



Committee Report

To:	Warden Hicks and Members of Grey County Council
Committee Date:	August 12, 2021
Subject / Report No:	PSR-CW-07-21
Title:	Grey County Paramedic Services Response Time Performance Plan for 2022
Prepared by:	Kevin McNab
Reviewed by:	Kim Wingrove, Mary Lou Spicer
Lower Tier(s) Affected:	All
Status:	Adopted as presented by Committee of the Whole through Resolution CW125-21; Endorsed by County Council CC63-21

Recommendation

- 1. That Report PSR-CW-07-21 be received and that the 2022 Response Time Performance Plan outlined in the report be approved and submitted to the Ministry of Health;**

Executive Summary

Grey County Paramedic Services (GCPs) is required under current legislation to annually submit a Response Time Performance Plan to the Ministry of Health related to ambulance response time targets within the County. The 2021 submission will cover the 2022 operational year.

There are six set criteria that will be measured under the Response Time Target Plans. Five of the performance targets are measured by response times related to patient presentation as indicated by the Canadian Triage and Acuity Scale (CTAS), however, one of the six criteria is based on community response to patients in cardiac arrest.

Based on the 2020 response time performance and the 2021 response time performance to June 30th, 2021, the same targets continue to be recommended for the 2022 year.

Background and Discussion

Grey County Paramedic Services (GCPS) is required under current legislation to annually submit a Response Time Performance Plan to the Ministry of Health related to ambulance response time targets within the County. The 2021 submission will cover the 2022 operational year.

Response Time Targets

There are six set criteria that will be measured under the Response Time Target Plans. Five of the performance targets are measured by response times related to patient presentation as indicated by the Canadian Triage and Acuity Scale (CTAS) however, one of the six criteria is based on community response to patients in cardiac arrest.

The response time targets and criteria are described below:

1. The percentage of times that a person equipped to provide any type of defibrillation has arrived on-scene to provide defibrillation to sudden cardiac arrest patients within six (6) minutes of the time notice is received.
2. The percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to sudden cardiac arrest patients or other patients categorized as CTAS 1 within eight (8) minutes of the time notice is received respecting such services.
3. The percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to patients categorized as CTAS 2, 3, 4 and 5 within the response time targets set by the upper-tier municipality or delivery agent under its plan established under subsection (2). O. Reg. 267/08, s. 1 (2); O. Reg. 368/10, s. 1 (2).

Grey County Response Time Performance By CTAS

The following chart reflects the set service response time targets, service performance for the 2020 calendar year, service performance for 2021 to June 30th and a 5-year average.

Call Type	Response Time Target	2020 Target	2020 Results	2021 Results to June 30th	5 Year Average
Sudden Cardiac Arrest	Six (6) minutes or less	40%	43.59%	53.19%	44.00%
CTAS 1	Eight (8) minutes or less	60%	61.49%	66.33%	65.38%
CTAS 2	Fifteen (15) minutes or less	90%	90.34%	87.80%	89.37%
CTAS 3	Twenty (20) minutes or less	90%	97.01%	97.43%	97.12%
CTAS 4	Twenty (20) minutes or less	90%	97.62%	95.95%	97.14%
CTAS 5	Twenty (20) minutes or less	90%	95.65%	94.94%	96.25%

All aspects of the services response time performance for 2021 to June 30th are exceeding the targets except for CTAS 2.

County Percentile Response Time - All Code 4 Calls

2021 to June 30th – 15:04 minutes

2020 – 14:53 minutes

County Average Response Time - All Code 4 Calls

2021 to June 30th – 7:58 minutes

2020 – 8:02 minutes

Response Time Performance Recommendation for 2022

Based on the 2020 response time performance and the 2021 response time performance to June 30th, 2021, the same targets continue to be recommended for the 2022 year.

The following table provides the 2022 response time targets recommended for Grey County Paramedic Services:

Target	Call Type	Provider	Response Time Target	Percentage of Time Achieved
1.	Sudden Cardiac Arrest	Community Defibrillator Response	Six (6) minutes or less	40%
2.	CTAS 1	Paramedic Response	Eight (8) minutes or less	60%
3.	CTAS 2	Paramedic Response	Fifteen (15) minutes or less	90%
4.	CTAS 3	Paramedic Response	Twenty (20) minutes or less	90%
5.	CTAS 4	Paramedic Response	Twenty (20) minutes or less	90%
6.	CTAS 5	Paramedic Response	Twenty (20) minutes or less	90%

Emergency Call Volumes

Call volume for the 2021 year to June 30th has seen an overall increase of 12.7% over 2020 and an overall increase of 3.4% over 2019. In 2021 to June 30th, there have been 6,100 calls for service compared to 5,415 in 2020 and 5,902 in 2019 for the same time period. The 2019 calendar year recorded our highest call volume to date at 11,918 calls which is over 1,000 calls more than in 2012 when the response time standards were established.

Legal and Legislated Requirements

Land Ambulance Response Time Standard Reg 257/00 Part VIII

Financial and Resource Implications

The implementation of the Response Time Performance Plans will have no immediate effect on budgets, staffing, legal or information technology issues.

Relevant Consultation

External:

Internal: CAO, Finance

Appendices and Attachments

Canadian Triage and Acuity Scale Description

Detailed Description of Response Time Targets

Canadian Triage and Acuity Scale (CTAS) is described as:

CTAS Level: The 'Canadian Triage & Acuity Scale' is used to assign a level of acuity to a patient. Acuity refers to the gravity of the situation – the potential for death and/or irreversible illness. CTAS is a tool that more accurately defines the patient's need for care. Assignment of the CTAS level is to be based upon not only the presenting complaint identified on the initial assessment made by the paramedic, but also on their examination findings, and response to treatment.

CTAS I: requires resuscitation and includes conditions that are threats to life or imminent risk of deterioration, requiring immediate aggressive interventions (for example, cardiac arrest, and major trauma or shock states).

CTAS II: requires emergent care and includes conditions that are a potential threat to

life or limb functions, requiring rapid medical intervention or delegated acts (for example, head injury, chest pain or internal bleeding).

CTAS III: requires urgent care and includes conditions that could potentially progress to a serious problem requiring emergency intervention, such as mild to moderate breathing problems, resolved seizure with normal level of alertness, moderate anxiety/agitation.

CTAS IV: requires less-urgent care and includes conditions related to patient age, distress or potential for deterioration or complications that would benefit from intervention or reassurance, such as urinary symptoms, laceration requiring stitches, upper extremity injury.

CTAS V: requires non-urgent care and includes conditions in which investigations or interventions could be delayed or referred to other areas of the hospital or health care system, such as sore throat, minor bites, dressing change.

Detailed Description of Response Time Targets

Sudden Cardiac Arrest

The Community Defibrillator Response to sudden cardiac arrest targets the percentage of times that a defibrillator will be at a patient's side in a cardiac arrest call situation within a six (6) minute timeframe as set by the Ministry of Health and Long-Term Care. This percentage of calls and how the clock stops is determined not only when an ambulance arrives to the patient's side but also includes any time a first responder also arrives (fire fighters and/or civilians at sites equipped with defibrillators). This patient is also determined to be part of the CTAS 1 Target. The target of 40 percent is representative of the rural nature of paramedic services delivery in Grey County with difficult driving conditions during inclement weather and increased driving distances. Grey County has implemented the Public Access Program to assist with meeting this target and currently has over 150 automated external defibrillators located throughout the County.

CTAS 1

Paramedic response to CTAS 1 calls target the percentage of times that an ambulance responds to patients presenting with life threatening injuries or illnesses in eight (8) minutes or less as set by the Ministry of Health and Long-Term Care. This is an ambulance only target but does include ambulance response to patients suffering from sudden cardiac arrest.

CTAS 2

Paramedic response to CTAS 2 calls target the ambulance responds to patients presenting with serious injuries or illnesses in fifteen (15) minutes or less measured as

a 90th percentile. This target has been set by the County based on the historical data related to emergency call response in Grey County.

CTAS 3

Paramedic response to CTAS 3 calls target the ambulance responds to patients presenting with moderate injuries or illnesses in twenty (20) minutes or less measured as a 90th percentile. This target has been set by the County based on the historical data related to emergency call response in Grey County.

CTAS 4

Paramedic response to CTAS 4 calls target the ambulance responds to patients presenting with non- serious injuries or illnesses in twenty (20) minutes or less measured as a 90th percentile. This target has been set by the County based on the historical data related to emergency call response in Grey County.

CTAS 5

Paramedic response to CTAS 5 calls target the ambulance responds to patients presenting with very minor injuries or illnesses in twenty (20) minutes or less measured as a 90th percentile. This target has been set by the County based on the historical data related to emergency call response in Grey County.