



LMD 911 Service Levels

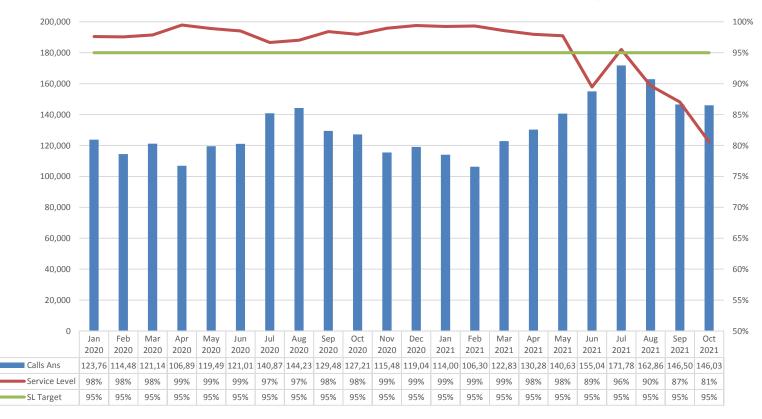
LMD 911 Calls Answered and Service Levels to October 31, 2021

911 Target: 95/5 95% of calls answered in 5 seconds

Oct 2021 Service level: 81%

Oct 2021 – 15.7% increase in call volume over Oct 2020

AHT: 118.2s in Oct 2021 vs. 49.5s in Oct 2020





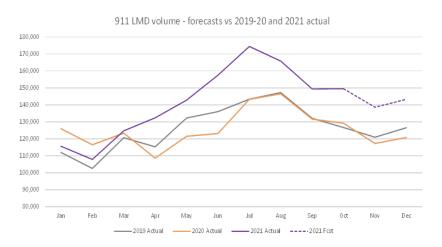


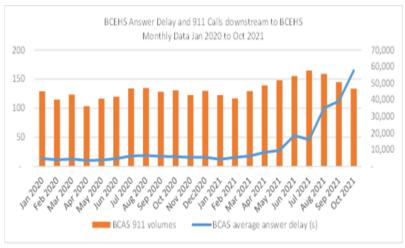
9-1-1 Volumes and BCEHS Downstream Wait Times

Delays In 9-1-1 Answering

- ☐ Year-over-year increase in 9-1-1 call volume generally.
- New problem started in later spring 2021
- □ Rooted in increased calls for ambulance service and staffing shortage at BCEHS
- ☐ Cooperating with BCEHS to address impact on 9-1-1 service

911 Volumes and Downstream Wait Times Increasing





- All regions 9-1-1 call volumes have increased 11.3% over 2020 from Jan-Oct (-6% in Q1, 22.5% in Q2 and 15.5% in Q3)
- BCEHS volume has been increasing in the same proportion as 911 call volume maintaining an approximate 30% share of overall 911 volume.

- 2019 avg. answer delay was 15 secs
- Since Apr 2021, answer delay average is 83s with Oct MTD at 169s secs; The frequency and duration of long delays have increased every month (except for Jul).



Sample Mitigation Strategies Evaluated but Eliminated

- Recruitment of "hold queue" attendants
- EHS onsite at E-Comm to triage during 911 wait
- Segregated 911 EHS Queue
- Hire additional 911 Operators (internal and 3rd party)
- Multiple hold calls handling per 911 Operator
- Technology solutions (i.e. IVR for 911 calls segregation, IVR callbacks, BCEHS ETA reporting)



Mitigation Strategies Implemented

- Priority queue for defined scenarios requiring escalated response
- Forms for abandoned EHS 9-1-1 calls and ambulance cancels to improve E-Comm efficiency
- Priority queue upgrade (ANI/ALI) and additional trunks to reduce busy signals
- New and Follow-up queues for dispatchers to improve efficiency
- RAN recordings and E-Comm call taker scripting to better manage public experience
- EHS triage assessment simplification
- Continuous hiring of call takers and leveraging ECVI staff for LMD workload
- 911 Public Education and calls re-direction





Mitigation Strategies Under Evaluation

- Additional trunk lines to reduce busy signals for LMD and Interior callers
- CAD-to-CAD data transfer to replace forms and improve EHS efficiency
- 911 Policy changes
- EHS call triage and further procedural simplification



New 9-1-1 Call Handling Procedure Starting this Week

This change frees up 9-1-1 call takers to be available for incoming 9-1-1 and emergency calls; Most effective solution in reducing 911 wait times and minimizing BCEHS impacts on Police and Fire calls.

You are now in the fastest transfer call queue for Ambulance. I need EHS RAN: "You have reached the Yes Are you and to disconnect from this call so BC Ambulance Service. Please experiencing any of transfer disconnect I can answer other incoming advise the 9-1-1 Operator if you Police, Fire, those symptoms? 9-1-1 calls. Please do not are reporting chest pain, Ambulance? (repeat symptoms priority hang up or you will lose your unconsciousness, seizure, stroke, as required) priority in the queue. choking, imminent child birth or Ambulance will be with you if someone is not breathing." as soon as possible. No Refer to Are you calling to cancel an ambulance? next slide No I have put you through to Ambulance. I need to disconnect from this call so I can answer other incoming 9-1-1 calls. You will have to wait on your own for the next available Ambulance operator, they will be with you as soon as possible. Please do not hang up, as you will lose your place in queue. If the patient starts to experience any of the severe symptoms mentioned earlier, please call 911 again to inform

transfer call and disconnect

the 911 operator.





RAN #2 BCEHS Recordings

- Priority queue: You are now in the fastest queue for Ambulance. Please do not hang up or you will lose your priority in the queue. Ambulance will be with you as soon as possible.
- Regular queue: Please stand by for the next available Ambulance operator. They will be with you
 as soon as possible. Hanging up will lose your place in queue. If the patient begins to experience
 chest pain, unconsciousness, seizure, stroke, choking, imminent child birth or if someone is not
 breathing while waiting for ambulance operator, please hang up and call 911 again to inform the
 911 operator.

Q&A / Closing Remarks





E-Comm 9-1-1

Helping to Save Lives and Protect Property