



May 11, 2021

Paramedic & Dispatcher Staffing & Workload Committee Briefing Note Scheduling & System Proposed Solutions

Background:

With staffing, recruitment and retention issues being faced by BCEHS, the APBC is pleased to present a briefing note with respect to scheduling, administration and systems issues and potential solutions. This briefing note is meant for discussion purposes only and is not intended to provide the Union's official position on any particular issue.

The Union remains supportive of addressing key issues and providing innovative solutions that address these issues. In addition, the Union is agreeable to joint recommendations to policy makers and funders that spotlight the positive results of addressing these issues now and long term.

As discussed at the last joint committee meeting, scheduling and scheduling systems were identified as one of several "buckets" the parties wished to work together on, in an attempt to improve service delivery, Employee wellness and decrease out of service (OOS) units.

It should be noted that, due to the complex relationship of scheduling to many other areas in the organization and Collective Agreement, we may touch briefly on those areas. A perfect example of this is the relationship of effective scheduling to the annual vacation allotment and selection process. The more predictable vacancies that can be identified and scheduled during holiday picks, the easier the yearly scheduling process becomes. Another example would be the relationship between the available Full-Time (FT) staff and ability to fill shifts. Increased recruitment and orientation of FT staff and a decreased reliance on unpredictable overtime and On-Call staff will result in less vacancies that need to be filled.

In addition to the above, scheduling practices have a direct impact on Paramedic and Dispatcher workload. Workloads were identified as a key stressor in the Canadian Standards Association (CSA) 2018 Z1003.1-18 - *Psychological Health and Safety in the Paramedic Service organization* (PSO). This Paramedic Association of Canada (PAC) lead, pan-Canadian group of stakeholders included representatives from both the BCEHS and APBC. Further, in a 2019 BCEHS gap analysis on the above standard, it noted, among many other issues, the following:

Necessary to this process, will be to understand and address workload management issues – an important protective factor which contributes to both the collective and self-efficacy of workers chronic stressors inherent to the work. The gap analysis and CSA Standard suggest the following areas for review to include: Paramedic partners, overtime, shift change practices, adequate coverage, conditions of stations, call volume, high and low acuity calls, and call duration¹.

In remote and rural stations, monthly scheduling is primarily done by station Unit Chiefs (UC) and then “entered” by Provincial Time Keeping. Day-to-day management in many cases is by a mixed practice; staff on duty, other UCs, Managers, dispatch, Off Car Unit Chiefs (OCUCs) etc. There are many areas in the workflow from availability submission to schedule generation that are susceptible to data entry error. The ability to have local supervisors intervene and correct scheduling issues has resulted in lower shift vacancies. The main issue of scheduling in rural and remote communities is the inequity of earning potential. Incentivizing shift earning potential will result in less OOS units/shifts.

Urban and Metro Posts are scheduled by the centralized Provincial Scheduling Office (PSO) with little or no frontline supervisor (UC, OCUC, manager) involved. Since the move to a shared services model, scheduling challenges and errors have continued to increase. Part of the reason for this is;

- PSO is not a 24/7 operation
- PSO is not solely dedicated to BCEHS operations
- PSO is not connected to other (HR, LR, TA) areas of the BCEHS like previously
- Timekeeping is entering data after the month has started
- There is very little, if any, Paramedic and Dispatch operational oversight
- Inability to optimize the Irregular Staff
- Failure to reassign staff who are already scheduled
- Failure to operationalize best practices in last minute scheduling
- Overreliance on unpredictable on-call and overtime staff
- Failure to schedule Advanced Care Paramedic (ACP) vacancies appropriately
- Overreliance on OCUC’s to “fix” scheduling issues

¹ Canadian Standards Association: Psychological Health and Safety in the Paramedic Service Organization Z1003.1-18
BCEHS Gap Analysis Report March 7th, 2019 p7-8
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Proposed Solutions:

Rural and Remote:

- Strategic rollout of provincial Fox conversation to stabilize base shifts in province
- Implement processes to ensure optimization of Kilo resources to be used for Inter facility Transfers, cross covers, to ensure maximizing earning for kilo cars.
- Consider reclassification of units that do a threshold of callouts per year to paid units
- Consider funding a “Locum” style system for difficult to staff stations on a short-term rotation
- Decrease potential for data entry error in scheduling system
- Empower local UC’s to maintain and troubleshoot scheduling issues
- Consider all potential incentives to keep staff in stations (training funding and commitments, etc)
- Consider returning to a Centralized District Supervisor model to optimize and support local UCs and managers.

Urban and Metro:

- An immediate influx of resources to offset the out of service numbers, high workloads in Urban and Metro areas
- Consider a scan and analysis of historic needs and vacancies to address real needs as opposed to just predictable leaves (Sanderson formula)
- The complete review and restructure of the Provincial Scheduling Office (PSO) including, but not limited to, integrating operational supervisors to ensure systems, administration and operational efficiencies.
- The establishment of a S9 like platoon Superintendent and returning to a District Supervisor model to optimize and support local UCs and Managers.
- Consider a trial LOA with APBC to use ACP and specialized crews for overtime shifts correctly to allow for increased PCP availability
- Decrease the interval and volume of Vancouver Post hiring (old 90 day cycles)
- Consider scheduling blocks of training. OSH, during holiday selections
- Implement a temporary moratorium on hiring non-crew positions (PS, manager, PPed, etc)
- Consider on-going funding to address shortfalls in pre-qualified vacancies (healthcare model)
- Allow staff to request targeted shifts should they come up for vacancies
- Consider voluntary cancellation of vacation blocks
- Environmental scan on national workload (UU/UHU) and solutions
- Targeted investment (TI) and work on the reduction of unit hour utilization (UHU) including extra resources and demand mitigation (Metro CP)

