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

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Report to:	Manitoulin-Sudbury District Services Board
From:	Robert Smith Chief of Paramedic Services
Date:	October 25, 2018
Re:	**2019 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 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

2019 is the sixth year of operation under the legislative requirements set out within the Response Time Standard. The DSB approved 2018 Response Time Standard – Issue Report in November 2018 and the goals have remained unchanged between 2016 and 2018.

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 UTM, DDA, or DSB 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 the 2019 plan can be amended with the implementation of 2018 strategic changes, and the implementation of an amended Deployment Plan Document that directs utilization of resources.

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 five years of results to the MOHLTC. This data is publicly posted on the MOHLTC website under Response Times. 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 Standard Results			
Manitoulin-Sudbury DSB	**Paramedic Response (Minutes)**	**Compliance % Declaration**	**Actual % Achieved**
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 Standard Results			
Manitoulin-Sudbury DSB	**Paramedic Response (Minutes)**	**Compliance % Declaration**	**Actual % Achieved**
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 Standard Results			
Manitoulin-Sudbury DSB	**Paramedic Response (Minutes)**	**Compliance % Declaration**	**Actual % Achieved**
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 Standard Results			
Manitoulin-Sudbury DSB	**Paramedic Response (Minutes)**	**Compliance % Declaration**	**Actual % Achieved**
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%**

2017 Response Time Standard Results			
Manitoulin-Sudbury DSB	**Paramedic Response (Minutes)**	**Compliance % Declaration**	**Actual % Achieved**
Sudden Cardiac Arrest	6	**25%**	**37.9%**
CTAS 1	8	**30%**	**30.5%**
CTAS 2	15	**65%**	**66.2%**
CTAS 3	20	**75%**	**83.7%**
CTAS 4	25	**85%**	**91.4%**
CTAS 5	25	**85%**	**86.7%**

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.

Manitoulin-Sudbury DSB approved implementation of the new Strategic Deployment Model for early September of 2018. As such, staff are confident that this change, with associated amendments to the Deployment Plan will assist in ensuring that emergency response capacity within our communities can be maintained.

2018 Response Performance Plan as Submitted		
Manitoulin-Sudbury DSB	**Paramedic Response (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%

The service is proposing a change to RTS for Sudden Cardiac Arrest (SCA) events from 25% to 30%, while continuing to monitor performance and potential system improvements across all other call types. The service is confident that with the evolution of the Northeast LHIN non-urgent pilot program and strategic changes to the service deployment model, the capacity to achieve greater success with SCA calls is achievable.

Staff are recommending the following 2019 Response Performance Plan.

Proposed 2019 Response Performance Plan		
Manitoulin-Sudbury DSB	**Paramedic Response (Minutes)**	**Plan in Percentage**
Sudden Cardiac Arrest	6	30%
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 2019 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***	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***	
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Name & Title of Responsible Party Completing Submission	***Robert Smith*** ***Chief of Paramedic Services***		Email	***Robert.smith@msdsb.net***	
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For the calendar year of ***2019***, from January 1 to December 31,

i. Designated Delivery Agent (DDA) - Sudden Cardiac Arrest

30 percent of the time, within 6 minutes from the time ambulance dispatch conveys the call information to the paramedic, ***Manitoulin-Sudbury DSB*** will endeavor 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%