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

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Report to:	Program Planning Committee
From:	Robert Smith Chief of Paramedic Services
Date:	November 22, 2017
Re:	**2018 Response Time Standard - Issue Report**

Purpose

The purpose of this report is to provide the Board with a final numerical response time strategy in time for submission to the Ministry of Health and Long-Term Care (MOHLTC). Additionally, this report provides 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

2017 is the fifth year of operation under the legislative requirements set out within the Response Time Standard. While the DSB's established goals have not evolved since 2016, the service is monitoring performance and evaluating potential system improvements that will develop with potential implementation of the Northeast LHIN non-urgent program and strategic changes to the service deployment model.

The Response Time Standard is formatted upon many variables that relate to patient presentation/acuity. The most serious condition involves a patient in Sudden Cardiac Arrest (SCA). While cardiac arrest is a publicly familiar condition, other metrics are less well known. To understand the metrics as set out in the Standard, some 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 requisite that by October of every year, the organization begin development of their response time plans for the following calendar year. The RTS plan durations are set to calendar years.

On the first of March each year, beginning in 2014, each Upper Tier Municipalities (UTM), Designated Deliver Agent (DDA), or District Social Services Administration Board (DSSAB) is required to submit a report to the MOHLTC that confirms achieved performance levels, based upon response times for the previous year. Success is based upon the established plan submitted sixteen months earlier. The legislation requires that each service ensures continued RTS plan maintenance, enforcement and evaluation.

There is also a requirement that when necessary, plans are updated during the year. As such, Manitoulin-Sudbury DSB, Paramedic Services evaluates the RTS plan on an ongoing basis. That said, we have determined that we shall not alter the 2018 plan prior to implementation of strategic changes. It is important not to operate in a reactive manner, rather to allow a plan to ebb and flow over a longer period of time.

Past Performance and Establishing New Guidelines

As required in the Ambulance Act, staff monitor response time success regularly throughout the year, and specifically for SCA and CTAS 1 events through the incident reporting system. As noted previously the DSB has been operating under this new standard for five years. To offer the Board a sense of historical perspective, this report includes the last four years of results to the MOHLTC. This data is publicly posted on the MOHLTC website under Response Times. The following details are posted standards and performance over the past 3 years. It must be noted that the evolution of RTS plans include response time declaration and compliance declaration. As such, there are double variable.

2013 Response Time Standards			
Manitoulin-Sudbury DSB	**Response Time Declaration (Minutes)**	**Compliance Declaration (Percentage)**	**Achieved Success (%)**
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	**Response Time Declaration (Minutes)**	**Compliance Declaration (Percentage)**	**Achieved Success (%)**
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	**Response Time Declaration (Minutes)**	**Compliance Declaration (Percentage)**	**Achieved Success (%)**
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%**

2016 Response Time Standards			
Manitoulin-Sudbury DSB	**Response Time Declaration (Minutes)**	**Compliance Declaration (Percentage)**	**Achieved Success (%)**
Sudden Cardiac Arrest	6	**25%**	**25.0%**
CTAS 1	8	**30%**	**29.5%**
CTAS 2	15	**65%**	**66.4%**
CTAS 3	20	**75%**	**82.3%**
CTAS 4	25	**85%**	**89.5%**
CTAS 5	25	**85%**	**90.6%**

It is important to note that while the declared compliance declaration percentages for both SCA and CTAS 1 have been increased since inception of the RTS requirement, the numbers of such events are extremely small, representing less than 1% of total call volumes. As such, the impact of each call on the compliance percentage is great. In most years, compliance will shift by upwards of 3% either way will success on a single call.

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 Paramedic Services 2017 Strategic Plan. With the above in mind, the recommendation is to maintain declared compliance at the 2017 level. Staff believe that this change is reasonable given the strategic changes being considered for 2018.

Staff are recommending the following 2018 Response Performance Plan.

Proposed 2018 Response Performance Plan		
Manitoulin-Sudbury DSB	**Plan in Minutes**	**Plan in Percentage**
Sudden Cardiac Arrest	**6**	**25%**
CTAS 1	**8**	**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 final version of the 2018 RTS 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 as approved.

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***		
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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***
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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

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. 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%