

EMERGENCY MEDICAL SERVICES

VALUE STATEMENT

I expect if I have a medical emergency, the ambulance will arrive in a timely manner; and I will be assessed, cared for and/or delivered to an appropriate destination, promptly and safely as required.

Emergency Medical Services

What is this Service?

Emergency Medical Services (EMS), increasingly referred to as paramedic services, provides emergency care to stabilize a patient's condition, initiates rapid transport to hospitals, and facilitates both emergency and non-emergency transfers between medical facilities.

Objectives May Include:

- All people should have equal access to ambulance services.
- Paramedic services are an integral part of the overall health care system.
- The most appropriate paramedic assigned resource will respond to a patient regardless of political, administrative or other artificial boundaries.
- Ambulance service operators are medically, operationally and financially accountable to provide service of the highest possible caliber.
- Ambulance services must adapt to the changing health care, demographic, socio-economic and medical needs in their area.

Influencing Factors:

1. **Community Services:** Community para-medicine, tactical teams, multi-patient transport units, bike and marine teams are examples of services being provided by municipalities to meet the needs of their community. System design and service delivery are impacted by the ratio of Advanced Care Paramedics vs. Primary Care Paramedics.
2. **Demographics:** Age and health status of the population has an impact on the number and severity of calls. An older population can increase the demand for services, as can seasonal visitors and the inflow of workers from other communities during the day.
3. **Dispatch:** The system, processes and governance of the dispatch impact the efficiency and effectiveness of the land ambulance operation. Local control or influence of dispatch operations has a direct influence on Emergency Medical Services/Paramedic Services operations. The majority of dispatch centers in Ontario are operated directly by the Ministry of Health.
4. **Governance:** All Emergency Medical Services/Paramedic Services operations are governed and regulated provincially pursuant to the Ambulance Act including minimum operational standards. Budgeted Resources, Local Response Times Standards and Deployment Plans are mandated by Council.
5. **Hospital Delay:** Emergency Medical Services/Paramedic Services face varying lengths of delays in the off-load of patients at local hospitals, which can impact the resources required and availability to respond to calls.
6. **Non-Residents:** Visitors, workers, tourists and out of town hospital patients can increase the call volume but are not reflected in the measures (population is that of the municipality only).

7. Urban vs. Rural: Mix of urban vs. rural geography can influence response time and cost factors. Traffic congestion can make navigating roads more difficult, resulting in longer response times. Large rural geographic areas can make it challenging to provide cost-effective, timely emergency coverage.
8. Vehicle Mix: Emergency Medical Services/Paramedic Services use a variety of response vehicles which have differing levels of staffing, such as multi-patient transport units, bicycle and marine teams.

Extenuating Circumstances:

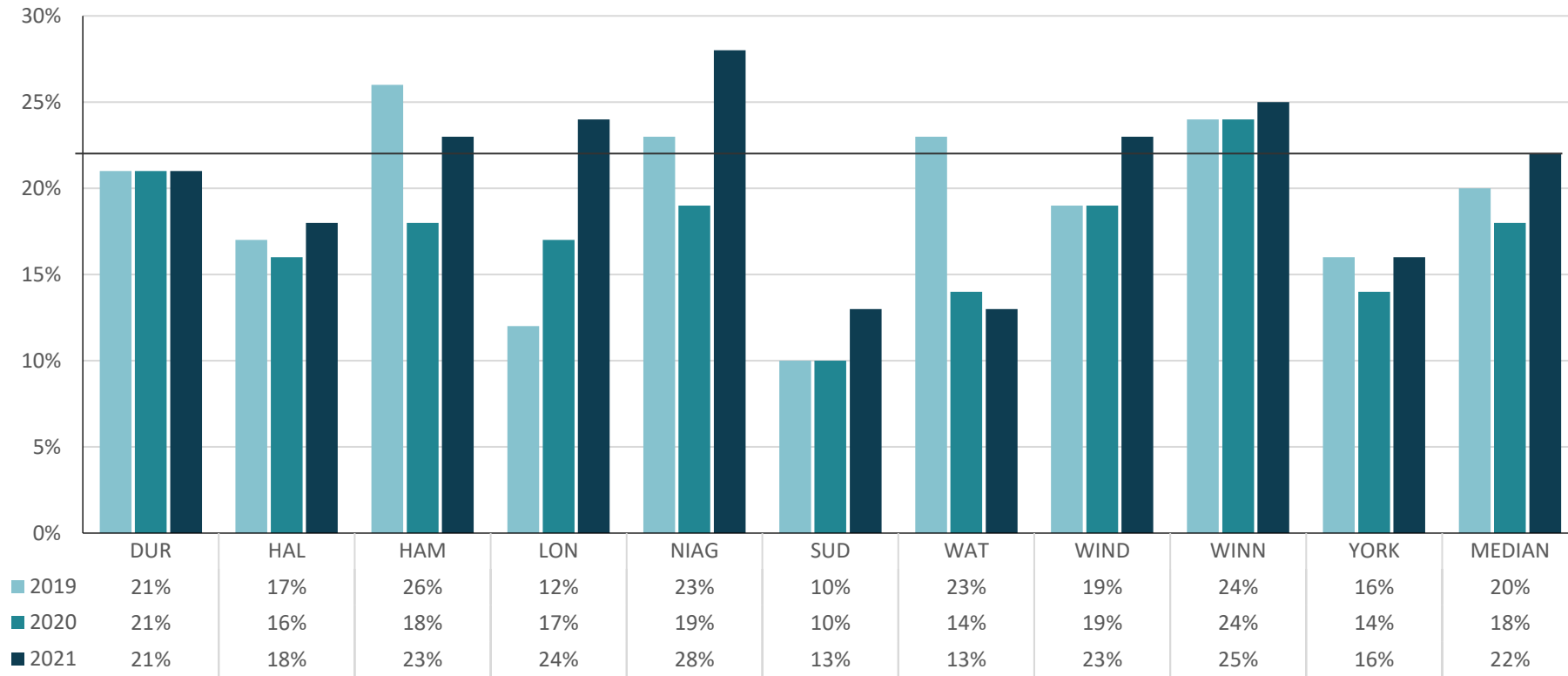
- **COVID-19 Pandemic:** The pandemic impacted various aspects in the service delivery of paramedic services. While overall call volume decreased from 2019 to 2020 and the service delivery cost increased substantially, in 2021 call volumes returned to pre-pandemic levels. Strains in the healthcare systems in general - lack of primary care providers and staffing shortages in hospitals are impacting and continue to impact Paramedic operations. Additionally, given that the pandemic is ongoing, supplies and equipment related costs are similar to 2020.

Emergency Medical Services

EMDS150 - Percent of Ambulance Time Lost to Hospital Turnaround

Time spent in hospital includes the time it takes to transfer a patient, delays in transfer care due to lack of hospital resources (off-load delay), paperwork and other activities. The more time paramedics spend in the hospital process equates to less time they are available to respond to calls.

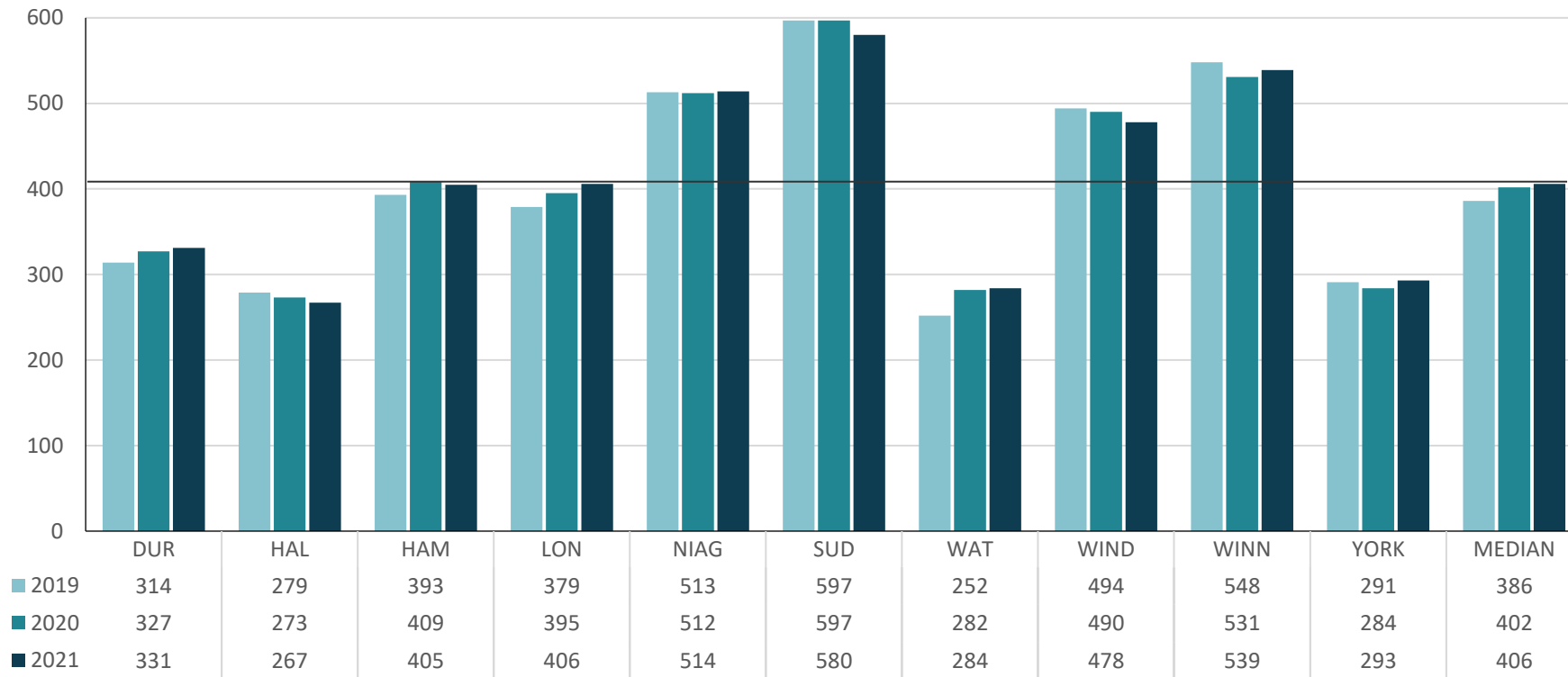
NOTE: Offload delays, patient flow and hospital turnaround times have caused an increase in Ambulance Time Lost for all municipalities.



Emergency Medical Services

EMDS226 - EMS Weighted Vehicle In-Service Hours per 1,000 Population

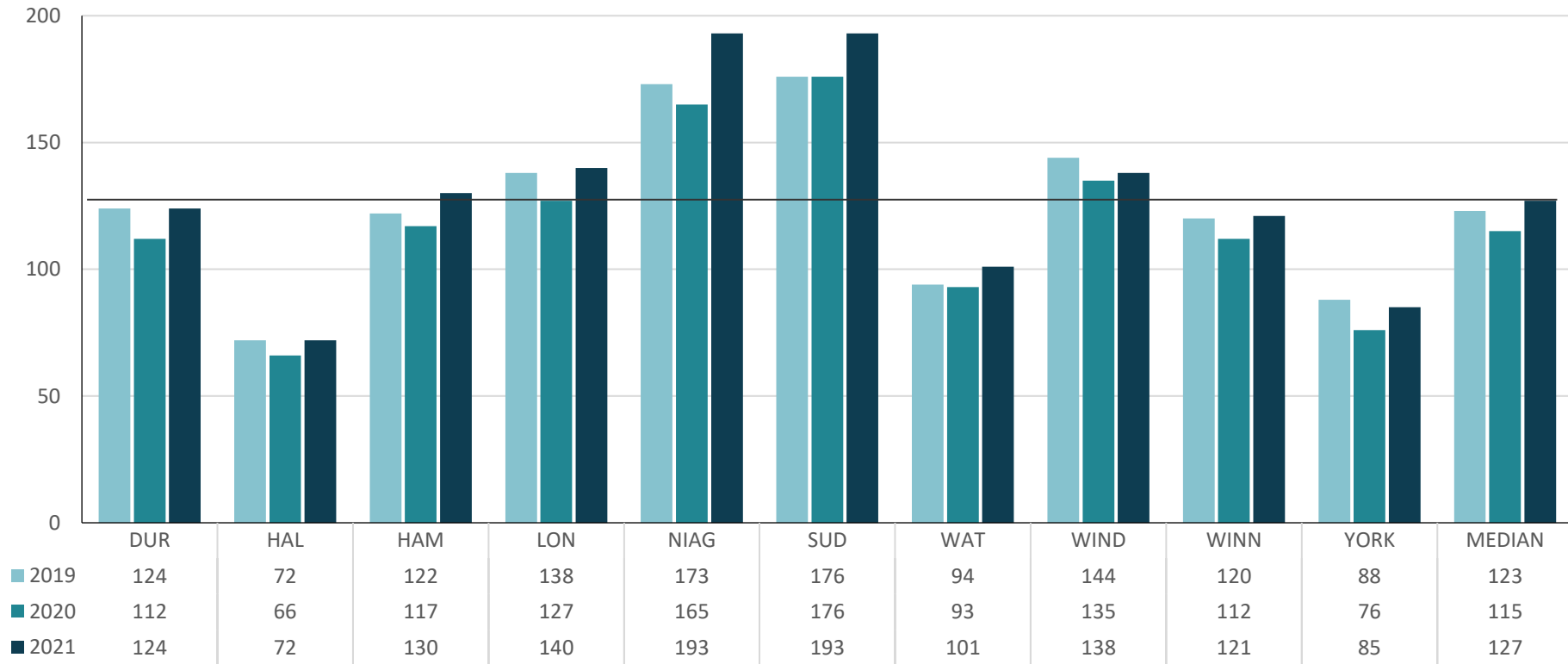
'In-Service Hours' refers to only the hours that vehicles are available for service.



Emergency Medical Services

EMDS229 - Unique Responses per 1,000 Population

This measure refers to the number of unique events responded to by Emergency Medical Services (EMS). This does not reflect the total number of EMS vehicles responding to events. NOTE: Demand for paramedic services is returning to pre-pandemic levels, causing increases in unique responses across all municipalities.



Emergency Medical Services

EMDS306T - EMS Total Cost per Weighted Vehicle In-Service Hour

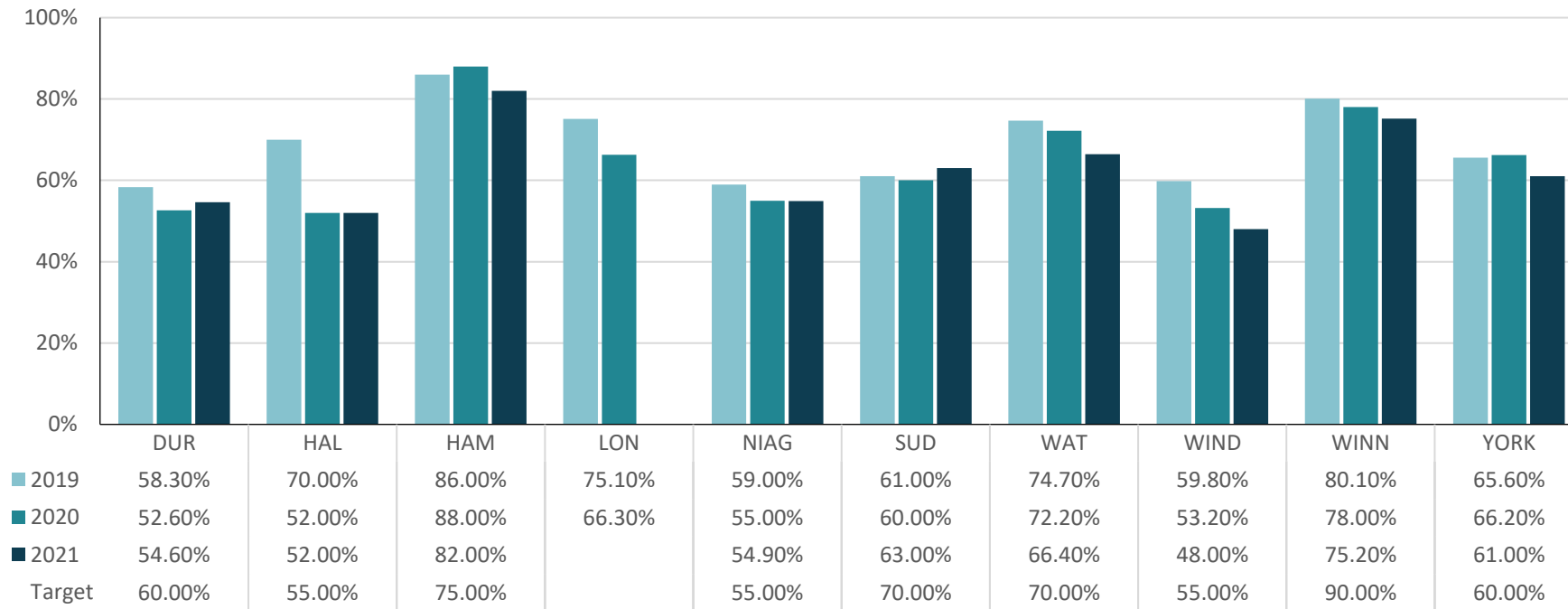
This measure represents total costs to provide Emergency Medical Services on an 'In Service Hour' basis. 'In Service Hour' refers to the hours that vehicles are available.



Emergency Medical Services

EMDS430 - Response Time Performance Standard - Sudden Cardiac Arrest Within Six Minutes (SCA within 6 minutes)

The measure reflects the actual percentage of time any person equipped with a defibrillator arrives on scene to provide defibrillation to a sudden cardiac arrest patient within six minutes of the time notice is received from dispatch. Annually, each service is able to determine and set the percentage of compliance for this measure, which is identified in the table as a target. Any person with a defibrillator stops the clock on this measure so the paramedic (service) is required to capture the time of arrival for any defibrillator by a non-paramedic party. These times are reflected as procedure code 385 with a soft time (best estimate) provided by the attending paramedic. The response time is calculated based on the crew notified (T2) time of the first vehicle being notified of the call and the arrived scene (T4) time of the first vehicle to reach the scene.

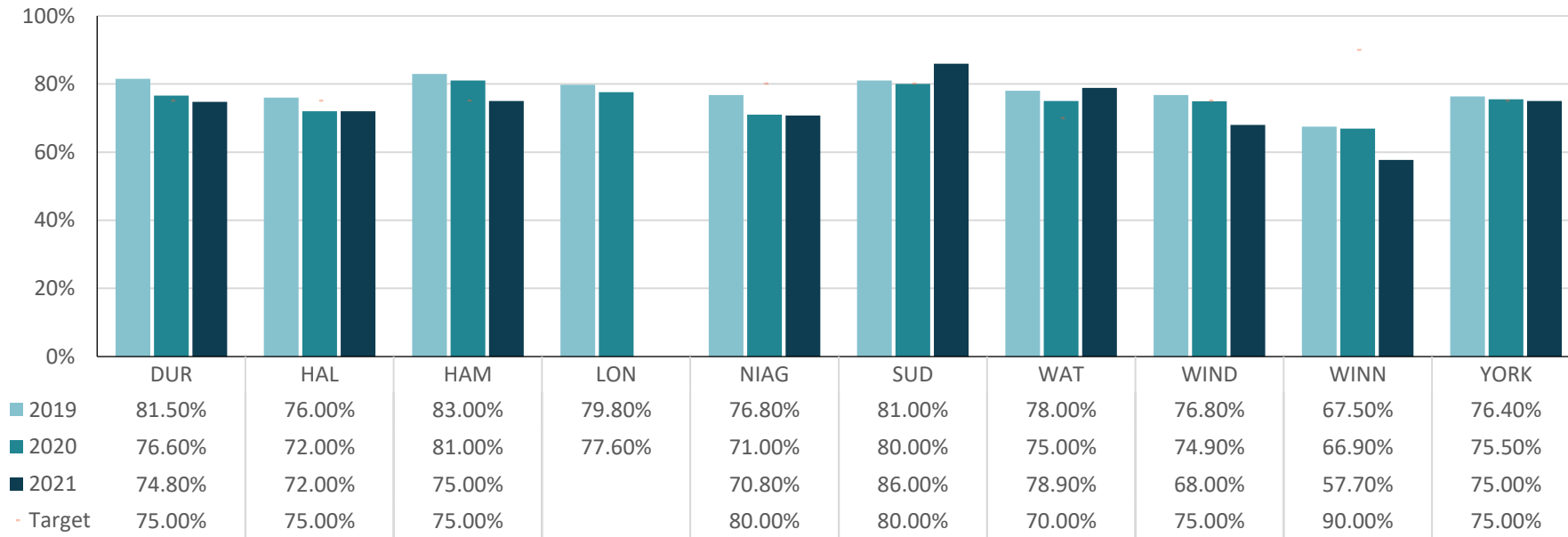


London: 2021 data pending and not available at time of publication.

Emergency Medical Services

EMDS431 - Response Time Performance Standard - Canadian Triage & Acuity 1 (CTAS 1)

This measure reflects the actual percentage of time 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. The Canadian Triage & Acuity Scale is a standardized tool that enables emergency departments and Paramedic services to prioritize care requirements according to the type and severity of the presenting signs and symptoms. Patients are assigned a CTAS level between 1 – more severe, life threatening; and 5 – least severe. Annually, each service may determine and set the percentage of compliance for this measure, which is identified in the table as a target. The response time is calculated based on the crew notified (T2) time of the first vehicle being notified of the call and the arrived scene (T4) time of the first vehicle to reach the scene.



London: 2021 data pending and not available at time of publication.

Emergency Medical Services

EMDS480 - 90th Percentile Call Processing Time (Dispatch) - EMS T0 -2 Code 4 (AMPDS 1 and 2/DE, optional in C) (HH:MM:SS)

The Ministry of Health directly operates all land ambulance dispatch service in Ontario with the exception of Niagara and Toronto. Dispatch time is the time from a phone call being received to the EMS unit being notified. Code 4 refers to the highest priority calls. 90th percentile means that 90% of all calls of the service have a dispatch time within the period reflected in the table.

MUNICIPALITY	Actual 90th Percentile Call Processing Time (Dispatch) EMS T0-2, Code (AMPDS 1 and 2/DE, optional in C) (min:sec)		
	2019	2020	2021
DUR	3:54	4:03	4:15
HAL	3:18	4:15	3:34
HAM	3:15	3:14	3:16
LON	3:31	3:34	3:50
NIAG	2:25	2:39	1:55
SUD	2:38	2:46	2:51
WAT	3:18	3:20	3:17
WIND	3:05	3:08	5:29
WINN	3:10	3:18	3:28
YORK	3:22	3:15	3:55
MEDIAN	3:16	3:16	3:31

Windsor: Data is currently under review.