1
YORK REGION EMERGENCY MEDICAL SERVICES RESPONSE TIME PERFORMANCE PLAN FOR 2013

The Community and Health Services Committee recommends:

1. Receipt of the presentation by Norm Barrette, Chief and General Manager, Emergency Medical Services; and

2. Adoption of the recommendations contained in the following report dated August 22, 2012, from the Commissioner of Community and Health Services with the following amendments:

3. Adjustments to the 2013 Recommended Targets contained in Table 2 – 'Recommended 2013 York Region EMS Response Time Performance Plan', as follows:
CTAS 2 – 80%
CTAS 3 – 90%
CTAS 4 – 90%
CTAS 5 – 90%

4. Staff bring back a report on the achievability of and impediments to further target improvements for CTAS 1 and CTAS 2.

1. RECOMMENDATIONS

It is recommended that:

1. Council approve the Response Time Performance Plan for York Region Emergency Medical Services for 2013 as outlined in this report.

2. The Chief and General Manager of Emergency Medical Services submit a copy of the approved plan to the Ministry of Health and Long-Term Care.

2. PURPOSE

This report seeks Council's approval of the proposed Emergency Medical Services (EMS) Response Time Performance Plan for The Regional Municipality of York. The Region must establish a response time performance plan for 2013 by October 1, 2012 and submit the plan to the Ministry of Health and Long-Term Care by October 31, 2012 in accordance with requirements under the *Ambulance Act*.

3. BACKGROUND

Historic response time standards have been replaced with a municipally-set response time plan

Response times refer to the time elapsed between a paramedic crew being notified by ambulance dispatch and the arrival of the paramedic crew at the scene of the emergency.

The new response time plan provisions require the Region to:

- No later than October 1st in each year after 2011, establish a response time plan for the next calendar year.

- Ensure that throughout the year, the plan is continuously maintained, enforced and evaluated, and where necessary, updated in whole or in part.

- Provide a copy of the response time plan to the Ministry by October 31 of each year and a copy of any plan updated in whole or in part, no later than one month after the plan has been updated.

- No later than March 31 in each year after 2013, report the results of the previous year's response times against the response time plan provided to the Ministry.

4. ANALYSIS AND OPTIONS

KEY CHANGES TO EMS RESPONSE TIME STANDARDS

Response time plan requirements will be based on the patient's initial acuity level as first assessed by paramedics, not by the response priority assigned by the dispatch centre

The historic use of measuring response time based on the priority assigned by the dispatch centre (either urgent, lights or sirens or prompt, no lights or sirens) will be replaced with response targets reflecting the actual patient condition as assessed upon the arrival of paramedics.

Under the new regime, municipalities will utilize the Canadian Triage Acuity Scale (CTAS) to set response time standards and targets. CTAS is an assessment tool used since 1998 in hospital Emergency Departments to determine the severity of a patient's condition. The CTAS scale is from 1 to 5 with 1 being the most critical level and 5 being non-acute. The CTAS tool more accurately defines a patient's need for timely care and will be determined by the paramedic after arrival on the scene. CTAS is not related to the dispatch priority assigned by the dispatch centre.

Table 1 outlines CTAS levels and identifies the distribution of EMS responses based on CTAS levels.

Table 1
Canadian Triage Acuity Scale Levels and Percent of EMS Response Distribution

CTAS Level	Condition (Examples)	Acuity Level	% of EMS Responses
1	Sudden cardiac arrest, major trauma, severe respiratory distress	High	2%
2	Chest pain, head injury, overdose, stroke		24%
3	Moderate pain or trauma, vomiting	Moderate	42%
4	Minor trauma, general pain	Non-Acute	11%
5	Minor ailments, re-visits		6%
Transport Refused			15%

A common response time framework has been developed in collaboration with GTA and other comparable municipalities

The leaders of Paramedic Service across the GTA and the City of Ottawa have jointly developed a common framework to minimize differences in response time targets between comparable municipalities. In addition to York Region, the Regions of Peel, Durham, Halton, and Niagara, along with the Cities of Hamilton, Ottawa and Toronto participated in this collaborative process. An international scan of response performance indicators was reviewed. After considering the current use of the 90th percentile and average response times, the group is recommending a standard similar to jurisdictions in the United Kingdom, whose publically funded healthcare system is comparable to the Ontario healthcare system. Paramedic Service response time standards in the United Kingdom are based on the performance achieved at the 75th percentile, meaning 75% of all responses would fall within the target time.

At the time of writing this report, staff learned that some adjustments to the collaborative framework have been made by some municipalities.

The Region of Peel has adopted a different target framework than what was collaboratively developed. This framework ranges from the 75th percentile to the 90th percentile. The Region of Niagara has adopted a response time framework using the 90th percentile as their distinct dispatch system supports the setting of focused targets.

Of the immediate neighbouring municipalities, the Regions of Durham and Halton and the City of Toronto are adopting a response time framework consistent with 75th percentile. In addition, the City of Hamilton and the City of Ottawa are adopting the framework consistent with the 75th percentile. The recommended response time plan for York Region has been established at the 75th percentile to support consistency with the majority of comparable municipalities.

Recommended Response Time Performance Plan sets a minimum targeted level of service

The 2013 recommended EMS Response Time Performance Plan incorporates the common framework developed by GTA. The 2013 response time performance plan maintains current service levels region-wide and identifies minimum response targets. Reductions in hospital off-load delays offer the most significant opportunity to achieve improved response targets as the available paramedics would be positioned for improved emergency coverage. Each year, targets will be reviewed and opportunities to improve targets will be pursued.

The response time results for CTAS targets are extracted from the Ministry's Ambulance Dispatch Data Access System (ADDAS). The response time results for Sudden Cardiac Arrest are extracted from multiple sources in addition to ADDAS including Patient Care Reports, police and fire department response information and Public Access Defibrillation programs.

Table 2 details the recommended response time performance plan for 2013 and provides mid-year performance results for 2012.

Table 2
Recommended 2013 York Region EMS Response Time Performance Plan

Category	Target Set By	*Target Time in Minutes	2012 Q1 to Q2 Performance	2013 Recommended Target
Sudden Cardiac Arrest	MOHLTC	***Community Target*** - Arrival of any person equipped with an AED (e.g. Fire Department) within 6 minutes	60%	60%
CTAS 1	MOHTLC	8 minutes	74%	75%
CTAS 2	Region	10 minutes	79%	75%
CTAS 3	Region	15 minutes	91%	75%
CTAS 4	Region	20 minutes	95%	75%
CTAS 5	Region	25 minutes	93%	75%

*Arrival of paramedics from time of dispatch notification

Annual reporting of past year's performance will be presented to Council and subsequently submitted to the Ministry

Staff will be continually monitoring performance against the response time plan. In early 2014, staff will inform Council of EMS' performance against the 2013 plan. Upon Council's receipt of this report, the performance against the 2013 plan will be submitted to the Ministry of Health and Long Term Care who will include the Region's results on their web-site along with the results of all other EMS agencies in the province. This reporting process will occur on an annual basis.

Link to key Council-approved plans

This report directly contributes to supporting the 2011-2015 Strategic Plan objective to "optimize the health of the community for all ages and stages through health care delivery, protection, prevention and promotion", supporting the completion of the indicator of success: *Consistently meet regulated response time standards for paramedic services.*

5. FINANCIAL IMPLICATIONS

The cost of implementing the Response Time Performance Plan will be met within the approved annual budget.

6. LOCAL MUNICIPAL IMPACT

The recommended Response Time Performance Plan maintains current service levels while providing a consistent approach to setting response time standards and performance measurement across all nine local municipalities.

7. CONCLUSION

York Region is required to develop and approve a Response Time Performance Plan by October 1, 2012, as a result of changes to Regulation 257/00 under the *Ambulance Act*. For 2013, the recommended Response Time Performance Plan targets have been based on a framework developed in collaboration with other GTA Paramedic Services to provide common targets amongst comparable municipalities and is closely tied to current performance results.

Staff will be carefully monitoring response time performance and report back to Council in early 2014 with the results of the plan.

For more information on this report, please contact Norm Barrette, Chief and General Manager, York Region Emergency Medical Services at Ext. 4709.

The Senior Management Group has reviewed this report.