Paramedic Dispatch and Medical Response

Core Service Review

CACC Update

- Central Ambulance Communication Centre (CACC) will be receiving an overhaul- officially to be announced at September 2016 OAPC Annual General Meeting.
- MOHEHS is under pressure from the Auditor General's office to improve CACC by 2017

OAPC Recommendations

1. An advanced medical triage assessment tool for CACC.
2. Work towards sending the right resource to the right patient rather than traditional police/fire/paramedic response time plans.

Current Fire Tiered Response Program

LIFE-THREATENING EMERGENCY (CODE 4):

Immediate response:

- All motor vehicle collisions;
- Confirmed or suspected cardiac arrest, CPR in progress/PAD activation, airway obstruction (choking) or no breathing;
- Request of responding or on scene paramedic;
- All rescue situations (regardless of patient priority or CTAS) such as:
- Confined space rescue (including wells);
- Hazardous materials;
- Unstable environment (vehicles /buildings/trenches etc.);
- High angle rescue (any elevation off the ground);
- Ice and water rescue;
- Industrial / Farm accidents;
- Toxic waste/chemical spills;
- Any extrication which requires use of specialized equipment; or transportation (including the use of snowmobiles, boats, ATVs, or any other non-Paramedic Service vehicle);
- Any other hazardous situation.

Paramedic Service ETA 20 minutes or greater:

- a) all other Code 4 responses.

Dispatching in the Near Future

- Resuscitation patients (cardiac arrest, choking, completely unconscious) – this group makes up 3% of call volume and these are the ones that are extremely time sensitive and should involve fire and police response.
- Rescue calls (car accidents, high falls, fires/explosions, police scenes, ice/water rescue, farm/industrial accidents etc) will be treated with similar priority to resuscitations unless specific caller information indicates the response should be less urgent.

Dispatching in the Near Future

- Conscious patients requiring urgent care- ambulance arrival within 10 minutes urban and 20 minutes rural. Examples- heart attack, stroke, diabetic emergencies, asthma, seizures.
- The focus will be the right paramedic resource within the time frame (i.e. advanced care vs primary care). In other words, the closest *most appropriate* ambulance. Significantly less need for allied service response.

Dispatching in the Near Future

- Lower acuities move into a “virtual waiting room” and are triaged based on specific need (i.e. stitches)
- Could this be a single paramedic focused on treat and release or treat and outreach? Maybe an ambulance is required but the transport timing will meet the physician availability in the emergency department (this will decrease paramedic offload time at the hospital- less waiting)
- Non urgent acuities are triaged to outreach programs such as Health Links, TeleHealth, nurse practitioner programs or transport agencies like Community Care).

Current Local Recommendation

- Peterborough, Haliburton, and Northumberland Paramedic Services are not interested in pursuing any other CACC options until we have the MOHEHS Director announcement at the fall AGM.
- Fire tiered response program – we cannot safely further reduce fire medical responses (more than what we already have) without risk until we get an improved CACC dispatch tool for call assignments.