

FAQs – BCEHS Clinical Response Model

OVERVIEW

What is the Clinical Response Model?

The Clinical Response Model is a new way for BCEHS dispatch centres to review, prioritize and assign calls. It will replace the current Resource Allocation Plan (RAP) with a colour-coded system.

Why are we changing to the Clinical Response Model?

In March 2017, the *Emergency Health Services Act* was updated to allow BCEHS to provide alternative clinical responses to patients calling 9-1-1. These responses may include providing clinical assessment, advice and follow-up over the phone, and they could include determining whether a patient should be transported to a location other than an emergency department or not be transported at all.

The new Clinical Response Model includes all these options to more closely match the help we provide patients with their clinical conditions. This will replace our current resource allocation plan, which assumes ambulance transport for every patient.

What is the new colour-coded system?

The Clinical Response Model places each 911 call into one of six colour categories (listed here from highest to lowest acuity):

Patient Condition	Colour	Crew Type	Hot or Cold (Code 2 or 3)
Immediately life threatening (Cardiac / respiratory arrest)	Purple	HLA	Hot (Code 3)
Immediately life threatening or time critical (advanced practice requested)	Red	HLA	Hot (Code 3)
Urgent / potentially serious but not immediately life threatening	Orange	PCP / EMR	Hot (Code 3)
Non-urgent (not serious or life threatening)	Yellow	PCP / EMR	Cold (Code 2)
Non-urgent (not serious or life threatening). Possibly suitable for treatment at scene	Green	TBD (Future Resource)	Cold (Code 2)
Non-urgent (not serious or life threatening). Further clinical telephone triage and advice appropriate	Blue	HealthLink BC	

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DETAILS OF THE NEW MODEL

How will the Clinical Response Model work?

All 9-1-1 calls will continue to be assessed using the international standard Medical Priority Dispatch System (MPDS). Based on the principal patient condition identified and the MPDS code (or determinant) generated, the call will be assigned a colour of Purple, Red, Orange, Yellow, Green or Blue.

The colour indicates the resource and response type (hot or cold) for an event, and it also indicates the relative priority of the call, with Purple being the highest priority.

Calls that are assigned the colour Blue will not be immediately dispatched. Blue calls will be transferred to HealthLinkBC for further clinical assessment by a nurse to determine if their need can be met without transportation.

At this time, no 9-1-1 calls will be assigned to the colour Green. Including Green within the Clinical Response Model allows for the future introduction of on-scene assessment and treatment protocols.

Will the Clinical Response Model improve response times?

The Clinical Response Model allows us to better focus on the calls where patient outcomes are dependent on the speed of response.

Currently the Computer-Aided Dispatch (CAD) system only recommends the diversion of a unit from an event that requires a cold (Code 2) response to an event that requires a hot (Code 3) response. In the new model, units will be diverted to any event of a higher priority colour. This will help reduce our response times to Purple and Red calls.

How will the Clinical Response Model improve low acuity responses?

The Clinical Response Model allows us to handle 9-1-1 calls differently if they are not time-critical. Currently, we pass approximately 3,500 Omega calls per year to HealthLink BC for clinical assessment and advice by a nurse. This resolves more than 90% of these cases without ambulance transportation. Under the Clinical Response Model, Omega calls will be assigned as Blue calls.

We receive 140,000 calls per year that are Alpha or Omega, and we estimate that slightly more than half of these calls could be resolved without ambulance transport. Introducing the Clinical Response Model lets us assign more calls to the Blue category over time, enabling our ambulance responses to focus on time-critical patients.

In addition, future introduction of dedicated response units to provide patient treatment at scene will enable the introduction of Green responses, which will let us more quickly meet patient needs and provide care closer to home. This will provide further improve our ability to respond more quickly to time-critical calls.

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Will this change how First Responders are dispatched?

At this time there will be no significant change to how we dispatch First Responders. They will continue to be requested as they are now – either through an automatic notification or a phone call.

We are working with First Responder groups to ensure that co-responses are focused on high acuity, time-critical calls. We will continue to notify First Responders of all time-critical calls (Purple, Red), any urgent calls (Orange) where the ambulance response is likely to take >10 minutes to arrive at scene, and any other call where:

- There is a known environmental or safety risk which requires First Responders to attend
- Paramedic crews on scene request backup for assistance, and there is no other paramedic unit available to support

The decision to respond remains at the discretion of the individual First Responder agency. We are also working with FR agencies to investigate ways to share dispatch statuses, to provide the best information for responding units.

What do I say if I get questions about this from First Responders?

The purpose of the Clinical Response Model is to provide patients with the most appropriate clinical care, and we're continuing to work with First Responders to align with that objective. If there are additional questions, please refer to your manager.

How will this change how transfers are dispatched?

The colour-coded system provides one consistent way for both 9-1-1 calls and inter-facility transfers to be prioritized.

Transfers are currently assigned as Red, Yellow, Green or Blue depending on the acuity and whether the patient is moving to a higher or lower level of care. These colours will map directly onto the corresponding colours of the Clinical Response Model.

Therefore a Red 9-1-1 call and a Red transfer will have equal priority for allocation of resources within the CAD system, while Purple 9-1-1 calls will always remain the highest priority call.

What if two competing calls have the same colour?

Where clinical prioritization decisions need to be made, dispatchers are supported by Paramedic Specialists in the CliniCall Support Services team. The Paramedic Specialists can also involve EPOS physicians in these decisions when needed.

Will Community Paramedic responses fit within the model?

Yes. Community Paramedics will continue to create their events as they do now, and CP events will show as Green. There is no change to the CP practice or workflow.

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IMPLEMENTATION

When will the Clinical Response Model be rolled out?

The transition from with the current resource plan to the new color Clinical Response Model will Go-Live on May 30.

Will we send different resources to calls?

No. There will be no significant changes to our clinical responses. All calls that currently indicate an ALS response, an FR response or a Code 3 response will continue to do so. Only calls that are currently sent to HealthLink BC will be assigned to the colour Blue, and there will be no Green 9-1-1 events.

We are initially focused on updating our CAD system and dispatch processes to the new Clinical Response Model, which will lay the foundation for introducing future changes.

The Clinical Response Model colour-coded system will replace the current RAP, and the CAD system, including the “recommend unit” function, will be updated to reflect the new colour-based priorities.

What is changing?

The most obvious change will be that calls will appear differently in CAD and MobileCAD due to the new colour-coded system. Where before RAP codes (e.g. HLA-3-FR) were displayed, now you will see a colour code (e.g. Purple).

In addition to the automatic notification of First Responders via the InterCAD notification system, dispatchers will be able to notify FR agencies manually via InterCAD. This will help manage the changing nature of calls. We will continue to notify FR agencies by phone where they are not connected to the InterCAD system.

Is there any training or education involved?

Dispatch Staff – Yes, an eLearning module for this change will be released early in May. The module will include an overview of the changes within the system and a short quiz.

Paramedics – Your manager is able to answer any questions you have about this transition. Although there will not be formal education required with this change, the eLearning module is available for you to review.

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HOW DOES THIS IMPACT ME?

What will be different for PTCC and 9-1-1 Dispatchers?

There will be a change in terminology from the current RAP to the colours, and dispatchers will have an option to manually request First Responders in some scenarios. Recommend Unit will now be configured on the basis of the colour-based prioritization.

Clinical prioritization support to dispatch will continue to be provided by Paramedic Specialists, and where required, EPOS physicians.

More detail about the scope of the changes will be outlined in the eLearning course.

What will be different for Paramedics?

There is no change to paramedics' clinical practice.

When viewing a call on the Mobile CAD, paramedics will see a colour instead of the RAP code. This colour will indicate how you respond (code 2 or 3) and which other resources (e.g. ALS, FR) are indicated for that call.

Reference cards and other materials will be provided to each station to help staff become familiar with the new colour-coded system.

Where can I find further information?

You can find the Facebook Live event posted on the BCEHS Facebook page which provides further information, questions and dialogue.

This FAQ document will be available on the BCEHS intranet site and will continue to be updated as required.

Who do I talk to if I have ideas or questions?

Your Manager and Unit Chief is available for face-to-face discussions, or you can email your questions to actionplanideas@bcehs.ca. We look forward to hearing from you.