



MIDDLESEX – LONDON EMS 2016 ANNUAL REPORT

Middlesex – London Emergency Medical Services Authority

Tel: 519-679-5466
Fax: 519-679-9509

340 Waterloo Street
London, ON N6B 2N6

www.mlems.ca
[@mlems911](https://twitter.com/mlems911)

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MESSAGE FROM THE CHIEF

As Chief, on behalf of Middlesex London Emergency Medical Services Authority, I am very pleased to present our 2016 Annual Report. It is a privilege to highlight many successes and improvements that are the result of the commitment, dedication and hard work that is consistently demonstrated by our staff.

What drives our intent and actions as we approach our daily work is a commitment to living out our Mission Statement of delivering efficient and high quality emergency response and care service to the population of Middlesex – London.



In our commitment to excellence, I note that in 2016, our paramedics continue to exceed the expectations identified in our policy for Chute Time on Code 4 Calls. The average reaction time for these calls by Middlesex-London EMS was 37 seconds in 2016.

The hiring of 14 additional part-time paramedics in 2016 helps to support our staffing needs. Our comprehensive orientation program includes learning opportunities about the allied partners they collaborate with on a daily basis, as well as orientation to equipment, procedures and patient care.

Ongoing training and education for our paramedics is a continued priority. Safety and clinical knowledge remain important considerations during our training sessions.

The commitment of the Middlesex-London EMS Public Access Defibrillator program continued to save lives by promoting public CPR/AED awareness through community training sessions. During 2016, there were 22 new Automatic External Defibrillators placed throughout London and Middlesex, and over 264 people participated in CPR/AED awareness training. As a Canadian Red Cross training partner, 248 people were certified in 23 Standard First Aid and CPR courses.

Our 9-1-1 AED registry continued to grow as many new public accessible defibrillators were added throughout the city and the county. There are 249 defibrillator locations across London and Middlesex County that are currently listed in the registry. Throughout the year, we saw a significant increase in the use of public AEDs and 8 lives saved!

Nevertheless, our work is not without challenges. In 2016, we experienced an increase in the number of calls for service. In 2016, the number of calls for potential patient carrying service was 53,712, an increase of 6.05% over 2015, and an increase of just under 34% since 2008, when calls for service for that year were at 40,132. Approximately 89.57% of the incidents attended by Middlesex-London EMS occurred within the City of London. As well, response volumes will continue to rise as the population ages. In 2016, of all the patients assessed by MLEMS paramedics, the majority (50%) are older than 60 years of age.

The Community Paramedicine Project continues to be successful with almost 2,000 paramedic referrals submitted during 2016: 735 to Community Care Access Centre, 807 to Geriatric Emergency Management Nurse Clinicians; 109 to other health, social and community services; 27 to primary care; 105 to the Crisis Mobile Team and 11 to Community Support Services. There was a reduction of 336 9-1-1 calls as a result of Community Paramedicine interventions. 99% of the respondents to a survey were satisfied with the Community Paramedicine services.

Moving forward into 2017, Middlesex London Emergency Medical Services Authority will begin a new chapter as we transition from the headquarters on Waterloo Street to the new multi-use EMS facility located on Adelaide Street South, London. With construction well underway, we are excited for its completion, which will house facilities for an operational paramedic station, administration division, logistics division, professional standards, education and training.

In conclusion, I sincerely acknowledge the clinically excellent, compassionate, and patient-centred service that is accomplished through the combined efforts of all our departments and by all staff as they perform the important work of their respective roles.

Neal Roberts
Chief, Middlesex-London EMS Authority

QUICK FACTS

147
Average Calls
per Day

2016 Total Calls
(Code 1-4)
53,712

Number of
Ambulances
35

39
Cardiac Arrest
Saves

Paramedics
153 Full-Time
89 Part-Time

249
Public Access
Defibrillators

60,000
Patient
Assessments

6,000
Hours of Continuing
Medical Education
Delivered

500
Citizens
Trained in CPR

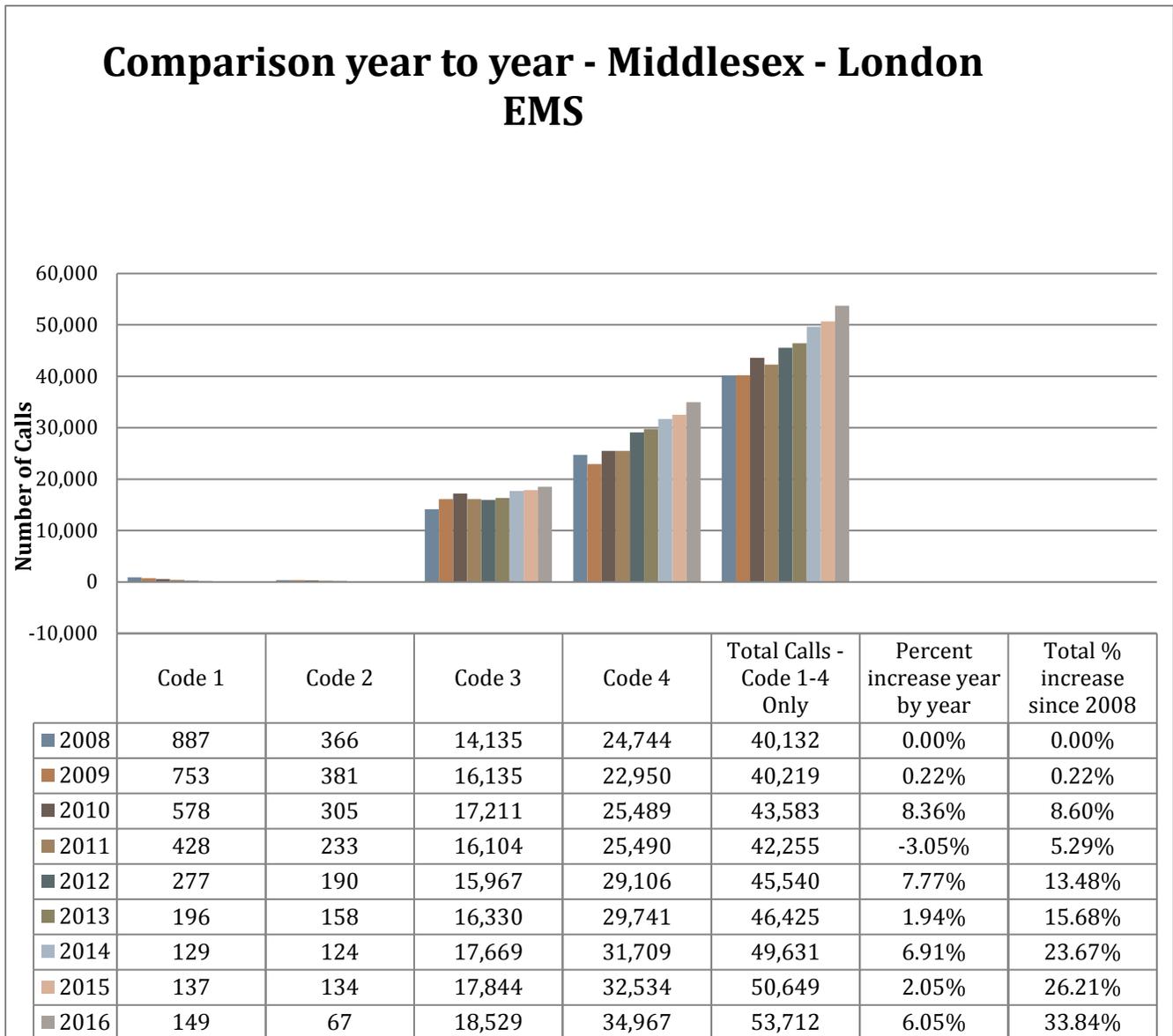
The Only Number You Need to Know
9-1-1

PERFORMANCE

Number of Calls for Service Received

In 2016, the number of calls for potential patient carrying service was **53,712** – an increase of **6.05%** over 2015 (See Figure 1), and an increase of just under **34%** since 2008 when calls for service were at 40,132. Approximately **89.57%** of the incidents attended by Middlesex-London EMS occur within the City of London.

Figure 1

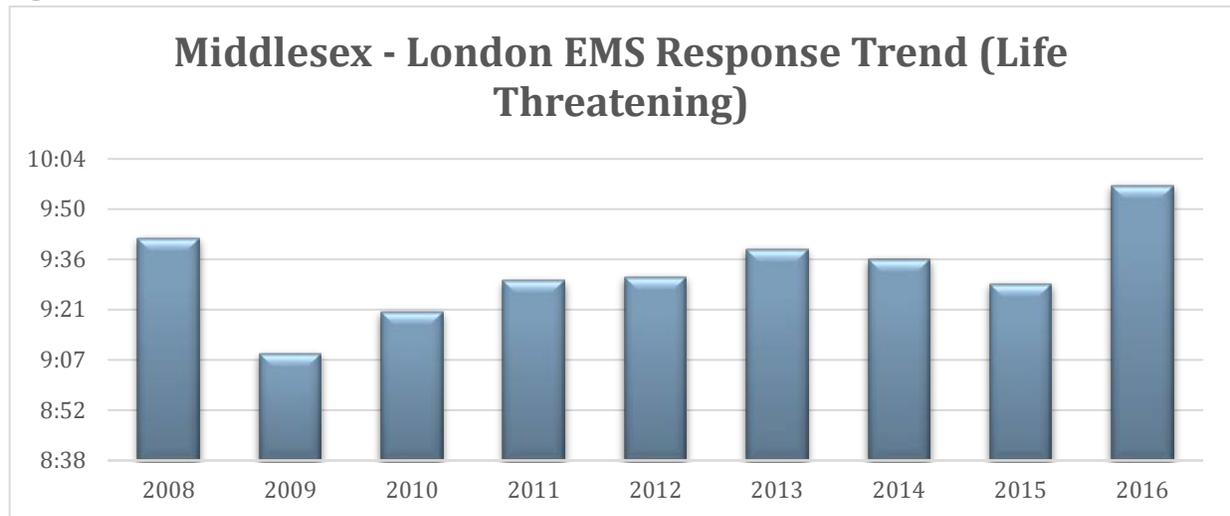


Response Time

(Length of time for Middlesex–London EMS to arrive at an emergency scene)

Figure 2 below shows Middlesex-London EMS service-wide 90th percentile response time trend for life-threatening code “4” calls. As a result of significant call volume growth and ongoing offload delay pressures, 2016’s response time increased to 9 mins 57 secs from 2015’s time of 9 mins 39 secs. Less affected by these pressures, County response time continued to decrease, moving from 14 mins 52 secs in 2015 to 14 minutes 35 seconds in 2016.

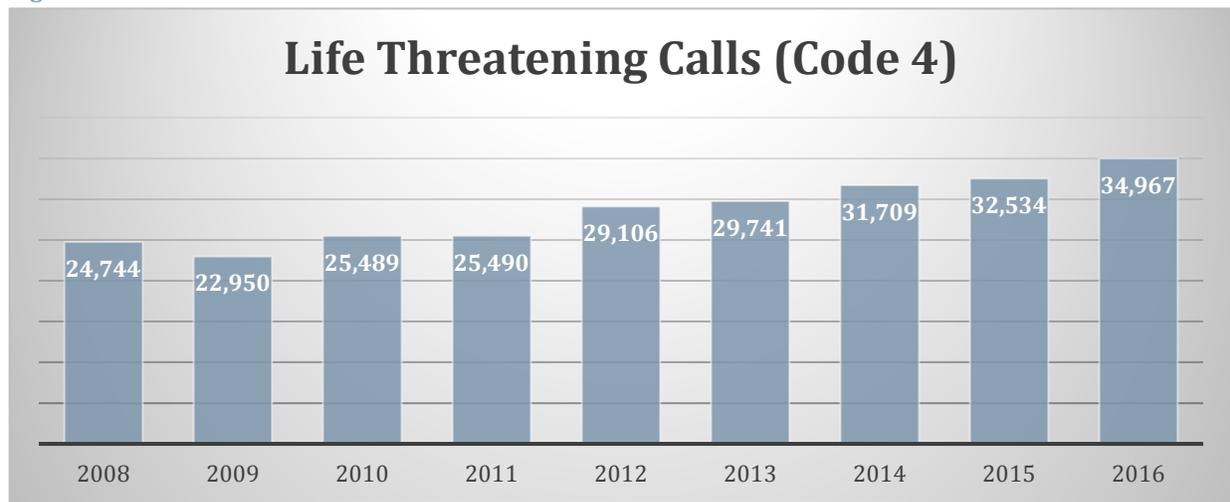
Figure 2



Number of Life Threatening Calls (Code 4)

In 2016, the number of life threatening calls dispatched was 34,967 – an increase of 7.5% over 2015 (See Figure 3)

Figure 3



Ambulance Calls per Station

Figure 4 below shows the number of ambulance calls broken down by response station.

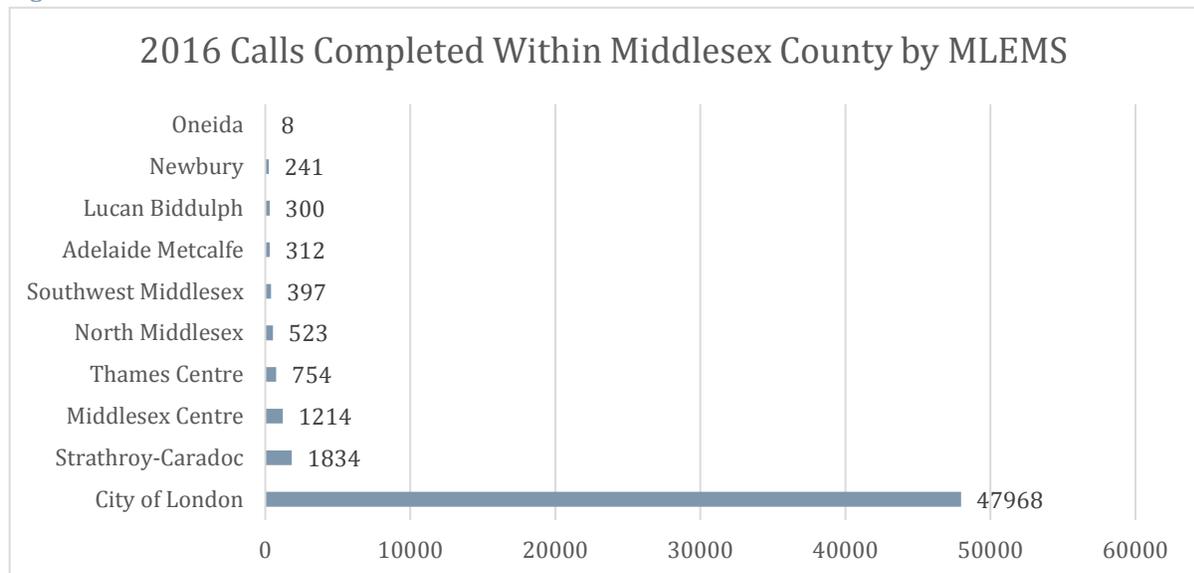
Figure 4

Station	Station Name	Priority 1	Priority 2	Priority 3	Priority 4	Priority 8	Total
1	LONDON - Waterloo St.	31	16	5,737	10,767	3,866	20,417
2	LONDON - Meg Dr.	6	4	1,681	3,302	1,757	6,750
4	LONDON - Trossack's Av.	25	9	1,773	3,212	1,932	6,951
6	GLENCOE	12	0	259	433	225	929
7	STRATHROY	15	4	697	1,296	1,224	3,236
8	PARKHILL	0	0	182	396	1,404	1,985
9	LUCAN	0	0	193	490	1,134	1,817
10	THAMES CENTRE - Nilestown	6	7	785	1,574	2,948	5,320
12	KOMOKA	2	0	378	866	1,432	2,678
13	LONDON - Colonel Talbot Rd.	7	2	1,157	2,152	2,791	6,109
14	LONDON - Hyde Park Rd.	13	3	1,034	1,780	3,220	6,050
15	LONDON - Trafalgar St.	18	18	1,456	3,047	1,408	5,947
16	LONDON - Horizon Dr.	14	4	3,197	5,652	3,124	11,984
MIDDLESEX-LONDON EMS - TOTAL		149	67	18,529	34,967	26,468	80,180

Calls completed within Middlesex County Boundaries

Priority 1-4 calls completed within the County of Middlesex broken down by lower-tier (See Figure 5). During 2016, other municipalities assisted within Middlesex-London 957 times.

Figure 5



Average Chute Time for Life Threatening Calls (Code 4)

The Average Elapsed Time (T2–T3) Crew Notified of Life Threatening Call to Crew Mobile on call (Reaction Time)

Middlesex-London EMS Policy for Chute Time on Code 4 Calls is 1 minute

2016 Average Code 4 Chute Time for Middlesex-London EMS: 37 seconds

Dispatch Priority and Return Priority

In Figures 6 and 7, you can see the issues with Dispatch “over triage” of calls. In 2016, Paramedics were sent out Priority 4 (Lights and Sirens) to calls 64.67% of the time, only returning Priority 4, 15.50% of the time.

Figure 6

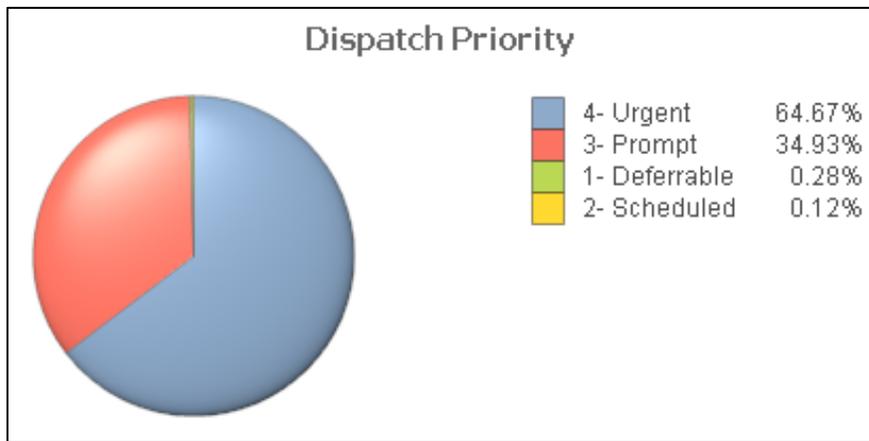
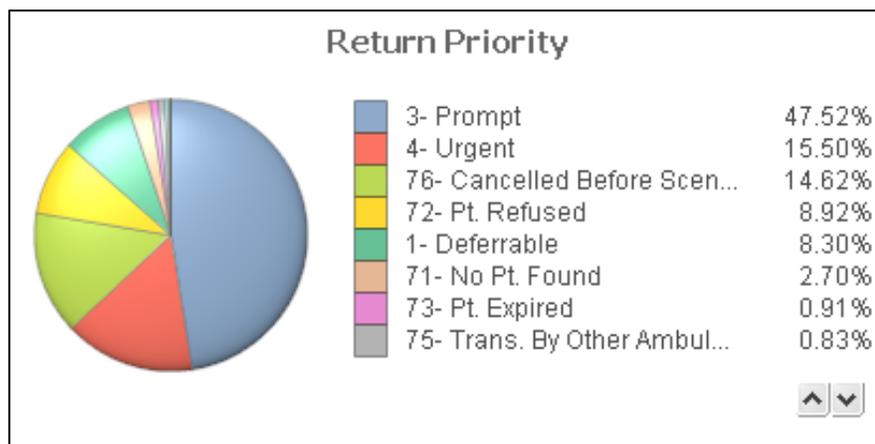


Figure 7



Top Dispatch Problems and Top Primary Problems

Figure 8 illustrates the Top Dispatch Problems (what the paramedics are told when they are assigned to the call by London CACC). Figure 9 illustrates the Top Primary Problems (what the actual problem is with the patient when the paramedics arrive on scene.) In 2016, the Top Dispatch Problems were for Respiratory Distress, General Illness/Weakness, Falls, Chest Pain, Abdominal Pain, Motor Vehicle Collisions, and Muscular/Skeletal Trauma.

Figure 8

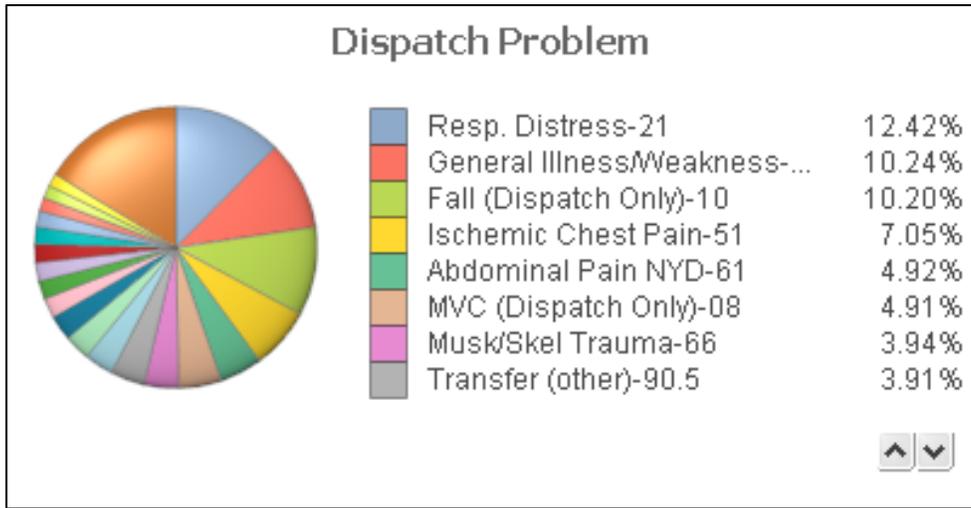
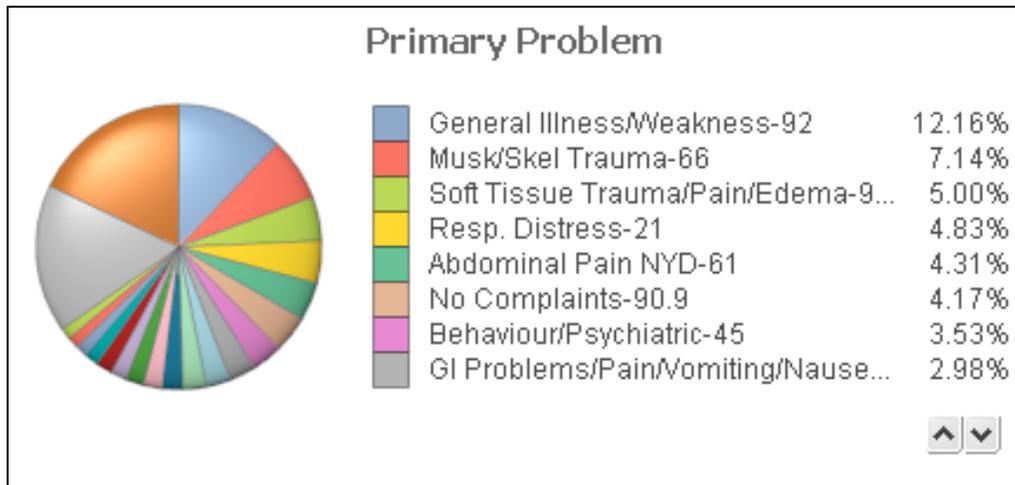


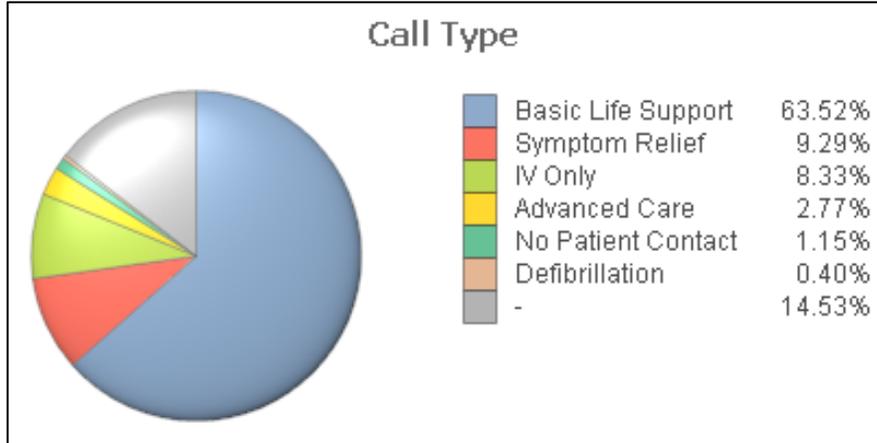
Figure 9



Call Type

Figure 10 illustrates the service level that the paramedics are responding to. The majority of the calls (63.52%) were considered Basic Life Support Calls. Of all of the calls in 2016, 2.77% were considered the most critical Advanced Care. Primary Care Paramedics with enhanced skills of Symptom Relief and Intravenous Therapy Certification are able to provide the majority of care needed.

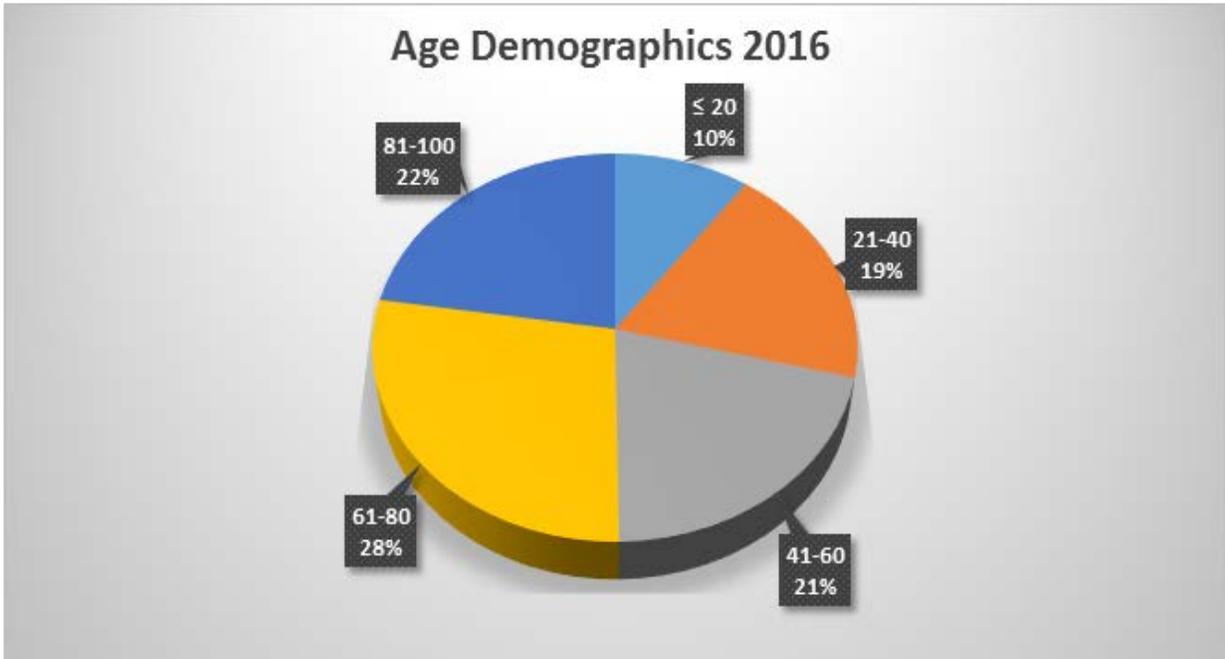
Figure 10



Age Demographics

In 2016, of all the patients assessed by Middlesex-London EMS Paramedics, the majority of the patients (50%) are older than 60 years of age. Middlesex-London EMS continues to experience increasing EMS demand from an aging population. (Figure 11).

Figure 11

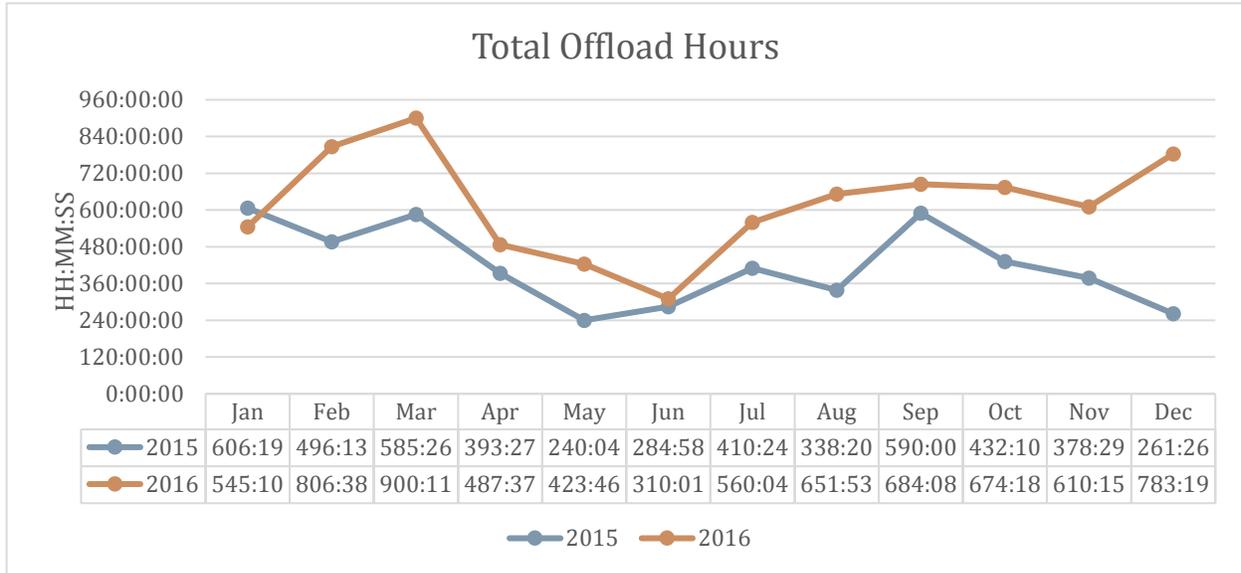


EFFICIENCY AND COST INDICATORS

Offload Delay

Over the course of 2016, Ambulance Offload Delay hours fluctuated throughout the year peaking in March followed by a very significant drop into June and a constant climb throughout the remainder of the year. Overall, offload delays climbed by 48% in 2016 over 2015. (Figure 12)

Figure 12



Ambulance Offload delay means all minutes >30 minutes in the Offload phase of patient transfer.
 Calculation = Time Arrive Hospital to Offload Time less 30 minutes.

Figure 13 indicates the number of equivalent 24 hour ambulance days which were lost to offload delays over the course of each month in 2016. Over the entire year, a total of 310 24 hour ambulance days were lost to offload delays.

Figure 13

	Rolling Monthly Results -2016											
Indicator Definition	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
The number of 24 hour ambulance days lost to offload delays over the course of a month	22.7	33.6	37.5	20.3	17.7	12.9	23.3	27.2	28.5	28.1	25.4	32.6

COMPLIANCE AND QUALITY ASSURANCE

Land Ambulance Response Time Standard

Ontario Regulation 368/10 as consolidated into O. Reg 257/00 requires ambulance service delivery agents to adopt municipally-developed response time plans for cardiac arrest patients and CTAS (Canadian Triage Acuity Scale) 1, 2, 3, 4 and 5 patients receiving emergency responses. As the designated delivery agent for ambulance service for Middlesex County and the City of London, the Council for Middlesex County adopted a new performance plan respecting response times for 2016.

Middlesex-London EMS continues to monitor the targeted response time standards, working towards bringing all categories into compliance with the new standards. (Figure 14) (Data Source: iMedic Analytics)

Figure 14

JANUARY 1, 2016- DECEMBER 31, 2016	Target Response Time	% Achieved Target	Number of Calls that met response time	% Achieved
SUDDEN CARDIAC ARREST (defibrillator on scene)	6 minutes	75%	210/292	71.92%
CTAS Level				
1	8 minutes	75%	967/1223	79.08%
2	8 minutes	75%	6712/9212	72.75%
3	10 minutes	75%	18512/23329	79.35%
4	12 minutes	75%	5893/6877	85.69%
5	12 minutes	75%	1808/2152	84.01%

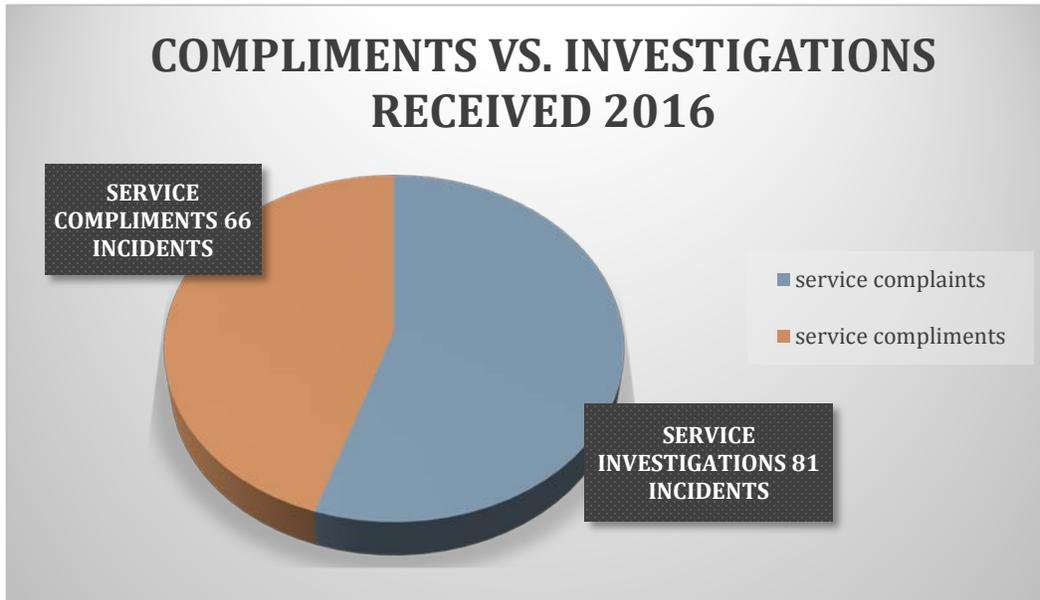
Regulatory Compliance Division

The Regulatory Compliance Division is responsible for auditing and maintaining policies and procedures for the operation of Middlesex-London EMS and its related activities to prevent illegal, unethical, or improper conduct. This division manages and conducts all workplace investigations of complex and unique scale and works closely with the Ministry of Health and Long-Term Care, specifically the Investigations, Certification and Regulatory Compliance Group (ICRCG), Provincial Coroner's Office, local and municipal Police Services, Special Investigations Unit (SIU) and any other external investigative body.

In 2016, Middlesex-London EMS received 81 complaints regarding service. These represented 0.15% of our call volume, or 1 complaint for every 663 calls. Of the 81 incidents, 95% have been investigated and a conclusion has been reached and closed. 5% of the complaints have been investigated and found to be a non-issue due to a lack of definitive information.

The Regulatory Compliance Division also handles and processes all compliments that are received from the public or allied agencies. In 2016, MLEMS received 66 compliments for paramedic actions. (See Figure 15).

Figure 15



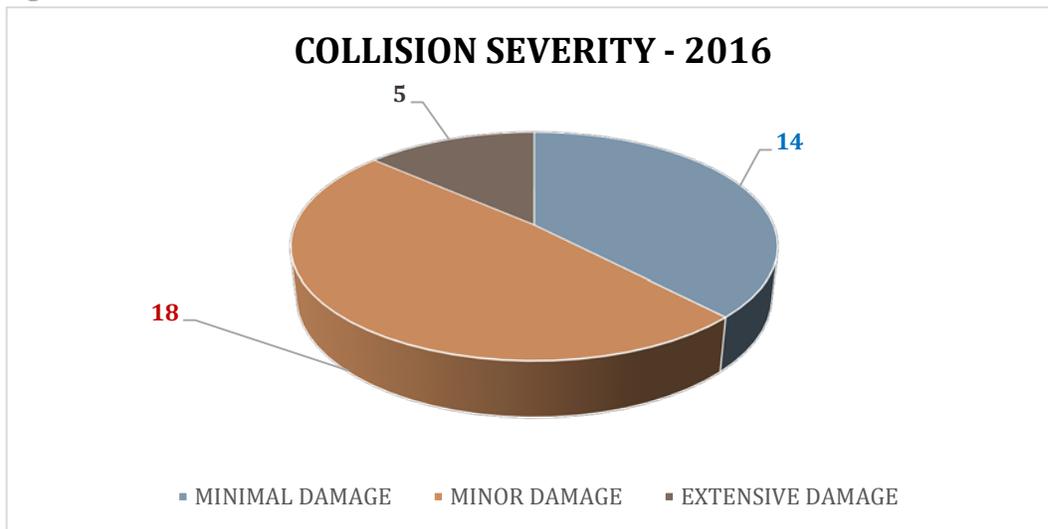
Ambulance Collisions

Another aspect of Regulatory Compliance is the investigation of Ambulance Collisions. In 2016, there were 37 reportable incidents involving Middlesex-London EMS vehicles. This represented a 54% increase in collisions year-over-year, and prompted a new driver training initiative. Beginning in 2017, all staff will be trained to the Certified Emergency Vehicle Operator (CEVO IV) level.

Of the 37 incidents in 2016, 14 (38%) occurred while responding to the scene of a call and 5 (14%) occurred while returning to a hospital with a patient on board.

See Figure 16 for a breakdown of collision severity. Minor damage includes punctured tires, dented roofs, damage to apartment canopy overhangs, etc., while minimal damage includes broken side mirrors, small surface dents, scratches, etc.

Figure 16



Customer Survey

Middlesex-London EMS relies on valuable feedback from the community that we serve. Each month, 65 customer surveys (5 picked at random from each of the 13 MLEMS stations) are sent out to clients who have utilized the EMS Service. In 2016, a new survey format was used that prompts the client to choose positive or negative words to describe eight different stages of their emergency experience... from the moment a 9-1-1 call is placed, to the point at which paramedics transfer care to hospital staff. 520 surveys were sent out this year with 180 surveys being returned completed (34.6% return rate). Of the 1,440 questions answered, only 67 were of a negative nature, for a 95.3% positive experience rating.

LOGISTICS

Behind the scenes, but critically important to MLEMS Operations, the Logistics Department provides a wide variety of services:

- Co-ordinating maintenance of vehicles and equipment through external vendors
- Ordering, warehousing and distribution of supplies and uniforms
- Commissioning new vehicles for service and decommissioning retired vehicles
- Decontaminating vehicles and equipment
- General station and equipment maintenance
- Replacing station furnishings
- Liaising with external suppliers for fuel, linen, etc.
- Project management for new station construction

With our pending move into the new multi-use facility, Logistics staff will take on a greater role in preparing vehicles for their next shift by washing, restocking and checking supplies before paramedics arrive.

New Arrival:

Getting a new ambulance ready for service includes licensing, installing radios, computers and GPS tracking equipment, not to mention stocking and testing.



Stretcher Maintenance:

Stretchers undergo constant wear and tear and require regular preventative maintenance.

NEW MULTI-USE FACILITY

Middlesex-London EMS is constructing a multi-use EMS facility. The proposed facility is a 2-storey structure estimated at 46,000 sq. ft. with a projected budget of \$14,250,000.

The new facility will house an operational paramedic station (replacing the current Meg Drive station) operating 24 hours a day, seven days a week. The MLEMS administration division, logistics division, professional standards, education and training will also be re-assigned to this new facility.



Groundbreaking Ceremony – October 2016



October 18, 2016

November 18, 2016





December 2,
2016

December 13,
2016

(Looking from
Hwy 401)



Expected Completion Date: Fall 2017



TRAINING DIVISION

New Employees

In May 2016, we hired 14 additional part-time paramedics to help backfill vacation and other time off by full-time employees.

Each paramedic has a minimum of two years post-secondary education in a Paramedic Program at a Community College. Orientation training with the new hires typically last 3-4 weeks. During their orientation, they were given a tour and learned about the allied partners who they will collaborate with on a daily basis. Visits included ORNGE air ambulance, the London International Airport, University Hospital ER, Central Ambulance

Communications Center, LHSC obstetrical unit, Victoria Hospital ER, University Hospital cardiac catheterization lab, and our MLEMS stations. They also spent time riding with a Paramedic crew to further orient them to differences in our equipment, procedures and patient care.

The orientation culminated with a graduation ceremony well attended by friends and family.



Continuous Training

During our training sessions this year, every paramedic was introduced to a basic level of hazardous materials training to improve their awareness and scene safety skills. During our spring training session we also reviewed community referrals, hands on skills training, and an information session on our upcoming peer support program.

In our Fall training session, we focused on new equipment hands on training and research projects.



With the Ministry of Health requiring tourniquets in all the ambulances in the coming year, we decided to make this change early and train and implement the new equipment by the end of 2016. We also trained on the new Canadian C-Spine study, which will see paramedics using fewer backboards and neck collars, and will result in improved patient comfort and safety. This initiative is led by the Ottawa Hospital Research Institute, and our goal is a change in the provincial standard to treating patients with possible neck injuries. Overall, researchers estimate this change in practice will save the province roughly 10 million dollars per year.

We also trained on the Hovermat, a device which can lift bariatric patients off the floor to the height of the stretcher. It can even be used to remove patients down flights of stairs. This is another welcome initiative projected to decrease paramedic back injuries.



PARAMEDIC FACTS

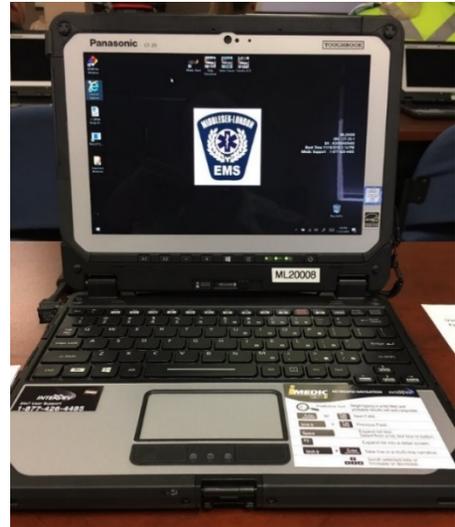
Paramedics in Ontario have the highest standards for education and training in Canada.



 www.mlEMS.ca

Staff trained on our new charting computers which will enhance the data flow from the cardiac monitor and other paramedic treatments, into the patient care report at the hospital. A study completed with our Base Hospital last year, showed our ambulance care reports influence physician treatment at the hospital, which improves patient care.

We continue to research our cardiac arrest care, and are still seeing an increase in survival of our patients who suffered a cardiac arrest. We are extremely proud of the work we are doing in regards to cardiac arrests. Our medics have worked very hard to achieve these results.



COMMUNITY INVOLVEMENT & PUBLIC ACCESS DEFIBRILLATOR PROGRAM

During 2016, the Middlesex-London EMS Public Access Defibrillator program continued to save lives by promoting public CPR/AED awareness through community training sessions. 22 new Automatic External Defibrillators were placed throughout London and Middlesex and over 264 people participated in CPR/AED awareness training. As a Canadian Red Cross training partner, 248 people were certified in 23 Standard First Aid and CPR courses.

Our 9-1-1 AED registry continued to grow as many new public accessible defibrillators were added throughout the city and county. 249 defibrillator locations across London and Middlesex County are currently listed in the registry.

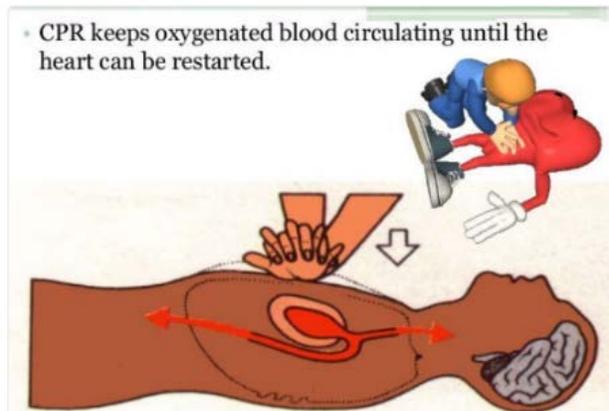
With the continued focus on increasing public awareness of CPR and AEDs, we partnered with Andrew's Legacy, a local charity that has turned a tragic loss into an initiative to place AEDs in the community through donation. Throughout the year, we saw a significant increase in the use of public AEDs and 8 lives saved!

The increased use of social media platforms helped us to engage the public and increase knowledge of many topics such as health and wellness campaigns, the paramedic profession, and community events.

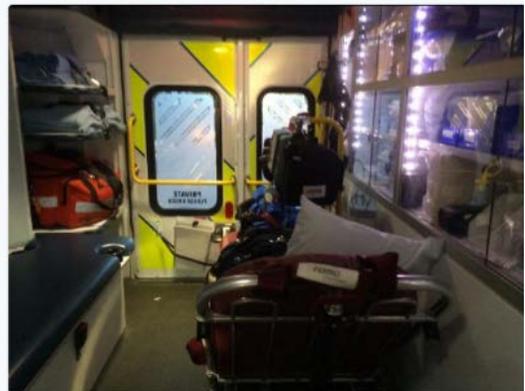
Middlesex-London EMS @MLEMS911 · 24 Mar 2016
Congratulations Strathroy United Church on your new AED!
[@LDNParamedics](#)



Middlesex-London EMS @MLEMS911 · 6 Nov 2016
It's CPR month! CPR keeps blood circulating until Paramedics or an AED arrives. CPR+AED's=lives saved. Contact us to learn CPR. [#CPRMonth](#)



Middlesex-London EMS @MLEMS911 · 22 Oct 2016
Many ways to meet and learn about paramedics. Unconscious and Intoxicated is not one of them! [#dontinviteus2urparty](#)
[@LDNParamedics](#)

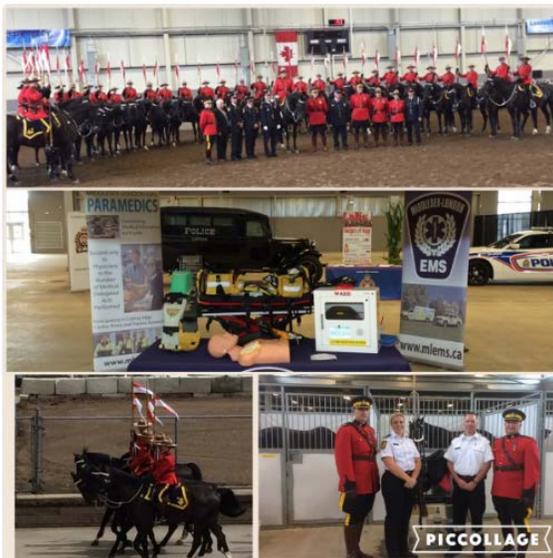


We take pride in the community events that we are involved with. We work hand in hand with allied community partners to focus on community awareness through proactive goals and initiatives. Our list of contributions include:

- Race Against Drugs- London and Delaware
- Mc Happy Day
- Heart and Stroke Ride for Heart
- IMPACT (Impaired Minds Produce Actions Causing Trauma)
- Ronald McDonald House
- Children’s Safety Village
- Helmets on Kids
- Senior Emergency Preparedness
- Senior Falls Prevention
- London-Middlesex Road Safety Committee
- Bethany’s Hope



Middlesex-London EMS @MLEMS911 · 14 Aug 2016
 What an amazing day @BethanysHope Badges of Hope event with @rcmpgrcpolice Musical Ride. Amazing job!@LDNParamedics



Middlesex-London EMS @MLEMS911 · 13 Sep 2016
 Out in the community teaching our future generation about Paramedics and safety. @LDNParamedics @OneFourSeven



Paramedic Training Camp

Our Paramedic Training Camp has turned into a much anticipated annual event. With the continued support of LHSC, ORNGE, London Police Service, London Fire Department, and Fanshawe College, we were able to provide 16 High school students with a week-long experience of what the paramedic profession entails. Each student completed Standard First Aid/ CPR and AED certification, participated in an auto extrication course and had much hands on experience with various skills and procedures.



Post – Cardiac Arrest Survival

Each year, Middlesex-London EMS holds its Annual Cardiac Arrest Survivors' Day. This event is held during Paramedic Services Week to celebrate survivors of out-of-hospital Cardiac Arrest, and to recognize the first responders who played a role in saving them. This event also gives first responders an opportunity to meet the people they cared for and see how they've gotten on with their lives.



In 2016, Middlesex-London EMS Paramedics successfully resuscitated 39 patients, who were able to be discharged from hospital after their cardiac event. On the Annual Survivors' Day, Middlesex-London EMS was pleased to have 18 of these patients come to the Event.



In the Community

Remembrance Day



Western Fair Display



McHappy Day



School Visits



London Pride Parade



Social Media



@MLEMS911



Middlesex-London EMS

Middlesex-London EMS @MLEMS911 · 5 Jun 2016

So proud of our team this year. Raising money to make London & Middlesex a heart safe community. #RideForHeart

Middlesex-London EMS @MLEMS911 · 8 Dec 2016

It's that time of year again. The first snowfall always produces many car accidents. Please remember to slow down. These are preventable

Middlesex-London EMS @MLEMS911 · 1 Nov 2016

Be safe Be seen! Remember to STOP at pedestrian cross walks

Middlesex-London EMS @MLEMS911 · 2 Oct 2016

Our MLEMS family supporting breast cancer research for the month of Oct. @LDNParamedics @LHSCCanada @hp_ems @DrEricHoskins @OneFourSeven



Middlesex-London EMS @MLEMS911 · 21 Jul 2016

We had a great time talking to the Riverbend Community about Emergency Preparedness and awareness tonight!!
pic.twitter.com/93a8oKL0zG

Employee Recognition

Superintendent Terry Irwin (L) and Deputy Superintendent Wayne Renkema (R) were the proud recipients of the Governor General's Exemplary Service Medal in recognition of their career service. The medals were presented on behalf of the Governor General by LGen Richard Rohmer at the Ontario EMS Honours and Awards Gala.



Paramedic Jennifer Crompton (C) was the 2016 recipient of the Ontario Association of Paramedic Chiefs Humanitarian Award. The award recognized her international volunteer work with Global Medic in the Philippines, Nepal and Greece, assisting during natural and humanitarian disasters. Most recently, Jennifer has taken on a new challenge, that of improving ambulance service in rural Nicaragua. Her work with Operation Nicaragua has already seen a retired MLEMS ambulance find a second life in that country, with more vehicles to follow through Jennifer's fundraising efforts. Congratulations Jennifer!

Retirements

The end of 2016 brought a retirement for long-time paramedic Ron McLinchey who started his career in 1971 in Parkhill. Ron first retired from full-time employment with MLEMS in 2014, and returned to work part-time until December of 2016.



MISSION STATEMENT

Middlesex-London EMS Mission Statement

To deliver an efficient and high quality emergency response and care service to the population of Middlesex – London, with required provincial targets and standards as a minimum service level, and to contribute to the health of the community through active collaboration with other health care, community and emergency services partners.



GLOSSARY

ADRS: Ambulance Dispatch Reporting System

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

CACC: Central Ambulance Communications Centre

Chute Time: The time it takes an ambulance to depart once notified of a call.

Code 1 (Deferrable): A routine call that may be delayed without detriment to the patient (e.g. a non-scheduled transferred; 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 patient's 'life or limb' may be at risk (e.g. Vital Signs Absent patient or unconscious head injury).

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.

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).

Dispatch Problem: The problem given to the crew by the Ambulance Dispatcher indicating the nature of the problem of the call they are responding to.

iMedic ePCR: The electronic documentation software used to chart the Ambulance Call Report.

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

Primary Problem: The primary complaint of the patient upon assessment by the paramedic crew.

Response Time: Response time means the time measured from the time of 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 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).