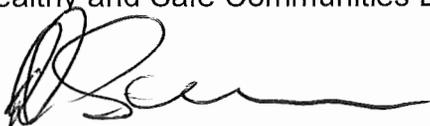




Hamilton

INFORMATION REPORT

TO:	Chair and Members Emergency and Community Services Committee
COMMITTEE DATE:	July 11, 2019
SUBJECT/REPORT NO:	Hamilton Paramedic Service 2018 Annual Report (HSC19035) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Linda Button (905) 546-2424 Ext. 3104
SUBMITTED BY:	Michael Sanderson Chief, Hamilton Paramedic Service Healthy and Safe Communities Department
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable

INFORMATION

The Hamilton Paramedic Service (HPS) 2018 Annual Report (attached as Appendix "A" to Report HSC19035) includes the following highlights:

- Service demand continued to increase, albeit at a lower rate, with our Paramedics performing 84,078 individual responses to 68,236 events during the year and transporting 51,763 patients to hospital.
- HPS performance met or exceeded the publicly reported Canadian Triage and Acuity Score (CTAS) response time standards in all categories. These mandated response time performance plan standards are based on the condition of the patient as measured by the CTAS score after paramedic assessment on arrival at scene.
- Response time to calls dispatched as a life threatening (Code 4) emergency improved slightly at the 90th percentile to 11 minutes and 16 seconds. This reflects the time period from when the Ministry of Health and Long-Term Care (MOHLTC)

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

SUBJECT: Hamilton Paramedic Service 2018 Annual Report (HSC19035) (City Wide) - Page 2 of 3

Central Ambulance Communications Centre (CACC) assigns the call to our paramedics until they arrive on scene. A further 2 minutes and 35 seconds is taken by the CACC to perform call assessment and call handling prior to our paramedics being notified of the call.

- Hospital offload delays continue to be a challenge. The Provincial guideline for hospital offload is 30 minutes 90% of the time. In 2018, only 43% of transfer of care from Paramedics to the hospital took place in 30 minutes or less. A total of 27,512 staffed ambulance hours were consumed waiting for transfer of care beyond the first 30 minutes after arrival at hospital, a slight increase from 2017. Included in this were 3,490 offload delays lasting longer than two hours.
- The start of 2018 was challenging for Code Zero events with a record of 55 events experienced in January and February, almost one per day. However, through collaboration with hospital partners and improvements to practice, the rate of events was reduced significantly. Over the next 10 months, from March to December, there was a total of 41 Code Zero events, an average of 4 per month. In total, there were 23 fewer Code Zero events in 2018 than in 2017.
- In November 2017, Council supported staffing one additional ambulance 24 hours a day, 7 days a week, through to the end of March 2018 to mitigate against operational pressures. In March 2018, this additional ambulance was made permanent through the approval of the 2018 annual operating budget.
- In collaboration with union representatives (OPSEU 256 and CUPE 1041) and led by a mental health doctor, the Peer Support Team completed their first full year which consisted of creating informational materials, promoting mental wellness activities and training and assisting paramedics with mental health challenges.
- Community Paramedic activities (i.e. @Home Visit, @Clinic, Flu Immunization Clinic, Social Navigator, Remote Patient Monitoring and Public Access Defibrillator) partially supported through Local Health Integration Network (LHIN) funding continue to be successful. For example, the @Home Visit program served 197 clients and saw a 67% reduction in their ambulance use after they were enrolled in the program.
- The Professional Development team delivered over 8,300 hours of formal classroom education to paramedics who continue to expand their knowledge and skills. The team also conducted Clinical Practice Workshops to ensure the clinical competency of 18 paramedics returning from long term absences.
- We successfully implemented Council direction to secure a real time data feed from the MOHLTC Central Ambulance Communications Centre which then enabled creation of a real-time visual dashboard to support operational decision making in

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

our service, at the MOHLTC dispatch centre, and at the hospitals. The dashboard is now utilized by our front-line supervisors, MOHLTC dispatch and the hospital emergency departments. The aim is to ease the burden of offload delays by directing the ambulance to the hospital with the least amount of wait time thereby more evenly distributing the demand on emergency rooms.

In 2018, the Hamilton Paramedic Service conducted a community survey that showed that the majority of respondents felt it would be acceptable for a paramedic to leave a patient with a non-life-threatening issue in an emergency waiting room to respond to an emergency call. Most survey respondents also felt they should be transported to a medical facility determined by the paramedics to be most appropriate rather than a hospital.

Over 2019, the HPS will continue to focus on working with internal and external partners to develop strategies to reduce offload delay such as expanding the Fit-2-Sit process whereby paramedics are able to place some low acuity patients directly into the waiting room and return to the community immediately for the next emergency. When the recent amendments to the *Ambulance Act* are enacted, we anticipate improved ability to initiate alternative approaches in responding appropriately to patients' needs. Activities to address the ability to transport patients to alternate destinations will also be implemented.

Public reporting and quality improvement will also remain a focus to ensure the effective and efficient delivery of quality service and transparency of performance measurements.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report HSC19035: Hamilton Paramedic Service 2018 Annual Report