

DATE: May 15, 2024

TO: MAYOR AND COUNCIL

NAME AND TITLE: Eric Depenau, Acting Director Administrative Services

SUBJECT: PG Fire Services Response Levels

ATTACHMENT(S): None.

RECOMMENDATION(S):

THAT Council RECEIVE FOR INFORMATION the report dated May 15, 2024, from the Acting Director Administrative Services. titled “PG Fire Services Response Levels.”

PURPOSE:

The following report is provided in response to a motion of Council on March 11, 2024, that “directs administration to review the BCEHS agreement for time critical calls, including comparison to other municipal agreements, and brings forward recommendations for council consideration including amendments to the agreement and advocacy efforts to ensure the “essential pre-hospital emergency health services” the City of Prince George provides is fairly and equitably reimbursed”.

BACKGROUND:

To help provide context, a review of Medical Aid Incidents and the PG Fire Rescue response process is provided:

What are the tiers of service:

BC Emergency Health Services (BCEHS) is the governing body overseeing prehospital care. Prehospital care can be defined as the response, treatment, and transport of a patient who is unable to get to a hospital themselves. Generally, prehospital care consists of the BC Ambulance Service (BCAS) and First Responder fire departments.

In 2020, BCEHS shifted the prehospital care model from the Resource Allocation Plan (response time focused) to the current Clinical Response Model (CRM). The CRM is divided into six (6) categories, aimed at simplifying the patient condition (Fact Sheet below).

FACT SHEET

Patient Condition	Colour
Immediately life threatening (Eg. Cardiac Arrest)	Purple
Immediately life threatening or time critical (Eg. Chest Pain)	Red
Urgent / Potentially serious, but not immediately life threatening (Eg. Abdominal Pain)	Orange
Non-urgent (not serious or life threatening) (Eg. Sprained Ankle)	Yellow
Non-urgent (not serious or life threatening). Possibly suitable for treatment at scene ** NOT Being implemented immediately	Green
Non-urgent (not serious or life threatening) Further clinical telephone triage and advice Referrals to HealthLink BC (8-1-1 calls)	Blue

BCAS can be viewed as the authority having jurisdiction on Prehospital care. First Responder fire departments are a local support mechanism to the program. BCAS will receive the 911 call, triage the caller and categorize the patient into the CRM. Most fire dispatch centres have a direct computer-to-computer link with BCAS, where the Computer Aided Dispatch software (CAD) is configured to automatically send call data to the fire dispatch centre for 'Red' and 'Purple' CRM categories. The BCAS CAD system may also automatically send 'Orange' category incidents to the Fire Dispatch Center or may pass the details through a phone call.

Costs associated with each tier of service:

Under our current reporting, tracking and inventory system, it is not possible to provide cost estimates relating to the different tier levels. This is based on the response model, as there are currently three scenarios that unfold during a medical aid incident.

- The First Responder Fire Department arrives on scene prior to BCAS, makes contact with the patient and starts treatment protocols, transfers the patient to BCAS upon their arrival, and may assist with packaging and loading the patient into the ambulance.
- The First Responder Fire Department arrives on scene after BCAS arrival. The fire crew may immediately start assisting BCAS with patient treatment, packaging and loading; they may stand by while BCAS conducts their assessment, and then assist; or may be released upon arrival, after BCAS assessment.
- The First Responder Fire Department may be cancelled while on route the incident.

Within the first two bullets, there are many possible scenarios on the level of treatment that is provided to the patient, from very minimal (with little to no equipment or medicine use), up to and including very complex treatments (with extensive equipment and medicine used). These scenarios are spread across the CRM spectrum. Extensive resources can be expended on an orange incident, while no equipment or medicine may be used on a purple incident.

Prince George Fire Rescue dedicates the first three months of each year focusing on our First Responder program. Our Emergency Medical Responder Lead is seconded to a straight day shift pattern to focus on ensuring all members have completed requirements to retain their license, conduct specific training, and to conduct a review of our overall program.

This year (2024), attention has been placed on inventory management and procurement of medical supplies and medicine. It was determined that our primary supply chain during COVID was disrupted, resulting in securing backup plans for maintaining our equipment inventory. The review has confirmed that pre-COVID supply chains are again available and may in some cases result in more efficient and cost-effective sourcing going forward. These options are being explored by staff.

Comparison of appropriate municipalities:

To provide some context to the various methods of First Responder Fire Department prehospital delivery, two scenarios are offered, one from Vancouver and Surrey Fire Rescue and the second from Prince George and Delta Fire Rescue.

Vancouver and Surrey Fire Rescue:

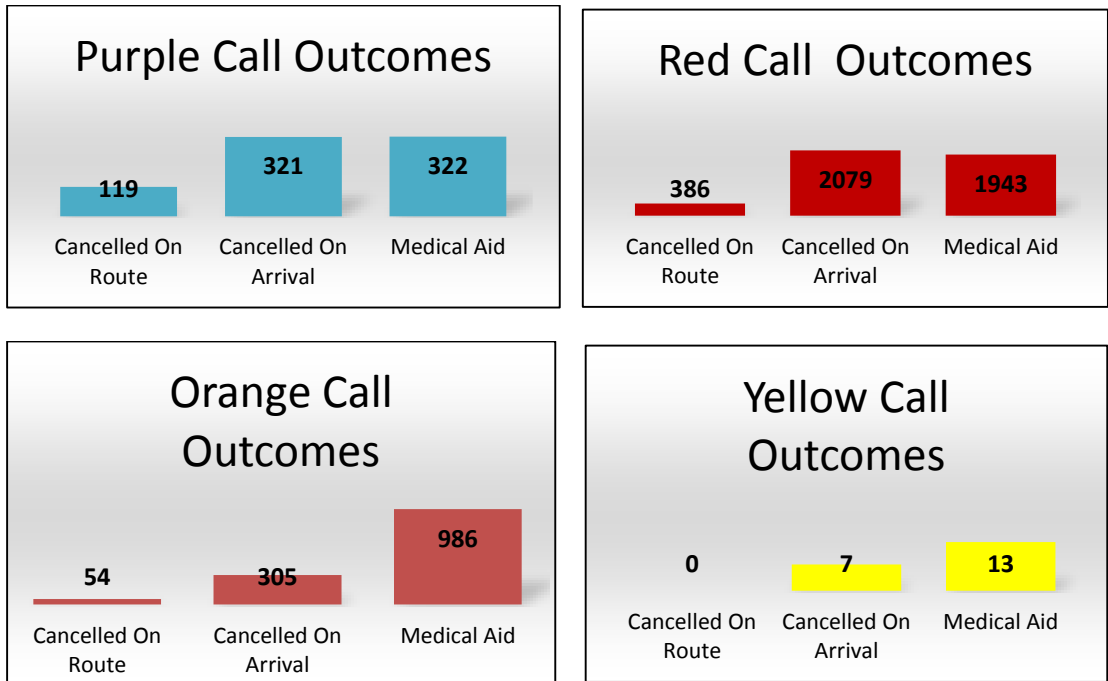
In the spring of 2022, both departments found a significant increase in call volume, where 50% of the first line fire crews were tied up on medical aid incidents, with significant wait times for an ambulance to arrive. This drastically restricted their ability to provide coverage for the other all-hazard incidents within their communities. Both departments worked with BCEHS on possible solutions and ultimately landed on reducing the response to the low acuity 'Orange' CRM incidents. Out of this, both departments saw a drop in their medical response, allowing them to be available for the other all hazard incidents.

Prince George and Delta Fire Rescue:

These two departments are similarly sized, both with large geographic municipal boundaries. During the same time frame as Vancouver and Surrey, both experienced increased call volumes and wait times for BCAS arrival. Neither department experienced as significant of challenges as those experienced in Vancouver and Surrey. Here in Prince George, staff were monitoring the delays in BCAS arrival (and continue to monitor delays presently) and had very few instances where PG Fire crews were tied up on medical aid incidents that would have resulted in delays responding to other incidents. PG Fire therefore did not see a need to reduce the response to 'Orange' incidents.

In working with local partners, such as BCAS, PG Fire had a collective belief that our response, treatment and assistance to patients in the 'Orange' category may prove to reduce the chance of that patient deteriorating into a 'Red' or 'Purple' category. Explained another way, a person having to call for an ambulance for any reason likely is that person's worst day, and our department's ability to arrive on scene in a timely fashion and assist is believed to have a profound effect on reducing the stress levels of the patient and bystanders.

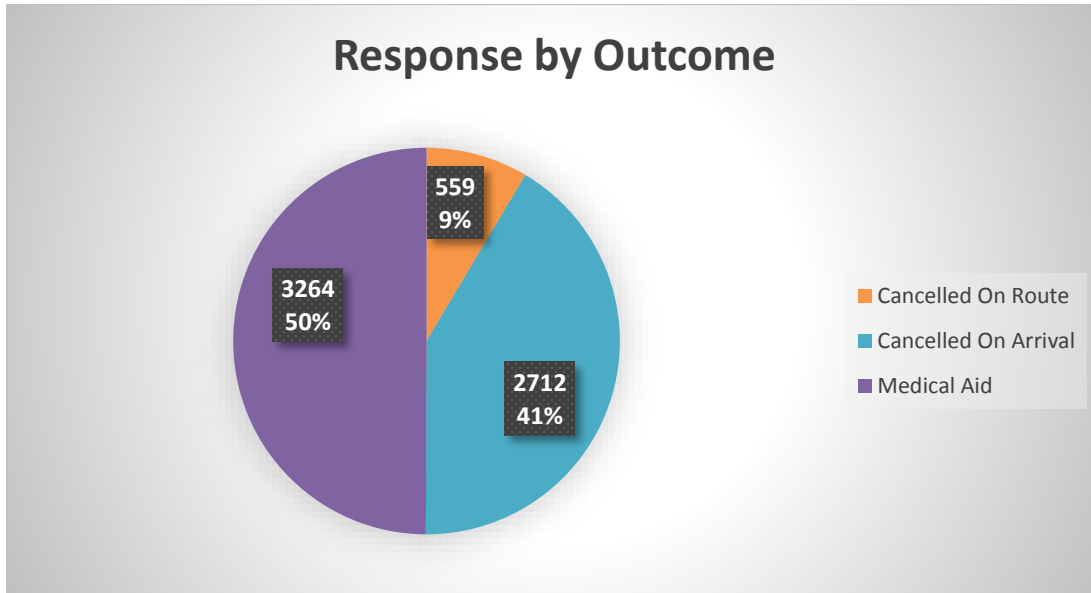
The following graph depicts the 2023 medical response by CRM and the ultimate support Fire Services provided for each colour.



Recommendations moving forward:

Reviewing Prince George Fire Rescue medical response incidents for 2023 and comparing to the three response scenarios listed earlier, approximately 50% of our response resulted in our arrival on scene and assisting the patient and BCAS. With treatments ranging from assisting BCAS with package and load, right up to full overdose/cardiac arrest protocols. Approximately 40% of our medical aid responses saw

our crews arrive on scene and released by BCAS without requiring treatment/assistance. Crews were cancelled while responding to 9% of our medical aid incidents.



Based on the information provided within this report:

- staff recommend maintaining the present service levels and approach.
- No recommendations specifically regarding the content of the BCEHS agreement were noted during review.
- Advocacy efforts that would help reduce the costs of delivering services, especially where there is a relationship with a provincial area of jurisdiction, such as managing mental health and addictions, are recommended.

As example, continuing advocacy to the Minister of Mental Health and Addictions and Minister of Health related to the costs stemming from overdose related medical calls (such as the purchase of nasal and intermuscular naloxone and tools used to manage airways) is recommended. This action is not included as a recommendation in this report as previous resolutions have been provided to staff with this direction.

STRATEGIC PRIORITIES:

Discussion on PG Fire Rescue service levels and the associated costs can be viewed as supporting the priorities of City Government and Infrastructure as outlined in Councils Strategic Plan.

FINANCIAL CONSIDERATIONS:

No financial considerations stem from the recommendation as presented in this report.

SUMMARY AND CONCLUSION:

This report is intended to respond to a request of Council. The report provides an overview of PG Fire Rescues full-service delivery as it relates to the Clinical Response Model. The department is not requesting changes to the level of response and notes challenges in separating expenses by category of call out.

Council may be able to support the department in delivering service by advocating measures that reduce the cost-of-service delivery such as continuing to request the province reimburse municipalities for the cost of actions related to the provincial jurisdiction of mental health, health and addictions.

RESPECTFULLY SUBMITTED:

Eric Depenau, Acting Director Administrative Services

Prepared by:

Cliff Warner, Fire Chief, Fire Services

APPROVED:

Walter Babicz, City Manager

Meeting Date: 27 May 2024