Welcome and Introductions

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RECRUITMENT & RETENTION

A Problem For Everyone

• I want to work where I live – what’s preventing me?
• Two types of paramedics
• Recognition of the recruitment and retention issues
• Collaboration to promote change and find solutions
A Global Problem

"Half the world’s people currently live in rural and remote areas. The problem is that most health workers live and work in cities.

This imbalance is common to almost all countries and poses a major challenge to the nationwide provision of health services."

Context is Key

“Policy-makers in every country are faced with the significant challenge of meeting the health needs of their populations, including the especially vulnerable communities in remote and rural areas. In order to ensure the equitable delivery of health services in these areas, skilled and motivated health workers need to be in the right place at the right time.”

— Dieleman et al. (2011:iv)

The British Columbia Context – Ministry of Health Framework

• BC faces challenges in providing appropriate access to health care in rural and remote communities
• Ministry of Health has released a cross-sector policy discussion paper as a framework for addressing these challenges
The BC Context – Ministry of Health Framework (con’d)

Framework has four categories:
1. Understanding population and patient health
2. Developing quality and sustainable care models
3. Recruiting and retaining engaged, skilled health care providers
4. Supported by enabling IT/IM tools and processes

— BC MoH (2015:1)

Interventions

WHO categorization of interventions:
1. Education
2. Regulatory
3. Financial
4. Personal and Professional Support

— WHO (2010:3-4)
Bundles of Interventions

“...none of the recommendations...should be implemented as single interventions, but rather as an appropriate combination of strategies, or as “bundles”, based on their potential complementarities. As with most public health strategies and policies, there isn’t a one-size-fits-all solution and the most appropriate combination will vary considerably from country to country.”

— WHO (2010:38)

Evidence

- Evidence base for which combinations of interventions work, and in what contexts, is weak.
- Even less evidence for allied health professionals; a recent Australian review of the literature concluded:

  “Evidence of factors informing recruitment and retention is relatively sparse compared to medicine and nursing despite allied health professionals being twice as likely to leave rural practice as doctors or nurses.”

  - Rural Health West (2013:31)
Innovation

“There is strong evidence from various countries that ‘rural origin’ (or rural background) is associated with rural practice.”

— Wilson et al. (2009:6)

Innovation (con’d)

“A major advance has been the recognition of the ‘rural pipeline’ in policy thinking.”

— Carson et al. (2015:1)

The ‘rural pipeline’ is aimed at:

i. attracting health care students from rural areas (e.g., recruiting in rural schools);

ii. providing education in rural health in the curriculum; and

iii. including rural educational experience (e.g., clinical placements).
In the foreseeable future, due to the many factors at play, recruitment and retention will continue to be a problem despite our current interventions. We need to supplement retention efforts by introducing innovative ways of delivering health care in order to meet the increasing health care demands.
**Definition**

A community-based model in which community paramedics provide primary care services **within their scope of practice** to increase access to basic health care services in non-urgent settings, in patients’ homes or community, in partnership with local health care providers.

**Why It’s Being Introduced in BC**

- The practice of paramedicine is transforming from an emphasis on pre-hospital emergency care to a model that includes prevention, health promotion and primary health care.
- In 2014 the Province of British Columbia committed to creating at least **80 new full-time equivalent positions** (FTEs) to support implementation of community paramedicine programs between April 1, 2015, and March 31, 2019.
Program Goals

• Contribute to the stabilization of paramedic staffing in rural and remote communities by introducing community paramedics with the ability to augment additional shifts in emergency response capabilities.

• Bridge health service delivery gaps in the community, identified in collaboration with local primary care teams, consistent with the paramedics’ scope of practice.

What It Will Mean For BC

• Better access to health care for rural & remote communities

• Paramedics working alongside other health care professionals without overlapping roles

• Fewer hand-offs between health care professionals

• Fewer gaps in health care services

• Fewer unnecessary 911 calls and trips to ERs

• Recruit & retain paramedics in communities with low call volumes
Phased Implementation

Phase One Overview

- Paramedic unit chiefs helping to define the scope of services required and develop a local service plan
  - Northern Health: Chetwynd, Fort St. James, Hazelton
  - Interior Health: Creston, Princeton
  - Island Health: Announced in October
**CP’s Responsibilities**

- Initially implemented within the existing competency framework of a PCP
  - community outreach and awareness
  - health promotion including CPR / AED training sessions,
  - provision of primary care
- Regulatory changes will enable CPs to provide a range of services to older patients living with chronic conditions (diabetes, hypertension, heart failure, COPD) and fall prevention assessments

**“Dual” Rolls: CP/PCP On Car**

- A community paramedic will perform the duties of a community paramedic.
- Exception: **IF** there is a significant incident and the community paramedic is the nearest responder.
- Will only respond **IF** the community paramedic determines it is safe to leave the patient they are caring for.
FINDING SOLUTIONS

Potential Solutions

- Regular part-time positions
- Community paramedicine
- Full-time supervisory/all encompassing positions
- EMA Scholarship and Bursary Fund
ONE SIZE DOES NOT FIT ALL
WHAT ARE THE NEEDS OF YOUR COMMUNITY?

QUESTIONS
References


References (con’d)

• Rural Health West. (August 2013). *Critical success factors for recruiting and retaining health professionals to primary health care in rural and remote locations: Contemporary review of the literature.*
