



Region of Waterloo * Paramedic Services
PERFORMANCE MEASUREMENT

Performance Measurement Report (mid-year)
For the Period of January – June 2015
Produced on August 17th, 2015



Region of Waterloo * Paramedic Services

PERFORMANCE MEASUREMENT

Table of Contents

SUMMARY	3
A. VOLUME AND SERVICE LEVEL INDICATORS.....	4
Number and rate of calls per 1,000 population, year-to-date, by dispatch priority code and year.....	5
Rate of calls per 1,000 population, year-to-date, by municipality and year.....	6
Number and rate of calls per 1,000 population, year-to-date, by municipality and month.....	7
Number of patient transports, year-to-date, by return priority code	8
All calls served by Region of Waterloo Paramedic Services, year-to-date, by year.....	9
Unit Utilization, by hourly average (24 hour clock)	10
B. COMPLIANCE AND QUALITY ASSURANCE INDICATORS.....	11
Response time to emergency calls (code 4), 80 th percentile, by month.....	12
Response time to emergency calls (code 4), year-to-date, 80 th percentile, by municipality	13
Response time to emergency calls (code 4), 80 th percentile, by year	14
Compliance to 2015 response time performance plan, by Canadian Triage Acuity Score (CTAS).....	15
Response time to emergency calls (code 4), 80 th percentile, by population density	16
Paramedic Services' warning system use of audited calls, by month.....	17
Percentage of calls with crew chute adherence (meets two minute policy), by month	18
C. EFFICIENCY INDICATORS	19
Number of ambulance days lost to offload delay, by month.....	20
Percentage of time in code yellow status, by month	21
Percentage of time in code red status, by month	22
D. SERVICE AND QUALITY IMPACT INDICATORS.....	23
Percentage of stroke patients transported to a stroke facility [†] , by month	24
Percentage of cardiac arrest patients with return of spontaneous circulation (ROSC)	25
Percentage of heart attack patients where care was provided in less than 90 minutes (STEMI protocol)	26
E. GLOSSARY.....	27
F. Contact Information.....	30



Region of Waterloo * Paramedic Services

PERFORMANCE MEASUREMENT

SUMMARY

A. VOLUME AND SERVICE LEVEL INDICATORS

Indicator	Current Q2 (2015)	Previous Q2 (2014)	Year-To-Date
Total Number of Calls	9,471	9,114	19,288
Rate of calls per 1,000 population*	65.9	64.3	67.5
Unit Utilization	41.5%	38.1%	42.4%

C. EFFICIENCY INDICATORS

Indicator	Current Q2 (2015)	Previous Q2 (2014)	Year-To-Date
Offload Delay (# of days)*	45.5 days	26.3 days	93.1 days
Code Yellow Time	15.2%	9.0%	15.4%
Code Red Time	1.29%	0.61%	1.62%

B. COMPLIANCE AND QUALITY ASSURANCE INDICATORS

Indicator	Current Q2 (2015)	Previous Q2 (2014)	Year-To-Date
Response Time (Code 4, 80 th percentile)*	09min 46sec	10min 10sec	09min 58sec
Paramedic Services' Warning System Use	100.0%	100.0%	100.0%
Chute Time Adherence	91.5%	93.5%	90.9%

D. SERVICE AND QUALITY IMPACT INDICATORS

Indicator	Current Q2 (2015)	Previous Q2 (2014)	Year-To-Date
Stroke Patient to Stroke Facility*	84.3%	88.2%	86.2%
Return of Spontaneous Circulation*	12.5%	18.0%	13.3%
Heart attack (STEMI) protocol*	69.4%	58.3%	62.1%

SUMMARY BY MUNICIPALITY

		Municipality						
		Cambridge	Kitchener	Waterloo	North Dumfries	Wellesley	Wilmot	Woolwich
Response Times (code 4, 80th percentile)	Current Q2 (2015)	10min 07sec	09min 02sec	09min 21sec	13min 14sec	17min 08sec	17min 11sec	12min 31sec
	Previous Q2 (2014)	09min 28sec	08min 39sec	08min 46sec	13min 34sec	17min 12sec	15min 39sec	13min 05sec
	Year-To-Date	10min 18sec	09min 11sec	09min 38sec	13min 58sec	17min 48sec	17min 05sec	13min 19sec
Total Call Volume	Current Q2 (2015)	2,453	4,560	1,643	135	88	250	344
	Previous Q2 (2014)	2,336	4,367	1,564	152	59	276	360
	Year-To-Date	4,838	9,278	3,454	295	173	501	749

*Indicator is also captured in a similar fashion (with some variation in measurement units) within a portion of the OMBI reporting process.



Region of Waterloo * Paramedic Services

PERFORMANCE MEASUREMENT

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

For the half of 2015, there were 19,288 calls for paramedic service responded to in Waterloo Region which projects 38,896 calls on the year and, if sustained, would be a record for call volume. The rate of calls per 1,000 was up 4.9 per cent from the first half of 2014, continuing to greatly outpace population growth, and was likely influenced by an aging population. Unit utilization ranged from a low of 28 per cent at 5AM, generally increased to peak at 11am at 58 per cent, before gradually decreasing much of the rest of the day. Unit utilization was up 8.8 per cent from the same time last year (2014-Q2) and down 4.4 per cent from the previous quarter (2015-Q14). Staffing is partly based on patterns and predictions seen in unit utilization, and monitoring unit utilization allows for proactive planning to alter the deployment of staff to reach an appropriate unit unitization level. Note that a 12-hour ambulance was added in each July of 2011, 2012, 2013, and 2015, and an emergency response unit was added in 2014.

Performance Report

		Rolling Quarterly Results		
Indicator Name	Indicator Definition	Current Q2 (2015)	Previous Q2 (2014)	Current Year-To-Date
Number of Calls	The total number of calls responded to within Waterloo Region year-to-date.*	9,471	9,114	19,288
Rate of calls per 1,000 population	The rate of calls per 1,000 population responded to within the Waterloo Region.*	65.9	64.3	67.5
Unit Utilization	Unit utilization measures the per cent of an hour that ambulances are actively engaged in responding to calls (codes 1 to 4) – as opposed to being deployed waiting for calls. It is used to monitor resource deployment, allowing for planning to ensure sufficient staff to meet community needs. Note that when unit utilization exceeds a value of 40 per cent, it becomes difficult to ensure an ambulance will be available for the next call within a reasonable time.	41.5%	38.1%	42.4%

*Note that due to differences between the ADRS and TabletPCR data sources, there may be variances with numbers.



Region of Waterloo * Paramedic Services

PERFORMANCE MEASUREMENT

Number and rate of calls per 1,000 population, year-to-date, by dispatch priority code and year

Waterloo Region, January 1st to June 30th, 2010-2015[†]

Dispatch priority code	Number of calls						2010→2015
	2010	2011	2012	2013	2014	2015	
1 – Deferrable	377	391	329	256	245	77	
2 – Scheduled	107	84	146	97	87	67	
3 – Prompt	4,790	4,943	5,217	4,540	4,774	5,405	
4 – Urgent	10,471	11,220	11,719	12,288	13,028	13,739	
Rate per 1,000 (YTD)	58.4	60.9	63.0	61.6	64.3	67.5	
Annual change (%)	1.0%	4.2%	3.5%	-2.2%	4.4%	4.9%	
Total calls (YTD)	15,745	16,638	17,411	17,181	18,134	19,288	
Annual change (%)	2.7%	5.7%	4.6%	-1.3%	5.5%	6.4%	
Total calls (annual)	31,281	33,370	35,067	34,736	37,274	38,896*	
Annual change (%)	1.5%	6.7%	5.1%	-0.9%	7.3%	4.4%	

* Projected

[†] Due to a slight change in methodology, such as including the student population in the denominator, results may differ from previous reports.

Source: ADRS (August 17th, 2015)

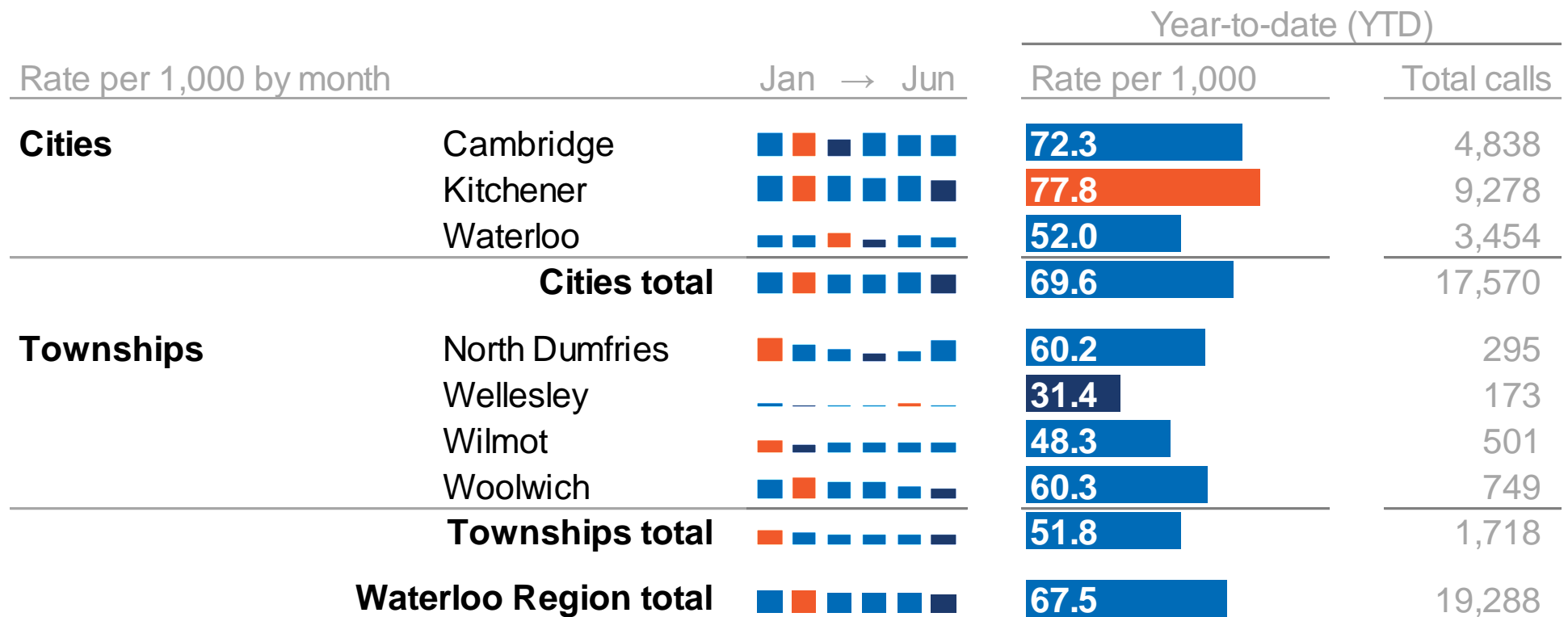
Lowest value Middle value(s) Highest value



Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Number and rate of calls per 1,000 population, year-to-date, by municipality and month

Waterloo Region, January 1st to June 30th, 2015[†]



[†] Due to a slight change in methodology, such as including the student population in the denominator, results may differ from previous reports.

Source: ADRS (August 17th, 2015)

Lowest value Middle value(s) Highest value

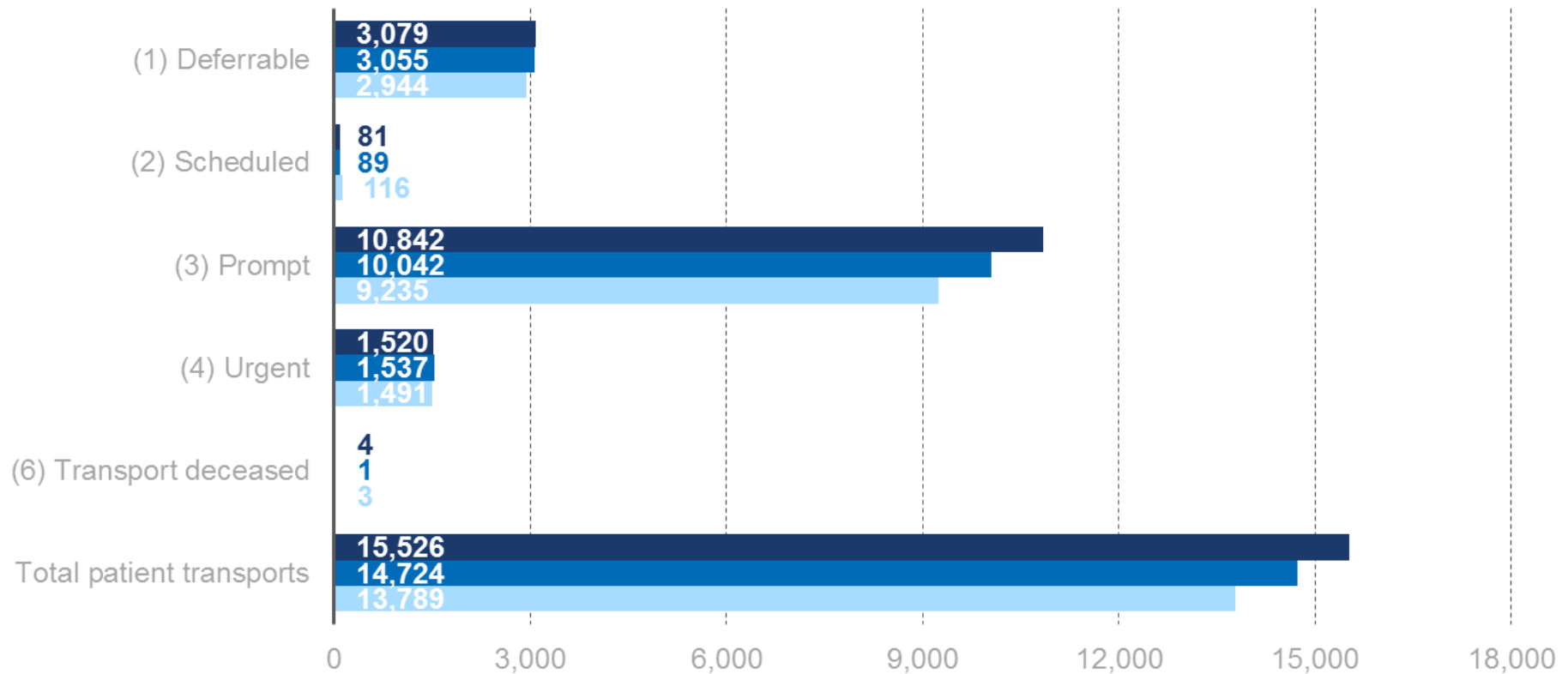


Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Number of patient transports, year-to-date, by return priority code

Region of Waterloo Paramedic Services, January 1st to June 30th, 2013-2015

■ 2015 ■ 2014 ■ 2013



Note: Indicator is based on all calls that Region of Waterloo Paramedic Services responds to both within and outside of Waterloo Region.

Source: TabletPCR (August 17th, 2015)



Region of Waterloo * Paramedic Services

PERFORMANCE MEASUREMENT

All calls served by Region of Waterloo Paramedic Services, year-to-date, by year

Inside and outside of Waterloo Region, January 1st to June 30th, 2013-2015

Measure	2010	2011	2012	2013	2014	2015	2010 → 2015
Number of unique calls (T1, code 1-4)	16,056	16,906	17,739	17,524	18,252	19,577	
Number of units dispatched (T2, code 1-4)	18,462	19,600	20,576	20,458	20,978	23,307	
Number of units arriving on scene (T4, code 1-4)	16,234	17,124	17,968	17,960	18,393	19,940	
Number of units transporting patients (T6, code 1-4)	12,260	12,719	13,221	13,552	14,262	15,184	
Number of patients transported (T6, code 1-4)	12,404	12,891	13,364	13,715	14,389	15,345	
Ratio of units dispatched to unique calls	1.15	1.16	1.16	1.17	1.15	1.19	
Per cent of units dispatched arriving on scene	87.9	87.4	87.3	87.8	87.7	85.6	
Per cent of units dispatched transporting patients	66.4	64.9	64.3	66.2	68.0	65.1	
Per cent of units arriving on scene transporting patients	75.5	74.3	73.6	75.5	77.5	76.1	

Note that due to differences between the ADRS and TabletPCR data sources, there may be variance between similar indicators. Also, data presented above represent calls dispatched to our paramedic service within or beyond Waterloo Region, while most other indicators represent calls to any paramedic service with Waterloo Region only; therefore totals will not align with previous and subsequent pages.

Source: ADRS (August 17th, 2015)

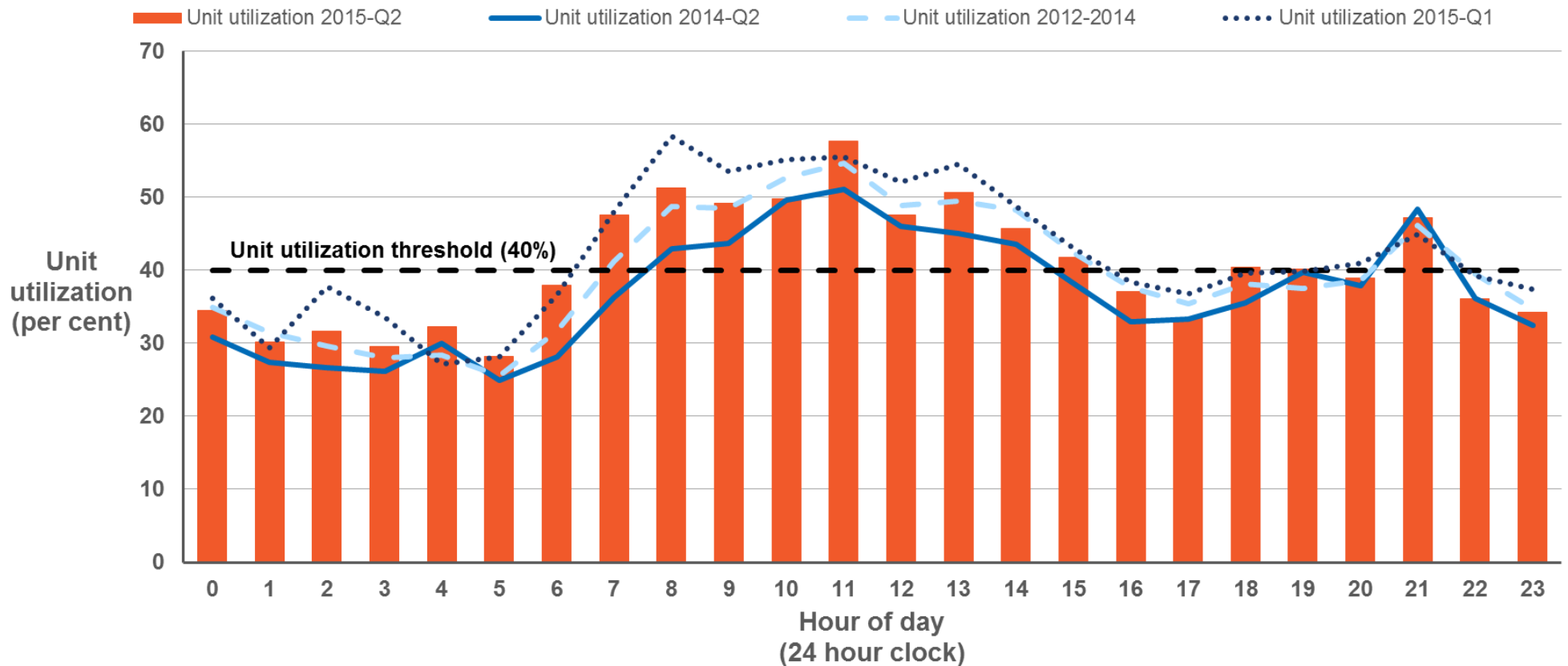
Lowest value Middle value(s) Highest value



Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Unit Utilization, by hourly average (24 hour clock)

Region of Waterloo Paramedic Services, January 1st, 2012 to December 31st, 2014, January 1st to March 31st, 2015, and April 1st to June 30th, 2014 and 2015



Source: ADRS (August 17th, 2015)



Region of Waterloo * Paramedic Services

PERFORMANCE MEASUREMENT

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

In the first half of 2015, response times to emergency calls (code 4) within Waterloo Region was 09 minutes and 58 seconds, 2.2 per cent (13 seconds) slower than in the first half of 2014. From the first quarter to the second quarter of 2015 the 80th percentile response time to emergency calls improved 3.9 per cent likely due to a slight easing in the unprecedented call volume being experienced, as well as the end of influenza season, and improved road conditions. Paramedic Services has begun monitoring response parameters observed from urban, suburban, and rural perspectives, using an 80th percentile response time informal benchmark. Response times vary according to population and road density. Drives times are longer in rural areas. Internal reviews identified warning system use compliance of 100 per cent in the current quarter. Chute time adherence remained below the historical average for the third quarter in a row as Region of Waterloo Paramedic Services continues work to improve compliance on this metric. Note that a 12-hour ambulance was added in each July of 2011, 2012, 2013, and 2015, and an emergency response unit was added in 2014.

Performance Report

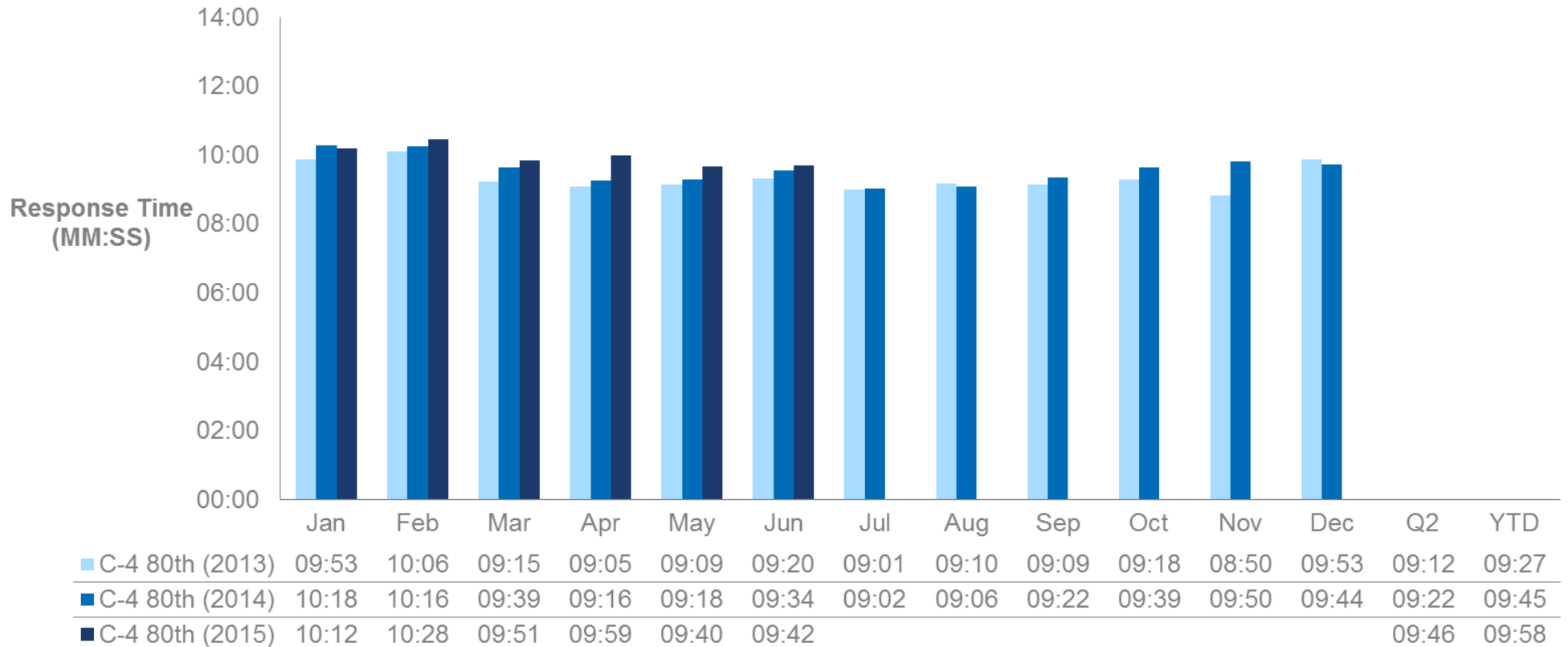
Indicator Name	Indicator Definition	Rolling Quarterly Results		
		Current Q2 (2015)	Previous Q2 (2014)	Current Year-To-Date
Paramedic Services Response Time to Emergency Calls	A measurement of the Paramedic Services' ability to meet performance a summary performance indicator, response time to code 4 calls, 80 th percentile.	09min 46sec	09min 22sec	09min 58sec
Paramedic Services' Warning System Use	A measurement of compliance with the appropriate use of warning systems by Paramedic Services staff (based on a review of internal audits conducted on calls flagged for review during the month).	100.0%	100.0%	100.0%
Chute Time Adherence	The percentage of calls where the timeframe from crew notification to when they are enroute is within protocol (Policy #4.3) of 2 minutes.	91.5%	93.5%	90.9%



Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Response time to emergency calls (code 4), 80th percentile, by month

Waterloo Region, January 1st, 2013 to June 30th, 2015[†]



[†] Due to a slight change in methodology results may differ from previous reports.

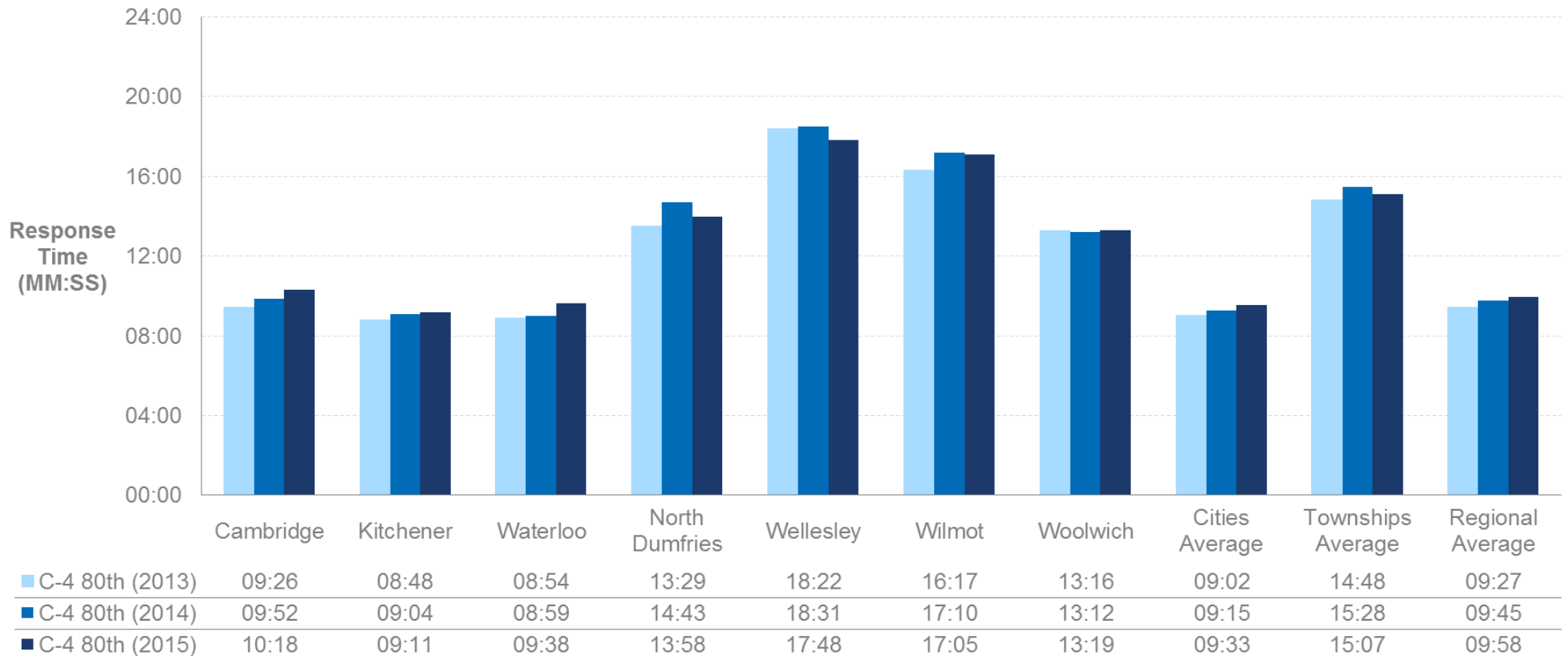
Sources: ADRS (August 17th, 2015)



Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Response time to emergency calls (code 4), year-to-date, 80th percentile, by municipality

Waterloo Region, January 1st to June 30th, 2013-2015[†]



[†] Due to a slight change in methodology results may differ from previous reports.

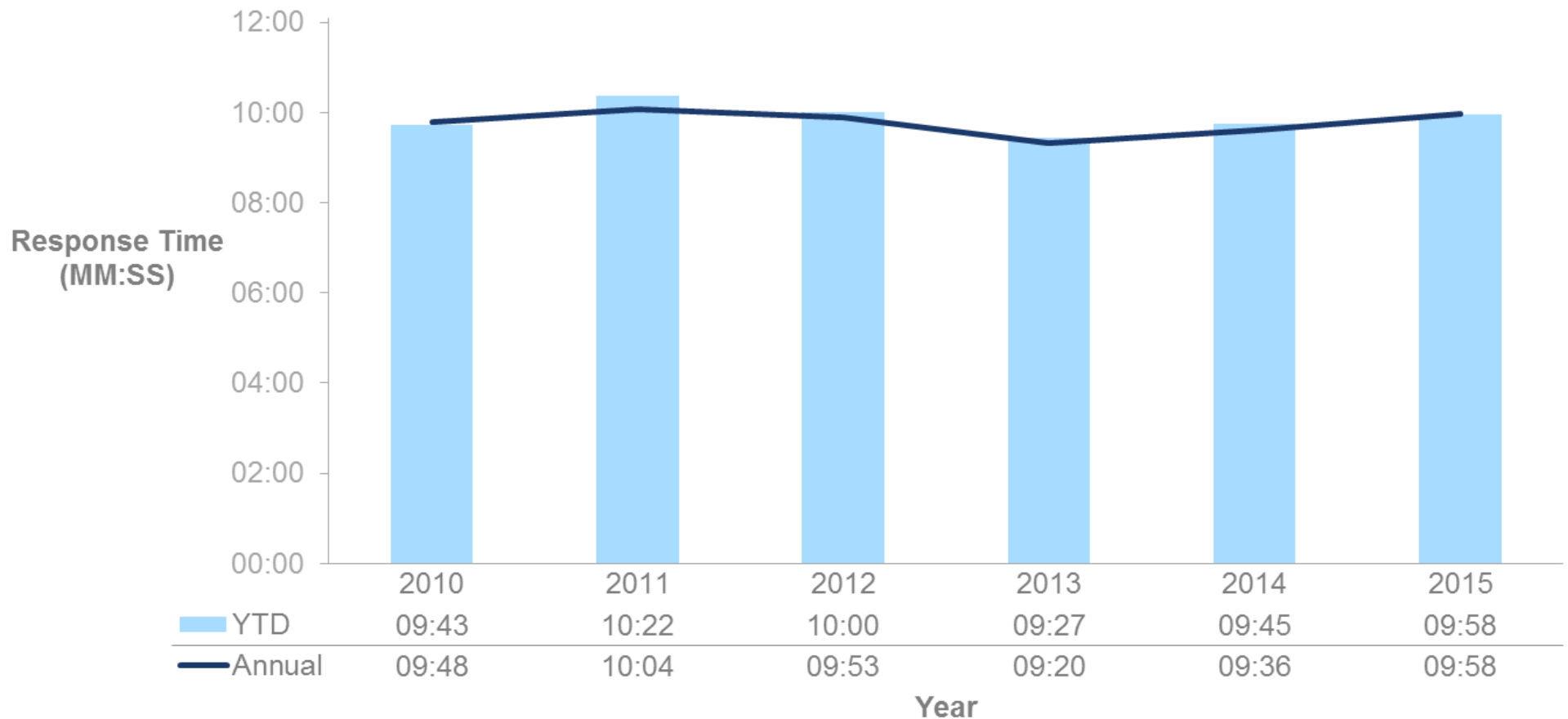
Source: ADRS (August 17th, 2015)



Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Response time to emergency calls (code 4), 80th percentile, by year

Waterloo Region, January 1st to June 30th, 2010-2015 and January 1st to December 31st, 2010-2014[†]



[†] Due to a slight change in methodology results may differ from previous reports.

Source: ADRS (August 17th, 2015)



Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Compliance to 2015 response time performance plan, by Canadian Triage Acuity Score (CTAS)

Waterloo Region, January 1st to June 30th, 2015

Type of call	Response Time Target Paramedic Services notified (T2) to arrive scene (T4)	Approved 2015 Region of Waterloo target	2015 (second quarter)		2015 (year-to-date)	
			Per cent compliance	Percentile time (mm:ss)	Per cent compliance	Percentile time (mm:ss)
Sudden Cardiac Arrest	Defibrillator response in 6 minutes or less (set by MOHLTC)	50% or better (Paramedic Services only)	42%	06:39	36%	06:59
CTAS 1	Paramedic Services response in 8 minutes or less (set by MOHLTC)	70% or better	72%	07:49	71%	07:53
CTAS 2	Paramedic Services response in 10 minutes or less	80% or better	78%	10:22	76%	10:34
CTAS 3	Paramedic Services response in 11 minutes or less	80% or better	78%	11:22	77%	11:37
CTAS 4	Paramedic Services response in 12 minutes or less	80% or better	79%	12:19	78%	12:26
CTAS 5	Paramedic Services response in 12 minutes or less	80% or better	78%	12:25	78%	12:28

Source: ADRS and TabletPCR (August 17th, 2015)

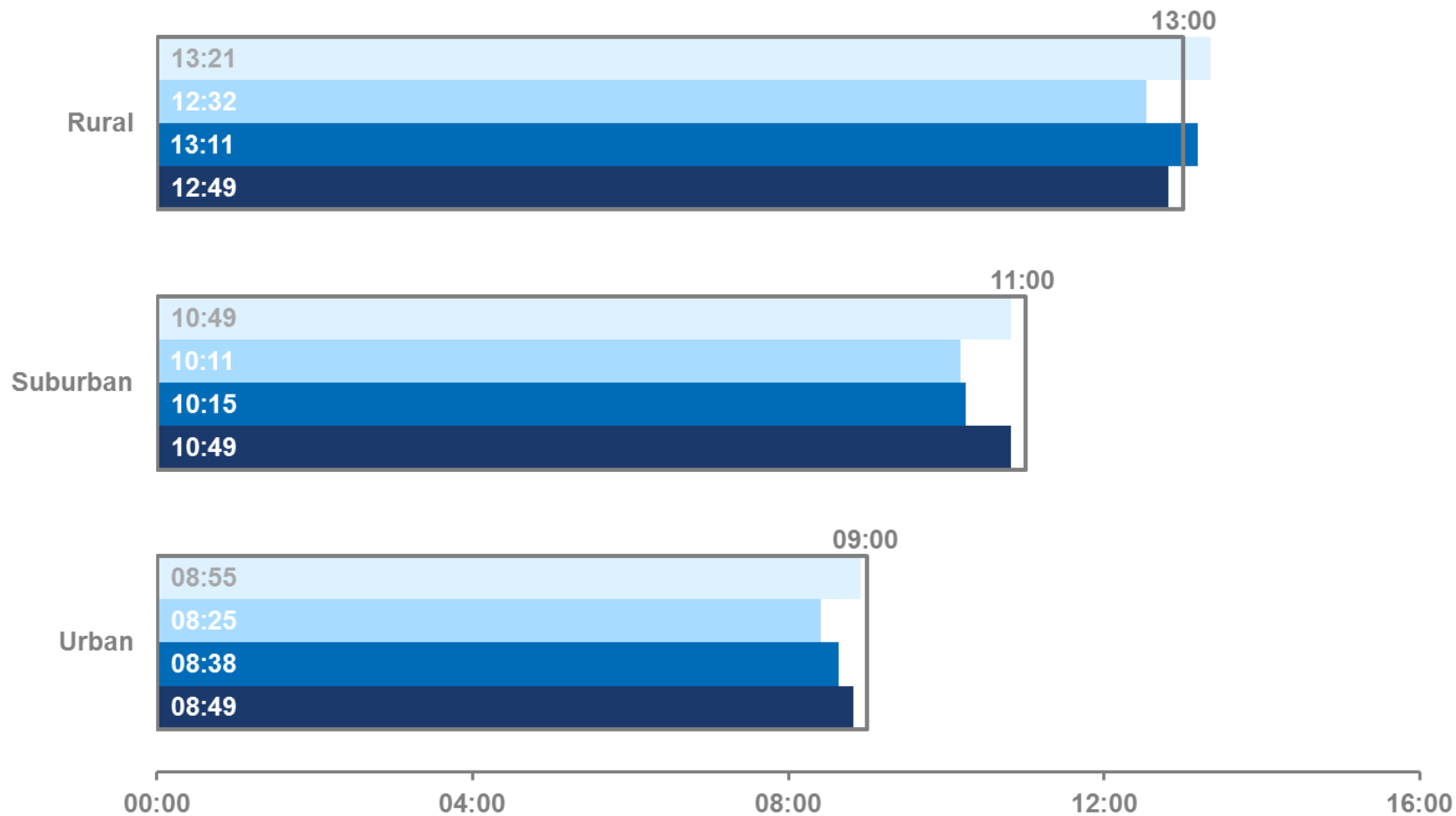


Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Response time to emergency calls (code 4), 80th percentile, by population density

Waterloo Region, January 1st to June 30th, 2012-2015

2012 2013 2014 2015 Informal monitoring benchmark



Source: ADRS (August 17th, 2015)



Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Paramedic Services' warning system use of audited calls, by month

Waterloo Region, January 1st, 2013 to June 30th, 2015

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2015	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
2014	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
2013	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Results presented are a representative sample of calls audited, not a review of all calls.

Source: TabletPCR (August 17th, 2015)



Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Percentage of calls with crew chute adherence (meets two minute policy), by month

Region of Waterloo Paramedic Services, January 1st, 2014 to June 30th, 2015



Source: TabletPCR (August 17th, 2015)



Region of Waterloo * Paramedic Services

PERFORMANCE MEASUREMENT

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

Across the second quarter, Offload Delay losses declined 4.5 per cent from the first quarter, returning to 2012 levels. Year-to-date Offload Delay is 60-80 per cent above the previous first halves of 2013 and 2014 respectively. Close collaboration between Paramedic Services and local hospitals continues to focus on addressing the issue of Offload Delay to limit the effects of Offload Delays on Paramedic Services. Collaboration on new and innovative strategies to address Offload Delay and return crews to the public for re-assignment is assisting in limiting our Offload Delay losses. Time spent in Code Yellow and Code Red declined 2.6 per cent and 34.6 per cent respectively from the first quarter, but remain well above the historical average.

Performance Report

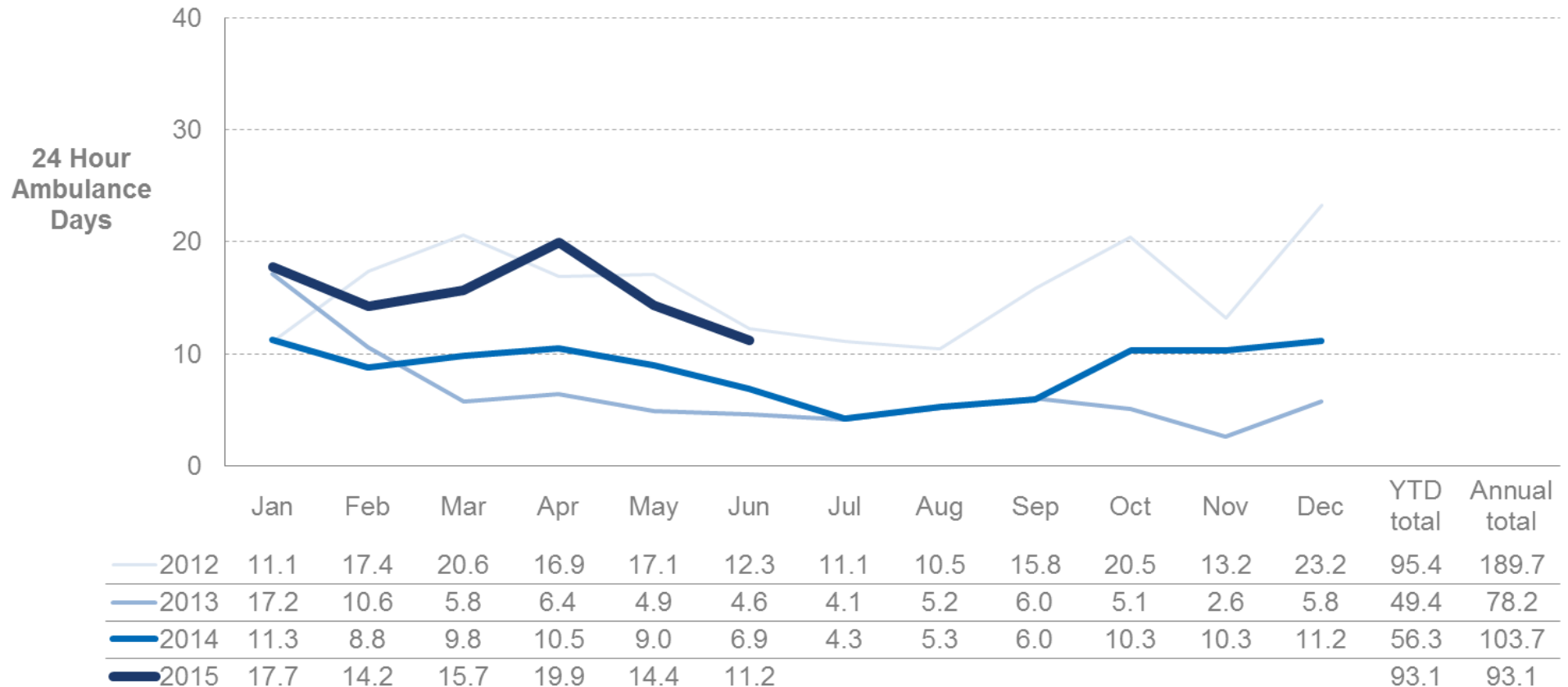
Performance Report		Rolling Quarterly Results		
		Current Q2 (2015)	Previous Q2 (2014)	Current Year-To-Date
Indicator Name	Indicator Definition			
Offload Delay Measurement	The amount of 24 hour ambulance days lost to offload delay over the course of a month.	45.5 days	26.3 days	93.1 days
Code Yellow Status	The percentage of time where Paramedic Services is in a Code Yellow Status for the month (≤ three vehicles available).	15.2%	9.0%	15.4%
Code Red Status	The percentage of time where Paramedic Services is in a Code Red Status for the month (zero vehicles available).	1.29%	0.61%	1.62%



Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Number of ambulance days lost to offload delay, by month

Region of Waterloo Paramedic Services, January 1st, 2012 to June 30th, 2015[†]



[†] Currently **offload delay time** is reported, which is defined as the time beyond 30 minutes that a crew waits at the hospital, as a maximum 30 minute wait time per call is deemed to be acceptable. Previously, the total amount of **offload time of calls experiencing offload delay** (greater than 30 minutes) was reported, these are not the same indicator. As a result, trends remain identical to previous reports, but the totals are lower.

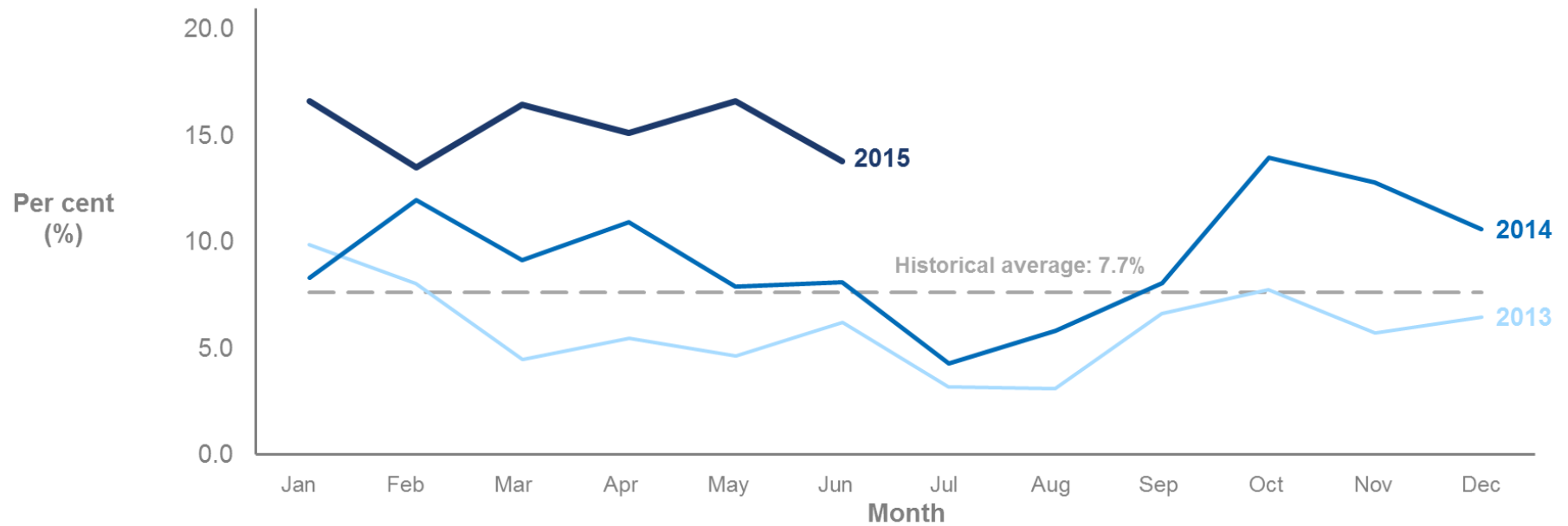
Source: TabletPCR (August 17th, 2015)



Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Percentage of time in code yellow status, by month

Waterloo Region, January 1st, 2013 to June 30th, 2015



— % of time in code yellow (2013)	9.9	8.0	4.5	5.5	4.6	6.2	3.2	3.1	6.6	7.8	5.7	6.5
— % of time in code yellow (2014)	8.3	12.0	9.2	10.9	7.9	8.1	4.3	5.8	8.1	14.0	12.8	10.6
— % of time in code yellow (2015)	16.6	13.5	16.4	15.1	16.6	13.8	-	-	-	-	-	-
2015 code yellow time (H:M:S)	123:47:02	90:52:37	122:19:32	108:51:29	123:43:10	99:24:21	-	-	-	-	-	-

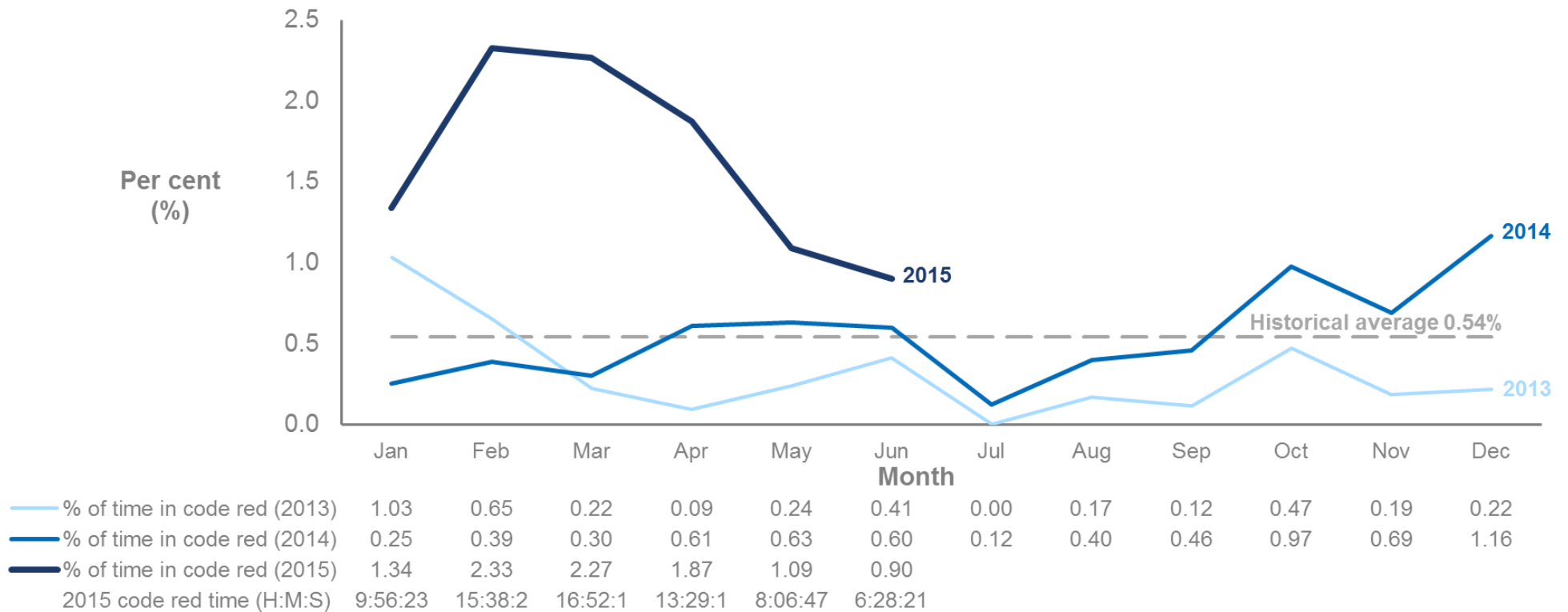
Source: CACC (August 17th, 2015)



Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Percentage of time in code red status, by month

Waterloo Region, January 1st, 2013 to June 30th, 2015



Source: CACC (August 17th, 2015)



Region of Waterloo * Paramedic Services

PERFORMANCE MEASUREMENT

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

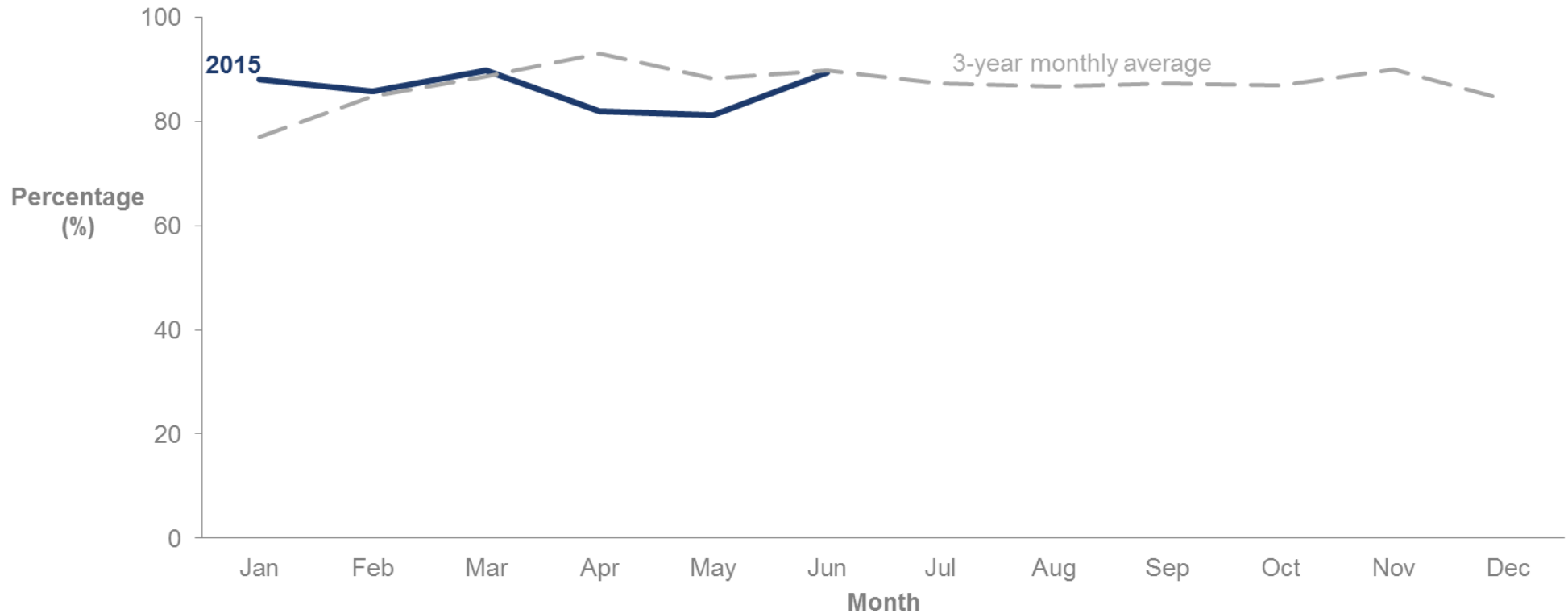
Note that service type indicators tend to fluctuate around the average over time, particularly when a small number of cases are involved. The percentage of stroke patients taken to stroke facilities was slightly at or below the historical monthly average throughout the quarter. Results for the Return of Spontaneous Circulation (ROSC) indicator continued to fluctuate near the historical monthly average. As any Return of Spontaneous Circulation is deemed positive results are in an acceptable range (variation is normal due to the small number of cases). Heart attack STEMI (ST-Segment Elevation Myocardial Infarction) Protocol compliance, providing care in less than 90 minutes, also fluctuated around the historical monthly average and averaged 69.4 per cent for the quarter (variation is expected for heart attack STEMI due to the numerous variables involved).

Performance Report

		Rolling Quarterly Results		
Indicator Name	Indicator Definition	Current Q2 (2015)	Previous Q2 (2014)	Current Year-To-Date
Stroke Patient to Stroke Facilities	The percentage of stroke patients taken to Provincial Stroke Facilities. <i>*Note that 'stroke protocol' outlines that only patients with certain symptoms and within certain timelines are transported to a stroke facility. Due to this, a variance under 100% may not necessarily represent a missed target.</i>	84.3%	88.2%	86.2%
Return of Spontaneous Circulation (ROSC)	The percentage of cardiac arrest patients with the return of pulse.	12.5%	18.0%	13.3%
Heart attack (STEMI) Protocol ST-Segment Elevation Myocardial Infarction	The percentage of STEMI patients where care was provided in less than 90 minutes ('STEMI' represents a type of heart attack). <i>*Note that 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.</i>	69.4%	58.3%	62.1%

Percentage of stroke patients transported to a stroke facility[†], by month

Region of Waterloo Paramedic Services, January 1st, 2015 to June 30th, 2015



[†]Stroke facilities include: Grand River, Brantford General, Hamilton General, Stratford General, and Guelph General.

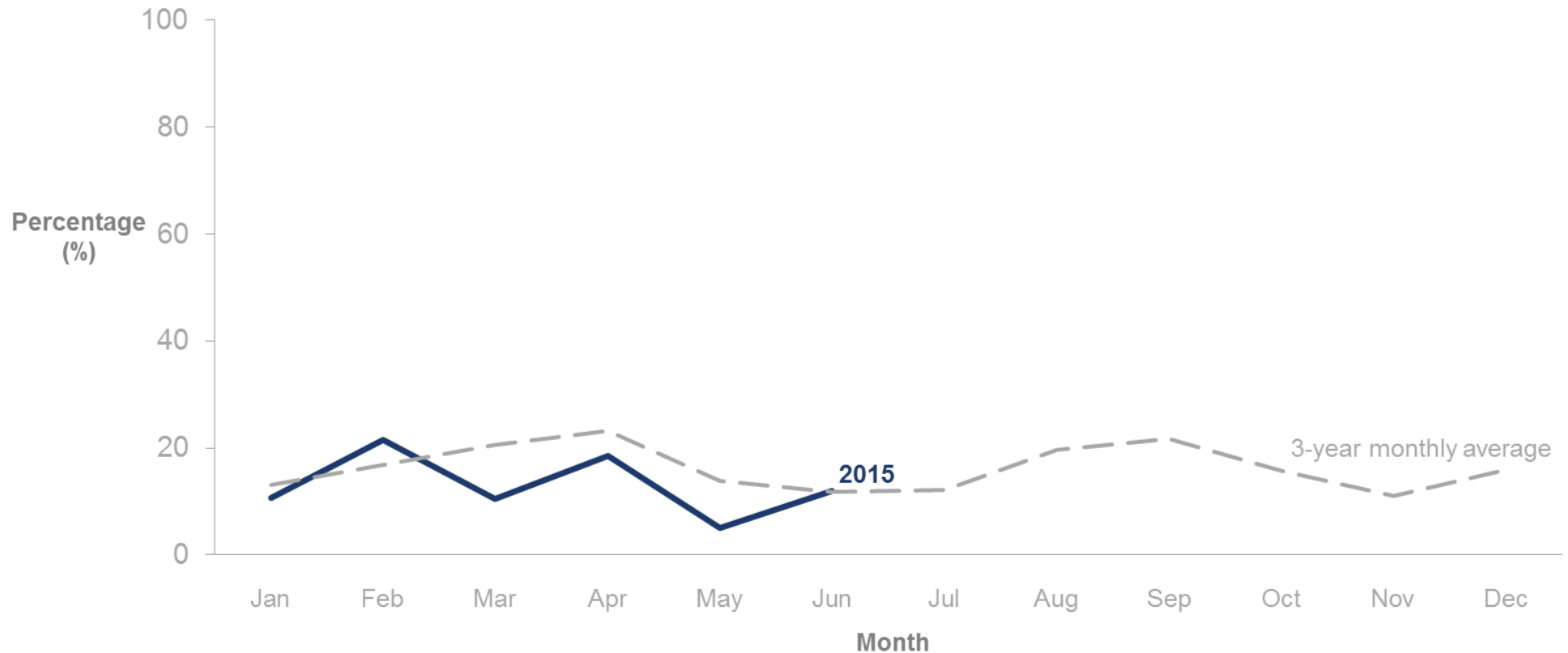
Source: TabletPCR (August 17th, 2015)



Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Percentage of cardiac arrest patients with return of spontaneous circulation (ROSC)

by month, Region of Waterloo Paramedic Services, January 1st, 2015 to June 30th, 2015



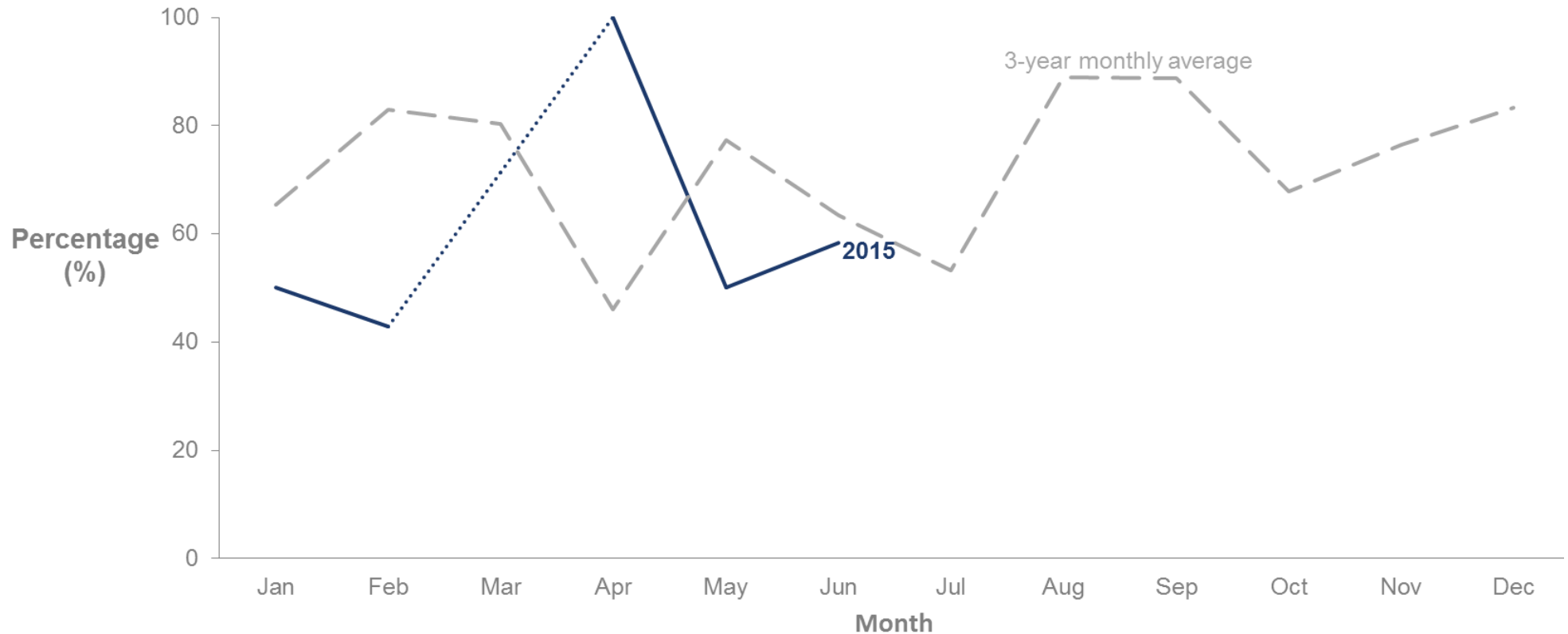
Source: TabletPCR (August 17th, 2015)



Region of Waterloo * Paramedic Services PERFORMANCE MEASUREMENT

Percentage of heart attack patients where care was provided in less than 90 minutes (STEMI protocol)

by month, Waterloo Region, October 1st, 2011 to June 30th, 2015



**Note that in June 2013 and March 2015, there were 0 STEMI cases recorded. The dashed line does not represent an adherence percentage for the month.

Source: St. Mary's Hospital (August 12th, 2015)

E. GLOSSARY

ADRS: Ambulance Dispatch Reporting System

CACC: Central Ambulance Communications Centre

Cardiac Arrest: A sudden, sometimes temporary, cessation of the heart's functioning.ⁱ

Chute Time: The time it takes an ambulance to depart once notified of a call (Outlined in Paramedic Services Policy #4.3).ⁱⁱ

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

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).^{iv}

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

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).^{vi}

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.^{vii}

Code Yellow: When the Region of Waterloo Paramedic Services is at minimum coverage of three vehicles or less.^{viii}

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.^{ix}

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

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).^{xi}



Region of Waterloo * Paramedic Services

PERFORMANCE MEASUREMENT

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.^{xii}

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

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

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.^{xv}

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.^{xvi}

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.^{xvii}

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).^{xviii}

Rolling Quarterly Results: Reviewing the previous three months data as a snapshot of the indicator’s performance over a period of time.

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.^{xix}

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



Region of Waterloo * Paramedic Services

PERFORMANCE MEASUREMENT

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.^{xxi}

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

Unit Hour Utilization: Percentage of staffed vehicles utilized during any given hour of the day.^{xxii} Note that when UHU 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.

Warning System(s): Depending on the priority of the call, Warning Systems represent emergency lights and/or sirens that may be activated.



Region of Waterloo * Paramedic Services

PERFORMANCE MEASUREMENT

F. Contact Information

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Region of Waterloo * Paramedic Services

PERFORMANCE MEASUREMENT

Notes

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- ^{iv} Government of Ontario, Ministry of Health and Long-Term Care, Ambulance Call Report Completion Manual (Ontario: Government of Ontario, 2003) 9.
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