
DATE: August 13, 2010

REPORT TITLE: **LAND AMBULANCE EMERGENCY RESPONSE TIME FRAMEWORK PERFORMANCE STANDARDS**

FROM: Janette Smith, Commissioner of Health Services

RECOMMENDATION

That the recommended Response Time Framework Standards for Peel Regional Peel Regional Paramedic Services (PRPS) for the year 2011 be approved;

And further, that the Commissioner of Health Services reports results of the previous year and brings forward recommendations for subsequent years to Council annually.

REPORT HIGHLIGHTS

- Peel Regional Paramedic Services is currently legislated to perform to, and annually report on, its Code 4 (life threatening) response time performance at the 90th percentile based on the 1996 standards achieved for the community.
- Commencing January 1, 2012, Peel Regional Paramedic Services is responsible for reporting on its response time performance by six medical urgency categories of calls.
- In advance of this reporting change, the service must submit its expected performance expectations in these six categories as approved by Council.
- Performance results will then be published on the Ministry of Health and Long-Term Care (MOHLTC) website to the general public commencing on April 1, 2012.

DISCUSSION

1. Background – 1996 Response Time Standard

The current legislated performance standard for all land ambulance delivery in Ontario is based on the 90th percentile response time for Code 4 (life threatening) emergency calls from 1996. This standard was adopted by the MOHLTC to measure response time of the designated delivery agent for land ambulance service for each municipality.

Since the downloading of land ambulance service, it was apparent amongst the industry that there were several issues with this methodology of target-setting including:

- Assumed that the 1996 performance was providing sufficient service to the community, but no evaluation was completed;
- There was no municipal input regarding the standard;

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- That the standard and dispatch methods/technology would change over the years in light of significant industry advancements in medicine and technology;
- The standard was not evidenced based, yet failure to achieve the response time standard carried with it the potential for certification loss; and
- The standard was based on Code 4 dispatched calls only.

2. New Response Time Framework

As outlined with Emergency and Protective Services Committee on April 29, 2010, Ontario Regulation 267/08 comes into effect October 1, 2010, where the requirement of each designated land ambulance delivery agent is to establish and disclose to the MOHLTC the response time standards expected to be achieved in 2011 for that municipality.

The new regulation is an improvement to the previous 1996 Response Time Standard as it provides municipal input into the response standards and permits for medically relevant differences among call types.

Under the new regulation Regional Council is given the authority to establish response time targets for the municipality and through the service provider report to MOHLTC their compliance annually for 6 call severity categories.

Key aspects of the new regulations include:

- Multiple targets based on medically relevant categories;
- Allows for variable percentile performances (allows for reporting on something other than the 90th percentile); and
- The targets can be maintained or modified annually subject to Council direction.

The timelines for submission and reporting are:

- October 1 of each year report to MOHLTC the response time standards, as approved by Council, for the upcoming year;
- By March 31 of each year, commencing in 2012, file the previous years response time actuals with MOHLTC; and
- Between April and June of each reporting year the municipal results will be posted on the MOHLTC website for public viewing.

3. Reportable Call Criteria

The new response time standards are based on two types of call categories:

- Sudden cardiac arrest – time of notification of call to when a defibrillator was at the side of a patient who has suffered a cardiac arrest. A bystander, emergency responder or paramedic will stop the clock where defibrillation has been provided to the patient; and
- Canadian Triage Acuity Scale (CTAS) – a medically proven triage timeframe for five categories of patients. CTAS is currently used at all hospitals and by paramedics. Time will be calculated based on when the paramedic is notified to when they make their initial assessment of the patient and determines what CTAS level the patient is.

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Level of Acuity	Type of Call
Sudden Cardiac Arrest	Patient has no vital signs
CTAS 1	Critically ill or have potential for rapid deterioration
CTAS 2	Potential to life, limb or function, requiring rapid medical intervention, controlled acts
CTAS 3	May progress to serious problem. Associated with significant discomfort or affecting ability to function
CTAS 4	Conditions that would benefit from intervention or reassurance
CTAS 5	Non urgent, chronic, without evidence of deterioration

All call times commence when the paramedics are notified and conclude when either a defibrillator has been applied to a patient with a sudden cardiac arrest or when an initial on scene assessment has occurred based on the CTAS level.

4. Proposed Response Time Standards

Response time standards for sudden cardiac arrest and CTAS 1 calls have a fixed time set by the Province. For these calls, the Region is to report the percentile of time either a defibrillator or assessment has been conducted on each of these categories of patients.

For CTAS 2 to CTAS 5 patients, the Region is to set both the time interval and percentile of response to meet this time.

Peel Regional Paramedic Services proposes the following response time standards be adopted for 2011. These figures have been determined by the following facts and processes:

- Peel currently has one of the highest cardiac arrest save rates in North America;
- One minute response time improvement from 2008 to 2009;
- 2008, 2009 and the first six months of 2010 historical call data was used to determine baseline;
- Selects achievable standards that build on Peel's strong overall performance;
- Use response times with a stronger medical-based rationale; and
- Data reviewed was provided through our participation in the Resuscitation Outcomes Consortium Epistry and the Region's cardiac arrest database stored at RESCU research team at St. Michael's Hospital, with input from the Program's Medical Director, Dr. Sheldon Cheskes at Sunnybrook-Osler Centre for Prehospital Care.

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Proposed Standards

Level of Acuity	Time	Percentile %
Sudden Cardiac Arrest*	6 minutes (fixed by Province)	65%
CTAS 1	8 minutes (fixed by Province)	65%
CTAS 2	11 minutes	90%
CTAS 3	15 minutes	90%
CTAS 4	15 minutes	90%
CTAS 5	15 minutes	90%

*Sudden cardiac arrest epistry data is compiled by the Sunnybrook Osler Centre for Pre-Hospital Care for all cardiac arrests attended to by our fire agencies and PRPS.

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CONCLUSION

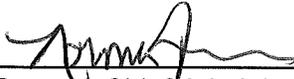
It is recommended that Council approves the proposed response time standards as they are based on best available call information and medically based practices currently experienced in Peel. This profile is considered both achievable and builds on the current performance of Peel Regional Paramedic Services through its tiered response agreements with area fire services, local public access defibrillation programs and the continued partnership with allied agencies and hospitals.

Peel Regional Paramedic Services remains committed to delivering the highest standard of care in Ontario and continues to implement process improvements where possible to become even better.



Janette Smith
Commissioner of Health Services

Approved for Submission:



for

D. Szwarc, Chief Administrative Officer

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c. Legislative Services