



Paramedic Services Committee Agenda

Thursday, November 1, 2018

9:30 a.m.

Council Chambers, County Administration Centre,
Walkerton, Ontario

1. Declaration of Pecuniary Interest

2. Information Items

A. Inter-facility Transfer Call Volumes (attached)

3. Act on Recommendations

That in accordance with the Procedure By-law, staff be authorized and directed to give effect to the actions of the Paramedic Services Committee in respect of all resolutions passed during the November 1, 2018 meeting.

4. Next Meeting

December 6, 2018

5. Adjournment



Committee Report

To: Warden Paul Eagleson
Members of the Paramedic Services Committee

From: Michael McKeage
Director of Health Services

Date: November 1, 2018

Re: Interfacility Transfer Call Volumes

Recommendation:

The report on Interfacility Transfer Call Volumes is for information.

Background:

The transfer of patients from one healthcare facility to another is coordinated by the Ministry of Health and Long Terms Care's (MOHLTC) Ambulance Communications Center (ACC) located in London. As a condition of Paramedic Service's funding agreement with the MOHLTC, Bruce County Paramedic Service is committed to provide transfer services as directed by the ACC.

Depending on the acuity of a patient's condition there are three modes of interfacility transfer which can be used to facilitate their transport. Ornge could be used for patients requiring ongoing critical care during their transportation. The Bruce County's Paramedics supports the needs of patients requiring the services of Primary Care Paramedics. More complex patients can be transported by Paramedic Services if the sending hospital assigns a nurse or physician to provide care during transport. The third would be a private transfer service which currently is contracted by the hospitals to Voyageur.

As the MOHLTC continues to centralization of medical specialists into Centers of Excellence there will be a continuing need to transfer patients to and from these facilities which are outside of Bruce County. In addition, changes in the treatment protocols for conditions such as strokes and cardiac conditions can see patients, who were treated in their local hospital today for these conditions, required to be transferred to another facility tomorrow so they can receive the appropriate level of care or diagnostic services. Paramedic Services is carefully monitoring discussions surrounding these potential changes as the direct transfer of

patients to healthcare facilities outside Bruce County would place increased pressures on the service's current deployment plan as units may have to travel as far as London.

Emergency transfer call volumes have fallen for the second year after steady annual increases between 2012-2016. (Table 1 Bruce County Paramedic Services Call Profile by Transfer Type 2011-2018). The volume of Emergency transfers projected for 2018 is comparable to 2011's call volumes.

Table 1 Bruce County Paramedic Services Call Profile by Transfer Type 2011-2018

	2011	2012	2013	2014	2015	2016	2017	2018 (expected)
All Calls (including standbys)	10385	10685	10488	10597	10617	10985	11570	11603
All Stand by Calls (Code 8)	3374	3685	3681	3835	4143	4271	4587	4488
All Code 3 Calls	2052	1979	2093	2381	2529	2648	2742	2655
All Code 4 Calls	2995	3243	3218	3530	3407	3697	3956	4246
Code 3 Emergency Transfers	742	756	796	988	1062	1179	974	695
Code 4 Emergency Transfers	149	248	263	307	273	355	327	293
All Code 3 and 4 calls less Code 3 and 4 Transfers	4156	4218	4252	4616	4601	4811	5397	5913
Non- Emergency Transfers (Code 1 and 2)	1676	1606	1387	754	452	284	236	172

Non-emergency transfers transported by Bruce County Paramedic Services have decreased significantly over the last seven years. This is due to strategies put in place by Paramedic Services, community hospitals and the LHIN to set a criteria-based framework as to when

Paramedic Services should be called for interfacility transfers. The majority of these transfers are now facilitated by alternate means of such as private transfer service (Voyageur), taxis, or family members.

The number of emergency calls which the Bruce County Paramedic Services respond have increased on an annual basis since 2011 (Table 1 Bruce County Paramedic Services Call Profile by Transfer Type 2011-2018). Much of this increase is assumed to be due to increases in seasonal populations, an aging population, and an overall increased awareness of the paramedic profession and the services which they can provide.

Bruce County Paramedic Services Call Volume by Community 2011-2018 (Table 2) shows the call volume increases for prompt and emergency calls (Code 3 and 4) by each Lower Tier Municipality from 2011 to 2018.

Table 2 Bruce County Paramedic Services Call Volume By Community 2011-2018

	2011	2012	2013	2014	2015	2016	2017	2018 (to Sept 30)	2018 (predicted)	% change (2011 - 2018)
South Bruce	110	112	118	112	125	115	132	124	165	50%
Brockton	512	562	631	688	660	775	865	616	821	60%
Huron-Kinloss	234	228	257	268	252	295	317	241	321	37%
Kincardine	828	1014	876	1166	1241	1234	1191	850	1133	37%
Saugeen Shores	1075	1063	1085	1129	1180	1268	1387	1117	1489	38%
Arran- Elderslie	364	407	363	438	413	444	468	374	498	37%
South Bruce Peninsula	864	885	922	999	1019	1028	1102	894	1192	38%
North Bruce Peninsula	411	362	402	495	472	474	517	402	536	30%
Saugeen First Nations	112	102	126	123	100	137	131	113	150	34%
Cape Croker	70	75	74	88	115	80	125	71	94	34%

The Ambulance Communications Center (ACC) does send alerts to the Paramedic Services when there are three or less ambulances available in Bruce County. Classified as a "Code Critical" in the Bruce County Paramedic Services Deployment Plan, the three remaining units will be positioned in Mar, Burgoyne, and Kinloss to attempt to provide balance coverage to the County until other ambulances are available.

Based on ACC data analysis from Sept 2016 to Dec 2017, in Bruce County code critical alerts occurred 50% of the days in the year with 65% of those times between 19:00 and 07:00. These

events where there are 3 ambulances or less ambulances are available to respond to calls last for an average of 135 minutes. The ACC is unable to determine how often or what severity of calls occur during these periods. When this data is available it will be a valuable indicator of where and when systems stressors occur.

Paramedic Services is monitoring response times and call volumes. Bruce County Paramedic Services Average Response Time for Emergency Calls 2011-2018 (Table3) denotes an increase of 0:26 seconds in the average county response time since 2011.

Table 3 Bruce County Paramedic Services Average Response Time for Emergency Calls 2011-2018

	2011	2012	2013	2014	2015	2016	2017	2018	Increase
Average Response Time for Emergency Calls	10:13	9:43	10:12	10:25	10:35	10:38	10:25	10:39	0:26

The Department of Health Services Q-3 report notes that length of time from crew notification to arrival for the highest priority calls - 90th percentile remains within expected norms.

Financial/Staffing/Legal/IT Considerations:

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

Interdepartmental Consultation:

N/A

Link to Strategic Goals and Elements:

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

Approved by:



Kelley Coulter
Chief Administrative Officer