

Peterborough County/City Paramedics

Paramedic Services Update







Peterborough County/City Paramedics



ABOUT US

Peterborough County/City Paramedics (PCCP) provides emergency medical care to citizens and visitors of both Peterborough County and City; combined population of 147,681 and combined coverage area of 3,844.23 km squared.

Our staffing consists of 76 Full-Time Paramedics and 64 Part-time Paramedics. 15 Community Paramedics. 18 Management staff including 8 part-time Road Supervisors, 2-FTE Logistics staff and 4 Administrators. Our 911 fleet consists of 17 Ambulances, 4 Administrative vehicles and 1 Bariatric truck.

Base Locations:

- 1. Headquarters: 310 Armour Road, Peterborough
- 2. Clonsilla Base
- 3. Lakefield Base
- 4. Norwood Base
- 5. Apsley Base
- 6. Buckhorn Base (seasonal from April until October)

In 2022, preparations began for our new base in the town of Millbrook to provide coverage to the quickly expanding region of Cavan-Monaghan. The base is anticipated to open in Fall 2024 and will be shared with Cavan Fire Department.



LEVELS OF TRAINING & ON-GOING EDUCATION

Levels of Service:

- 1. Primary Care Paramedics (PCP)
- 2. Advanced Care Paramedics (ACP)

Education:

Paramedic staff undergo annual education/ Continued Medical Education (CME) in both spring and fall for Central East Prehospital Care Program (CEPCP/Base Hospital) of 16 hours and 16 hours of in-service/ department required training to maintain certifications.

Total of 32 hours of required annual training.





THE PILLARS OF PCCP



Patricia Bromfield, Chief of Paramedics



Ryan Moloney, Deputy Chief of Operations

OPERATIONS



Don Oettinger, Deputy Chief of Professional Support

PROFESSIONAL

SUPPORT



Craig Jones,
Deputy Chief of
Community Programs &
Emergency Management

COMMUNITY

PROGRAMS/

EMERGENCY MGMT

ADMINISTRATION



Creation of benchmarks to exceed expectations of stakeholders



Equipment maintenance and Supply



Assist staff in maintaining credentials through ongoing training



Community Paramedicine Programs



Budget and financial responsibility



Staffing onboarding, scheduling & payrol



Support staff by researching the best tools to do their job.



Special Projects Coordination



Transparent reporting to Council, public and other stakeholders



Fleet maintenance and Supply



Ensure Staff Health & Wellness is maintained at work



Emergency Management Program/ Coordination with Allied Agencies



Land Ambulance Funding

Joint Funding

Land ambulance funding is provided jointly through the County of Peterborough, City of Peterborough and the Province of Ontario through the Ministry of Health.

50% is shared between the City and County and 50% from Ministry of Health.

The service is managed by the County of Peterborough and reports to both County Council and City's Peterborough Regional Liaison Committee.

Funding from the County and City is calculated based on Population for the respective catchment areas, although the majority of calls are serviced in the City.



COMMUNITY PARAMEDIC PROGRAMS

In 2022, PCCP was provided with funding from the Ministry of Health, Ontario Health and other sources, to provide additional resources and services to the Community. Below are our current programs.

Note: Due to changes in funding, the Mobile Support Overdose Resource Team (MSORT) has ended and was replaced by the Community Paramedic Outreach Program (CPOP).

Community Paramedics

- Staffing: 11 Full-time
 Paramedics, 1 Supervisor
 8 1 Administrator
- Provide care for patients in their homes'
- Remote monitoring of patients' health; detecting and addressing any health concerns quickly
- Coordinating health care of patients' with their physicians'
- Create a safe environment for patients to age in the comfort of their own homes.
- Largest of PCCP Community Programs

Community Paramedic Outreach Program

- Pilot project intended to reduce overdoses and minimize the risk of harms related to overdose and substance abuse, especially opioids
- Program compliments the Consumption 8 Treatment Services Site (CTS)
- The frontline team includes a Communitybased Paramedic, two Addictions Treatment Specialists and Harm Reduction Peer Outreach Workers who offer a range of support, health and treatment options

Consumption Treatment Site (CTS)

- Health service that provides a safe, clean space for people to consume preobtained drugs under the supervision of health professionals.
- Individuals are provided with sterile injection supplies, education on safer consumption practices, basic medical services, and referrals to drug treatment, housing, and other social services.
- 2 Paramedic staff are assigned to the CTS site on rotation



"I know somebody is looking out for me. As soon as you call, you get an answer, you're not waiting. The other day, something came up with my pulse and I thought something was wrong. They looked after me, checked everything and I felt good when the paramedic said you don't have to go to the hospital if you don't want to go."

Lorraine Crawford

RPM Patient



"We're able to see and monitor their vital signs here in the office and if there's a problem with any of their vital signs, it comes up on my monitor and I'm able to reach out to that patient and confirm whether or not they're having any symptoms with those vital signs. It's another sort of safety net to check in with them before 911."

Chris O'Conno

Community Paramedic, Peterborough County



"I think the biggest advantage to having RPM and Community Paramedicine is the security that patients feel when they are in their home. They can hook up the machines, take their vital signs and have somebody acknowledge and review them. When patients go to the drugstore and buy a blood pressure cuff, they don't have anyone on the other end looking at results."

Stephanie Duggan

Community Paramedic, Peterborough County

Response Time Performance Standards Requirements

Per Part VIII of Ontario Regulation 257/00 under the Ambulance Act, land ambulance services are required to set Response Time Performance Standards and report on them annually. Report is broken out for Sudden Cardiac Arrest (SCA) and the Canadian Triage Acuity Scale (CTAS) 1, 2, 3, 4, and 5 patients requiring emergency responses. CTAS is an international medical triage standard utilized by hospitals, ambulance communication services and paramedics to identify how urgently a patient requires medical care.

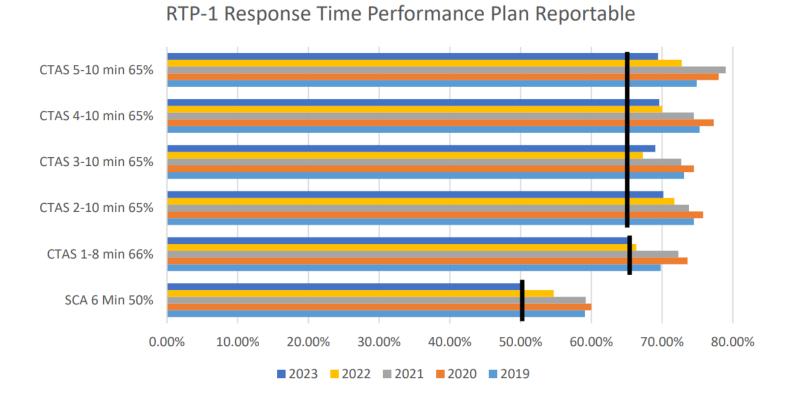
Specifically, in providing performance plans and reports to the ministry, each municipality must report on:

- The percentage of times that sudden cardiac arrest patients received assistance from a person equipped to provide defibrillation (e.g., paramedic, fire, police, or other first responder) within six minutes from the notification of a call by an ambulance communication service.
- The percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to sudden cardiac arrest patients or other patients categorized as CTAS 1 within eight minutes of the time notice is received respecting such services.
- The percentage of times that a paramedic arrived at the location of a patient determined to be CTAS 2, 3, 4, 5 within a period of time **determined appropriate by the municipality**.

All municipal RTPPs are posted on the Ministry of Health and Long Term Care public website (www.health.gov.on.ca/english/public/program/ehs/land/responsetime.html), and are to be accompanied by performance results for the previous year.

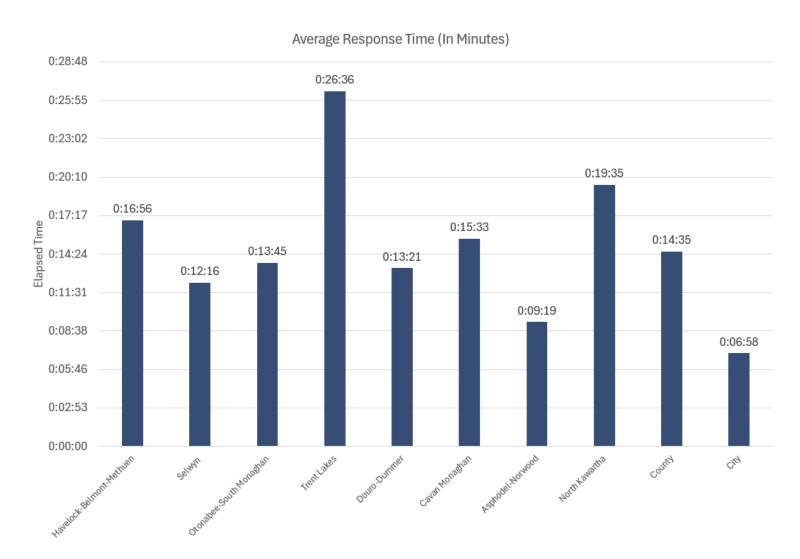
Municipalities may adjust individual performance plans at will, subject to timely notification of the Ministry. Annually, and no later than October 1st, municipalities are required to approve their Response Time Performance Plans for the upcoming calendar year and submit the plan to the Ministry by October 31st.

Below is our response time performance plan for the City & County for the past 5 years.



The below chart, displays the Average Elapsed Time in minutes and seconds for calls received in our coverage area from the time crew is notified (T2) to the time crews arrive on scene (T4).

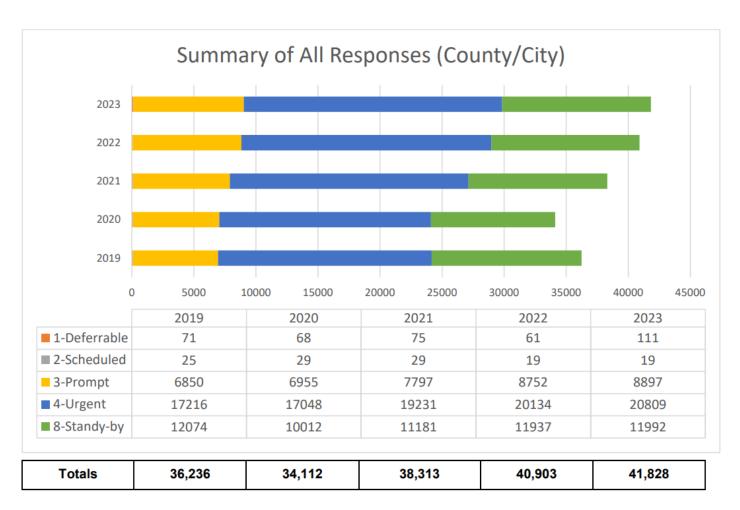
Douro-Dummer's average response time was 00:13:21 where the County average was 00:14:35.



Summary of All Pickups

Below is the summary of all pickups serviced by Peterborough County/City Paramedics.

In 2023, the number of Emergency/Urgent (Code 4 - Urgent/Life threatening) calls dispatched saw an increase of 3.35% over 2022 and Prompt (Code 3-Prompt/Serious) calls saw an increase of 1.66%. There was an overall increase of 2.26%. The average year over year increase for the reporting period below is 3.87% for the past 5 years.



Douro-Dummer

In comparison, of the total calls above, Douro-Dummer experienced 672 calls or 1.61% of Peterborough County/City (coverage area) Call Volume.

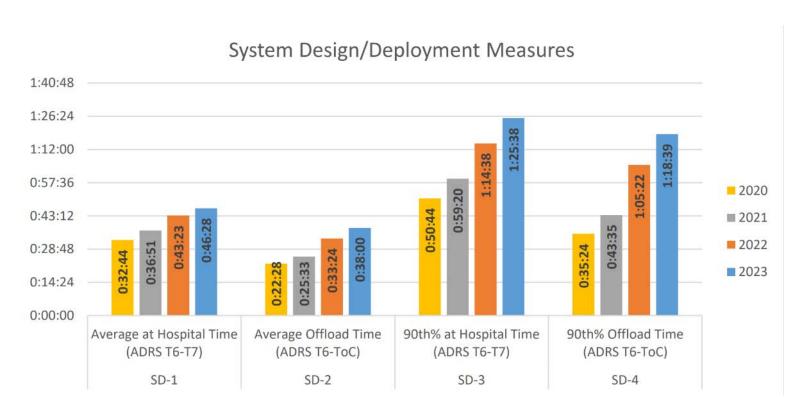
Of the total Douro-Dummer calls, 23.96% were Code 3/Prompt and 73.81% were Code 4/Urgent calls and 2.23% were Stand-by calls.

	1-Deferrable	2-Scheduled	3-Prompt	4-Urgent	8-Stand-by
Douro-Dummer	0	0	161	496	15

Offload Delay Summary

Charted below are the System Design and Deployment Measures. First category shows average at hospital time. Second category is Average Offload time. The last two categories are our 90th percentile at Hospital Time and 90th percentile Offload time.

The service experienced 10,340 hours (in excess of 30 minutes) of offload delay in 2023. That is 12.7% of the staffed hours or equivalent to 9 FTE's.



Peterborough County/City Paramedics developed a core set of questions for the patient experience survey.

During the period of Monday, October 2, 2023 to Friday, December 15th, 2023 patients and/or their care givers were invited to participate and provide feedback regarding their experience with PCCP in the previous 12 months.

The community members and visitors were invited to participate through the following means:

- Media including television and radio advertisements
- Social media
- Roadside signage
- Invitations included with hospital bill

Access to the online survey was provided through website address and QR codes to allow smart phone access.

Responses were collected through the use of a data collection and analysis tool. The data collection was designed and implemented to ensure anonymity. No personal identifiers or personal health information was collected.

The data analysis tool enabled aggregation of data in various formats including municipal boundaries, patient demographics and self described urban, rural and remote settings.

Limitations

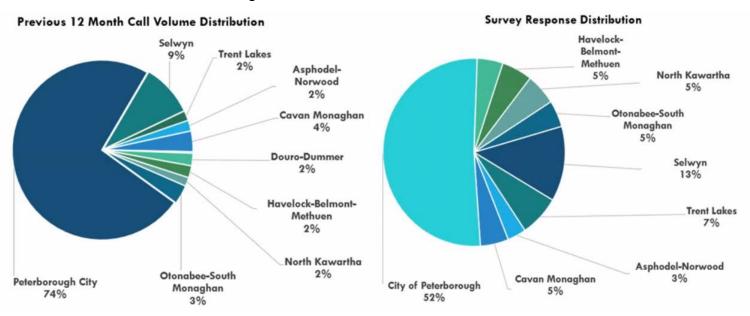
While the data discovered through the Patient Experience Survey is informative, several limitations must be considered in the use of the information gathered.

- Distribution and Awareness: The methods utilized to invite participation may not reach all potential participants
- Access to survey tool: The survey tool required internet access and a basic level of technical proficiency.
- Sample Size: In comparison to total annual responses, the sample size resulting form the survey is relatively low.
- Participant Biases: Willingness for survey participation and response content is likely effected by circumstances of their recent experience with strong negative or positive feelings compelling participation.

The most effective way of exploring and representing the patient's experience is by using a mixed-method approach. This could involve use of more consistency in survey distribution and more narrative methods, such as patient stories to effectively define quality and ensuring that the focus is always on what matters most to patients.

Response Rate

The rate of survey participation by residents of the County was higher than those of the City of Peterborough when comparing the previous 12 month call volume data against survey responses. Acknowledging the aforementioned survey limitations, the response rates suggest that the data collected is reasonably reliable to form conclusions related to patient satisfaction in the urban and rural settings.



Satisfaction Measures

Provision of Care

"Please rate how you felt about the level of care provided to you by the ambulance paramedics overall, including arrival, treatment and transport"

Overall, respondents' experiences with care provided by paramedics were very positive. 90% of County and 88% City patients reported their care was "very good" or "good" and additional 9% reported care met expectations or "ok".

Net satisfaction was reported higher in the County (90%) as compared to the City (88%). A deeper review of feedback indicates concern related to transport destination as significantly influencing the lower net satisfaction ratings in certain municipalities.

	Very Good	Good	ок	Poor	Very Poor	Net Good	Net
							Poor
Asphodel-Norwood	63%	25%	0%	0%	12%	88%	12%
Cavan-Monaghan	92%	0%	0%	0%	8%	92%	8%
Douro-Dummer	64%	18%	9%	0%	9%	82%	9%
Havelock-Belmont- Methuen	75%	17%	0%	8%	0%	92%	8%
North Kawartha	58%	25%	8%	8%	0%	84%	8%
Otonabee-South	82%	18%	0%	0%	0%	100%	0%
Monaghan							
Selwyn	76%	17%	0%	7%	0%	93%	7%
Trent Lakes	59%	29%	0%	0%	12%	88%	12 %
County	72%	18%	2%	4%	4%	90%	8%
City of Peterbor- ough	79%	9%	7%	2%	3%	88%	5%
All Areas	76%	14%	4%	3%	4%	90%	6%

[&]quot;The crew were very kind to my elderly mother. Took the time to explain things to me. Very kind and professional. Also explained what was happening while waiting for a room at the hospital."- City of Peterborough Respondent

Satisfaction Measures

Trust and Confidence

"How would you rate the level of trust and confidence you had in the ambulance services staff and their ability to provide quality care and treatment?"

Survey responses revealed a very high level of trust and confidence in PCCP staff and their ability to provide care at 85% overall ratings of "high" or "very high" net level of trust and confidence.

Total confidence level ("confident", highly confident" and "very high confidence") is overwhelmingly high at 93% (95% City & 91% County) for the combined areas.

As noted in the survey limitations, the lower number of responses associated with the lower tier municipalities has potential to skew results directly associated with those regions. As such, observations and assumptions are provided mainly at County and City level.

	Very High Confidence	Highly Confident	Confident	Low Level of Confidence	Very Low Level of Con- fidence	Net High Confidence	Net Low Confidence
Asphodel-Norwood	50%	13%	25%	12%	0%	63%	12%
Cavan-Monaghan	64%	27%	0%	0%	9%	91%	9%
Douro-Dummer	36%	36%	10%	9%	9%	72 %	18%
Havelock-Belmont- Methuen	54%	31%	8%	0%	7%	85%	7%
North Kawartha	36%	55%	0%	9%	0%	91%	9%
Otonabee-South Monaghan	55%	36%	0%	9%	0%	91%	9%
Selwyn	66%	24%	3%	7%	0%	90%	7 %
Trent Lakes	53%	35%	6%	0%	6%	88%	6%
County	54%	32%	5%	5%	4%	86%	9%
City of Peterbor- ough	70%	14%	11%	2%	3%	84%	5%
All Areas	62%	23%	9%	3%	3%	85%	7%

Everything was handled professionally, skillfully and with the greatest care for the patient. There is nothing that was lacking from our experiences with the service. —Selwyn Respondent

公立 Satisfaction Measures

Waiting for ambulance

"Which of the following would best describe how you felt about the length of time you waited for the ambulance to arrive?"

69% of respondents in Peterborough County and City report the ambulance response was as quick as expected

- Response time satisfaction is higher in the City of Peterborough (72%) as compared to the County (66%)
- Lower levels of response time satisfaction was reported by respondents in the Municipalities of Trent Lakes (53%) and Havelock-Belmont-Methuen (54%)
- Highest levels of response time satisfaction was reported by respondents in the Municipalities of Otonabee South-Monaghan (82%) and North Kawartha (77%)

	Much Quick- er than Ex- pected	A little Quick- er	As Expected	A Little Slow- er	Much Slower	Net Exceeded Expectation	Net Dissatisfied
Asphodel-Norwood	25%	0%	38%	25%	12%	25%	38%
Cavan-Monaghan	27%	10%	36%	0%	27%	36%	27%
Douro-Dummer	27%	27%	18%	18%	10%	55%	27%
Havelock-Belmont- Methuen	15%	8%	15%	31%	23%	23%	54%
North Kawartha	31%	8%	38%	8%	15%	38%	23%
Otonabee-South Monaghan	37%	18%	27%	9%	9%	55%	18%
Selwyn	20%	10%	40%	13%	10%	30%	23%
Trent Lakes	0%	18%	29%	12%	41%	18%	53%
County	21%	13%	32%	14%	18%	34%	32%
City of Peterbor- ough	31%	18%	23%	12%	13%	49%	25%
All Areas	26%	16%	27%	13%	16%	41%	28%

An appreciable differing level of satisfaction with response times exists between City and County respondents.

As noted in the survey limitations, the lower number of responses associated with the lower tier municipalities has potential to skew results directly associated with those regions. As such, observations and assumptions are provided mainly at County and City level.

Satisfaction Measures

Overall satisfaction

"Please rate how satisfied were you overall with your last experience using the Ambulance Service"

Over 8-in-10 in patients in Peterborough County and City were satisfied with their most recent experience with Peterborough County/City Paramedic Service (PCCP)

- Satisfaction among respondents within the City of Peterborough was reported at higher than those within the County
- 85.0% of City respondents reporting "Very High" or "High" level of satisfaction 82% of County respondents reporting "Very High" or "High" level of satisfaction
- Lower levels of satisfaction was reported by respondents in the Municipalities of North Kawartha (23%) and Trent Lakes (20%)
- Highest levels of satisfaction was reported by respondents in the Municipalities of Asphodel-Norwood (87.5%) and Havelock-Belmont-Methuen (92.3%)

	Very Satisfied	Satisfied	Neither Satis- fied, nor Dis- satisfied	Dissatisfied	Very Dissatisfied	Net Satisfied	Net Dissatisfied
Asphodel-Norwood	38%	50%	0%	0%	12%	88%	12%
Cavan-Monaghan	64%	9%	9%	0%	18%	73%	18%
Douro-Dummer	73%	9%	9%	0%	9%	82%	9%
Havelock-Belmont- Methuen	46%	46%	0%	0%	8%	92%	8%
North Kawartha	46%	23%	8%	8%	15%	69%	23%
Otonabee-South Monaghan	82%	9%	9%	0%	0%	91%	0%
Selwyn	70%	14%	10%	3%	3%	83%	7%
Trent Lakes	40%	33%	7%	0%	20%	73%	20%
County	59%	22%	7%	2%	10%	82%	11%
City of Peterbor- ough	69%	16%	3%	5%	7%	85%	12%
All Areas	65%	19%	5%	3%	8%	83%	12%

Net satisfaction is calculated by removing the neutral "Neither Satisfied nor Dissatisfied" responses. This method allows for comparison of responses indicating opinion that service level met or exceeded expectations against those that failed to meet expectations.

This summary once again demonstrates an appreciable differing level of satisfaction with service level expectations between City and County respondents.

As noted in the survey limitations, the lower number of responses associated with the lower tier municipalities has potential to skew results directly associated with those regions. As such, observations and assumptions are provided mainly at County and City level.