

Emergency Medical Services



Conseil des Services du District de
Manitoulin-Sudbury
District Services Board

Ambulance Act

- Piece of legislation that governs the way an ambulance service in Ontario is operated.
- Lays out definitions and responsibilities of what is required to be a certified delivery agent.
- Manitoulin-Sudbury DSSAB is the Designated Delivery Agent (DDA) for this area.
- As the DDA our goal is to provide a land ambulance service that meets the needs of the people within our area.



MOHLTC responsibilities

- Dispatching of Ambulance Services
 - Currently accomplished through 3 Central Ambulance Communications Centres (Sudbury, Sault Ste. Marie, & Timmins)
- Base Hospital Services
 - Recently amalgamated into one regional site from 3. Now called the Northeastern Ontario Prehospital Care Program based out of Sudbury.
- Setting Standards and Ensuring Compliance
 - Through a 3 year certification cycle



Key EMS Responsibilities

Provide a service that includes all aspects of land ambulance operations including:

- Personnel, vehicles, and equipment
- Type of service (on-site versus on-call)
- Quantity and level of service

Responsible for all costs associated with the provision of these services:

- 50/50 cost share with province on "Approved Costs"



Manitoulin Sudbury EMS/SMU

- 12 EMS Station Locations
 - Sudbury East: Noëlville, Hagar, Killarney
 - Sudbury North: Chapeau, Foleyet, Gogama
 - La Cloche: Espanola, Massey
 - Manitoulin Island: Little Current, Mindemoya, Gore Bay, Wikwemikong (Wikwemikong is operated by DSSAB on behalf of the Province)
- 5 Volunteer Emergency First Response Teams
 - Cartier, Cockburn Island, French River Delta, St. Charles, Tehkummah



Operations

- Logistical Resources
 - 23 Ambulances
 - 3 Emergency Response Vehicles
 - 1 Logistics Unit
 - 1 Administrative Vehicle
 - 4 Emergency First Response Team Vehicles



Operations *continued*

Human Resources

- 60 Full-Time Primary Care Paramedics
- 52 Part-Time Primary Care Paramedics



Priority Codes for Service

Priority codes are the basis on which ambulances are dispatched

- Priority Code 1 - Deferrable
- Priority Code 2 - Scheduled
- Priority Code 3 - Prompt, not life threatening
- Priority Code 4 - Urgent life threatening
- Priority Code 8 - Emergency Standby

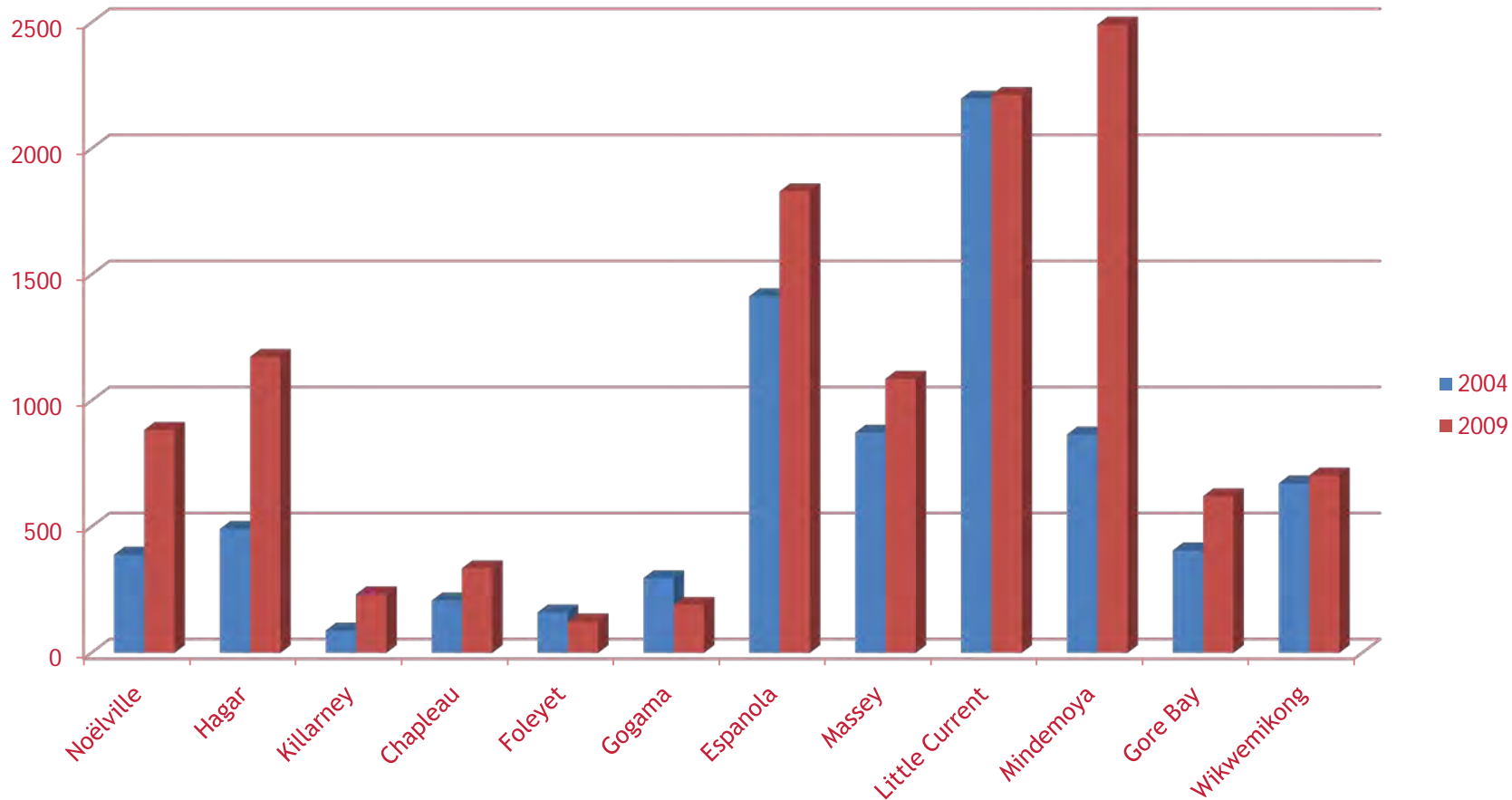


Call Statistics 2009

Comprehensive Analysis

Area	Code 1	Code 2	Code 3	Code 4	Code 8	Total	%
Sudbury East	47	18	207	881	1137	2290	19.2%
Sudbury North	23	128	102	335	61	649	5.7%
LaCloche	304	133	389	769	1322	2917	24.5%
Manitoulin Island	714	279	691	1481	2864	6029	50.7%
Total	1088	558	1389	3466	5384	11885	100%

2004 to 2009 Comparison



Response Times

Current 90th Percentile Response

- The current mandated minimum response performance for all code 4 calls, and is based upon responses in 1996.
- Manitoulin-Sudbury DSSAB's mandated 1996 90th percentile response time is 23 min 56 seconds.
- It is evident from previous slides that call volumes have drastically changed from 2004 to 2009.



NEW Response Time

- The 1996 standard does not reflect today's patient demographics, does not account for growth and does not consider medical-based evidence regarding enhancements in patient care.
- The MOHLTC is now challenging DDA's to create their own response times starting in 2011 based on certain principles.
- There are 3 separate response criteria based on the level of the patient's condition.



NEW Response Time *continued*

The 3 criteria in the new response time standard are:

1. What percent of the time will we have a defibrillator on scene within six (6) minutes of a sudden cardiac arrest?
2. What percent of the time will we have a paramedic on scene within eight (8) minutes for other critically ill patients?
3. What percent of the time will we have a paramedic on scene for less ill patients (CTAS 2-5) within response times that we as the DDA set?



NEW Response Time *continued*

- The new response time standard allows for greater municipal flexibility and is now patient outcome focused.
- Each DDA will submit their plans to the MOHLTC each autumn for the upcoming year.
- End results are to be reported to the MOHLTC by each March 31st of the following year.



Emergency First Response Teams & Tiered Response Agreements

- The DSSAB supports both EFRT's and Tiered Response agreements in an effort to increase efficient response times within the communities we serve.
- Goal of the recent review process was to have written documentation that clearly lays out the responsibilities of all parties.



Electronic Patient Care Reporting

- Paramedics are required by legislation to produce patient care charts for every patient.
- Historically this has been accomplished on paper.
- Will begin utilizing ZOLL Tablet EPCR in the second quarter of 2010.
- Advantages of the electronic system include: timeliness, no penmanship issues, compliance, statistical gathering.



Strategic Issues

- Continued commitment from the Government of Ontario to provide true 50/50 cost sharing
- Operating such a large geographical service under the control of 3 CACC's
- Provincial Ambulance Service Review (2010)
- Growth of the Public Access Defibrillator program
- Electronic advances in patient charting



QUESTIONS?

