

Report EMSR-TAPS-11-14

To: Chairman Al Barfoot and Members of the Transportation and Public Safety Committee
From: Mike Muir, Director of EMS
Meeting Date: April 17, 2014
Subject: Response Time Performance Plans
Status: **Recommendation adopted by Committee as presented per Resolution TAPS62-14; Endorsed by County Council May 6, 2014 per Resolution CC60-14**

Recommendation(s)

WHEREAS Grey County is required to submit annual response time performance plans to the Ministry of Health and Long Term Care;

AND WHEREAS Grey County has submitted to the Ministry of Health and Long Term Care its performance measurement against the 2013 response time performance plan targets;

AND WHEREAS Grey County has the opportunity to adjust the response time performance plan targets throughout the year;

AND WHEREAS Grey County has met the performance targets set for 2013;

NOW THEREFORE BE IT RESOLVED THAT Report EMSR-TAPS-11-14 regarding response time performance plan be received;

AND THAT Grey County maintains the current response time performance targets submitted to the Ministry of Health and Long Term Care for the 2014 calendar year.

Background

Grey County Emergency Medical Services (EMS) is required under current legislation to submit annually a Response Time Plan to the Ministry of Health and Long-Term Care (MOHLTC) related to ambulance response time targets within the county. The first Response Time Plan was submitted in October 2012 for the 2013 operational year. The October 2013 submission covers the 2014 operational year. The County has submitted to the MOHLTC its performance measurement against the 2013 response time performance targets and has met all targets set. Staff is recommending that all targets remain fixed for the 2014 calendar year.

The following chart was submitted to the MOHLTC in March 2014:

Target	Call Type	Provider	Response Time Target	Target Percentage	Percentage of Time Achieved
1.	Sudden Cardiac Arrest	Community/EMS Defibrillator Response	Six (6) minutes or less	40%	49.02%
2.	CTAS 1	Paramedic Response	Eight (8) minutes or less	50%	58.33%
3.	CTAS 2	Paramedic Response	Fifteen (15) minutes or less	90%	90.33%
4.	CTAS 3	Paramedic Response	Thirty (30) minutes or less	90%	99.88%
5.	CTAS 4	Paramedic Response	Thirty (30) minutes or less	90%	100.00%
6.	CTAS 5	Paramedic Response	Thirty (30) minutes or less	90%	99.33%

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).

CTAS is described as:

1. **CTAS I:** severely ill, requires resuscitation
2. **CTAS II:** requires emergent care and rapid medical intervention
3. **CTAS III:** requires urgent care
4. **CTAS IV:** requires less-urgent care
5. **CTAS V:** requires non-urgent care

CTAS I: requires resuscitation and includes conditions that are threats to life or imminent risk of deterioration, requiring immediate aggressive interventions (for example, arrest, 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 asthma, moderate trauma or vomiting and diarrhea in patients younger than two years.

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, such as urinary symptoms, mild abdominal pain or earache.

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, conditions related to chronic problems or psychiatric complaints with no suicidal ideation or attempts.

Financial / Staffing / Legal / Information Technology

Considerations

None

Link to Strategic Goals / Priorities

Goal 2 – Enabling Healthy and Resilient Communities: The implementation of the new response time target plans will allow the County to annual review and if necessary, implement improvements to EMS delivery in evidence based, patient centered and economically responsible manner.

Attachments

None

Respectfully submitted by,

Mike Muir
Director of Emergency Medical Services