



# **2019 Response Time Target Performance Plan**

# Recommendation

That Report PSR-CW-09-18 be received and that the 2019 Response Time Performance Plan outlined in the report be approved by October 01, 2018 and submitted to the Ministry of Health and Long-Term Care by October 31, 2018.

# Background

- ▶ Grey County Paramedic Services is required under current legislation to submit annually a Response Time Plan to the Ministry of Health and Long Term Care related to response time targets within the County
- ▶ 2019 Operational Year
- ▶ Regulation 257/00 Part VIII
- ▶ First plan submitted 2012, measured 2013

# Response Time Targets

- ▶ 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)
- ▶ One of the six criteria is based on community response to patients in cardiac arrest.

# Response Time Targets

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.

# Percentile Response Time Measurement

- ▶ An important measurement of how a paramedic system is performing is indicated in the time in which it responds to emergencies.
- ▶ A percentile response time measurement is the percentage of calls where paramedics arrive at the scene of an emergency in a specified time frame.
- ▶ Example if the response time performance plan was to arrive on scene within 15 minutes 90 percent of the time and it was measured against 1000 calls, 900 calls would have to be under 15 minutes to meet the target.
- ▶ Not an average response time.

# CTAS is described as:

- ▶ CTAS I: resuscitation (cardiac arrest, major trauma)
- ▶ CTAS II: emergent care (head injury, chest pain)
- ▶ CTAS III: urgent care (mild to moderate breathing problems, moderate anxiety /agitation)
- ▶ CTAS IV: less-urgent care (laceration requiring stitches, upper extremity injury)
- ▶ CTAS V: non-urgent care (sore throat, dressing change)

# Grey County Response Time Performance

Call Type	Response Time Target	2018 Target	2017 Results	2018 Results To June 30 <sup>th</sup>	5 Year Average
Sudden Cardiac Arrest	Six (6) minutes or less	40%	38.33%	36.84%	46.19%
CTAS 1	Eight (8) minutes or less	60%	68.42%	67.86%	63.56%
CTAS 2	Fifteen (15) minutes or less	90%	88.87%	89.28%	89.85%
CTAS 3	Twenty (20) minutes or less	90%	96.64%	96.84%	97.25% (20 min) 99.87% (30 min)
CTAS 4	Twenty (20) minutes or less	90%	96.35%	97.29%	96.91% (20 min) 99.60% (30 min)
CTAS 5	Twenty (20) minutes or less	90%	94.58%	95.30%	96.03% (20 min) 99.47% (30 min)



**Based on the 2017 response time performance and the 2018 response time performance to June 30th, the same targets continue to be recommended for the 2019 year with a review of deployment modelling to improve the Sudden Cardiac Arrest and CTAS 2 response time target.**

<b>Target</b>	<b>Call Type</b>	<b>Provider</b>	<b>Response Time Target</b>	<b>Percentage of Time Achieved</b>
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%

# Variables Affecting Performance

## **Accuracy of Data**

- ▶ Ministry of Health Ambulance Dispatch Data Access Services (ADDAS) dispatch data.
- ▶ Accuracy called into question, matching of data with electronic patient care record.
- ▶ Logging of arrival time is a manual process which could lead to errors in data.
- ▶ Technology, automation, GPS, computer aided dispatch, real time data

## **Community Response to Sudden Cardiac Arrest Data Capture**

- ▶ The ability to capture Community Response to patients suffering from sudden cardiac arrest is limited to obtaining response time data from allied agencies or locations where Public Access Defibrillators are located.
- ▶ Logging of this data is a manual process which could lead to errors in recorded time accuracy.

## **Challenge of Meeting Targets in Rural Ontario**

- ▶ Sudden Cardiac Arrest and CTAS 1 calls less than 2 percent of the total call volumes.
- ▶ Provincial targets are designed for a 4 to 5 minute travel time to a sudden cardiac arrest call and a 6 to 7 minute travel time to a CTAS 1 call.
- ▶ The low population density and large geography make it difficult to meet these response criteria outside of the urban areas where the ambulances are located.

# Increasing Emergency Call Volumes

- ▶ It is important to recognize that call volumes have been increasing at an average of 6.6% for code 3 and 4.9% for code 4 calls annually over the past 10 years.
- ▶ In 2012 the total volume for non-emergency and emergency calls peaked at a total of 11,372. Non-emergency call volumes at that time were 2,790.
- ▶ Since 2012 paramedic services has concentrated its ability to respond to emergency calls while reducing its ability to respond to non-emergency calls. In 2017 the non-emergency call volume was 323 while the emergency call volume was 11,030 for a total of 11,353 calls.
- ▶ In 2017 the total patient call volume increased 9.8% with code 4 emergency calls increasing by 11.4%. The 2017 service call volume now matches the number of calls when the original response time targets were developed for the County in 2012.
- ▶ In 2018 the call volume to date is indicating another 9.0% increase in call volume.
- ▶ To meet response time targets in the setting of continual yearly increases in call volumes will require additional resources, changes in targets or system service delivery.

# Addressing Increasing Call Volumes

- ▶ The Ministry of Health and Long-Term Care (MOHLTC) is embarking on a journey to enhance and modernize the province's emergency health services (EHS) system.
- ▶ The purpose is to improve and sustain quality coordinated care across the patient's journey to accessing care.

# Addressing Increasing Call Volumes

## New Medical Dispatch System

- ▶ The province is investing in a new medical dispatch system that will help triage and prioritize 911 calls for paramedic services.
- ▶ This new system is expected to be in place in the first site by the end of 2018.
- ▶ This system will better prioritize calls based on patient need and redirect low acuity patients to locations other than emergency departments in instances where it would be safe and appropriate to do so.

# Addressing Increasing Call Volumes

## Paramedic Practice Changes

- ▶ Recent updates to the Ambulance Act will allow paramedics to assess patients and make decisions to manage those patients in new ways, under appropriate medical delegations and where deemed safe and appropriate to do so.
- ▶ Options include providing some forms of treating and referring the patient to continuing care (e.g., primary, home and/or community-based) or releasing the patient, without the need for transport to the emergency department.
- ▶ Consideration can also be given in the use of vehicles other than ambulances, for instance “emergency response vehicles”, for use by services to respond to low acuity calls in a Treat & Refer/Treat & Release model where patient transport is not deemed required.
- ▶ Previously, paramedics were bound by law to transport patients to hospital facilities only. Providing more flexibility will allow patients to receive the most appropriate care while reducing unnecessary trips to emergency departments.
- ▶ This approach will also assist in having ambulances available to respond to emergencies by not having their services tied up on low acuity calls.

# Addressing Increasing Call Volumes

## Chatsworth Base

- ▶ The Township of Chatsworth's overall response times are consistently lower than the other Lower Tier Municipalities within the County.
- ▶ It is anticipated that the building of the new Chatsworth Base will help reduce response times however, the occupancy will not occur until December of this year.
- ▶ The full realization of improved response times will occur in 2019.
- ▶ In the interim to help reduce response times the service will be performing mobile coverage in the Chatsworth area on weekends and holidays throughout the summer.





Grey  
County

**Questions?**