

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

Access to Emergency Health Services Released 02/19

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PAC Meeting Plan¹ [23/04/19]

Prepared by: Brendan Abbott, Ministry of Health

Reviewed by: Sabine Feulgen, Associate Deputy Minister, Ministry of Health

1st APPA Update [26/02/20]

Prepared by: Derek Rains, Ministry of Health

Reviewed by: David Byres, Associate Deputy Minister, Ministry of Health

Rec. # Accepted? Yes / No ²	OAG Recommendations	Actions Planned & Target Date(s) ³	Assessment of Progress to date ⁴ and Actions Taken ⁵ (APPA update)
1 Yes	BCEHS review its performance management framework to identify additional indicators for timeliness and clinical quality.	BCEHS will carefully review our performance management framework and will determine additional indicators by March 31, 2020.	<p>Progress Assessment: Fully implemented.</p> <p>Actions Taken & Discussion:</p> <p>A new performance management framework has been completed. Eleven indicators have been adopted to reflect timeliness and clinical quality across all aspects of BCEHS operations. These will be available for reporting by March 31, 2020, as planned. The framework includes response times and clinical indicators relating to cardiac, stroke and trauma patients, 911 secondary triage by nurses in dispatch, and community paramedicine. These indicators were selected to enable setting of meaningful targets. Any new indicators will be reviewed quarterly by BCEHS (e.g. additional operational timeliness and quality measures).</p> <p>As described below in recommendation 3, the progress of these performance indicators will be reported regularly and will be publicly available by March 31, 2020.</p>

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

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

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

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

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

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<p>2. Yes</p>	<p>BCEHS determine an appropriate level of pre-hospital advanced care coverage that considers patient need and implement strategies to achieve that level.</p>	<p>BCEHS will work in collaboration with key partners to understand the role of advanced care practitioners outside metro/urban communities and determine appropriate levels of coverage by 2020.</p>	<p>Progress Assessment: Substantially Implemented</p> <p>Actions Taken & Discussion:</p> <p><u>Rural Advanced Care Community Paramedic (RACCP) Program Evaluation</u></p> <p>In 2018, BCEHS created a new role for Advanced Care Paramedics (ACPs) in rural communities. The role builds on the Community Paramedicine program and introduced six RACCPs with a broader clinical scope and expertise than Primary Care Paramedics trained as Community Paramedics (CPs). The initial six communities were selected to help inform the appropriate role for ACPs in rural communities and determine an appropriate level of pre-hospital advanced care coverage.</p> <p>RACCPs have been working in Campbell River, Salt Spring Island, and Cranbrook since the fall of 2018. The RACCP for Prince Rupert is currently completing their required BCEHS orientation to ACP practice and is expected to be working in their community in the spring of 2020. BCEHS is currently identifying strategies to recruit RACCPs in Valemount and Fort St. John.</p> <p>Since introduction, findings indicate that:</p> <ul style="list-style-type: none"> • the RACCPs are adding clinical value in responding to high-acuity calls; • the RACCPs are providing strong clinical leadership and guidance for other paramedics; and • additional education is recommended to meet community needs and enhance the scope of practice. <p>BCEHS partnered with the University of Northern BC to assess implementation and understand community stakeholder perspectives from a qualitative research approach. Outcomes from this work are expected by April 2020. These will inform BCEHS of implementation successes and challenges and highlight priority areas for ongoing development.</p> <p>BCEHS is continuously looking at ways of improving rural and remote services and will continue to monitor and evaluate this service model. However, to pursue this rural ACP model on a broader basis, a review of required funding would be necessary.</p> <p><u>BCEHS and Northern Health: Northern Regional Emergency Response Teams</u></p> <p>In November 2018, Northern Health and BCEHS formed a working group tasked to find the most effective and efficient means of providing care to patients living in rural and remote portions of BC's northern region. In January 2020, Northern Health and BCEHS developed a proposed new service model called a Northern Regional Emergency Response Team that pairs ACPs and Emergency Nurses. The proposal would</p>
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			pilot this model on a trial basis to show whether the concept and model are effective and to refine the approach based on in-the-field experience.

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<p>Rec. 3 Yes</p>	<p>BCEHS improve transparency and accountability by publicly reporting on its targets and performance.</p>	<p>BCEHS will regularly post progress on key initiatives and performance measures by March 31, 2020.</p> <p>BCEHS will review and propose targets by June 25, 2020. (revised)</p>	<p>Progress Assessment: Substantially implemented</p> <p>Actions Taken & Discussion:</p> <p>This recommendation requires several phases of work to ensure BCEHS can publicly report on its targets and performance to improve transparency and accountability. A summary of these phases follows.</p> <p>1. Revamp Performance Management Framework</p> <p>As noted in recommendation 1, BCEHS completed a review of its performance management framework and adopted new clinical indicators with data systems in place.</p> <p>2. Access to Available Performance Measures</p> <p>BCEHS reviewed other Canadian paramedic services websites and the most-requested information from BC media outlets and stakeholders. In the first step of a multi-phased approach to improve public transparency and accountability, additional web content is being prepared for www.BCEHS.ca.</p> <p>By March 31, 2020 BCEHS will report out on volume metrics including:</p> <ul style="list-style-type: none"> • Call volumes for the highest-volume areas in BC for 911 medical emergencies. • Summary of the types of calls BCEHS receives (e.g. cardiac-related, overdoses, abdominal pain, etc.). • Paramedic response times for the most acute categories of 911 calls that are triaged as potentially life-threatening and time-critical. • Call volume for inter-facility transfers. <p>BCEHS will also include current publicly reported updates on key initiatives including:</p> <ul style="list-style-type: none"> • Volume metrics for paramedic patient visits through the BCEHS CP program, that aims to support vulnerable patients in rural and remote communities and reduce 911 medical emergencies. • Progress on implementing the 2019-2022 collective agreement with the paramedics and dispatchers union (CUPE 873), especially as it relates to implementing a new scheduled regular staffing model in rural and remote communities that have typically relied on on-call work.
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			<p>3. Review of Targets for BCEHS BCEHS is undertaking a technical review of other jurisdictions that publish targets to help determine credible and appropriate targets for BCEHS by the end of the next quarter (June 25, 2020).</p> <p>4. Publishing Targets and Performance BCEHS will submit proposed targets to the Ministry and the Provincial Health Services Authority for approval prior to publishing.</p>

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<p>Rec. 4 Yes</p>	<p>The Ministry of Health work with local governments and BCEHS to ensure that BCEHS can implement a coordinated approach to pre-hospital care that results in:</p> <ul style="list-style-type: none"> - medical oversight, to the extent appropriate, across agencies to ensure that patient care meets acceptable medical standards - data-sharing between agencies to better understand whether patients are getting the right medical interventions at the right time - signed agreements outlining the roles and responsibilities of fire departments, including the level of care provided - confirmation that first responders are being notified of events where they can best contribute to patient care 	<ul style="list-style-type: none"> - The Ministry will develop a municipal engagement plan by September 1, 2019 - The Ministry, with BCEHS, will develop appropriate models to support a coordinated approach to responding to calls and medical oversight by January 1, 2020 - The Ministry, with BCEHS, will revise and update municipal consent and collaboration agreement templates including data sharing agreements by March 2020 - The Ministry, with BCEHS, will engage with municipalities through 2020-2021, to complete consent and collaboration agreements (including data sharing agreements). This work will begin with those municipalities where no existing agreement exists followed by a refreshed agreement for the others. 	<p>Actions Taken & Discussion:</p> <p>The summary below outlines the progress in achieving each of the recommendations under Recommendation #4</p> <p><u>Medical oversight, to the extent appropriate, across agencies to ensure that patient care meets acceptable medical standards</u></p> <p>Progress Assessment: Substantially implemented</p> <p>BCEHS, based on initial consultations, has developed a proposed medical oversight model that will be part of the next three months of consultations.</p> <p>BCEHS established a first responder medical advisor position to work collaboratively with first responder groups to ensure that they are focused on patient care standards and improving the efficiency of information dissemination, especially as it relates to patient treatment guidelines.</p> <p>The BCEHS Clinical Handbook is also available for first responders to access on the BCEHS webpage or through an online Application. This is an online clinical resource that provides access to BCEHS Treatment Guidelines and other supporting clinical/operational resources appropriate for first responder license holders.</p> <p>The proposed practice is in line with best practices and regulatory expectations in the province.</p> <p><u>Data sharing between agencies to better understand whether patients are getting the right medical interventions at the right time</u></p> <p>Progress Assessment: Partially implemented</p> <p>In 2017, the Regional Administrative Advisory Committee (RAAC) formed a working group on first responder issues in the Lower Mainland. RAAC includes 23 municipalities in the Lower Mainland that make up nearly 50% of BCEHS' total call volume. One of the goals of the group was to create an enhanced data sharing approach between BCEHS and first responder partners. The following key items have been completed to achieve a data sharing approach:</p> <ul style="list-style-type: none"> • In March 2019, a BCEHS first responder data sharing working group was established. Membership includes representatives from RAAC, BCEHS, and Lower Mainland fire services. • Technical teams from BCEHS, ECOMM, and Surrey fire dispatch explored options and confirmed the technical feasibility of data sharing and completed relevant documentation. • The Chief Administrative Officers representing the 23 communities on RAAC agreed to move forward with a non-disclosure agreement to formalize data sharing between agencies.
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			<ul style="list-style-type: none"> • The trial will involve BCEHS and fire service agencies represented by RAAC that are dispatched by ECOMM or Surrey fire dispatch. • The parties agreed on what data elements will be shared across organizations to allow for all parties to have a better understanding of the patient event, both during the event and subsequently. This will also enable a shared assessment of the overall system performance in responding to patient needs. • Pending results of the trial, it is expected that implementation will first begin with ECOMM by March 31, 2020. The lessons learned will be applied to expand to the remainder of the province. • Once fully implemented across the province, the data sharing agreements will allow for real time assessments to be made on the ground resulting in better coordination of pre-hospital care between first responders and BCEHS. <p><u>Signed agreements outlining the roles and responsibilities of fire departments, including the level of care provided</u></p> <p>Progress Assessment: Partially implemented</p> <p>BCEHS is coordinating a provincial pre-hospital system where there are varying local capacities and needs. The strategy for introducing a new agreement uses a multi-stakeholder engagement approach to develop a mutually agreeable agreement that ensures BCEHS can implement a coordinated approach to pre-hospital care. The outcome of this engagement will be a new signed Collaboration Agreement and Operational Response Plan with each first responder agency.</p> <p>There are several stages of activity underway to help enhance engagement among BCEHS and provincial/municipal governments. As part of this, BCEHS developed a discussion paper that outlines proposed roles and responsibilities of all parties involved and will guide discussion on level of care provided (included for reference in Appendix A). A summary of this work follows:</p> <p>1. Key Stakeholder Consultation</p> <p>The Union of BC Municipalities (UBCM) helps coordinate municipalities across BC and is a valuable avenue to use for meaningful dialogue on a broader basis. The Ministry and BCEHS presented at the UBCM Convention on September 24, 2019 as part of a broader engagement strategy to develop a new collaboration agreement. Participants were in support of a new approach to collaboration and provided the following feedback:</p> <ul style="list-style-type: none"> • There needs to be acknowledgement of the unique needs and concerns of rural municipalities. • There needs to be a greater role for municipal governance in the collaboration agreements. • Medium and high-acuity calls are a main concern amongst municipalities.
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			<ul style="list-style-type: none"> • Communities sought a discussion paper, on which to provide feedback. <p>2. Discussion Paper for Modernizing the First Responder Collaboration Agreement</p> <p>Shaped by recommendations from UBCM participants and feedback gathered from other stakeholders to date, BCEHS developed a Discussion Paper for Modernizing the First Responder Collaboration Agreement (included for reference in Appendix A). This meets the request at UBCM to provide a discussion paper to establish a provincial framework to work from. The discussion document is intended to guide consultation and includes the following components for review:</p> <ul style="list-style-type: none"> • Part 1: Proposed Collaboration Agreement Framework <ul style="list-style-type: none"> ○ Collaboration principles for BCEHS, municipalities and first responder services ○ Proposed responsibilities, roles, and expectations of all parties ○ Oversight and involvement by the local governing authority • Part 2: Operational Response Plan: <ul style="list-style-type: none"> ○ Addresses specific services, operational needs, regional variations, and responses for each local government and first responder service • Part 3: Addressing complexities and challenges in rural and remote areas <p>Consistent with a provincial approach to engagement, BCEHS and the Ministry presented to the February 4, 2020 UBCM Electoral Area Directors Forum. Participants at the forum endorsed the approach presented to utilize a discussion paper and engagement strategy as a means to gain input from local communities on first responder collaboration agreements.</p> <p>Additionally, BCEHS continues to meet with existing first responder advisory groups and regional districts at their request and on a regular basis. In particular, BCEHS met with the Regional District of the Central Okanagan on October 19, 2019, the qathet Regional District on January 16, 2020, and with the North Shuswap First Responders Society on February 21, 2020 to address response challenges for their rural, remote, and isolated communities.</p> <p>3. Moving Forward with the Discussion Paper and Engagement Plan</p> <p>The Ministry and BCEHS will continue to liaise with UBCM for advice on how to consult at key validation points. Additionally, to ensure patient’s voices are heard, and are consistent with dialogue at UBCM, the Ministry is working with the Patients Voices Network to establish a survey and focus group to ensure patient thoughts and opinions are incorporated into this work.</p>
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			<p>4. Consultation Process</p> <p>The consultation process is being led by the Ministry of Health to engage with local governments to ensure that BCEHS can implement a coordinated approach to pre-hospital care that results in signed agreements outlining roles and responsibilities and confirms first responders are being notified of events where first responders can best contribute.</p> <p>Consultation will occur with municipal and/or regional districts as it is understood they would have authority/accountability over entering into a collaboration agreement. This process will begin with the discussion paper being sent to all municipal or regional CAOs for their feedback, followed by meetings with key stakeholders with unique circumstances related to coordination of pre-hospital care. Initial feedback is being sought from these groups by April 30, 2020. This feedback will inform the Ministry and BCEHS on what the required next steps are. BCEHS will continue to utilize existing first responder advisory groups that meet on a regular basis to gather their feedback on the discussion framework. These groups include:</p> <ul style="list-style-type: none"> • RAAC: March 23, 2020 • Fire Chiefs Association of BC: March 20, 2020 • Greater Victoria Fire Chiefs Association • Greater Vancouver Fire Chiefs Association • Rural First Responders Working Group: March 5, 2020 <ul style="list-style-type: none"> ○ New working group intended to mirror the metro Vancouver BCEHS RAAC working group but with a focus on addressing unique challenges and gaps in rural BC, including a review of notification practices within rural communities. <p>Following the initial consultation period at the end of April, the Ministry and BCEHS will determine if more consultations are needed. This will be an important decision point in determining next steps. Once communities have been heard and appropriately consulted with, a new Collaboration Agreement can be finalized and individual operational response plans can be developed with communities.</p> <p><u>Confirmation that first responders are being notified of events where they can best contribute to patient care</u></p> <p>Progress Assessment: Partially implemented</p> <p>This will continue to be a priority and the Ministry will work with BCEHS to ensure it is part of the discussion moving forward. BCEHS currently has two key approaches to confirm that first responders are being notified of events where they can best contribute to patient care.</p>
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			<p>1. Ongoing Review, Monitoring and Adjustments to the Clinical Response Model (CRM)</p> <p>In May 2018, BCEHS introduced the CRM to guide dispatch in assigning resources to a call and aligning with global best emergency medical service practice to shift from a time-based response model to a clinically-based response model.</p> <p>Since introducing the CRM, BCEHS has undertaken regular reviews as part of the ongoing monitoring and improvement of the response model. In January 2019, BCEHS implemented software to automatically notify first responders of calls where the expected response time is greater than 10 minutes to reduce the element of human error and improve accuracy of responses. Additionally, BCEHS reviewed how suspected overdose events (of any kind) are categorized and dispatched and BCEHS adjusted notifications to first responders.</p> <p>In October 2019, BCEHS established a medical oversight and clinical audit process for the CRM. The clinical audit process is a quality improvement process that seeks to improve patient care and outcomes through a systematic review of care. These reviews are led by BCEHS Clinical Medical Programs and involve regional medical directors, paramedic practice leaders, dispatch and others across BCEHS as needed. There are two key processes that support regular review of the response model:</p> <ul style="list-style-type: none"> • Internal quarterly review of CRM: clinical audit undertaken each quarter. • External bi-annual review of CRM: meet with external groups. This process happens twice a year and includes first responder agencies. <p>2. Addressing Rural Notification and Responses</p> <p>It is recognized that in rural communities in addition to clinical acuity, geography, access to health services and distance all impact the need for first responders. For this reason, BCEHS established a rural first responder working group to address notification practices and challenges in rural BC. This has been a priority in consultations to date, including at meetings with individual stakeholders, as well as at the UBCM Convention and the Electoral Area Directors Forum. Membership for the Rural First Responders Working Group is attached in Appendix B for reference.</p>

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