

# Supportive Outreach Services



Social and Housing Supports



Basic Needs



Mental Health & Addiction  
Supports



Medical Care

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# New Market Location Owen Sound

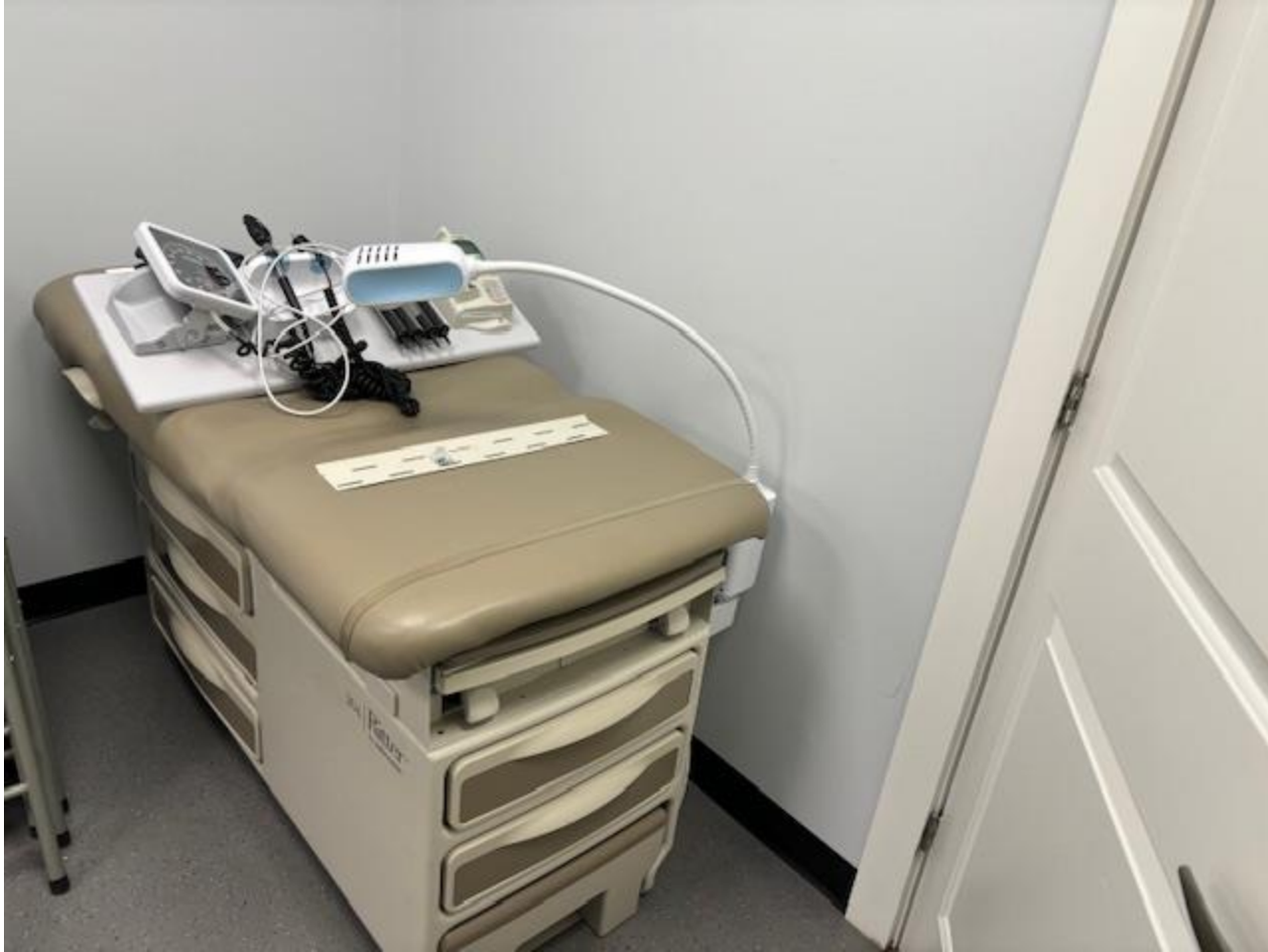




# In door space for clients and community providers



# Medical Equipment Supplied by OSFHT





**Response Time Performance Plan Results for  
2023  
PSR-CW-03-24**

# Recommendation

**1. That report PSR-CW-03-24 regarding the 2023 response time performance plan results be received and that the results be submitted to the Ministry of Health by March 31st, 2024.**



# Background and Discussion

- ▶ The County reviews the response time performance targets yearly and is required to submit them to the Ministry of Health by October 31<sup>st</sup> for the upcoming calendar year.
- ▶ The County is required to annually report to the Ministry of Health by March 31<sup>st</sup> of each year on the response time performance achieved under the previous year's plan.
- ▶ In 2012, the County determined the original response time performance targets based upon response times that Paramedic Services was achieving at that time.
- ▶ Paramedics Services' performance is measured based on achieving target response time across five patient acuity levels and for sudden cardiac arrest (SCA) for the most urgent life-threatening code 4 calls.



- ▶ Despite rising call volumes, response time targets have never been increased since implementation in 2012.
- ▶ Based upon performance seen in previous years to 2015, response time targets were improved in the CTAS 1 category going from 8 minutes 50% of the time to 8 minutes 60% of the time and CTAS 3,4,5 in 30 minutes 90% of the time to 20 minutes 90% of the time.
- ▶ In 2023, the total patient call volumes were 15,046, 0.64% (calls 14,951) greater than in 2022 which was the previous busiest year. Paramedic Services has seen an increase in patient call volume of 26.90% over the past 5 years.

# Dispatched Priority Codes as Defined by the Central Area Communications Centre (CACCC)

Code 1: Deferable Call: A non-emergency call which may be delayed without being physically detrimental to the patient.

Code 2: Scheduled Call: A non-emergency call which must be done at a specific time due to the limited availability of special treatment or diagnostic/receiving facilities. Such scheduling is not done because of patient preference or convenience.

Code 3: Prompt Call: An emergency call which may be responded with a moderate delay. The patient is stable or under professional care and not in immediate danger.

Code 4: Urgent Call: An emergency call requiring immediate response. The patient is life, limb or function threatened, in immediate danger and time is crucial.

# Response Time Targets – SCA, CTAS 1-5

1. The percentage of times that a person equipped to provide any type of defibrillation has arrived on-scene to provide defibrillation to sudden cardiac arrest patients within 6 minutes of the time notice is received. The sudden cardiac arrest target for Grey County is six (6) minutes, 40% of the time.
2. The percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to sudden cardiac arrest patients or other patients categorized as CTAS 1 within eight (8) minutes of the time notice is received respecting such services. The CTAS 1 target for Grey County is eight (8) minutes, 60% of the time.
3. The percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to patients categorized as CTAS 2, 3, 4 and 5 within the response time targets set by the upper-tier municipality or delivery agent under its plan established under subsection (2). O. Reg. 267/08, s. 1 (2); O. Reg. 368/10, s. 1 (2). The CTAS 2 target for Grey County is fifteen (15) minutes, 90% of the time. The CTAS 3,4 and 5 targets for Grey County are twenty (20) minutes, 90% of the time.

# CTAS is described as:

- ▶ CTAS Level: The 'Canadian Triage & Acuity Scale' is used to assign a level of acuity to a patient. Acuity refers to the gravity of the situation – the potential for death and/or irreversible illness.
- ▶ CTAS is a tool that more accurately defines the patient's need for care. Assignment of the CTAS level is to be based upon not only the presenting complaint identified on the initial assessment made by the paramedic, but also on their examination findings, and response to treatment.



# CTAS is described as:

- ▶ CTAS I: Requires resuscitation and includes conditions that are threats to life or imminent risk of deterioration, requiring immediate aggressive interventions, such as cardiac arrest, major trauma or shock states.
- ▶ CTAS II: Requires emergent care and includes conditions that are a potential threat to life or limb functions, requiring rapid medical intervention or delegated acts, such as head injury, chest pain or internal bleeding.
- ▶ CTAS III: Requires urgent care and includes conditions that could potentially progress to a serious problem requiring emergency intervention, such as mild to moderate breathing problems, resolved seizure with normal level of alertness and moderate anxiety/agitation.
- ▶ CTAS IV: Requires less-urgent care and includes conditions related to patient age, distress or potential for deterioration or complications that would benefit from intervention or reassurance, such as urinary symptoms, laceration requiring stitches and upper extremity injury.
- ▶ CTAS V: 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, minor bites and dressing change.

# Percentile Response Time Measurement

- ▶ An important measurement of how a paramedic system is performing is indicated in the time in which it responds to emergencies.
- ▶ response time is measured from the time the crew is first notified until the paramedic radios that they have arrived at the scene of the emergency.
- ▶ A percentile response time measurement is the percentage of calls where paramedics arrive at the scene of an emergency in a specified time frame.
- ▶ For example, if the response time performance plan was to arrive on scene within fifteen (15) minutes, 90% of the time, and it was measured against 1000 calls; 900 calls would have to be under fifteen (15) minutes to meet the target.

# Response Time Performance 2023

For the 2023 calendar year, the County has met all response time target criteria

Call Type	Provider	Response Time Target	2023 Target	2023 Performance	5 Year Average
Sudden Cardiac Arrest (SCA)	Community Defibrillator or Paramedic Response	Six (6) minutes or less	40%	54.67%	51.23%
CTAS 1	Paramedic Response	Eight (8) minutes or less	60%	71.84%	65.79%
CTAS 2	Paramedic Response	Fifteen (15) minutes or less	90%	91.23%	89.36%
CTAS 3	Paramedic Response	Twenty (20) minutes or less	90%	97.11%	97.12%
CTAS 4	Paramedic Response	Twenty (20) minutes or less	90%	96.50%	96.91%
CTAS 5	Paramedic Response	Twenty (20) minutes or less	90%	98.23%	96.26%

# Response Time Performance 2023

## By Lower Tier Municipalities

- ▶ Paramedic Services are required to report figures to the Ministry of Health at a County level, but it is important to understand the variation across the service.
- ▶ It is recognized by staff that some response times are consistently lower than other Lower Tier Municipalities within the County.
- ▶ It is anticipated that the introduction of enhancements recommended in the ORH Comprehensive Deployment Review and the modified implementation plan approved in the 2024 budget process which included adding 4 additional base locations in Feversham (2025), Ayton (2026), Thornbury (2027) and Cobble Beach (2028) will help improve upon these times.



# Response Time Performance 2023

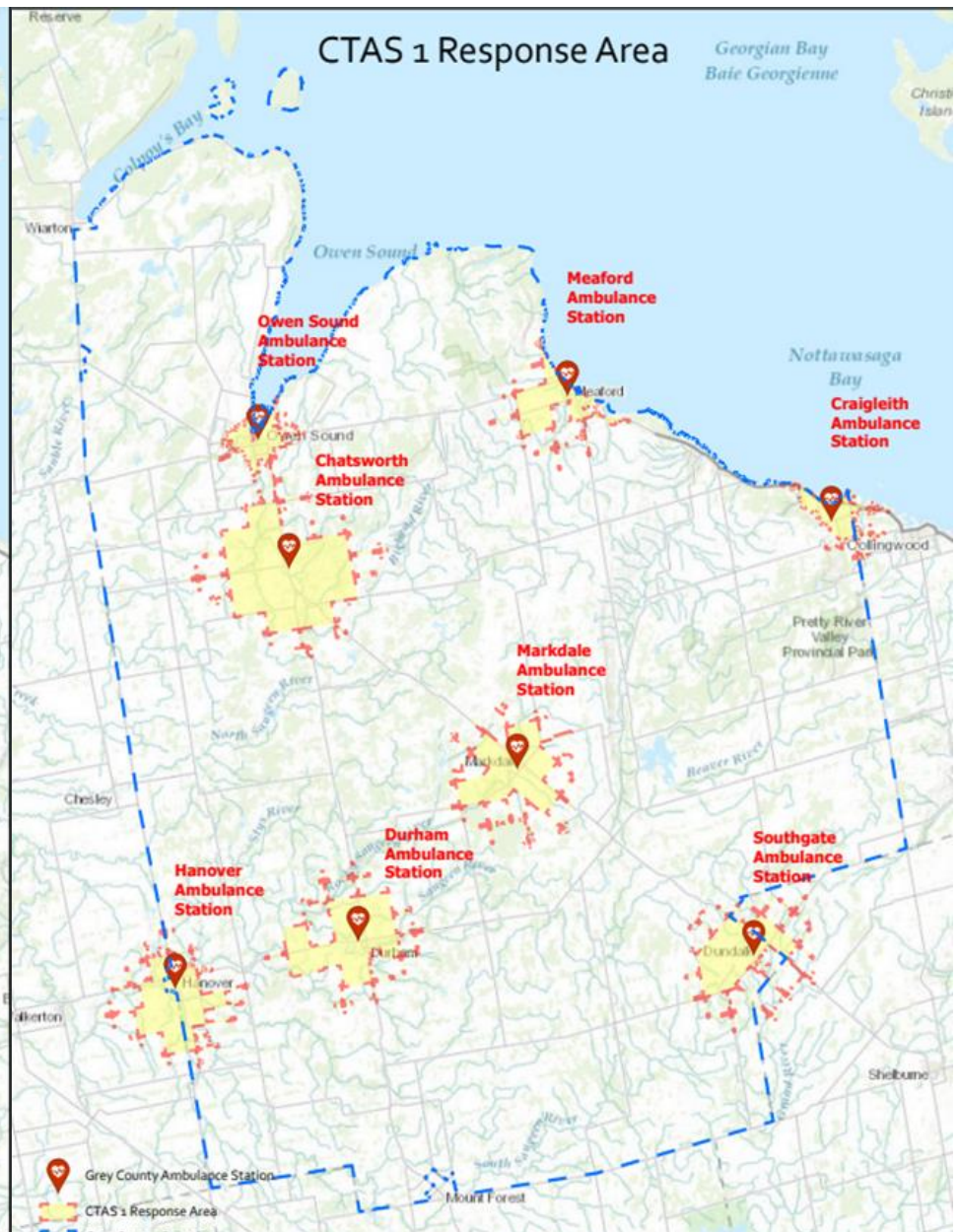
## By Lower Tier Municipalities

Municipality	SCA 6 Min 40%	CTAS 1 8 Min 60%	CTAS 2 15 Min 90%	CTAS 3 20 Min 90%	CTAS 4 20 Min 90%	CTAS 5 20 Min 90%
Service 2023	54.67	71.84	91.23	97.11	96.50	98.23
Blue Mountains	23.08	29.17	93.72	95.89	92.21	100
Chatsworth	50.00	50.00	78.69	96.81	97.14	100
Georgian Bluffs	40.00	60.00	90.63	97.33	100	100
Grey Highlands	44.44	58.82	65.91	86.90	88.00	88.89
Hanover	50.00	81.82	98.27	99.72	100	100
Meaford	100	63.64	88.56	94.78	91.00	95.45
Owen Sound	82.61	96.51	97.93	99.05	98.68	100
Southgate	25.00	55.56	83.19	94.87	94.29	94.44
West Grey	25.00	50.00	91.18	98.21	100	100

# Grey County Population Within and Outside CTAS Response Time – 2019

	Within Response Time	Outside Response Time	Response Time (accounting for 1 minute reaction time)
SCA	31.84%	68.16%	5 Min
CTAS 1	42.88%	57.12%	7 Min
CTAS 2	73.62%	26.38%	14 Min
CTAS 3-5	89.64%	10.36%	19 Min

# Grey County SCA and CTAS 1 Response Area

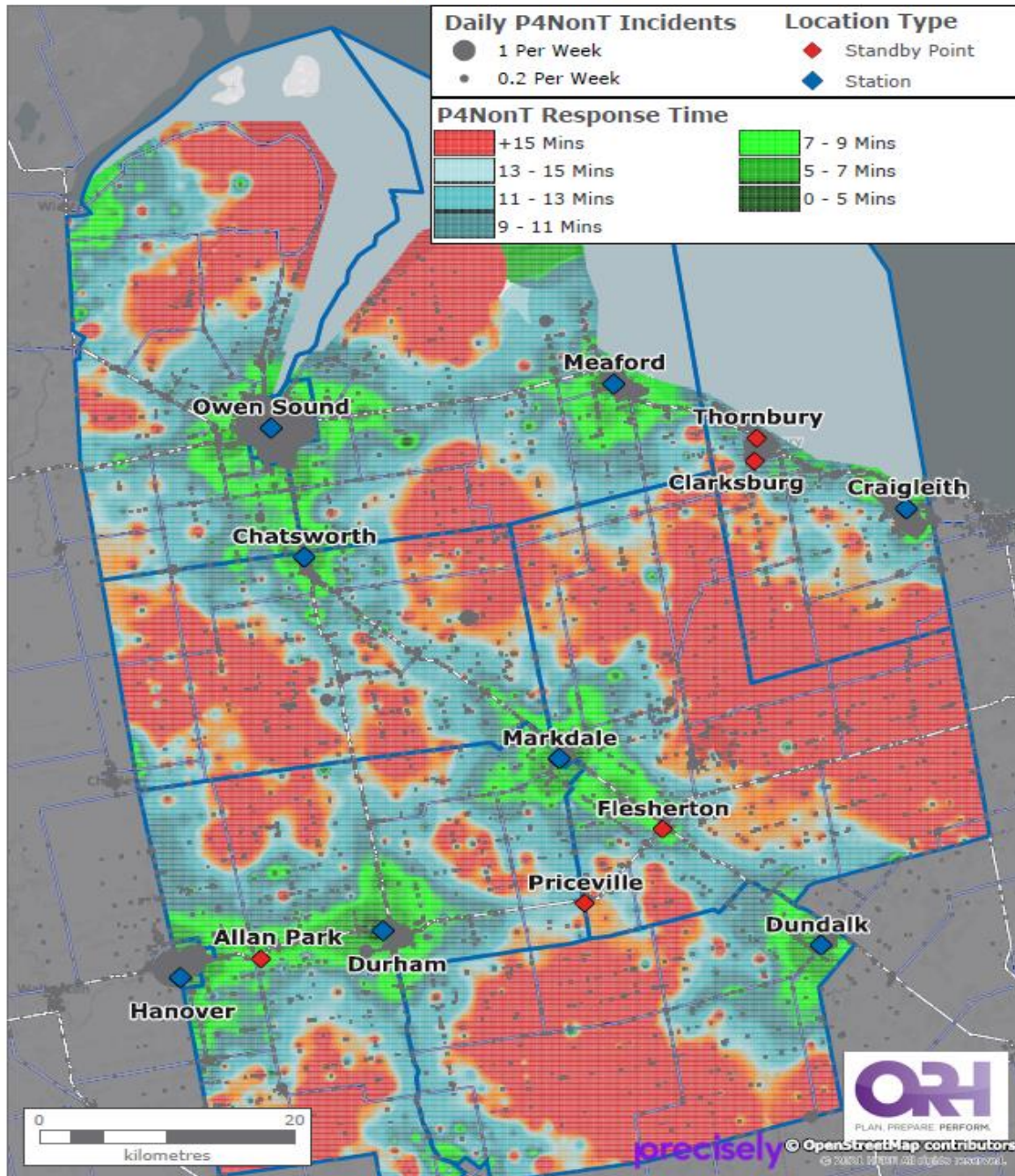




# P4 Non-Transfer Response Times

01 January 2018 to 01 June 2022

B8





# 90<sup>th</sup> Percentile and Average Response Times 2023

- ▶ 2023 – 90<sup>th</sup> Percentile All Code 4 Calls – 15:21
- ▶ 2023 – Average Response Time All Code 4 Calls – 7:45

## Staffing Considerations

- ▶ Based on the approved 2024 budget, two additional 12-hour ambulances 7 days per week will be added July 1<sup>st</sup> of this year in Hanover and Owen Sound. This will be an additional 8 full-time equivalent positions.

# Durham and Chesley Emergency Room Closure and Response Time Review

- ▶ December 10<sup>th</sup> SBGHC ER in Durham will close from 05:00 pm – 07:00 am daily
- ▶ Ongoing closure at SBGHC ER in Chesley 05:00 pm – 07:00 am daily
- ▶ ORH Modeling completed to see impact on County response time
- ▶ Determined that impact would be small due to low numbers transported overnight and proximity of Hanover hospital
- ▶ New base location remains optimal as per ORH opinion

## **Service Considerations**

- ▶ Longer treatment and transport time
- ▶ Post call cleaning and stocking if transport to Mount Forest (rare)
- ▶ Greater demand on Hanover ER leading to potential offload delays

## 2025 Updated Phasing Modelling (with FRU at Meaford)

LTM	Performance				
	8-Minute	10-Minute	15-Minute	Average	90th Percentile
BLUE MOUNTAINS	45.8%	58.8%	91.2%	09:52	14:43
CHATSWORTH	29.0%	43.3%	74.1%	11:43	18:21
GEORGIAN BLUFFS	33.9%	50.2%	87.2%	10:42	15:39
GREY HIGHLANDS	35.7%	46.3%	72.6%	11:40	19:45
HANOVER	91.6%	96.0%	98.9%	05:31	07:40
MEAFORD	62.8%	74.0%	91.7%	07:48	14:15
OWEN SOUND	90.5%	95.1%	98.2%	05:53	07:55
SOUTHGATE	53.3%	57.3%	77.9%	09:57	18:08
WEST GREY	49.8%	63.4%	83.6%	09:41	16:51
<b>Overall</b>	<b>64.1%</b>	<b>73.0%</b>	<b>89.3%</b>	<b>08:25</b>	<b>15:21</b>

## Close Chesley and Durham Hospitals 1700-0700

LTM	Performance				
	8-Minute	10-Minute	15-Minute	Average	90th Percentile
BLUE MOUNTAINS	45.8%	58.7%	91.2%	09:52	14:43
CHATSWORTH	29.2%	43.3%	73.9%	11:42	18:22
GEORGIAN BLUFFS	34.0%	50.3%	87.3%	10:41	15:38
GREY HIGHLANDS	35.7%	46.2%	72.6%	11:40	19:45
HANOVER	91.7%	96.0%	98.9%	05:30	07:39
MEAFORD	62.8%	74.0%	91.6%	07:48	14:16
OWEN SOUND	90.5%	95.1%	98.2%	05:53	07:55
SOUTHGATE	53.3%	57.3%	77.9%	09:58	18:09
WEST GREY	49.2%	62.8%	83.2%	09:46	16:56
<b>Overall</b>	<b>64.1%</b>	<b>72.9%</b>	<b>89.3%</b>	<b>08:25</b>	<b>15:22</b>

# Phasing Results – Durham and Chesley ER Closure 05:00pm to 07:00am

## Difference

LTM	Performance Difference				
	8-Minute	10-Minute	15-Minute	Average	90th Percentile
BLUE MOUNTAINS	0.0%	0.0%	0.0%	00:00	00:00
CHATSWORTH	0.1%	0.0%	-0.2%	-00:00	00:01
GEORGIAN BLUFFS	0.1%	0.2%	0.0%	-00:01	-00:01
GREY HIGHLANDS	0.0%	0.0%	0.0%	00:00	-00:00
HANOVER	0.0%	0.1%	0.0%	-00:01	-00:01
MEAFORD	0.0%	0.0%	0.0%	00:00	00:01
OWEN SOUND	0.0%	0.0%	0.0%	00:00	-00:00
SOUTHGATE	0.0%	-0.1%	-0.1%	00:01	00:01
WEST GREY	-0.5%	-0.6%	-0.4%	00:05	00:05
<b>Overall</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>00:00</b>	<b>00:01</b>



# Questions





**2022 Ministry of Health Service Review Final Report  
PSR-CW-04-24**

# Recommendation

1. That Report PSR-CW-04-24 regarding ambulance service review results be received for information.

# Background and Discussion

- ▶ To meet legislated requirements in providing land ambulance services, municipal Paramedic Services (PS) departments must undergo the Land Ambulance Service Review (ASR) conducted by the Emergency Health Regulatory & Accountability Branch of the Ministry of Health every three years.
- ▶ GCPS completed its most recent review in December of 2022 and received the final report on January 10<sup>th</sup>, 2024.
- ▶ The findings outlined in the final report indicate that GCPS has met the requirements of the review process, resulting in a license renewal to operate the land ambulance service.
- ▶ The new license is valid from May 19<sup>th</sup>, 2023, through to June 2<sup>nd</sup>, 2026.

# COVID 19 Impact

- ▶ Due to unprecedented times and the COVID-19 pandemic, an alternate means of assessing the ambulance service's compliance with legislation, for recertification was developed to provide an off-site review.
- ▶ GCPS management staff completed a modified team checklist and provided the supporting documentation requested to demonstrate compliance with legislation and standards.
- ▶ The assessment reviewed all aspects of the department including administration, operations and quality improvement.
- ▶ There were no observational ride outs conducted with the paramedic crews.
- ▶ The ASR did not include a review of the financial operations of the department as it isn't in the scope or mandate.

# Observations

- ▶ The final report outlines observations that the review team made based on their findings related to the legislated requirements.
- ▶ GCPS received a total of 3 observations compared to the previous review in 2019, where the service received 6 observations.



# Observations

Observation 1: The Service Provider's processes to ensure paramedic knowledge and skills are maintained, did not always include:

- Training on changes/updates to standards and/or legislation

Observation 2: The Service Provider did not always demonstrate that they met their Response Time Performance Plan

- In 2019 & 2021 CTAS 2 targets were not met

Observation 3: The Service Provider has provided a copy of their deployment plan to the Field Office suitable for implementation by the Communication Service.

- Documentation demonstrates the service did not always have sufficient staff at each level of qualification to meet their written deployment plan.

# Observations

- ▶ As detailed in the final report all observations raised have been addressed with a review team inspector to a satisfactory conclusion.
- ▶ GCPS was commended for its efforts regarding preparation for the certification inspection and Quality Assurance/Continuous Quality Improvement.

# Summary

- ▶ The success of the most recent ASR of GCPS can be attributed to all staff involved within the organization as well as the support provided by County Council, CAO and other County departments including Transportation, Finance, Human Resources, GIS and Information Technology
- ▶ It takes an entire team of dedicated professionals to produce these results
- ▶ Although GCPS was very successful in its latest service review, continued efforts will be made to improve the delivery of this vital public service



# Questions





# **Sole Source of Ambulance Purchase for 2024 and 2025**

**PSR-CW-05-24**

# Recommendation

- 1. That report PSR-CW-05-24, regarding the sole source of ambulance purchases for 2024 and 2025, be received; and**
- 2. That the purchase of seven ambulances be sole sourced from Demers Ambulances; and**
- 3. That staff be authorized to order the three budgeted ambulances in 2024 for the deployment enhancement and four ambulances that are scheduled for replacement in 2025 ahead of budget approval; and**
- 4. That action be taken prior to council approval as per Section 26.6 b of Procedural By-law 5134-22.**

# Background and Discussion

- ▶ The Ministry of Health regulates who the approved vendors are for ambulance conversions and for many years there have only been two approved vendors within the Province of Ontario, Demers, and Crestline
- ▶ In 2018, Demers and Crestline announced a merger which created one of the largest ambulance manufacturing companies in the world
- ▶ The merger created only one company that was approved to sell ambulances in the Province of Ontario which causes issues for purchasing ambulances according to the purchasing bylaw's requirement for competitive procurement
- ▶ Since the merger and supply chain disruption, Grey County has seen the price of ambulances increase by \$118,800 or 67%, which represents an annualized increase of 10.82% over 5 years

# Fleet Standardization

- ▶ Demers and Crestline continue to design and build ambulances with their historic designs which provides a variety of features to the end user.
- ▶ Over the years, Grey County has standardized its fleet with Demers using the exact configuration for each ambulance.
- ▶ This configuration ensures that in an emergency paramedics have familiarity with the vehicle and where equipment is stored. The standardization of the fleet also aids our mechanics with repairs and maintenance.



# Delivery Timelines

- ▶ Paramedic Services has a 10-year capital plan for the replacement of the 15 ambulances in their fleet.
- ▶ During the COVID-19 pandemic vehicle manufacturers had significant challenges with manufacturing vehicles including ambulances. As a result, many dealers require advance ordering of vehicles early in calendar years to secure delivery dates later in the year.
- ▶ Demers, Braun Crestline are continuing to advise customers that orders will take up to 20-24 months to receive an ambulance from when a purchase order is issued meaning that any ambulance ordered now would be received and included in the 2025 or potentially the 2026 capital budget.

# Enhancement Plan Additions

- ▶ The 2024-2033 10-year capital plan includes the addition of seven ambulances (five front line and two spares) to the fleet to accommodate the additional shifts being added over the next 10 years as part of the deployment enhancement plan.
- ▶ This results in three being added in 2024, one in 2025 and three in 2027, with subsequent replacement on a six-year cycle.
- ▶ The original enhancement plan included 11 ambulances (seven front line and four spares); however reductions were made to the plan during the 2024 budget process.

# Price Increase Potential

- ▶ The price of the ambulances is not guaranteed as Demers, Braun Crestline maintains the right to increase the price of the vehicle based on external factors such as the industrial product price Index, as well as increased chassis and power load costs from their suppliers.
- ▶ The ambulances ordered in 2022 for \$239,302.89 were delivered in 2023 for a cost of \$245,697.48 net of HST.

# 2024 and 2025 Purchases

- ▶ Demers has provided Grey County with a quote for replacement ambulances for the 2024 year at a cost of \$295,882.46. net of HST
- ▶ This price is net of \$9,600 of savings from changing the specifications compared to the 2023 model
- ▶ The 2024 budget includes seven ambulances, three to meet the needs of the deployment enhancement plan and four replacements ordered in April 2023 (staff now expect to receive two in October 2024 and two in March 2025)
- ▶ The 10-year capital plan includes the replacement of four ambulances in 2025 to maintain our fleet. Due to a delivery time of 20-24 months staff is requesting the four ambulances scheduled for replacement in 2025 be ordered now to ensure timely delivery
- ▶ Staff are proposing that the existing power load systems in **three** of the four ambulances due to be replaced in 2025 could be re-used in the new ambulances. This reduces the price net of HST to \$253,463.81, for a savings of \$42,418.66 per vehicle or \$127,255.97 total
- ▶ These savings will be offset by reduced proceeds on disposal as the old ambulances will not have power load system installed

# Price Increases

- ▶ The County has seen the price of ambulances increase significantly. Two ambulances were ordered in 2022 at a price of \$239,302.89 per vehicle net of HST; in comparison the cost for two ambulances in 2023 was \$261,386.84 per vehicle net of HST.
- ▶ The price has increased by \$34,495.62 or 13.20% since 2023 or \$56,579.64 or 23.64% since 2022.
- ▶ Staff are hopeful that by ordering the ambulances ahead of the 2025 budget process this should help protect against further price increases.



# Legislated Requirements

- ▶ Ambulances must be provided by an approved vendor and must meet the Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard, Version 6.0.

# Financial and Resource Implications

- ▶ The 2024 approved budget provides funding at a cost per vehicle of \$261,400 net of HST.
- ▶ Based on the quoted price from Demers, a shortfall of \$34,482.46 is anticipated; given the ambulances will not arrive until 2025 this provides an opportunity to adjust the cost in the 2025 budget.
- ▶ The cost to acquire 2025 ambulances was previously estimated at \$270,500 net of HST.
- ▶ The 2025-2034 capital forecast will be updated to reflect the increase in pricing. This will result in an increase to the annual contribution to reserve to ensure there is adequate funds to maintain our fleet and equipment.



# Questions