

Clause 12 in Report No. 6 of Committee of the Whole was adopted, without amendment, by the Council of The Regional Municipality of York at its meeting held on April 19, 2018.

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2017 Paramedic Response Time Performance Results

Committee of the Whole recommends adoption of the following recommendations contained in the report dated March 23, 2018 from the Commissioner of Community and Health Services:

1. The Regional Clerk circulate this report to the local municipalities.
2. The Regional Chair write to the Minister of Health and Long-Term Care requesting the Minister expedite the modernization of technology and processes in Georgian Central Ambulance Communication Centre in order to improve the efficiency of call handling and paramedic services responses.

Report dated March 23, 2018 from the Commissioner of Community and Health Services now follows:

1. Recommendation

It is recommended that:

1. The Regional Clerk circulate this report to the local municipalities.
2. The Regional Chair write to the Minister of Health and Long-Term Care requesting the Minister expedite the modernization of technology and processes in Georgian Central Ambulance Communication Centre in order to improve the efficiency of call handling and paramedic services responses.

2. Purpose

This report informs Council of the 2017 performance results by Paramedic Services against the targets set by the Ministry of Health and Long-Term Care and Council. Paramedic Services exceeded all targets. This report also highlights ongoing service efficiencies and innovations that have been achieved as a result of Council approved initiatives.

3. Background and Previous Council Direction

The Region is required to maintain paramedic response time performance targets based on patient acuity levels

The Region is required to maintain response time targets in accordance with the Ambulance Act, Regulation 257/00. Under this regulation, the Ministry of Health and Long-Term Care sets specific targets based on the Canadian Triage Acuity Scale. The Acuity Scale is a five-level assessment tool used in hospital Emergency Departments to determine the severity of a patient's condition. The Canadian Triage Acuity Scale ranges from 1 to 5, with 1 as the highest severity level (resuscitation) and 5 the least severity level (non-urgent). It defines a patient's need for timely care.

Council established a response time performance plan in 2012

Of the immediate neighbouring municipalities, the Regions of Durham and Halton and the City of Toronto adopted a response time framework consistent with 75th percentile. In addition, the City of Hamilton and the City of Ottawa adopted the framework consistent with the 75th percentile detailed in Table 1.

Table 1
2012 GTA Proposed Common Paramedic Services Response Times

Category	Requirement Time - Dispatch to Arrival On Scene	GTA Common Target (%)
Sudden Cardiac Arrest***	AED within 6 minutes**	60
CTAS 1*	8 minutes	75
CTAS 2	10 minutes	75
CTAS 3	15 minutes	75
CTAS 4	20 minutes	75
CTAS 5	25 minutes	75

*Canadian Triage Acuity Scale (CTAS)

**Community Target - arrival of any person equipped with an Automated External Defibrillator (includes fire and/or police departments and public bystanders) based on Paramedic Services data only.

***Sudden Cardiac Arrest is a condition included in the CTAS 1 category

On [September 20, 2012](#), the York Region Emergency Medical Services Response Time Performance Plan 2013 was adopted by Council. Staff had recommended target based on the 75th percentiles consistent with neighbouring municipalities. Council amended the targets, setting higher standards:

- Canadian Triage Acuity Scale 2 – 80%
- Canadian Triage Acuity Scale 3 – 90%
- Canadian Triage Acuity Scale 4 – 90%
- Canadian Triage Acuity Scale 5 – 90%

The Region of Peel adopted a different target framework ranging from the 75th percentile to the 90th percentile. The Region of Niagara adopted a response time framework using the 90th percentile, which they are able to achieve because they operate their own distinct dispatch system which supports the setting of focused targets.

Municipal performance results for each response time requirement must be submitted annually to the Ministry of Health and Long-Term Care's Emergency Health Services Branch. The results are posted on the government's web site for public viewing.

4. Analysis and Implications

York Region Paramedic Services have exceeded all targets

Table 2 displays the requirements set by the Ministry of Health and Long-Term and Regional Council, and the 2017 results achieved. As shown in the table, York Region Paramedic Services have met and exceeded all targets. For example, for patients assessed at level 1 on the Acuity Scale, the target is to arrive at the scene in eight minutes 75% of the time. In 2017, Paramedic Services arrived within eight minutes 78% of the time.

Table 2
Performance Requirements Set by Ministry of Health and Long-Term Care and Targets Set by Regional Council

Category	% of Total Responses	Requirement Time - Dispatch to Arrival On Scene	2017 Target (%)	2017 Result (%)
Sudden Cardiac Arrest***	0.8%	AED within 6 minutes**	60	66
CTAS 1*	1.7%	8 minutes	75	78
CTAS 2	24%	10 minutes	80	85
CTAS 3	59%	15 minutes	90	92
CTAS 4	11%	20 minutes	90	96
CTAS 5	4%	25 minutes	90	98

* Canadian Triage Acuity Scale (CTAS)

** Community Target - arrival of any person equipped with an Automated External Defibrillator (includes fire and/or police departments and public bystanders) based on Paramedic Services data only.

***Sudden Cardiac Arrest is a condition included in the CTAS 1 category

Note: The time requirement from dispatch to arrival on scene for Sudden Cardiac Arrest and CTAS 1 are set by the Ministry of Health and Long-Term Care (bolded in Table 1). Targets for CTAS 2 through 5 are set by the Region. The regulation under the *Ambulance Act* requires upper-tier municipalities to develop land ambulance response times and performance targets for each patient type.

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Further Improvements in response time performance may be realized with modernization of key provincial dispatch systems

To achieve response time improvements above current levels, changes would be required to the provincial dispatch system. When a dispatch is made, the current provincial triage process assigns the call as either urgent (lights and sirens) or prompt (no lights and sirens). Over 75 per cent (more than 55,000 incidents annually) of all calls for York Region Paramedic Services are categorized as urgent by the provincial system. The dispatch triage does not identify patients by the Canadian Triage Acuity Scale level; that is determined by the paramedic after they arrive at the scene. Of these 55,000 incidents dispatched as “urgent”, less than 2 per cent are truly urgent (Canadian Triage Acuity Scale 1) requiring a response within 8 minutes or an Automatic External Defibrillator within 6 minutes.

The impact of over-prioritizing paramedic services calls, resulting in inefficient use of paramedic resources and overuse of other first responders.

The Ministry of Health and Long-Term Care has not yet confirmed timelines for the new Provincial Dispatch System technology upgrades

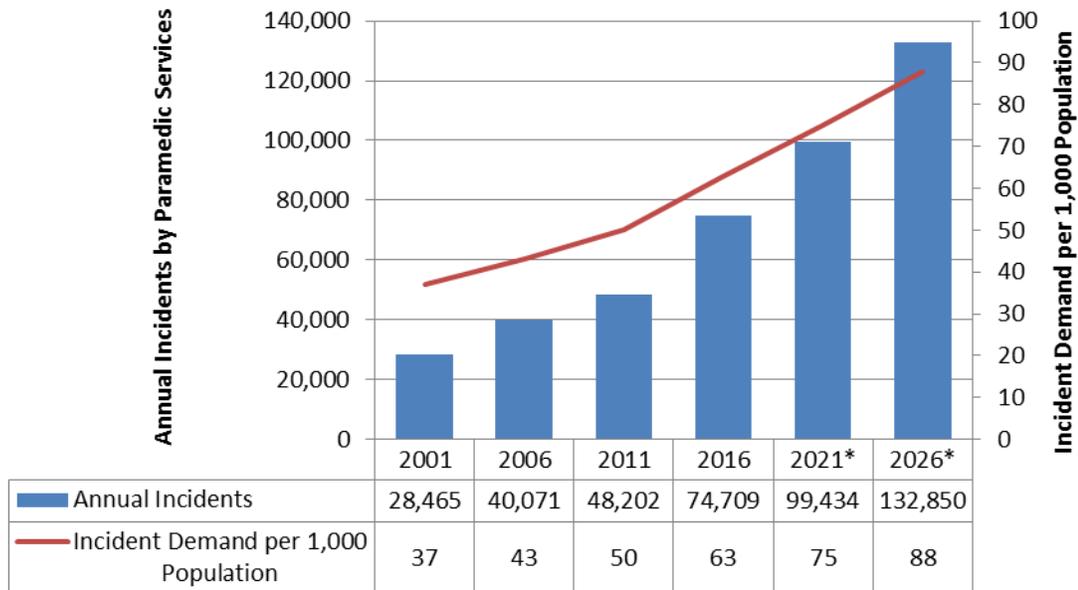
On [June 24, 2010](#), Council received the Greater Toronto Area Central Ambulance Communication Centre consultant report produced by POMAX Public Safety. The report, which was initiated by the Regions of York, Peel, Durham, Halton, and the County of Simcoe, made a number of recommendations for the Emergency Medical Services dispatch system to improve system efficiencies. Since that time, regional staff has worked with the Ministry of Health and Long-Term care to provide feedback on the report’s recommendations.

As part of the Ministry of Health and Long Term Care strategy to transform Ontario’s Emergency Health Services, the Province will be investing in a new Medical Dispatch System and in upgrades to the Computer Aided Dispatch system over the next three years. Once these new systems are operational, targeted response time improvement opportunities will be available. It is therefore important that the implementation and access to the new system is expedited. The Provincial rollout schedule has yet to be announced.

Paramedic Services Call Volume has increased and is expected to continue to increase with an aging population

Despite consistently exceeding annual performance targets, Paramedic Services continue to face pressure as the demand for services continues to increase. As shown in Figure 1, demand for Paramedic Services per 1,000 residents have increased since 2001; an average annual growth rate of 5 percent.

Figure 1
Paramedic Incident Demand per 1,000 Residents, 2001-2026



*Predicted based on Paramedic Services 10 Year Resources and Facilities Master Plan

Two primary factors have contributed to call volume increases: overall population growth and the changing demographic shift associated with an aging population. According to 2016 Statistics Canada Census data, seniors (65 years and older) accounted for 14.6 per cent (161,925) of York Region’s population, compared to 11.7 per cent (120,935) in 2011. This represents an increase of 33.9 per cent; a higher growth rate than children, youth and adults of working age. By 2031, 1 in 5 residents living in York Region will be 65 years or older.

The call volume growth trend suggests over the next 10 to 20 years consumption of Paramedic Services per capita will increase as older adults living with multiple medical complexities will require paramedic care. Call volume increases will result in resource pressure on York Region Paramedic Services, which underpins the need to continue to optimize efficiencies wherever possible.

The 10-Year Resources and Facilities Master Plan has been successful at matching resource requirements to demands and achieving reliable response time performance

In [September 2012](#), Council approved the York Region Emergency Medical Services 10-Year Resources and Facilities Master Plan The 10-year Master Plan was developed in order to plan for the future demands for Paramedic services through to 2021. The plan incorporates future demand distribution based on population trends, roadway development, travel time, optimal station locations,

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staffing and vehicle resourcing requirements. In 2016, the plan was updated and extended from 2021 to 2026 to ensure that accurate long term planning informs business and capital plans.

Council approved Community Paramedicine pilot projects to evaluate new models of care

Community Paramedicine refers to new models of care that aim to reduce unnecessary patient transports to Emergency Departments through community based clinics, home visits and expanded scopes of care in the 9-1-1 setting. In [February 2013](#), Council approved the Expanding Paramedicine in the Community project which integrates expanded scope community paramedics with Family Health Care Teams with the goal of improving the health of patients with chronic diseases such as Diabetes, Chronic Obstructive Pulmonary Disease and Congestive Heart Failure. The project has been showcased by Dr. Samir Sinha, the Executive Lead of Ontario's Seniors Strategy and Dr. Jane Philpott, the former Federal Health Minister.

This care model includes home visits from Community Paramedics to assist patients to age in place while decreasing the health system impacts of chronic medical conditions. The project has been evaluated by an independent research organization. Research results should be available before the end of the year, and staff will report to Council on the findings in 2019.

In 2018, York Region Paramedic Services will be piloting an innovative care delivery model titled 'Improving Patient Access, Care and Transportation by Paramedics' (IMPACT). This model will provide patients calling 9-1-1 with access to expanded scope paramedics. The goal is to reduce Emergency Department transports by delivering a broader set of clinical care options and appropriately referring patients to other health care services in the community.

In addition, recent amendments to the Ambulance Act will expand the authority of Paramedic Services to deliver alternative care options on-scene to patients. Once these amendments are in effect, the Minister of Health and Long-Term Care, for instance, can issue operational and policy directives regarding the care by paramedics to patients who may not require transport to hospital and the transport of patients to destinations other than hospitals for medical care.

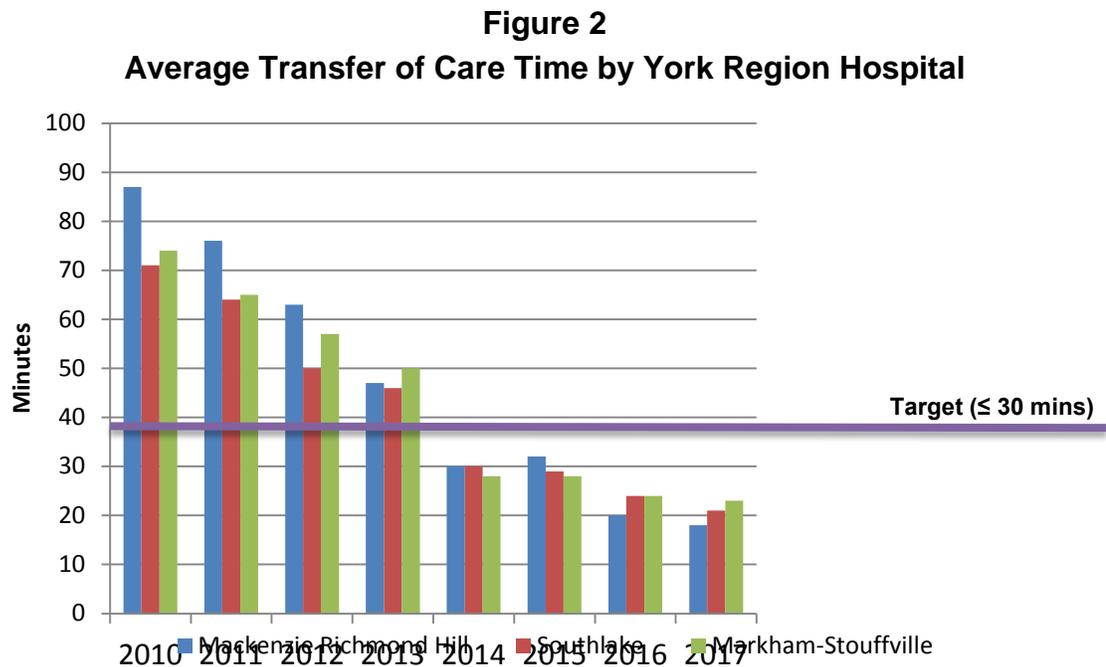
Hospital transfer of care times have significantly shortened since 2013 and have been maintained

Transfer of care time is the time interval from when paramedics arrive at a hospital to when a patient is transferred from the care of paramedics to hospital care. York Region Paramedic Services has been working closely with local hospitals to improve transfer of care times. In [January 2015](#), by way of the

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Hospital Memorandum of Understanding Update 2014, York Region withheld \$1.3 million of hospital funding related to poor transfer of care performance. This funding was then reallocated to fund a range of initiatives including specific projects to reduce transfer of care times at Regional hospitals.

As displayed in Figure 2, the average time taken to transfer patients to York Region hospitals has decreased at all three York Region hospitals since 2010, and has dropped below the Region's target of 30 minutes since 2015.



Source: York Region Paramedic Services Ambulance Dispatch Reporting System.

Continuous improvements in transfer of care times in part have enabled paramedics to manage an increasing volume of calls while continuing to meet response time targets.

5. Local Municipal Impact

York Region Paramedic Services continue to meet and exceed response time targets. All local municipalities continue to receive highly reliable Paramedic Services. As populations in local municipalities continue to grow and seniors account for a higher share of the total population, Paramedic Services will be in increasing demand.

Paramedic Services will continue to work closely in partnership with municipal fire services by targeting responses to Canadian Triage Acuity 1 patient conditions such as sudden cardiac arrests to ensure the most efficient use of

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resources and provide the best possible emergency response while minimizing unnecessary responses.

6. Financial Considerations

Paramedic Services were managed within the 2017 Council approved budget of \$75.6 million gross (\$34.9 million net/ tax levy).

7. Conclusion

In 2017, York Region Paramedic Services exceeded all response time targets. On-going implementation of the Paramedic Services 10-year Master Plan along with sustained reductions in hospital transfer of care times has helped to support this performance.

Staff continues to develop and implement efficiency initiatives and develop and evaluate innovative service delivery models as the Region's population grows and ages. It is imperative that the planned transformation of the Ministry of Health and Long-Term Care's dispatch technology be accessed by the communities of York Region at the earliest possible time in order to improve the efficiency of call handling and paramedic services responses.

For more information on this report, please contact Norm Barrette, Chief and General Manager, Paramedic and Seniors Services at 1-877-464-9675 ext. 74709.

The Senior Management Group has reviewed this report.

March 23, 2018

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Accessible formats or communication supports are available upon request