
HALDIMAND COUNTY

Report EMS-01-2021 Ambulance Response Time Performance Plan - 2022

For Consideration by Council in Committee on August 24, 2021



OBJECTIVE:

To set the 2022 Haldimand County Paramedic Services Ambulance Response Time Performance Plan.

RECOMMENDATIONS:

1. THAT Report EMS-01-2021 Ambulance Response Time Performance Plan - 2022 be received;
2. AND THAT the 2022 Ambulance Response Time Performance Plan targets, included as Attachment 1 to Report EMS-01-2021, be adopted and submitted to the Ministry of Health and Long-Term Care, Emergency Health Services Director in accordance with the Ambulance Act, Ontario Regulation 267/08.

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Approved: Craig Manley, MCIP, RPP, Chief Administrative Officer

EXECUTIVE SUMMARY:

The provincial ambulance response time reporting standard uses evidence based medicine to establish the target ambulance response times for critically ill, or injured patients. Ambulance response times are affected by several factors including overall call volume, long geographical distances, utilization outside of the municipality, an increase in the number of patient transfers to out-of-county hospitals off-load delays while transferring care at hospitals, and recently COVID and the affects on the Health Care System.

Haldimand County Paramedic Services has noticed a continual increase in emergency calls over the last ten years and, with the increasing age of the population and the prevalence of health care being provided in the home, this increase is expected to continue. Other additional system pressures are the more frequent occurrence of patients requiring ambulance transportation to larger hospitals outside of Haldimand County. The current design of the hospital integration system requires most high acuity patients to be transferred from Haldimand County hospitals, to hospitals outside of the County. Compounding this issue, is the high prevalence of Haldimand County ambulances then being placed on “off-load delay” at these hospitals. Also, the increased development County-wide, which adds to population growth, has resulted in an increase to emergency calls.

The current ambulance response structure has many challenges that are anticipated to result in increasing ambulance response times. Along with the submission of this Ambulance Response Time Performance Plan, there will be continual monitoring of Paramedic Services ambulance response times and future recommendations to Council, aimed at maintaining appropriate ambulance response times within Haldimand County. The proposed Response Time Performance Plan remains the same in regards to times as per the 2021 plan. Call volumes have increased over time, however in 2020, staff

saw a decrease in call volume from a Haldimand Paramedic Services standpoint, but an increase in County calls being completed by neighboring services. Staff feel that the times proposed are becoming more and more difficult to achieve. Haldimand County Paramedic Services is constantly reviewing call data to ensure response times are being met, having said that we are observing difficulties meeting these response time plans and are working on solutions to be able to meet or exceed our response time standards. This includes determining if adding resources would be an appropriate measure.

BACKGROUND:

In 2006, the provincial government in conjunction with the Association of Municipalities of Ontario (AMO) established a Land Ambulance Committee (LAC) to review various subjects including the Ambulance Response Time Standard. On July 31, 2008 the provincial government made changes to the *Ambulance Act*, Ontario Regulation 267/08, amending O. Reg. 257/00 with the heading Section 22: Part VIII, Response Time Performance Plans, and Sections 22 and 23 (Attachment 3). These changes were fully implemented in 2013 with reporting requirements starting October 1, 2012.

These changes were intended to modernize the ambulance response time performance targets; establish equity in the measurements for municipalities; and provide municipalities with some new flexibility in determining resource allocations. In addition, municipalities are able to use response times from the Fire Department and Public Access Defibrillation (PAD) programs for some of the reporting purposes.

Each municipality is required to send its Ambulance Response Time Performance Plan (RTPP) to the Ministry of Health and Long-Term Care (MOHLTC), Emergency Health Services Branch Director no later than October 1st each year. The RTPP will publically set each municipality's ambulance response time performance expectations by March 31st every year. Each municipality must report to the MOHLTC the actual ambulance response times achieved in the previous year. The ambulance response time reporting standard measures ambulance response time based on the severity of the call as found by the paramedic (versus how it was dispatched). Measuring the response time based on the assessment by the paramedic (versus how the call was dispatched) is consistent with the medical evaluation model.

The ambulance response time reporting standard divides ambulance calls into the below six categories:

1. **Sudden Cardiac Arrest (SCA):** person has no pulse and is not breathing;
2. ***CTAS I:** severely ill, requires resuscitation (i.e. major trauma, choking, etc.);
3. ***CTAS II:** requires emergent care and rapid medical intervention (i.e. head injury, heart attack);
4. ***CTAS III:** requires urgent care (i.e. mild asthma);
5. ***CTAS IV:** requires less-urgent care (i.e. earache); and
6. ***CTAS V:** requires non-urgent care (i.e. sore throat).

*See attachment 4 for more information on the Canadian Triage and Acuity Scales (CTAS).

The first two categories in the response time performance plan are SCA patients and CTAS Level I patients. For each of these two categories the MOHLTC has set the response time target and it is up to the municipality to target and then report the percentage of the time that they will meet the response time target. For SCA patients the provincial response time standard for getting a defibrillator to the call is six (6) minutes from the time the ambulance crew is notified. The municipality is permitted to count the time that any defibrillator (including Fire Department and Public Access Defibrillators) was used to assist a victim of SCA.

For CTAS Level I patients the provincial response time standard (from the time the paramedic crew is notified of the call until the time they arrive at the scene) is eight (8) minutes. These standards are the same for urban centres but due to the geographical areas and travel distances of rural services, this number is more difficult to achieve.

For the four less acute categories (CTAS Level II through CTAS Level V), the municipality will establish their own target ambulance response times and their own percentage targets.

ANALYSIS:

2022 Ambulance Response Time Performance Plan, (RTPP) Targets

In order to comply with this standard, Haldimand County Paramedic Services has developed a proposed ambulance RTPP for 2022 (Attachment 1). This plan considers the previous year's performance in setting the 2022 targets. The 2022 compliance target for meeting the MOHLTC response time standard of six (6) minutes for Cardiac Arrest patients is 40 percent. This means that Paramedic Services targets a defibrillator arriving at the scene of a cardiac arrest within the six (6) minute response time 40 percent of the time. While this target may not seem robust, it is reflective of the actual performance achieved within the past eighteen (18) months. Attachment 2 provides a summary of the targets and compliance stats of the past 5 years for comparison purposes.

The 2022 compliance target for meeting the MOHLTC response time standard of eight (8) minutes for CTAS Level I patients is 50 percent. This means that Paramedic Services targets arriving at the scene of critically ill, or injured patients, within the eight (8) minute response time 50 percent of the time. Similar to the cardiac arrest response time, this target is reflective of the actual performance achieved within the past eighteen (18) months. Attachment 2 provides a summary of the targets and compliance stats of the past 5 years for comparison purposes.

The response time targets and compliance targets for the CTAS II through CTAS V patients has been established using recent actual performance. This sets a 90th percentile response time of seventeen (17) minutes for CTAS II and CTAS III patients and a 90th percentile response time of twenty (20) minutes for CTAS IV and CTAS V patients. Attachment 2 provides a summary of the targets and compliance stats of the past 5 years for comparison purposes.

Thus far, the 2021 data reveals that the established performance targets are not being met. Currently we are not meeting targets under CTAS SCA, and CTAS 3. We are actually trending better than 2020 as we could meet the response times for 3 categories, where 2021 is trending 2. Of these categories 2 are categories we have not met in the past with similar percentages. True results are difficult to estimate half way through the year due to a changing call volume and issues that effect response. These results will be reported to council in early 2022. As the 2021 data is only for a partial year, the 2021 response time data is primarily being relied upon to establish the 2022 targets. It is important to know that although we are currently not meeting the targets, COVID-19 has affected our response times. Haldimand County's total call volume for 2021 compared to 2020 is currently trending to be higher, which will cause more issues meeting response times. One of the factors still affecting our ability to respond are ambulances that carry patients who are COVID positive. These ambulances are out of service for an increased period of time for cleaning and disinfecting compared to normal procedures. This at times increases response times due to an ambulance responding from a greater distance to a call. Staff expect this trend to improve, thus decrease response times once the COVID pandemic has been terminated. The 2020 response time performance (complete year) is shown as Attachment 2.

The ambulance RTPPs that are submitted by each municipality are made publically available. The availability of these plans and the subsequent actual performance (measured by March 31st of the following year) are intended to ensure transparency and accountability on the part of the municipality. To develop the ambulance RTPP submission to the MOHLTC regarding the 2022 performance, staff considered past practise to establish future targets. Ambulance call volume and response time data from 2020 and the first half of 2021 was utilized to project what Haldimand County's 2022 response times would be, assuming the demand for paramedic services is similar to the same period. The recommended ambulance RTPP targets that are submitted with this report, represent a conservative

and achievable approach. The proposed response time plan and expectations from the Ministry of Health are not expected to change in regards to mandatory response times described in the report, however, County accepted response times will continue to be monitored by staff and if a change is required to achieve the most essential response times, staff will review current practices and the possibility of increased resources to meet the needs of the municipality.

FINANCIAL/LEGAL IMPLICATIONS:

The submission of Haldimand County's Ambulance Response Time Performance Plan to the Director of the Emergency Health Services Branch, Ministry of Health and Long-Term Care is a legislative requirement. The actual performance of Haldimand County Paramedic Services as it relates to the submitted 2021 performance plan targets will be compiled no later than March 31, 2022 and will be made available publically. There are no budget implications associated with this report given that the recommended targets have been established taking into consideration the existing resources.

STAKEHOLDER IMPACTS:

Not applicable.

REPORT IMPACTS:

Agreement: No

By-law: No

Budget Amendment: No

Policy: No

ATTACHMENTS:

1. Proposed 2022 Ambulance Response Time Performance Plan.
2. 2020 Response Time Performance Plan, 5 Year Actuals.
3. Ambulance Act, Ontario regulation 267 08.
4. The Canadian Triage and Acuity Scale (CTAS).