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

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Report To:	Manitoulin-Sudbury District Services Board
From:	Michael MacIsaac Chief of EMS
Date:	October 22, 2015
Re:	2016 EMS Response Time Standard - Issue Report

RECOMMENDATION

That the Manitoulin-Sudbury DSB submits the ambulance response time performance plan to the Ministry of Health & Long Term Care (MOHLTC) as attached to this document. This submission will be made by October 31, 2015 as per the required legislation.

Purpose

The purpose of this report is to provide the Board with a final numerical response time strategy in time for submission to the MOHLTC by October 31, 2015. Additionally, this report should provide the Board 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 Response Time Standard - Issue Report presented at the June 2010 Board meeting.

History

2015 is the third year operating under this new Response Time Standard and while our set goals are not that high we have consistently been tracking performance better than our established standard. The Ambulance Response Time Standard - Issue Report was brought to the DSB Board in April of this year which provided rationale regarding response time performance in relation to the unique geographical challenges associated with our area.

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.

Timelines for Submission

The MOHLTC has established timelines regarding the Ambulance Response Time Standard. It is suggested that October 1 of every year, the DSB begin development of their response time plans for the next calendar year. The plans are to run by calendar year. Every March 1 beginning in 2014 each DSB 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 service 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 this DSB 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.

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 EMS Department regularly monitors response time performance throughout the year. As noted previously we have been operating under this new standard for 2 years now. As such we have submitted 2 years of results to the MOHLTC. Our data as well as the rest of the province has been posted publicly on the MOHLTC website under Response Times. The following details are posted standards and performance over the past 2 years.

2013 Response Time Standards			
Manitoulin-Sudbury DSB	**Plan in Minutes**	**Plan in Percentage**	**Performance in %**
SCA	6	**15%**	**16.8%**
CTAS 1	8	**25%**	**32.1%**
CTAS 2	25	**80%**	**85.5%**
CTAS 3	25	**80%**	**87.7%**
CTAS 4	25	**80%**	**88.5%**
CTAS 5	25	**80%**	**93.5%**

2014 Response Time Standards			
Manitoulin-Sudbury DSB	**Plan in Minutes**	**Plan in Percentage**	**Performance in %**
SCA	6	**15%**	**21.7%**
CTAS 1	8	**25%**	**28.3%**
CTAS 2	25	**80%**	**83.6%**
CTAS 3	25	**80%**	**84.0%**
CTAS 4	25	**80%**	**83.6%**
CTAS 5	25	**80%**	**88.7%**

To assess where we should set our standard for 2016 it is important to not only look to past years but to also look at the current year. Data collected up to September 30, 2015 reveals the following.

Actual Response Time Standard January 1 to September 30, 2015			
Manitoulin-Sudbury DSB	**Plan in Minutes**	**Plan in Percentage**	**Performance in %**
SCA	6	**20%**	**50.0%**
CTAS 1	8	**25%**	**52.3%**
CTAS 2	25	**80%**	**87.0%**
CTAS 3	25	**80%**	**86.2%**
CTAS 4	25	**80%**	**86.9%**
CTAS 5	25	**80%**	**89.5%**

It is important to note that while the performance percentages have dramatically increased for SCA and CTAS 1 calls, the volumes of those calls are not that high, meaning the impact of each call is greater on the overall percentage, both in the positive and

negative direction. For example the current volume for SCA is 12 calls. If the next SCA call does not meet the 6 minute threshold the 50% performance will drop 4 points to 46%.

To set our goals for the upcoming year we must be mindful of both the past performance as well as future potential benefits as detailed in the EMS 5-Year Staffing Plan. With both in mind we are recommending changes to the SCA goal with an increase of 5 points bringing it to 25% as well as an increase to the CTAS 1 goal of 5 points to 30%. We are optimistic that these goals are attainable with the recent investments made by the Board in EMS.

Additionally, after 2 years of published performance we can begin to see a general plateau in the CTAS 2-5 performance. Understanding that there is a difference between the CTAS 2 patient and CTAS 5 patient we have decided to alter the timeframes and percentage goals on a sliding scale to account for the importance of the difference. It must be noted however that CTAS has nothing to do with the manner in which a paramedic crew is dispatched. Dispatching of a crew is done by the Central Ambulance Communication Centre based on 4 priority codes dependent on how the patient answers a series of questions. CTAS is determined once the Paramedics have made contact with the patient and assessed their injury/illness. There is a disconnect between the way an ambulance is dispatched to a call and how ill the patient actually is once assessed by a paramedic.

The following is our recommendation for the 2016 Response Performance Plan Changes noted in Red).

Proposed 2016 Response Performance Plan		
Manitoulin-Sudbury DSB	**Plan in Minutes**	**Plan in Percentage**
SCA	6	**25%** (was 20%)
CTAS 1	8	**30%** (was 25%)
CTAS 2	**15** (was 25)	**65%** (was 80%)
CTAS 3	**20** (was 25)	**75%** (was 80%)
CTAS 4	25	**85%** (was 80%)
CTAS 5	25	**85%** (was 80%)

CONCLUSION

The Manitoulin-Sudbury DSB will submit the new response time plan to the MOHLTC as attached to this report. The plan had been established based upon data available to date and represents overall achievable goals. We believe the above noted goals to be attainable given the commitment in past years by the Board in terms of EMS staffing enhancements. As indicated previously we will monitor the plan and its effectiveness and only pursue a change in the plan, in year, if absolutely necessary.

MANITOULIN-SUDBURY DSB RESPONSE TIME SUBMISSION

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For the calendar year of ***2016***, from January 1 to December 31,

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

25 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

30 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	15 minutes	65%
3	20 minutes	75%
4	25 minutes	85%
5	25 minutes	85%