

# BC Emergency Health Services

Update for Mayor and Council  
June 2022

# Our Two Priorities

- Provide timely and exceptional service to British Columbians when and where they need ambulance services
- Be an outstanding employer in supporting the wellness of call takers, dispatch, and paramedic staff

# Our Staffing Model

- BCEHS is enhancing emergency services capacity in rural and remote stations that serve your community and surrounding areas.
- Historically, BCEHS has relied on on-call staffing (often referred to as 'casual staffing' in other areas of health care) to maintain ambulance service in small communities.

# Staffing Model Update

- This staffing model presents challenges for reliable coverage, pay, recruitment and retention of staff in these communities.
- Without a regular, predictable income, paramedics often need to move to larger centres to secure full-time work.
- BCEHS undertook a global deployment change at hundreds of stations across BC in November 2021 to bring more sustainable work to each of these communities.

# Different Staffing Models

- Full-time and regular part-time
  - On pager at home or in community (Kilo shifts)
  - Scheduled on Call (SOC) (began implementation province-wide November 1, 2021)
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- ▶ Staffing model is dependant upon call volume and population
  - Ground response is supplemented by the participation of approximately 275 agencies in the first responder program.

# Scheduled on-call Staffing

- Historically, BCEHS relied heavily on ‘casual’ on-call staffing in rural and remote communities.
- Difficult to attract and retain paramedics in smaller communities and ensure ambulances are always staffed because staff choose when/if they work.
- Scheduled on-Call (SOC) staffing model implemented November 2021, recruitment continues for approx. half of these new, scheduled part-time positions with benefits in rural and remote communities.

# Scheduled On Call - SOC

SOC means for the first time in many rural and remote communities:

- Permanent regular positions
- Guaranteed wages
- Full health benefits
- Shifts can be fully scheduled without waiting for the availability of on-call paramedics
- Introduction of regular permanent supervisory unit chief positions in certain ambulance stations
- Expansion of community paramedic services in some stations

# Community Paramedicine

- Community paramedics (Primary Care Paramedics with additional training) provide primary care services within their scope of practice to increase access to basic health care services in non-urgent settings, in patients' homes or community
- Community Paramedics help reduce 9-1-1 calls and bridges health service delivery gaps identified in collaboration with local health care teams.

# Community Paramedicine

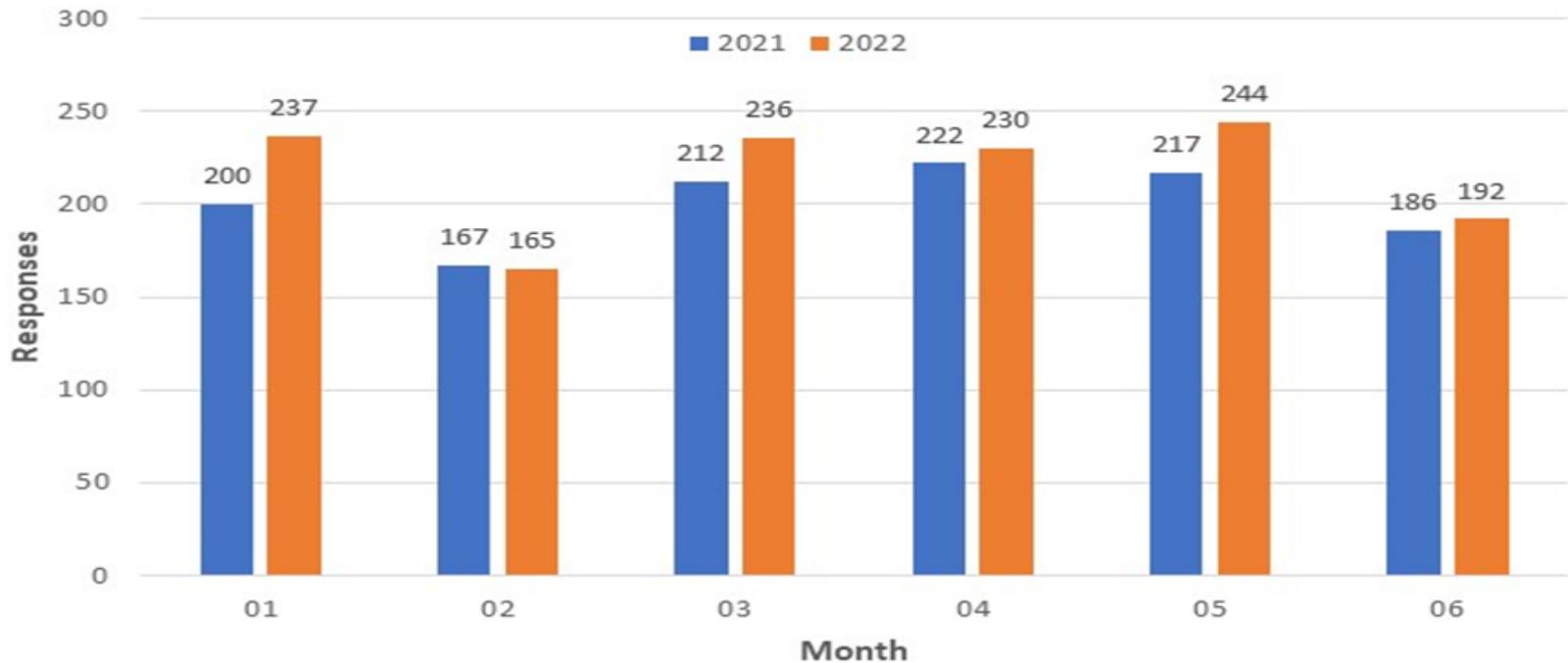
- Since it was rolled out in 2016, community paramedics have made more than 97,000 patient visits.
- The final phase of the CP program was implemented in 2019. 80 full-time equivalent CP positions were established in at least 99 rural and remote communities.
- The implementation of the scheduled-on-call staffing model includes the expansion of CP services to 103 communities.

# Staffing in Lake Country

- The community of Lake Country has 9 – full-time and 13 on-call Staff and there is no currently Full time vacancies.
- The station recently had an increase of 5 full time employees, this allowed a change to provide 24 hour full time coverage from the previous day time only.

# Call Volume Comparison

MPDS Responses in Response Area 343; Lake Country  
Two 6 Months Comparison; January to June in 2021 vs.  
January to June in 2022 (Inclusive)



# BCEHS: Complex System

- An effective emergency medical services system requires BCEHS to work proactively with stakeholders from many different parts of the system and in the communities we serve.
- From minor emergencies to major multi-casualty incidents, from metro and urban communities to rural and remote, there are many moving parts.

# THANK YOU

## Questions?

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BC EMERGENCY HEALTH SERVICES

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