

DISPATCH REVIEW REPORT – ON-CALL SHIFT EXTENSION JAN 28, 2020

PURPOSE AND SCOPE:

During collective agreement bargaining, the Ambulance Paramedics and Dispatchers Bargaining Association (APADBA) and the Health Employers Association of BC (HEABC) signed a Memorandum of Understanding (MoU) with a view to minimize incidents where callout units are dispatched on transfer work at or near the end of an on-call or standby shift. This report highlights the findings and recommendations completed by BCEHS' Review Committee from December 2019 – January 2020.

BACKGROUND:

We need to provide strategies and solutions to ensure patients arrive at their appointments on time by paramedic crews that are well rested and prepared to provide optimal care.

Currently Kilo units are activated by each of the respective dispatch centres for pre-hospital events along with Inter-Facility Transfers (IFTs). The kilo units once activated are paid for a minimum of a four hour call out along with any additional hours worked.

Historically Kilo units are utilized to facilitate the majority of long-distance transfers across the province with the intent to keep fox and full-time units in the community. This practice has been beneficial for response times for pre-hospital events within the community.

FINDINGS:

- 2018/2019 fiscal year data shows that 3% of kilo shifts are extended by 60 minutes or more due to low acuity IFTs (Yellow, Blue, Green)
- Historically kilo shift over-runs have not been tracked and monitored and no reporting mechanisms have been put in practice
- Low acuity IFTs usually have a defined pick up time, whereas Kilo units are activated immediately. The inability to activate Kilo units 'in advance', coupled with the variation in kilo unit chute times make it challenging to plan a patient transfer journey accurately
- Consequently, there is variation between dispatch centres in the use of kilo units, and variation in how dispatchers are trained to deploy kilo units
- Long distance transfers with travel times over 5hrs present the highest likelihood of shift extension and need careful planning with health authority partners
- Shift extensions may be occurring due to inconsistent use of the non-medical algorithm provincially for low acuity (Blue/Green) IFTs, where the use of an alternative service provider would have been more appropriate
- Two-way communication between paramedics and dispatchers could be standardized when planning out and assigning long-distance transfers to ensure activation and pick up times are optimized

RECOMMENDATIONS:

SHORT-TERM (FEB 2020-MAR 2020):

Recommendations have been developed considering patient needs, crew and patient safety, fiscal responsibility and accountability.

1. During transfer pre-planning for low acuity (Yellow/Green/Blue) IFTs, dispatchers will ensure planned completion is prior to the end of their regular scheduled shift. Considerations will be made in the use of patient handovers to ensure crews can return before shift end.
2. If the transfer cannot be assigned without an expected shift overrun, the dispatcher will follow an escalation protocol by consulting with a Supervisor and/or Clinical for clinical and operational requirements prior to deployment. Based on patient clinical requirements, the extension will be approved or alternative plans considered with health authority facilities.
3. Delays may occur during a transfer event due to factors outside the dispatchers control, such as the patient being ready for pick up, or travel times. Shift over runs of up to 60 minutes will not be considered a planning failure.
4. A robust reporting mechanism will be put in place to ensure all tiers of leaders in Dispatch and Patient Care Delivery are periodically monitoring and assessing outcomes. Reports will indicate the number of shift over runs that are greater than 60 minutes in duration caused by the assignment of Green, Blue and Yellow IFTs. Leaders will be responsible for minimizing the number of these incidents.
5. Communication protocols between paramedics and dispatchers will be reviewed to identify opportunities for improved clarity in the assignment of low acuity transfers. It is equally important for dispatchers to set clear expectations, and for paramedic crews to advise of any limitations or concerns. These protocols will be rolled out across all three dispatch centres.

Note these short-term recommendations are scalable in that they are not only applicable to Kilo shifts but can potentially be expanded to include all crews.

These short-term recommendations will adhere to the MOU timelines. An update on status of this work will be provided to the Joint Implementation Committee currently scheduled for March 25, 2020.

LONG-TERM (APR 2020-MAR 2022):

In addition, long-term recommendations were highlighted that will require solutions from detailed discussions with our health authority partners and are expected to include provincial transfer policies and the development of regional transfer plans based on new staffing models implemented through the collective agreement (SOC and Fox elimination). This work will be covered over the next two years.