

**MINISTRY OF HEALTH  
INFORMATION BRIEFING NOTE**

**Cliff # 1221994**

**PREPARED FOR:** Honorable Adrian Dix, Minister – **FOR INFORMATION**

**TITLE:** Update on Primary Care Initiatives - Comox Valley

**PURPOSE:** To respond to a request from Minister's Office for an update on primary care initiatives in the Comox Valley PCN

**BACKGROUND:**

- The Comox Valley PCN was announced September 15, 2020 and is in Year 3 of Implementation.
- This PCN is a partnership between the Ministry of Health (Ministry), Island Health, the Comox Division of Family Practice, First Nations Health Authority, K'ómoks First Nation, Patient Voices Network and Métis Nation British Columbia.
- In 2017/18, at the time of PCN Service Planning, the Ministry estimated the attachment gap in the Comox Valley PCN to be approximately 9,300.
- However, the Comox Valley PCN disagreed with the Ministry's estimated attachment gap based on local understanding of service capacity and put forward a plan that would attach ~1,000 patients with a focus on enhancing team-based care (Appendix A).
- Three years into implementation, the PCN has successfully recruited >75% of their FY 2021-22 recruitment target (Appendix A).
- However, this approach has not ameliorated demand for primary care services, and the Comox Valley PCN is now requesting net-new primary care attachment resources.
- The attachment gap in the region is estimated to be ~9,000 patients based on Health Connect Registry data (~4,500 patients December 2021), local physician retirements, and clinic closures.
- The Comox Valley PCN has expressed an interest in a number of opportunities with the Ministry, including a new team-based care clinic in Cumberland, sustaining an existing After Hours Urgent Care Clinic (currently funded contingently through COVID-19 funding), a new Urgent and Primary Care Centre (UPCC) and/or a new Community Health Centre (CHC).

**DISCUSSION**

**Access Opportunities:**

***Comox Valley After Hours Urgent Care Clinic (AHUCC) and possible UPCC***

- As a temporary COVID-19 response measure, the Ministry funded the AHUCC; a community-driven, patient-centred clinic offering same-day access to urgent care.
- The clinic has been operational since March 10, 2021, and is funded in partnership with Island Health through Ministry COVID-19 Interim Primary Care Funding. The funding and contracts are in place until June 30, 2022.
- The Comox Valley AHUCC provides access to evening (5:00pm – 9:00pm) and weekend (9:00am – 2:00pm) urgent medical care, and operates out of Washington Park Medical Clinic (757 Ryan Road, Courtenay; above the Superstore)

- To date (as of Feb 3, 2022) the AHUCC has received ~\$265K in funding<sup>1</sup>. This funding supports both clinical and non-clinical resources (Family Physician (FP), Licensed Practical Nurse (LPN), Medical Office Assistants).
- The PCN has brought forward a proposal to extend the current funding for the AHUCC and increase the resource allocation. The increase in funding would be allocated towards 34.5 hours a week of FP coverage, plus 35 hours per week of LPN coverage and an additional Clinic Manager.
- The current COVID-19 funding has been extended to June 2022, the total request is an additional ~\$185K / year for the AHUCC.
- Currently there is no UPCC in Comox Valley; and the Comox Valley PCN has expressed a keen interest in being one of the future UPCCs sites.
- s.17
- The Ministry recognizes that both opportunities (UPCC and AHUCC) would serve the same access needs of the Comox Valley population (i.e., same-day urgent care for attached and unattached people) and considers transitioning the AHUCC to a UPCC as a potential next step.

### **Attachment Opportunities**

#### ***Cumberland Clinic, Denman and Hornby Island - Community Health Centre***

#### ***Expression of Interest (EOI)***

- The Cumberland Clinic is currently vacant due to an FP retirement in 2021, and the PCN has brought forward a request to fill this space, which includes six exam rooms, a procedure room and large multi-purpose room and offices. The building also contains a physiotherapy/wellness clinic and a Pharmasave Pharmacy.
- The PCN Steering Committee has support from both the owner of the building s.16; s.17 and the Mayor of Cumberland, Leslie Baird.
- The PCN has requested net new additional resources of 2.0 FTE Nurse Practitioners (total attachment of 1,600 patients) and 3.0 FTE New to Practice (NTP) FPs (total attachment of 3,750 patients).
- Understanding there is a need to be nimble within the Primary Care setting, PCD is supportive of funding this request and to further work in collaboration with the PCN to determine Comox Valley's primary care needs through a detailed, evidence-based strategy.
- The Denman and Hornby Islands are expecting a shortage of primary care providers due to FP retirements in late 2022/early 2023. The PCN has requested and been approved for 2.0 FTE NTP FP contracts to replace retiring fee for service (FFS) FPs.
- The NTP FPs will assume a general patient panel and attach new patients. In total, between preventing unattachment and increasing new attachments, the 2.0 FTE NTP FPs will provide attachment to 2,500 patients (with the Primary Care Strategy budget being offset by FFS medical services plan budget transfer).
- Of note, the Denman and Hornby Island are part of a Gulf-Island led Community Health Centre (CHC) Expression of Interest (EOI) submitted to the Ministry. This EOI is currently under Ministry review. However, given the population size it is unlikely to proceed to proposal stage.

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<sup>1</sup> Source: Island Health COVID-19 Interim Primary Care funding report as at Feb 3, 2021 (P11 2021-22)

## ADVICE

- The Primary Care Division (PCD) is supportive of flexible responses to primary care issues within the Comox Valley PCN.
- s.13
- The Comox Valley PCN has expressed a need to re-assess the attachment gap in the community and respond with appropriate resourcing.
- The Comox Valley PCN SC will engage mid April 2022 with other partners (such as the Mayor of Cumberland etc.) to strategically bring forth a cohesive plan for the area instead of submitting numerous individual requests for the fiscal year 2022-23.
- The PCD is supportive of the PCN taking advantage of the Cumberland Clinic vacant space s.13
- s.13

**Program ADM/Division:** Ted Patterson, Primary Care Division

**Telephone:** 250-952-1599

**Program Contact (for content):** Therese Harper

**Drafter:** Jovita Dias/Lindsay Shaw

**Date:** March 23, 2022

## APPENDIX A - Overview of Comox Valley Primary Care Investments

### COMOX VALLEY PCN

#### *PCN Service Plan*

- Approved FY 2021-22 Schedule 1 Strategies include:
    - The Comox Valley Central Interprofessional Health Team to work with family practices and existing local initiatives such as the Comox Valley Health Connections Clinic. Approved resources include: 2.0 FTE Social Workers, 2.0 FTE Physiotherapists, 4.0 FTE Mental Health and Substance Use Clinicians, 1.0 FTE Clinical Pharmacist, 1.0 FTE Registered Nurse.
    - The Comox Valley Health Connections Clinic, which focuses on supporting those with poor mental health, problematic substance use and poverty, and increasing access and attachment for this population. Approved resources include FP Sessions, 1.0 FTE Nurse Practitioner, and 1.6 FTE Registered Nurse.
    - Indigenous supports, for the purpose of improving cultural safety within the Comox Valley primary care landscape. Approved resources include: 1.0 FTE Indigenous Health Outreach/Wellness Coach, 1.0 FTE Cultural Wellness Liaison, and a Traditional Healer honorarium.
  - The Period 11 (as at Feb 3, 2022) health human resources report indicates that Comox Valley PCN has hired:
    - Family Physician Sessions (285 sessions) with attachment target of 236 – equivalent to 4.2 FPs
    - 1.0 Nurse Practitioner with attachment target of 255
    - 1.6 Registered Nurse with attachment target of 205
    - 1.0 Social Worker
    - 0.6 MOA (supported from NP overhead)
      - Total of 4.6 FTE at Health Connections Clinic
  - Clinical staffing to support interprofessional team-based care in PCN family physician clinics
  - 0.4 Family Physician
    - 1.0 Clinical Pharmacist (utilized across all clinics)
    - 1.0 Indigenous Wellness Advocate (utilized across all clinics)
    - 1.0 Indigenous Wellness Liaison (utilized across all clinics)
    - 2.0 Social Worker (both supporting the PCN clinics)
    - 2.0 Mental Health and Substance Use (both supporting the PCN clinics)
      - Total of 7 FTE co-located in FP clinics.
      - The PCN is also supported by a 1.0 PCN Manager and 1.0 PCN Administrative Assistant
  - s.13; s.17
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- Of note, Comox Valley is a Wave 1 PCN. The approved total budget of the PCN is s.13; s.17  
If Comox Valley was a Wave 2 PCN, and considered with the Ministry assessed 9,200 attachment gaps, the PCN would be eligible for a further s.13;

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<sup>2</sup> \$ figure is currently under review for accuracy, accounts for Most Responsible Providers the PCN declined at initial implementation.



**MINISTRY OF HEALTH  
DECISION BRIEFING NOTE**

**Cliff # 1220399**

**PREPARED FOR:** Honourable Adrian Dix, Minister of Health – **FOR DECISION**

**SUBJECT:** Amalgamation of Oral Health Colleges

**PURPOSE:** To obtain Ministerial approval to post proposed regulatory amendments to amalgamate the four oral health colleges

**BACKGROUND:**

In August 2020, the Steering Committee on Modernization of Health Professional Regulation (the Steering Committee) released its report “*Recommendations to modernize the provincial health profession regulatory framework*” (<https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/professional-regulation/recommendations-to-modernize-regulatory-framework.pdf>). The report included a recommendation that the number of health profession regulators in BC be reduced from twenty to six, with rationale including that this would improve the efficiency and effectiveness of regulatory colleges. Further to this, the Steering Committee recommended that the College of Dental Hygienists of British Columbia, the College of Dental Surgeons of British Columbia, the College of Dental Technicians of British Columbia, and the College of Denturists of British Columbia be amalgamated into a single oral health regulatory college. On December 18, 2020, the boards of the four oral health colleges wrote to the Minister of Health indicating their support for a single amalgamated oral health regulator.

In April 2021, the Minister indicated his support for the amalgamation. Following this, the board chairs of the four oral health regulators formed a Transition Steering Committee (TSC) to support the work required for amalgamation. The Ministry and TSC are supportive of an amalgamation date of September 1, 2022.

**DISCUSSION:**

Prior to amalgamation, several regulatory changes are required to implement the amalgamation.

Summary of Amalgamation Process

Under section 25.02(5) of the *Health Professions Act* (HPA), the Minister may make a recommendation to Cabinet requesting that two or more colleges be amalgamated. Prior to obtaining Cabinet approval, a three-month public notice period is required on the proposed regulatory changes associated with an amalgamation (this period may be shortened at the discretion of the Minister). Regarding the amalgamation of the oral health regulators, these changes include amendments to the Health Professions Designation and Amalgamation Regulation (specifying which colleges are amalgamating and the in-force date) and amendments to each of the applicable profession-specific regulations (e.g. Dentists Regulation) specifying the name of the new amalgamated college.

Proposed Approach

The Ministry and TSC are supportive of the following proposed timelines and approach to amalgamate the four oral health colleges:

- Amalgamated college name proposed as the “British Columbia College of Oral Health Professionals”;
- Requested in-force date for the amalgamation of **September 1, 2022**;
- A new amalgamated college board appointed by the minister following sign-off and deposit of the required Lieutenant Governor in Council (i.e. Cabinet) and ministerial regulations, enabling the new board to provide notice of the amalgamated colleges bylaws prior to the proposed amalgamation date.

The steps and timing required to fully amalgamate include:

Public posting of the following proposed regulatory changes for three months (see Appendix A for a redline of the proposed changes):

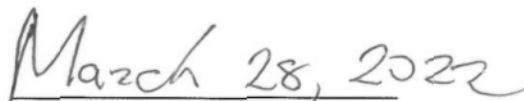
- Amendments to the Health Professions Designation and Amalgamation Regulation to amalgamate the The College of Dental Surgeons of BC, the College of Dental Hygienists of BC, the College of Dental Technicians of BC and the College of Denturists of BC and set the in-force date for the amalgamation as **September 1, 2022**.
- Amendments to the Dentists Regulation, Dental Technicians Regulation, Dental Hygienists Regulation, and Denturists Regulation to repeal the former college names and replace them with the new amalgamated college named the “**British Columbia College of Oral Health Professionals**”.

Following the public posting period, comments from the consultations will be summarized and brought to Cabinet for consideration and sign-off.

Pending sign-off by cabinet and prior to September 1, 2022, the first board of the new amalgamated college will need to be appointed (ideally as soon as possible following cabinet sign-off). Once the first board has been appointed, the board will be responsible for finalizing bylaws for the new amalgamated college among other operational and administrative changes associated with the amalgamation. These bylaws are also subject to a three-month public notice period (which may be shortened by the Minister) prior to coming into force.

**RECOMMENDATION:** That the Minister approves the proposed approach and content, including approval to post the proposed regulatory changes (Appendix A) for public consultation.

  
 Approved/Not Approved  
 Adrian Dix  
 Minister

  
 Date Signed

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**Program ADM/Division:** Mark Armitage, ADM, Health Sector Workforce and Beneficiary Services Division  
**Telephone:** 250-952-1991  
**Program Contact (for content):** Mark MacKinnon, Executive Director, and Chris Bennett, Director  
**Drafter:** William Dare, Senior Policy Analyst  
**Date:** March 15, 2022

## Appendix A: Proposed Regulation Amendments

*Health Professions Act*

# HEALTH PROFESSIONS DESIGNATION AND AMALGAMATION REGULATION

**PROPOSED**

**TO REPLACE  
B.C. REG. 270/2008**

### ***Contents***

1 Definition

#### **Part 1 — Designations**

2 Designations

#### **Part 2 — Application for Designation**

3 Application fee

4 Cost of investigation

5 Fees and costs prorated

#### **Part 3 — Public Interest Criteria**

6 Criteria for designation of health professions

#### **Part 4 — College Amalgamations**

7 Amalgamation of nursing colleges

8 Amalgamation of colleges of physicians and surgeons and podiatric surgeons

9 Amalgamation of midwife and nursing colleges

10 Amalgamation of oral health colleges

### **Definition**

- 1** In this regulation, "**Act**" means the *Health Professions Act*.

### **Part 1 — Designations**

#### **Designations**

- 2** (1) The designations of the following health professions are continued for

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the purposes of the Act:

- (a)dental hygiene;
- (b)dental technology;
- (c)denturism;
- (d)dietetics;
- (e)massage therapy;
- (f)midwifery;
- (g)naturopathic medicine;
- (h)nursing;
- (i)occupational therapy;
- (j)opticianry;
- (k)physical therapy;
- (l)psychology;
- (m)psychiatric nursing;
- (n)traditional Chinese medicine and acupuncture.

(2)The designation of licensed practical nursing is continued, for the purposes of the Act, as practical nursing.

(3)The following professions are designated for the purposes of the Act:

- (a)audiology, hearing instrument dispensing and speech-language pathology;
- (b)chiropractic;
- (c)optometry;
- (d)the practice of pharmacy;
- (e)dentistry;
- (f)medicine;
- (g)podiatric medicine;
- (h)clinical perfusion, respiratory therapy, radiation therapy and medical laboratory technology.

[am. B.C. Regs. 412/2008, s. 2; 419/2008, App. s. 4; 420/2008, App. s. 6; 421/2008, App. s. 6; 422/2008, App. s. 6; 423/2008, App. s. 6; 169/2010, s. (c); 132/2017.]

### **Part 2 — Application for Designation**

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### Application fee

**3** The application fee to be submitted with an application under section 7 (1) of the Act is \$2 000.

### Cost of investigation

**4** The minister may not charge to a health profession association the first \$7 500 of costs incurred by the minister in the conduct of the investigation of the health profession association's application under section 7 (1) of the Act.

### Fees and costs prorated

**5** If the minister conducts one investigation for the designation of a health profession in respect of more than one application under section 7 (1) of the Act, the fee payable under section 3 and the costs in excess of the amount under section 4 may be prorated by the minister between or among the health profession associations that have applied.

## Part 3 — Public Interest Criteria

### Criteria for designation of health professions

**6** (1) For the purposes of section 10 (1) of the Act, the minister must consider the extent to which the practice of a health profession may involve a risk of physical, mental or emotional harm to the health, safety or well-being of the public, having regard to the following:

- (a) the services performed by practitioners of the health profession;
- (b) the technology, including instruments and materials, used by practitioners of the health profession;
- (c) the invasiveness of the procedure or mode of treatment used by practitioners of the health profession;
- (d) the degree to which the health profession is practised
  - (i) under the supervision of another person who is qualified to practise as a member of a different health profession, or
  - (ii) in a currently regulated environment.

(2) The minister may also consider the following criteria:

- (a) the extent to which the health profession has demonstrated that there is a public interest in ensuring the availability of

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- regulated services provided by the health profession;
- (b) the extent to which the services of the health profession provide a recognized and demonstrated benefit to the health, safety or well-being of the public;
- (c) the extent to which there exists a body of knowledge that forms the basis of the standards of practice of the health profession;
- (d) whether practitioners of the health profession are awarded a certificate or degree from a recognized post-secondary educational institution;
- (e) whether it is important that continuing competence of a practitioner of the health profession be monitored;
- (f) the extent to which there exists within the health profession recognized leadership which has expressed a commitment to regulating the profession in the public interest;
- (g) the likelihood that a college established under the Act would be capable of carrying out the duties imposed by the Act, having regard to factors that may affect the viable operation of the college;
- (h) whether designation of the health profession is likely to limit availability of services contrary to the public interest.

### **Part 4 — College Amalgamations**

#### **Amalgamation of nursing colleges**

- 7** (1) The following colleges are amalgamated into one college:
- (a) the College of Licensed Practical Nurses of British Columbia;
  - (b) the College of Registered Nurses of British Columbia;
  - (c) the College of Registered Psychiatric Nurses of British Columbia.
- (2) The amalgamation date for the purpose of subsection (1) is September 4, 2018.

[en. B.C. Reg. 69/2018, s. 2.]

#### **Amalgamation of colleges of physicians and surgeons and podiatric surgeons**

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- 8** (1)The following colleges are amalgamated into one college:
- (a)the College of Physicians and Surgeons of British Columbia;
  - (b)the College of Podiatric Surgeons of British Columbia.
- (2)The amalgamation date for the purpose of subsection (1) is August 31, 2020.

[en. B.C. Reg. 128/2020.]

### **Amalgamation of midwife and nursing colleges**

- 9** (1)The following colleges are amalgamated into one college:
- (a)the College of Midwives of British Columbia;
  - (b)the British Columbia College of Nursing Professionals.
- (2)The amalgamation date for the purpose of subsection (1) is September 1, 2020.

[en. B.C. Reg. 127/2020.]

### **Amalgamation of oral health colleges**

- 10** (1) The following colleges are amalgamated into one college:
- (a) the College of Dental Hygienists of British Columbia;
  - (b) the College of Dental Surgeons of British Columbia;
  - (c) the College of Dental Technicians of British Columbia;
  - (d) the College of Denturists of British Columbia.
- (2) The amalgamation date for the purpose of subsection (1) is September 1, 2022.

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### ***Health Professions Act*** **DENTISTS REGULATION**

**PROPOSED**

**TO REPLACE  
B.C. REG. 415/2008**

#### ***Contents***

- 1 Definitions
  - 1.1 College name
- 2 Reserved titles
- 3 Scope of practice
- 4 Restricted activities
- 5 Patient relations program
- 6 Health profession corporations

#### **Definitions**

**1** In this regulation:

**"Act"** means the *Health Professions Act*;

~~**"college"** means the College of Dental Surgeons of British Columbia continued under section 15.1 of the Act;~~

**"compound"** means to mix with one or more other ingredients;

**"dental appliance"** means an appliance or a device designed or offered for a dental condition or other condition of the orofacial complex, excluding a mouthguard designed or offered for temporary protection against injury during sporting activities;

**"dentistry"** means the health profession in which a person provides the services of assessment, management, treatment and prevention of diseases, disorders and conditions of the orofacial complex and associated anatomical structures;



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### **"dispense",**

(a)in respect of a drug, has the same meaning as in the *Pharmacy Operations and Drug Scheduling Act*, but excludes a sale, as defined in that Act, and

(b)in respect of a dental appliance, means to make, alter or provide;

**"enteral instillation"** means instillation directly into the gastrointestinal tract;

**"fit"** means to perform any intra-oral procedure related to dispensing a dental appliance, including the making of impressions;

**"parenteral instillation"** means instillation directly into the blood stream;

**"prescribe"** means,

(a)in respect of a drug, to issue a "prescription" as defined in the *Pharmacy Operations and Drug Scheduling Act*, and

(b)in respect of a dental appliance, to issue an authorization to dispense the dental appliance for use by a named individual;

**"substance"** includes air and water, but excludes a drug specified in Schedule I, IA, II or IV of the Drug Schedules Regulation, B.C. Reg. 9/98.

[am. B.C. Reg. 32/2020, Sch. 3, s. 1.]

### **College name**

**1.1** The name of the college responsible for carrying out the objects of the Act in respect of dentistry is "British Columbia College of Oral Health Professionals".

### **Reserved titles**

**2** (1)The following titles are reserved for exclusive use by registrants:

- (a)dentist;
- (b)dental surgeon;
- (c)surgeon;
- (d)doctor;
- (e)dental therapist.

(2)This section does not prevent a person from using

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- (a) the title "surgeon" or "doctor" in a manner authorized by another enactment that regulates a health profession, or
- (b) an academic or educational designation that the person is entitled to use.

[am. B.C. Reg. 189/2014.]

### **Scope of practice**

- 3** A registrant may practise dentistry.

### **Restricted activities**

- 4** (1) A registrant in the course of practising dentistry may do any of the following:

- (a) make a diagnosis identifying, as the cause of signs or symptoms of an individual, a disease, disorder or condition of the orofacial complex and associated anatomical structures;
- (b) perform a procedure on tissue of the orofacial complex and associated anatomical structures below the dermis or the surface of a mucous membrane;
- (c) perform a procedure on tissue below the dermis for the purpose of removing tissue for use in reconstructive or other surgery on the orofacial complex and associated anatomical structures;
- (d) perform a procedure on tissue in or below the surfaces of the teeth, including scaling, dental debridement and root planing;
- (e) set a fracture of a bone of the orofacial complex;
- (f) reduce a dislocation of a joint of the orofacial complex;
- (g) administer a substance by
  - (i) injection,
  - (ii) inhalation,
  - (iii) mechanical ventilation,
  - (iv) irrigation, or
  - (v) enteral instillation or parenteral instillation;
- (h) put an instrument or a device, hand or finger
  - (i) into the external ear canal, up to the eardrum,
  - (ii) beyond the point in the nasal passages where they

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- normally narrow,
- (iii) beyond the pharynx,
- (iv) beyond the opening of the urethra for the purposes of catheterization,
- (v) beyond the anal verge for the purposes of monitoring temperature, or
- (vi) into an artificial opening into the body;
- (i) put into the external ear canal, up to the eardrum, a substance that is under pressure;
- (j) apply
  - (i) ultrasound, for
    - (A) diagnostic or imaging purposes, excluding any application of ultrasound to a fetus, or
    - (B) the purpose of lithotripsy, in treating a disease, disorder or condition of the orofacial complex and associated anatomical structures,
  - (ii) electricity, for the purpose of destroying tissue or affecting activity of the heart or nervous system,
  - (iii) electromagnetism, for the purpose of magnetic resonance imaging,
  - (iv) laser, for the purpose of cutting or destroying tissue, or
  - (v) X-rays, for diagnostic or imaging purposes, including X-rays for the purpose of computerized axial tomography;
- (k) issue an instruction or authorization for another person to perform, in respect of a named individual, a restricted activity specified in paragraph (j);
- (l) in respect of a drug specified in Schedule I, IA or II of the Drug Schedules Regulation, B.C. Reg. 9/98,
  - (i) prescribe the drug,
  - (ii) compound the drug,
  - (iii) dispense the drug, or
  - (iv) administer the drug by any method;
- (m) if nutrition is administered by enteral instillation, dispense a therapeutic diet;
- (n) prescribe a dental appliance;
- (o) dispense or fit a dental appliance;

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(p)conduct challenge testing for allergies

(i)that involves injection, scratch tests or inhalation, if the individual being tested has not had a previous anaphylactic reaction, or

(ii)by any method, if the individual being tested has had a previous anaphylactic reaction.

(2)Only a registrant who is a dentist may provide a service that includes the performance of an activity set out in subsection (1).

[am. B.C. Reg. 32/2020, Sch. 3, s. 2.]

### **Patient relations program**

**5** The college is designated for the purposes of section 16 (2) (f) of the Act.

### **Health profession corporations**

**6** Part 4 of the Act applies to dentistry.

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### *Health Professions Act* **DENTAL HYGIENISTS REGULATION**

**PROPOSED**

**TO REPLACE  
B.C. REG. 276/2008**

#### ***Contents***

- 1 Definitions
- 2 College name
- 3 Reserved title
- 4 Scope of practice
- 5 Restricted activities
- 6 Limits or conditions on services
- 7 Patient relations program
- 8 Health profession corporations

#### **Definitions**

**1** In this regulation:

**"Act"** means the *Health Professions Act*;

**"dental hygiene"** means the health profession in which a person provides the services of

- (a) assessing the status of teeth and adjacent tissues, and
- (b) providing preventive and therapeutic treatment for teeth and adjacent tissues;

**"dental hygiene diagnosis"** means a clinical judgment made by a registrant of an individual's oral health condition to determine whether

- (a) the condition can be ameliorated or resolved by services that the registrant is authorized to provide, or

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(b)consultation with, or transfer of responsibility for care to, another health professional is necessary or appropriate;

**"dentist"** means a person who is authorized under the Act to practise the designated health profession of dentistry;

**"prescription"** has the same meaning as in the *Pharmacy Operations and Drug Scheduling Act*;

**"substance"** includes air and water but excludes a drug specified in Schedule I, IA, II or IV of the Drug Schedules Regulation.

[am. B.C. Reg. 32/2020, Sch. 1, s. 1.]

### College name

~~2 The name "College of Dental Hygienists of British Columbia" is the name of the college established under section 15 (1) of the Act for dental hygiene.~~

2 The name of the college responsible for carrying out the objects of the Act in respect of dental hygiene is "British Columbia College of Oral Health Professionals".

### Reserved title

3 The title "dental hygienist" is reserved for exclusive use by registrants.

### Scope of practice

4 A dental hygienist may practise dental hygiene.

[en. B.C. Reg. 32/2020, Sch. 1, s. 2.]

### Restricted activities

5 (1)A registrant in the course of practising dental hygiene may do all of the following:

(a)make a dental hygiene diagnosis identifying gingivitis or periodontitis as the cause of the signs or symptoms of an individual;

(b)perform scaling, dental debridement or root planing on the surfaces of the teeth for the purpose of preventing or treating an oral health condition;

(c)administer a substance by irrigation for the purpose of

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preventing or treating an oral health condition;

(d) reduce a complete dislocation of a temporomandibular joint using manual therapy.

(2) If standards, limits or conditions have been established under section 19 (1) (k) or (l) of the Act respecting the activity, a registrant in the course of practising dental hygiene may, during assessment and for diagnostic or imaging purposes, apply

(a) intra-oral X-rays, or

(b) extra-oral X-rays for the purpose of implementing an authorization, issued by a person who is authorized under the Act to apply extra-oral X-rays, to do so in respect of a named individual.

(3) Subject to subsection (4), a registrant in the course of practising dental hygiene may administer a drug specified in Schedule I or II of the Drug Schedules Regulation for the purpose of

(a) treating an oral health condition, if administration is by topical application or irrigation, or

(b) providing oral local anaesthesia,

(i) if administration is by injection or topical application, and

(ii) if, before providing the service, the registrant has successfully completed a certification program established, required or approved under the bylaws to ensure that registrants are qualified and competent to provide that service.

(4) A registrant in the course of practising dental hygiene may not administer a drug for which a prescription is required under the *Pharmacy Operations and Drug Scheduling Act* unless the patient has a prescription for the drug.

(5) Only a registrant who is a dental hygienist may provide a service that includes the performance of an activity set out in this section.

[en. B.C. Reg. 32/2020, Sch. 1, s. 2.]

### Limits or conditions on services

**6** (1) In this section, "**private dental hygiene practice**" means the practice of dental hygiene in circumstances where, ordinarily, a dentist is not

## Appendix A: Proposed Regulation Amendments

on site or immediately available.

(2)A registrant who is a dental hygienist may not engage in private dental hygiene practice unless standards, limits or conditions respecting private dental hygiene practice have first been established under section 19 (1) (k) or (l) of the Act.

(3)A registrant who engages in private dental hygiene practice must, in the course of providing dental hygiene services to a patient, recommend that the patient be examined by a dentist unless the dental hygienist

(a)has reason to believe that the patient has recently been examined by a dentist, or

(b)has recently recommended to the patient that the patient be examined by a dentist.

(4)A registrant must not perform permanent restoration procedures.

(5)A registrant may perform the restricted activity described in section 5 (1) (d) only if dislocation occurs in the course of practising dental hygiene.

[en. B.C. Reg. 32/2020, Sch. 1, s. 2.]

### **Patient relations program**

**7** The college is designated for the purposes of section 16 (2) (f) of the Act.

### **Health profession corporations**

**8** Part 4 of the Act applies to dental hygiene.



***Health Professions Act***  
**DENTAL TECHNICIANS REGULATION**

**PROPOSED**

**TO REPLACE  
B.C. REG. 32/2020**

***Contents***

- 1 Definitions
- 2 College name
- 3 Reserved title
- 4 Scope of practice
- 5 Restricted activities
- 6 Limit on services

**Definitions**

**1** In this regulation:

**"Act"** means the *Health Professions Act*;

**"complete denture"** means a dental prosthesis, supported by soft tissue, that replaces the natural teeth and associated structures in an edentulous arch and is not attached to or supported by natural teeth or implants and which is removable by the patient;

**"dental appliance"** means an appliance or a device designed or offered for a dental condition or other condition of the orofacial complex, excluding a mouthguard designed or offered for temporary protection against injury during sporting activities;

**"dental technology"** means the health profession in which a person provides the service of making, altering or providing dental appliances;

**"dentist"** means a person who is authorized under the Act to practise the

## Appendix A: Proposed Regulation Amendments

designated health profession of dentistry;

**"denturist"** means a person who is authorized under the Act to practise the designated health profession of denturism;

**"edentulous arch"** means a dental arch with no remaining natural teeth or roots;

**"implants"** means a device that has been inserted into, over, through or under the jawbone for the purpose of supporting a dental prosthesis;

**"prescription"** means an authorization, issued by a person who is authorized under the Act to prescribe a dental appliance, to make or alter a dental appliance for use by a named individual.

### College name

~~2 The name "College of Dental Technicians of British Columbia" is the name of the college established under section 15 (1) of the Act for dental technology.~~

2 The name of the college responsible for carrying out the objects of the Act in respect of dental technology is "British Columbia College of Oral Health Professionals".

### Reserved title

3 The title "dental technician" is reserved for exclusive use by registrants.

### Scope of practice

4 A dental technician may practise dental technology.

### Restricted activities

5 (1) A registrant in the course of practising dental technology may do all of the following:

(a) on receipt of a prescription, make or alter a dental appliance and provide the dental appliance to the person who prescribed it;

(b) on receipt of a written request from a denturist,  
(i) make or alter a complete denture and provide the denture to the denturist who requested it, and

## Appendix A: Proposed Regulation Amendments

- (ii) make or alter a partial denture or overdenture and provide the denture to the denturist who requested it, if the request is accompanied by a prescription;
- (c) without a prescription, make minor alterations to a removable dental appliance and provide the altered dental appliance to the person who requested it, if the original design of the dental appliance is not changed.

(2) Subject to subsection (3), only a registrant who is a dental technician may provide a service that includes the performance of an activity set out in subsection (1).

(3) Subsection (2) does not apply to a person who is engaged solely in the business of making or supplying, in commercial quantities, articles for use by registrants, denturists, dentists or medical practitioners.

### **Limit on services**

**6** A registrant who is a dental technician may not perform intra-oral procedures or take oral impressions, other than for the purpose of making or altering a mouthguard designed or offered for temporary protection against injury during sporting activities.

## Appendix A: Proposed Regulation Amendments

### *Health Professions Act* **DENTURISTS REGULATION**

**PROPOSED**

**TO REPLACE  
B.C. REG. 277/2008**

#### ***Contents***

- 1 Definitions
- 2 College name
- 3 Reserved title
- 4 Scope of practice
- 5 Restricted activities
- 6 Limits or conditions on services
- 7 Patient relations program
- 8 Health profession corporations

#### **Definitions**

- 1** In this regulation:

**"Act"** means the *Health Professions Act*;

**"complete denture"** means a dental prosthesis, supported by soft tissue, that replaces the natural teeth and associated structures in an edentulous arch and is not attached to or supported by natural teeth or implants and which is removable by the patient;

**"dentist"** means a person who is authorized under the Act to practise the designated health profession of dentistry;

**"denture"** means a partial denture, complete denture or overdenture;

## Appendix A: Proposed Regulation Amendments

**"denturism"** means the health profession in which a person provides the following services for the purpose of ensuring the therapeutic and cosmetic suitability of a denture for its intended use:

- (a) assessing the need for dentures;
- (b) dispensing and fitting dentures;

**"denturist"** means a person who is authorized under the Act to practise the designated health profession of denturism;

**"dispense"** means to make, alter or provide;

**"edentulous arch"** means a dental arch with no remaining natural teeth or roots;

**"fit"** means to perform any non-surgical intra-oral procedure related to dispensing a denture, including the making of impressions;

**"implants"** means a device that has been inserted into, over, through or under the jawbone for the purpose of supporting a dental prosthesis;

**"overdenture"** means a dental prosthesis that replaces natural teeth, is removable by the patient and is

- (a) attached to or supported by implants, or
- (b) attached to, supported by or covers retained roots or natural teeth;

**"partial denture"** means a dental prosthesis that

- (a) is removable by the patient,
- (b) restores one or more natural teeth or associated structures, and
- (c) is supported in part by natural teeth, crowns or mucosa;

**"prescription"** means an authorization, issued by a person who is authorized under the Act to prescribe a partial denture or overdenture, to dispense a partial denture or overdenture for use by a named individual.

[am. B.C. Reg. 32/2020, Sch. 4, s. 1.]

### College name

~~2 The name "College of Denturists of British Columbia" is the name of the~~

## Appendix A: Proposed Regulation Amendments

~~college established under section 15 (1) of the Act for denturism.~~

~~2 The name of the college responsible for carrying out the objects of the Act in respect of denturism is "British Columbia College of Oral Health Professionals".~~

### **Reserved title**

~~3 The title "denturist" is reserved for exclusive use by registrants.~~

### **Scope of practice**

~~4 A denturist may~~

- ~~(a) practise denturism, and~~
- ~~(b) perform the restricted activity described in section 5 (1) (d), if dislocation occurs in the course of practising denturism.~~

~~[en. B.C. Reg. 32/2020, Sch. 4, s. 2.]~~

### **Restricted activities**

~~5 (1) A registrant in the course of practising denturism may do all of the following:~~

- ~~(a) dispense or fit a complete denture;~~
- ~~(b) subject to paragraph (c), dispense or fit a partial denture or overdenture, but only for the purpose of implementing a prescription;~~
- ~~(c) make minor alterations to a partial denture or overdenture, without a prescription, for the purpose of repairing or relining the partial denture or overdenture, but only if
  - ~~(i) the alterations do not change the design of the original prescription, or~~
  - ~~(ii) the registrant has the prior consent of the person who issued the original prescription to change the design of the original prescription;~~~~
- ~~(d) reduce a complete dislocation of a temporomandibular joint using manual therapy.~~

~~(2) Only a registrant who is a denturist may provide a service that includes the performance of an activity set out in subsection (1).~~

~~[en. B.C. Reg. 32/2020, Sch. 4, s. 2.]~~

## Appendix A: Proposed Regulation Amendments

### Limits or conditions on services

- 6** (1)A registrant must not do any of the following:
- (a)expose radiographs;
  - (b)cut, grind, scale, clean, restore, alter or polish natural teeth, crowns or implants, except to perform a service of teeth whitening;
  - (c)unless authorized by a dentist, provide a denture to a patient or adjust a denture in an arch in circumstances where, after the removal or loss of teeth, wound closure is incomplete, sutures are still present or bone is exposed.
- (2)If a registrant is providing services that are authorized by a prescription, the registrant must provide the services in accordance with the prescription unless
- (a)the registrant has the prior consent of the person who issued that prescription,
  - (b)both the registrant and the person who issued that prescription note the altered prescription on the patient's record, and
  - (c)the altered prescription is communicated to a dental technician involved in making the denture, if any.

[en. B.C. Reg. 32/2020, Sch. 4, s. 2.]

### Patient relations program

- 7** The college is designated for the purposes of section 16 (2) (f) of the Act.

### Health profession corporations

- 8** Part 4 of the Act applies to denturism.

**MINISTRY OF HEALTH  
DECISION BRIEFING NOTE**

**Cliff #:** 1222344

**PREPARED FOR:** Honourable Adrian Dix, Minister of Health - **FOR DECISION**

**TITLE:** Amendment to Emergency Medical Assistants Licensing Board Rules

**PURPOSE:** The Emergency Medical Assistants Licensing Board requires the prior approval of the Minister to make procedural rules.

**BACKGROUND:**

The Emergency Medical Assistants (EMA) Licensing Board (the Board) is mandated by the *Emergency Health Services Act* (the Act) to conduct hearings and take disciplinary action respecting EMAs licensed by the Board.

Section 6(7) of the Act states that, “The licensing board may, with the prior approval of the minister, make rules governing its own procedure”.

Board rules have been in place since approximately 1998. They were amended in 2020 to provide clarity on all aspects of the Board’s investigation, alternative dispute resolution and hearing process.

**DISCUSSION:**

Under existing regulations, the Board may impose conditions, suspend or revoke licenses in situations where EMA license holders do not fulfil their statutory continuing education obligations (“Continuing Competency Requirements”). While the existing Board rules (Appendix A) improved the clarity of the Board’s investigation and disciplinary process compared to the previous version, they unintentionally imposed an obligation for the Board to hold hearings in all instances where EMA license holders failed to meet their Continuing Competency Requirements. Given that approximately 700 – 1000 individuals each year do not meet their Continuing Competency Requirements (with most of these cases involving individuals who have ceased to practice and are not communicating with the Board), the existing Board rules would create unmanageable administrative processes if the Board was required to hold hearings in each situation.

The revised rules for which the Board seeks the approval of the Minister (Appendix B – Redline Version) set out a different hearing process to be used in cases of failing to meet Continuing Competency Requirements. This process enables an expedited process while maintaining a degree of procedural fairness which satisfies the legal requirements of administrative decision-making. The revised rules clearly set out the procedural steps and Board obligations applicable in cases where EMA licence holders do not meet the Continuing Competency Requirements.



## OPTIONS:

s.13

### Option 2 – Approve the amendments to the Rules as outlined in Appendix B

#### *Pros*

- Enable ongoing enforcement of Continuing Competency Requirements, thereby maintaining skills of EMAs and contributing to reasonable standards of patient safety.
- Ensures enforcement of Continuing Competency Requirements is done in a modern, transparent approach to administrative decision-making, while still complying with procedural fairness requirements.

#### *Cons*


- Some work involved in posting new rules and communicating procedures to EMAs.

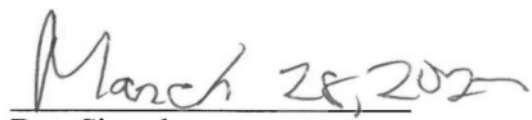
## FINANCIAL IMPLICATIONS:

N/A

## RECOMMENDATION:

Option 2

  
Approved/Not Approved  
Honourable Adrian Dix  
Minister of Health

  
Date Signed

---

**Program ADM/Division:** Mark Armitage/ Health Workforce and Beneficiary Services Division  
**Telephone:** 250-952-3519  
**Program Contact (for content):** Eugene Johnson, Director  
**Drafter:** Eugene Johnson  
**Date:** March 18, 2022

## **Appendix A – Current Board Rules**



A8C2DAB0.pdf

## **Appendix B – Proposed Amended Board Rules**



Amended EMALB  
Rules Redline.pdf

Page 31 of 41

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s.14 ; s.16

Page 32 of 41

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s.13 ; s.14 ; s.17

Page 33 of 41

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s.14

**MINISTRY OF HEALTH  
DECISION BRIEFING NOTE**

**Cliff # 1212856**

**PREPARED FOR:** Honourable Adrian Dix, Minister of Health - **FOR DECISION**

**TITLE:** PCQRB Recommendations on Communicating Vaccine Schedule Changes

**PURPOSE:** To respond to the Patient Care Quality Review Board's recommendations to the Minister of Health re: file 19-070.

**BACKGROUND:**

On October 7, 2020, the Fraser Health Patient Care Quality Review Board (the Board) completed its review of s.22 experience accessing the human papillomavirus (HPV) vaccine. In October 2016, s.22 were informed they were eligible for the HPV vaccine without cost up to 26 years of age. However, in June 2019, on the advice of the Communicable Disease Policy Advisory Committee (CD Policy), the Ministry of Health reduced the age limit for HPV coverage to 19 years if individuals did not commence the school-based immunization series between Grade 6 and their 19th birthday. If a vaccine series was commenced prior to age 19 years, individuals may complete the series prior to age 26 years. The HPV vaccine is most effective at generating an immune response prior to puberty.

Unfortunately, outdated information remained listed on the manufacturer's Canadian website. Unaware of the policy change and having since turned 19, s.22 were no longer eligible to receive the HPV vaccine for free when they attempted to access it.

The Board stated that "provincial communications...ensure the broader public is aware of any change to policy with enough time to schedule appointments and receive the vaccine to avoid costly fees." They recommended that publicity guidelines be developed to ensure upcoming immunization schedule and policy changes are publicly communicated with adequate lead time to support informed decision making by clients. They also recommended the Ministry work with vaccine providers to ensure accurate website information on the HPV schedule in BC. This latter work has been completed.

s.13; s.14; s.22

**DISCUSSION:**

Parents/guardians of school-aged children are contacted on multiple occasions to offer immunization in the school year, with additional contact if a child is behind on their immunizations. s.22 would have been contacted in multiple school years to offer the school-based immunization but declined based on their understanding that the vaccine would be available until s.22 children turned 26 years old.

Currently, there is no standardized process or lead time for proactive public communication about changes to routine vaccine schedules. However, well-developed structures are in place to communicate changes in support of implementation depending on each policy change. These may include a public announcement through Government

Communications and Public Engagement (GCPE), updates to Immunize BC and HealthLink BC websites, internal dissemination by CD Policy members to their respective organizations, Administrative Circulars to update the Communicable Disease Control Manual, and resources for health authorities and other providers generated by the BCCDC Immunization Program and the Vaccine Preventable Disease Service Team.

s.13

**OPTIONS:**


**1.** s.13

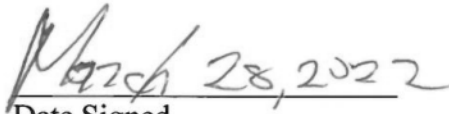
**2. Accept recommendations** – Commit to developing guidelines to support public communications about changes to routine vaccination schedules prior to implementation.

- **Pros:** Reduced risk of confusion regarding changes to vaccination policy, potential for enhanced administrative fairness and transparency surrounding policy changes, fully responsive to Board recommendations
- **Cons:** Additional resources required to support improved process

**FINANCIAL IMPLICATIONS:** None identified.

**RECOMMENDATION:** Option 2.

  
\_\_\_\_\_  
Approved/Not Approved  
Adrian Dix  
Minister of Health

  
\_\_\_\_\_  
Date Signed

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**Program ADM/Division:** Teri Collins / Hospital and Provincial Health Services Division  
**Telephone:** (250) 952-2569  
**Program Contact (for content):** Leah Smith, Director, Quality & Priority Initiatives  
**Drafter:** Phil McKnight, Policy Analyst, Patient Care Quality  
**Date:** January 24, 2021

**MINISTRY OF HEALTH  
INFORMATION BRIEFING NOTE**

**Cliff 1223126 x ref 1221573**

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

**TITLE:** E-Comm and Ambulance Services on the North Shore

**PURPOSE:** To provide Minister Dix with information for his meeting on Monday March 7, 2022, with Linda Buchanan, Mayor, City of North Vancouver and Mary-Ann Booth, Mayor, West Vancouver.

**BACKGROUND:**

- The mayors requested the meeting February 9, 2022, to discuss E-Comm and ambulance services on the North Shore.
- Former North Vancouver District mayor Richard Walton is a director on the E-Comm board, representing North Vancouver City and District, West Vancouver and the Village of Lions Bay.
- North Vancouver has two municipal governments, North Vancouver and the District of North Vancouver. While not attending the meeting, the District of North Vancouver Mayor is Mike Little.
- The North Shore refers to several areas adjacent to Vancouver, B.C., including the District of West Vancouver; the City of North Vancouver; the District of North Vancouver; and the North Shore Mountains.
- Over the course of the last several months, media has reported wait times as long as 15 minutes for 9-1-1 calls to be transferred to BC Emergency Health Services (BCEHS) from E-Comm. BCEHS attributes the delay in answering calls in dispatch centres as a combination of factors including dramatic peaks in incoming call volumes, COVID-19, overdose related calls, extreme weather events and a growing and aging population with more complex health needs. See Appendix A for annual volumes of calls to BCEHS dispatch.

E-Comm Recent Issues

- On December 1, 2021, E-Comm announced a new process change that would allow E-Comm call takers to disconnect from callers waiting on the line for ambulance that resulted in significant media attention.
- Under the new process E-Comm operators continue to triage calls through to fire departments, police, or ambulance; however, once callers are connected into the queue for BCEHS ambulance service, E-Comm operators are no longer required to remain on the line waiting with the caller.
- E-Comm said that this change was made because of previous delays in call transfers, especially to BCEHS, and that the new process will help free up 9-1-1 call takers so they can answer and handle incoming emergency calls more quickly.



- In advance of the change BCEHS and E-Comm worked together to establish the new process, however, when E-Comm proposed a public announcement around the change BCEHS was not supportive. BCEHS communicated to E-Comm that they felt this would create unnecessary safety concern with the public. Conversations involved both the BCEHS CAO and Board Chair.
- An FOI released in the Fall 2021 from E-Comm included a number of internal criticism of the ambulance service. Criticism from the FOI used in media stories (<https://www.cbc.ca/news/canada/british-columbia/bc-heat-dome-911-dispatch-emails-foi-1.6231100>) include an email from E-Comm's CEO to its Board of Directors citing "significant risk to public safety posed by call answer delay in transferring 9-1-1- call for the ambulance service to BCEHS. Further, an email from Suzanne Halliday, E-Comm's executive director of data, analytics, and decision support, also stated "BCAS is compromising public safety overall by negatively impacting 911 call answer ability, due to delays with BCAS call answer."
- CUPE 8911, the union representing E-Comm operators, expressed in a December news release concern about patient safety while callers may be on hold waiting for a dispatcher – with no E-Comm call taker on the line.
- A recent (2021) Price Waterhouse Coopers report recommended that E-Comm increase the current roster of 156 call takers by 125 to meet demand and calls for an immediate infusion of funding to action these hires:  
[CUPE8911 Backgrounder FNL.pdf \(ecpbc.ca\)](#)
- BCEHS has regular meeting with E-Comm; weekly meetings between directors of dispatch, monthly meeting between the BCEHS Chief Ambulance Officer (CAO) and E-Comm CEO, as well, the board chairs have also met. As operationally required the organizations also meet more frequently.

#### Dispatch Specific Improvements

- Between July 2021 and November 2021, BCEHS hired 65 dispatchers, however, 12 didn't complete their training or chose not to continue with BCEHS. As a result there 53 of the 65 dispatchers are now in place.
- As well, another 30-dispatch staff have been hired and began training in February 2022.
- To ensure those calls that are the most urgent are responded to first, BCEHS implemented a "priority queue" system to separate potentially life-threatening calls from less-urgent emergencies, among other process changes to better manage calls.
- Under this process E-Comm staff follow criteria to determine when callers/patients are experiencing critical symptoms such as troubled breathing or cardiac arrest. When a caller meets the criteria, the call is put through to the priority queue (put in place in July 2021). Before this new process, callers were answered in the order received regardless of acuity.

- BCEHS also implemented another process change where when a calling party hangs up on E-Comm waiting for BCEHS (or tell E-Comm to cancel the request), E-Comm can now submit an email to BCEHS (about the calling party hanging up or cancelling) instead of staying on the line waiting for a BCEHS caller to answer and give this information.
- The increase of BCEHS dispatch staff and the new triage system is expected to increase service delivery and reduce caller wait times.

#### BCEHS Progress

- BCEHS has new leadership under board chair and former Vancouver Police Chief Jim Chu and chief ambulance officer Leann Heppell.
- 271 new full time and part time paramedics were hired in the first half of 2021. This is in addition to 115 paramedic positions added between 2017-2020.
- Of the 85 paramedics added in urban communities, **4 were in North Vancouver.**
- Between July 2021 and November 2021, BCEHS hired 53 dispatchers. Since that time, another 30-dispatch staff have been hired and began training in February 2022.
- Funding was committed for 22 ambulances as part of the July 14, 2021 announcement. Nine began being deployed in late 2021 and the remaining 13 are expected to be in place by the end of 2022.

#### North Vancouver MPDS Events and Response Times

- Between 2017 and 2021 the total volume of BCEHS events (All MPDS events) in North Vancouver increased from 10,337 to 10,907. An increase of 570 events.
- The median response time for purple calls (those considered immediately life threatening (i.e., cardiac arrest/respiratory arrest) decreased from 09:16 (mm:ss) to 08:39 (mm:ss).
- See appendix B for year over year data.

#### West Vancouver MPDS Events and Response Times

- Between 2017 and 2021 the total volume of BCEHS events (All MPDS events) in West Vancouver decreased from 4,924 to 4,545. A decrease of 379 events.
- The median response time for purple calls increased from 09:45 (mm:ss), to 10:53 (mm:ss).
- See appendix B for year over year data.

#### **ADVICE**

- Government continues to take action to ensure that when British Columbians need immediate medical care and call 911 – help is on the way quickly.
- The surge of emergency events in B.C. last year led to periods of high call volumes, with some callers facing a longer-than-usual wait time to be connected to 911.
- BCEHS and E-Comm continue to work together to address any issues that arise, as high levels of call volumes continue.
- E-Comm and BCEHS leadership are carefully evaluating the new call transfer process to ensure emergency services can be delivered quickly and effectively.
- 85 new paramedics have been added to urban areas including 4 in North Vancouver.

- On December 3, 2021, to support greater patient care, the Province announced the expansion of the care and treatment paramedics and first responders can provide in emergency situations. As these changes are implemented, paramedics and first responders will increasingly be able to better help patients on scene.
- Since 2017, we have increased BC Emergency Health Services' funding from \$424.25 million to \$559.12 million a year.
- Budget 2022 provides additional funding of \$148 million over the fiscal plan.

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**Program ADM/Division:** Kristy Anderson, A/ADM, Hospital and Provincial Health Services Division

**Telephone:** 250 952-3387

**Program Contact (for content):** Maura Parte, A/Executive Director, Provincial Services Branch

**Drafter:** Lori Cascaden

**Date:** March 4, 2022

## Appendix A: BCEHS Provincial 911 Call Volumes

- BCEHS, and the 911 system in general, has experienced volatility in system pressures over the last two years inclusive of the COVID-19 pandemic and extreme weather events. 911 call volumes to BCEHS dispatch centres dropped for periods of time during wave 1 (March – May 2020) and wave 3 (ending May 2021) of the pandemic. However, in 2021, there has been a sustained increase in call volumes as PHO orders related to COVID-19 have relaxed and other extreme events occurred. The below data is provincial as BCEHS utilizes a single, provincial dispatch queue across its three dispatch operations centres.

Year	BCEHS 911 Call Volume
2017	537,984
2018	545,978
2019	552,419
2020	587,423
2021	721,178

## Appendix B - North Shore/West Vancouver Response Times

Response Time by CRM Colour

Call Location	Year	All MPDS Events	P/R/O/Y MPDS Events	Purple		Red		Orange		Yellow	
				Events	Median Response Time (mm:ss)	Events	Median Response Time (mm:ss)	Events	Median Response Time (mm:ss)	Events	Median Response Time (mm:ss)
North Vancouver	2017	10,337	10,230	168	09:16	1,781	09:49	3,100	11:31	5,181	17:08
	2018	10,471	10,380	148	08:22	1,977	09:13	3,125	11:13	5,130	17:20
	2019	10,676	10,601	131	08:55	2,164	09:26	3,343	11:36	4,963	17:50
	2020	10,525	10,455	162	08:07	1,954	10:08	3,329	12:33	5,010	19:16
	2021	10,907	10,864	150	08:39	2,380	10:53	3,626	14:38	4,708	23:01
West Vancouver	2017	4,924	4,884	60	09:45	836	11:33	1,509	12:43	2,479	18:20
	2018	5,017	4,976	71	10:21	865	10:47	1,514	12:49	2,526	18:42
	2019	5,079	5,047	52	09:04	957	11:46	1,636	13:31	2,402	19:04
	2020	4,711	4,683	63	10:15	796	12:32	1,429	14:06	2,395	20:34
	2021	4,545	4,525	71	10:53	918	13:44	1,499	16:31	2,037	24:34