WORKING TOGETHER TO IMPROVE OUT-OF-HOSPITAL CARE

BC Emergency Health Services First Responder Program

Consultation Summary Report

May 2023

The Pre-Hospital Care Collaborative Committee gratefully acknowledges that this document was developed and written on the traditional and ancestral territories of many different Indigenous Peoples throughout BC.

Table of Contents

Executive Summary

A Pre-Hospital Care Collaborative Committee (Committee) was established to respond to recommendations aimed at strengthening the relationship between BC Emergency Health Services (BCEHS) and First Responders (FR) as reflected in the Office of the Auditor General's (OAG) report, released in 2019.

The Committee includes representation from the BCEHS, Fire Chiefs Association of BC (FCABC), First Nations' Emergency Services Society (FNESS), First Nations Health Authority, Local Government Management Association (LGMA), Ministry of Health (the Ministry), Office of the Fire Commissioner, Patient Voices Network, and the Provincial Health Services Authority.

As the Committee members began their work, a deliverable to address the OAG recommendation was the Discussion Paper – Working *Together to Improve Out-of-Hospital Care* (**Appendix A**). The Discussion Paper outlines a framework to enable BCEHS, first responder agencies and local governments to develop a standardized agreement, the First Responder Service Agreement (FRSA) that will support FRs to provide out-of-hospital, patient-centered care for all British Columbians.

The Discussion Paper served as a tool to guide meaningful dialogue between stakeholders and was central to the consultation process that took place May to July 2022, with the Ministry, BCEHS, first responder agencies and local government throughout BC. The consultation process provided multiple touchpoints for stakeholders to share feedback on the Discussion Paper and how stakeholders could collectively move forward with the development of a standardized agreement to support out-of-hospital care.

Feedback received from the consultation process reflects that the Discussion Paper provides the necessary framework to support the development of the agreement(s). However, local government and first responder agencies believe that to move forward, they first need to see improvements to some of the systemic issues surrounding out-of-hospital care across the province.

This report outlines what was heard during the consultations process and provides details around the barriers that currently exist and recommendations on a possible pathway forward.

Introduction

In British Columbia, BCEHS is responsible for the delivery, coordination, and governance of emergency health services, including call intake, dispatch, and clinical guidance. BCEHS' goal is to ensure that in every community in the province, patients receive timely and appropriate

access to emergency care when required. BCEHS has essential partnerships with fire departments and other agencies to respond to emergency events throughout the province.

In February 2019, the OAG released a report Access to Emergency Health Services. In the report, the OAG found the coordination of access to emergency health services needs to be strengthened and recommended that the Ministry work with local governments and BCEHS to ensure that BCEHS can implement a coordinated approach to out-of-hospital care that results in:

1. Clinical governance (medical oversight), to the extent appropriate, across agencies to ensure that patient care meets acceptable standards of practice.
2. Data sharing between agencies to better understand whether patients are getting the right care, the first time.
3. Signed agreements outlining the roles and responsibilities of fire departments, including the level of care provided.
4. Confirmation that FRs are being notified of events where they can best contribute to patient care needs.

In April 2020, the Committee was formed to provide evidence-based recommendations and expert guidance to support the multi-agency response to emergency medical events related to the ongoing COVID-19 pandemic. In March 2021, as pressures related to the impacts of the pandemic stabilized, the Committee refocused their work to advance the recommendation made by the OAG and began working to establish a process and framework aimed at strengthening the relationship between BCEHS and FRs.

The Committee formed three working groups to address the OAG recommendation:

1. **Clinical Governance/Medical Oversight** – Advocate for the regulatory changes of legal scope of FR practice.
2. **Data Sharing** – Focus on implementing a data sharing pilot that will involve BCEHS and fire agencies that are dispatched by E-Comm 9-1-1 or Surrey Fire Regional Dispatch.
3. **Appropriate Level of Response** – Support the advancement of signed collaboration agreements.

The Appropriate Level of Response working group (the working group) includes representation from BCEHS, FCABC, FNESS, LGMA, and the Ministry. As noted, the working group was tasked with developing a framework to help support the advancement of the FRSA. They were also tasked with developing the agreement template that will be used by BCEHS as a guideline during the process of drafting the agreements with local government and first responder agencies. The working group's scope did not extend beyond these two tasks.

In relation to the framework to advance the FRSAs, the working group drafted the "Discussion Paper – Working Together to Improve Out-of-Hospital Care" **(Appendix A)** that outlines a proposed provincial approach to improve the coordination of out-of-hospital care that best

serves patients and supports the interests and available resources of regional and local governments.

The Discussion Paper reflects the goal to have a consistent and more standardized agreement between BCEHS and first responder agencies and their local governments, while also having the flexibility for local governments to determine a level of response by community interest, available resources, and standard of care. Outlined in the Discussion Paper is the following proposed two-tiered approach:

- FRSA: When completed, this document will outline the agreed upon principles for collaboration and suggested responsibilities/expectations of all parties including indemnification and governance/authority between BCEHS, the local government and FR group.
- Operational Response Plan (ORP): This would be developed in collaboration with each FR group and the local government and would address specific details, operational needs and/or unique circumstances.

Given that the Discussion Paper is the roadmap to enable the implementation of the FRSA and the ORP, it was imperative that the working group collect feedback on the paper to ensure that it resonated with stakeholders. To achieve this, a consultation process was designed to provide an opportunity to hear feedback on the Discussion Paper and to identify the challenges and opportunities associated with establishing FRSAs and ORPs.

Consultation Process

The consultation process took place from May to July 2022. It was focused on the delivery of out-of-hospital care and the partnerships between BCEHS, FRs and local governments to deliver this care. The consultation was guided by the Discussion Paper.

The consultation process was designed by the working group to provide multiple opportunities for local government administrators, FRs, and Indigenous community leaders to give their feedback on the Discussion Paper. A three-step approach included:

1. **Pre-Consultation Survey** – This survey was open May 6-20, 2022. It requested initial feedback on the proposed FRSA and ORP approach. The input from this survey was used to inform the design of the consultation sessions.
2. **Virtual Consultation Sessions** – There were six consultation sessions, each 90 minutes, conducted between June 13-30, 2022. These sessions were organized based on the five geographic regions of the province (Vancouver Island, Vancouver-Coastal, Thompson-Okanagan, North, Kootenay-Boundary), with an “open” session that stakeholders from any area of the province could attend.
3. **Post-Consultation Survey** – This survey was open July 5-15, 2022. It provided the opportunity for consultation session participants to share further input. It also provided

an opportunity for those who were unable to attend the sessions to provide feedback on the Discussion Paper.

The working group worked closely with FNESS, a key stakeholder of the Committee and the working group, to inform Indigenous communities of consultation. As relayed by FNESS to the Committee and the working group, Indigenous communities were managing competing priorities, including wildfires, flooding, and COVID-19, as well as day-to-day commitments that prevented community members from being able to participate in the consultation process.

The sessions were designed and facilitated by Integra Strategic Solutions, with subject matter expertise provided by members of the working group including BCEHS, FCABC, LGMA Chief Administrative Officer and FNESS. The sessions also included a representative from the Ministry's Emergency Medical Assistant Licensing Branch (EMALB).

Data Results

In BC there are approximately 430 fire agencies throughout the province. Combined, the three consultation steps produced over 300 interactions from first responder agencies and local government leaders.

The three steps to the consultation process included:

1. Pre-Consultation Survey – collected initial feedback on the proposed FRSA and ORP approach. The input from this survey was used to inform the design of the consultation sessions. The pre-survey had 126 responses from local government (26%), first responder agencies (72%), and Indigenous communities (2%).

The respondents were in rural and remote communities (61%) and urban communities (39%), representing the following regions: Northern BC (17%); Vancouver Island (28%); Kootenay-Boundary (14%); Thompson-Okanagan (17%); and Lower Mainland (24%).

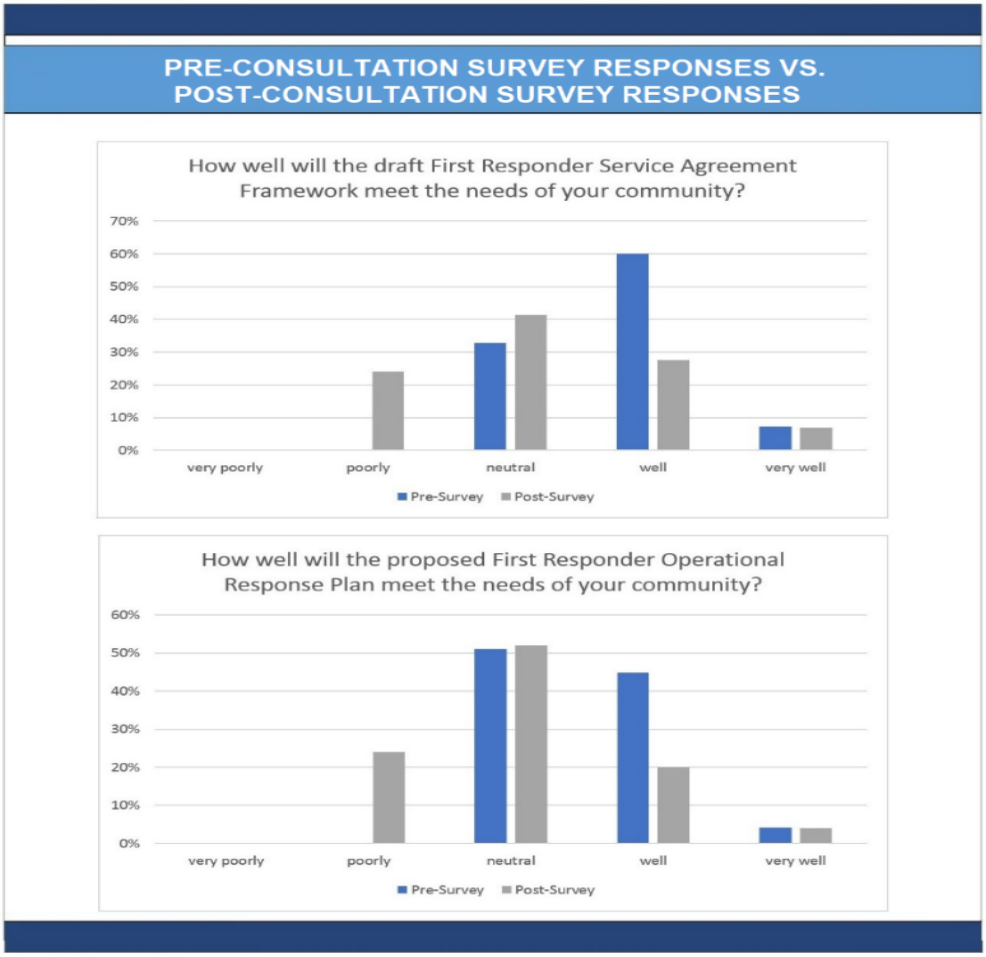
2. Virtual Consultation Sessions – organized based on the five geographic regions of the province (Vancouver Island, Vancouver-Coastal, Thompson-Okanagan, North, Kootenay-Boundary). There were 112 participants representing local government (24%) and first responder agencies (76%).

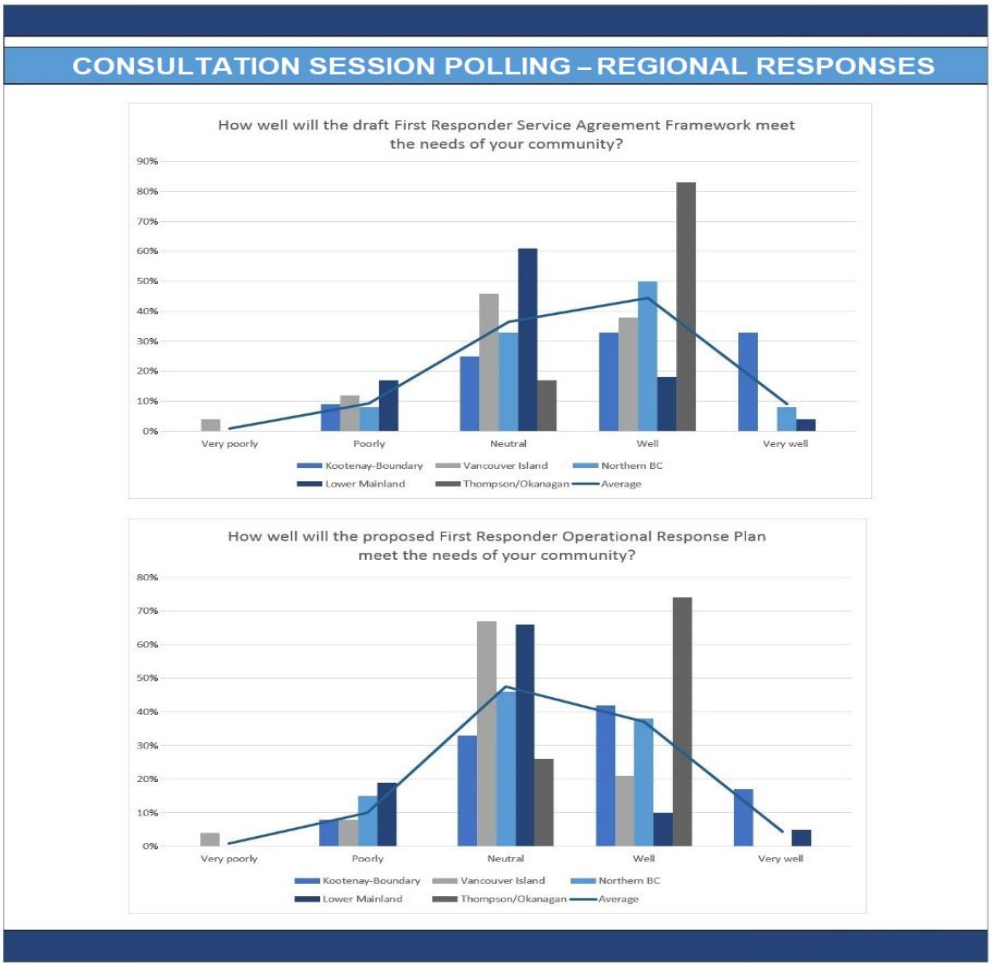
3. Post-Consultation Survey – provided the opportunity for participants from the consultation sessions for further input. It also provided an opportunity for those who were unable to attend the sessions to share their feedback. The post survey had 76 responses from local government (9%), first responder agencies (90%), and Indigenous communities (1%).

The respondents were in rural and remote communities (45%) and urban communities (55%), representing the following regions: Northern BC (13%); Vancouver Island (34%); Kootenay-Boundary (12%); Thompson-Okanagan (19%); and Lower Mainland (22%).

There were also open-comment questions related to how the FRSA and the ORP can be improved. These open-comment questions resulted in an abundance of feedback on the role FRs play in providing out-of-hospital care for people and actions that can be taken to allow them to continue to provide this support. This feedback is summarized in "What We Heard" section.

In the surveys and the consultation sessions, participants were asked to indicate how well the proposed FRSA and ORP will meet the needs of their community. A 5-point rating scale was used: Very Poorly, Poorly, Neutral, Well, and Very Well. Overall, feedback collected from participants at every touchpoint of the consultation process indicated mostly a neutral/well response to how the proposed framework for the FRSA and the ORP will meet the needs of their organization. A summary of the data is as follows:





What We Heard

The surveys and virtual consultation sessions provided an opportunity for participants to share a variety of feedback, including outlining key considerations that will need to be addressed before or during BCEHS working with first responder agencies/local government to implement the FRSAs and ORPs.

There were key themes identified during the consultation process. These key themes, as reflected below, intertwine and are dependant on each other. For example, addressing out-of-hospital capacity will likely require more training and resources for first responder agencies, and providing training and resources mean more funding for some first responder agencies may be required.

BCEHS Response Times – BCEHS' response and deployment are a primary area of concern for first responder agencies. Throughout all stages of the consultation process, first responder agencies and local governments expressed concern that BCEHS is downloading their lack of paramedic resources to fire agencies. First responder agencies also expressed concern over the

increased demand on FRs and the extended-on-scene wait times due to delayed ambulance response. Ultimately, fire agencies felt that BCEHS' delayed responses are impacting their ability to provide their core services to the community.

Participants requested a clear line of sight to how BCEHS is going to offer high quality emergency health services in rural and remote communities, particularly those with small volunteer fire departments, where BCEHS currently has limited resources.

Funding for First Responder Agencies – Local governments, particularly rural and remote communities, identified funding constraints related to human resources and the training and supplies required for the provision of FR services in their communities.

A common theme during the surveys and sessions was that many respondents believed the delivery of out-of-hospital care is a provincial responsibility and it should be funded at a provincial level. It was suggested that BCEHS and/or the Ministry should help fund first responder agencies so they can hire, train (for current state and in anticipation of the scope expansion) and build capacity appropriately if they are expected to continue to support out-of-hospital care. In addition, it was suggested that a charge back model be implemented to reimburse FRs who must wait on the scene for an extended duration while they wait for BCEHS to arrive.

Training – It is understood that first responder agencies, particularly rural agencies, want more support for training to enable them to provide out-of-hospital care in their community.

Feedback was also shared that accessing FR licensing levels is often a challenge for local governments because of the cost of training, testing accessibility (testing is not often close to home), and historically complex tests. These challenges are particularly acute in rural, remote, and Indigenous communities whose volunteer fire departments experience regular staff turnover. Fire agencies expressed a desire for the EMALB to examine ways to make testing more accessible and less complex.

Level of Response to Non-life-threatening Medical Incidents – FR agencies responded favourably to the proposal in the Discussion Paper that empowered FR agencies/local government to choose the level of response they would provide based upon the needs and expectations of their community and their budget.

BCEHS uses a Clinical Response Model (CRM) to assign paramedics, ambulances and other resources to 9-1-1 calls. The CRM is aimed at more accurately matching resources to the needs of the patient. The focus of the CRM is to get paramedics to the most critically ill and injured patients as quickly as possible and to improve the health-care experience for all patients. The condition of the patient is categorized by dispatch staff using the Medical Priority Dispatch System. Once the condition is categorized, resource assignment is determined using the CRM, which uses a colour-coding system with some similarities to the colour system used in hospitals (see chart below).

Purple immediately life-threatening
Red life threatening, urgent
Orange urgent/potentially serious
Yellow non-urgent
Green possibly treat at scene
Blue further clinical telephone triage/advice

Multiple participants indicated that it would serve the interests of their communities if they responded to all call levels. However, the challenge is that most calls that FRs are dispatched to are non-life threatening (orange and yellow) where BCEHS' estimated response time is targeted between 20-30 minutes.

First responder agencies are usually quick to respond and provide care for patients; however, they are highly concerned by the extended period they spend on scene (e.g., 1+ hours) waiting for BCEHS' attendance to provide further care and conveyance. Extended time on scene has cost implications for local governments and ties up FRs from attending to their primary responsibility of providing fire protection. These impacts are more pronounced in rural and remote communities that have small numbers of staff and large geographic areas to cover.

To mitigate extended wait times, first responder agencies requested that BCEHS provide a solution to allow them to depart low acuity calls while BCEHS prioritizes other 911 calls. There was a suggestion that FRs could connect with a BCEHS physician to assess the patient to determine if release is appropriate.

Without a clear line of sight, first responder agencies felt reluctant to move forward with updating or developing agreements. Following the consultation process, some fire agencies stepped forward to express concern that they are being relied on to prop up the ambulance service amidst paramedic shortages. A few departments decided to minimize their level of response by responding only to the most urgent calls (purple, red and orange) to ensure their ability to provide core fire services to their communities.

Licensing of First Responders – FRs generally hold either EMA-FR or EMA-EMR licenses. In some instances, they can be licenced and practice above those levels. During the consultation process, first responder agencies expressed that they could offer the public better service while awaiting the arrival of higher licensed BCEHS paramedics if FRs were able to practice to the scope they are licensed for and if they have the correct equipment. This would result in fire agencies and other first responder agencies having the flexibility to offer a mixed scope of service.

First responders were interested in the Scope of Practice Changes announced on December 3, 2021, by the Minister of Health that will increase the scope of practice at all Emergency Medical Assistant (EMA) licensing levels. Comments and feedback received from participants focused on whether the scope of practice changes will be incorporated into EMA licensing exams, whether

FR licensing requirements will change, and the training hours required to obtain various levels of licensing.

Participants also indicated that they need further information from the work of the Clinical Governance/Medical Oversight Working Group to inform the level of service and corresponding license levels they will commit to in an ORP. For example, to help ease on-scene wait times for FRs at non-urgent calls, FRs suggested having access to a BCEHS Emergency Medical Services Physician Online to help determine if FRs can release the patient and close the call.

In addition to the key themes and considerations identified through the consultation process, there are some additional items that require further consideration, including:

First Nations and Indigenous Community Needs – While there was a First Nations community representative on the Appropriate Level of Response working group, the consultation process has not had enough involvement from Indigenous communities to date to provide confidence it has captured their input. FNESS suggested that first responder services provided by Indigenous communities require a different approach – one that requires BCEHS to meet with Indigenous communities at the ground level. Further steps will be taken to work together to determine a pathway forward to engage with Indigenous communities to collaborate on the approach reflected in the Discussion Paper and to ensure the unique needs of communities throughout the province are being met.

Public Expectation – Some first responders relayed that their community expects that when they call for emergency services they are provided quickly. For the most part, an individual is focussed on the help rather than who (e.g., fire or paramedics) provides it. In some communities, the expectation for the fire agency to respond is high.

Call Transfer and Dispatch – Feedback was shared that BCEHS ambulances are not being dispatched appropriately and that there are delays with 911. It was requested that BCEHS share data that demonstrates the response of BCEHS paramedics in communities across the province. Further comments and feedback received from participants focused on the differing dispatching needs of urban and rural communities. Participants were curious if there is a long-term plan for intelligent dispatching so that the right unit(s) are being dispatched at the right time.

Summary of Key Issues

There were 10 key issues brought forward by local government and FRs during the consultation process as follows:

1. **Funding for First Responder Agencies** – First responder agencies rely on volunteers or limited staffing in rural areas. This is compounded by lengthy responses and waits for an ambulance to arrive that create a financial burden on rural departments and in many

instances also on urban departments. However, funding support is not only related to wait times. Funding for first responder agencies is broad and includes training, equipment, salaries, and wait times. Ultimately, first responder agencies have asked the Province to cover the costs associated with first response to out-of-hospital care incidents to assist with ensuring a sustainable system.

2. **Observe and Release/BCEHS Response Times** – FRs want to have a process in place that will allow them to leave the scene if a patient does not require a higher level of out-of-hospital care or does not require transport to a medical facility. Being able to observe and release on scene is imperative for FRs as they often experience BCEHS delays at non-urgent calls. Until response and deployment can be addressed, local governments may be unlikely or unwilling to sign the agreements due to uncertainty.
3. **Working to Class of License** – FRs want to be able to practice to the level of license they hold so that they can provide the highest level of care to a patient provided the appropriate equipment is available for the higher license scope of practice.
4. **Training** – Training has been mentioned in the funding section ("1") above, but it was identified as a core area of concern in the context that the burden of time commitments for volunteer first responder training requirements and the costs associated with the training can create barriers for some agencies that want to provide out-of-hospital care. First responder agencies also requested more training from BCEHS.
5. **Governance and Training** – FRs expressed the need for clear governance and oversight, to ensure safe practice and standards of care are connected to the paid training that FR departments would like to access through BCEHS. To achieve this, there will be a requirement to invest in the structures required to deliver and meet this request.
6. **Level of Response to Non-life-threatening Medical Incidents** – The ability to allow first responder agencies to implement the response matrix option of their choice in advance of a formal agreement or response plan. This will help them understand the impacts and expectations for their service delivery model prior to negotiating a formal document.
7. **Licensing of First Responders** – Advocate to EMALB to expedite the scope of practice change implementation for FRs as it relates to the training and exams. This will help with their understanding of the impacts and expectations for their service delivery model prior to negotiating an agreement.
8. **First Nations and Indigenous Community Needs** – Find a pathway forward to ensure that the approach reflected in the Discussion Paper and out-of-hospital response meets the unique needs of Indigenous communities.
9. **Public expectation** – A public education campaign is needed to help explain emergency response to life-threatening incidents and the difference for non-life-threatening and non-urgent medical responses. The public needs to understand response goals and realistic response time thresholds to make decisions about how to support out-of-hospital care.
10. **Call Transfer and Dispatch** – Expedite the data sharing pilot project to create transparency regarding incident times. This is intended to provide quantitative data for both BCEHS and the FR agencies to better understand the call transfer and dispatch systems.

Conclusion

The goal of the consultation process was to assess if the Discussion Paper, in particular the proposed FRSA and the ORP, resonated with first responder agencies and local governments. Once a mutual understanding of the elements of the FRSA and the ORP has been reached and the agreement template is in place, as agreed upon by the Committee, BCEHS will then collaborate with local and Indigenous communities and fire agencies to sign off the agreements.

What became evident during the consultation process is a willingness for local government and first responder agencies to move forward in a positive way that ensures that their communities have access to the out-of-hospital care they need. However, feedback received throughout the consultation process and the high "neutral" response related to developing the FRSA and ORP, demonstrate that systemic issues will need to be resolved, in some part, before moving forward with the agreements/plans.

As reflected above, there are 10 key issues. Based on what was heard during the consultation process, the most likely issues to prevent the agreements from moving forward are:

- **Funding Support** – Most first responder agencies requested that the BC government or BCEHS provide them with funding for a variety of operational needs including training, FR testing, equipment, and staffing.
- **Observe and Release/BCEHS Response Times** – At present, wait times for BCEHS to arrive and release FRs from scene, particularly at non-urgent calls, are not sustainable. First responder agencies and local governments want to see a system in place where FRs can observe the patient and release if the patient condition is non-life threatening. FRs are keen to support BCEHS to provide out-of-hospital care in their communities, but they do not want their ability to provide core fire services impacted.
- **Working Class of Licence**: FRs want to be able to practice to the level of licence they hold. If a member of an FR crew has a higher level of license than their department trains to, that person could give care to that level providing they have the proper equipment.

To design a pathway forward, the guidance of the Committee is required, as is direction from the Ministry and BCEHS. Consideration needs to be given as to how to move forward with the three core issues and the key issues. For example, there may be an opportunity to develop a pilot project around the ability to release FRs from scene if a patient does not require a higher level of out-of-hospital transport to a medical facility.

For those issues outside of the three core issues, these could be addressed in advance or during the development of the FRSA and the ORP. For example, local government and first responder agencies want access to more transparent data around call volume and the acuity of calls in their community to help inform decision-making when committing to a level of response. A

project is currently underway to establish a data sharing process between BCEHS and fire agencies that would allow for real time assessments to be made on the ground, which will result in better coordination of out-of-hospital care between FRs and BCEHS.

Whatever the pathway forward, a project team(s) will be required. What remains to be determined is if that project team will be the working group or will a new project team(s) need to be established to carry the work forward.

As next steps are considered, it is important to note that many of the collaboration agreements that are currently held are many years overdue for renewal, and although they have an automatic renew for a successive periods clause, they were signed at a different time in out-of-hospital care and do not necessarily serve todays needs.

Once next steps have been determined, it will be crucial to communicate the move-forward approach with FR agencies/local governments.