

<b>To:</b>	Warden Hicks and Members of Grey County Council
<b>Committee Date:</b>	February 10, 2022
<b>Subject / Report No:</b>	PSR-CW-01-22
<b>Title:</b>	Response Time Performance Plan Results for 2021
<b>Prepared by:</b>	Kevin McNab
<b>Reviewed by:</b>	Kim Wingrove, Mary Lou Spicer
<b>Lower Tier(s) Affected:</b>	All Lower Tiers
<b>Status:</b>	Recommendation adopted by Committee as presented per Resolution CW28-22; Endorsed by County Council February 24, 2022 per Resolution CC19-22;

## Recommendation

1. That Report PSR-CW-01-22 be received; and
2. That the 2021 Paramedic Services response time performance results be submitted to the Ministry of Health by March 31<sup>st</sup>, 2022.

## Executive Summary

The County sets the response time performance targets every October for the upcoming calendar year. The County is required to report annually to the Ministry of Health by March 31<sup>st</sup> of each year on the response time performance achieved under the previous year's plan.

For the 2021 calendar year, the County has met all response time target criteria except for the CTAS 2 criteria.

In 2021, the total patient call volumes were 13,366 which is 17.28% (calls 11,397) greater than in 2020 and 12.14% (calls 11,918) greater than in 2019 which was the previous busiest year. Paramedic Services has seen an increase in patient call volume of 22.18% over the past 5 years.

## Background and Discussion

Grey County Paramedic Services is committed to continuous improvements in performance, and this is reflected in the response time targets that are developed and implemented annually. This report provides the results of the County's 2021 response time performance.

The County sets the response time performance targets every October for the upcoming calendar year. The County is required to report annually to the Ministry of Health by March 31<sup>st</sup> of each year on the response time performance achieved under the previous year's plan. In 2012, the County determined the original response time performance targets based upon response times that Paramedic Services was achieving at that time.

## Response Time Targets

There are six set criteria that are 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 6 minutes of the time notice is received. The sudden cardiac arrest target for Grey County is six (6) minutes, 40% of the time.
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. The CTAS 1 target for Grey County is eight (8) minutes, 60% of the time.
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). The CTAS 2 target for Grey County is fifteen (15) minutes, 90% of the time. The CTAS 3,4 and 5 targets for Grey County are twenty (20) minutes, 90% of the time.

## 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, such as cardiac 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, such as 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 and 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 and 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 and dressing change.

## 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. The response time is measured from the time the crew is first notified until the paramedic radios that they have arrived at the scene of the emergency. A percentile response time measurement is the percentage of calls where paramedics arrive at the scene of an emergency in a specified time frame. For example, if the response time performance plan was to arrive on scene within fifteen (15) minutes, 90% of the time, and it was measured against 1000 calls; 900 calls would have to be under fifteen (15) minutes to meet the target.

## Response Time Performance 2021

The 2021 response time performance for Grey County Paramedic Services is identified in the chart below. This chart also indicates an average of the yearly reported response times from 2017 to 2021.

<b>Call Type</b>	<b>Provider</b>	<b>Response Time Target</b>	<b>2021 Target</b>	<b>2021 Performance</b>	<b>5 Year Average</b>
Sudden Cardiac Arrest (SCA)	Community Defibrillator or Paramedic Response	Six (6) minutes or less	40%	50.57%	45.69%
CTAS 1	Paramedic Response	Eight (8) minutes or less	60%	60.82%	64.90%
CTAS 2	Paramedic Response	Fifteen (15) minutes or less	90%	88.77%	89.21%

<b>Call Type</b>	<b>Provider</b>	<b>Response Time Target</b>	<b>2021 Target</b>	<b>2021 Performance</b>	<b>5 Year Average</b>
CTAS 3	Paramedic Response	Twenty (20) minutes or less	90%	97.58%	97.06%
CTAS 4	Paramedic Response	Twenty (20) minutes or less	90%	95.83%	96.81%
CTAS 5	Paramedic Response	Twenty (20) minutes or less	90%	94.48%	95.66%

For the 2021 calendar year, the County has met all response time target criteria except for CTAS 2.

2021 – 90<sup>th</sup> Percentile All Code 4 Calls – 15:29

2021 – Average Response Time Code 4 Calls – 7:56

In 2021, the total patient call volumes were 13,366 which is 17.28% (calls 11,397) greater than in 2020 and 12.14% (calls 11,918) greater than in 2019 which was the previous busiest year. Paramedic Services has seen an increase in patient call volume of 22.18% over the past 5 years.

## Staffing Considerations

With budget approval, Paramedic Services will be undertaking a comprehensive deployment review to aid in future planning of potential increased staffing and base locations over the next 10 years.

## Legal and Legislated Requirements

Land Ambulance Response Time Standard Reg 257/00 Part VIII

Upper tier municipalities are responsible, either directly or through selected operators, for ensuring that patient care and transport are carried out in accordance with applicable legislation, standards and procedures. They are also responsible for the supervision of staff, maintenance of vehicles and equipment and the provision of a quality assurance program.

## Financial and Resource Implications

None

## Relevant Consultation

External:

Internal: CAO, Finance

## Appendices and Attachments

None