

**To: Warden and Members of County Council**

**From: Director of Paramedic Services**

## 2024 Land Ambulance Response Time Performance Plan

### RECOMMENDATION

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1. That Oxford County Council approve the 2024 Land Ambulance Response Time Performance Plan as set out in Report No. PS 2023-01.

### REPORT HIGHLIGHTS

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- Ontario Regulation 257/00 (Part VIII) mandates every municipality providing land ambulance services to approve and forward a Land ambulance response time performance plan to the Director of the Emergency Health Regulatory and Accountability Services Branch (EHRAB) before October 31st annually.
- The proposed response time performance plan remains consistent with previously approved response time performance plans for 2015 – 2023.
- The Oxford plan has been benchmarked for consistency with other municipal plans.
- Emergency call volume in 2022 has increased significantly from 2018 and is trending upwards in 2023. YTD response time performance projections indicate CTAS 1 targets may not be met in 2023.

### Implementation Points

Once the plan is approved by Council, it will be submitted to the Ministry of Health, Emergency Health Regulatory and Accountability Branch, (EHRAB) where it will be publicly available on their website. Oxford County Paramedic Services is required to continually monitor compliance with the plan and investigate all occurrences where response times did not meet requirements.

Prior to March 31st of each year, the County is required to report actual compliance with the approved plan for the preceding year to the Director of EHRAB.







### Financial Impact

There is no financial impact that will result based on the recommendation contained in this report.

### Communications

Required submissions to the EHRAB will be provided in accordance with the legislation and service agreement requirements.

**Strategic Plan (2020-2022)**

					
<i>WORKS WELL TOGETHER</i>	<i>WELL CONNECTED</i>	<i>SHAPES THE FUTURE</i>	<i>INFORMS &amp; ENGAGES</i>	<i>PERFORMS &amp; DELIVERS</i>	<i>POSITIVE IMPACT</i>
				5.ii.	

**DISCUSSION**

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**Background**

From 2013 onwards, the Ambulance Act's Ontario Regulation 257/00 (Part VIII) mandates every municipality providing land ambulance services to approve and forward a land ambulance response time performance plan to the Director of the Emergency Health Regulatory and Accountability Services Branch (EHRAB) before October 31st annually.

These plans outline the target response time and the rate of accomplishment for patients graded 1 to 5 on the Canadian Triage Acuity Scale (CTAS). The regulation sets an 8-minute response time for the most urgent CTAS 1 patients. Municipalities can set their own response times for less urgent CTAS 2-5 patients and the success rate for all CTAS levels. The measured response time starts when the paramedic team is alerted and ends when the first team arrives on the scene.

**Table 1 – Canadian Triage Acuity Scale Levels**

<b>CTAS Level</b>	<b>Clinical Presentation</b>
CTAS 1 Resuscitation	Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions. Cardiac arrest/major trauma/severe respiratory distress.
CTAS 2 Emergent	Conditions that are a potential threat to life, limb or function, requiring rapid medical intervention or controlled acts. Head injury/severe trauma/chest pain.
CTAS 3 Urgent	Conditions that could potentially progress to a serious problem requiring emergency intervention. May be associated with significant discomfort or affecting ability to function at work or activities of daily living. Moderate trauma/assault/moderate respiratory distress.

CTAS Level	Clinical Presentation
CTAS 4 Less Urgent	Conditions that relate to patient age, distress, or potential for deterioration or complications would benefit from intervention or reassurance within 1-2 hours. Minor trauma/abdominal pain/headache/back pain.
CTAS 5 Non-Urgent	Conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration. The investigation or interventions for some of these illnesses or injuries could be delayed or even referred to other areas of the hospital or health care system. (Sore throat/vomiting/minor symptoms.)

The performance plan aims to:

- Establish response time standards based on medical evidence.
- Match municipal performance with patient needs.
- Ensure accountable, transparent, and comparable reporting across municipalities.
- Allow municipalities to set different response times for varying patient severities, leading to a more efficient use of paramedic resources.

Alongside this, the municipality needs to report how often a person with a defibrillator arrived within six minutes to a sudden cardiac arrest case. However, there is no need for the municipality to set a target response time for this specific patient group.

## Comments

In developing the 2024 response time plan, we considered the targets as per regulations; the backing medical evidence; and the acceptable levels of customer service. Table 2 displays the 2023 approved Land Ambulance Response Time Performance Plan for Oxford County, alongside our current compliance with set targets from January 1 to June 30, 2023. Prior to 2023, we have been meeting the existing Oxford County Land Ambulance Response Time Performance Plan with our approved resources.

The Ten-Year Comprehensive Master Plan's service enhancements (as presented in [Report No. PS 2018-01](#)) have been fully implemented by Paramedic Services. However, response times for all CTAS levels have risen steadily since 2019. This increase is due to a substantial surge in emergency call volumes, especially over the past three years:

- 14,587 emergency calls in 2020.
- 17,250 emergency calls in 2021.

- 19,248 emergency calls in 2022, a 32% increase from 2020.
- 2023 call volume is tracking 10% higher than in 2022.

In 2022, the total call volume for Oxford County Paramedic Services (“stand-by” ambulance movements in addition to emergency calls) surpassed the low growth projections for 2026 in the 10-year Master Plan. No new frontline resources have been added since the 10-year master plan recommendations were implemented in 2018/19. To ensure ambulance availability for critical emergencies, non-urgent calls are held until enough ambulance resources are free. This practice became more frequent in 2022 and the first half of 2023, leading to longer response times for lower urgency calls (typically CTAS 3, 4, and 5). These effects, combined with rural ambulance resources responding to 911 calls in urban areas, have a greater impact on rural response times, as seen in the chart below. As CTAS 5 calls are fewer in number, these variations have a more significant effect on the consolidated response time. Our experience in 2023, to date, shows that this tactic is not enough to meet our CTAS 1 response time target.

**Table 2 – Response Time Performance**

CTAS Level	Regulatory Standard Response Time	Municipal Approved Response Time	Municipal Approved Percentile	2021 Actual Performance		2022 Actual Performance		2023 Year to Date Performance	
				System		System		System	
				Urban	Rural	Urban	Rural	Urban	Rural
1	<8 Minutes		70%	<b>75.4%</b>		<b>74.9%</b>		<b>68.9%</b>	
				89.7%	44.0%	90.6%	43.2%	89.2%	36.5%
2		<10 Minutes	80%	<b>81.3%</b>		<b>80.2%</b>		<b>80.6%</b>	
				94.3%	52.6%	92.8%	50.9%	94.0%	49.1%
3		<15 Minutes	90%	<b>94.9%</b>		<b>91.6%</b>		<b>90.7%</b>	
				98.0%	85.2%	96.3%	77.3%	95.9%	76.6%
4		<15 Minutes	80%	<b>93.7%</b>		<b>89.8%</b>		<b>90.8%</b>	
				97.1%	81.3%	93.9%	74.8%	95.2%	74.0%
5		<15 Minutes	80%	<b>91.8%</b>		<b>90.3%</b>		<b>89.6%</b>	
				96.9%	76.9%	93.4%	74.8%	92.5%	72.7%

While preparing the 2024 plan, we reviewed 2023 plans from several municipalities. For CTAS levels 1, 2, and 3, 16 municipalities had targets identical or very similar to Oxford's plan. For CTAS levels 4 and 5, targets varied. Success rates for all criteria also varied. Apart from most of the GTA, which set a 75th percentile for all categories, it seems many have established percentile criteria based on historical performance, as in Oxford's Plan. The targets for CTAS levels 1 and 2 are crucial as they involve the largest patient group, where timely response and access to paramedic or hospital intervention are most beneficial.

Deviations are also considered when predicting future performance using historical data. Many factors that can influence performance are beyond Oxford County's control and might be unknown when developing the plans. These could include changes or increases in call volume,

delays in hospital off-loading, adverse weather, emergency department shutdowns, errors in dispatch prioritization, and changes in resource deployment by neighboring paramedic services on whom we rely for cross-border services.

### Medical Tiered Response

In 2022, we returned to using the full medical tiered response criteria, which had been scaled down during the COVID-19 pandemic to only include situations requiring urgent, life-saving actions. Since the tiered response criteria to life-threatening (CTAS 1) calls has not changed throughout the pandemic, our tiered response partners are being utilized to their full potential for this patient cohort.

It is important to note that we will need to thoroughly review and update the medical tiered response agreements and response criteria in 2025/26. This is when the London Central Ambulance Communications Centre plans to implement an updated medical triage tool.

### Conclusions

Although we met the Oxford County Land Ambulance Response Time Performance Plan's targets in 2021 and 2022 using the resources we have, if the current trends in emergency call volume and response times continue throughout 2023, we will have to consider additional resources to meet the CTAS 1 response time targets, which are in line with those used by many other Ontario municipalities and have been consistently applied since 2015.

## SIGNATURES

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### Departmental Approval:

Original signed by

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Ryan Hall  
Director of Paramedic Services

### Approved for submission:

Original signed by

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Benjamin R. Addley  
Chief Administrative Officer