Conseil des Services du District de
Manitoulin-Sudbury
District Services Board

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Report To:	Program Planning Committee
From:	Michael MacIsaac, Chief of EMS
Date:	October 23, 2013
Re:	2014 Ambulance Response Time Standard

RECOMMENDATION

That the Manitoulin-Sudbury DSB submit the ambulance response time standard plan to the MOHLTC as attached to this document.

REPORT

Purpose

The purpose of this report is to provide the DSB Program Planning Committee with a final numerical response time strategy in time for submission to the Ministry of Health and Long Term Care (MOHLTC) by October 31, 2013, as dictated in the Ambulance Act O. Reg. 257/00. Additionally this report should provide the DSB Program Planning Committee with information on timelines for future developments of this plan.

Background

For a full background on the topic of the new ambulance response time standard for Ontario this report should be taken in conjunction with the previous New Ambulance Response Time Standard - Issue Report presented at the June 2010 DSB Board meeting.

History

After a historic review of statistics, the DSB developed a response time standard plan for the 2013 calendar year; the first year operating under this new standard. The standards were set on the basis of real information with realistic goals being sought.

In order to understand the definitions of the standard, background knowledge of the Canadian Triage Acuity Scale is essential. The following is a table detailing the meaning of each CTAS level.

CTAS 1: Severely ill, requires resuscitation

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

CTAS 2: **Requires emergent care and rapid medical intervention**

- Requires emergent care and includes conditions that are a potential threat to life or limb function, requiring rapid medical intervention or delegated acts (for example, head injury, chest pain or internal bleeding).

CTAS 3: **Requires urgent care**

- 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 2 years.

CTAS 4: **Requires less-urgent care**

- 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.

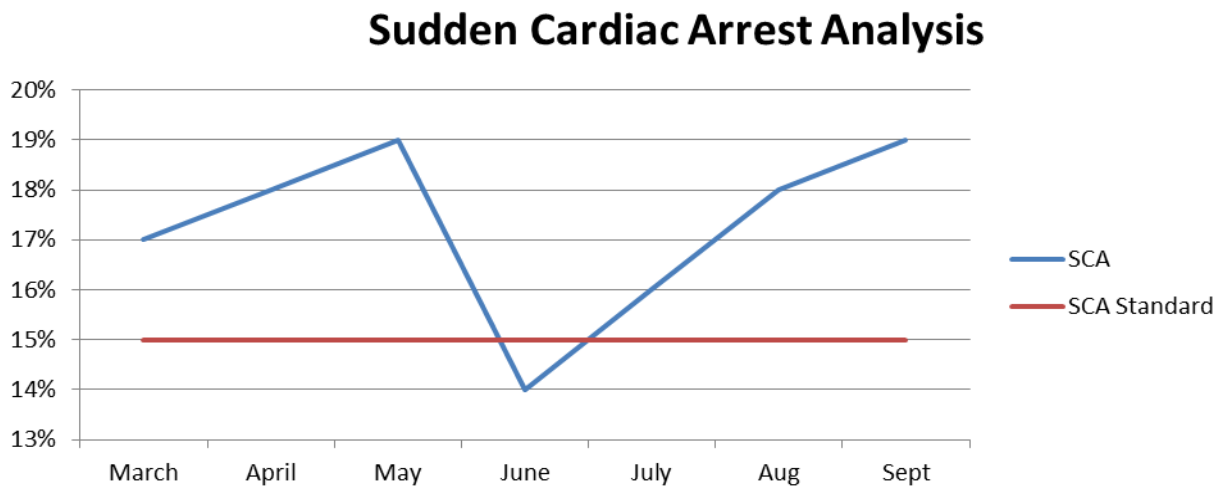
CTAS 5: Requires non-urgent care

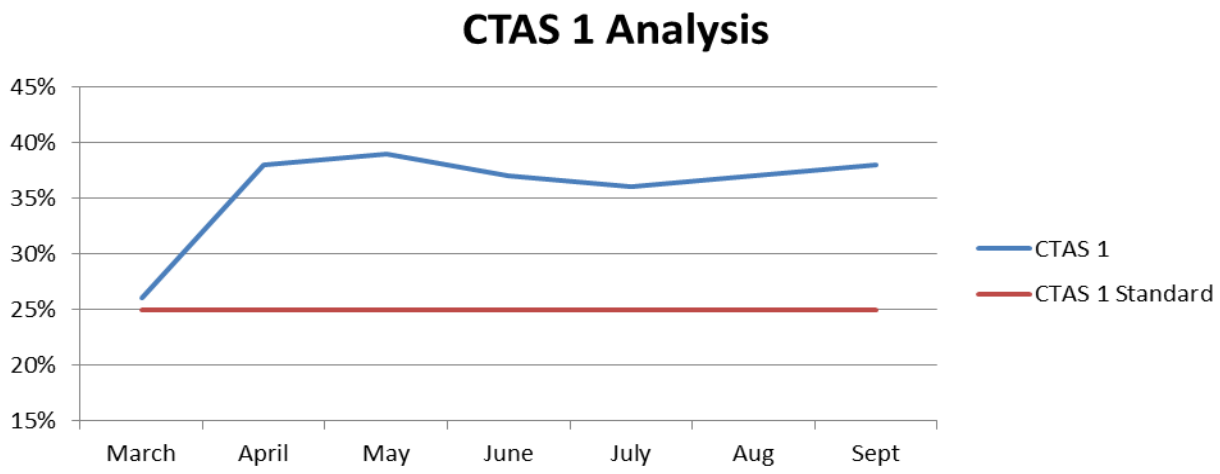
- requires non-urgent care and includes conditions in which investigations or interventions could be delayed or referred to other areas of the hospital or health care system, such as sore throat, menses, conditions related to chronic problems or psychiatric complaints with no suicidal ideation or attempts.

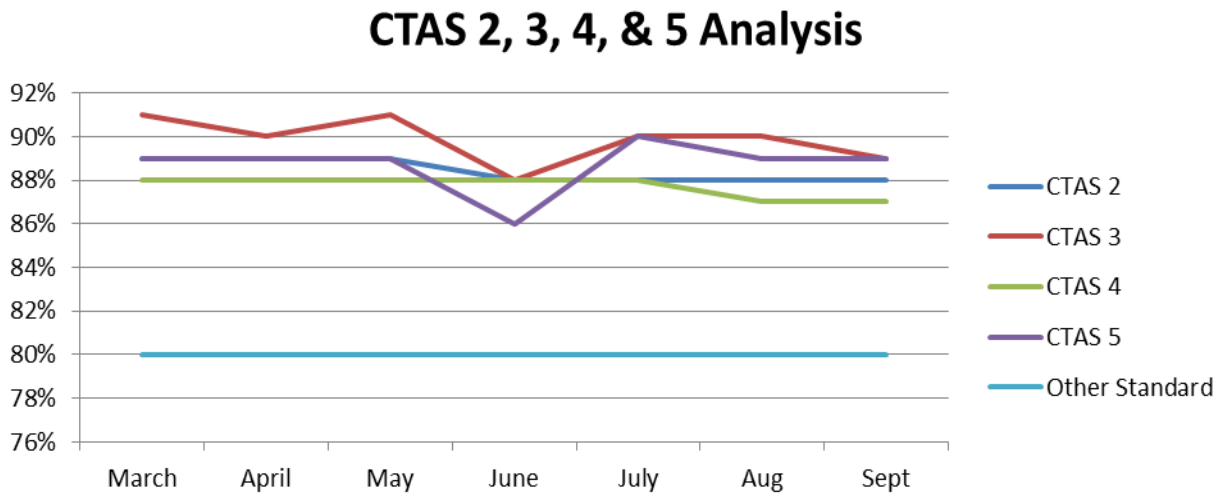
Past Performance and Establishing New Guidelines

As per the Ambulance Act we are to continually monitor our achievement in terms of response times. To achieve this goal the DSB has implemented a review of the response times as follows. For the first 3 months after a change in criteria we will allow the system to play out and will run the appropriate reports following this period. Allowing for 3 months of data to compile allows for a more accurate representation of the trends. When dealing with small datasets as is evident with the Sudden Cardiac Arrest and CTAS 1 sections, I would not think it appropriate to adjust unless there was sufficient data to review. After the first 3 months we track on a monthly basis our response times to ensure that we are compliant with our set goals. If as any point we become non-compliant with our plan we initiate a review of why we are no longer meeting our set criteria.

The following gives a graphical representation of the progress through the months of 2013 as it relates to the CTAS levels in the response time standard plan.







You will note from above that there was one point where we were non-compliant for a one month period regarding Sudden Cardiac Arrests. During that month there were a few more cardiac arrests outside of populated communities than within towns which put us outside the standard. You will also note that since June the statistical trend is upwards, above the standard we set.

From the statistics as they present themselves for the first 9 months of 2013, staff are recommending the DSB maintain the current response standards for the 2014 calendar year.

Timelines for Submission

The MOHLTC has set out some timelines regarding the new response time plan. It is suggested that October 1st of every year, the DDA's begin development of their response time plans for the next calendar year. On October 31st of each year each DDA is to submit their plan to the MOHLTC. The plans are to run by calendar year. Every March 1st beginning in 2014 each DDA is to submit performance reports to the MOHLTC detailing their actual responses for the previous year based on their plan. The legislation emphasizes that each DDA shall ensure that throughout the year the established plan is continuously maintained, enforced and evaluated and, where necessary, updated, whether in whole or in part.

It is again the intent of staff to evaluate the plan on an ongoing basis but to not alter the plan in year unless absolutely necessary. It is important to allow a plan to balance itself out over time, however if the plan is not meeting the appropriate needs it should be altered in year and the legislation allows such.

CONCLUSION

Staff are requesting that the Program Planning Committee recommend approval of the response time standard to the Board and that the DSB submit to the MOHLTC the new response time plan as attached to this report. As indicated previously, staff will monitor the plan and its effectiveness and only pursue a change in the plan, in year, if necessary.

MANITOULIN-SUDBURY DSB RESPONSE TIME SUBMISSION

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Name & Title of Responsible Party Completing Submission	***Michael MacIsaac Chief of EMS***		Email	***michael.macisaac@msdsb.net***	
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For the calendar year of ***2014***, from January 1 to December 31,

i. Designated Delivery Agent (DDA) - SUDDEN CARDIAC ARREST

15 percent of the time, within 6 minutes from the time ambulance dispatch conveys the call information to the paramedic, ***Manitoulin-Sudbury DSB*** will endeavour to have a responder equipped and ready to use an AED at the location of a patient determined to be in sudden cardiac arrest.

ii. EMS Designated Delivery Agent - CTAS 1

25 percent of the time, within 8 minutes from the time ambulance dispatch conveys the call information to the paramedic, ***Manitoulin-Sudbury DSB*** will endeavour to have a PARAMEDIC as defined by the Ambulance Act and duly equipped at the location of a patient determined to be CTAS 1.

iii. EMS Designated Delivery Agent - CTAS 2, 3, 4, 5

Manitoulin-Sudbury DSB will endeavour to have a PARAMEDIC as defined by the Ambulance Act and duly equipped at the location of a patient determined to be CTAS 2, 3, 4, 5 within a period of time determined appropriate by the DDA and noted below in Table 1, or as resources permit (level of effort):

Table 1, CTAS 2, 3,4,5 EMS Delivery Agent Commitment

CTAS	Target time from paramedic received until on scene	% Target
2	25 minutes	80%
3	25 minutes	80%
4	25 minutes	80%
5	25 minutes	80%