



## Paramedic Services Committee Agenda

Thursday, October 5, 2017  
Council Chambers  
County Administration Centre, Walkerton

1. Declaration of Pecuniary Interest
2. Information Items
  - A. Call Volume (attached)
  - B. CTAS Response Time Data (attached)
  - C. CTAS Response Time Performance Plan (attached)
3. Next Meeting

November 2, 2017
4. Adjournment



## Committee Report

To: Warden Mitch Twolan  
Members of the Paramedic Services Committee

From: Michael McKeage  
Director of Health Services

Date: October 5, 2017

Re: Call Volume

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### Recommendation:

The Call Volume Report for information.

### Background:

The following is a breakdown of calls completed by Bruce County Paramedic Services from January 1, 2017 to Sept 15, 2017 and a comparison chart of the calls from January 1, 2016 to Sept 15, 2016. This information is accessed through our Imedic Ambulance Call Report Charting Program.

### Bruce County Paramedic Services 2017 Call Volume

January 1 - September 15

#	Station	Code 1	Code 2	Code 3	Code 4	Code 8	Total	%
1	Walkerton	16	4	357	522	1000	1899	22%
2	Chesley	21	8	157	350	723	1259	15%
3	Kincardine	54	3	470	553	193	1273	15%
4	Port Elgin	27	6	461	729	751	1974	23%
5	Warton	35	13	441	602	424	1515	18%
6	Tobermory	2	1	75	147	300	525	6%
	Total	155	35	1961	2903	3391	8445	100%



Bruce County Paramedic Services 2016 Call Volume  
January 1 - September 15

#	Station	Code 1	Code 2	Code 3	Code 4	Code 8	Total	%
1	Walkerton	23	5	322	499	938	1787	22%
2	Chesley	24	5	176	286	733	1224	15%
3	Kincardine	71	2	485	473	169	1200	15%
4	Port Elgin	29	8	493	705	740	1975	25%
5	Warton	25	14	390	589	358	1376	17%
6	Tobermory	1	0	62	151	259	473	6%
	Total	173	34	1928	2703	3197	8035	100%

Code 1 - Deferrable (non-emergent call deferrable for up to 24 hours i.e.: return from an appointment)

Code 2 - Scheduled (for a scheduled appointment at another hospital, Dr's office, clinic etc.)

Code 3 - Prompt (emergent call with no warning systems used - any delay could affect patient condition)

Code 4 - Urgent (emergent call with all warning systems - danger to life or limb)

Code 8 - Standby (relocation of an ambulance to an area depleted of resources)

**Financial/Staffing/Legal/IT Considerations:**

There are no financial, staffing, legal, or IT considerations associated with this report.

**Interdepartmental Consultation:**

N/A

**Link to Strategic Goals and Elements:**

Goal # 3 - Find creative new ways to engage our public.

Element C - Make the County fully accessible to the people through access to information.

Written by: Raymond Lux - Chief of Professional Standards

Approved by:

Kelley Coulter  
Chief Administrative Officer



## Committee Report

**To:** Warden Mitch Twolan  
Members of the Paramedic Services Committee

**From:** Michael McKeage  
Director of Health Services

**Date:** October 5, 2017

**Re:** Response Time Data

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### Recommendation:

The Response Time Data Report on is for information.

### Background:

The response time data in this report is part of the process used to maintain, enforce, evaluate and update our annual response time performance plan as required by the Ministry of Health and Long Term Care. We are required to establish annual response time performance plans and submit these plans to the Ministry no later than Oct 31<sup>st</sup> for implementation the following January 1<sup>st</sup>. The data shown is from 2015 - 2017 with a further breakdown of our station responses.

Terms used in this report are defined below:

- CTAS - Canadian Triage Acuity Scale
- CTAS SCA - Sudden Cardiac Arrest call that requires CPR and resuscitation
- CTAS 1 - requires some resuscitative measures and includes threats to life or imminent risk of deterioration.
- CTAS 2 - requires emergent care and there is the potential threat to life or limb functions
- CTAS 3 - requires urgent care and included conditions that could potentially progress to a serious problem requiring emergency intervention.
- CTAS 4 - requires less urgent care.
- CTAS 5 - requires non-urgent care and interventions - could be delayed or referred to other parts of the health care system.

Level	Criteria	2015 (Actual)	2016 (Actual)	2017 (As of Sept 20th)	2018 (Target)
SCA	6 minutes or less by community response	37%	26%	27%	30%
CTAS 1	8 minutes or less for ambulance response	47%	39%	43%	45%
CTAS 2	10 minutes or less for ambulance response	52%	53%	55%	50%
CTAS 3	15 minutes or less for ambulance response	72%	70%	72%	70%
CTAS 4	20 minutes or less for ambulance response	84%	86%	87%	85%
CTAS 5	25 minutes or less for ambulance response	93%	93%	91%	90%

The table below reflects the actual performance measure data by station.

Level	Criteria	Station	2015	2016	2017 (To date)
		Walkerton	38%	33%	50%
		Chesley	20%	25%	67%
		Kincardine	44%	50%	29%
		Port Elgin	50%	13%	20%
		Wiarion	14%	0%	0%
		Tobermory	n/a%	67%	100%
		<b>Total</b>	<b>37%</b>	<b>26%</b>	<b>27%</b>
		Walkerton	56%	50%	50%
		Chesley	0%	22%	33%
		Kincardine	55%	47%	46%
		Port Elgin	52%	29%	33%
		Wiarion	39%	18%	33%
		Tobermory	33%	75%	100%
		<b>Total</b>	<b>47%</b>	<b>39%</b>	<b>43%</b>
				Walkerton	57%
Chesley	47%			43%	42%
Kincardine	59%			59%	45%
Port Elgin	62%			58%	65%
Wiarion	29%			34%	38%
Tobermory	47%			39%	58%
<b>Total</b>	<b>52%</b>			<b>53%</b>	<b>55%</b>
		Walkerton	76%	81%	85%
		Chesley	66%	64%	68%
		Kincardine	78%	76%	75%
		Port Elgin	81%	77%	80%
		Wiarion	51%	50%	51%
		Tobermory	58%	49%	55%
		<b>Total</b>	<b>72%</b>	<b>70%</b>	<b>72%</b>
		Walkerton	87%	91%	91%
		Chesley	81%	96%	93%
		Kincardine	93%	94%	98%
		Port Elgin	92%	90%	90%
		Wiarion	63%	60%	64%
		Tobermory	67%	75%	72%
		<b>Total</b>	<b>84%</b>	<b>86%</b>	<b>87%</b>
		Walkerton	93%	90%	88%
		Chesley	85%	83%	92%
		Kincardine	97%	99%	99%
		Port Elgin	95%	95%	95%
		Wiarion	88%	90%	86%
		Tobermory	87%	94%	68%
		<b>Total</b>	<b>93%</b>	<b>93%</b>	<b>91%</b>

**Financial/Staffing/Legal/IT Considerations:**

There are no financial, staffing, legal, or IT considerations associated with this report.

**Interdepartmental Consultation:**

N/A

**Link to Strategic Goals and Elements:**

Goal # 1 - Develop and implement tactics for improved communications:

Element G - Leadership based on consensus direction with acceptance of calculated risks.

Goal # 6 - Explore alternate options to improve efficiency, service:

Element B - Develop system for measuring our processes and their successful desired outcome.

Goal # 10 - Develop KPIs that are meaningful and report on them:

Element A - Set measurable goals and evaluate against them.

Element B - Build in accountability and evaluation mechanisms.

Written by: Raymond Lux - Chief of Professional Standards

**Approved by:**



Kelley Coulter

Chief Administrative Officer



## Committee Report

**To:** Warden Mitch Twolan  
Members of the Paramedic Services Committee

**From:** Michael McKeage  
Director of Health Services

**Date:** October 5, 2017

**Re:** CTAS Response Time Performance Plan

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### Recommendation:

That this report on the CTAS Response Time Performance Plan for 2018 be approved and submitted to the Ministry of Health and Long Term Care on or before October 31, 2016.

### Background:

The County's CTAS Response Time Performance Plan sets targets based on the Canadian Triage Acuity Scale (CTAS) and is one of our key performance indicators. CTAS is an assessment tool used since 1998 in hospital emergency departments to determine the severity of a patient's condition. The scores are as follows:

- Level 1 - Resuscitation
- Level 2 - Emergent
- Level 3 - Urgent
- Level 4 - Less Urgent (Semi urgent)
- Level 5 - Non Urgent

It is used in paramedic services after an assessment is made by a paramedic on scene based on the actual patient condition. This method of reporting also gives the municipality the flexibility to set a plan based on our needs rather than having to only report on a plan that was dictated by the province.

Ontario Regulation 257/00 under the Ambulance Act states that:

- 23.(2) No later than October 1 in each year after 2011, every upper-tier municipality and every delivery agent responsible under the Act for ensuring the proper provision of provision of land ambulance services shall establish, for land ambulance service operators selected by the upper-tier municipality or delivery agent in accordance with the Act, a performance plan for the next calendar year respecting response times. O. Reg. 267/08, s. 1 (2); O. Reg. 368/10, s. 1 (1).
- (3) An upper-tier municipality or delivery agent to which subsection (2) applies shall ensure that the plan established under that subsection sets response time targets for responses to notices respecting patients categorized as Canadian Triage Acuity Scale ("CTAS") 1, 2, 3, 4 and 5, and that such targets are set for





- each land ambulance service operator selected by the upper-tier municipality or delivery agent in accordance with the Act. O. Reg. 267/08, s. 1 (2).
- (5) An upper-tier municipality or delivery agent to which subsection (2) applies shall provide the Director with a copy of the plan established under that subsection no later than October 31 in each year, and a copy of any plan updated, whether in whole or in part, under subsection (4) no later than one month after the plan has been updated. O. Reg. 267/08, s. 1 (2).
  - (6) An upper-tier municipality or delivery agent to which subsection (2) applies shall report to the Director, as required from time to time by the Director and on forms or in a manner provided or determined by the Director, on any matter relating to,
    - (a) the nature and scope of the plan established under that subsection or updated under subsection (4); and
    - (b) the establishment, maintenance, enforcement, evaluation and updating of the plan. O. Reg. 267/08, s. 1 (2)
  - (7) Without limiting the generality of subsection (6), no later than March 31 in each year after 2013, an upper-tier municipality or delivery agent to which subsection (2) applies shall report to the Director on the following matters for the preceding calendar year:
    1. The percentage of times that a person equipped to provide any type of defibrillation has arrived on-scene to provide defibrillation to sudden cardiac arrest patients within six minutes of the time notice is received.
    2. The percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to sudden cardiac arrest patients or other patients categorized as CTAS 1 within eight minutes of the time notice is received respecting such services.
    3. The percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to patients categorized as CTAS 2, 3, 4 and 5 within the response time targets set by the upper-tier municipality or delivery agent under its plan established under subsection (2). O. Reg. 267/08, s. 1 (2); O. Reg. 368/10, s. 1 (2).

In conclusion, it is recommended that the Paramedic Services Committee recommends to County Council that the performance measure targets for 2018 as listed below, be approved and submitted to the Ministry of Health and Long Term Care on or before October 31, 2017.



**BRUCE**  
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CTAS SCA - The community response time target to Sudden Cardiac Arrest calls should be 6 minutes or less 30% of the time.

- CTAS 1 - The land ambulance response time target to non-cardiac arrest calls should be 8 minutes or less 45% of the time.
- CTAS 2 - The land ambulance response time target should be 10 minutes or less 50% of the time.
- CTAS 3 - The land ambulance response time target should be 15 minutes or less 70% of the time.
- CTAS 4 - The land ambulance response time target should be 20 minutes or less 85% of the time.
- CTAS 5 - The land ambulance response time target should be 25 minutes or less 90% of the time.

#### Financial/Staffing/Legal/IT Considerations:

There are no financial, staffing, legal, or IT considerations associated with this report.

#### Interdepartmental Consultation:

N/A

#### Link to Strategic Goals and Elements:

Goal # 1 - Develop and implement tactics for improved communications:

Element G - Leadership based on consensus direction with acceptance of calculated risks.

Goal # 6 - Explore alternate options to improve efficiency, service:

Element B - Develop system for measuring our processes and their successful desired outcome.

Goal # 10 - Develop KPIs that are meaningful and report on them:

Element A - Set measurable goals and evaluate against them.

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Written by: Raymond Lux - Chief of Professional Standards

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Kelley Coulter  
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