
HALDIMAND COUNTY

Report EMS-03-2024 Ambulance Response Time Performance Plan - 2025
For Consideration by Council in Committee on September 17, 2024



OBJECTIVE:

To set the 2025 Haldimand County Paramedic Services Ambulance Response Time Performance Plan.

RECOMMENDATIONS:

1. THAT Report EMS-03-2024 Ambulance Response Time Performance Plan - 2025 be received;
2. AND THAT the 2025 Ambulance Response Time Performance Plan targets, included as Attachment 1 to Report EMS-03-2024, be adopted and submitted to the Ministry of Health, Emergency Health Services Director in accordance with the *Ambulance Act*, Ontario Regulation 267/08.

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Approved: Cathy Case, 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, and off-load delays while transferring care at hospitals.

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 more advanced 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 being placed on “off-load delay” at these hospitals. Due to the pressures on our local hospitals, County ambulances are experiencing an increase in “off-load delays” locally as well, which adds to the challenge of available ambulances. Also, the increased development County-wide, which adds to population growth, has been a key contributor to the increase in 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 approved in the 2024 plan.

Since the addition of the Council approved upstaff to the Cayuga Station in 2022, a temporary improvement in response times was achieved, and Haldimand County Paramedic Services met all Response Time Standards in 2023. Having said that, with a continually increasing call volume and local hospital transfers increasing to more acute care, response times are becoming more difficult to achieve specifically during the day. Haldimand County Paramedic Services is constantly reviewing call data to ensure response times are being met, including on-going assessments of resources and new programs.

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 prior to full implementation on 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 (MOH), Emergency Health Services Branch Director no later than October 1st each year. The RTPP will publicly set each municipality's ambulance response time performance expectations by March 31st every year. Each municipality must report to the MOH 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 (e.g., major trauma, choking, etc.);
- 3) ***CTAS II:** requires emergent care and rapid medical intervention (e.g., head injury, heart attack);
- 4) ***CTAS III:** requires urgent care (e.g., mild asthma);
- 5) ***CTAS IV:** requires less-urgent care (e.g., earache); and
- 6) ***CTAS V:** requires non-urgent care (e.g., 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 MOH has set the response time target, and it is up to the municipality to monitor 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. These targets are laid out in detail in the Analysis section below and Attachment 1.

ANALYSIS:

2025 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 2025 (Attachment 1). This plan considers the previous year's performance in setting the 2025 targets. The 2025 compliance target for meeting the MOH 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 2025 compliance target for meeting the MOH 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.

Call volumes have increased over time, with total call volume going up from 10,381 in 2021, 13,381 in 2022, and 13,870 in 2023, a total increase of 3,486 calls. This significant increase in call volume is due to increased Code 8s, also referred to as standbys, where crews backfill specific areas to ensure coverage. Although this deployment strategy has increased call volume, staff have recognized that paramedics are better able to meet response time standards as ambulances are maneuvered more strategically within the County, making them closer and more available to respond to calls where they are traditionally occurring. Some County calls continue to be completed by neighboring services, which seems to be the new norm for all ambulance services provincially.

Thus far, the 2024 data reveals that the established performance targets are not being met in 2 areas. Currently, we are not meeting targets under CTAS SCA, (Sudden Cardiac Arrest), and CTAS 1 (severely ill, requires resuscitation) e.g., major trauma, choking, etc. It is noted that this non-compliance is the result of missing the target by 1 call in each area. Other targets are currently being met across all call types. The overall results from 2024's response time standards will be reported to Council in early 2025.

As the 2024 data is only for a partial year, the 2023 response time data is primarily being relied upon to establish the 2025 targets. Haldimand County's total call volume for 2024 compared to 2023 is currently trending to be higher, which is expected to create more challenges in 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 following the call

for mandatory cleaning and disinfecting compared to normal procedures. This can increase response times due to an ambulance responding to a call from a greater distance. Staff have noticed this trend has improved greatly over the past year due to less COVID responses and is expected to continue to improve over time. The 2023 response time performance (complete year) is shown as Attachment 2.

It is also important to note that the larger health care crisis is having an impact on response times, in particular as it relates to off-load delays at hospitals which are increasingly understaffed. There is no timeframe for improvements to this crisis, however, staff are working with local hospitals (Haldimand War Memorial in Dunnville and West Haldimand General in Hagersville) to introduce ways of reducing the off-load delays. One such measure is the introduction of the 'Fit to Sit' program in 2022 in the County's two local hospitals. This program allows for paramedics to off-load less urgent patients to the emergency department waiting room. The transfer of care from ambulance to hospital can happen much sooner than when paramedics have to physically wait with the patients. This program, is assisting in getting ambulances back on the road and paramedics able to more quickly respond to other calls.

The ambulance RTPPs that are submitted by each municipality are made publicly 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 MOH regarding the 2025 performance, staff considered past practise to establish future targets. Ambulance call volume and response time data from 2023 and the first half of 2024 was utilized to project what Haldimand County's 2025 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 is a legislative requirement. The actual performance of Haldimand County Paramedic Services, as it relates to the submitted 2024 performance plan targets, will be compiled no later than March 31, 2025 and will be made available publicly. There are no budget implications associated with this report given that the recommended targets have been established taking into consideration existing resources.

STAKEHOLDER IMPACTS:

Not applicable.

REPORT IMPACTS:

Agreement: No

By-law: No

Budget Amendment: No

Policy: No

REFERENCES:

None.

ATTACHMENTS:

1. Proposed 2025 Ambulance Response Time Performance Plan.
2. Response Time Performance Plan, 5 Year Actuals.
3. *Ambulance Act*, Ontario regulation 267 08.
4. The Canadian Triage and Acuity Scale (CTAS).