on resource allocation in several low call volume rural communities.<sup>s.13</sup>

With respect to your particular concern, the CRM aims to dispatch fire first responders in a manner that preserves their availability for the most critical calls. BCEHS continues to notify fire departments for all calls that meet the following criteria:

- any call triaged as life-threatening, serious, or time-critical, known as purple and red events;
- any moderately-urgent call, known as orange events, where first responders have been previously dispatched, and an ambulance is likely to take more than 10 minutes to arrive;
- any call involving a motor vehicle accident, hazmat, drowning/near drowning, or fire; and
- any other call that requires first responder expertise or when a paramedic crew requests first responder backup.

...2

Since the CRM was introduced, BCEHS statistics indicate that they are getting to the most urgent calls faster without compromising appropriate response for all other patients. The greatest response time improvements are in high call volume communities where prioritization decisions in the context of competing demands have a significant impact. Perhaps most relevant to your area of Cariboo-North, communities with low call volume have not experienced significant change in fire first responder notifications. This may be due at least in part to the fact that for moderately urgent calls (orange category), an ambulance is not within ten minutes of a scene as often as it would be in urban settings.

Specific to the Likely area, BCEHS has received 12 calls so far in 2019. There was no change in fire first responder response to these calls when comparing notification standards before and after the CRM was introduced.

- The Likely and District Volunteer Fire and Rescue Society was notified of half of these calls. These were all coded as “red” or “orange”.
- The remaining six calls were coded as “yellow” and thus did not require fire first responder support.

Following a six-month clinical review, BCEHS modified some aspects of the CRM. Notably, the system now automates notifications to fire departments and other first responder partners for some moderately urgent calls (orange category). This standardizes assessment of the 10-minute response time referenced above and streamlines the dispatching process. Categorization of serious but not life-threatening overdose calls was also recently upgraded from the orange to red category, which means that fire departments are automatically notified of these calls. BCEHS predicts this change will result in a 3-11 per cent increase in fire department notifications of orange calls. **KEEP**

I would like to assure you that day-to-day implementation of the CRM system is being closely monitored and overseen by emergency physicians with BCEHS. This work is done recognizing the unique needs of patients and service providers in urban, rural, and remote areas across the province. BCEHS staff have met with the new fire chief in Likely and continue to work towards strengthening partnerships with the Likely and District Volunteer Fire and Rescue Society to ensure resources are used as effectively as possible for the communities being served. BCEHS is also collaborating with the Fire Chiefs Association of BC to establish a rural first responder working group to discuss these same topics.

As well, the Ministry and BCEHS have committed to a municipal engagement process to move forward on recommendations contained in the Office of the Auditor General’s report *Access to Emergency Health Services* (February 2019) and the *External Review of a Death During Pre-Hospital Care* (August 2019). These reports highlight areas of improvement that the Ministry and BCEHS are committed to working on with municipalities over the next months. The Ministry and BCEHS sought municipal feedback at . – regarding...

Thank you again for contacting us with your concerns. I appreciate the opportunity to respond and hope that the information above is useful to you and your constituents. Please do not

hesitate to contact Brendan Abbott, Executive Director of Provincial Services, at 250-952-3025 or [Brendan.Abbott@gov.bc.ca](mailto:Brendan.Abbott@gov.bc.ca) for additional information.

Sincerely,

Adrian Dix  
Minister

p.c.: XX

**MINISTRY OF HEALTH  
INFORMATION BRIEFING NOTE**

**Cliff # 1144145**

**PREPARED FOR:** Honourable John Horgan, Premier - **FOR INFORMATION**

**TITLE:** Access to Emergency Medical Services – Fraser Lake

**PURPOSE:** To brief Premier Horgan for his UBCM meeting with Fraser Lake, regarding ensuring the availability of trained emergency personnel in Fraser Lake and area, when BCEHS directs ambulance services to other communities.

**BACKGROUND:**

- The original meeting request indicated the discussion would be about ensuring BCEHS policy is amended so that a minimum number of trained emergency personnel remain in community for local safety, when BCEHS prioritization of calls takes the two ambulances to other communities.
- Ministry of Health staff spoke with Fraser Lake's Chief Administrative Officer (CAO) Rodney Holland on September 18, who indicated the focus of their request has changed:
  - With the BCEHS recent hiring of additional paramedics in Fraser Lake (increased from 5 to 12), most concerns have been addressed.
  - Fraser Lake's outstanding concern relates to when the two ambulances are out of town due to calls or patient transfers, or when BCEHS directs the ambulances to another community due to likelihood of more calls there. **Fraser Lake would like financial and policy support for the use of trained/certified fire department First Responders in the rural area surrounding the Village when ambulance response time will be delayed.**
- BCEHS provided the following details about the Fraser Lake ambulance station:
  - Fraser Lake is a two-ambulance station, both of which are kilo, or on-call, ambulances. The station is located at the medical clinic which is in the middle of town. In 2018, Fraser Lake community had 187 patient calls.
  - The station has 13 staff members: one part-time unit chief, 2 community paramedics, and 10 paramedics. There are no vacancies at the moment, though there have been a couple of unfilled shifts recently due to the death of a staff member. The relationship with the local fire chief is good and the local fire department does provide some limited First Responder response (in the Village area) but also struggles with recruiting.
  - The next nearest ambulance stations are Burns Lake (45 minutes west) and Vanderhoof (40 minutes east).

**DISCUSSION:**

- Regarding the outstanding concern confirmed on September 18<sup>th</sup> with CAO Rodney Holland, Fraser Lake is looking for financial/policy support to have fire First Responders respond to medical emergencies where person(s) have suffered serious/life threatening illness or injury. First Responders would provide emergency



medical first aid to sustain life until the ambulance crew arrives. The example given was that in the road rescue model, First Responders are provided support through EMBC through liability insurance coverage, WCB coverage and an hourly rate.

- CAO Holland indicated Fraser Lake Village used to have their First Responders attend outlying areas, but now they are restricted to Fraser Lake Village due to concerns about WCB and insurance liability. (Previously, a fire truck sustained extensive damage due to an accident while on a medical call.)
- The Ministry of Health, through the Provincial Health Services Authority, funds paramedics as part of a provincial emergency service response.
- In BC, First Responder services are funded by local governments.
- There is no requirement for local government First Responder agencies to respond to medical emergencies. Participation in the First Responder program is voluntary, and each municipality determines the extent of their participation in the program.
- BCEHS dispatches First Responders based on an agreement with each municipality about what level of calls they want First Responders to attend.
- In 2018 BCEHS introduced a clinical response model, a new system to match resources to calls in an effort to improve response times in both urban and rural areas.
  - Response times in Fraser Lake have improved since the introduction of the clinical response model over a year ago:
    - Purple/Reds combined: pre-CRM 17:37, post-CRM 17:09
    - Orange: pre-CRM 17:30, post-CRM 16:20
- Regarding the original meeting request to amend BCEHS policy to keep paramedics in the community, BCEHS is a provincial service, with a commitment to provide the best emergency care possible to patients according to the urgency of their situation. While based in communities, ambulances attend patients in nearby communities and areas as well, depending on the urgent need of the patient.
  - BCEHS makes every effort to keep ambulance and crews in home communities but may have to move resources to meet the needs of the sickest people first. With a dynamic deployment model, this means that on occasion ambulance crews will be outside of the base community.
  - As an example, the Fraser Lake community had 187 Medical Priority Dispatch System events in 2018 but the two ambulances responded to over 750 calls in the response area.
- BCEHS has completed implementing the Community Paramedicine initiative, which includes expanded roles for paramedics in rural and small urban communities, including the Fraser Lake area.
  - This initiative has realized its goal of creating a minimum of 80 new Full Time Equivalent (FTE) paramedic positions in 99 rural and remote communities – contributing to improved care and more stable paramedic staffing levels in rural and remote areas.
  - As of July 31, 2019, community paramedics have performed 734 Home visits within the Village of Fraser Lake (see Appendix A for Community Paramedicine statistics for Fraser Lake).

**ADVICE:**

- BCEHS is a provincial service, with a commitment to provide the best emergency care possible to patients based on the urgency of their situation. While they are based in communities, ambulances attend patients in nearby communities and areas as well, depending on the urgent need of the patient.
- Over the next year, BCEHS and the Ministry of Health will engage with local governments to ensure agreements are in place to support improved coordination of, and, access to emergency health services.

**Appendix A - Community Paramedicine Statistics for Fraser Lake**

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**Program ADM/Division:** Ian Rongve/ Provincial, Hospital and Laboratory Health Services Division

**Telephone:** 250-952-3025

**Program Contact (for content):** Brendan Abbott, Executive Director, Provincial Services

**Drafter:** Carrie Murphy

**Date:** September 18, 2019

# APPENDIX A

## Community Paramedicine (CP) statistics for Fraser Lake:

Fraser Lake	Community Events (i.e. blood pressure clinics, CPR training)					Home Visits	
	Clinic Assessment	Clinical Education Delivery	CP Services Promotion	Event Participation	Presentation Delivery	Total # of Home Visits	Total # of New Patients
<b>2016</b>			3		3		
<b>2017</b>	5	6	9	11	8	222	22
<b>2018</b>	1	9	2	4	1	447	16
<b>2019</b>	6	0	1	0	2	65	s.2
<b>Grand Total</b>	<b>12</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>14</b>	<b>734</b>	<b>s.22</b>

Actively Monitored Home Health Monitoring Patients for Northern CPs	
COMMUNITY	# of PATIENTS
Atlin	s.22
Burns Lake	s.2
Chetwynd	s.22
Dawson Creek	15
Fort Nelson	23
Fort St. James	s.2
Fraser Lake	s.2
Hudson's Hope	s.2
MacKenzie	s.2
Southside	s.2
Tumbler Ridge	s.22
<b>TOTAL</b>	<b>54</b>

## FACT SHEET

### Office of the Auditor General Report: *Access to Emergency Health Services*

#### ISSUE

The Office of the Auditor General (OAG) of British Columbia conducted an audit to determine whether BC Emergency Health Services (BCEHS) within the Provincial Health Services Authority (PHSA) has effectively managed access to ambulance and emergency health services across the province, focusing on the pre-hospital environment. The *Access to Emergency Health Services* report (the Report) was released in February 2019 and makes four recommendations.

#### KEY FACTS

- The audit examined BCEHS performance measures for response times and clinical care, performance against those measures, changes planned or underway to improve services, and the organization's coordination with fire department first responders from April 2016 to December 2017.
  - High-acuity event response times in urban areas were further assessed from January 2018 to December 2018.
- The audit focused on the pre-hospital environment. Inter-hospital transports and non-fire department first responder agencies were excluded from the audit scope. The audit did not assess service delivery organization or resource adequacy.
- The Report highlights the following key findings with respect to audit objectives:
  - BCEHS has established appropriate performance measures and monitors them regularly.
    - There is opportunity to gather additional information on overall timeliness and quality of care, service experiences for trauma patients and patients with additional clinical conditions, and the role of first responders in contributing to BCEHS performance targets.
  - BCEHS exceeds performance targets for response time when responding to high-acuity events in rural and remote areas but does not meet these targets in urban areas.
    - BCEHS aims to respond to high acuity calls within nine minutes (urban), 15 minutes (rural), and 30 minutes (remote) at least 70% of the time.
    - There is opportunity for BCEHS to improve their response times in urban settings, especially considering that 86% of high acuity events occur in urban settings.<sup>1</sup>
  - BCEHS does not meet performance targets for most clinical quality indicators for three life-threatening conditions (i.e. cardiac arrest, stroke, and ST-segment elevation myocardial infarction).
  - Access to emergency health services varies across the province.
    - Service experiences in rural and remote settings may be lower than urban settings because it takes paramedics longer to reach patients, ambulances have to transport patients further to reach appropriate hospital care, and there are fewer or no advanced care paramedics stationed in these areas.
  - While BCEHS does not publically report on its performance against targets, the organization analyzes this information to identify service delivery gaps in order to develop and implement initiatives to address performance and quality.
  - Coordination of emergency health service response between BCEHS and fire department first responder partner agencies needs improving.

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<sup>1</sup> OAG Report

## FACT SHEET

- The OAG makes four recommendations in the Report:
  1. That BCEHS review its performance management framework to identify additional indicators for timeliness and clinical quality.
  2. That BCEHS determine an appropriate level of pre-hospital advance care coverage that considers patient need and implement strategies to achieve that level.
  3. That BCEHS improve transparency and accountability by publicly reporting on its targets and performance.
  4. That the Ministry work with local governments and BCEHS to ensure that BCEHS can implement a coordinated approach to pre-hospital care.
- BCEHS and Ministry have accepted the Report recommendations.
  - The organizations are working together to plan, implement and monitor measurable actions in response to Report recommendations.
  - Appropriate stakeholder engagement will be initiated for specific Report recommendations.
- The Select Standing Committee on Public Accounts will discuss the Report on April 23, 2019.
  - Four witnesses are called to attend: Barb Fitzsimmons (BCEHS), Dr. John Tallon (BCEHS), Sabine Feulgen (Ministry of Health), and Ian Rongve (Ministry of Health).
  - The Ministry and PHSA will present a joint Action Plan regarding Report recommendations.

### FINANCIAL IMPLICATIONS

N/A

#### Approved:

April 9, 2019 - Ian Rongve, Provincial, Hospital and Laboratory Health Services Division

**From:** [Rains, Derek HLTH:EX](#)  
**To:** [Kotani, Nancy EHS:EX](#)  
**Subject:** BCEHS PAC Presentation FINAL DRAFT.pptx  
**Date:** October 8, 2019 2:25:00 PM  
**Attachments:** [BCEHS PAC Presentation FINAL DRAFT.pptx](#)

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Here is the final. Only changes are to the title page. Ian gave it a quick look and no concerns, so, hopefully, we are done.... Again....

Thanks for the herculean effort.



BRITISH  
COLUMBIA



# Select Standing Committee on Public Accounts October 16, 2019

## Office of the Auditor General Access to Emergency Health Services

Susan Wannamaker  
Executive Vice President, Clinical Service Delivery  
Provincial Health Services Authority



## Outstanding Questions for BCEHS

- What is a Collaboration Agreement? What is included in one?
- Can you provide an example of a community (or communities) where BCEHS has an agreement that works well?
- Can you provide some example of where BCEHS has been engaging in the community, and have found a solution for a community that meets the needs of that community?





## Contributions of Fire First Responders

- Fire First Responder can be fire-rescue societies or either volunteer or professional fire departments. Services they provide include:
  - Basic life-saving care such as CPR
  - Vehicle extrication
  - Tactical support for scene management
- Fire First Responder response to medical events is guided by the BCEHS Clinical Response Model – a triage system to ensure Fire First Responders are notified of the most urgent medical events



## Purpose of First Responder Consent Agreements

- The Consent Agreements were first established over 20 years ago and were originally intended to indemnify Fire First Responders responding to medical emergency calls as notified by BCEHS as part of a coordinated community response to 9-1-1 medical emergencies
- Existing signed Consent Agreements are working well
- Under an agreement Fire First Responders accept direction from Paramedics on the scene
- Over the years as the nature of 9-1-1 calls have changed with higher volumes and more mid to lower acuity events, it has become necessary to find better ways to prioritize responses to life threatening events and better define the roles Fire First Responders can play in pre-hospital care
- 96% of 276 Fire First Responder groups in BC have signed Consent Agreements with BCEHS



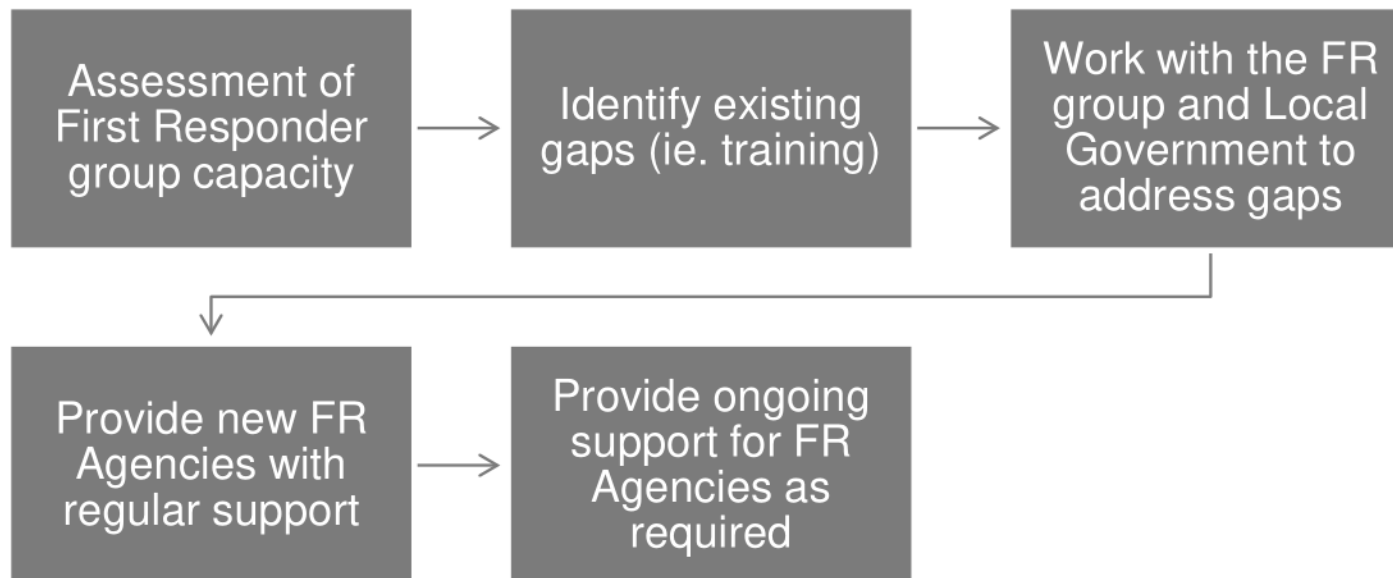
## What is a First Responder Agreement?

- BCEHS has historically used Consent and Indemnity Agreements to enroll Fire First Responders as partners in providing emergency health services in their local communities
- The agreements acknowledge that the Fire First Responder Program is voluntary to the local government and Fire Service
- It remains the decision of the Fire First Responder to respond to events if notified based on their availability at the time
- In the absence of an agreement BCEHS continues to notify Fire First Responders so as not to put patients at risk where timeliness makes a difference



## Fire First Responder Agreement Engagement

- Prior to signing an agreement with a Local Government, BCEHS undertakes a process to ensure the Fire First Responder has the capacity and support necessary to deliver emergency health services





## Ongoing Consultation and Improvement

- For several years, BCEHS has been consulting with Fire First Responder organizations to review and revise the Consent Agreement. These groups include:
  - Regional Administrative Advisory's Committee (RAAC)
  - Fire Chiefs Association of BC (FCABC)
  - Greater Victoria Fire Chiefs Association
  - Rural First Responders Working Group (in formation)
  - Municipal and Electoral Governments and representatives via regional districts



## Consultation with Stakeholders on the Fire First Responder Agreement

- The purpose of the consultation is to clarify roles and responsibilities of each party. Consultation focused on strengthening key areas including:
  - Medical oversight
  - Ability for quality reviews
  - Clear expectations of the parties
  - Coordination and maximization of resources
- Discussions to improve current emergency response processes and areas of collaboration such as data sharing and on –scene coordination
- Identify gaps in service in communities and to collaborate with stakeholders to find local solutions
- Transition from Consent to “Collaboration Agreement” reflects a stronger partnership between BCEHS and Fire First Responders
  - Since 2016, BCEHS has signed 9 Collaboration Agreements



## Rural Community Engagement Example - Bamfield

### Capacity Assessment

- In 2016, Bamfield First Responders and Alberni-Clayoquot Regional District (ACRD) identified challenge of not being able to transport patients to a higher level of care and the resulting transport delays
- Provincial regulations require a minimum license level of Emergency Medical Responder to transport patients
- Volunteer first responders licensed at the EMA FR level with no appropriate vehicle to transport

### Addressing Gaps

- In 2017 in recognition of the unique challenges BCEHS established a *Remote Transport Policy* that enables FRs to safely transport patients under the direction of BCEHS
- To transport under this policy, the FRs need to be trained as EMRs and have a vehicle that meets requirements to safely transport patients
- BCEHS will provide written consent and indemnification via Collaboration Agreement

### BCEHS Support

- Supporting volunteer members to train to the required EMR level
- Donation of decommissioned ambulance that Bamfield FRs can use to transport patients
- Ongoing soft-supplies and equipment replenishment
- Ongoing operational training and support when required

### Current State

- In collaboration with ACRD, currently introducing the *Remote Transport Policy* in Bamfield
- The Collaboration Agreement will outline the following expectations and procedures: FR Services provided, medical oversight during patient transport, expectations around medical supplies and training support by BCEHS, notification procedures



## Northern Community Engagement Example – Prince George

### Capacity Assessment

- Recognized need for more coordinated emergency health service response in the City of Prince George

### Addressing Gaps

- BCEHS introduced a Consent Agreement in 2010 with the City of Prince George to provide emergency health services at the immediate scene of accident or emergency that has caused the illness or injury

### Solution

- BCEHS and the City of Prince George and the Prince George Fire First Responder Program have been successfully operating under this agreement since 2010





## Urban Community Engagement Example - Vancouver

### Capacity Assessment

- Regulations required that FRs could only administer Naloxone under direction of BCEHS medical oversight
- Vancouver had no existing First Responder Consent Agreement in place at the time of the Naloxone Initiative in January 2016

### Addressing Gaps

- BCEHS introduced the Collaboration Agreement in January 2016 that included medical oversight provisions

### Solution

- Allowed the opportunity for Vancouver to sign the Collaboration Agreement to ensure Vancouver First Responders had consent to deliver emergency health services, medical oversight during the overdose crisis, and indemnification



## Moving Forward

- Work with the Ministry of Health to address OAG recommendations
- Focus on engagement on rural municipalities, meeting with local governments to establish engagement strategies.
- Improve communication and collaboration between BCEHS and Fire First Responders services
- Address responses to medium and high acuity calls as a priority concern amongst municipalities.

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**From:** [Murphy, Carrie E HLTH:EX](#)  
**To:** [Rains, Derek HLTH:EX](#); [Abbott, Brendan HLTH:EX](#)  
**Subject:** PAC October Hansards  
**Date:** November 4, 2019 1:56:00 PM

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## **Public Accounts Committee: Update**

**Meeting date: October 16, 2019**

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# Municipal Engagement Plan resulting from the Office of the Auditor General Recommendations for BC Emergency Health Services

October 2, 2019

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## I. **Overview**

### **Purpose of the document**

To provide a framework and overarching plan for engaging with key municipal stakeholders in support of medical oversight, data sharing and consent and collaboration agreements.

### **Purpose of engagement**

- 1) To build on existing relationships with internal and external stakeholders. Enhance trust and respect between stakeholders as a foundation to supporting coordinated care for patients in BC
- 2) To understand the needs of communities to ensure patients are receiving timely and appropriate access to emergency care when required.
- 3) Collaborate with communities and BCEHS on solutions to mutually identified issues related to the delivery of emergency health services.

### **Scope**

Engagement activities will be focused on the OAG recommendations and will include:

- Developing collaborative consent agreements that support optimal care and ensure a timely response for high acuity patients;
- Developing mutually beneficial data sharing agreements with partner first responder agencies to collectively monitor and improve performance in a collaborative way;
- Improving call coordination with fire departments to support information sharing and improvements to patient care;
- Developing a medical oversight model which will allow for consistent medical standards and practices across all first responder agencies.

### ***Out of Scope:***

- Fundamental changes to the *Emergency Health Services Act*
- Emergency response / pre-hospital care funding models

## Guiding Principles for Engagement

1. *Transparency* – clarity for stakeholders about the process and how the Ministry will use the information.
2. *Authentic intent* – clarity on the level of engagement for stakeholder groups, i.e., the role their input will play in decisions made regarding the Strategy.
3. *Informed participation* – Stakeholders are provided the information they require in advance of the consultation to enable an informed discussion.
4. *Accessible participation* – Decisions about the logistics for the engagement sessions (e.g., location, time, individuals invited) are made in collaboration with the stakeholders.
5. *Authentic use of information* – recommendations provided by the stakeholders are documented and considered by the Ministry's strategic management table.
6. *Feedback* – final decisions are communicated back to key stakeholder groups.
7. *Patient-Centered* – ensure that activities, decisions and implementation of policies engage patients and their families as full partners in maintaining their health and managing their health care needs.
8. *Support and Commitment*: When appropriate, engagement processes will be supported with enough time, human resources and lead time to ensure they are stakeholder-centric and meet the needs of all groups.

## II. Framework for engagement

The framework is based on the International Association of Public Participation (IAP2) model of engagement. The framework proposes five levels of engagement, stratified according to the level of impact on the stakeholders (Complete table provided at the end of this document). The levels include:

**Inform**: to provide stakeholders with balanced and objective information to assist them in understanding the problems, alternatives and solutions. The promise to the stakeholders is to keep them informed.

**Consult**: To obtain stakeholder feedback on analysis, alternatives and/or decisions. The promise is to keep the stakeholders informed, to listen and acknowledge concerns, and provide feedback on how the input influenced the decision.

**Involve**: To work directly with stakeholders throughout the process to ensure that their concerns and aspirations are consistently understood and considered. The commitment is to ensure that concerns are directly reflected in the alternatives developed and provide feedback on how the input influenced the decision.

**Collaborate**: To partner with stakeholders in each aspect of the decision, including the development of alternatives and identification of preferred solutions. The commitment is to look to the stakeholders for direct advice and innovation in formulating solutions and incorporate the recommendations into the decisions to the maximum extent possible.



**Empower:** To place decision making in the hands of the stakeholder. The commitment is to implement changes that reflect successfully tested stakeholder strategies and adhere to the MoH health service operating model.

### **III. Implementation of the Engagement Plan**

#### **Phase 1 - MoH and BCEHS Information Gathering and Final Scoping**

*May 2019 - September 2019*

**Status: Complete**

##### **Purpose & scope**

- Confirm the scope and objectives of the engagement process
- Seek feedback from municipal and electoral representatives at UBCM to inform the engagement plan:
  - Identifying areas of focus within consent agreements that need to be updated
  - Determine which level of calls are of greatest concern
  - Develop methods to increase lines of communication between services
  - Determine appropriate structure and levels to engage with moving forward

##### **Target groups**

- Municipal and Electoral Government representatives

##### **Engagement Process:**

- MoH/BCEHS workshop at the Union of BC Municipalities (UBCM) in late September
- Minister meetings with municipalities at UBCM

##### **Output / Deliverable:**

- Final engagement strategy and scope

#### **Phase 2: Develop updated Consent Agreement Process**

*October 2019 – March 2020*

##### **Purpose & scope:**

- Identify communities lacking a current Consent Agreement with BCEHS; working with these communities and local first responder agencies to gain a better understanding of what a mutually beneficial agreement would look like
- Confirming areas of focus for the agreements as well as the development of a final draft of those agreements
- Engage with municipalities on draft agreements, areas of local concern and frameworks for medical oversight and data sharing
- Coordination and maximization of resources
- Discussions around current emergency response processes and areas of collaborative improvement

**Target Groups:**

- Municipal and Electoral Governments and representatives via regional districts

**Engagement Process:**

- MoH in conjunction with BCEHS to attend regional district meetings to understand local needs, discuss methods and framework and collaboration, data sharing and medical oversight
- Review draft agreements to ensure they reflect municipal / electoral concerns, improve coordination of responses and allow for ongoing monitoring and improvement through data sharing and appropriate medical oversight
- Development of a standardized set of consent and collaboration agreements that reflect the local needs of urban, metro, rural and remote communities

**Phase 3 – Rollout of New Agreements and Updated Dispatch Models**

*March 2020 - 2021*

**Purpose and deliverables:**

- Municipalities will receive agreements that reflect the principles and processes identified in previous consultation
- MOH will facilitate review and sign off of agreements
- Implementation of any dispatch changes
- Implementation of updated medical oversight model(s)
- Begin aggregation of data sets to support analysis and feedback

**Target Groups:**

- Municipal Governments

**Phase 4: Monitoring and evaluation**

*Ongoing*

**Purpose:**

- Monitor consent agreements and coordinated response for overall effectiveness
- Establish vehicles and venues to foster dialogue and monitor quality and safety
- Determine appropriate improvements to support coordination of responses
- Identify long term planning needs and actions necessary to support a sustained collaborative relationship for emergency response plans
- Determine appropriate renewal cycle for agreement sign offs

**Target Groups:**

- An established representative committee with terms of reference and appropriate governance

**Engagement Process:**

- Ongoing participation by representative stakeholders and follow up actions completed to support identified actions

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Action Plan and Progress Assessment (APPA) for the implementation of audit recommendations from the OAG- Prepared for the Select Standing Committee of Public Accounts  
**Attention: Shirley Bond, Chair and Mitzi Dean, Deputy Chair of the Select Standing Committee on Public Accounts**

**Access to Emergency Health Services Released 02/19**

<http://www.bcauditor.com/pubs>

PAC Meeting Plan<sup>1</sup> [23/04/19] Prepared by: Brendan Abbott, Ministry of Health  
 1<sup>st</sup> APPA Update [04/10/19] Prepared by: Brendan Abbott, Ministry of Health  
 2<sup>nd</sup> APPA Update [DD/MM/YY] Prepared by: [Name], [Organization Name]

Reviewed by: Sabine Feulgen, Associate Deputy Minister, Ministry of Health  
 Reviewed by: David Byres, Associate Deputy Minister, Ministry of Health  
 Reviewed by: [Name of Deputy Minister or Assistant Deputy Minister]

Rec. # Accepted? Yes / No <sup>2</sup>	OAG Recommendations	Actions Planned & Target Date(s) <sup>3</sup>	Assessment of Progress to date <sup>4</sup> and Actions Taken <sup>5</sup> (APPA update)
Rec. 1 Yes	BCEHS review its performance management framework to identify additional indicators for timeliness and clinical quality.	BCEHS will carefully review our performance management framework and will determine additional indicators by March 31, 2020.	<p><b>Progress Assessment:</b> Partially implemented.</p> <p><b>Actions Taken &amp; Discussion:</b> Timeliness currently assessed with the Clinical Response Model that was introduced in 2018.</p> <p>BCEHS continuously reviews and updates clinical performance indicators in concert with operational and quality systems to ensure continuous improvement. This work informs paramedic education, develops Clinical Practice Guidelines and ultimately improves the health of the patients served by BCEHS.</p> <p>BCEHS is actively working with the Ministry of Health to establish the data-sharing framework required to collect and report on overall system performance.</p> <p>Please see the attached update document as well as Appendix A for further detailed information.</p>

<sup>1</sup> The audited organization will be required to present their initial action plan at this meeting (i.e. First three columns completed for each OAG recommendation included in the audit report)

<sup>2</sup> For each recommendation, the audited organization should state whether or not they have accepted the recommendation and plan to implement it fully by typing either "Yes" or "No" under the number of the recommendation.

<sup>3</sup> Target date is the date that audited organization expects to have "fully or substantially implemented" the recommendation. If several actions are planned to implement one recommendation, indicate target dates for each if they are different.

<sup>4</sup> The Select Standing Committee on Public Accounts (PAC) will request that the audited organization provide a yearly update (i.e. completed "Assessment of Progress and Actions Taken" column) until all recommendations are fully implemented or otherwise addressed to the satisfaction of the PAC. This is for the APPA update.

<sup>5</sup> This action plan and the subsequent updates have not been audited by the OAG. However, at a future date that Office may undertake work to determine whether the entity has implemented the recommendations. The results of that work will be reported in a separate report prepared by the OAG.

**Please provide your email response to:**

Email: Comptroller General's Office of the Government of British Columbia [Comptroller.General@gov.bc.ca](mailto:Comptroller.General@gov.bc.ca)

Cc email to: the Office of the Auditor General of British Columbia [actionplans@bcauditor.com](mailto:actionplans@bcauditor.com)

Action Plan and Progress Assessment (APPA) for the implementation of audit recommendations from the OAG- Prepared for the Select Standing Committee of Public Accounts

**Attention: Shirley Bond, Chair and Mitzi Dean, Deputy Chair of the Select Standing Committee on Public Accounts**

Rec. # Accepted? Yes / No <sup>2</sup>	OAG Recommendations	Actions Planned & Target Date(s) <sup>3</sup>	Assessment of Progress to date <sup>4</sup> and Actions Taken <sup>5</sup> (APPA update)
Rec. 2 Yes	BCEHS determine an appropriate level of pre-hospital advanced care coverage that considers patient need and implement strategies to achieve that level.	BCEHS will work in collaboration with key partners to understand the role of advanced care practitioners outside metro/urban communities and determine appropriate levels of coverage by 2020.	<p><b>Progress Assessment:</b> Partially implemented.</p> <p><b>Actions Taken &amp; Discussion:</b> Six (6) advanced care paramedic positions created in rural communities in 2018.</p> <p>The RACCP program has been underway in Campbell River, Salt Spring and Cranbrook since the fall of 2018. The paramedics for Prince Rupert and Valemount are currently completing their required BCEHS orientation to ACP practice and are expected to be working in their communities in early 2020.</p> <p>The UNBC report for Campbell River, Cranbrook and Salt Spring Island is expected to be completed in April 2020 with consultation beginning now in preparation for the Prince Rupert and Valemount RACCPs beginning in early 2020.</p> <p>Please see the attached update document</p>
Rec. 3 Yes	BCEHS improve transparency and accountability by publicly reporting on its targets and performance.	BCEHS will regularly post progress on key initiatives and performance measures by March 31, 2020.	<p><b>Progress Assessment:</b> Partially implemented.</p> <p><b>Actions Taken &amp; Discussion:</b> Action Plan initiative implementation and progress currently publicly available on website. Response time results shared quarterly with Lower Mainland municipalities. Performance Reporting is scheduled to be available publicly by March 31, 2020.</p> <p>Please see the attached update document as well as Appendix B for further detailed information.</p>

Please provide your email response to:

Email: Comptroller General's Office of the Government of British Columbia [Comptroller.General@gov.bc.ca](mailto:Comptroller.General@gov.bc.ca)

Cc email to: the Office of the Auditor General of British Columbia [actionplans@bcauditor.com](mailto:actionplans@bcauditor.com)

Action Plan and Progress Assessment (APPA) for the implementation of audit recommendations from the OAG- Prepared for the Select Standing Committee of Public Accounts  
**Attention: Shirley Bond, Chair and Mitzi Dean, Deputy Chair of the Select Standing Committee on Public Accounts**

Rec. # Accepted? Yes / No <sup>2</sup>	OAG Recommendations	Actions Planned & Target Date(s) <sup>3</sup>	Assessment of Progress to date <sup>4</sup> and Actions Taken <sup>5</sup> (APPA update)
Rec. 4 Yes	<p>The Ministry of Health work with local governments and BCEHS to ensure that BCEHS can implement a coordinated approach to pre-hospital care that results in:</p> <ul style="list-style-type: none"> <li>- medical oversight, to the extent appropriate, across agencies to ensure that patient care meets acceptable medical standards</li> <li>- data-sharing between agencies to better understand whether patients are getting the right medical interventions at the right time</li> <li>- signed agreements outlining the roles and responsibilities of fire departments, including the level of care provided</li> <li>- confirmation that first responders are being notified of events where they can best contribute to patient care</li> </ul>	<ul style="list-style-type: none"> <li>- The Ministry will to develop a municipal engagement plan by September 1, 2019</li> <li>- The Ministry, with BCEHS will develop appropriate models to support a coordinated approach to responding to calls and medical oversight by January 1, 2020</li> <li>- The Ministry, with BCEHS will revise and update municipal consent and collaboration agreement templates including data sharing agreements by March 2020</li> <li>- The Ministry, with BCEHS will engage with municipalities through 2020-2021, to complete consent and collaboration agreements (including data sharing agreements). This work will begin with those municipalities where no existing agreement exists followed by a refreshed agreement for the others.</li> </ul>	<p><b>Progress Assessment:</b> Partially implemented.</p> <p><b>Actions Taken &amp; Discussion:</b> The Ministry and BCEHS presented at UBCM on September 24, 2019. They spoke with municipalities and received feedback on laying the groundwork for a new approach towards building an engagement strategy.</p> <p>Following feedback from the UBCM Workshop the Ministry has updated their engagement approach from a Reference Group to engaging with Regional Districts. This change has extended the timeline for engagement with municipalities to March 2020.</p> <p>Currently in phase two of their municipal engagement plan, the Ministry plans to work with local governments over the next year and be actively involved to ensure effective consultations occur when planning an improved coordinated approach to pre-hospital care</p> <p>Please see the attached update document as well as Appendices C, D, E, and F for further detailed information.</p>

**Please provide your email response to:**

Email: Comptroller General's Office of the Government of British Columbia [Comptroller.General@gov.bc.ca](mailto:Comptroller.General@gov.bc.ca)

Cc email to: the Office of the Auditor General of British Columbia [actionplans@bcauditor.com](mailto:actionplans@bcauditor.com)

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## MINISTRY OF HEALTH INFORMATION BRIEFING NOTE

Cliff # 1146593

**PREPARED FOR:** Ian Rongve, Assistant Deputy Minister, Provincial, Hospital and Laboratory Health Services Division - **FOR INFORMATION**

**TITLE:** Notifying Fire First Responders for moderately urgent 911 calls.

**PURPOSE:** To determine whether British Columbia Emergency Health Services should start notifying Fire First Responders for all moderately urgent 911 calls.

### **BACKGROUND:**

- On May 30, 2018, British Columbia Emergency Health Services (BCEHS) introduced a Clinical Response Model (CRM) to guide which resources are assigned to a 911 medical call. The CRM is a six-category colour-coded system, indicating the resource and response type for an event, as well as the relative priority of the call, with Purple being the highest priority.
- In February 2019, The Office of the Auditor General (OAG) released the report *Access to Emergency Health Services*. The report provided four recommendations (three for BCEHS, one for the Ministry of Health), with a focus on improved co-ordination and collaboration between BCEHS and fire first responders.
- The Minister of Health (Minister) ordered an independent review of a patient death during prehospital care in Vancouver in November 2018. The report was publicly released in September 2019 and provides 14 recommendations to improve the efficiency of the dispatch process and patient management, interagency communications, and patient outcomes. The Minister accepted all 14 recommendations.
- In September 2019, Ministry of Health and BCEHS led a session at the Union of British Columbia Municipalities (UBCM) convention - to discuss the OAG report recommendations and CRM, and to obtain feedback on the development of a municipal engagement strategy. The feedback indicated a need for engagement with rural municipalities; both medium and high acuity calls are a concern for municipalities, and a need for improved communication and collaboration between emergency services.

### **DISCUSSION:**

- There is a clear message from the recommendations in the above noted reports and feedback from the UBCM convention that some municipalities want fire first responders to be notified more than they currently are, and their main concern is with both the medium and high acuity calls (Orange in addition to Red and Purple). Currently, BCEHS notifies fire first responders of all life-threatening, serious, and time-critical calls (Purple and Red). They are also notified of all vehicle crashes, hazardous materials calls, drownings and opioid overdose calls. Additionally, they are

automatically notified of moderately urgent calls (Orange) *only* if BCEHS resources are unable to arrive within 10 minutes.

- Since the release of the OAG report, BCEHS and the Ministry have begun work to implement the recommendations. The Ministry and BCEHS have developed a municipal engagement plan and related workplan, which will help guide the process of establishing updated consent and collaboration agreements with fire first responders.
- The purpose of the engagement is to build on existing stakeholder relationships, understand the needs of communities, and collaborate with communities and BCEHS on solutions to mutually identified issues related to the delivery of emergency health services.
- The Ministry and BCEHS have presented to the Public Accounts Committee in both April and October of this year to update the Committee on their progress. At the October meeting, BCEHS was asked about the possibility of updating collaboration agreements to state that fire first responders will be notified for moderately urgent calls. The simple answer was that it can be done on a community-by-community basis but there is a lot of engagement work and system change that needs to be done first before getting to that point.
- BCEHS currently has consent agreements in place with 96 per cent of municipalities in British Columbia. These agreements address indemnifications, service delivery expectations and obligations, and medical oversight among other things. If the Ministry were to start a discussion with BCEHS about notifying fire first responders for moderately urgent calls, the current agreements in place would protect both parties. The remaining four per cent of municipalities without agreements would be responding to calls illegally and all responsibilities would be with the municipality.
- Financial impacts of notifying fire first responders of moderately urgent calls will lie with the municipalities. Based on feedback received at UBCM, many municipalities are prepared to pay for any expenses incurred as a result of increased incoming emergency calls.
- UBCM feedback showed the main area of focus for improvement of services appears to be in rural areas, where emergency services may be stationed further away from patients. However, the independent review showed that there may be a need for fire first responders on moderately urgent calls in metro areas as well. It is hoped that future engagement work will aid in resolving these issues at the municipal level.
- The Clinical Response Model has shown improvements in response times since implementation in May 2018, especially in major centres including Surrey, Delta and Burnaby. However, the response model is not the sole focus when it comes to improving emergency services in the province.
- The overall goal of the Ministry is to facilitate increased communication and collaboration between BCEHS and fire first responders, resulting in patient-centered pre-hospital care in communities across the province. A first step towards this goal is to explore the option of notifying fire first responders of the moderately urgent calls in addition to the serious life-threatening calls.
- s.13

- The governance around this suggest next steps would involve s.14; s.17  
s.14; s.17

- s.13

**ADVICE:**

- The Ministry is committed to ensuring resources are coordinated to improve outcomes and patient experience. The plan is to start working towards these goals by developing an open dialogue with municipalities to really understand their needs and how the system can best be coordinated.
- The Ministry's current position is that BCEHS should explore the option of notifying fire first responders of moderately urgent calls as well as life-threatening and time critical calls, if that is the wish of the municipality following the engagement work with BCEHS and the Ministry.

Attached: Appendix A

---

**Program ADM/Division:** Ian Rongve/ PHLHS Division  
**Telephone:** 250-952-3025  
**Program Contact (for content):** Brendan Abbott  
**Drafter:** Carrie Murphy  
**Date:** October 17, 2019

# Community Paramedicine Program Final Evaluation Report

*"This is a health service that says, yes!"*

Prepared by:  
**Catalyst Research and Development Inc.**

K. Woodman, PhD, CE  
J. Krajnak, PhD  
E. Krupa, PhD, CE  
K. Brower, MEd, CE

May 2019





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**From:** [Allard, Lauren EHS:EX](#)  
**To:** [Rains, Derek HLTH:EX](#)  
**Cc:** [Kotani, Nancy EHS:EX](#)  
**Subject:** BCEHS/MOH Collaboration Agreement Touch Base  
**Date:** January 13, 2020 11:23:32 AM  
**Attachments:** [Framework for FR Agreement December 6 2019 v2.pdf](#)  
[Municipal Engagement Work Plan - DRAFT - January 2020-V6.pdf](#)  
[image001.jpg](#)

---

Hi Derek,

I hope you're well.

In advance of our touch base this afternoon, I wanted to re-share the draft FR Collaboration Agreement Framework (data sharing to be added) and also share a draft BCEHS MOH Collaboration Agreement Implementation/Engagement Plan. This was developed based on the MOH Municipal Engagement Plan previously shared with as well as deliverables set by BCEHS.

Please let me know if you have any questions.

Best,

**Lauren Allard**

**Business Analyst – Strategy and Transformation**

**BC Emergency Health Services**

**Provincial Health Services Authority**

M: 604-833-6519 W: 604-607-9779

[Lauren.Allard@bcehs.ca](mailto:Lauren.Allard@bcehs.ca)



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BRITISH  
COLUMBIA



# Select Standing Committee on Public Accounts [INSERT DATE OF MEETING]

## Office of the Auditor General Access to Emergency Health Services

Ian Rongve, Ph.D  
Assistant Deputy Minister  
Provincial  
Ministry of Health



## Overview

- Government agrees with and supports the Office of the Auditor General (OAG) report findings and recommendations.
- Government accepts the report's four recommendations:
  - Three are directed to the BC Emergency Health Services (BCEHS)
  - One is directed to the Ministry of Health (Ministry)
- Government looks forward to working with BCEHS and other stakeholders in planning, implementing, and monitoring the report's recommendations.
- To date, none of the report recommendations have been implemented.



**Key Findings:** Recommendations 1, 2, and 3 are directed to BCEHS.

**Government's Overall Response:**

- The Ministry supports these recommendations.
- The Ministry expects to be included as a stakeholder as BCEHS initiates planning, implementation and monitoring of these recommendations.
- The Ministry looks forward to working with BCEHS and other stakeholders in the planning, implementation and monitoring of these recommendations.



Key Findings: Recommendation 4 is directed to the Ministry.

**Government's Overall Response:**

- The Ministry accepts this recommendation.
- The Ministry will work with BCEHS and other stakeholders to ensure implementation of the four areas noted:
  - Determining an appropriate medical oversight model that allows for consistent medical standards and practices;
  - Establishing data sharing agreements among BCEHS and consent agencies;
  - Build collaborative consent agreements that support optimal care and ensures timely response for high acuity patients; and
  - Ensuring a coordinated and timely response that maximizes the resources available and delivers best patient care.





## Summary

- The Ministry would like to acknowledge the OAG for their work on this report and their careful consideration of the recommendations within it.
- The Ministry would like to acknowledge the importance of Emergency Health Services to the health and wellness of citizens across the province in rural as well as urban settings.
- The Ministry looks forward to working with all stakeholders in the planning, implementation and monitoring of recommendations outlined in the OAG's report as we work together to ensure access to timely and quality patient services throughout the province.



BRITISH  
COLUMBIA



Questions?

**From:** [Cullen, Hilary HLTH:EX](#)  
**To:** [Young, Zachary HLTH:EX](#)  
**Subject:** FW: Brendan's estimates binder  
**Date:** May 29, 2019 9:46:00 AM  
**Attachments:** [Detailed Action Plan - PAC - OAG Report on BCEHS.pdf](#)  
[FW Heads up FW Medical Incidents on City Facilities.msg](#)  
[Chronic Pain - Fact Sheet.docx](#)  
[2019-04-08 MoH Chronic Pain Strategy and Action Plan for BC - DRAFT.pptx](#)  
[2019-04-09 BUDGET ESTIMATE Chronic Pain.xls](#)  
[2019-04-09 Chronic Pain Budget Explainer.docx](#)  
[NHMSFAP-AS-Procedural-Pain-Management-DRAFT.pdf](#)  
[Procedural Pain Management \(Panel Final Copy\)-\(2019-03\).pdf](#)  
[1132420 FIT status report to April 7, 2019\\_COPY.docx](#)  
[IN FIT positivity rates Feb 19 2019\\_DRAFT\\_HMC2.docx](#)  
[20190402 FIT Vendor Change QA\\_DRAFT\\_HMC.docx](#)

---

Hi Zach,

See below for a summary of everything related to chronic pain / PPM that was included in estimates prep.

Let me know what from the list below you'd like to share with Health Canada and I'll get you the most current versions of each (just in case there were last-minute revisions).

Thanks,

Hilary

---

**From:** Cullen, Hilary HLTH:EX  
**Sent:** May 10, 2019 2:37 PM  
**To:** Murphy, Carrie E HLTH:EX  
**Cc:** Davidson, Heather A HLTH:EX  
**Subject:** RE: Brendan's estimates binder

Hi Carrie,

Just to be proactive – I've attached all the documents I have access to

I added file names and explanatory notes in RED for each document I listed in my earlier email.

Good luck!!

Hilary

---

**From:** Cullen, Hilary HLTH:EX  
**Sent:** May 10, 2019 1:00 PM  
**To:** Murphy, Carrie E HLTH:EX <[Carrie.Murphy@gov.bc.ca](mailto:Carrie.Murphy@gov.bc.ca)>; Davidson, Heather A HLTH:EX <[Heather.A.Davidson@gov.bc.ca](mailto:Heather.A.Davidson@gov.bc.ca)>  
**Subject:** RE: Brendan's estimates binder

Hi Carrie,

Sorry for the delay!

Here are a list of all the additional docs I can think of for the TOC. Please forgive my ignorance about what is normally included in estimates binders. **Heather** – Please veto as appropriate

#### 5. BC EMERGENCY HEALTH SERVICES

##### Probably useful to include:

BCEHS and MOH Action Plan for OAG Report Recommendations – Presented at Apr 23, 2019 Standing Committee on Public Accounts ATTACHED PDF "Detailed Action Plan ..."

##### Probably not necessary to include – but maybe??:

News Release on Port Coquitlam issue re: calling fire departments rather than EHS for emergency medical care ATTACHED Email “FW: Heads up ...”

## 10. CHRONIC PAIN

### **Fact Sheets, Issues Notes, etc.:**

Chronic Pain Fact Sheet – Feb 2019 ATTACHED Word “Chronic Pain – Fact Sheet”

Pain Management Services Fact Sheet – May 2019 IN EAPPS – Not yet finalized

Pain Management Services Key Messages – May 2019 IN EAPPS – Not yet finalized

GCPE Issues Note – Chronic Pain – Jan 2019 BRENDAN HAS A HARD COPY OF THIS ALREADY

### **Probably useful to include:**

Draft Chronic Pain Strategy – Apr 2019 ATTACHED PPT “2019-04-08 MoH Chronic Pain ...”

Draft Chronic Pain Strategy Budget – Apr 2019 ATTACHED Excel “2019-04-09 BUDGET ESTIMATE ...”

Draft Chronic Pain Strategy Budget Explainer – Apr 2019 ATTACHED Word “2019-04-09 Chronic Pain Budget Explainer”

### **Probably not necessary to include – but maybe??:**

Draft College PPM Facility Accreditation Standards – 2019 ATTACHED PDF “NHMSFAP ...”

Draft BCMQI PPM Privileging Dictionary – 2019 ATTACHED PDF “Procedural Pain Management (Panel Final Copy) ...”

## 16. COMMUNITY PARAMEDICINE

**Just a Thought:** I don’t actually know the content of the “2019-01 GCPE Key Message – New Clinical Response Model” BUT I’m thinking this is probably better to put in section 5. BC Emergency Health Services because I don’t think it’s specific to the community paramedicine initiative.

## 20. FIT TEST

### **Fact Sheets, Issues Notes, etc.:**

GCPE FIT Issues Note – Apr 2019 – *but revised this week for the minister’s binder* ATTACHED Word “IN\_FIT positivity ...” NOTE – *These were my most recent edits that went to Julie Kirke BUT Rebecca Watt (Labs Services) was also going to be providing edits so I’m not sure what the final looks like. This has the current FIT positivity data in it while the document below is our branch’s most recent status report for the minister, which I think has a better description of issue context.*

PHLHS Issues Status Report – Apr 2019 – *but I could revise this so it includes update*

on implementation (planned for Mon, May 13) ATTACHED Word "1132420 FIT status ..." NOTE: Only includes positivity data up to April 7.

**Probably not necessary to include – but maybe??:**

Q&A for change in FIT vendor (BC Cancer comms material, LifeLabs has something very similar as well) ATTACHED Word "20190402\_FIT Vendor Change QA ..." NOTE: These were my final edits but Zach probably received the BC Cancer's final version of the Q&A that is being used.

Let me know if you don't have copies of anything listed above and I can either send them to you or connect with someone who would have the most recent versions.

Thanks!,

Hilary

---

**From:** Murphy, Carrie E HLTH:EX

**Sent:** May 10, 2019 10:50 AM

**To:** Davidson, Heather A HLTH:EX <[Heather.A.Davidson@gov.bc.ca](mailto:Heather.A.Davidson@gov.bc.ca)>

**Cc:** Cullen, Hilary HLTH:EX <[Hilary.Cullen@gov.bc.ca](mailto:Hilary.Cullen@gov.bc.ca)>

**Subject:** RE: Brendan's estimates binder

Ok, sounds good. Darcy she has reviewed the parts that aren't highlighted but I will see if she can take a look at the remaining bits!

**Carrie Murphy** | Executive Administrative Assistant  
Provincial Services Branch | Provincial, Hospital and Laboratory Services Division |  
BC Ministry of Health

**Email:** [Carrie.Murphy@gov.bc.ca](mailto:Carrie.Murphy@gov.bc.ca)

**Tel:** 778.974.5014

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**From:** Davidson, Heather A HLTH:EX

**Sent:** May 10, 2019 9:33 AM

**To:** Murphy, Carrie E HLTH:EX <[Carrie.Murphy@gov.bc.ca](mailto:Carrie.Murphy@gov.bc.ca)>

**Cc:** Cullen, Hilary HLTH:EX <[Hilary.Cullen@gov.bc.ca](mailto:Hilary.Cullen@gov.bc.ca)>

**Subject:** RE: Brendan's estimates binder

Hi Carrie,

I think it's worth keeping the orange highlighted sections. I haven't been involved in the Inmate Health Services one, so I can't speak to that (I think maybe Zach was drafting it?). If you flip it to me, I can take a look. The communications team might have newer versions of many of the PHSA info notes. There was also a BCEHS response times document that we received a couple days ago that I'll send to you as well. Has Darcy reviewed this version of the TOC?

Sorry, I'm not sure any of this is helpful!

Heather

---

**From:** Murphy, Carrie E HLTH:EX

**Sent:** May 10, 2019 9:10 AM

**To:** Davidson, Heather A HLTH:EX <Heather.A.Davidson@gov.bc.ca>

**Cc:** Cullen, Hilary HLTH:EX <[Hilary.Cullen@gov.bc.ca](mailto:Hilary.Cullen@gov.bc.ca)>

**Subject:** Brendan's estimates binder

Morning,

Sorry to add this to the pile but I just wanted to follow up on table of contents info. I don't know what needs to be removed/updated/kept from Brendan's estimates binder from last year. I have highlighted the unknown sections in orange, the yellow are stuff I am waiting for to be approved etc. Blue highlighted things are new stuff that I already have included.

Inmate Health Services- I saw on the PHSA LAN and currently have it as listed on there so if that is good to go- let me know!

I am happy to go on PHSA and check for updated fact sheets, and any other searches to help in the process. Also, Matt has offered his team to help today with this kind of stuff.

Let me know when you have a moment and we will all get it done!

**Carrie Murphy** | Executive Administrative Assistant

Provincial Services Branch | Provincial, Hospital and Laboratory Services Division |

BC Ministry of Health

**Email:** [Carrie.Murphy@gov.bc.ca](mailto:Carrie.Murphy@gov.bc.ca)

**Tel:** 778.974.5014

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Page 170 of 220

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Page 171 of 220

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s.13

**From:** [Blythe, Nancy HLTH:EX](#)  
**To:** [Murphy, Carrie E HLTH:EX](#)  
**Subject:** FW: UBCM Convention Session  
**Date:** September 25, 2019 2:54:54 PM  
**Attachments:** [UBCM - September 2019.pptx](#)  
[image001.jpg](#)

---

Nancy Blythe  
A/Manager, Provincial Services  
Provincial Services Branch | Provincial, Hospital and Laboratory Services Division  
Ministry of Health | Ph: 250 952-1529 | Cell: 250-882-2471 | Fax: 250 952-2970  
Main floor, 1515 Blanshard Street, Victoria, BC | PO Box 9638 Stn Prov Govt V8W 9P1

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---

**From:** Patterson, Catherine M HLTH:EX  
**Sent:** September 19, 2019 4:22 PM  
**To:** Blythe, Nancy HLTH:EX <[Nancy.Blythe@gov.bc.ca](mailto:Nancy.Blythe@gov.bc.ca)>  
**Subject:** FW: UBCM Convention Session

---

**From:** Patterson, Catherine M HLTH:EX  
**Sent:** September 19, 2019 3:08 PM  
**To:** [mchiang@ubcm.ca](mailto:mchiang@ubcm.ca)  
**Cc:** Rongve, Ian HLTH:EX <[Ian.Rongve@gov.bc.ca](mailto:Ian.Rongve@gov.bc.ca)>; Abbott, Brendan HLTH:EX <[Brendan.Abbott@gov.bc.ca](mailto:Brendan.Abbott@gov.bc.ca)>; Rains, Derek HLTH:EX <[Derek.Rains@gov.bc.ca](mailto:Derek.Rains@gov.bc.ca)>; Moulton, Holly HLTH:EX <[Holly.Moulton@gov.bc.ca](mailto:Holly.Moulton@gov.bc.ca)>; Andrachuk, Andrea HLTH:EX <[Andrea.Andrachuk@gov.bc.ca](mailto:Andrea.Andrachuk@gov.bc.ca)>  
**Subject:** RE: UBCM Convention Session

Good afternoon Marylyn,

Attached please find the presentation for the 7:30 a.m. session on Tuesday September 24.

Regards,

Catherine

---

Catherine Patterson  
Manager, Divisional Operations  
Provincial, Hospital and Laboratory Health Services Division  
Ministry of Health





PO Box 9639 Stn Prov Govt, Victoria BC V8W 9P1

**Tel:** 778 698-1749

**Email:** [Catherine.Patterson@gov.bc.ca](mailto:Catherine.Patterson@gov.bc.ca)

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---

**From:** Marylyn Chiang [<mailto:mchiang@ubcm.ca>]

**Sent:** Wednesday, July 17, 2019 10:50 AM

**To:** Abbott, Brendan HLTH:EX

**Subject:** UBCM Convention Session

Dear Mr. Abbott,

I am pleased to inform you that your session proposal, Emergency Health Services: Developing Municipal Agreements has been selected by the UBCM Convention Committee for presentation at the 2019 UBCM Convention.

I have been assigned as your UBCM contact person for this session and can answer your questions moving forward. As a reminder, this year's Convention will be taking place at the Vancouver Convention Centre from September 23<sup>rd</sup> – 27<sup>th</sup>. You can find general information on the Convention [here](#).

You have been allocated a clinic session on Tuesday September 24, from 7:30am to 8:30am.

At this time, we are asking that you **confirm your session title, description and presenter list by Thursday August 8th**. Below is the information that was submitted in your proposal:

**TITLE:** Emergency Health Services: Developing Municipal Agreements

**SESSION DESCRIPTION:** This session is presented on behalf of the Ministry of Health and BC's Emergency Health Services (BCEHS). In response to recommendations from the BC Auditor General's Access to Emergency Health Services Report, the Ministry and BCEHS are committed to working with local governments to ensure BC residents experience coordinated, high-quality and effective pre-hospital care and inter-facility transfer. Specific topics to be addressed are: medical oversight and accountability across agencies, data sharing and the Clinical Response Model (including consent agreements with local fire departments, and appropriate emergency notification for first responders). This session will serve as a foundation for future intergovernmental collaboration between the BCEHS and provincial/municipal governments on timely access to quality emergency health services in urban, rural, and remote regions across the province.

**PRESENTERS:**

Barb Fitzsimmons, Chief Operating Office, BCEHS

Dr. John Tallon, VP, Clinical and Medical, BCEHS

Dr. Ian Rongve, ADM, Provincial, Hospital and Laboratory Health Services

Brendan Abbott, Executive Director, Provincial Services, Hospital and Laboratory Health Services

This information must be received by **Thursday, August 8<sup>th</sup>** to be included in our program. If this information is not confirmed by the deadline, UBCM reserves the right to cancel your session.

Presenters will be contacted directly by FMAV, our audio-visual provider, with information on uploading their presentation to our presentation management system in the coming weeks. In the meantime, I have attached a quick instruction guide for your presentation format. Presentations must be submitted by **Thursday, September 19<sup>th</sup>**.

If you have any questions, please feel free to contact me directly.

Sincerely,  
Marylyn

Marylyn Chiang, RPP, MCIP  
Senior Policy Analyst  
Union of British Columbia Municipalities  
Phone: 604-270-8226 ext. 110

# Emergency Health Services: Developing Municipal Agreements UBCM Convention

September 24, 2019

Presented by:

- Dr. Ian Rongve, ADM, Ministry of Health
- Barb Fitzsimmons, Chief Operating Officer, BCEHS
- Dr. John Tallon, Chief Medical Officer, BCEHS
- Nancy Kotani, Chief Transformation Officer, BCEHS
- Neil Lilley, Senior Provincial Executive Director, BCEHS



# Purpose



Ministry of  
Health

- Set the stage for an **engagement strategy** related to the Office of the Auditor General's report *Access to Emergency Health Services* (OAG Report)
  - to build a foundation for future collaboration and engagement between BCEHS and provincial/municipal governments
- Overview of the OAG Report and its recommendations
- Overview of BCEHS Clinical Response Model

# Report Overview



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- The OAG Report was released in February 2019
- The focus of the report is on:
  - BCEHS management of access to ambulance and emergency health services (pre-hospital) across the province
  - the need for improved coordination between BCEHS and municipal fire departments (medical oversight /data sharing / agreements)
  - a role for the provincial government (Ministry of Health) to work with local governments and BCEHS to improve coordination

**BCEHS** | BC Emergency  
Health Services  
Provincial Health Services Authority

# Report Recommendations



Ministry of  
Health

## BCEHS:

1. Review performance management framework to identify additional indicators for timeliness and clinical quality
2. Determine an appropriate level of pre-hospital advanced care coverage that considers patient need, and implement strategies to achieve that level
3. Improve transparency and accountability by publicly reporting on targets and performance

# BCEHS Status of Recommendations



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Health

- BCEHS is engaged in a pilot study to place Advanced Care Paramedics in 6 rural communities - to determine how best to utilize their clinical skills to improve care to higher acuity patients and assist with patient transports
- Performance Reporting is scheduled to be available publicly by March 31, 2020

# Clinical Response Model - Background



Ministry of  
Health

- BCEHS can utilize alternative clinical responses to support:
  - care closer to home by providing alternative care options for low acuity patients
  - Timely access to acute care
  - reduce pressure on emergency departments



# Clinical Response Model - Descriptions



Ministry of  
Health

PURPLE	RED	ORANGE	YELLOW	GREEN	BLUE
Immediately life threatening (cardiac / respiratory arrest) Highest priority Echos and Deltas	Immediately life threatening or time critical Advanced skills recommended	Urgent / Potentially serious but not immediately life threatening	Non-urgent (not serious or life threatening)	Non-urgent (not serious or life threatening)	Non-urgent (not serious or life threatening). Further telephone triage appropriate.
Code 3	Code 3	Code 3	Code 2	More information coming soon	If a BLUE incident is triaged as requiring an ambulance response the incident will be re-coded to reflect the urgency of attendance. Response will align to the allocated code.
	Potential divert from RED to PURPLE	Potential divert from ORANGE to RED to PURPLE	Potential divert from YELLOW to ORANGE to RED to PURPLE		



POTENTIAL DIVERT



**BCEHS** BC Emergency Health Services  
Provincial Health Services Authority

# Report Recommendations



Ministry of  
Health

## Ministry of Health:

Work with local governments and BCEHS to ensure BCEHS can implement a coordinated approach to pre-hospital care that results in:

- Medical oversight
- Data sharing
- Signed agreements

# Moving Forward



Ministry of  
Health

- Today we are hoping to involve you in laying the groundwork for a new approach
- **Engagement strategy:**
  - Ministry, with BCEHS, will engage with local government bodies over the next year
  - Ministry will be actively involved to ensure effective consultations occur when planning an improved coordinated approach to emergency health services province-wide

# Deliverables



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Health

- Where we want to get to:
  - Updated consent and collaboration agreements, coordinated outlining roles and responsibilities, and level of care provided
  - Data sharing agreements in place
  - Updated medical oversight model

## ➤ Questions:

- Are we missing anything?

# Questions to You



Ministry of  
Health

How could we consult on and develop consent/collaboration agreements?

- a) By geography
- b) By Rural/Urban/Metro
- c) Other?

# Questions to You



Ministry of  
Health

## What does success look like for you?

# Questions to You



Ministry of  
Health

What type of calls cause you the most concern?

- a) High Acuity
- b) Medium Acuity
- c) Low Acuity

# Questions to You



Ministry of  
Health

What have you heard from your constituents about pre-hospital care?



# Questions to You



Ministry of  
Health

We would like to establish a municipal reference group to help us plan and execute an engagement strategy.

Do you support this idea? (Yes or No)

If yes, we would like your input on how to develop the municipal reference group.

**BCEHS** | BC Emergency  
Health Services  
Provincial Health Services Authority

# Questions to You



Ministry of  
Health

What is the one thing you need from this work?

# Questions For Us?



Ministry of  
Health

**BCEHS** | BC Emergency  
Health Services  
Provincial Health Services Authority

**From:** [Cullen, Hilary HLTH:EX](#)  
**To:** [Blythe, Nancy HLTH:EX](#); [Rains, Derek HLTH:EX](#)  
**Subject:** FW: UBCM Session Follow up call  
**Date:** September 6, 2019 10:32:55 AM  
**Attachments:** [image001.jpg](#)

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**From:** Davidson, Heather A HLTH:EX  
**Sent:** August 15, 2019 7:38 AM  
**To:** Cullen, Hilary HLTH:EX <[Hilary.Cullen@gov.bc.ca](mailto:Hilary.Cullen@gov.bc.ca)>  
**Subject:** FW: UBCM Session Follow up call

FYI. We should have a chat about this. We'll need to start pulling together a framework for the stakeholder engagement piece.

---

**From:** Abbott, Brendan HLTH:EX  
**Sent:** August 14, 2019 4:31 PM  
**To:** Davidson, Heather A HLTH:EX <[Heather.A.Davidson@gov.bc.ca](mailto:Heather.A.Davidson@gov.bc.ca)>  
**Subject:** FW: UBCM Session Follow up call

FYI

---

**From:** Kotani, Nancy EHS:EX  
**Sent:** Wednesday, August 14, 2019 4:22 PM  
**To:** Abbott, Brendan HLTH:EX  
**Cc:** Allard, Lauren EHS:EX  
**Subject:** UBCM Session Follow up call

Hi Brendan

Thanks for the call today to discuss the outline and approach for the UBCM session on the OAG Recommendation 4.

As noted the OAG recommendation is directed at the MOH to work with BCEHS and municipalities to ensure that BCEHS can implement a co-ordinated approach to pre-hospital care that results in:

- Medical oversight to the extent appropriate
- Data sharing
- Signed agreements outlining the roles and responsibilities of fire departments including level of care provided
- Confirmation that FRs are being notified of events where they can best contribute to patient care

In thinking about the approach to the session we discussed using this as a introduction to a broader consultative process facilitated by the MOH and based on MOH expectations on BCEHS and local governments to collaborate for the benefit of patient care. An outcome of this might be a policy framework that serves as the foundation for collaboration between BCEHS and local governments to extent practicable to ensure emergency health services.

Specifically the framework would address-

- what are the MOH's requirements for safe patient care under each license category- for this

perhaps input from David Byres' team regarding application of the concept of scope to EMAs  
what are the requirements for clinical oversight direct or indirect in support of this practice

- How might data sharing be facilitated – do data sharing agreements exist within Municipal Affairs that may be applicable and facilitate the process

As I mentioned BCEHS is reviewing the current collaboration agreement with the Fire Chiefs Association of BC and we are trying to link things back to the purposes of the corporation under that EHSA. That might form part of the framework.

I realize much of this falls to you- thanks for taking this on- and for your support

Talk again on the 26<sup>th</sup>

Rgds

nnk

Nancy N. Kotani  
Chief Transformation Officer  
BC Emergency Health Services  
Provincial Health Services Authority  
[101- 2985 Virtual Way](#)  
[Vancouver BC](#)  
[V5M 4X6](#)  
[nancy.kotani@bcehs.ca](mailto:nancy.kotani@bcehs.ca)  
M: 604-202-4959



**From:** [Rains, Derek HLTH:EX](#)  
**To:** [Blythe, Nancy HLTH:EX](#)  
**Subject:** Fwd: Ministry of Health Response - 1141775  
**Date:** October 9, 2019 6:14:44 PM  
**Attachments:** [Picture \(Device Independent Bitmap\) 1.jpg](#)

---

Could your team pls draft some bullets.

Sent from my iPhone

Begin forwarded message:

**From:** "Williams, Courtney L HLTH:EX" <[Courtney.Williams@gov.bc.ca](mailto:Courtney.Williams@gov.bc.ca)>  
**Date:** October 9, 2019 at 2:57:25 PM PDT  
**To:** "Rains, Derek HLTH:EX" <[Derek.Rains@gov.bc.ca](mailto:Derek.Rains@gov.bc.ca)>  
**Subject:** FW: Ministry of Health Response - 1141775

Hello Derek,

I reached out to Brendan in August on the topic of Ministry response to the OAG report on emergency health services and he advised messaging at that time was still high level. As you can see below, the writer was not satisfied with our response and is demanding more specific information. I discussed this with Anne and she advised I connect with your division to see if there is anything additional I could provide i.e. a contact person or website. Any information you can provide is greatly appreciated. Thank you for your input.

Courtney Williams

Patient and Client Relations Officer

Corporate Issues and Client Relations Branch

Ministry of Health

[Courtney.Williams@gov.bc.ca](mailto:Courtney.Williams@gov.bc.ca)

778 974-6114

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**From:** Stearn, Anne HLTH:EX  
**Sent:** September 30, 2019 3:16 PM  
**To:** HLTH PCR Correspondence Coordinator HLTH:EX  
<[PCRCorrespondenceCoordinator@gov.bc.ca](mailto:PCRCorrespondenceCoordinator@gov.bc.ca)>  
**Cc:** Bragg, Jacquelynn HLTH:EX <[Jacquelynn.Bragg@gov.bc.ca](mailto:Jacquelynn.Bragg@gov.bc.ca)>; Culen, Mira HLTH:EX  
<[Mira.Culen@gov.bc.ca](mailto:Mira.Culen@gov.bc.ca)>; Guerrero, Thomas HLTH:EX <[Thomas.Guerrero@gov.bc.ca](mailto:Thomas.Guerrero@gov.bc.ca)>  
**Subject:** Ministry of Health Response - 1141775

Hi PCR Team – Thomas has received a response from s.22 on Cliff #1141775.  
Could this be cliffed please and have a team member review and connect with Division on response.

Thanks very much

**Anne Stearn** | Director | FOI, Litigation and Reporting |

**From:** Guerrero, Thomas HLTH:EX  
**Sent:** September 30, 2019 2:33 PM  
**To:** Stearn, Anne HLTH:EX <[Anne.Stearn@gov.bc.ca](mailto:Anne.Stearn@gov.bc.ca)>  
**Subject:** Fwd: Ministry of Health Response - 1141775  
FYI

Sent from my iPhone

Begin forwarded message:

**From:** s.22  
**Date:** September 30, 2019 at 1:00:56 PM PDT  
**To:** [Thomas.Guerrero@gov.bc.ca](mailto:Thomas.Guerrero@gov.bc.ca)  
**Subject:** Re: Ministry of Health Response - 1141775

Thomas,  
This is an unacceptable response. It lacks specifics and throws the typical bureaucratic talking points at me.

I want specifics on what steps the MOH has taken, not just that the recommendations have been accepted.

Robin

On Wed, Sep 25, 2019 at 10:26 AM HLTH HSD HLTH:EX  
<[Hlth.HSD@gov.bc.ca](mailto:Hlth.HSD@gov.bc.ca)> wrote:

1141775

s.22

Dear s.22

Thank you for your email of August 14, 2019, regarding The Office of the Auditor General (OAG) report on access to emergency health services. I am responding on behalf of the Honourable Adrian Dix, Minister of Health.

The role of the Ministry of Health (the Ministry) is to provide strategic leadership, public accountability, and policy direction for British Columbia's health care system. Each health authority is responsible for planning and delivering the full range of health services in its region, and the government has given them the flexibility and mandate to make decisions about how best to do so.

The OAG of BC conducted an audit to determine whether BC Emergency Health Services (BCEHS), within the Provincial Health Services Authority (PHSA), has effectively managed access to ambulance and emergency health services across the province.

The audit, which focused on the pre-hospital environment,

examined BCEHS performance measures for response times and clinical care and performance against those measures, changes planned or underway to improve services, and the organization's coordination with fire department first responders. This took place from April 2016 to December 2017. High-acuity event response times in urban areas were further assessed from January 2018 to December 2018.

The *Access to Emergency Health Services* report was released in February 2019 and makes four recommendations.

- <!--[if !supportLists]-->1. <!--[endif]-->That BCEHS review its performance management framework to identify additional indicators for timeliness and clinical quality.
- <!--[if !supportLists]-->2. <!--[endif]-->That BCEHS determine an appropriate level of pre-hospital advance care coverage that considers patient need and implement strategies to achieve that level.
- <!--[if !supportLists]-->3. <!--[endif]-->That BCEHS improve transparency and accountability by publicly reporting on its targets and performance.
- <!--[if !supportLists]-->4. <!--[endif]-->That the Ministry work with local governments and BCEHS to ensure that BCEHS can implement a coordinated approach to pre-hospital care.

BCEHS and Ministry have accepted the Report recommendations and are currently working together to plan, implement, and monitor measurable actions in response. Currently, I am unable to provide further information in this regard.

s.22 . thank you again for taking the time to contact the Ministry. I appreciate the opportunity to respond and hope you find this information of interest.

Sincerely,

Thomas Guerrero

Executive Director

***Improvement through every concern.***

Patient Care Quality Offices



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Hi,

I would like to speak to someone in the Ministry about what steps have have been taken to address the recommendations in the Auditor General's report on "Accessing Emergency Health Services". I spoke with her and she did say progress are being made. I would just like to know more specifics

This is strictly for my personal interest in public policy.

Thank you

s.22

**From:** [Allard, Lauren EHS:EX](#)  
**To:** [Abbott, Brendan HLTH:EX](#); [Rains, Derek HLTH:EX](#)  
**Cc:** [Kotani, Nancy EHS:EX](#); [Desautels, Mandy EHS:EX](#)  
**Subject:** MOH Municipal Engagement Strategy - BCEHS FR List  
**Date:** December 13, 2019 10:08:26 AM  
**Attachments:** [image001.jpg](#)  
[BCEHS FR Agreements - Local Govt Matrix - Dec6 2019.pdf](#)  
[2019-09-04 FR Departments with Active EMAs.xlsx](#)

---

Hi Brendan and Derek,

Nice to touch base on Tuesday. As discussed, I've restructured our current First Responder agreement list to align with the 27 regional districts across the province for consideration when designing a consultation strategy. This spreadsheet also identifies the local government of each first responder group (ie. regional district, municipality, society). For your reference, I've also attached a list provided by the EMALB of the departments they have on file with active EMAs.

Please let me know if you have any questions upon review.

Thanks!

**Lauren Allard**

**Business Analyst – Strategy and Transformation**

**BC Emergency Health Services**

**Provincial Health Services Authority**

M: 604-833-6519 W: 604-607-9779

[Lauren.Allard@bcehs.ca](mailto:Lauren.Allard@bcehs.ca)



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## **MINISTRY OF HEALTH INFORMATION BRIEFING NOTE**

**Cliff #**

**PREPARED FOR:** Ian Rongve, ADM, Provincial, Hospital and Laboratory Health Services Division - **FOR INFORMATION**

**TITLE:** Municipal Engagement Strategy Facilitation

**PURPOSE:** To provide background information and reasoning as to why a contract issues note is needed for the facilitation of the municipal engagement strategy.

### **BACKGROUND:**

- In February 2019, the Office of the Auditor General released a report that resulted in four recommendations for British Columbia Emergency Health Services (BCEHS) and the Ministry of Health.
- The recommendation for the Ministry involved updating the current consent and collaboration agreements and ensuring they included medical oversight and data sharing.
- In April 2019, the Ministry and BCEHS presented to the Public Accounts Committee (PAC), committing to completing the updated collaboration agreements by the end of March 2020.
- Since the release of the report, the Ministry and BCEHS have developed a draft municipal engagement strategy and attended the Union of British Columbia Municipalities (UBCM) convention where they sought feedback from the municipalities on the engagement plan.
- The Ministry has met with the Health Innovation Hub and UBCM to discuss modalities and available resources for engagement.

### **DISCUSSION:**

- Feedback received from UBCM showed that the municipalities are wanting improved communication between BCEHS and fire first responders to ensure they are providing patient-centred pre-hospital care.
- The Ministry and BCEHS are currently in phase two of the draft municipal engagement strategy, which involves identifying municipalities that currently lack a consent agreement and working with them to gain a better understanding of what a mutually beneficial agreement would look like.
- The Ministry and BCEHS have been meeting regularly to determine scope, policy requirements and the appropriate resources for facilitation.
- Contracting a facilitator would provide specialized and non-biased skills in organizing and facilitating public and government engagement sessions.
- This facilitator would also assist with the completion of the municipal engagement strategy and to assist with creating a virtual venue to receive regular feedback from municipalities (e.g. an online URL).
- The Innovation Hub has a qualified supplier list to select from if necessary.

**ADVICE:**

- It is recommended that the Ministry contract a facilitator by means of a Contract Issues Note to assist with the upcoming facilitation with the municipalities.
- This will ensure the Ministry is able to satisfy the Auditor General's recommendation in the time frame committed to the PAC and result in updated collaboration agreements that are mutually agreed upon by all parties.

---

**Program ADM/Division:** Ian Rongve/ PHLHS

**Telephone:** 250-952-3025

**Program Contact (for content):** Brendan Abbott

**Drafter:** Carrie Murphy

**Date:** November 27, 2019

**File Name with Path:**



# Stakeholder Engagement on the Office of the Auditor General Recommendations for BC Emergency Health Services

August 22, 2019

---

## I. **Overview**

### **Purpose of the document**

To provide the Ministry of Health (MoH) with a framework and overarching plan for engaging with key municipal stakeholders in support of the Office of the Auditor General (OAG) recommendations on BC Emergency Health Services (BCEHS).

### **Purpose of engagement**

- 1) To build on existing relationships with internal and external stakeholders. Enhance trust and respect between the Ministry and stakeholders and establish a sense of mutual accountability for the outcomes.
- 2) Collaborate on solutions to mutually identified issues related to the coordination of emergency health services.
- 3) Improve the delivery of emergency health services in BC.

### **Scope**

Engagement on the OAG recommendations focuses on:

- Gaining feedback from stakeholders on current challenges with the coordination of emergency health service response between BCEHS and fire department first responder partner agencies;
- Developing strategies to establish Consent Agreements that are adaptable to the needs of the municipalities while still aligning with the *Emergency Health Services Act*;
- Developing mutually beneficial data sharing agreements with partner first responder agencies.
- Defining roles and responsibilities to better facilitate a collaborative approach to emergency health services.

### **Out of Scope:**

- Topics covered under the *Emergency Health Services Act*, such as patient transport.
- Funding increases for municipal first responder training, operational costs, etc.

## Guiding Principles for Engagement

1. *Transparency* – clarity for stakeholders about the process and how the Ministry will use the information.
2. *Authentic intent* – clarity on the level of engagement for stakeholder groups, i.e., the role their input will play in decisions made regarding the Strategy.
3. *Informed participation* – Stakeholders are provided the information they require in advance of the consultation to enable an informed discussion.
4. *Accessible participation* – Decisions about the logistics for the engagement sessions (e.g., location, time, individuals invited) are made in collaboration with the stakeholders.
5. *Authentic use of information* – recommendations provided by the stakeholders are documented and considered by the Ministry's strategic management table.
6. *Feedback* – final decisions are communicated back to key stakeholder groups.
7. *Patient-Centered* – ensure that activities, decisions and implementation of policies engage patients and their families as full partners in maintaining their health and managing their health care needs.
8. *Support and Commitment*: When appropriate, engagement processes will be supported with enough time, human resources and lead time to ensure they are stakeholder-centric and meet the needs of all groups.

## II. Framework for engagement

The framework is based on the International Association of Public Participation (IAP2) model of engagement. The framework proposes five levels of engagement, stratified according to the level of impact on the stakeholders (See Appendix 1 for the complete table). The levels include:

**Inform**: to provide stakeholders with balanced and objective information to assist them in understanding the problems, alternatives and solutions. The promise to the stakeholders is to keep them informed.

**Consult**: To obtain stakeholder feedback on analysis, alternatives and/or decisions. The promise is to keep the stakeholders informed, to listen and acknowledge concerns, and provide feedback on how the input influenced the decision.

**Involve**: To work directly with stakeholders throughout the process to ensure that their concerns and aspirations are consistently understood and considered. The commitment is to ensure that concerns are directly reflected in the alternatives developed, and provide feedback on how the input influenced the decision.

**Collaborate**: To partner with stakeholders in each aspect of the decision, including the development of alternatives and identification of preferred solutions. The commitment is to look to the stakeholders for direct advice and innovation in formulating solutions and incorporate the recommendations into the decisions to the maximum extent possible.

**Empower:** To place decision making in the hands of the stakeholder. The commitment is to implement changes that reflect successfully tested stakeholder strategies and adhere to the MoH health service operating model.

### **III. Implementation of the Engagement Plan**

#### **Phase 1 - MoH and BCEHS Information Sharing with Municipal Stakeholders**

*September 2019*

*IAP2 Level: Involve/Collaborate*

##### **Purpose & scope**

- Ensure issues and challenges with current Consent Agreements are well understood by all parties;
- In scope: medical oversight, data sharing, Consent Agreements, role of first responders.

##### **Target groups**

- Municipal Governments
- Municipal First Responder Agencies

##### **Engagement Process:**

- MoH/BCEHS presentation to municipalities at the Union of BC Municipalities (UBCM) in late September.
- Minister meetings with municipalities at UBCM.

#### **Phase 2: Establish Consent Agreements with municipalities currently lacking agreements**

*October-December 2019*

*IAP2 Level: Collaborate/Involve*

##### **Purpose & scope:**

- Identify municipalities lacking a current Consent Agreement with BCEHS; working with these municipalities and local first responder agencies to establish mutually beneficial and community-specific Consent Agreements.
- In scope: medical oversight, data sharing, role of first responders.

##### **Target Groups:**

- Municipal Governments
- Municipal First Responder Agencies

##### **Engagement Process:**

- BCEHS to identify municipalities currently without Consent Agreements.
- MoH and BCEHS will meet with each municipality individually to discuss their community-specific concerns and work to develop solutions that align with the *Emergency Health Services Act*.

### **Phase 3 – Refresh and update existing municipal Consent Agreements**

*January-April 2020*

*IAP2 Level: Collaborate/Involve*

#### **Purpose and scope:**

- Work with municipalities and local first responder agencies to update existing Consent Agreements to facilitate data sharing and clearly define roles and responsibilities.
- In scope: medical oversight, data sharing, role of first responders.

#### **Target Groups:**

- Municipal Governments
- Municipal First Responder Agencies

#### **Engagement Process:**

- MoH and BCEHS will meet with each municipality individually to discuss their community-specific concerns and work to develop solutions that align the *Emergency Health Services Act*.

### **Phase 4: Public Relations**

*Fall 2019-spring 2020*

*IAP2 Level: Inform*

#### **Purpose:**

To update the public on progress made on implementing the OAG recommendations.

#### **Target Groups:**

- Directed toward general public

#### **Engagement Process:**

- Communications strategy could occur concurrently with other phases, with messaging revised to align with community specific Consent Agreements.

## **IV. Risks and Mitigation Strategies**

<b>Risks</b>	<b>Mitigation Strategy</b>
•	
•	
•	

**From:** [Kotani, Nancy EHS:EX](#)  
**To:** [Rains, Derek HLTH:EX](#)  
**Subject:** Re: Electoral Area Directors Forum  
**Date:** January 10, 2020 12:40:45 PM

---

Derek  
We'll have a draft before the end of the month

Nancy N. Kotani  
Chief Transformation Officer  
BC Emergency Health Services  
Provincial Health Services Authority  
[301- 2955 Virtual Way](#)  
[Vancouver BC](#)  
[V5M 4X6](#)  
[nancy.kotani@bcehs.ca](mailto:nancy.kotani@bcehs.ca)  
M: [604-202-4959](tel:604-202-4959)

On Jan 10, 2020, at 12:34 PM, Rains, Derek HLTH:EX  
<[Derek.Rains@gov.bc.ca](mailto:Derek.Rains@gov.bc.ca)> wrote:

Perfect. I'll let them know to put as place holders.

Any update on the white paper?

---

**From:** Kotani, Nancy EHS:EX <[Nancy.Kotani@bcehs.ca](mailto:Nancy.Kotani@bcehs.ca)>  
**Sent:** January 9, 2020 4:19 PM  
**To:** Rains, Derek HLTH:EX <[Derek.Rains@gov.bc.ca](mailto:Derek.Rains@gov.bc.ca)>  
**Cc:** Allard, Lauren EHS:EX <[Lauren.Allard@bcehs.ca](mailto:Lauren.Allard@bcehs.ca)>  
**Subject:** RE: Electoral Area Directors Forum

Hi Derek  
Happy New Year !  
Thanks for the dates- I think that the presenters will be me and Neil Lilley- but we'll need to confirm

---

**From:** Rains, Derek HLTH:EX <[Derek.Rains@gov.bc.ca](mailto:Derek.Rains@gov.bc.ca)>  
**Sent:** January 9, 2020 12:58 PM  
**To:** Kotani, Nancy EHS:EX <[Nancy.Kotani@bcehs.ca](mailto:Nancy.Kotani@bcehs.ca)>



**Subject:** Electoral Area Directors Forum

Hey Nancy! Happy new year! Hope you had a nice holiday season (and I more so hope you were able to get some time).

I know we have a meeting coming up in our calendars, but UBCM staff need to know sooner than later who is presenting at the EAD Forum. Do you have a sense yet who will be there from EHS? The forum is Feb 4 and 5<sup>th</sup>, and we aren't sure yet when our time is.

Thanks

Derek Rains, MHA

A/ Executive Director, Provincial and Specialized Services  
Provincial, Hospital & Laboratory Health Services Division | Acute & Provincial  
Services Branch | Ministry of Health  
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**From:** [Abbott, Brendan HLTH:EX](#)  
**To:** [Kotani, Nancy EHS:EX](#)  
**Cc:** [Allard, Lauren EHS:EX](#); [Rongve, Ian HLTH:EX](#); [Byres, David W HLTH:EX](#); [Rains, Derek HLTH:EX](#)  
**Subject:** RE: PAC Update  
**Date:** October 4, 2019 9:08:10 AM  
**Attachments:** [BCEHS Public Committee Report OAG - Oct 3 2019 BA edits.docx](#)  
[image002.jpg](#)

---

Hi Nancy,

Thanks for getting this into us for review. We have reviewed and added in our comments.

We will need the edits back as soon as possible so that we can get everything sent off end of day for all of the Ministry approvals over the weekend.

Thanks  
Brendan

---

**From:** Kotani, Nancy EHS:EX  
**Sent:** Thursday, October 3, 2019 9:06 PM  
**To:** Rains, Derek HLTH:EX; Abbott, Brendan HLTH:EX  
**Cc:** Allard, Lauren EHS:EX  
**Subject:** PAC Update

Brendan and Derek

I'm sending you a final draft of the accompanying materials from BCEHS. I've sent this to Susan tonight as well to review and finalize- she will get a final over to you tomorrow, but I thought in the interests of time I'd forward to you for any comments or suggestions

I think we covered off most of your suggestions Brendan with the exception of the process to get an agreement- we submitted that in May and frankly we haven't had any signed off in quite some time- hence the OAG recommendation 4.

Appreciate your feedback

Rgds  
nnk

Nancy N. Kotani  
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**From:** [Rains, Derek HLTH:EX](#)  
**To:** [Abbott, Brendan HLTH:EX](#)  
**Subject:** Re: PAC Update  
**Date:** October 4, 2019 9:09:00 AM  
**Attachments:** [image001.jpg](#)

---

Or next steps. I'd like them to make a stronger commitment to when the "learnings" will be available.

Sent from my iPhone

On Oct 4, 2019, at 9:04 AM, Abbott, Brendan HLTH:EX <[Brendan.Abbott@gov.bc.ca](mailto:Brendan.Abbott@gov.bc.ca)> wrote:

There should be a comment in there? Under Current Status?

---

**From:** Rains, Derek HLTH:EX  
**Sent:** Friday, October 4, 2019 9:04 AM  
**To:** Abbott, Brendan HLTH:EX  
**Subject:** Re: PAC Update

Do we not want to push on the rural acp eval?

---

**From:** Abbott, Brendan HLTH:EX  
**Sent:** October-04-19 8:53 AM  
**To:** Rongve, Ian HLTH:EX  
**Cc:** Patterson, Catherine M HLTH:EX; Rains, Derek HLTH:EX  
**Subject:** FW: PAC Update

Hi,

I have reviewed and noted a number of markups and areas where I think further work is required.

Can you please have a quick scan and ensure you are okay with my direction to them before it goes out? They will need to get it updated as soon as possible...

Thanks  
Brendan

---

**From:** Kotani, Nancy EHS:EX  
**Sent:** Thursday, October 3, 2019 9:06 PM  
**To:** Rains, Derek HLTH:EX; Abbott, Brendan HLTH:EX  
**Cc:** Allard, Lauren EHS:EX  
**Subject:** PAC Update



## **Union of BC Municipalities Convention**

***We listened, we heard, and we plan to move forward based on the feedback received.***

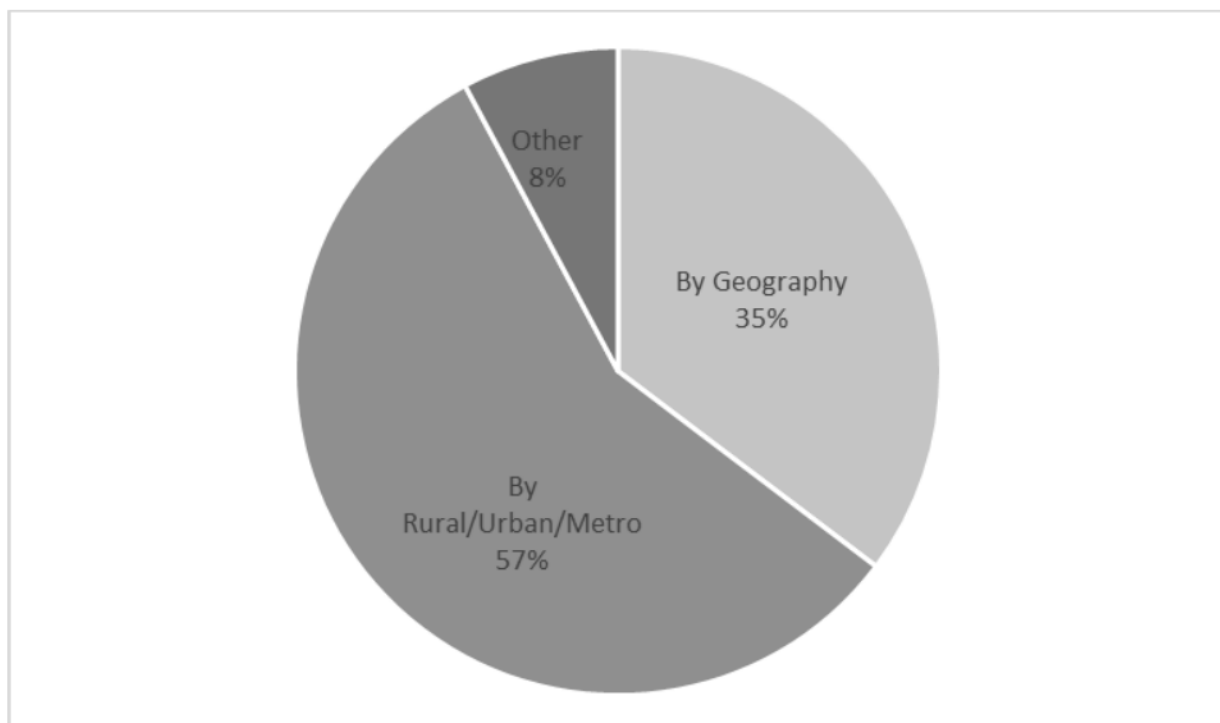
- Ministry of Health and BCEHS presented at UBCM on September 24, 2019
- Reviewed the recommendations from the OAG Report, BCEHS discussed the Critical Response Model, Ministry of Health discussed the development of an engagement strategy
- Majority of the presentation was reserved for discussion with the session attendees
- Participants were asked to give feedback on the work going forward between the Ministry, BCEHS and municipalities.
- Generally, we heard:
  - There is a need for improvement around communication and collaboration between services
  - Rural areas articulated a need for dialogue and change

### **Poll results – 57 people participated:**

#### **What is missing from our deliverables?**

- Crisis stabilization team like CAR 87 in Vancouver
- Electoral area and rural areas want their fire departments on all to more calls
- Communication between fire and EHS (both on transfers and emergencies)

#### **How could we consult on and develop consent and collaboration agreements?**

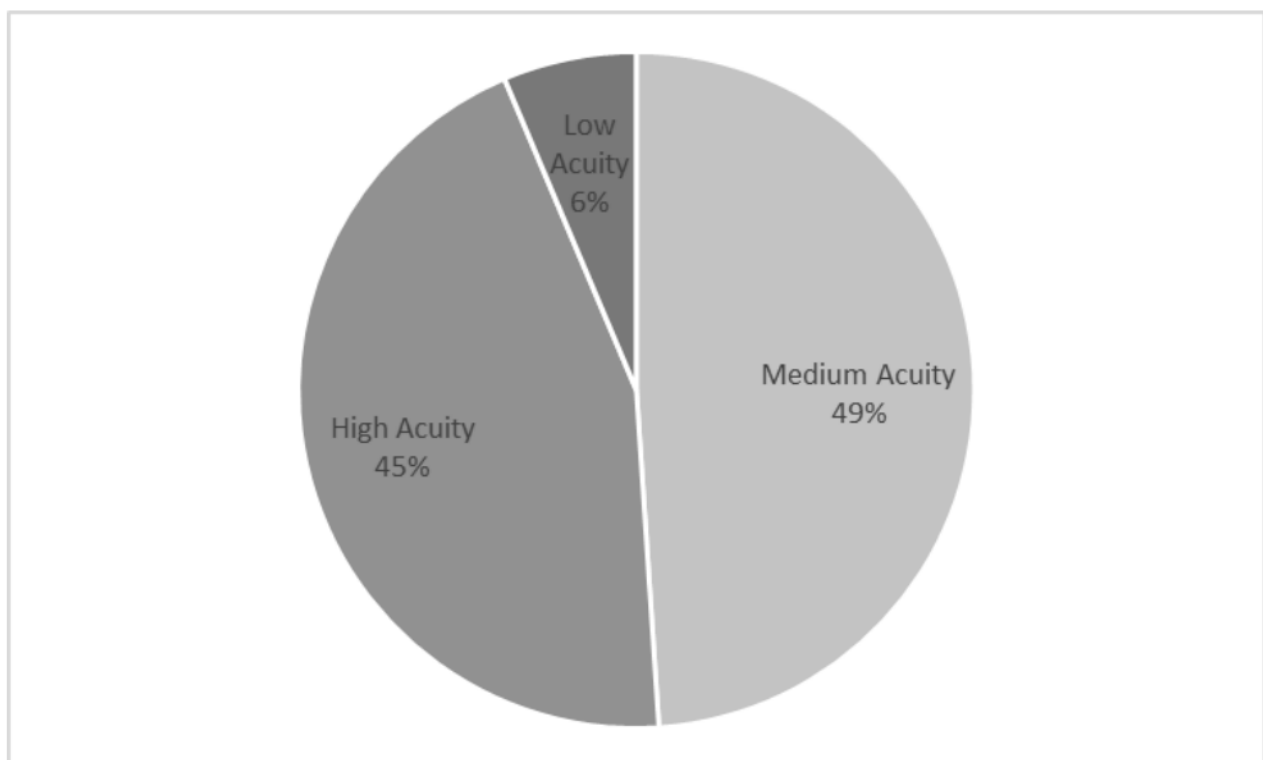




### What does success look like to you?

- Appropriate resources are supporting the patients seamlessly with no silos
- Consultation and communication

### What type of calls cause you the most concern?

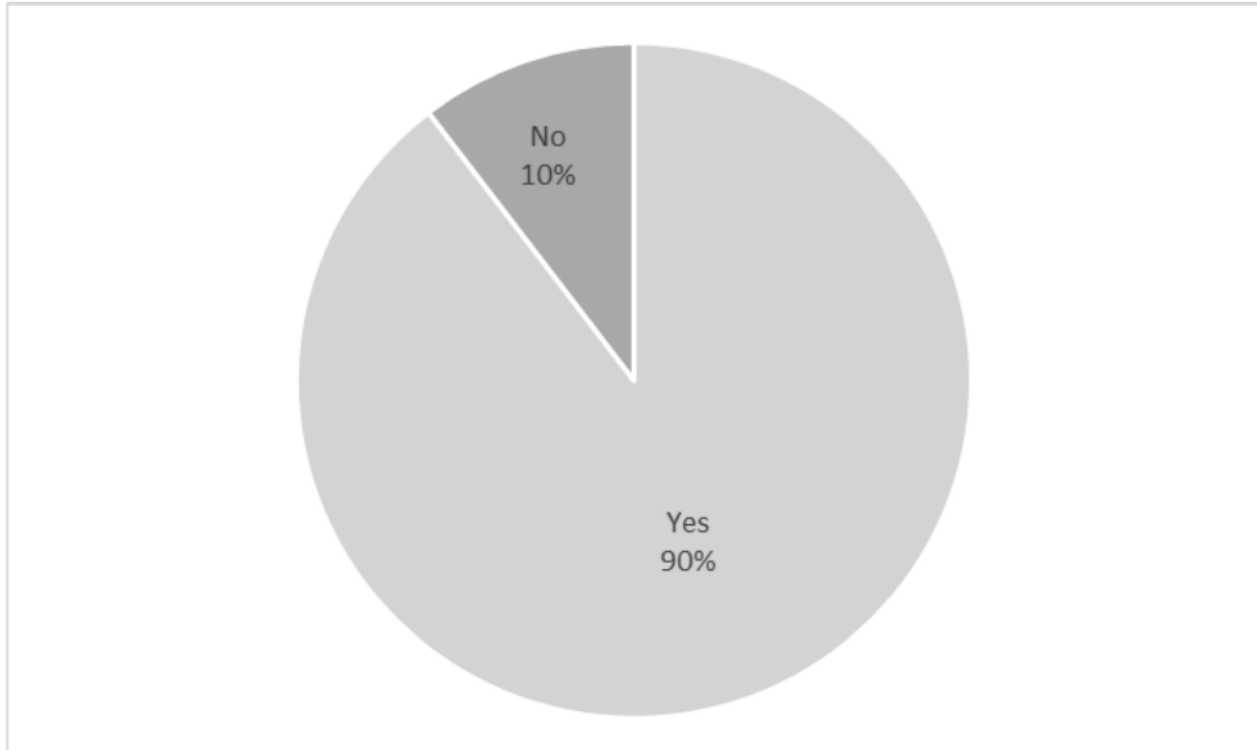


### What have you heard from your constituents about pre-hospital care?

- Need collaboration
- Agreement with PHSA or BCEHS
- Constituents was fire on the scene as soon as possible



**Do you support the idea of establishing a municipal reference group to help us plan and execute an engagement strategy?**



**If yes, we would like your input on how to develop the municipal reference group:**

- Meet with regional districts
- Finding the tables to have communications with
- Regional area associations
- Engagement is key

**What is the one thing you need from this work?**

- I'm from Salmon Arm we had an agreement with the school district that worked seamlessly for many years the air transport (helicopters) landed in the field close to our emergency dept... Transport Canada shut it down. This saves ground transport to airport as well as presides time we need this re instated to use for emergencies.



- Engage boots on the ground (first responders). What works on paper doesn't always work in reality.
- Report available to municipalities with approach to emergency services, challenges, benchmark data, objective targets, etc.
- Better communication between services
- A recognition that there is a need to really listen to the voices and concerns of rural communities
- Efficiency and service excellence and it must be coordinated with local health authorities as well
- Meaningful community engagement
- Better collaboration and communication between services
- Staff needs to be consulted and allowed to speak up about issues they deal with
- Knowledge
- Follow up
- Communication

### **Takeaway from the day:**

- There needs to be a focus on rural municipalities, meeting with local governments to establish engagement strategies. Plans for this are outlined in the Municipal Engagement Plan.
- There is a clear theme from the feedback calling for improved communication and collaboration between services.
- Medium and high acuity calls are a main concern amongst municipalities.
- There is overwhelming support for the participation of regional districts to plan and execute an engagement strategy across municipalities. Following discussion of the results, representatives identified regional districts as a better vehicle to act as a liaison between local communities and the Ministry? provide an appropriate balance of understanding local needs while providing a reasonable number of engagements.

## UBCM 2019 – MoH/EHS Session Outline

**Title:** Emergency Health Services: Developing Municipal Agreements (Sept 24, 7:30-8:30 am)

**Session Description:** This session is presented on behalf of the Ministry of Health and BC's Emergency Health Services (BCEHS). In response to recommendations from the BC Auditor General's Access to Emergency Health Services Report, the Ministry and BCEHS are committed to working with local governments to ensure BC residents experience coordinated, high-quality and effective pre-hospital care and inter-facility transfer. Specific topics to be addressed are: medical oversight and accountability across agencies, data sharing and the Clinical Response Model (including consent agreements with local fire departments, and appropriate emergency notification for first responders). This session will serve as a foundation for future intergovernmental collaboration between the BCEHS and provincial/municipal governments on timely access to quality emergency health services in urban, rural, and remote regions across the province.

**Presenters:**

- Barb Fitzsimmons, Chief Operating Officer, BCEHS
- Dr. John Tallon, VP, Clinical and Medical, BCEHS
- Dr. Ian Rongve, ADM, Provincial, Hospital and Laboratory Health Services
- Brendan Abbott, Executive Director, Provincial, Hospital and Laboratory Health Services

**Proposed Session Outline:** 20min for two presentations; 40min facilitated small group discussions

20min – 2 presentations plus Facilitator introduces collaborative portion of session:

- **8 min – Ian Rongve, Ministry of Health (3-5 slides)**
  - Purpose: Session is in response to OAG recommendations, but focus is on gathering input from municipalities on an engagement strategy moving forward.
  - Brief background / context of OAG report and the 4 recommendations.
  - Ministry's role – develop an engagement plan and engage with EHS and municipalities to complete consent and collaboration agreements.
- **8 min – BCEHS (3-5 slides)**
  - Overview of clinical response model, including recent updates.
- **4 min – Facilitator**
  - Introduce purpose / format of facilitated small group discussions (designed to inform development of a successful engagement strategy)

40min facilitated small group table Q&A

- **Purpose:** Gather input on how to involve municipalities in engagement strategy.
- **Format:** Small groups - each with a facilitator and scribe. Provide 3 minutes for each person to write down answers, followed by group discussion, followed by group ranking of most important points. Main Facilitator will moderate the progress of all groups.
- **Questions for Group Discussion - to be confirmed.** Examples of "solution focused" questions from early discussion with the Ministry's Innovation Hub staff are:
  1. What does engagement look like to you?
  2. What has/has not worked well for you in the past regarding?
  3. What will successful engagement look like?



## FACT SHEET

### Office of the Auditor General Report – Access to Emergency Health Services

#### ISSUE

The Office of the Auditor General (OAG) conducted an audit on the British Columbia Emergency Health Services (BCEHS) to determine whether BCEHS has effectively managed access to ambulance and emergency health services across the province. The *Access to Emergency Health Services* report was released in February 2019 and resulted in three recommendations for BCEHS and one for the Ministry of Health (the Ministry).

#### KEY FACTS

- The audit examined BCEHS performance measures for response times and clinical care, performance against those measures, changes planned or underway to improve services, and the organization's coordination with fire department first responders from April 2016 to December 2017.
  - High-acuity event response times in urban areas were further assessed from January 2018 to December 2018.
- The audit focused on the pre-hospital environment. Inter-hospital transports and non-fire department first responder agencies were excluded from the audit scope. The audit did not assess service delivery organization or resource adequacy.
- The Report highlights the following findings with respect to improving pre-hospital care for British Columbians:
  - BCEHS monitors its performance in providing emergency health services.
    - Current performance measuring includes response times for high-acuity events and clinical quality for certain life-threatening conditions.
  - Targets for timely, quality care were not consistently met.
    - Response times for high-acuity events were being met in rural and remote communities but not in urban areas. Urban areas currently account for 86% of all high-acuity 9-1-1 events.<sup>1</sup>
    - BCEHS has identified strategies and actions to improve services in their action plan in 2020.
  - Access to service varies, depending on location in the province.
    - Patients in rural and remote communities can expect lower levels of services due to: longer times for paramedics and first responders to reach patients, longer distances to appropriate hospital care and fewer or no advanced care paramedics.
  - BCEHS uses performance results to improve timeliness and quality of patient care.
    - BCEHS had several initiatives underway to improve patient care including: community paramedicine including a rural advanced care paramedic pilot project, new paramedic positions, clinical response model, secondary triage and treat and release.
  - Co-ordination of access to emergency health services needs improvement.
    - Despite working with fire departments through current avenues, the Report found that the current collaboration is not resulting in a co-ordinated approach to emergency health services.

<sup>1</sup> [https://www.bcauditor.com/sites/default/files/publications/reports/OAGBC\\_EHS\\_RPT.pdf](https://www.bcauditor.com/sites/default/files/publications/reports/OAGBC_EHS_RPT.pdf)

## FACT SHEET

- Lack of consent agreements with some municipalities and the fact that BCEHS is not the employer of fire departments and therefore cannot compel them to participate as first responders or enter into agreements resulted in a recommendation that support from the provincial government may be needed to improve co-ordination.
- The OAG makes four recommendations in the Report:
  1. That BCEHS review its performance management framework to identify additional indicators for timeliness and clinical quality.
  2. That BCEHS determine an appropriate level of pre-hospital advance care coverage that considers patient need and implement strategies to achieve that level.
  3. That BCEHS improve transparency and accountability by publicly reporting on its targets and performance.
  4. That the Ministry work with local governments and BCEHS to ensure that BCEHS can implement a coordinated approach to pre-hospital care.
- BCEHS and the Ministry have accepted the Report recommendations.
  - The organizations are working together to plan, implement and monitor measurable actions in response to the Report recommendations.
  - The Ministry and BCEHS presented at the UBCM conference on September 24, 2019 as part of the consultation process regarding the Report recommendation for the Ministry.
- The Select Standing Committee on Public Accounts discussed the Report on April 23, 2019 and had a follow up meeting with the Ministry and BCEHS on October 17, 2019.
  - BCEHS and the Ministry informed the committee that they are working with local governments and Fire First Responders to develop new agreements that will include roles, responsibilities and expectations of the parties. The Ministry is developing an engagement plan that will guide the process of consultation on the new agreements.
- The Ministry and BCEHS will continue engagement with communities over the coming months.

### FINANCIAL IMPLICATIONS

N/A

#### Approved:

January 14, 2020 - Ian Rongve, Provincial, Hospital and Laboratory Health Services Division

## FACT SHEET

### Office of the Auditor General Report: *Access to Emergency Health Services*

#### ISSUE

The Office of the Auditor General (OAG) of British Columbia conducted an audit to determine whether BC Emergency Health Services (BCEHS) within the Provincial Health Services Authority (PHSA) has effectively managed access to ambulance and emergency health services across the province, focusing on the pre-hospital environment. The *Access to Emergency Health Services* report (the Report) was released in February 2019 and makes four recommendations, three of which were directed to BCEHS and one to the Ministry of Health.

#### KEY FACTS

- The audit examined BCEHS performance measures for response times and clinical care, performance against those measures, changes planned or underway to improve services, and the organization's coordination with fire department first responders from April 2016 to December 2017.
  - High-acuity event response times in urban areas were further assessed from January 2018 to December 2018.
- The audit focused on the pre-hospital environment. Inter-hospital transports and non-fire department first responder agencies were excluded from the audit scope. The audit did not assess service delivery organization or resource adequacy.
- The Report highlights the following key findings with respect to audit objectives:
  - BCEHS has established appropriate performance measures and monitors them regularly.
    - There is opportunity to gather additional information on overall timeliness and quality of care, service experiences for trauma patients and patients with additional clinical conditions, and the role of first responders in contributing to BCEHS performance targets.
  - BCEHS exceeds performance targets for response time when responding to high-acuity events in rural and remote areas but does not meet these targets in urban areas.
    - BCEHS aims to respond to high acuity calls within nine minutes (urban), 15 minutes (rural), and 30 minutes (remote) at least 70% of the time.
    - There is opportunity for BCEHS to improve their response times in urban settings, especially considering that 86% of high acuity events occur in urban settings.<sup>1</sup>
  - BCEHS does not meet performance targets for most clinical quality indicators for three life-threatening conditions (i.e. cardiac arrest, stroke, and ST-segment elevation myocardial infarction).
  - Access to emergency health services varies across the province.
    - Service experiences in rural and remote settings may be lower than urban settings because it takes paramedics longer to reach patients, ambulances have to transport patients further to reach appropriate hospital care, and there are fewer or no advanced care paramedics stationed in these areas.
  - While BCEHS does not publicly report on its performance against targets, the organization analyzes this information to identify service delivery gaps in order to develop and implement initiatives to address performance and quality.
  - Coordination of emergency health service response between BCEHS and fire department first responder partner agencies needs improving.

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<sup>1</sup> OAG Report

## FACT SHEET

- The OAG makes four recommendations in the Report:
  1. That BCEHS review its performance management framework to identify additional indicators for timeliness and clinical quality.
  2. That BCEHS determine an appropriate level of pre-hospital advance care coverage that considers patient need and implement strategies to achieve that level.
  3. That BCEHS improve transparency and accountability by publicly reporting on its targets and performance.
  4. That the Ministry work with local governments and BCEHS to ensure that BCEHS can implement a coordinated approach to pre-hospital care.
- BCEHS and Ministry have accepted the Report recommendations.
  - The organizations are working together to plan, implement and monitor measurable actions in response to Report recommendations.
  - Appropriate stakeholder engagement will be initiated for specific Report recommendations.
- The Select Standing Committee on Public Accounts (PAC) discussed the Report on April 23, 2019.
  - Four witnesses were called to attend: Barb Fitzsimmons (BCEHS), Dr. John Tallon (BCEHS), Sabine Feulgen (Ministry of Health), and Ian Rongve (Ministry of Health).
  - The Ministry and BCEHS presented a joint Action Plan regarding the Report recommendations.
  - The Ministry and BCEHS were advised to attend UBCM in the Fall of 2019, as part of a municipal engagement strategy towards a more coordinated approach to pre-hospital care.
- The Ministry and BCEHS held a one-hour session at UBCM on September 24, 2019, to request and listen to feedback from municipalities.
- Feedback received included:
  - There needs to be a focus on rural municipalities, meeting with local governments to establish engagement strategies.
  - There is a need for improved communication and collaboration between ambulance and fire first responder services.
  - Medium and high acuity calls are a main concern amongst municipalities.
  - There was significant support for municipal participation and feedback through regional district tables.
- The PHSA/BCEHS and Ministry will go back to PAC on October 16, 2019, to further clarify the collaboration agreement materials provided at the April 23, 2019 PAC meeting.
- The Ministry is analyzing feedback from the UBCM session and is moving forward with planned municipal engagement work until the end of March 2020.

### FINANCIAL IMPLICATIONS

Provincial Services program area drafting a Contract Issues Note to support consultation and engagement required work.

#### Approved:

October 10, 2019 - Ian Rongve, Provincial, Hospital and Laboratory Health Services Division



## **AGENDA**

### **Select Standing Committee on Public Accounts**

**Tuesday, April 23, 2019**

**10:00 a.m. to 5:00 p.m.**

**Strategy Room #320, Morris J. Wosk Centre for Dialogue**

**580 West Hastings Street Vancouver, BC**

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