

**Paramedic – Chronology of Council Approvals**

**August 9, 2000 – Regional Council Approves New Ambulance System**

The former Regional Council approved the new ambulance system design for the amalgamated City of Ottawa effective January 1, 2001. The report recommended resourcing investments, from the existing Ministry of Health (MOH) system to be downloaded from the Province to the City, to reduce high-density (urban) response times between 4:46 and 9:04 minutes and low density response times between 1:10 and 12:38 minutes, 90% of the time.

**December 12, 2001 – Council Approves Fitch Deployment Model**

City Council approved the Emergency Medical Services Deployment Model Implementation Strategy in keeping with the Fitch and Associates model to establish 90<sup>th</sup> percentile response time standards as follows:

<b>Response Times - Priority 4 “life threatening” Calls (90% of the time)</b>				
<b>Zone</b>	<b>MOH 2000</b>	<b>End of Year 2001</b>	<b>End of Year 2002</b>	<b>End of Year 2003*</b>
-High Density	14:35	12:59	10:59	8:59
-Low Density	22:41	18:59	16:59	15:59
* End state per industry standards				

**April 24, 2002 – Council Receives Year 1 Review**

City Council received the Emergency Medical Services – System Design – Year 1 review. That report advised that 2001 response times had been achieved as follows:

<b>Response Times - Priority 4 “life threatening” Calls (90% of the time)</b>								
<b>2001</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
	13:33	12:41	12:31	12:24	19:46	18:55	19:42	17:25
<b>Fitch Target</b>	12:59				18:59			

The report noted that the single biggest challenge facing Ottawa EMS and the implementation of the Fitch design is the lack of control of Dispatch, with dispatch times tracking as follows:

<b>Dispatch Response Times - Priority 4 Calls</b>				
	<b>T0-T2</b>			
<b>2001</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
	2:54	2:47	3:00	2:51
<b>Fitch Target</b>	1:30			

Note: no distinction is made between calls dispatched to high or low density areas of the City

**October 28, 2002, Emergency and Protective Services Committee receives report confirming staff's successful bid to operate CACC**

At its meeting of May 8, 2002 Ottawa City Council approved a motion directing staff to submit a proposal to the Ministry of Health and Long Term Care to operate the Ottawa Central Ambulance Communication Centre (CACC) that had been operated by the Sisters of Charity of Ottawa Health Service (SCO) with funding from MOHLTC.

The Year 1 report received by Council in April 2002 had cited the lack of control of dispatch as the single biggest challenge facing Ottawa EMS:

“In order for Ottawa EMS to truly have an effect on response times requires the complete download of dispatch, defined minimally as full control of dispatch including policies and procedures that will allow for a medically driven, performance-based centre that employs reliable public reporting. As the Fitch Report states “anything less will not lead to success.”

In August 2002 the Ministry notified the City of Ottawa of its successful bid for the assumption of responsibility for CACC operations.

The City assumed responsibility of the CACC in November 2002.

**February 26, 2003 – Council Receives Year 2 Review**

City Council received the Emergency Medical Services – System Design – Year 2 review.

Ottawa EMS achieved a response time of 10:50 (90% of the time) in the High Density area and 16:30 (90% of the time) in the Low Density areas as set out in the following table:

<b>Full Response Times - Priority 4 “Life Threatening” Calls</b>			
<b>High Density</b>		<b>Low Density</b>	
<b>Pre-Download 14:35</b>		<b>Pre-Download 22:41</b>	
<b>2001 Target</b>	<b>2001 Actual</b>	<b>2001 Target</b>	<b>2001 Actual</b>
<b>12:59</b>	<b>12:24</b>	<b>18:59</b>	<b>17:25</b>
<b>2002 Target</b>	<b>2002 Actual</b>	<b>2002 Target</b>	<b>2002 Actual</b>
<b>10:59</b>	<b>10:50</b>	<b>17:59</b>	<b>16:30</b>

In 2002, total calls responded to by EMS increased by 10% (from 72,450 to 79,856) with the number of Code 4 (life threatening) calls increasing by 17% (from 36,753 to 42,915) over the previous year.

Notwithstanding that the volume of Code 4 calls increased by over 500 per month in 2002, Ottawa EMS successfully exceeded targeted 2002 response times in both the high and low density call volume areas of the City.

Factors contributing to improved response times and enhanced patient care include:

- Increasing the number of paramedic FTEs by 40 [from 221 to 261] (+18%)
- Increasing the number of Emergency Response Vehicles by 13 [from 39 to 52](+33%)
- Strategic use of EMS resources such as the EMS Bike Team
- Continued enhancement of medical training

### **January 28, 2004 – Council Approves Report Re., New Paramedic HQ**

At its meeting of January 28, 2004 Council approved a report authorizing the design, construction, financing and operation of a 100,000 square foot Ottawa Paramedic Service Headquarters facility located in the Ottawa South Business Park as part of a P3 initiative.

The 24/7 facility, which was ready for occupancy in December 2005, provides a central location from which to deploy paramedics and consolidate all paramedic training at a single facility. In addition, the Headquarters offers centralized processing of all emergency vehicles and equipment along with improved facilities for public training programs such as Public Access Defibrillation and CPR. With a host of energy-saving features, the Ottawa Paramedic Service Headquarters was the City of Ottawa's first facility to be LEED (Leadership in Energy and Environmental Design) certified, with many more energy-efficient projects in progress

The City is a tenant of the facility, which is property managed by the P3 provider with the City repaying the capital cost over the term of the agreement, including lifecycle renewal to ensure timely capital reapers to the facility, over a 30 year term expiring in 2035, at which point the land and facility reverts back to the City for one dollar.

### **October 14, 2004 – Tabling of Six Month Review at EPS Committee**

"Ottawa Paramedic Service – Six Month Review" report was tabled at the Emergency and Protective Services (EPS) Committee for full consideration by EPS at its meeting of October 28.

At its meeting of June 10, 2004 EPS Committee requested staff to report back with a review of Ottawa Paramedic Service operations for the first six months of 2004 so that applicable findings and recommendations could be considered as part of the 2005 budget process.

At its meeting of September 9, 2004 the EPS Committee received the Verdict of the Coroner's Jury regarding the death of Alice V. Martin and approved a motion directing staff to review the Jury's recommendations and bring forward an action plan as part of the Ottawa Paramedic Service six-month review.

Given its expertise and involvement in the original system design, Fitch and Associates were retained to review the original model's features and assumption in the context of 3.5

years operating experience. Fitch was also tasked to review the recommendations of the Coroner’s Jury.

The updated Fitch review provided the following response time results:

<b>Full Response Times - Priority 4 “Life Threatening” Calls</b>			
<b>High Density</b>		<b>Low Density</b>	
<b>2003 Target</b>	<b>2003 Actual</b>	<b>2003 Target</b>	<b>2003 Actual</b>
<b>8:59</b>	<b>11:05</b>	<b>15:59</b>	<b>17:16</b>
<b>2004 Target</b>	<b>2004 Actual Jan - Jun</b>	<b>2004 Target</b>	<b>2004 Actual Jan - Jun</b>
<b>8:59</b>	<b>12:04</b>	<b>15:59</b>	<b>18:37</b>

The report recommended increasing Paramedic staffing levels by 52 FTEs to address the ambulance design elements within the City’s control to meet targeted response times including: the immediate hiring of 14 FTEs (per the Coroner’s recommendation) with the hiring of the remaining 38 FTEs referred to the 2005 budget process with a hiring date of July 1, 2005.

**October 19 & 27, 2004 – Resourcing Request Referred to CSEDC and Council**

The above-noted staffing recommendation was referred to the Corporate Services and Economic Development Committee (CSEDC) and Council for approval. The recommendation was approved by CSED on October 19 and Council on October 27.

**November 10, 2004 – Council Approves Six-Month Report**

Council approved the balance of recommendation from the “Six Month” reports including:

- Requesting the province to commit to cover 50% of actual paramedic Service costs (gap of \$4.7 Million in 2004);
- requesting province to implement and fund technological improvement (e.g., AMPDS; AVL, GPS, etc);
- approving the staff response and action plan to recommendations of Coroner’s Jury (Alice V. Martin)
- Requesting the MOHLTC to increase the costs of inter-facility transports to create an incentive for private companies to enter into this service line.

**February 1, 2005 – Council Approves Paramedic Hires as part of Budget**

Council, as part of 2005 budget deliberations, approved a motion to approve the hiring of 20 of the 38 paramedics in 2005 while pre-committing the remaining 18 to the 2006 budget per Motion 27/39.

**September 8, 2005 – EPSC Receives OPS 2004 Annual Report**

Emergency and Protective Services Committee received the Ottawa Paramedic Service 2004 Annual Report and 2005 Performance Trends Report.

Response times were as follows:

<b>Full Response Times - Priority 4 "Life Threatening" Calls</b>			
<b>High Density</b>		<b>Low Density</b>	
<b>2005 Target</b>	<b>2005 Actual Jan - Jun</b>	<b>2005 Target</b>	<b>2005 Actual Jan - Jun</b>
<b>8:59</b>	<b>11:46</b>	<b>15:59</b>	<b>18:26</b>

Trends in call volumes and average hospital wait times were reported as set out below:

<b>Call Volume</b>					
<b>Call Type</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005 Projected</b>
Code 4	36,753	42,915	49,283	55,890	61,003

<b>Average Hospital Wait Time</b>					
	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>Jan –June 2005</b>
<b>Wait Time</b>	00:36:44	00:39:17	00:42:27	00:49:00	00:51:30
Source: MOHLTC					

The report noted that although solutions to the current hospital wait time is the sole responsibility of the hospital administration, it remains a causative factor in Paramedic availability and therefore negatively impacts service response time.

The report also noted that staffing levels at the Central Ambulance Communication Centre (CACC) had reached the initial requirement of forty-nine (49) Communication Officers. However, the report noted that based on final call volumes for 2004, there was a need for an additional fifteen (15) Communication Officers. Since the Communication Centre is funded 100% by the province, funding for the additional staff was forwarded to the Ministry of Health for response.

**September 28, 2005 – Council approves Staff’s Coroner’s Inquest Action Plan**

Council approved the Ottawa Paramedic Service (OPS) - Coroner’s Inquest – Alice V. Martin Report that included staff’s action plan to respond to the Jury’s recommendations.

EPS Committee received the Verdict of the Coroner’s Jury at its meeting of September 9, 2004 and directed staff to review the Jury’s recommendations and bring forward an action plan. Staff, in conjunction with Fitch and Associates developed an action plan to address the Jury recommendations. The action plan was approved by EPS at its meeting of October 28, 2004.

The Coroner’s Jury recommended twenty-four (24) actions to be taken in 5 different areas: resources; systems and technology; training and retention; ambulance re-assignment

policy, and; other (miscellaneous) recommendations. Ten (10) of the recommendations were directed to the Province of Ontario and were not the responsibility of the city to implement. This report responds to the fourteen (14) recommendations addressed to the City's Paramedic Service.

**September 14, 2006 – EPSC Receives OPS 2005 Annual Report**

Emergency and Protective Services Committee received the Ottawa Paramedic Service 2005 Annual Report and 2006 Performance Trends Report.

<b>Call Volume and Response Time 2004 - 2005</b>						
<b>Year</b>	<b>Annual Call Volume</b>	<b>Number of Paramedics</b>	<b>High-Density Target</b>	<b>High-Density Actual</b>	<b>Low-Density Target</b>	<b>Low-Density Actual</b>
<b>2004</b>	90,058	276	8:59	12:06	15:59	19:14
<b>2005</b>	90,140	296	8:59	12:00	15:59	18:18
Source: MOHLTC						

Due to the recent implementation of a new Computer Aided Dispatch system in early 2006, reliable data was not available for the first six months of the year and staff committed to report back with 2006 trends, including an assessment of the impact of the new hires in January 2006, as soon as accurate statistics become available.

The report outlined the trend in hospital wait times as set out below:

<b>Average Hospital Wait Time</b>					
	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>Wait Time</b>	00:36:44	00:39:17	00:42:27	00:49:00	00:49:55
Source: MOHLTC					

**November 14, 2007 – Council Receives OPS 2006 Annual Report**

City Council received the Ottawa Paramedic Service 2006 Annual Report and 2007 Performance Trends Report.

The following report provides statistics for 2006 for call volume; response time and hospital wait time as directed by Council. It also identifies trends for 2007 and illustrates potential staffing strategies to address the growing problem over the next three year.

<b>Call Volume and Response Time 2005 - 2006</b>						
<b>Year</b>	<b>Annual Call Volume</b>	<b>Number of Paramedics</b>	<b>High-Density Target</b>	<b>High-Density Actual</b>	<b>Low-Density Target</b>	<b>Low-Density Actual</b>
<b>2005</b>	90,140	296	8:59	12:00	15:59	18:18
<b>2006</b>	92,554	312	8:59	12:32	15:59	18:46
Source: MOHLTC						

In 2006, response time increased in both the high-density and low-density

<b>Average Hospital Wait Time</b>						
	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>Wait Time</b>	00:36:44	00:39:17	00:42:27	00:49:00	00:49:55	00:53:31
Source: MOHLTC						

A motion was approved directing the Chief of the Ottawa Paramedic Service and CPSC Chair to meet with CEO of the Ottawa Hospital and CEO of the Champlain Local Health Integration Network (LHIN) and the Provincial and Federal Ministers of Health, to discuss strategies to free up hospital beds to reduce hospital wait time for paramedics and report back to the Community and Protective Services Committee.

**August 21, 2008 – CPSC Receives OPS 2007 Annual Report**

Community and Protective Services Committee received Ottawa Paramedic Service 2007 Annual Report.

<b>Call Volume and Response Time 2006 - 2007</b>						
<b>Year</b>	<b>Annual Call Volume</b>	<b>Number of Paramedics</b>	<b>High-Density Target</b>	<b>High-Density Actual</b>	<b>Low-Density Target</b>	<b>Low-Density Actual</b>
<b>2006</b>	92,554	312	8:59	12:32	15:59	18:46
<b>2007</b>	98,505	312	8:59	12 :49	15:59	21:15
Source: MOHLTC						

Report notes that across Canada, paramedic services are experiencing an increase in hospital wait time. In Ottawa in 2007, the average wait time was 55 minutes and 40 seconds – an increase of 2 minutes and 9 seconds from the previous year. Increasing wait times negatively impact paramedic unit availability and response times given that paramedic crews are not available for assignment or deployment until the patient has been transferred into the care of hospital staff.

<b>Average Hospital Wait Time (T6-T7)</b>					
	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Wait Time</b>	00:42:27	00:49:00	00:49:55	00:53:31	0:55:40
Source: ADDAS DATA – July 2008					

The report indicated that staff was hopeful that a May 2008 announcement by the Minister of Health and Long-Term Care regarding funding of dedicated off-load nurses in the Emergency Department at hospitals throughout the province would alleviate and diminish hospital wait times for paramedics. The new initiative outlined by the provincial government allows for the hiring of nurses solely responsible for the transfer of patient care from paramedics to hospital ED staff. This will allow paramedic units to be re-deployed sooner and available for the next call. The “off-load” nurses will be responsible for patient care upon triage. The Paramedic Service will work closely with the Ministry and its partners to roll out the new initiative without delay.

The Paramedic Service has actively recruited and prepared a deployment plan for all 38 FTE's that are scheduled for hire in 2008.

### **November 12, 2008 – Council Receives 2008 OPS Trends Report**

City Council received the 2008 Paramedic Trends report. The Information Report included the 2009 – 2011 investment plan comprised of the hiring of 40 Paramedics + Growth for each of the 2009, 2010 and 2011 budget years. Hiring of 65 (40+25) was proposed for 2009.

The Ottawa Paramedic Service worked with CAE Professional Services (a world leader in providing simulation, modelling technologies for the aviation industry) as part of a pilot project endorsed and supported by the Ministry of Health to develop a predictive tool for assessing resource requirements under a range of different operating scenarios.

Accordingly, CAE provided assessments of the number of paramedic resources required to meet target response times as well as to maintain existing response times. The impact of hospital wait times, which are not within the control of the City, were included in these assessment scenarios.

In order to immediately address the gap between actual and Council approved response targets, CAE modelling determined that 192 additional paramedics would be required to achieve high-density (8:59) and low-density (15:59) response targets at the 90% of the time; 120 of those paramedics would be attributable to fixing growth in calls and 72 of would be attributable to compensating for hospital wait times.

In addition, the CAE analysis determined that 25 additional paramedics would be required to address the 5% increase in call volume growth projected to year-end 2008.

Given that the City should only address the response time gap within its control, and recognizing the staffing challenges associated with bringing 120 new paramedics on-line, the Department proposes a three-year staffing strategy which also contemplates call volume growth in future years.

The three year plan calls for the hiring of 65 paramedics in 2009 followed by the hiring of 40 additional paramedics in each of 2010 and 2011 plus any additional paramedics required due to projected growth in each of those years.



## Staffing Plan – Impact of Investments on Response Times

		Target	
		8:59	15:59
Scenario Description	Paramedic Resource Requirement	Estimated Response Time	
		HD	LD
Response Time 2007		12:49	21:15
Current Response Time (June 30, 2008)		13:48	21:31
2009 No New City Investment (based on projected 5% increase in call volume in 2008 as well as anticipated pilot project hospital wait times improvements)		14:25	21:47
2009 Paramedic resources required to maintain the 2007 achieved response times (based on projected 5% increase in call volume in 2008 as well as anticipated pilot project hospital wait times improvements)	25	12:49	21:15
	40 (total 65)	12:08*	18:10*
2010 (response targets if hospital wait times are reduced to an <b>average of 30 min.</b> )	40 + Growth	10:10*	15:59**
2011 Paramedic resources required to meet 8:59 and 15:59 (response targets if hospital wait times are reduced to an <b>average of 30 min.</b> )	40 + Growth	<b>8:59*</b>	<b>15:59*</b>

\*Estimated response times based on an extrapolation of the simulated data and an estimation of the call volume increases in 2009 – 2011.

\*\*It is projected that in 2010 with the addition of 105 Paramedic resources (65 in 2009 + 40 in 2010) plus the resources required to meet the growth in call volume in 2009, that the LD response target of 15:59 will be achieved. Only 15% of the calls received by the Paramedic Service are in the LD area. As such, it is estimated that the additional resources will result in a more rapid improvement in response times in the LD response area than in the HD area where 85% of the calls for service are received.

### **October 28, 2009 – Council Receives 2008 OPS Annual Report**

City Council received the 2008 Annual Report and 2009 Performance Trends Report which called for the hiring of 63 (40+23) paramedics in 2010.

Including a request to the Province that the funding for the Offload Nurse Pilot be established at a level to provide sufficient OLN staffing at each of the 4 hospitals and that the funding be established as ongoing funding until all initiatives aimed at eliminating emergency room delays have been implemented.

<b>Call Volume and Response Time 2007 - 2008</b>						
<b>Year</b>	<b>Annual Call Volume</b>	<b>Number of Paramedics</b>	<b>High-Density Target</b>	<b>High-Density Actual</b>	<b>Low-Density Target</b>	<b>Low-Density Actual</b>
<b>2007</b>	98,505	312	8:59	12:49	15:59	21:15
<b>2008</b>	103,871	344	8:59	13:13	15:59	21:38
Source: MOHLTC						

In October 2008, the off-load nurse (OLN) pilot project was launched at the Civic and General campuses of The Ottawa Hospital (TOH). The Queensway-Carleton Hospital and the Montfort Hospital joined the pilot project in March 2009. The total number of paramedic unit hours saved by the off-load nurse in Ottawa is 2387 hours between October 2008 and June 2009 since the pilot project started. The off-load nurse initiative has optimized its effectiveness based on current provincial funding and the Paramedic Service does not anticipate a further impact on daily operations.

In July 2009, the Paramedic Service launched a permanent Paramedic Rapid Response Unit (PRU) program. Single Paramedic responders will be placed in selected wards to help improve response times, patient care and service to the community. The prioritization of wards was based on highest call demand per ward. Ward-based deployment provides for smaller coverage zones, which reduces drive times and allows PRU team members to leverage their familiarity of the area to positively impact response times. The PRU initiative is the industry's deployment best practice adopted by many other paramedic services in Ontario and across Canada.

The 2387 hours saved, from October 2008 to June 2009, in unit hours represents 0.8 paramedic units back on the road allowing these resources to be available to respond to the next life-threatening call. This equates to 1.5 paramedic units back on the road yearly.

The off-load nurse initiative has optimized its effectiveness based on current provincial funding and the Paramedic Service does not anticipate a further impact on daily operations.

**November 18, 2010 – CPSC Receives MOHLTC Certification Report**

CPSC received Ottawa Paramedic Service — MOHLTC Ambulance Service Review (Certification) Update.

The Emergency Health Services Branch of the Ministry of Health and Long-Term Care (MOHLTC) conducted an Ambulance Service Review for the Ottawa Paramedic Service, April of 2010. Mandatory reviews occur at least every three years, so this is the fourth such review the Ottawa Paramedic Service has undergone since its inception in January 2001, in order to maintain MOHLTC certification.

The mandatory certification process was comprised of on-site surveys, interviews, inspections and observational ride-outs.

The Final Report, received October 18<sup>th</sup>, confirms the Ottawa Paramedic Service meets the certification criteria and the legislated requirements to operate a paramedic service in Ontario. The certification is valid until 2013.

**March 8, 2011 – CPSC Receives OPS 2009 Annual Report**

CPSC received the Ottawa Paramedic Service 2009 Annual Report and 2010 Performance Trends Report as Information Supplemental to the Budget Estimates.

<b>Call Volume and Response Time 2008 - 2009</b>						
<b>Year</b>	<b>Annual Call Volume</b>	<b>Number of Paramedics</b>	<b>High-Density Target</b>	<b>High-Density Actual</b>	<b>Low-Density Target</b>	<b>Low-Density Actual</b>
<b>2008</b>	103,871	344	8:59	13:13	15:59	21:38
<b>2009</b>	111,301	394	8:59	12:50	15:59	21:39
Source: MOHLTC						

The funding for the OLN pilot project is completed on an annual basis. The yearly funding allotment is determined through a business case submission to the Ministry of Health and Long Term Care. For fiscal year 2009-2010, the funding amount was \$550K.

In 2010, the Ministry of Health and Long Term Care doubled their contribution to \$1.05M for the off-load nurse pilot project. The improved funding for 2010-2011 has increased off-load nurse hours, which have saved paramedic hours in off-load delay resulting in paramedics being available for the next request for service.

From October 2008 to November 2010, a total of 13,739.5 paramedic hours were recovered from the Ottawa adult Emergency Departments. In 2010, the total unit hours recovered increased 27% from the previous year for a total of 7,056 hours. It is recognized that the funding provided by the Ministry of Health and Long Term Care has significantly benefited the Ottawa Paramedic Service.

<b>Ottawa Paramedic Service Public Access Defibrillator Program</b>	
City Buildings	21
Ottawa Public Libraries	26
Community Centers	40
Other Public Places (i.e. University of Ottawa, etc.)	62
Pools & Beaches	50
Arenas	32
Home Loaner Program	7
Rural First Aid Community Groups	6
High Schools	42
Police Service	161
Fire Service	70
OC Transpo Mobile Supervisors & Transit Police	25
Private Oversight (i.e. Dental Clinics, etc.)	74
<b>TOTAL</b>	<b>616</b>

## **September 26, 2012 – Council Approves Response Time Performance Plan**

Council approved the Ambulance Act - Legislative Changes – Annual Response Time Performance Plan for the City of Ottawa.

The Provincial Government, in conjunction with the Association of Municipalities of Ontario (AMO), formed a Land Ambulance Committee to review ambulance response time standards in recognition that current response time standards did not consider current patient demographics, modernization of the health care system and changes to areas of growth. As a result of their work, the Province approved legislative changes outlining a new land ambulance response time standard.

The regulation mandated every ambulance service provider in Ontario to prepare and submit by October 31, 2012, an annual Response Time Performance Plan for the following calendar year to the Ministry of Health and Long Term Care (MOHLTC).

The Ottawa Paramedic Service is not changing its current service levels but rather the way it reports response time information to the MOHLTC. The legislative requirements represented a fundamental change in the response time reporting methodology. Historical response time standards were measured solely on a paramedic's response to the scene, not taking into account how sick the patient was upon arrival of paramedics or the other community resources that are available to respond to sudden cardiac arrest patients.

Under the *Ambulance Act*, the newly legislated response time performance plan set a single response time target to sudden cardiac arrest and CTAS level I patients for the entire City. The new standard specifically established the response time for acutely ill patients (within eight minutes) and Council sets the percentage of time the target will be achieved. The new standard ensures that municipalities will be measuring response times for the most critical patients.

Accordingly, Council was tasked to establish its own response time standards based on the degree of illness upon paramedic arrival for CTAS level II, III, IV and V patients. Under the regulation, a community response time target was created with the paramedic service required to report the percentage of time that a person equipped to provide any type of defibrillation (police, fire and member of the public) has arrived on-scene to provide defibrillation to sudden cardiac arrest patients. (Within six minutes).

The City and the Ottawa Paramedic Service have taken a leadership role by providing public access defibrillators in all municipal buildings, arenas, libraries and community centres. The Paramedic Service manages over 800 defibrillators in the public and private sector in Ottawa.

The recommended response time standards are aligned with the Service's current performance based system design and will continue to demonstrate positive patient outcomes. It is anticipated that, based on existing call volumes, there will be no changes to current service levels.

In a review of existing reporting guidelines and best practices, the Ottawa Paramedic Service organized and worked with the eight (8) largest Paramedic Service providers in Ontario (City of Toronto, the Region of Durham, the City of Hamilton, Niagara Region,

Halton Region, York Region, the Region of Peel and the City of Ottawa) to gain consensus on a common response time performance plan.

All of these Paramedic Services' agreed that recommendations needed to be fiscally responsible while still protecting the best interest of the communities and providing the best clinical patient outcomes. In meetings with the eight Paramedic Services, current response time data was reviewed and compared against international and national reporting standards. The proposed standards in Ottawa are comparable with the response times that are being recommended or already approved amongst the larger urban centres in Ontario.

The following annual response time standards were adopted by Committee and Council in anticipation of implementation in 2013.

Category	Target Time (minutes)	2013 Percent Rank Target
CTAS I	8 Minutes*	75%
CTAS II	10 Minutes	75%
CTAS III	15 Minutes	75%
CTAS IV	20 Minutes	75%
CTAS V	25 Minutes	75%
Sudden Cardiac Arrest	8 Minutes*	75%
*Response times that have been dictated by the legislative changes under the <i>Ambulance Act</i> of Ontario.		

#### Recommended Community Defibrillator Response Time Target

Category	Target Time (minutes)	2013 Percent Rank Target
Sudden Cardiac Arrest (Defibrillator)	6 Minutes*	65%

#### September 19, 2013 – CPSC Receives 2012 OPS Annual Report

CPSC received the 2012 Paramedic Service Annual Report, which reflects the last year of reporting under the old response time standards.

Call Type	Responses By Year					
		2008	2009	2010	2011	2012
Emergency	Code 4	75,111	75,323	73,517	81,503	90,769
	Code 3	12,682	20,781	20,996	21,021	22,937
Non-Emergency	Code 2	3,070	2,699	2,503	2,044	2,666
	Code 1	1,481	1,203	1,429	1,667	1,996
Stand-by	Code 8	1,902	2,596	2,287	2,086	2,553
<b>Total Responses</b>		<b>94,253</b>	<b>102,602</b>	<b>100,218</b>	<b>108,321</b>	<b>120,891</b>

<b>RESPONSE TIME PERFORMANCE - HIGH DENSITY</b>					
<b>Year</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Average Response Time</b>	<b>8:26</b>	<b>8:22</b>	<b>8:22</b>	<b>8:08</b>	<b>7:42</b>
<b>Percentile Rank of 8:59</b>	64.1%	64.7%	64.3%	67.0%	69.6%

<b>RESPONSE TIME PERFORMANCE - LOW DENSITY</b>					
<b>Year</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Average Response Time</b>	<b>14:07</b>	<b>14:29</b>	<b>13:35</b>	<b>13:13</b>	<b>12:25</b>
<b>Percentile Rank of 15:59</b>	66.8%	65.9%	71.1%	74.9%	78.9%

### **May 15, 2014 – CPSC Receives 2013 OPS Annual Report**

CPSC received 2013 Paramedic Service Annual report which represented the first year of reporting under the new Ambulance Act response time standards.

<b>Response Time Standard</b>			
<b>Category</b>	<b>Target Time(Minutes)</b>	<b>2013 Percent Rank Target</b>	<b>2013 Performance</b>
CTAS I	8 Minutes	75%	83.6%
CTAS II	10 Minutes	75%	85.5%
CTAS III	15 Minutes	75%	95.4%
CTAS IV	20 Minutes	75%	98.7%
CTAS V	25 Minutes	75%	99.6%

<b>Community Target for Cardiac Arrests</b>			
<b>Category</b>	<b>Target Time(Minutes)</b>	<b>2013 Percent Rank Time</b>	<b>2013 Performance</b>
Sudden Cardiac Arrest (Defibrillator)	6 Minutes	65%	73.5%

<b>PRU Response Volumes and Times</b>					
<b>Year</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Responses</b>	5,863	8,488	10,666	13,051	10,561
<b>Percent Rank (8:00 Target)</b>	89.9%	94.5%	94.8%	92.8%	90.8%

<b>OCACC Call Processing times</b>			
<b>Category</b>	<b>Target Time (seconds)</b>	<b>2013 Percent Rank Target</b>	<b>2013 Performance</b>
<b>CTAS I</b>	120 Seconds	75%	86.2%
<b>Sudden Cardiac Arrest</b>	120 Seconds	75%	79.4%

<b>Time Saving From Dedicated Off-Load Nurse Pilot Program</b>		
<b>Year</b>	<b>Time Gained by OLN (Hours)</b>	<b>Time Spent Waiting in Excess of 30 Minutes (in Hours)</b>
<b>2009</b>	5120	41683
<b>2010</b>	11159	45869
<b>2011</b>	15202	40370
<b>2012</b>	17244	38753
<b>2013</b>	19619	29577

**May 21, 2015 - CPSC Receives 2014 Paramedic Service Annual report**

CPSC received 2014, which represented the second year of reporting under the new Ambulance Act response time standards.

The greatest indicator of system utilization is the response volume. In 2014, the Paramedic Service response volume was 127 883, representing a 7.2% increase over the previous year.

<b>Paramedic Response Time Standard</b>				
<b>Category</b>	<b>Target Time (Minutes)</b>	<b>Percent Rank Target</b>	<b>2013 Performance</b>	<b>2014 Performance</b>
<b>CTAS I</b>	<b>8 Minutes</b>	<b>75%</b>	<b>83.6%</b>	<b>79.5%</b>
<b>CTAS II</b>	<b>10 Minutes</b>	<b>75%</b>	<b>85.5%</b>	<b>82.9%</b>
<b>CTAS III</b>	<b>15 Minutes</b>	<b>75%</b>	<b>95.4%</b>	<b>93.5%</b>
<b>CTAS IV</b>	<b>20 Minutes</b>	<b>75 %</b>	<b>98.7%</b>	<b>98.0%</b>
<b>CTAS V</b>	<b>25 Minutes</b>	<b>75 %</b>	<b>99.6%</b>	<b>99.2%</b>

<b>PRU Response Volumes and Times</b>					
<b>Year</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Responses</b>	<b>5,863</b>	<b>8,488</b>	<b>10,666</b>	<b>13,051</b>	<b>10,561</b>
<b>Percent Rank (8:00 Target)</b>	<b>94.5%</b>	<b>94.8%</b>	<b>92.8%</b>	<b>91.6%</b>	<b>89.7%</b>

<b>Community Target for Cardiac Arrests</b>				
<b>Category</b>	<b>Target Time (Minutes)</b>	<b>Percent Rank Target</b>	<b>2013 Performance</b>	<b>2014 Performance</b>
<b>Sudden Cardiac Arrests (Defibrillator)</b>	<b>6 Minutes</b>	<b>65%</b>	<b>73.5%</b>	<b>63.0%</b>

<b>Ottawa Central Communications Centre Call Processing Times</b>			
<b>Category</b>	<b>(seconds) Target Time</b>	<b>2014 Percent Rank Target</b>	<b>2014 Performance</b>
<b>CTAS I</b>	<b>120 Seconds</b>	<b>75%</b>	<b>86.8%</b>
<b>Sudden Cardiac Arrest</b>	<b>120 Seconds</b>	<b>75%</b>	<b>89.1%</b>