

Clause No. 16 in Report No. 5 of Committee of the Whole was adopted, without amendment, by the Council of The Regional Municipality of York at its meeting held on November 21, 2013.

**16**  
**YORK REGION EMERGENCY MEDICAL SERVICES**  
**RESPONSE TIME PERFORMANCE PLAN FOR 2014**

**Committee of the Whole recommends adoption of the following recommendations contained in the report dated October 25, 2013 from the Commissioner of Community and Health Services:**

**1. RECOMMENDATIONS**

1. Council maintain the Response Time Performance Plan for York Region Emergency Medical Services, as established in 2013 for the year 2014 according to the following table:

<b>Category</b>	<b>*Target Time in Minutes</b>	<b>2013 Target</b>
Sudden Cardiac Arrest	<i>Community Target</i> - Arrival of any person equipped with an Automated External Defibrillator(AED) (e.g. Fire Department) within 6 minutes	60%
**CTAS 1	8 minutes	75%
CTAS 2	10 minutes	80%
CTAS 3	15 minutes	90%
CTAS 4	20 minutes	90%
CTAS 5	25 minutes	90%

\* Arrival of paramedics from time of dispatch notification

\*\* Canadian Triage Acuity Scale

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 Emergency Medical Services (EMS) Response Time Performance Plan for The Regional Municipality of York for the year 2014. In addition, this report details the year-to-date performance of the 2013 Emergency Medical Services Response Time Performance Plan. The Region must establish a response time performance plan and submit it to the Ministry of Health and Long-Term Care in accordance with requirements under the *Ambulance Act*, Regulation 257/00.

## **3. BACKGROUND**

### **Response time performance of York Region paramedics is an indicator of high-level of service delivery**

Response time reliability is a key outcome of high performance emergency medical services. In 2010, York Region EMS retained CRG Consulting to complete a user and non-user Satisfaction Survey. The report found that of all the residents surveyed, 98% indicated "The paramedics arrive in a timely manner" as being the most important service issue. Maintaining exceptional response time performance is key to maintaining confidence in the delivery of quality paramedic services.

As of 2013, as legislated by the *Ambulance Act*, York Region is required to maintain a Response Time Performance Plan. For 2014, the recommended Response Time Performance Plan is consistent with targets currently being achieved region-wide.

### **In September 2012, Council set the 2013 EMS Response Time Performance Plan**

On September 20, 2012, Council approved the 2013 EMS Response Time Performance Plan through the adoption of Clause No.1 of Report No. 7 of the Community and Health Services Committee.

Table 1 outlines the approved 2013 Response Time Performance Plan.

**Table 1**  
 2013 York Region EMS Response Time Performance Plan

Category	Target Set By	*Target Time in Minutes	2013 Target
Sudden Cardiac Arrest	MOHLTC	<i>Community Target</i> - Arrival of any person equipped with an AED (e.g. Fire Department) within 6 minutes	60%
CTAS 1	MOHTLC	8 minutes	75%
CTAS 2	Region	10 minutes	80%
CTAS 3	Region	15 minutes	90%
CTAS 4	Region	20 minutes	90%
CTAS 5	Region	25 minutes	90%

\*Arrival of paramedics from time of dispatch notification

**The Region's Response Time Performance Plan identifies response time targets based on the patient's level of acuity**

The Region's Response Time Performance Plan sets targets based on the Canadian Triage Acuity Scale (CTAS). 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 2 outlines CTAS levels and identifies the distribution of EMS responses based on CTAS levels.

**Table 2**  
 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%

**In addition to approving the Response Time Performance Plan, Council also directed staff to report back on the achievability of and impediments to further target improvements for CTAS 1 and CTAS 2**

In order to pursue response performance improvements above current levels, changes would be required to the provincial dispatch triaging system. The current provincial dispatch triage tool does not identify patients by CTAS level. The dispatch process assigns a generalized response priority of either urgent (lights and sirens) or prompt (no lights and sirens). Over 75% (more than 50,000 incidents annually) of all calls for York Region EMS are categorized as urgent by the provincial dispatch system.

As CTAS 1 and 2 patients are a subset (about 25%) of the calls currently dispatched as urgent, further improvements to CTAS 1 and 2 incidents in the absence of revised dispatch triaging protocols can only be achieved by improving the response to all incidents dispatched urgent (lights and sirens incidents). Improving the response performance to all urgent incidents would require the approval of additional staffing and vehicle resources above the levels identified in the 10-Year Resources and Facilities Master Plan.

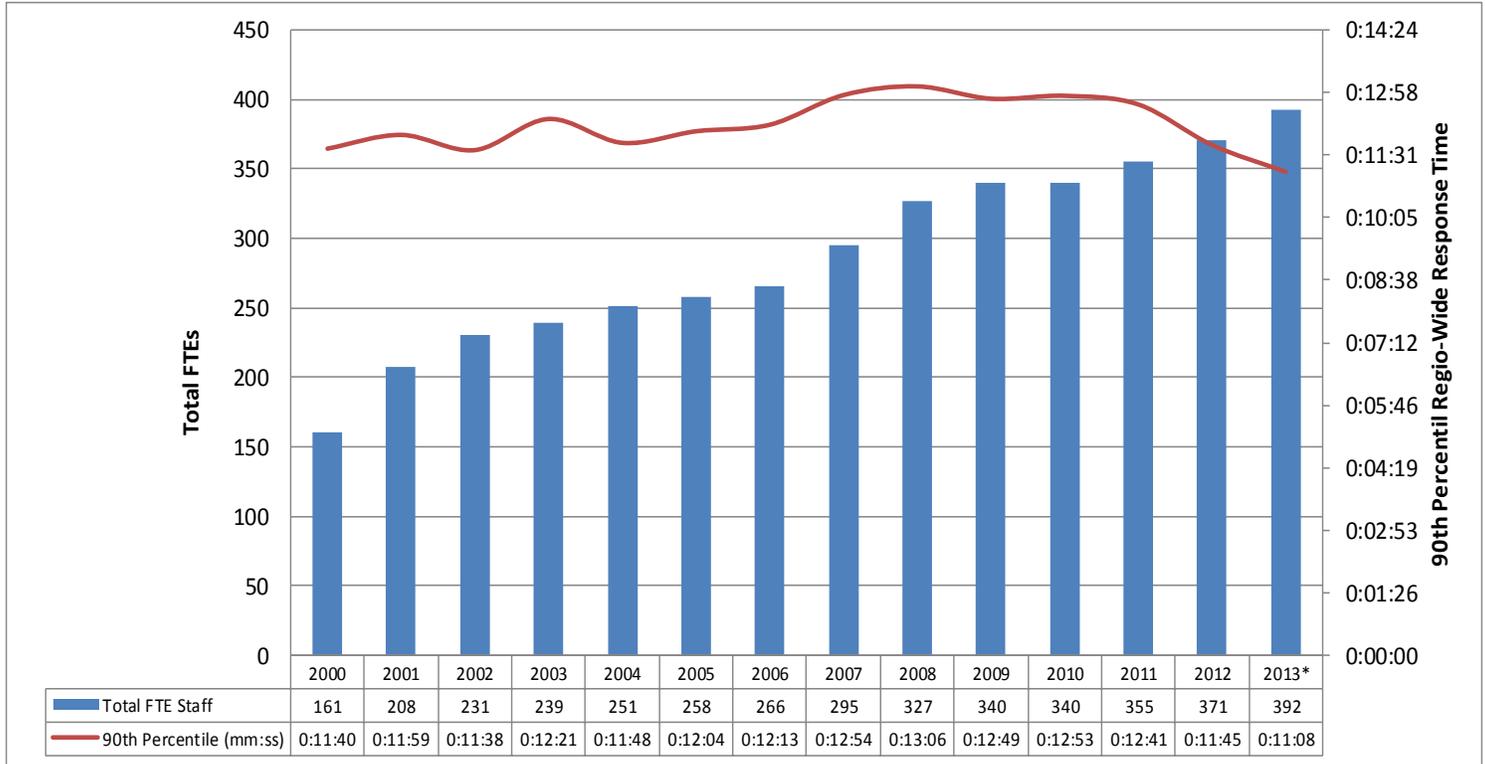
Over the last year, EMS staff has implemented a comprehensive response time performance auditing system. Every single response that exceeds the established target for high acuity patients is scrutinized to determine cause and identify opportunities for systematic performance improvement.

**Today, overall EMS response times to urgent lights and sirens incidents in York Region are more responsive than ever**

Since the Region commenced paramedic service delivery in 2000, a significant addition of staffing and resources have been added to address service level gaps. As a result of these investments in staff and resources, as well as implementing strategies to mitigate hospital off-load delays, EMS's overall response performance to all emergency calls region-wide is more responsive than ever.

Chart 1 outlines the historic comparison of total full-time equivalent (FTE) staff compared to the 90<sup>th</sup> percentile emergency response time region-wide to all urgent lights and sirens incidents (the 90<sup>th</sup> percentile refers to the longest response time to 90 out of 100 incidents).

**Chart 1**  
 Historic Comparison of FTEs and 90<sup>th</sup> Percentile Response Time



*\*2013 based on data from January 1, 2013 to August 31, 2013*

**The 10-Year EMS Resources and Facilities Master Plan was approved by Regional Council to strategically align future resource demands while meeting response time performance**

On September 20, 2012, Council approved the 10-Year EMS Resources and Facilities Master Plan through the adoption of Clause No. 2 of Report No. 7 of the Community and Health Services Committee. The plan was developed using future projections, to make best use of staff, vehicles, and stations over the next decade. The plan sets out target dates to achieve key goals for growth increases in staffing, vehicles, and new paramedic response stations in order to maintain response time performance while meeting increasing transport demands.

**Projections identified in the EMS 10-year Resources and Facilities Master Plan are consistent with current call demands**

A wide variety of data sources were used to create the EMS 10-Year Resources and Facilities Master Plan. Demographic information along with paramedic transport rates were modeled to determine future transport rates by paramedics. To date, the projections

in the master plan are consistent with current call demands. From 2011 to present, the Region's population increased by nearly 3.5% while in the same timeframe, the paramedic transport rate increased by 8%, over twice the rate of population growth.

#### 4. ANALYSIS AND OPTIONS

##### **York Region EMS is providing a high quality service by meeting or exceeding all targets set in the Response Time Performance Plan**

All members of York Region EMS have been committed to consistently meeting and exceeding the targets set in the Council-approved Response Time Performance Plan. Year-to-date performance has been maintained and has improved within the highest acuity levels.

Table 3 outlines the comparison of the response performance achieved in 2012 and year-to-date in 2013. The ability to report on the Community Target for the arrival of an automated external defibrillator to the victim of sudden cardiac arrest is influenced by the availability and timeliness of data from public access defibrillator programs and local fire departments. In particular, fire department response information is manually accounted for once it has been provided by the various departments. Data from community AED programs are then combined with EMS response data to determine the community response time interval.

**Table 3**  
 Comparison of 2012 to 2013 Year-to-Date Performance

Category	Target Set By	*Target Time in Minutes	2012 Performance	2013 Target	2013 Year to Date Performance**
Sudden Cardiac Arrest	MOHLTC	<i>Community Target</i> - Arrival of any person equipped with an AED (e.g. Fire Department) within 6 minutes	60%	60%	60%***
CTAS 1	MOHTLC	8 minutes	70%	75%	75%
CTAS 2	Region	10 minutes	83%	80%	86%
CTAS 3	Region	15 minutes	97%	90%	97%
CTAS 4	Region	20 minutes	100%	90%	100%
CTAS 5	Region	25 minutes	100%	90%	100%

\*Arrival of paramedics from time of dispatch notification  
 \*\*Data from January 1, 2013 to August 31, 2013  
 \*\*\*Based on partial data from local fire services

### **Targets established for 2013 are recommended to be maintained in 2014**

Given that the approved 2013 performance targets represent a robust level of service to the public and the adherence to this performance plan is still new, it is recommended that the existing 2013 targets be maintained for 2014 without amendment.

### **Annual reporting of the complete 2013 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's full year of performance against the 2013 plan. Upon Council's receipt of this communication, 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.

### **Capital development of new paramedic response stations remains important to maintain response time performance**

The delivery of new paramedic response stations identified in the EMS 10-year Resources and Facilities Master Plan is essential in order to maintain response time performance in the future. Staff is working diligently to procure the necessary land parcels to facilitate future construction; however, the availability of land in many of the required areas is limited and may take more time to successfully procure than initially expected. The vehicle and staff capacity of the existing paramedic response stations is nearing saturation. As a result, future service growth may be limited, leading to constraints in response time performance until such time that new facilities are available.

### **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. The 2013 approved gross operating budget for Emergency Medical Services is \$63,759,000 with a net budget of \$34,818,000.

## **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**

Response time performance ensures confidence in the delivery of quality paramedic services. York Region EMS is delivering a high level of service to the residents of the Region by meeting the approved response time performance plan.

York Region is required to maintain a Response Time Performance Plan as required under the *Ambulance Act*. For 2014, the recommended Response Time Performance Plan is consistent with targets currently being achieved region-wide.

Staff will be carefully monitoring response time performance and will 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 EMS at Ext. 4709.

The Senior Management Group has reviewed this report.