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Report 2024-123

Report Title: Response Time Performance Plan

Committee Name: Community Health

Committee Meeting Date: October 1, 2024

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Approved by: Jennifer Moore, CAO

Council Meeting Date: Select Council Meeting Date

Strategic Plan Priorities: Innovate for Service Excellence
 Ignite Economic Opportunity
 Foster a Thriving Community
 Propel Sustainable Growth
 Champion a Vibrant Future

Recommendation

“That the Community Health Committee, having considered Report 2024-123 ‘Response Time Performance Plan’, recommend that County Council approve the Response Time Performance Plan for 2025.”

Purpose

To bring forward Northumberland Paramedic’s current response time performance plan and make a recommendation to Council to maintain the current Northumberland Paramedic response time targets for 2025.

Background

The Ministry of Health (MOH) under Regulation 257/00 Part VIII of the Ambulance Act sets out key performance indicators (KPI’s) that all Paramedic services must set, monitor, evaluate and report to the MOH and the public for transparency. One of the KPI’s is the response time performance plan.

The Response time performance plan measures the ability (time) for a service to respond to the patients categorized as CTAS 1 to 5, and Sudden Cardiac Arrests (SCA). CTAS is the Canadian

Triage Acuity Scale which measures the acuity of the patient. The CTAS levels and their corresponding acuity is outlined in the chart below:

CTAS Level	Acuity Level
SCA	Sudden Cardiac Arrest
CTAS 1	Resuscitation
CTAS 2	Emergent
CTAS 3	Urgent
CTAS 4	Less Urgent
CTAS 5	Non-Urgent

The concept of the CTAS system is prioritizing response, assessment, and treatment to the sickest person the fastest. A paramedic will report the CTAS level of a patient three times during a call. CTAS is assigned upon arrival of the patient, departure of scene, and lastly upon arrival at the hospital. Hospitals also utilize the CTAS system and will assign a CTAS level to a patient upon arrival at hospital similarly to determine their room location and the “time to see a physician.” The hospitals also will report on the percentage of time the patient saw a physician within the target time.

Annually in October, each ambulance service must set its response time targets for the upcoming year and report the actuals to the Ministry of Health Emergency Health Services Branch (MOH ESHB) in March of the following year. The new response targets require ambulance services to report on the six (6) different priority levels as outlined in the chart above.

The Ministry sets the time standards for SCA and CTAS 1, and the services must set the percentage of the time that they will meet the two high priority patient response times (SCA, and CTAS 1) as well as setting the percentage of time and the time interval that they will meet in lower priority patient categories (CTAS 2, 3, 4, and 5).

Northumberland County Paramedics Current Response Time Performance Plan is outlined below:

CTAS Level	Northumberland
SCA	6 min 45%
CTAS 1	8 min 55%
CTAS 2	10 min 65%
CTAS 3	10 min 65%
CTAS 4	15 min 65%
CTAS 5	20 min 65%

Northumberland County's population is 90,039 with a corresponding land area of 1,905 sq km. It's comprised of a blend of rural and urban areas which causes some challenges in setting response time standards. It is common to see urban centers meet response times whereas rural areas present challenges due to the distances of travel involved in the responses.

Our response time plan was adjusted in 2022 to increase the response time to the lower acuity CTAS levels 4, and 5 to 15 min and 20 min, respectively. This adjustment would potentially create more availability of ambulances to the higher acuity calls and focus more on response times to SCA, CTAS 1, 2, and 3. The 2023 actuals demonstrated Northumberland Paramedics were meeting our CTAS 1, CTAS 4, and 5 targets, however not meeting the SCA (which accounts for less than 1% of our call volume), and narrowly missing CTAS 2, and CTAS 3 targets.

In Quarter 3 of 2024, we implemented an additional 12-hour vehicle from 10:00 to 22:00 which represented the peak call volume period. Other variables implemented to assist with our response times are the off- load nursing program, fit to sit program, and minimizing our mobile standbys to neighboring services.

The Ministry of Ontario – Emergency Health Services Branch (EHSB) is in the process of introducing a new Dispatch System - Medical Priority Dispatch System (MPDS). This new system will alter the triaging/acuity of calls and specific dispatching of vehicles and resources within a service provider. MPDS implementation date within the Lindsay Central Ambulance Communications Center (CACC) is Q2 of 2025. CACC's and service providers that currently use MPDS have reported a positive impact regarding response time effectiveness.

Modifying a service response time plan requires either an adjustment to increase response times, or percentages (decrease service level) or increase resources by ambulance(s) and staff (increase service level). Due to these operational variables combined with a recent increase in resources (addition of a 12-hour vehicle) in Q3 it is recommended to maintain our current response time performance plan for 2025 and continue to monitor.

Consultations

Ambulance Act; Regulations 257/00, Part VIII

Ambulance Dispatch Data System (ADDS)

Interdev Analytics dashboard

Ministry of Health – Response Time Performance Plans - Ontario

Legislative Authority / Risk Considerations

Mandated to follow the Ambulance Act and the regulations and standards contained within. Response Time Performance Plans are one of the key performance indicators that we must set/establish every October and report on the actuals of the year prior to March annually.

The ability of the service to meet their response time performance plan is reviewed once again every 3 years during their Ministry Review certification and licensing. The County/Paramedic service must outline their plan, provide the analytics to support meeting the targets, and/or a plan to meet the targets if not obtaining them currently.

The most significant consideration in terms of risk is ensuring the County continues to meet or exceed established response time requirements. This includes meeting the public's expectations with respect to level of service.

Discussion / Options

The paramedic department works diligently to meet or exceed the County approved response time standard as well as legislation as it relates to our response time plan.

Financial Impact

N/A

Member Municipality Impacts

The response time performance plan is one of the key performance indicators measured, monitored, and mandated by the MOHLTC Emergency Services Branch. It is a publicly reportable performance indicator/benchmark to ensure accountability, transparency, and excellence with regards to service delivery. Reduced response times ultimately results in reduced time to definitive medical care, which has the potential to decrease morbidity and mortality.

All municipalities of the County benefit from a service delivery that meets the targeted evidence-based response time performance plan. This response time performance plan is focused on the health and safety of the Community. Prioritizing response times to the sickest, most acute patients first, efficiently, and effectively.

Conclusion / Outcomes

Staff recommend that Council maintain the current Northumberland Paramedic response time performance targets for 2025.

Attachments

N/A