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Report 2021-156

Report Title: Response Time Performance Plan

Committee Name: Community Health Committee

Committee Meeting Date: October 4, 2021

Prepared by: Susan Brown
Chief
Northumberland Paramedics

Reviewed by: Jennifer Moore, CAO

Strategic Plan Priorities: Thriving & Inclusive Communities

Recommendation

Whereas the legislative response time standard submission timeline requirements are established by Regulation 257/00 Part VIII under the *Ambulance Act*; and

Whereas the Ministry of Health requires the annual response time standards “Plan” to be submitted to the Field Office by October 31, and response time “actuals” for previous year by March 31; and

Whereas any adjustments to the Response Time Plan shall be made prior to the October 31 submission for the performance measure in the subsequent year;

Be It Resolved That the Community Health Committee receive Report No. 2021-156 ‘Response Time Performance Plan’ for 2022, for information; and

Further That the Committee recommend that County Council approve the Response Time Performance Plan as presented.”

Purpose

To bring forward Northumberland Paramedic's current response time performance plan and make a recommendation to Council to change the sudden cardiac arrest (SCA) percentile to 6 min 40% of the time.

Background

The Ministry of Health 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

Each year in October, the Ambulance service must set its response time targets for the following year. The new response targets require ambulance services to report on the six different priority levels as outlined in the chart above. 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	Time (Mins)	Percentage
SCA (Sudden Cardiac Arrests)	6 min*	45%
CTAS 1	8 min*	55%
CTAS 2	10 min	65%
CTAS 3	10 min	65%
CTAS 4	10 min	65%
CTAS 5	10 min	65%

The table below outlines the performance plan and our actual performance for 2018, 2019, and 2020. In 2018 our data illustrates that we failed to meet our performance targets for SCA, CTAS 2 and 3 respectively. The recommendation at that time to assist in becoming compliant was to add a 12- hour ambulance out of our Port Hope Base, and a Rural response ERV in 2019. Additional financial and operating resources assisted us in our compliance to meet all the response time targets in 2019, and 2020 except for the Sudden Cardiac Arrest (SCA) in 2020. In 2020 the response time target was set to 6 min 45%, the actual performance was 6 min 43.51%. This was identified and discussed by the Ministry of Health – EHSB Inspector at the latest Service Review exit meeting.

As mentioned previously the Ministry sets the time standards for SCA and CTAS 1, therefore the only options to meet compliance in these categories is to increase the service level - resources (ambulances) or adjust the percentage of time to meet the target (service level).

Thus far in 2021 are actual performance of SCA is 6 min 44.12%, we are just shy of meeting the SCA performance target of 6 min 45%. It is important to note that SCA represents less than 1% of our total call volume.

Response Time Performance – 2018-2020

Patient Priority based on CTAS	Time Target	Percentage of Time Target Will Be Met	ACTUAL PERFORMANCE % 2018	ACTUAL PERFORMANCE % 2019	ACTUAL PERFORMANCE % 2020
Sudden Cardiac Arrest	6 minutes to defibrillator Arrival	45%	24.50	47.83	43.61
CTAS 1	8 minutes to Paramedic Arrival	55%	53.30	60.34	60.87
CTAS 2	10 minutes to Paramedic Arrival	65%	62.10	67.41	66.68
CTAS 3	10 minutes to Paramedic Arrival	65%	63.60	66.11	65.58
CTAS 4	10 minutes to Paramedic Arrival	65%	68.40	69.03	70.58
CTAS 5	10 minutes to Paramedic Arrival	65%	68.10	66.61	68.97

Consultations

Ambulance Act; Regulations 257/00, Part VIII, Interdev Analytics dashboard as well as land ambulance providers across Eastern Ontario.

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 report on every October, and 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

An analysis and comparison of other Municipalities Response Time Performance Plans with similar geographical make up consisting of both an urban and rural blend reveal similar response time performance plan targets for SCA, CTAS 1, 2, 3, 4, and 5.

The Ministry of Health sets the time standard for SCA, and CTAS 1 calls, the percentage of the performance is available to the County to determine their performance target. Northumberland County had previously approved and set the following Response Time Targets as shown in the table below.

Response Time Performance Plans 2020 - Comparators

CTAS Level	Northumberland	Peterborough	Hastings	Frontenac
SCA	6 min 45%	6 min 50%	6 min 35%	6 min 45%
CTAS 1	8 min 55%	8 min 65%	8 min 50%	8 min 70%
CTAS 2	10 min 65%	10 min 65%	10 min 65%	10 min 75%
CTAS 3	10 min 65%	10 min 65%	15 min 65%	10 min 75%
CTAS 4	10 min 65%	10 min 65%	20 min 65%	10 min 75%
CTAS 5	10 min 65%	10 min 65%	25 min 65%	10 min 75%

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

Adjusting the SCA performance target from 6 min 45% of the time to 6 min 40% of the time would have no financial impact on the County.

To meet the current SCA performance plan target of 6 min 45% of the time it would require an increase of operational resources. An initial strategy would be an additional 12- hour vehicle with a financial impact of \$500,000 and continued statistical analysis of the target and response time performance for SCA.

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 adjust the SCA category within the current Response Time Performance Plan to a target of 6 min 40% of the time.