

## Committee Report

То:	Warden Milne and Members of Grey County Council
Committee Date:	March 14, 2024
Subject / Report No:	PSR-CW-03-24
Title:	Response Time Performance Plan Results for 2023
Prepared by:	Kevin McNab
Reviewed by:	Kim Wingrove
Lower Tier(s) Affected:	All Lower Tiers
Status:	

#### 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 31<sup>st</sup>, 2024.

## **Executive Summary**

Grey County Paramedic Services is committed to continuous improvements in performance, and this is reflected in the response time targets that are developed and implemented annually. This report provides the results of the County's 2023 response time performance. For the 2023 calendar year, the County has met all response time target criteria.

### **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 times 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

PSR-CW-03-24 1 March 14, 2024

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 (CACC)

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

The response time targets and criteria are described below:

- 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 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. The 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

The 2023 response time performance for Grey County Paramedic Services is identified in the chart below. This chart also indicates an average of the yearly reported response times from 2019 to 2023.

Call	Provider	Response	2023	2023	5 Year
Туре		Time Target	Target	Performance	Average
Sudden Cardiac Arrest (SCA)	Community Defibrillator or Paramedic Response	Six (6) minutes or less	40%	54.67%	51.23%

Call	Provider	Response	2023	2023	5 Year
Туре		Time Target	Target	Performance	Average
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%

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

The following chart details the 2023 response time performance broken down by Lower Tier Municipalities within the County of Grey.

Municipality	SCA	CTAS 1	CTAS 2	CTAS 3	CTAS 4	CTAS 5
	6 Min	8 Min	15 Min	20 Min	20 Min	20 Min
	40%	60%	90%	90%	90%	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

Municipality	SCA	CTAS 1	CTAS 2	CTAS 3	CTAS 4	CTAS 5
	6 Min	8 Min	15 Min	20 Min	20 Min	20 Min
	40%	60%	90%	90%	90%	90%
West Grey	25.00	50.00	91.18	98.21	100	100

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.

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

2023 - 90th 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.

#### Legislated Requirements

O. Reg. 257/00 Part VIII of the Ambulance Act, R.S.O. 1990, as amended outlines requirements around Land Ambulance Response Time Standards.

Upper tier municipalities are responsible, either directly or through selected operators, for ensuring that patient care and transport are carried out in accordance with applicable legislation, standards, and procedures. They are also responsible for the supervision of staff, maintenance of vehicles and equipment and the provision of a quality assurance program.

#### Financial and Resource Implications

None.

Re	levant	Consi	ultation
1/5	ic valu	1 11 11 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

□ External:□ Internal: CAO

# Appendices and Attachments

None.