

INFORMATION REPORT

TO: Chair and Members Emergency & Community Services Committee	WARD(S) AFFECTED: CITY WIDE					
COMMITTEE DATE: May 4, 2011						
SUBJECT/REPORT NO: Code Zero – EMS Monthly Report - January (City Wide)	[,] 1, 2011 to March 31, 2011 (HES11007)					
SUBMITTED BY: Brent Browett Director, Emergency Medical Services Hamilton Emergency Services	PREPARED BY: Brent Browett (905) 546-2424 x7741					
SIGNATURE:						

Council Direction:

On April 23, 2008, Council approved Item 6(h) of the Emergency & Community Services Committee Report 08-006 (HES08006 – Resource Limitations and Hospital Emergency Department Off-Loading), directing Emergency Medical Services (EMS) to provide regular reports.

Information:

This is the third report for 2011.

Executive Summary (see Table 1)

In the first three months of the year the following demands were experienced;

- A slight decrease in the number of emergency calls; 180.3 per day (vs. 183.9 in 2010).
- An increase of 11 minutes (or 8.5%) in the average call duration (1 hour 40 minutes vs. 1hour 29 minutes in 2010) with the additional time spent attributed to the hospital interval. In the first two weeks of April the hospital interval increased by a minimum of 33% on any given day.
- 55 Code Zero Ambulance (CZA) events (vs. 94 CZA events for all of 2010). In the first 12 days of April there were 9 CZA events.

Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities. Values: Honesty, Accountability, Innovation, Leadership, Respect, Excellence, Teamwork In the first three months of the year the following performance was realized;

- The paramedic emergency response time was 11 min 1 second or less (vs. 10 minutes 15 seconds in 2010) in 9 of 10 emergency calls. The provincial target for Hamilton is 10 minutes 3 seconds.
- The average paramedic emergency response time was 6 minutes 55 seconds.
- There was an average of 25 hours of forced paramedic overtime per day (Jan* and Feb).
- There was an average of 41 missed paramedic meal breaks per day. In the first two weeks of April the average missed paramedic meal breaks is 49 per day**.

Table 1: Summary Data 2007 to January, February and March 2011

	2007	2008	2009	2010	2011 J/F/M					
Frequency of Paramedic Calls										
Average number calls per day	185	172	174	184	180					
Calls Dispatch Emergency or Urgent Request (i.e. Unconscious or Fracture Arm)										
% of Total Calls 93% 98% 98% 98% 98%										
Paramedic Time in the Hospital Emergency Department for Transfer of Care										
Average elapsed time	43 min	53 min	51 min	52 min	62 min					
	50 sec	7 sec	20 sec	29 sec	45 sec					
Code Zero Ambulance Event (CZAE) – One or less ambulance(s) available										
No. of CZAE	44	66	82	94	55 (J/F/M)					
Average No. of Paramedic	2	5	7	6	7					
ERVs available during CZAE										
Average No. of Ambulances in	4	5	5	6	6					
hospital for transfer of care										
during a CZAE										
Paramedic Emergency Respon	se – First Ve	ehicle – Pro	vincial Targ	et 10 min. 3	sec.					
90 th percentile time city-wide	11 min	10 min	10 min	10 min	11 min					
(9 of 10 responses)	49 sec	42 sec	17 sec	15 sec	1 sec					
	or LESS	or LESS	or LESS	or LESS	or LESS					
Average time city-wide	6 min	6 min	6 min	6 min	6 min					
	44 sec	20 sec	27 sec	25 sec	55 sec					
Average time variation across	5 min	5 min	4 min	4 min	5 min					
six (6) former communities	7 sec	7 sec	36 sec	5 sec	12 sec					
Paramedic Forced Overtime										
Average Hours per Day	14.6	18.2	21.6	22.0	25.0*					
Paramedic Missed Meal Breaks										
Average Missed per Day	NA	22.5	22.4	26.5	41**					

See Appendices A, B, and C attached to Report HES11007 for detailed results. The primary data source is the Ministry of Health and Long-Term Care (MOHLTC) and they continuously update the fields.

Reference Note: In 2000, the Hamilton Paramedics completed 158 calls per day with only 76% dispatched as emergency or urgent. The average time that the paramedics were at the hospital

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was 31 minutes with the total time on a call was 67 minutes. There were no Code Zero Events; the response time was 10 minutes 12 seconds or less in 9 of 10 cases with an average response time of 6 minutes 37 seconds.

Summary of Changes in Demands and Impacts

The number of ambulance calls and the duration of those calls are the two leading factors that determine the consumption of paramedic unit hours and the remaining EMS capacity to respond to medical emergencies in the community. By May 2008 the Paramedic Service was achieving continuous emergency response time improvements coinciding with the full implementation of 2007 Council-endorsed resource enhancements and other operational efficiencies. The response time performance continued to improve for the next 27 months despite the increased time paramedics spent in the hospital emergency departments and some increases in call volume. In the last quarter of 2010 and the first quarter of 2011 there was an overall increase in the EMS time in the hospital coinciding with increases in; the emergency response times; Code Zero Ambulance Events; extended shift overtime for paramedics; and, paramedic missed meal breaks (see Table 1 and Appendix C).

Detailed Review

1) EMS / Hospital ED / Transfer of Care Time

In the first three months of 2011 the average time that the paramedics spent in the hospital ED to transfer care was 62 minutes 45 seconds (vs. 52 minutes 29 seconds in 2010; 53 minutes 07 seconds in 2008; 43 minutes 46 seconds in 2007, and, 32 minutes 47 seconds in 2000). The hospital transfer of care interval appears to continue to influence the;

- paramedic emergency response times
- Code Zero Ambulance Events
- budget and staff relations in the following areas
 - paramedics missed meal breaks
 - o forced overtime as the paramedic waits to transfer care at shift end
 - o taxi costs to have paramedics change shift at the hospital
 - o cost of disposable supplies as a result of longer patient contact time

2) Paramedic Emergency Response Time

In the first three months of 2011 the paramedic emergency response time across the City was 11 minutes 1 second or less, for 9 of 10 patients, with some recovery in March. In 2010; the 90th percentile was 10 minutes 15 seconds or less. The 2011 paramedic emergency response time increase coincides with an increase in the EMS Hospital-Transfer of Care time.

3) Code Zero Ambulance Events

The term "Code Zero Ambulance" Events is a term used to identify an interval of varying duration when one (1) or less transport ambulances is available to respond to an emergency. Typically during these events one (1) or more single Paramedic Emergency Response Vehicle (ERV) remains available to provide an immediate paramedic level response. In the first three months of 2011 there were 55 Code Zero Ambulance Events. During a typical CZA event;

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- Six (6) ambulances were committed to hospital transfer of care in one (1) or more of the hospital emergency departments; and,
- Seven (7) Paramedic ERVs remained available to respond to medical emergencies.

Conclusion

Over the last 10 years the Paramedic Service has observed a continuous increase in the duration of time that the paramedics spend in the hospital emergency department and a gradual increase in the number of calls for service. In addition, where previously ~30% of the EMS calls received were categorized as a low acuity deferrable response, today 98% of the calls are dispatched as an urgent or an emergency response and the paramedics are immediately deployed. Overall the Paramedic Service is facing continuous challenges to maintain the performance achievements recorded in 2008, 2009 and into 2010.

During the past three months the various community partner agencies including the MOHLTC CACC (ambulance dispatch) and the local hospitals, along with the front line paramedics and nurses, supported by the respective management teams have made commendable efforts to maintain public safety.

Appendix A Appendix B Appendix C

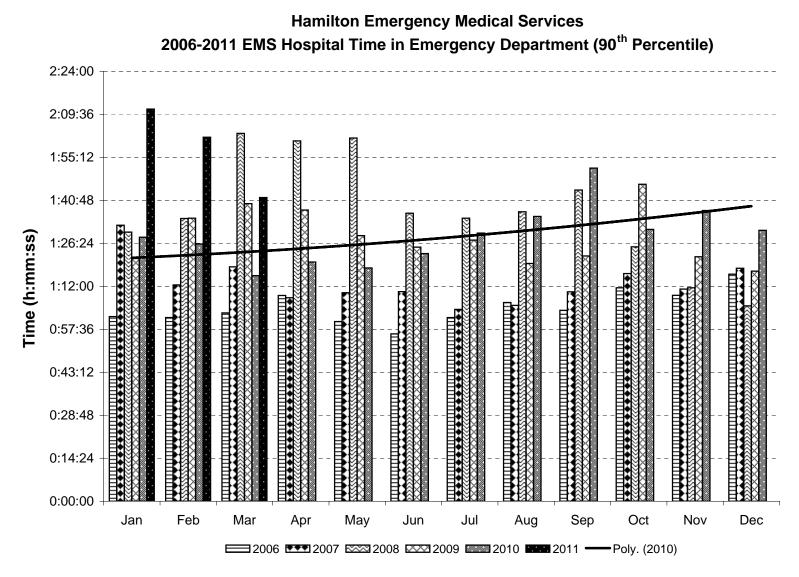
HAMILTON - EMERGENCY MEDICAL SERVICES

Code Zero Ambulance Events and EMS-Hospital Emergency Department Time

	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Code Zero	Ambulanc	e Events -	One or les	s Ambulai	nces Avai	able for E	mergency	Response	e in Hamilt	on			
2006	Data trackin	g began in I	Иау	→	1	0	0	3	1	3	0	5	13
2007	10	5	7	0	2	4	4	3	1	0	0	8	44
2008	0	8	10	3	17	5	12	16	6	6	8	4	95
2009	1	10	12	13	6	7	9	7	2	8	5	2	82
2010	6	9	9	3	7	7	12	6	10	4	11	10	94
2011	23	16	16										55
EMS Hosp	ital ED Tim	e - Arrive	Hospital El	D to Ambu	lance Clea	ar Hospital	ED (90 th p	percentile)	1				
2006	1:01:53	1:01:33	1:03:06	1:08:58	1:00:12	0:56:04	1:01:34	1:06:34	1:03:57	1:11:32	1:09:01	1:16:03	
2007	1:32:30	1:12:30	1:18:31	1:08:11	1:09:52	1:10:13	1:04:16	1:05:36	1:10:11	1:16:17	1:11:06	1:18:03	
2008	1:30:10	1:34:43	2:03:16	2:00:45	2:01:43	1:36:29	1:34:51	1:36:59	1:44:15	1:25:15	1:11:32	1:05:29	
2009	1:21:20	1:34:51	1:39:42	1:37:33	1:28:59	1:25:08	1:27:29	1:19:41	1:22:10	1:46:13	1:21:54	1:17:05	
2010	1:28:28	1:26:14	1:15:34	1:20:08	1:18:09	1:23:01	1:29:52	1:35:27	1:51:36	1:31:04	1:37:24	1:30:47	
2011	2:11:23	2:01:57	1:41:44										

Source Data: MOHLTC ADDAS for 90th Percentile

Updated : 14 Apr 2011



Data Source: ADDAS

HAMILTON EMERGENCY MEDICAL SERVICES GENERAL STATISTICS

	2008	2009	2010	2011 ^a	Jan	Feb	Mar			
EMS CALL VOLUME	2000	2003	2010	2011	Jan	100	Mai			
EMS Calls Dispatched Priorities										
Non-Emergency Calls(1 & 2's)	1,471	1,422	1,223	164	67	35	62			
3 - Urgent	13,164	16,502	18,882	4,360	1,604	1,353	1,403			
4 - Life Threatening	48,160	45,739	47,022	11,706	4,226	3,471	4,009			
Emergency Calls Priority 3 & 4's	61,324	62,241	65,904	16,066	5,830	4,824	5,412			
TOTAL CALLS (1, 2, 3 & 4)	62,795	63,663	67,127	16,230	5,897	4,859	5,474			
EMS Patients Transported with High Return Priority	y (Criteria: PickupU)	operTier=38)								
Transported Life Threatening (Priority 4)	3,854	3,900	3,840	908	288	279	341			
EMS RESPONSE TIMES										
CACC Response (MOHLTC Dispatch) Provincial Standard is 120 seconds or less for 90 th percentile										
Seconds (T ₀ _TimeZero-T ₂ _Notified)	179	189	181	190	185	196	187			
HES EMS Response - Provincial Standard is 10:03 or less for all of Hamilton 90 th percentile (T ₂ _Notified- T ₄ _ArriveScene) First Unit										
City of Hamilton (amal.)	10:42	10:17	10:15	11:01	10:54	11:27	10:39			
HES EMS Response Time - Average (T2_Notified-T4_Art	iveScene) First Unit	:								
City of Hamilton (amal.)	06:20	06:27	06:25	06:55	06:57	07:11	06:37			
- Ancaster	08:23	08:03	08:01	09:13	09:29	09:21	08:49			
- Dundas	05:56	07:30	06:13	06:40	06:47	06:58	06:20			
- Flamborough	10:53	10:30	10:30	11:38	11:19	11:43	11:24			
- Glanbrook	09:46	09:18	09:33	10:00	10:00	10:06	09:50			
- Hamilton - Stoney Creek	05:47 07:29	05:54 07:15	05:58 06:58	06:26 07:07	06:29 07:21	06:41 07:13	06:09			
OTHER EMS TIME STATISTICS	07.29	07.15	00.56	07.07	07.21	07.13	00.42			
	01:11	00:54	00:56	00:56	00:55	00:58	00.56			
Avg. Chute Time (Notified-Enroute) Avg. Time-on-Task (Enroute-ClearDest.)	1:28:40	1:27:20	1:28:53	1:40:17	1:43:52	1:41:40	00:56			
Avg. Scene Time (ArriveScene-DepartScene)	1.28.40	1.27.20	1.26.53	1.40.17	1.43.52	1.41.40	1.35.16			
	-	17.59	17.57	10.30	10.30	10.30	10.42			
EMS-Hospital Off-load/Transfer of Care Time (All R Transfer of Care Monitor - All Calls	eturn Codes)									
Average (Arrive-End of ToC)	0:49:35	0:53:55	0:53:49	1:06:27	1:08:55	1:08:48	1:01:37			
EMS-Hospital ED Time										
90 th percentile	1:35:14	1:27:31	1:28:00	1:57:03	2:11:23	2:01:57	1:41:44			
Average (Arr_Dest-ClrDest)	0:53:07	0:51:20	0:52:29	1:02:45	1:07:02	1:03:30	0:57:44			
EMS OPERATIONS										
Hours spent in ED (Emerg. calls)	29,338	29,109	30,548	8,937	3,421	2,677	2,839			
Hours spent on Calls (Emerg. calls)	50,339	50,764	53,369	14,684	5,501	4,404	4,779			
% Task Time spent in ED	58%	57%	57%	61%	62%	61%	59%			
Total street hrs (incl. overruns)	350,657	367,315	373,782	90,136	31,658	27,790	30,688			
Street Hours/Day	961	1,006	1,024	1,002	1,021	993	990			
All Patients transported, all return priorities	40,426	41,371	41,885	9,861	3,575	2,944	3,342			

Source: ADDAS Data Warehouse, Transfer of Care, EMS Scheduling.

Updated: 14 Apr 2011

Note: ^a refers to Jan-Mar 2011;