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# HALDIMAND COUNTY

## Memorandum EMS-M01-2021 Ambulance Response Time Performance Plan Results for 2020



For Consideration by Council in Committee on March 2, 2021

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**To:** Mayor Hewitt and Members of Council  
**From:** Jason Gallagher, Manager, Emergency Services/Fire Chief

In September, 2019, Council in Committee received the 2020 Ambulance Response Time Performance Plan, which established the ambulance response time targets for the 2020 calendar year. In accordance with the ambulance response time reporting legislation, these response time targets were submitted to the Ministry of Health & Long-Term Care (MOHLTC) and made publicly accessible on their website.

The purpose of this memo is to inform Council of the 2020 ambulance response time performance plan results, which is measured against the response time targets. In regards to Response Times set out by Haldimand County Paramedic Services, staff met the targets in 2 of 5 categories. It is noted that in 2020 staff were unable to meet the performance plan in 3 areas - 1 being the Sudden Cardiac Arrest target which is set by the Ministry of Health; and, the 2 others being the Canadian Triage Acuity Scale, (CTAS). These 3 areas are examined in more detail below.

### **Sudden Cardiac Arrest**

The Sudden Cardiac Arrest target defines the time/percentage it takes for a defibrillator to be beside a vital signs absent patient. The approved target for Haldimand is a defibrillator will be beside a cardiac arrest patient within 6 minutes of placing the 911 call, 40% of the time. Haldimand County Paramedic Services performed under the set target at 35.29% in 2020. While the target was not met, there are a number of qualifiers to that result. Firstly, this target encompasses all defibrillators, including any public access and/or fire department, which is why this benchmark can be missed periodically. More specifically, if the 911 call is in our rural areas, the response time for the ambulance or fire department will be greater, which will affect this target and result in it being skewed. To put things in relative terms, Haldimand County Paramedic Services missed this benchmark by 2 calls over the course of the year which is what resulted in less than 40%.

The challenge in meeting the target in 2020 was also influenced by COVID-19 and the requirement for the ambulance crew to complete these types of calls. Each ambulance is out of service for at least 20 minutes following a sudden cardiac arrest due to guidelines for disinfection which can cause a delay in a response. The next closest ambulance is always sent immediately, but there is an obvious delay due to the increased travel time. Most municipalities face this on an annual basis, and it is important to know that this is the first time Haldimand County Paramedic Services has not met this target.

### **Canadian Triage Acuity Scale (CTAS)**

Under the CTAS scale Haldimand did not meet the targets set by Council in 2 areas. The first area was CTAS Level II, which describes patients who require emergency care and rapid medical intervention (i.e. head injury, heart attack). Haldimand County's set time/percentage is an ambulance will arrive within 17 minutes, 90% of the time. Haldimand County Paramedic Services' compliance rate was 88.88% in 2020, missing the target on 7 calls over the course of the year.

The second target under the CTAS scale that Haldimand County Paramedic Services was not able to meet was CTAS III, which describes patients who require urgent care (i.e. mild asthma). Haldimand

County's set time/percentage is an ambulance will arrive within 17 minutes, 90% of the time. Haldimand County Paramedic Services' compliance rate was 86.10% in 2020, missing the target by 52 calls over the year.

## **Impacts to Response**

The 2020 Ambulance Response Time Performance Plan Results are presented as Attachment 1 to this memo. Also, staff have included Haldimand County's Response Time Performance Plan Results for the past 5 years as Attachment 2 to this memo. Determining the CTAS level is completed by measuring the acuity of a patient by using the scale system within the CTAS. The system categorizes patients by both injury and physiological findings, and ranks them by severity from 1–5 (1 being highest). In regards to severity, Sudden Cardiac Arrest and CTAS I are the highest priority. Haldimand County Paramedic Services was not able to meet the response times for Sudden Cardiac Arrest, CTAS II who are considered emergent care patients, and CTAS III patient's who are considered urgent, but not life threatening. The inability to meet the performance plan can be attributed to increased travel times, limitations in the availability of County ambulances, COVID delays due to unavailability of resources (i.e. ambulances, paramedics or equipment being out of service for disinfection). Also, it is important to note that the road closures in and around the Caledonia area also had an impact as it relates to the increase in response times. Through investigation there was no delays for Sudden Cardiac Arrest calls because of the Caledonia closures, but the delays would affect the CTAS II and III calls which is evident by the number of calls missed, especially in the CTAS III calls. Other delays that contribute to availability of ambulances are off load delays, other assignments and necessitating coverage from outside agencies.

The statistics fluctuate from year to year, due to call volume, transport times, and delay in available ambulances, which can affect the Performance Plan numbers. Ambulances in Ontario work on a seamless system when it comes to dispatching and responding to calls. There are times when Haldimand County has zero ambulances available and neighboring municipalities provide coverage for our municipality. This occurred 59 times in 2020, 35 of them occurring at night. This will increase response times. In 2020, Haldimand County Paramedic staff have noticed that, although our call volume has not increased (in fact has decreased moderately from 2019), the availability of ambulances is becoming an issue as multiple calls are being dispatched simultaneously, and therefore, affects our ability to respond. This is most significantly noticeable at night by referencing our Code "0" data (that being when units are not available).

In 2020, neighboring municipalities did 423 emergency calls in Haldimand County as Haldimand County resources were not available. These 423 calls also define why our call volume dropped from 2019, because Haldimand resources were not available at the time to respond. Also, ambulances are still being utilized for transfer services into the urban centres to get patients to specialized health care. This affects our resources, and often the ambulances are used to respond to emergencies in the urban centres due to Ontario's "Seamless System" model currently in place. Staff are tracking this data, to ensure they are providing the most effective deployment plan, which has been updated, specifically at night to try assist with response times. However, this is only an interim solution. Data is showing that call volumes—specifically at night—have increased by 45% since 2008, which is affecting our response times as well as resources available to provide adequate service to the residents and visitors of Haldimand County. It is also important to know that night resources in Haldimand County have not been increased since the County took over the responsibility of Paramedic Services back in 2001. The current assessment of resources suggests that the County is very close to needing to augment its staffing resources, however, with the current uncertainty associated with Provincial directions that may change how paramedic services are provided, this decision is best made when the Provincial process is completed. That being said, the service is reaching the point where the County may have to determine that adding resources is a priority despite Provincial process.

The 2020 ambulance response time performance is presented as Attachment 1 to this memo. Also, staff have included Haldimand County's Response Time Performance Plan Results for the past 5 years as Attachment 2 to this memo. This information has been submitted to the MOHLTC and will be made publically accessible on their website.