



Report to: Manitoulin-Sudbury District Services Board

From: Michael Maclsaac
Chief of Paramedic Services

Date: October 27, 2016

Re: **2017 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, 2016 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, 2016. 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

2016 is the fourth year operating under this new Response Time Standard and while the DSB's established goals are not that aggressive, Staff have consistently been tracking performance better than the established standard.

The Response Time Standard contains multiple metrics based upon patient presentation. The most serious condition involves a patient in Sudden Cardiac Arrest (SCA). While cardiac arrest is a well-known condition, the rest of the metrics are not commonly known to the general public. 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 1st 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 ensures 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 Staff are continually monitoring achievement in terms of response times. To achieve this goal, Paramedic Services regularly monitors response time performance throughout the year. As noted previously the DSB has been operating under this new standard for 4 years. As such staff have submitted 3 years of results to the MOHLTC. The DSB 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 3 years.

2013 Response Time Standards			
Manitoulin-Sudbury DSB	Plan in Minutes	Plan in %	Performance in %
Sudden Cardiac Arrest	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 %	Performance in %
Sudden Cardiac Arrest	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%

2015 Response Time Standards			
Manitoulin-Sudbury DSB	Plan in Minutes	Plan in %	Performance in %
Sudden Cardiac Arrest	6	20%	32.1%
CTAS 1	8	25%	35.7%
CTAS 2	25	80%	86.1%
CTAS 3	25	80%	89.3%
CTAS 4	25	80%	88.9%
CTAS 5	25	80%	88.9%

To assess where the DSB should set the 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, 2016 reveals the following.

Actual Response Time Standard January 1 to September 30, 2016			
Manitoulin-Sudbury DSB	Plan in Minutes	Plan in %	Performance in %
Sudden Cardiac Arrest	6	25%	29.7%
CTAS 1	8	30%	42.2%
CTAS 2	15	65%	63.2%
CTAS 3	20	75%	80.4%
CTAS 4	25	85%	85.5%
CTAS 5	25	85%	87.4%

It is important to note that while the performance percentages have 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. Current call volumes for SCA and CTAS 1 combined are predicted to be less than 100 calls.

To set the DSB goals for the upcoming year staff must be mindful of both the past performance as well as future potential benefits as detailed in the [EMS 5-Year Staffing Plan](#). With the above in mind, the recommendation is to raise the CTAS 1 plan by 5 percentage points to 35%. Staff believe that this change is reasonable and attainable with the recent investments made by the Board in Paramedic Services.

Staff are recommending the following 2017 Response Performance Plan.

Proposed 2017 Response Performance Plan		
Manitoulin-Sudbury DSB	Plan in Minutes	Plan in Percentage
Sudden Cardiac Arrest	6	25%
CTAS 1	8	35% (was 30%)
CTAS 2	15	65%
CTAS 3	20	75%
CTAS 4	25	85%
CTAS 5	25	85%

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. Staff believe the above noted goals to be attainable given the commitment in past years by the Board in terms of Paramedic Services staffing enhancements. As indicated previously staff 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

Service Number	752 - 782	Service Name	Manitoulin-Sudbury DSB		
Mailing Address	210 Mead Blvd.				
Community	Espanola	Postal	P5E 1R9		
Business Phone	(705) 862-7850	Extension		Facsimile	(705) 862-7805
Chief Administrative Officer	Fern Dominelli		Email	fern.dominelli@msdsb.net	
Telephone	(705) 222-7777	UTM Facsimile	(705) 862-7866		
Name & Title of Responsible Party Completing Submission	Michael MacIsaac Chief of Paramedic Services		Email	michael.macisaac@msdsb.net	
Telephone	(705) 222-0600	Extension		Cell	(705) 862-0048

For the calendar year of **2017**, 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. Paramedic Services Designated Delivery Agent - CTAS 1

35 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. Paramedic Services 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 Paramedic Services 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%