City of Burnaby

Item .....
Meeting ..... 2014 May 05

COUNCIL REPORT

TO: CITY MANAGER **DATE:** 2014 April 25

FROM: FIRE CHIEF

SUBJECT: **CORRESPONDENCE WITH BCEHS**

PURPOSE: To keep Council apprised of Fire Department interactions with the BC Emergency Health Services

RECOMMENDATIONS:

1. **THAT** Council receive this report for information purposes.

REPORT

At the Council workshop with the BC Emergency Health Services on April 7, 2014, Dr. William Dick requested Fire Department staff provide details of medical incidents where ambulance arrival was greater than one hour. The attached letter, detailing those incidents, was sent to Dr. Dick on April 9. Certain medical abbreviations which the doctor would understand were used, and these are listed below for Council.

LOC – level of consciousness
C-spine – cervical spine immobilization
Hx – history of (a certain condition)
SOB – shortness of breath
O2 sat – oxygen saturation in the blood
abd - abdominal
BP – blood pressure

For Council's information, we have had three recent incidents where the ambulance arrival time wasn't especially prompt despite Dr. Dick's public statements that changes to the RAP were improving response times for more serious events.

The first was a choking and respiratory arrest of a 32 year old at Edmonds Community Centre on April 20 with a BCAS arrival of 7:36.

The second was a report of an upper gastro-intestinal bleed on April 21 where the patient's condition deteriorated and we notified BCAS dispatch of same four separate times. The patient went into cardiac arrest 21 minutes after our arrival, and the ambulance arrival time was shortly thereafter. Staff noted that the initial dispatch code for the ambulance was BLS-3-FR (Basic Life

Support ambulance Code 3 with first responder) for hemorrhage – abnormal breathing but was changed within five seconds to BLS-2-FR (Basic Life Support ambulance Code 2) hemorrhage – dangerous hemorrhage. The ambulance response remained Code 2 for the duration of the incident despite our repeated updates and requests for a Code 3 response. A timeline of this unfortunate incident was received as an email from the attending Captain and is attached to this memo.

The third event was a cardiac incident with respiratory arrest at Edmonds Skytrain Station on April 22, with a BCAS arrival of 12:43.

Staff have provided details of these incidents to Dr. Dick in a letter dated April 9, 2014 and will continue to monitor and report on ambulance delays and/or incorrectly coded medical calls.

Doug McDonald
FIRE CHIEF

Enclosures (2)

Copied to: Deputy City Managers

City of Burnaby
Fire Department
Administration Division

2014 April 09

William Dick, MD
Vice President - Medical Programs
BC Emergency Health Services

SUBJECT: BCAS ARRIVAL TIMES GREATER THAN ONE HOUR

Further to our discussion following your appearance before Burnaby Council on April 7, I have provided some detail for medical responses where the ambulance arrival was greater than one hour.

Date	Time	BCAS after BFD	Incident information
11/11/13	10:39	1:22:08	79 female, fall with head injury, no LOC, dizziness and head pain, C-spine held for entire time
12/01/13	13:35	1:07:51	38 male, assault with LOC, no memory of event, headache, nausea, dizziness
12/03/13	12:53	1:28:56	93 female, Hx fall 3 days earlier, sore, feeling unwell, pacemaker but pulse thready and irregular, BCAS updated several times
12/09/13	11:50	1:11:28	78 male, SOB, BFD arrived then cancelled by BCAS with no paramedics on scene, O2 sat 81%, decreased LOC, request BCAS upgrade w/o success, O2 therapy increased sat to 98% but still had decreased LOC, Hx emphysema, angina
12/26/13	13:52	1:53:27	26 Female, seizure and fall off massage table, assume head injury, LOC, C-spine entire time, BCAS stated on scene when BFD asked but took another 20 minutes to arrive
01/08/14	14:44	1:23:32	90 female fall from standing, LOC, large laceration back of head, no memory of event, C-spine entire time, unable to control bleed
01/26/14	18:01	1:40:44	67 female, SOB, dizzy, 1 day post-release from 4 day hospitalization for stomach infection, Hx Hep C
02/28/14	19:01	1:02:52	75 male, back and abd pain, irreg pulse and difficult to palpate, Hx recent fall and high BP
03/04/14	21:49	1:13:37	103 male, fall from wheelchair w/ head injury

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03/07/14	09:46	2:01:41	60 female, fall down stairs, right shoulder and arm injury, normal vitals so non-emerg is appropriate yet 2 hours is a long time
03/24/14	20:20	1:08:56	77 male, fall, confused, on floor for 2 days w/ no food or water, Hx alcoholic, O2 sat 90% increased to 97% with O2 therapy

In addition to these incidents, we still have an issue with not being called for certain events. On Saturday 04/05/14 at 03:34 we were called by RCMP to the 6500 block of McKay Avenue to wash a large pool of blood off the road after a stabbing. BCAS had come and gone from the scene (leaving a significant amount of bloody gauze and packaging on the ground) but the first responders, who are apparently an important part of the pre-hospital care system, were not notified.

Please note that the incidents above represent a narrow view of the wait times our first responders are experiencing, and there are 67 incidents during the same time period where BCAS arrival exceeded 30 minutes.

Thanks for your interest in this issue, and I look forward to hearing from you once you've had an opportunity to further examine these particular delays.

Sincerely,

Joe Robertson
Deputy Fire Chief Administration
Phone: 604-294-7556
Email: Joe.Robertson2@burnaby.ca

JDR:ca

Chief Weir,

On April 21, 2014 we responded to a medical emergency to [redacted] (Incident # 1403926) for a male patient, conscious and breathing for an upper GI. We were dispatched at 15:27:24, were enroute at 15:28:38 and arrived at 15:31:42.

Upon arrival we found the patient complaining of coughing up blood for a couple of hours.
We assessed him and administered O2 and gathered information.
At 15:38 I called dispatch to have them relay to BCAS that the patient was indeed coughing up blood and was now also complaining of being short of breath.
We continued to monitor the patient and gather more information.
At 15:42 I called dispatch again to relay other vitals to BCAS as well as that the patient had now informed us that he had had a headache for two days.
The patient continued to spit out blood and became more and more anxious.
At 15:46 I again called dispatch to relay that the patient was not doing well but was getting progressively worse and to find out if dispatch knew if BCAS was indeed responding code three.
As the patient became more distressed he started to not respond to questions and he showed symptoms of going down hill.
At 15:52 dispatch was again called to let them know that we were losing the patient and needed BCAS now when the patient collapsed and went into cardiac arrest.

We laid the patient on the ground and started our CPR protocol as BCAS was arriving.
We started CPR and attached our AED which advised no shock on initial reading.
BCAS then attached the electrodes to their AED as we continued CPR.
The patient was transferred to a backboard and then to a stretcher while CPR continued.
At some point I heard one of the ambulance attendants ask if ALS was coming and the other attendant responded with a no.
Firefighters Lee and Brown accompanied BCAS to assist them while enroute to the hospital.
After the ambulance left for Burnaby hospital and while we were cleaning up the scene another ambulance (ALS?) arrived and we informed them the other ambulance had already left with the patient.
We proceeded to BGH to pass on our First Responder Report and gather our members.
Though I couldn't see the patient while outside his ER area it sounded as if the emergency staff at BGH were still performing CPR on the patient when we left the hospital.

Thanks for your attention to this incident.

Capt. Scott Morrow