



March 16, 2021

Briefing Note

Paramedic & Dispatch Staffing Solutions

Background:

With the recent staffing, recruitment and retention issues being faced by BCEHS, the APBC is pleased to present a briefing note identifying some key “wicked 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 is supportive of addressing key issues and providing innovative solutions that address these wicked 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.

It is important to note that, the issues identified below will also be impacted by the move of the profession to baccalaureate entry to practice.

Identified Key Issues:

The significant staffing, recruitment and retention operational issues can be bucketed into distinct geographical service delivery areas within BCEHS. They are: 1) remote & rural and 2) urban and metro. These geographic buckets identify the fundamental challenges of each group that are leading to system-wide impacts to the delivery of timely, high quality paramedic services to the communities that they serve.

In remote and rural stations, the two (2) most significant issues impacting operations are:

- Recruitment and
- Retention

In urban and metro stations, the two (2) most significant issues impacting operations are:

- Paramedic and Dispatch workloads and
- Insufficient pool of applicants for advanced (CCP and ITT) and dispatch (EMCT, EMD) training.

While the above issues are obviously not exhaustive, they represent key factors that underpin a vicious cycle that, left unaddressed, will result in devastating impacts to service delivery and paramedic and dispatcher wellness. For each of the above identified issues, there are both system and human factors that have both short- and long-term solutions.

Rural and Remote:

In rural and remote stations, recruitment has seen a significant reduction since the early 2000's. Prior to 2004, while recruitment was a challenge in some stations, the trade-off for working in an On-call station was employer funded, entry level paramedic training. Today, unlike pre-2004, potential new hires to BCEHS have a choice of where to seek employment as a paramedic when they graduate from their respective programs. In addition, the incentive to seek employment with BCEHS compared to private industry, other public safety organizations (fire, police, corrections, military, etc.) and/or allied health disciplines (MD, RN, RT, etc.) or even other paramedic services has significantly decreased. The onboarding time of new applicants has also significantly increased.

The challenges of recruiting paramedic qualified applicants into positions that are not hourly wage paying has also compromised retention of most paramedics into their initial onboarding station. In any system that is based on pay for service, there will be an inherent transient movement from low volume to higher. The internal joke is that you spend your entire on-call career trying to get into Vancouver and your entire full-time career trying to get out.

There are several solutions that could be implemented to help stabilize staffing in rural and remote stations:

- Have a dedicated office of the recruiter and regional staff (must be paramedics)
- Streamline the application and onboarding process with TA/HR
- Enhance capacity in TA/HR with utilization of local operations and supervisors
- Enhance pre-employment screening
- Review Article E3.02(a) in terms of definition related to "training areas".
- Review potential training commitment options similar to Article 13.04(d)
- Review potential training commitment options similar to the old Letters of Agreement.
- Consider reclassification of units that do a threshold of callouts per year to paid units
- Consider maintaining a distinct, stand-alone Community Paramedic program
- Consider funding a "Locum" style system for difficult to staff stations on a short-term rotation
- Consider consolidation of grants and targeted funding (TI) for rural & remote education
- Seek partnerships with ISC/INAC and others to fund indigenous PCP/CP education and resources
- Enhanced, local, modular or bridging style targeted training delivery methods
- Targeted and local specific recruitment and retention methods that meet community demographics (I.e., Indigenous, industry etc.)
- Development of career engagement in secondary and post-secondary institutions to make Paramedic and Dispatchers profession career planning and preparedness.
- Development and implementation of Paramedic and Dispatcher campaign and program to recruit into profession and service



Urban and Metro:

In Urban and Metropolitan communities, the two (2) most significant issues impacting the delivery of timely, high quality access to paramedic care are the significant workloads for street crews and dispatchers and the ever-decreasing pool of qualified candidates to fill paramedic and dispatch vacancies. With every full time hire into metropolitan posts, the surrounding “feeder” stations are depleted of human resources. This creates a vicious cycle of removing staff, and in some cases, the ability to deliver Primary Care Paramedics (PCP) to urban, rural and remote communities. In addition, the workforce is changing. People are less motivated to leave their home communities and come to one of the most expensive places in Canada to live (Lower mainland and south Vancouver Island). The only way to combat this is to provide incentives (wage, benefits, shift patterns, work/life balance options, etc).

We know that the call volume is increasing approximately six (6) percent per year¹ and with the physical and psychological impacts of the COVID pandemic, the opioid crisis and increasing demand for service, the workload is not sustainable. We are seeing increased STIIP, WCB and psychological illness and injury rates, which result in a decrease in healthy staff to fill dispatch and paramedic vacancies. This contributes to the negative effect of depairing, and on duty crews having to carry the burden of a significantly reduced fleet. While we recognize the great work in call mitigation and additional resources that have been added, it is simply not keeping up with the increased demand.

Since the inclusion of fee for service training and the ability to hire outside of the service in 2004, we have seen continual problems in producing quality candidates to fill vacant Advanced Care, Critical Care (including ITT) and dispatch positions. For example, in the last ten (10) years, there have only been minimal external applicants that have filled advanced care positions.

The reduction of advanced care paramedics entering the Service leads to a reduction in pre-qualified candidates to compete for Paramedic Specialist (PS), Critical Care Paramedic (CCP) adult specialty and Critical Care Paramedic (CCP) neonate, and maternal specialty. In addition, because the Employer does not control pre training selection suitability anymore, there have been times when excessive time, effort and funds have been wasted on employees who simply cannot practice to the expected standard and eventually are exited. This was a very rare occasion prior to 2004, when the Employer, and to some degree the Union, controlled the pre training screening process.

Do to the unique and limited resources within our Communication Centres, we need enhanced and practical staffing ratios. Ensuring, appropriate call taker to EMD ratios to ensure service delivery needs are met.

¹ BCEHS ORH response, page 1
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Communications Centre are seeing higher than usual numbers of psychological illness and injuries which is impacting staffing. We need to provide proactive benefits and psychological support.

Explore the possibility of recruitment and bridge training initiatives for other public safety communications professionals. In addition, the organization should develop enhanced training for call demand mitigation.

There are several solutions that could be adopted to address the workload and human resources factors mentioned above:

- An immediate influx of resources to offset the high workloads in Urban and Metro areas
- A commitment to reduce the UHU of crews to a sustainable level
- An environmental scan of other paramedic services to determine UHU benchmarks
- An environmental scan of other similar paramedic dispatch centres to set benchmarks
- 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 use of ACP overtime shifts correctly to allow for increased PCP availability
- Consider the use of grants and targeted investments (TI) to fund internal ACP training
- Consider on-going funding to address shortfalls in pre-qualified vacancies (healthcare model)
- Work with advanced education and the JI to modularize advanced training (increased access and CME)
- Consider incentives for urban and metro internal and external vacancies (PG adjustment)
- Utilize Article 13.05 for targeted training
- Proactive system changes in TA/HR for hiring and staffing
- Positions are filled on historic needs and vacancies and anticipated vacancies as opposed to waiting for 3 month hiring cycles to fill
- Building capacity within TA and HR for Streamlining, posting systems and timelines to ensure more timely hiring and staff movement.
- Review of frontline supervision and special project initiatives to ensure adequate staffing and backfilling while minimizing impact on “operations” building efficiencies with an environmental review and scan of current supervision and staffing needs
- Consider scheduling blocks of training during holiday selections

