City of Richmond

Report to Committee

To:	Community Safety Committee	**Date:**	March 28, 2014
From:	John McGowan Fire Chief	**File:**	99-Fire Rescue/2014-Vol 01
Re:	**BC Ambulance Service – Dispatch Protocol Changes**		

Staff Recommendation

1. That the Fire Chief continue to update Council on the impacts of the BC Ambulance Service dispatch protocol changes, and

2. That staff continue to work collaboratively with BC Emergency Health Services, to further develop the emergency medical care system for the citizens of Richmond.

John McGowan
Fire Chief
(604-303-2734)

REPORT CONCURRENCE	
CONCURRENCE OF GENERAL MANAGER	
REVIEWED BY STAFF REPORT / AGENDA REVIEW SUBCOMMITTEE	INITIALS:
APPROVED BY CAO	

Staff Report

Origin

On November 13, 2013, the Community Safety Committee was briefed on the proposed changes to the BC Ambulance Service Medical Priority Dispatch System. An analysis of the impact of those changes to Richmond Fire Rescue's service to the public has been performed.

This report supports Council Term Goal 1:

> *To ensure Richmond remains a safe and desirable community to live, work and play in, through the delivery of effective public safety services that are targeted to the City's specific needs and priorities.*

Background

BC Ambulance Service (BCAS) reviews the Medical Priority Dispatch System (MPDS) and the Resource Allocation Plan (RAP) in relation to calls for medical services on a regular basis. Changes were made to BCAS's RAP in 2006 and again in October 2013.

BCAS uses MPDS to determine and categorize medical calls for service. Once the severity of the patient is determined the system allocates the appropriate resources and the priority for the speed of the response. The priority speed of response refers to the Code of the response mode: for example: Code 3 - "emergency" (lights and sirens), Code 2 - "routine" (no lights or sirens), or Code 1 - "no response" (attend as resources allow).

The 2013 MPDS and RAP review and analysis resulted in a downgrading of response to 74 of the 1,160 types of medical call types. These 74 call types that were previously determined to be Code 3 or "emergency" (lights and sirens) were downgraded to Code 2 "routine" (no lights or sirens).

Analysis

<u>First Responder Medical Services by Richmond Fire-Rescue</u>

RFR's medical First Responder services include:

1. Responding to medical calls as required.
2. Attending scenes for patient injury assessment, care, and stabilization for hospital transport by BCAS as necessary.
3. Managing, in the case of motor vehicle incidents (MVIs):
    a. scene traffic safety
    b. environmental matters
    c. potential for fire, explosion or other hazardous matters
    d. patient extrication and stabilization for hospital transport by BCAS
4. Communicating with BCAS about patient condition and service needs.

RFR continues to deliver its first responder services as outlined above and as time and circumstances permit, enhances the service by:

1. Providing, through an early presence, the ability to provide critical care intervention such as scene stabilization, hazard mitigation, airway managements, Cardiopulmonary Resuscitation and all other interventions as determined in the First Responder scope of practice.
2. Provide a sense of safety and comfort to the patient, family members and other persons who may be vicariously affected at the scene.
3. Providing, as appropriate, education and prevention information (ie. slips, trips and falls prevention / vial of life program).
4. Answering questions and assisting others on-scene.

Response Data

Changes were made to BCAS RAP response protocols on October 29, 2013. In Figure 1, a comparison is made of four months of recent RFR response data compared to the same period from the previous year.

Figure 1: Summary of Call Types

Date Range	Total All RFR Call Types	Total RFR Medical Calls	Number of Calls in Downgraded Event Types
Nov. 1, 2012 to Feb. 28, 2013	3,092	2,295	676 (29%) (208 MVI / 468 Medical)
Nov. 1, 2013 to Feb. 28, 2014	3,209	2,323	820 (35%) (272 MVI / 548 Medical)

Figure 2 depicts the impact of the protocol changes on RFR's First Responder medical incident responses for the 74 downgraded event types.

Figure 2: RFR Response Changes for the 74 Downgraded Event Types

Date Range	Number of Calls in Downgraded Event Types	RFR First on Scene with Patient	RFR First on Scene Average Wait Time for BCAS	Medical Calls with a 40+ minute BCAS Wait Time
Nov. 1, 2012 to Feb. 28, 2013	676	251	5.82 minutes	2
Nov. 1, 2013 to Feb. 28, 2014	820	404	15.5 minutes	31
Change	↑ 144	↑ 153	↑ 9.68 minutes	↑ 29

The effect of the change in the RAP and subsequent dispatch protocol on Richmond is:

1. An average 9.68 minute increase in wait time for ambulance arrival.
2. An increase of 29 incidents where wait time for ambulance arrival exceeded 40 minutes.

Change Process

In 2006 and again in late 2013, BCAS unilaterally amended their RAP. The RAP changes were based on a patient outcome review by BC Emergency Health Services (BCEHS). This review analysed the patient outcomes of all medical events that BCAS attended. The analysis took into account only the medical interventions that were documented by BCAS Ambulance attendants and their effect on patient outcomes. The review did not factor in the interventions that First Responders had in the patient outcome.

BCEHS subsequently stated that they are committed to consulting with municipalities and First Responder groups such as the Greater Vancouver Fire Chiefs Association (GVFCA) before any further changes to the RAP are implemented.

Shortly after the introduction of the October, 2013 changes BCEHS met with the:

1. Fire Chiefs' Association of BC
2. BCEHS First Responder Committee
3. Several Fire Department Representatives from across BC
4. RAP Working Group

The BCEHS also presented the RAP review to the delegates at the UBCM in September, 2013.

The changes to the BCAS RAP have the potential to commit RFR resources for an extended period of time at medical events. This could impact RFR's response capabilities to fire incidents, as fire apparatus would be tied up longer at medical events and unavailable for assignment to fire incidents.

Issues and Actions

Metro Vancouver Fire Departments engaged BCEHS in discussions on issues with the 2013 changes in the delivery of First Responder services. The discussions have been primarily through the Fire Service representatives on the BCEHS First Responder Committee and the GVFCA.

The issues identified with the 2013 BCEHS RAP changes are generally as follows:

1. Increase in ambulance wait times by patients and municipal First Responders.
2. Exclusion of Fire Service data from BCEHS patient outcome analysis.
3. Appropriateness of response mode in relation to patient needs.
4. A consultation process with the Fire Services that is meaningful.
5. A governance process that allows municipal Councils, who pay a portion of the single taxpayer service, a voice and partners involvement in decision making.

The GVFCA presented its issues with the 2013 RAP changes at meetings with BCAS and BCEHS representatives on November 14, 2013, and with the BCEHS Board on December 5, 2013, and requested that the BCEHS:

i. Work with the GVFCA and establish a committee to review the BCEHS findings and evidence and include municipal First Responder data in future reviews.

ii. Develop a consultative and collaborative process, before changes are made, that involves local government decision makers and provides opportunities for concerns and/or possible solutions inclusion from municipal partners involved in the delivery and funding of pre-hospital care.

Several Metro Vancouver Fire Chiefs are reporting to their respective Councils on the RAP changes, issues and service impact on their community.

Moving Forward – Local Government Involvement

Although there are no further changes anticipated to the RAP by BCEHS at this time, they have, in a November 12, 2013 letter to local governments, offered:

a) Briefing to those municipalities interested; and

b) Agreement with the GVFCA that local governments should also have a voice in the First Responder Program.

RFR communicated interest in providing input into the RAP and having a voice, however is waiting for BCEHS to initiate a process.

In the interim, RFR will continue to monitor the impact of the changes to BCAS response plan on Richmond Fire-Rescue and present Council with opportunities for local government input into the service delivery.

Financial Impact

None.

Conclusion

RFR will continue to seek opportunities to influence positive change to First Responder medical services which support Richmond as a safe and liveable city.

John McGowan
Fire Chief
(604-303-2734)