

6. EMERGENCY MEDICAL SERVICES

Emergency Medical Services (EMS), often referred to as ambulance or paramedic services, provides emergency care to stabilize a patient's condition, initiates rapid transport to hospital and facilitates both emergency and non-emergency transfers between medical facilities.

The objectives of EMS are:

- accessibility: all citizens should have equal access to ambulance services
- integration: ambulance services are an integrated part of the overall Emergency Health Care Services
- seamlessness: the closest available and appropriate ambulance will respond to a patient regardless of political, administrative or other artificial boundaries
- accountability: ambulance service operators are medically, operationally and financially accountable to provide service of the highest possible calibre
- responsiveness: ambulance services must adapt to the changing health care, demographic, socio-economic and medical needs in their area

What should you consider when reviewing these results?

Each municipality's results are influenced to varying degrees by a number of factors including:

- geographic coverage/population density: congestion can make navigating roads more difficult, resulting in significant delays. Urban centres tend to have taller buildings which can slow response times (by requiring responses to high level apartment/condo units). Rural areas can have large under-populated areas making it challenging to provide cost-effective, timely emergency coverage
- local demographics: an older population can increase the demand for service, as can seasonal visitors and the inflow of workers from other communities during the day
- level of certification: paramedics can impact the cost of services provided, i.e. higher wage rates of advanced care vs. primary care paramedics, and status of multi-year collective bargaining contracts
- specialized services: tactical teams, multi-patient transport units, bike and marine teams are increasingly being provided by the larger municipalities

NOTE: EMS data for is not provided for any measures due to data quality.

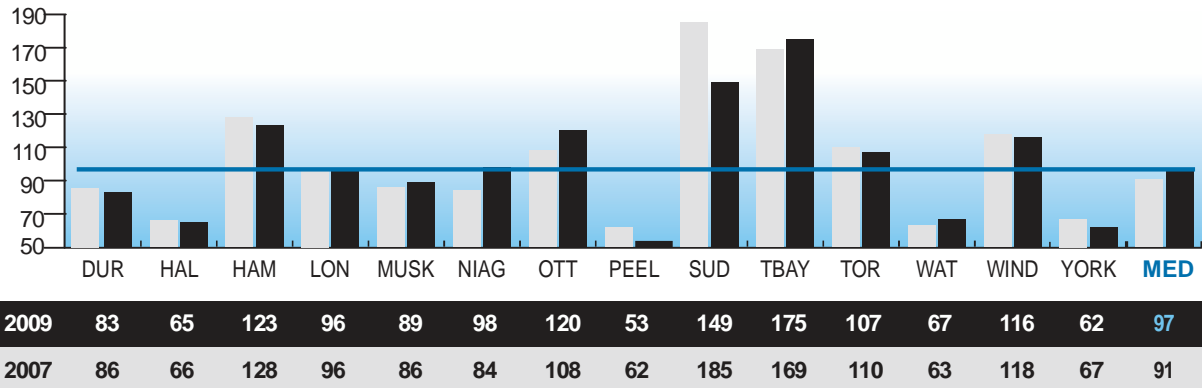
NOTE: OMBI data reported for the cities of London, Thunder Bay and Windsor includes service provided outside their municipal boundaries.

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What are the results?

How many calls were responded to by EMS providers?

Fig. 6.1 Total EMS Responses per 1,000 Population

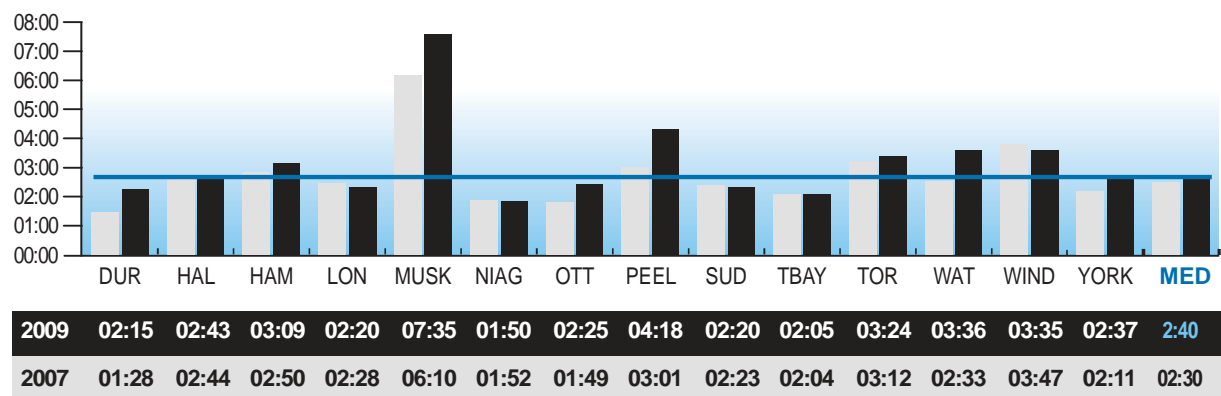


Source: EMDS229 (Service Level)

Figure 6.1 illustrates how many calls the EMS provider is receiving per 1,000 population basis. The services in Sudbury and Thunder Bay do more non-emergency patient transfers than the other services, which generally utilize private contractors. Overall EMS responses have increased by 6% over the past 2 years.

How long does it take to dispatch a call?

Fig. 6.2 EMS TO-2 Code 4, 90th Percentile Dispatch Time (mm:ss)



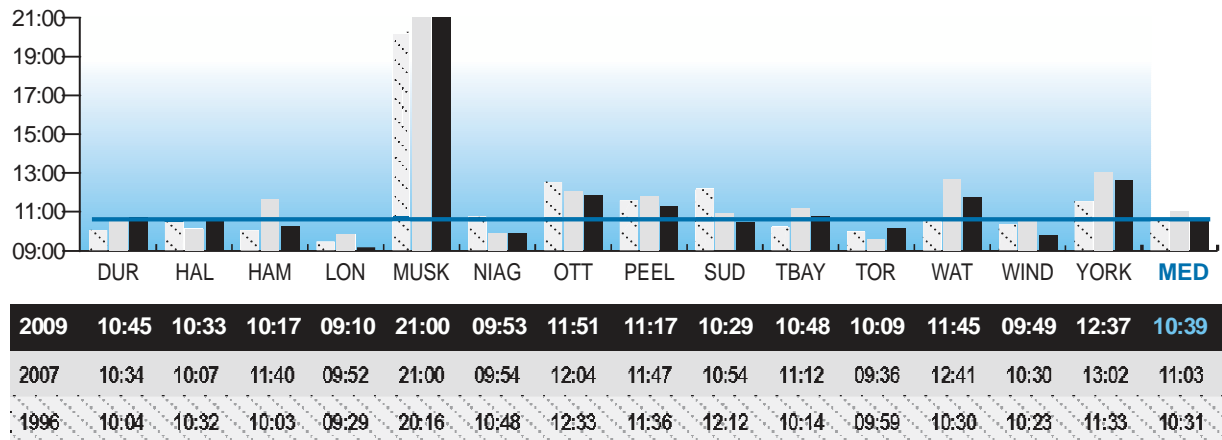
Source: EMDS419, EMDS419B (Customer Service)

Figure 6.2 shows the time from a phone call being received to the EMS unit being notified (dispatched) for the highest priority calls (Code 4). The 90th percentile means that 90% of all calls of the service have a dispatch time within the period reflected in the graph, thus limiting extreme situations.

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How long does it take to respond to a dispatched call?

Fig. 6.3 EMS T2-4 Code 4, 90th Percentile Response Time (mm:ss)



Source: EMDS406,408, 415A (Customer Service)

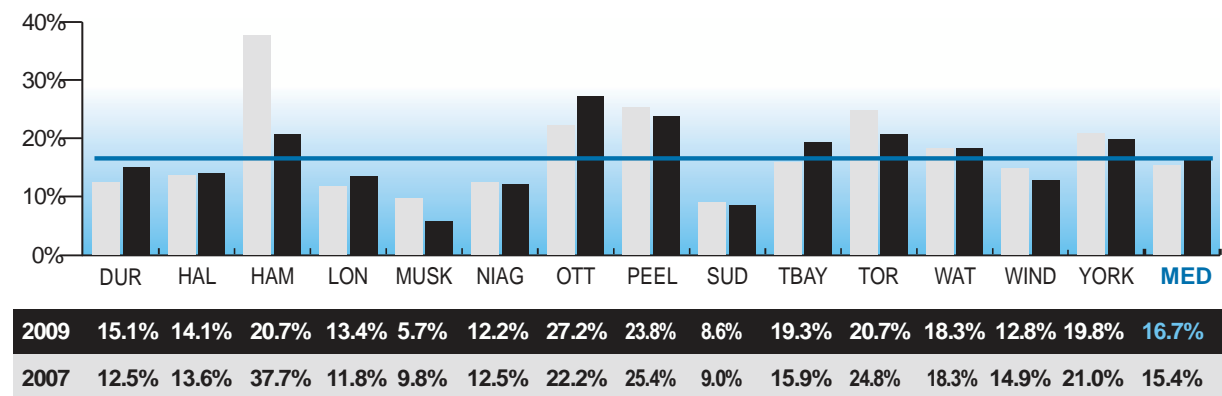
NOTE: As set out by the Province, the 1996 information is considered to be the base year standard that service is expected to match.

Figure 6.3 indicates how long it takes from the time a call is received to when the EMS unit arrives on the scene for the highest priority calls (Code 4).

Muskoka results are noticeably higher primarily due to a very large geographical area with a relatively small population base, and they service a high volume of seasonal residents and visitors.

What percentage of time do ambulances spend at the hospital?

Fig. 6.4 Percentage of Ambulance Time Lost to Hospital Turnaround



Source: EMDS150 (Community Impact)

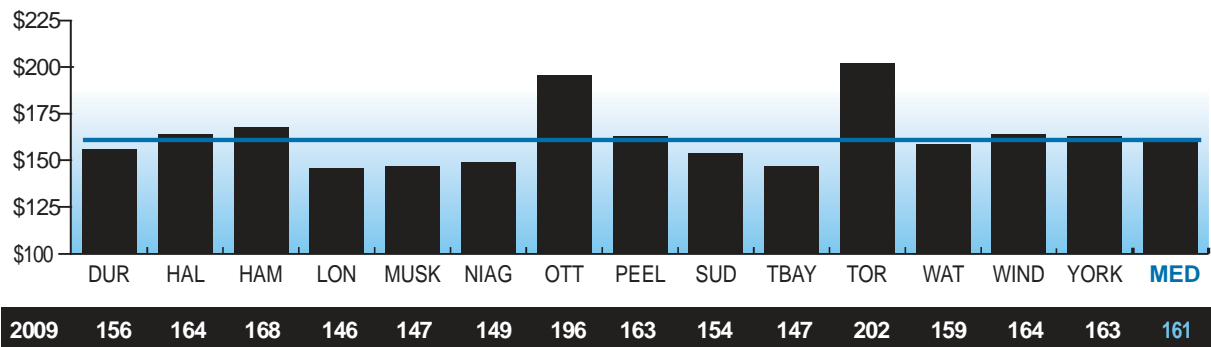
Figure 6.4 shows the time ambulances are spending at the hospital in excess of the standard 30 minutes per call. This time can include the time it takes to transfer the patient, delays in transfer of care due to a lack of hospital resources (commonly referred to as off-load delay), paperwork, and other activities.

The significance of the time spent in the hospital is that the more time spent by paramedics in the hospital process, the less time they are available to respond to emergency calls.

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How much does it cost to provide one hour of ambulance service?

Fig. 6.5 EMS Actual Operating Cost per Actual Weighted Vehicle In-service Hour



Source: EMDS305A (Efficiency)

Figure 6.5 shows the cost per hour to have an EMS vehicle available to respond to patient calls. Although the full cost of the service including administrative costs, medical supply costs, building operating costs, supervision and overhead are included only the hours that vehicles are available for service are used.