

Ministry of Health and  
Long-Term Care

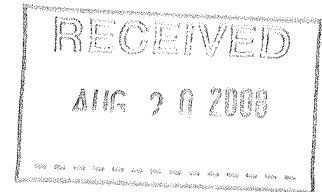
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August 13, 2008

Gary Champagne  
Chief Administrative Officer  
Manitoulin-Sudbury District Social Services Administration Board  
210 Mead Boulevard  
Espanola ON P5E 1R9

Dear Mr. Champagne:

I am pleased to announce the government has approved a new Land Ambulance Response Time Standard. Establishment of this new standard is another example of how the provincial-municipal Memoranda of Understanding are delivering good policy outcomes. This change was achieved through Regulation 267/08 which amended Regulation 257/00 made under the *Ambulance Act*. The amendment to Regulation 257/00 came into effect on July 30, 2008 and provides upper tier municipalities and designated delivery agents with a two year transition and implementation timeframe.

As a result of the collaborative work undertaken by the Land Ambulance Committee's Response Time Standard Working Group, a new regulated framework has been defined that is patient-focused, and based on medical evidence and consensus. This new standard will replace the older best-effort standard that was based on 1996 ambulance response time performance. The new standard applies to land ambulance communications centres, upper tier municipalities and designated delivery agents. They will be required to develop plans, establish performance targets by patient acuity type and report performance achieved for those patients. The plans and performance achievements will be published annually on the ministry's website as soon as the new standard is fully implemented.

To facilitate a smooth transition to the new response time standard framework, the first municipal plan is due October 31, 2010 applicable to the 2011 calendar year. Municipal representatives have been working with the ministry to develop learning materials and planning tools for municipal officials relating to the new standard.

Mr. Champagne:

Also, the ministry is coordinating several one day workshops across the province in October 2008 to inform municipal officials on how the updated standard will work. Please find attached the Regulation and more details related to this new framework.

Should you have any questions, please contact Dr. Anthony Campeau at 416-327-7815 or Dr. David Reeleder at 416-327-7128.

Sincerely,

  
Malcolm Bates  
Director

Attachments

c: , Director of EMS



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ALERT

## MEMBER COMMUNICATION

ALERT N°: 08/035

*To the attention of the Clerk and Council*  
August 11, 2008

FOR MORE INFORMATION CONTACT:  
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### New Local Land Ambulance Response Time Standards to be Established

**Issue:**

The Government has approved Regulation 267/08 permitting the establishment of local response time plans.

**Background:**

Under the umbrella of the Memorandum of Understanding between AMO and the provincial government, a joint Land Ambulance Committee was established in 2006 to review key elements of the land ambulance service in Ontario. Some of those issues included inter-facility transfer, training, funding, and response time standards.

The Committee, and its Response Time Standard Working Group, concluded that the current land ambulance certification standard regarding response times was due to be changed. The original response times were based on a best efforts standard established in 1996. Since that time, new medical evidence and measurement practices are now available to inform new and local response times. The government has approved a new Regulation which will give effect to these new response time plans.

The new standards provide for enhanced municipal flexibility and equity. They are also patient outcome focused. The standards establish the responsibilities of upper tier municipalities, designated delivery agents, and ambulance communication centres to define, set, and meet response time plans. These plans will be filed annually with the Ministry of Health and will be publicly available. The new municipal plans will be developed by October 2010 and will take effect the following year.

The collaborative establishment of these new local standards is another example of how the Memorandum of Understanding is delivering good public policy outcomes.

**Action:**

Additional information will be forwarded this week and AMO's designate (and the Chair of the Working Group), Mr. Brent Browett, EMS Director for the City of Hamilton, is working with the Ministry to develop learning materials and will be setting up workshops across the province starting in October.

*This information is available in the Policy Issues section of the AMO website at [www.amo.on.ca](http://www.amo.on.ca).*

## NEW LAND AMBULANCE RESPONSE TIME STANDARD Qs & As

*A series of AMO-Ministry workshops for municipalities was held across the province in October/November 2008 in which clarification of the new ambulance response time standard was provided, and input was sought on implementation and approaches to meet the new standard. The consolidated Qs and As below reflect that discussion and additional dialogue with AMO, the MOHLTC EHS Branch, and AMEMSO members. Please consider this document as a companion to the Response Time Standard Workbook. It may be updated from time to time as new information becomes available and ideas are shared.*

Q1: What information does the ministry require from municipalities in order to comply with the new response time standards?

A1: Requirements to meet the new response time standard are described in Ontario Regulation 267/08, Part VIII, and in the Response Time Standard Workbook, Section B.

Q2: What data or evidence should the municipality use in arriving at reasonable response time system targets for their municipalities?

A2: A variety of data can be used as described in the Response Time Work Book (e.g., resources & demand assessment, liaison updates between communication centres and municipalities). Municipal specific ADDAS information based on historical performance will also be helpful. Municipalities may also wish to share response time target information through forums such as the AMEMSO website. Local contexts will help determine appropriate targets for each municipality. In addition, municipalities may wish to pilot the setting of plans prior to the formal submission requirement (October 31, 2010) to the ministry, and use this test experience for plan refinement purposes.

Q3: What will be the ministry's role in receiving response time plans from the municipalities?

A3: The ministry will receive municipal plans, monitor compliance with plans, and post required performance information on its website at an appropriate time after municipal submission.

Q4: Will the 90% provincial response time performance standard no longer be a provincial requirement?

A4: Correct. The new response time regulation, Ontario Regulation 267/08, Part VIII, supersedes the previous 90% provincial response time standard.

## **NEW LAND AMBULANCE RESPONSE TIME STANDARD**

### **Qs & As**

Q5: Can the EMS operator on a 'voluntary' basis develop a response time plan and record achievement of that plan, prior to formally submitting the municipal plans to the ministry, October 31, 2010?

A5: Yes. This type of voluntary planning is encouraged as it will make the transition to the formal submission process more seamless. Information and tools learned through this voluntary exercise will improve the quality and effectiveness of performance plans eventually submitted through the formal submission process.

Q6: Will municipal EMS proposed plans showing performance targets less than 50% for Sudden Cardiac Arrest (SCA) and/or CTAS 1 be acceptable to the ministry and their own municipal constituents?

A6: Local communities will determine the performance targets they wish to use based on local needs, resources and capabilities. Over time, through improved understanding of performance requirements, local system optimization, and experience with the new standard, it is anticipated that municipalities will further refine their performance targets to correspond to local needs and requirements.

Q7: Will additional provincial funding be provided to municipalities in order for them to develop and maintain the new response time regime?

A7: No, the Response Time Standard was recommended to the ministry as a revenue-neutral initiative. It is anticipated that municipalities will use resources within their respective budgets to satisfy their locally determined response time requirements.

Q8: Will ministry ambulance funding be linked to municipal response time performance?

A8: No. There is no ministry consideration of linking land ambulance funding to municipal response time performance.

Q9: What is the operational definition of Sudden Cardiac Arrest (SCA) and at what point does the attending paramedic make this evaluation for performance reporting purposes?

A9: The need for cardiac resuscitation is assessed at the time of patient contact for unresponsive, pulseless patients (the operational definition of SCA).

Q10: Why does the new regulatory standard focus on SCA events, which, as a percentage of total ambulance calls is very low, and not necessarily reflective of the performance of the whole EMS service?

A10: Part (7) of the Regulation requires that municipalities establish in their locally determined response plans, response time targets for all ambulance patients, i.e., respecting SCA and all CTAS 1-5 patients. It is recognized statistically that with smaller call density (e.g., northern and rural areas), '%' changes for SCA events may be relatively larger than other larger call density communities, and thus may require

## **NEW LAND AMBULANCE RESPONSE TIME STANDARD**

### **Qs & As**

additional explanation to local constituencies (noting that SCA events as a percentage of total ambulance calls may be less than 5 % of total).

Q11: What is the evidence for supporting the 6-minute, SCA standard?

A11: The quality of medical evidence supporting the 6-minute time standard for SCA is very high, and well supported through OPALS and other medical literature.

Q12: What evidence is there to support the 8-minute, CTAS 1 time standard?

A12: The evidence supporting the CTAS 1, 8-minute standard, is derived from a combination of available expert medical evidence and expert consensus of the LAC Working Group on Response Time.

Q13: How is response time arrival information conveyed from the first responder to the paramedic to ensure response time is recorded accurately and reliably?

A13: A variety of mechanisms are available. Please consult the Response Time Standard Work Book, Section 3.

Q14: When does the response time “clock stop” for cases of SCA, and CTAS 1-5?

A14: The “clock stops” for SCA when the defibrillator arrives on scene with a person that is able to defibrillate. The paramedic upon arrival at scene may (if arrival after a first responder) solicit information from the first responder regarding time of patient contact. CTAS 1-5 measurement is done at the time of paramedic first contact with the patient, prior to patient intervention, and the time that the “clock stops” is upon the arrival of one or more paramedics arrives on scene.

Q15: Will the ministry support consistent CTAS classification definitions usage in hospitals and municipal EMS, so patient comparisons are meaningful?

A15: The ministry recognizes the importance of consistent CTAS classification systems, for use in municipal EMS, CACCs and hospitals for purposes of conveying patient acuity. Training material will be made available to assist EMS and CACCs in this regard.

Q16: Will CTAS response time “stop the clock” information be measured from paramedic arrival “on the scene”?

A16: Yes.

Q17: What happens if patient status changes after the paramedic/first responder arrives on the scene? (e.g., what SCA/CTAS score does the paramedic record)?

A17: CTAS 1-5 classification is done at the time of paramedic first contact with the patient, prior to patient intervention. This is the CTAS that will be communicated to the

## **NEW LAND AMBULANCE RESPONSE TIME STANDARD Qs & As**

CACC and entered into the ADDAS data base by the CACC ACO. If the CTAS level changes on arrival at the receiving hospital that information should be communicated to the hospital staff to provide a complete picture of the change in the patient's status.

Q18: What evidence is there that CTAS can be used to assess patient acuity in a uniform, consistent manner?

A18: The CTAS classification system is the best and most reliable and valid methodology for classifying patient acuity available, as reflected in its widespread adoption across a variety of national and international jurisdictions and agencies.

The ministry accepted the recommendation to adopt the CTAS system based on recommendations from the Land Ambulance Committee (Working Group on Response Time), a joint committee of AMO and the ministry, formed in general response to Ontario Government's Memorandum of Understanding process to consult with municipalities on areas on mutual policy interest.

Q19: Will the count of CTAS 1 events for purposes of response time calculation include or exclude SCA events?

A19: For purposes of response time calculations SCA and CTAS 1 events will be counted separately. The MOHLTC ADDAS database will be modified to ensure its distinction.

Q20: In responding to CTAS 1 calls, what is meant by the "ambulance crew" as described in Regulation?

A20: An ambulance crew for purposes of this Regulation, refers to any qualified and employed Paramedic, and may represent a crew of one or more.

Q21: Will the ministry be in dialogue with the Fire Marshall's Office to inform them of the new standard?

A21: The ministry will inform the Fire Marshall's Office of the new respond time standard.

Q22: Will municipal EMS need to work with all their tiered response partners to adjust their plans in order to ensure consistency and alignment with the new response time standard? If so, will AMEMSO and/or the ministry provide assistance?

A22: Municipalities will need to make this determination on a case by case basis, and endeavour to adjust plans where required.

Q23: Will the ministry inform the provincial OPP Office of the new response time standard?

## NEW LAND AMBULANCE RESPONSE TIME STANDARD Qs & As

A23: The ministry will inform the provincial OPP Office of the new response time standard.

Q24: Will the ministry inform Provincial Parks of the new response time standard?

A24: The ministry will inform Provincial Parks of the new response time standard.

Q25: Does this initiative incentivize municipalities to expand public health prevention and promotion opportunities?

A25: Not directly. But the ability of first responders to provide defibrillation to SCA patients and stop the response time clock can help the municipal sector meet their targeted response time goals while encouraging public health prevention and promotion opportunities. For example, the municipality may wish to embark on or expand programs in: Programs to Educate on when it is appropriate and necessary to call 911; Fire and Police Defibrillation; High School CPR training; Citizen CPR training; Community-based First Aid; Fire Prevention and School Safety; Cardiac Safe City; and Police Safe Community.

Q26: Will each municipality and/or dispatch centre be required to identify the location of all AED/PADS and have this logistical information available and accessible for dispatch/fleet calls?

A26: While not mandated by Regulation, as a matter of operational policy and procedure, municipalities may wish to consider inventorying this information and endeavour to keep it up to date.

Q27: Does municipal EMS have responsibility for SCA events which may be under wider community or municipal responsibility (e.g., placement of AED/PADS in community centres; citizen CPR training)?

A27: The *Ambulance Act* governs roles and responsibilities of the province and municipalities and designated delivery agents (including DSSABs) concerning the provision of land ambulance services. The Regulation in no way mandates the additional placement of AED/PADS or related citizen CPR training (for example), but leaves these activities the prerogative of the municipality.

Q28: Will new data collection & retrieval systems need to be developed in order to implement the new response time regime, i.e., how will information from the First Responder (e.g., arrival time for SCA) be captured, and extracted for response time performance monitoring purposes?

A28: Please consult the Response Time Standard Work Book, Section 3. It is anticipated that only minor changes to existing systems, e.g., ADDAS, to accommodate additional field(s) will be required. Some municipalities may choose to input and analyze data from ADDAS or other software, into locally maintained spreadsheet software although it is



## **NEW LAND AMBULANCE RESPONSE TIME STANDARD Qs & As**

planned that the ADDAS data base will be modified to support the basic response time measurement requirements.

Q29: What ministry plans are there to modify dispatch protocols to potentially enhance municipal response time performance (e.g. converting from DPCI 1 to DPCI 2)?

A29: It is believed that better alignment of dispatch calls to the urgency of patient need will occur as a result of conversion from DPCI 1 to DPCI 2. Preliminary evidence for this finding has been confirmed in the Hamilton DPCI 2 trials.

Q30: What data fields have the provincial IT Cluster identified for changes to the data systems (e.g., ARIS 2 / ADDAS)?

A30: Additional fields will be added to the ADDAS database to enable the CACC ACO to enter the basic data as conveyed to them by the paramedic to support the response time standard data needs and municipalities will have new flexibility to enter local municipal response data as necessary from time to time.

Q31: Will the ministry provide data to each municipality on how well they are currently meeting the 8-minute CTAS 1 standard?

A31: Data is available based on provincial 2006 analysis which will be considered for forwarding to municipalities following discussions with AMEMSO.

Q32: Will the Ambulance Call Report (ACR) be reformatted to support the new response time standard?

A32: Yes.

Q33: Which municipality would be accountable for municipal response time performance in municipal cross-border situations (i.e., where Municipality A, for example, attends to a dispatched call for a patient on the scene in Municipality B)?

A33: As is current practice on other cross border matters, the sending municipality will be accountable for municipal response time performance in attending to the needs of the patient in the adjacent municipality, counting this SCA/CTAS event as their own for purposes of response time performance.

Through the principle of seamless land ambulance care across the province municipalities are obligated under the *Ambulance Act* to comply with direction from communications dispatch/CACC to attend to adjacent municipal calls. In carrying out this responsibility the municipality delivering this service is required to be accountable (response time performance) for the service provided.

Q34: Will First Nations participate in the new response time regime?

## NEW LAND AMBULANCE RESPONSE TIME STANDARD Qs & As

A34: Yes. The ministry will be contacting First Nations to advise them of the new response time standard, and their participation in this initiative.

Q35: Due to varying conditions or areas within each municipality, can municipalities create response time plans for different areas within their boundaries?

A35: Municipalities for local planning purposes can choose to define as many sub-boundaries within their overall municipal boundaries as they desire for purposes of response time performance and accountability. However, by Regulation, the ministry only requires that one plan be submitted from each individual municipality to the ministry for purposes of meeting response time requirements.

Q36: What is the ministry requirement for public website posting, and what consideration is there for the ministry to capture electronic links provided by the reporting municipality to each identified lower-tier municipality so assumptions and background information may be accessible to community constituents, along with statistical information, to meet ministry response time requirements?

A36: Municipalities for local planning purposes can choose to define as many sub-boundaries within their overall municipal boundaries as they desire for purposes of response time performance and accountability. However, by Regulation, the ministry only requires that one plan be submitted from each individual municipality for purposes of meeting response time requirements.

The ministry is currently reviewing approaches for public website reporting to capture a municipality desire to reflect differences in response time performance across their communities.

Q37: Will collaborative planning be desirable between the communications services/ CACC and the municipal EMS services in order to meet the requirements of the new response time standard?

A37: Yes. It is important that open and transparent communications occur to ensure common understandings.

Q38: Will the ministry ensure CACC plans are shared with participating municipal services, recognizing CACC plans generally will cover more than one EMS service?

A38: The ministry will ensure CACC plans are shared with appropriate municipal EMS services.

Q39: On what basis did the ministry adopt the 2-minute dispatch standard for the Regulation?

A39: The ministry accepted the 2-minute dispatch recommendation of the Land Ambulance Committee (Working Group on Response Time), a joint committee of AMO

## **NEW LAND AMBULANCE RESPONSE TIME STANDARD Qs & As**

and the ministry, formed in general response to Ontario Government's Memorandum of Understanding process to consult with municipalities on areas of mutual policy interest.

By Regulation, CACCs will be required to establish a response time performance plan that sets out the percentage of times that the communications service will give notice within 2 minutes of the time a request is received respecting sudden cardiac arrest or other patient categorized as CTAS I.

Q40: On what basis can municipalities and/or their constituents compare performance plans from different municipalities in order to ensure comparable performance (i.e., should various criteria, involving urban vs. rural distinctions be developed by municipalities for comparison purposes)?

A40: At some point municipalities and/or their constituents may wish to compare performance plans from different municipalities using various agreed-upon criteria. The ministry will be providing access to various municipal performance plans through a website as part of its attempt to encourage openness and transparency. The ministry encourages the municipal sector through AMO or other venues to consider development of meaningful comparison criteria.

Q41: Will the ministry singly or in coordination with AMEMSO be "clustering" municipal response time plans for purposes of public website reporting (e.g., "like" municipalities are posted together for comparative purposes)?

A41: The ministry is open to suggestions from AMO/AMEMSO on how they wish to view this information for public website reporting purposes.

Q42: How will the ministry list municipal response time performance on its website (e.g., alphabetically, call density, urban vs. rural, population density, etc) for public reporting purposes?

A42: The ministry is open to suggestions from AMO/AMEMSO on how they wish to view this information for public website reporting purposes.

Q43: Where will learning materials, such as the Response Time Standard Workbook, and related Qs & As, be posted?

A43: Material will be posted on the Ambulance Transition website, through a Ministry of Health and Long-Term Care link:  
<http://www.ambulance-transition.com/>

Q44: Will learning materials be provided to paramedics and others to assist them in meeting the new Regulation requirements impacting their day to day operational protocols?

**NEW LAND AMBULANCE RESPONSE TIME STANDARD  
Qs & As**

A44: Yes. Training bulletin(s) will be prepared and disseminated by the ministry for these purposes.