



Committee Report

To: Councillor Don Murray, Chair and
Members of the Paramedic Services Committee

From: Steve Schaus
Director of Paramedic Services

Date: March 2, 2023

Re: 2022 CTAS Performance Plan - 1

Staff Recommendation:

The 2022 CTAS Performance Plan Report is for information.

Background:

Bruce County Paramedic Services is required under current legislation to submit on an annual basis our CTAS Response Time Report to the Ministry of Health and Long-Term Care (MOHLTC) related to ambulance response time targets within the County.

There are 6 set criteria that are measure under our Response Time Target Plans. Five of the performance targets are measured by response times related to patient presentation as indicated by the Canadian Triage and Acuity Scale (CTAS) however, one of the six criteria is based on community response to patients in sudden cardiac arrest (SCA). The response time targets and criteria set by the MOHLTC are described below:

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 (6) 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 (8) 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).

CTAS is described as:

CTAS SCA: required CPR and resuscitation techniques due to Sudden Cardiac Arrest.

CTAS 1: requires resuscitation and includes conditions that are threats to life or imminent risk of deterioration, requiring immediate aggressive interventions (for example, major trauma or shock states.)

CTAS 2: requires emergent care and includes conditions that are a potential threat to life or limb functions, requiring rapid medical intervention or delegated medical acts (for example head injury, chest pain, or internal bleeding).

CTAS 3: requires urgent care and includes conditions that could potentially progress to a serious problem requiring emergency intervention (for example mild to moderate asthma, moderate trauma or vomiting and diarrhea in patients younger than two years).

CTAS 4: requires less-urgent care and include conditions related to patient age, distress or potential for deterioration or complications that would benefit from intervention (for example urinary symptoms, mild abdominal pain or earache).

CTAS 5: requires non-urgent care and includes conditions in which investigations or interventions could be delayed or referred to other areas of the hospital or health care system (for example sore throat, conditions related to chronic problems or psychiatric complaints with no suicidal ideation or attempts).

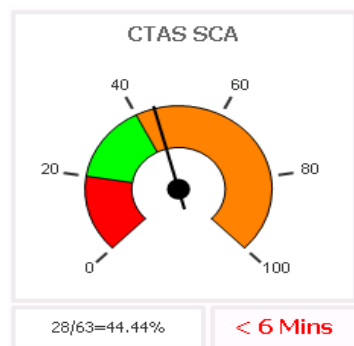
Bruce County Paramedic Services is therefore reporting the following data:

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.

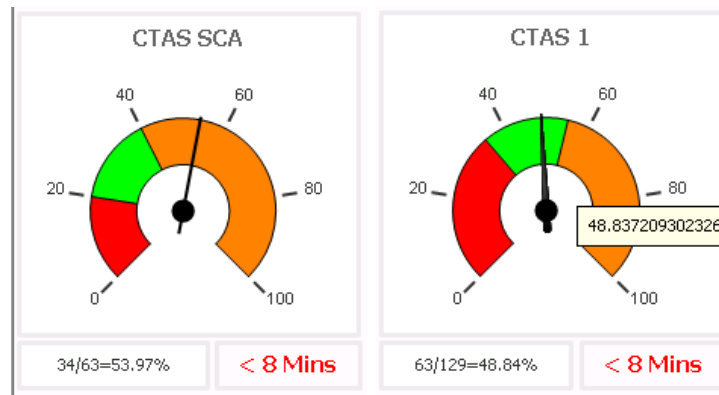
As per our current CTAS response time plan previously submitted, the following statement reiterates that we do not have complete access to this information.

“Further, that since neither the Corporation of the County of Bruce nor Bruce County EMS has access to the response time information of other agencies or parties, the Warden on behalf of Council has written to the Premier and to Minister of Health and Long-Term Care stating that the Corporation of the County of Bruce and Bruce County EMS should not be held responsible or accountable to report the response times of other agencies or parties as specified in Ontario Regulation 257/00 Part VIII section 23. (7) (1).”

The percentage of times for an **ambulance response** to SCA patients within 6 minutes is 44.4%.



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.



Combining these two values gives a value of 50.5% for responding in 8 minutes or less.

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).



The targets we have set for these response times as per our previously submitted performance plan for 2022 show that we have met all targeted benchmarks. The geographic nature of Bruce County being mostly rural makes our targets difficult to achieve, this is the first year that the targets have all fully been met since setting the benchmarks at these levels in 2017. KPI's are partially set by the Ministry of Health however, we are given the opportunity to set part of the plan.

A report to the Paramedic Services Committee on **October 5, 2017** defined our CTAS Response Time Plan, for 2023 they will remain the same.

Performance Measure	Target	Actual
Ambulance response to SCA in 6 minutes	30%	44%
Ambulance response to SCA or CTAS 1 in 8 minutes	45%	50%
Ambulance response to CTAS 2 in 10 minutes	50%	53%
Ambulance response to CTAS 3 in 15 minutes	70%	70%
Ambulance response to CTAS 4 in 20 minutes	85%	85%
Ambulance response to CTAS 5 in 25 minutes	90%	93%

Financial/Staffing/Legal/IT Considerations:

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

Interdepartmental Consultation:

None

Link to Strategic Goals and Elements:

Goal #9. Develop Key Performance Indicators (KPI's) that are meaningful and report on them.
Element A. Set measurable goals and evaluate against them.
Element B. Build in accountability and evaluation mechanisms.

Report Author:

Raymond Lux
Deputy Chief

Departmental Approval:

Steve Schaus
Director of Paramedic Services

Approved for submission:

Derrick Thomson
Chief Administrative Officer