Year-to-date Performance Measurement Report

Produced September 2021

Note: Since last reported some indicators have been retired due to lack use and/or value. Other indicators will have different values compared to previous reporting due to changes to data sources, changes to indicator definitions, and quality assurance processes. Finally, some indicators are presented differently in an attempt to improve comprehension and understanding.
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### Summary

#### A. Volume and Service Level Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>YTD 2020</th>
<th>YTD 2021</th>
<th>Per cent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Vehicle Responses</td>
<td>38,530</td>
<td>39,875</td>
<td>+3.5%</td>
</tr>
<tr>
<td>Rate of vehicle responses per 1,000 population</td>
<td>91.1</td>
<td>94.3</td>
<td>+3.5%</td>
</tr>
<tr>
<td>Unit Utilization</td>
<td>40%</td>
<td>39%</td>
<td>-2.5%</td>
</tr>
</tbody>
</table>

#### B. Compliance and Quality Assurance Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>YTD 2020</th>
<th>YTD 2021</th>
<th>Per cent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramedic Services Response Time to Emergency Calls</td>
<td>9min 14sec</td>
<td>8min 55sec</td>
<td>-3%</td>
</tr>
<tr>
<td>Compliance Resuscitation calls (CTAS1)</td>
<td>74%</td>
<td>81%</td>
<td>+10%</td>
</tr>
<tr>
<td>Compliance Emergent calls (CTAS2)</td>
<td>83%</td>
<td>84%</td>
<td>+1%</td>
</tr>
</tbody>
</table>

#### C. Efficiency Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>YTD 2020</th>
<th>YTD 2021</th>
<th>Per cent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offload Delay (monthly average)</td>
<td>25</td>
<td>12</td>
<td>-52%</td>
</tr>
<tr>
<td>Code Yellow Time</td>
<td>9.0%</td>
<td>5.0%</td>
<td>-36%</td>
</tr>
<tr>
<td>Code Red Time</td>
<td>0.6%</td>
<td>0.2%</td>
<td>-63%</td>
</tr>
</tbody>
</table>

#### D. Service and Quality Impact Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>YTD 2020</th>
<th>YTD 2021</th>
<th>Per cent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke Patient to Stroke Facility</td>
<td>99%</td>
<td>99%</td>
<td>0%</td>
</tr>
<tr>
<td>Return of Spontaneous Circulation</td>
<td>21%</td>
<td>18%</td>
<td>-14%</td>
</tr>
<tr>
<td>Heart attack (STEMI) protocol</td>
<td>46%</td>
<td>71%</td>
<td>+54%</td>
</tr>
</tbody>
</table>
A. Volume and Service Level Indicators

Definition of Indicator Group
Quantity type indicators that show values related to work intake and work breakdown (how much did we do?).

Summary of Results
From January to August 2021 there were 39,875 vehicle responses by Paramedic Services; an increase of 3.5 per cent from the same time period in 2020 and a 1.3 per cent increase compared to 2019. The decrease in vehicle response volume experienced in 2020 due to COVID-19 was temporary and rapidly rebounded. Four of the five highest volume months on record have occurred since May 2021 including August 2021 which had the highest number of vehicle responses of any month on record (5,557). Based on data to August 31, 2021, Paramedic Services is currently forecasting nearly 62,000 vehicle responses by year-end 2021, which would represent a 4.5 per cent increase from 2020, 1.4% higher than 2019, and nearly five per cent higher than the of Master Plan’s projection for year-end 2021 (59,200). January to August 2021 ambulances were in use 39 per cent of the time, compared to 40 per cent of the time for the same period in 2020, and 45 per cent in 2019; still above the master plan established a benchmark of target of 35 per cent despite the impact of COVID-19. Above this threshold it becomes difficult to ensure an ambulance will be available for the next call in a reasonable time. Monitoring unit utilization allows for proactive planning to ensure community needs are met in a reasonable time while using a sustainable level of deployed staff. Year-to-date ambulance use in 2021 has ranged from an hourly low of 24 per cent at 3AM to an hourly high of 48 per cent at 1PM. Three additional 12-hour ambulance shifts were added in July 2021.

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Indicator Definition</th>
<th>YTD 2020</th>
<th>YTD 2021</th>
<th>Per cent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Vehicle Responses</td>
<td>A measure of service demand. The total number of ambulances or emergency response units (vehicles) that responded to calls dispatched to Region of Waterloo Paramedic Services inside or outside of Waterloo Region. More than one vehicle may respond to a single call; for example, multiple casualty incidents.</td>
<td>38,530</td>
<td>39,875</td>
<td>+3.5%</td>
</tr>
<tr>
<td>Rate of Vehicle Responses per 1,000 population</td>
<td>A measure of service demand. The rate of vehicle responses per 1,000 population to calls dispatched to Region of Waterloo Paramedic Services inside or outside of Waterloo Region. More than one vehicle may respond to a single call; for example, multiple casualty incidents.</td>
<td>91.1</td>
<td>94.3</td>
<td>+3.5%</td>
</tr>
<tr>
<td>Unit Utilization (ambulance use)</td>
<td>Unit utilization is the per cent of time ambulances and emergency response units are actively engaged in responding to calls (codes 1-4) as opposed to being deployed waiting for calls.</td>
<td>40%</td>
<td>39%</td>
<td>-2.5%</td>
</tr>
</tbody>
</table>
Total number, year-to-date, and estimated number of vehicle responses by year
Region of Waterloo Paramedic Services, inside and outside Waterloo Region
Full year January to December 2016-2020, year-to-date January to August 2016-2021, and year-end 2021-2022 estimates

Source: ADRS (September 2021)
Actual and estimated vehicle responses by month

Region of Waterloo Paramedic Services, inside Waterloo Region
Vehicle responses estimated as of December 2019 for January 2020 to August 2021, and actual January 2016 to August 2021

Source: ADRS (September 2021)
Rate of vehicle responses per 1,000 population, by municipality and year
Region of Waterloo Paramedic Services, inside Waterloo Region, January to August 2016-2021

Source: ADRS (September 2021)
Number of vehicle responses per day by month
Region of Waterloo Paramedic Services, inside and outside of Waterloo Region, January to August 2021, and monthly minimum and maximum January to December 2016-2020

Source: ADRS (September 2021)
Number of patient transports, by return priority code
Region of Waterloo Paramedic Services, inside and outside of Waterloo Region, January to August 2018-2021

- **(1) Deferrable**
  - 2021: 2,508
  - 2020: 2,737
  - 2019: 3,190
  - 2018: 3,311

- **(2) Scheduled**
  - 2021: 110
  - 2020: 102
  - 2019: 86
  - 2018: 89

- **(3) Prompt**
  - 2021: 18,707
  - 2020: 17,064
  - 2019: 18,259
  - 2018: 17,947

- **(4) Urgent**
  - 2021: 2,932
  - 2020: 2,691
  - 2019: 3,140
  - 2018: 3,140

- **(6) Transport deceased**
  - 2021: 5
  - 2020: 3
  - 2019: 6
  - 2018: 3

Source: TabletPCR (September 2021)
Unit Utilization (ambulance use), by month
Region of Waterloo Paramedic Services, January 2015 to August 2021

Note: For unit utilization, a decreasing trend is considered positive, while an increasing trend is seen as a negative.
Source: ADRS (September 2021)
Unit Utilization (ambulance use), by hour of day
Region of Waterloo Paramedic Services, January to August 2020 and 2021

Source: ADRS (September 2021)
B. Compliance and Quality Assurance Indicators

Definition of Indicator Group
Indicators that monitor Paramedic Services’ adherence to internal process, procedure, legislated mandates etc. (how well did we do it?).

Summary of Results
For January to August 2021 the 80th percentile response time to emergency calls (code 4) within Waterloo Region was 8 minutes and 55 seconds, 19 seconds (3 per cent) faster than for the same time period in 2020. Paramedic Services continues to monitor response times observed from urban, suburban, and rural perspectives, as defined by call density, against informal benchmarks. Response times vary according to population and road density. Drives times are longer in rural areas. Year-to-date 2021 all Response Time Performance Plan (RTPP) targets were met. Compliance results indicate that urgent calls are being given a more appropriate priority and attended to faster. Setting faster times for more urgent calls and progressively slower times for less urgent calls is a standard approach. Data from all three fire departments in Cambridge, Kitchener, and Waterloo are only included in the full year sudden cardiac arrest (SCA) measure.

<table>
<thead>
<tr>
<th>Indicator Name</th>
<th>Indicator Definition</th>
<th>YTD 2020</th>
<th>YTD 2021</th>
<th>Per cent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramedic Services Response Time to Emergency Calls</td>
<td>A measurement of the Paramedic Services’ ability to meet performance a summary performance indicator, response time to code 4 calls, 80th percentile.</td>
<td>9min 14sec</td>
<td>8min 55sec</td>
<td>-3%</td>
</tr>
<tr>
<td>Response Time Performance Plan Compliance Resuscitation calls (CTAS1)</td>
<td>Resuscitation calls involve conditions that are, or may pose, an imminent threat to life or limb or risk of deterioration requiring immediate aggressive interventions; ideal physician assessment is immediate. The current target for resuscitation calls is a response time of 8 minutes or less 70 per cent of the time or better.</td>
<td>74%</td>
<td>81%</td>
<td>+10%</td>
</tr>
<tr>
<td>Response Time Performance Plan Compliance Emergent calls (CTAS2)</td>
<td>Emergent calls involve conditions that potentially threaten to life, limb or function, requiring rapid medical interventions or delegated acts; ideal physician assessment is within 15 minutes. The current target for emergent calls is a response time of 10 minutes or less 80 per cent of the time or better.</td>
<td>83%</td>
<td>84%</td>
<td>+1%</td>
</tr>
</tbody>
</table>
Response time to emergency calls (code 4), 80th percentile, by year
Region of Waterloo Paramedic Services, inside Waterloo Region, January to August 2016-2021

Sources: ADRS (September 2021)
Response time to emergency calls (code 4), 80\textsuperscript{th} percentile for Waterloo Region, by month

Region of Waterloo Paramedic Services, inside Waterloo Region, January 2016 to August 2021

Sources: ADRS (September 2021)
Response time to emergency calls (code 4), 80th percentile, by municipality and month
Region of Waterloo Paramedic Services, inside Waterloo Region, January to August 2016 to 2021

Sources: ADRS (September 2021)
Response time to emergency calls (code 4), 80th percentile, by vehicle response density

Any paramedic service, inside Waterloo Region, January to August 2017-2021

Source: ADRS (September 2021)
Compliance to 2021 response time performance plan, by Canadian Triage Acuity Score
Region of Waterloo Paramedic Services, January to December 2020, and January to August 2020 and 2021

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
<th>2020 full year</th>
<th>2020 YTD</th>
<th>2021 YTD</th>
<th>Percentile (mm:ss)</th>
<th>Compliance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudden Cardiac</td>
<td>Defibrillator response in 6 minutes or less (set by Ministry of Health)</td>
<td>72%</td>
<td>72%</td>
<td>58%</td>
<td>06:00</td>
<td>70%</td>
</tr>
<tr>
<td>Arrest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CTAS 1 (resuscitation)</td>
<td>Paramedic Services response in 8 minutes or less (set by M of H)</td>
<td>75%</td>
<td>74%</td>
<td>81%</td>
<td>08:00</td>
<td>70%</td>
</tr>
<tr>
<td>CTAS 2 (emergency)</td>
<td>Paramedic Services response in 10 minutes or less</td>
<td>83%</td>
<td>83%</td>
<td>84%</td>
<td>10:00</td>
<td>80%</td>
</tr>
<tr>
<td>CTAS 3 (urgent)</td>
<td>Paramedic Services response in 11 minutes or less</td>
<td>83%</td>
<td>82%</td>
<td>85%</td>
<td>11:00</td>
<td>80%</td>
</tr>
<tr>
<td>CTAS 4 (less urgent)</td>
<td>Paramedic Services response in 12 minutes or less</td>
<td>85%</td>
<td>85%</td>
<td>87%</td>
<td>12:00</td>
<td>80%</td>
</tr>
<tr>
<td>CTAS 5 (non-urgent)</td>
<td>Paramedic Services response in 12 minutes or less</td>
<td>82%</td>
<td>82%</td>
<td>84%</td>
<td></td>
<td>80%</td>
</tr>
</tbody>
</table>

Compliance values should exceed the target, and while response time percentiles should be lower than the target. SCA results for 2020 include fire department data while results from 2021 do not. Compliance to the SCA target is expected following the inclusion of local fire department data for 2021.

Source: ADRS and TabletPCR (September 2021); Waterloo Fire Rescue, Cambridge FD, and Kitchener FD (March 2021)
C. Efficiency Indicators

Definition of Indicator Group

Indicators that outline how timely Paramedic Services is being performed by staff and offered to the Region (how well did we do it?).

Summary of Results

As of August 2021, the 12-month moving average of ambulance days per month lost to offload delay was 12 compared to an average of 25 lost ambulance days as of August 2020, a decrease of 52 per cent. A total of 109 ambulance days were lost to offload delay between January and August 2021. As of June 2021 total monthly offload delay had returned to pre-pandemic levels. Paramedic Services continues to work with area Emergency Departments to minimize losses due to offload delay. Compared to year-to-date 2020, there were 93 fewer code yellow events and 72 fewer hours spent in code yellow in year-to-date 2021, while there were 16 fewer code red events and 7 fewer hours spent in code red year-to-date 2021 compared to the same time period in 2020.

<table>
<thead>
<tr>
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<th>YTD 2020</th>
<th>YTD 2021</th>
<th>Per cent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offload Delay</td>
<td>The 12 month moving average number of 24 hour ambulance days lost to offload delay over the course of a month.</td>
<td>25</td>
<td>12</td>
<td>-52%</td>
</tr>
<tr>
<td>Code Yellow Status</td>
<td>The percentage of time where Paramedic Services is in a Code Yellow Status for the month (≤ three vehicles available).</td>
<td>9.0%</td>
<td>5.0%</td>
<td>-36%</td>
</tr>
<tr>
<td>Code Red Status</td>
<td>The percentage of time where Paramedic Services is in a Code Red Status for the month (zero vehicles available).</td>
<td>0.6%</td>
<td>0.2%</td>
<td>-63%</td>
</tr>
</tbody>
</table>
Ambulance days and moving average of ambulance days lost to offload delay, by month

Region of Waterloo Paramedic Services at local hospitals, January 2015 to August 2021

Source: TabletPCR (September 2021)
Cumulative ambulance days lost to offload delay, by year
Region of Waterloo Paramedic Services at local hospitals, January 2016 to August 2021

Source: TabletPCR (September 2021)
Percentage of time and 5 year monthly average of time in code yellow and code red status
Region of Waterloo Paramedic Services, January to August 2021, and monthly average, minimum, and maximum January to December 2016-2020

Source: CACC (September 2021)
D. Service and Quality Impact Indicators

**Definition of Indicator Group**
Indicators that measure not only the timely provision of service, but how well that service is being provided by Paramedic Services’ staff (How well is the service being performed?).

**Summary of Results**
As of August 2021, 99 per cent of stroke protocol eligible patients were transported to a stroke facility; consistent with the historical trend. The percentage of cardiac arrest patients with the return of pulse declined 14 per cent between 2020 and 2021. As any return of spontaneous circulation is deemed to be positive, results are in an acceptable range. Heart attack STEMI (ST-segment elevation myocardial infarction) protocol compliance (providing care in less than 90 minutes) improved 54 per cent from the same time period last year. Note that service type indicators tend to fluctuate around the average over time, due to the small number of cases and the large number of complex variables involved in these cases.

<table>
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<tr>
<th>Indicator Name</th>
<th>Indicator Definition</th>
<th>YTD 2020</th>
<th>YTD 2021</th>
<th>Per cent change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke Patient to Stroke Facilities</td>
<td>The percentage of all stroke patients, not stroke protocol eligible patients, taken to stroke facilities. The stroke protocol outlines that only patients with certain symptoms within certain timelines require transport to a stroke facility. Due to this, a value less than 100% may not represent a missed target.</td>
<td>99%</td>
<td>99%</td>
<td>0%</td>
</tr>
<tr>
<td>Return of Spontaneous Circulation (ROSC)</td>
<td>The percentage of cardiac arrest patients with the return of pulse.</td>
<td>21%</td>
<td>18%</td>
<td>-14%</td>
</tr>
<tr>
<td>Heart attack (STEMI) Protocol ST-Segment Elevation Myocardial Infarction</td>
<td>Percentage of STEMI patients where care was provided in less than 90 minutes (‘STEMI’ represents a type of heart attack). *Note: indicator results are shared among Paramedic Services and St. Mary’s Hospital. Paramedic Services can only control time from patient contact to arrival at St. Mary’s Hospital; the remaining time to the 90 minute target is hospital dependent.</td>
<td>46%</td>
<td>71%</td>
<td>+54%</td>
</tr>
</tbody>
</table>
Percentage of stroke patients transported to a stroke facility, by quarter
Region of Waterloo Paramedic Services, inside and outside of Waterloo Region, January 2017 to August 2021

Source: TabletPCR (September 2021)
Percentage of cardiac arrest patients with return of spontaneous circulation, by quarter

Region of Waterloo Paramedic Services, inside and outside of Waterloo Region, January 2015 to August 2021

Source: TabletPCR (September 2021)
Percentage of heart attack patients where care was provided in less than 90 minutes (STEMI protocol), by quarter

Region of Waterloo Paramedic Services, inside and outside of Waterloo Region, January 2015 to August 2021

Source: St. Mary's Hospital (September 2021)
E. Glossary

**ADRS:** Ambulance Dispatch Reporting System

**CACC:** Central Ambulance Communications Centre

**Call density:** A 1km x 1km grid was overlaid across Waterloo Region so each call could be assigned a grid square based on its location. The total number of calls and an average per month calculated for each grid square. Grid squares were then assigned one of three classes:

Urban - A grid square was classed as urban if there were more than two calls per month per square kilometer and at least half of its neighbouring grid squares were of the same density or higher.

Suburban - A grid square was classed as suburban if there were less than or equal to two calls and more than 0.5 calls per month per square kilometer and at least half of its neighbouring grid squares were of the same density or higher.

Rural - A grid square was classed as suburban if there were less than or equal to 0.5 calls and more than 0.08 calls per month per square kilometer and at least half of its neighbouring grid squares were of the same density or higher.

**Cardiac Arrest:** A sudden, sometimes temporary, cessation of the heart’s functioning.

**Code 1 (Deferrable):** A routine call that may be delayed without detriment to the patient (e.g. a non-scheduled transfer; a minor injury).

**Code 2 (Scheduled):** A call which must be done at a specific time, for example because of special treatment or diagnostic facility requirement (e.g. inter-hospital transfers or a scheduled meet with an air ambulance).

**Code 3 (Prompt):** A call that should be performed without delay (e.g. serious injury or illness).

**Code 4 (Urgent):** A call that must be performed immediately where the patients ‘life or limb’ may be at risk (e.g. Vital Signs Absent patient or unconscious head injury).

**Code Red:** When the Region of Waterloo Paramedic Services is at a level where no ambulances are available to respond to the next emergency call and no out of town services are immediately available to assist.

**Code Yellow:** When the Region of Waterloo Paramedic Services is at minimum coverage of three vehicles or less.
CTAS Level: The ‘Canadian Triage & Acuity Scale’ is used to assign a level of acuity to a patient. Acuity refers to the gravity of the situation – the potential for death and/or irreversible illness. CTAS is a tool that more accurately defines the patient’s need for care. Assignment of the CTAS level is to be based upon not only the presenting complaint identified on the initial assessment made by the paramedic, but also on their examination findings, and response to treatment.

Defibrillator: An electronic device that applies an electric shock to restore the rhythm of a fibrillating heart.

Dispatch Priority Code: The priority code number that is assigned to the call by the dispatcher. It identifies the priority under which the ambulance responds to the call location (e.g. an urgent response would be entered as Code 4).

Emergency Calls: Based on dispatch priority only. Emergency calls are categorized as Code 4 (Urgent).

Indicator: A defined part of a program/team/system that is deemed important to measure and provide “specific information on the state or condition of”, as it contributes to the efficient and effective achievement of an outcome.

MBNCanada: Municipal Benchmarking Network Canada, formerly the Ontario Municipal Benchmarking Initiative (OMBI), is a partnership between Canadian municipalities for the purpose of fostering and supporting a culture of service excellence through the identification, creation, and collection of consistent and comparable performance data, and the sharing of operational best practices and collaboration on creative solutions to improve performance.

Offload Delay: Offload delay measures the offload of patients at local hospitals, which can impact the resources required and availability to respond to calls.

Patient Transport(s): The total number of patients carried in the ambulance during a given call.

Performance Measurement: A method to monitor, observe and describe program implementation. It portrays information to tell that outputs are being delivered as planned, and gives an idea of whether outcomes are occurring. It provides information to be used for evaluation.

Response: See vehicle response.

Response Time: Response time means the time measured from the time a notice is received to the earlier of either the arrival on-scene of a person equipped to provide any type of defibrillation to sudden cardiac arrest patients or the arrival on-scene of the ambulance crew.
Return of Spontaneous Circulation: Signs of the return of spontaneous circulation (ROSC) include breathing (more than an occasional gasp), coughing, or movement. For healthcare personnel, signs of ROSC also may include evidence of a palpable pulse or a measurable blood pressure.\textsuperscript{xvi}

Return Priority Code: The priority code number that is assigned to the call by the ambulance crew. It identifies the priority under which the patient is transported (e.g. a prompt return to a medical facility would be entered as a Code 3).\textsuperscript{xvii}

STEMI: A STEMI (ST-Segment Elevation Myocardial Infarction) is a specific type of myocardial infarction (MI), or in other words a type of heart attack, which demonstrates characteristic ECG (electrocardiogram; a tool to measure electrical activity of the heart) changes including marked elevation in the ST-segment in the cardiac cycle.\textsuperscript{xviii}

STEMI Facilities: A hospital that houses onsite Percutaneous Coronary Intervention (PCI) facilities with an experienced interventional team.\textsuperscript{xix}

Stroke Facilities: Stroke facilities are based on a collaborative model of 11 regional stroke networks. Each regional network is comprised of a Regional Stroke Centre (RSC), District Stroke Centres (DSCs) and community hospitals. The regional stroke networks are collaborative partnerships of care providers that span the care continuum from prevention to community re-engagement. The goal is to coordinate equitable access and improve outcomes for stroke survivors.\textsuperscript{xx}

T1: The time point when a call is entered into the queue at the Central Ambulance Communications Centre and is available for dispatch.

T2: The time point when ambulance/response unit is notified by the Central Ambulance Communications Centre of a call.

T4: The time point when an ambulance/response unit arrives at the dispatched call's location/scene. This is not the time point when a paramedic is at the patient’s side.

T6: The time point when an ambulance arrives at its destination (e.g. hospital).

TabletPCR: An internal tool used to track information and data relevant to calls and patient care reporting.

Unit Utilization: Percentage of staffed vehicles utilized during any unit of time.\textsuperscript{xxi} Note that when UU exceeds a value of 40 per cent, it becomes difficult to ensure an ambulance will be available for the next call in a reasonable time.
**Vehicle response:** A vehicle response is generated when an ambulance or emergency response unit is dispatched to a call; there can be more than one vehicle response per call (multiple ambulances/emergency response units assigned to the same call; for example, multi-casualty incidents).

**YTD:** Year-to-date refers to the period extending from the beginning of the current reporting year (January 1st) to the end of the reporting period. The mid-year report’s end date is July 31st, and the year-end report’s end date is July 31st.
F. Contact Information

Region of Waterloo Public Health and Emergency Services
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1001A Erbs Road West
Wilmot Township, ON
N3J 3Z4
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Fax: 519-650-3855

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