Clause embodied in Report No. 12 of the Policy and Finance Committee, as adopted by the Council of the City of Toronto at its meeting held on October 2, 3 and 4, 2001.

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Update on the Tiered Emergency Response Report

(City Council on October 2, 3 and 4, 2001, adopted this Clause, without amendment.)

The Policy and Finance Committee recommends the adoption of the report (September 6, 2001) from the Acting Chief Administrative Officer.

The Policy and Finance Committee reports, for the information of Council, having requested the Commissioner of Works and Emergency Services to report to the Budget Advisory Committee, during the 2002 Budget process, on the effectiveness of the tiered response system.

The Policy and Finance Committee submits the following report (September 6, 2001) from the Acting Chief Administrative Officer:

Purpose:

The Budget Advisory Committee during its review of the Fire Services 2001 Operating Budget on March 23, 2001, requested that the Chief Administrative Officer report to the policy and Finance Committee as to whether any efficiencies to taxpayers and cost savings can be achieved by investigating the need for a three-tiered response on every call.

Financial Implications and Impact Statement:

There are no financial implications associated with this report.

Recommendations:

(1) City of Toronto Council continue to endorse the principle of Tiered Response to out-of-hospital medical calls as a ‘best practice’ in the provision and delivery of emergency service within the City of Toronto; and

(2) Toronto Emergency Medical Services, Toronto Fire Services and the Base Hospital, Sunnybrook, Women’s College continue to monitor the effectiveness of this program.

Background:

At meeting on March 23, 2001 the Budget Advisory Committee requested that, “the Chief Administrative Officer report to the Policy and Finance Committee as to whether any efficiencies to taxpayers and cost savings can be achieved by investigating the need for a three tiered response on every call.”
The current Tiered Response protocols utilized within the City of Toronto is based on recommended “best practice” for a comprehensive public safety system. The majority of urban centers in North America utilize similar or identical tiered response programs within their communities.

In terms of medical calls Toronto EMS responded a paramedic ambulance to over 190,000 emergency incidents in the year 2000. The classification and level of severity of emergency calls is determined by a clinically based emergency call triage system utilized by Toronto EMS. This system is recognized internationally as a best practice and Toronto EMS is currently undergoing certification as a center of excellence as an Emergency Medical Call Center. This system allows Toronto EMS to triage 190,000 emergency calls into 247 categories of medical conditions and severity. Levels of severity can range from very minor incidents of illness and/or injury to presumptively life-threatening and confirmed life-threatening emergencies.

Approximately 32 percent of all emergency calls triaged by the Toronto Central Ambulance Communications Center were categorized as presumptively life-threatening and confirmed life-threatening emergencies. This represented a total of 61,400 calls of the highest medical priority in the year 2000. Under the tiered response protocol Toronto Fire Services is notified by Toronto EMS of all calls that are considered to be a life-threatening emergency and requested to respond where appropriate. The basis of this request is predicated on the accepted and much publicized and researched principle of the recognized “chain of survival.” This chain begins with early recognition of the emergency, followed by immediate access to 911, citizen intervention, community first response and the response of advanced paramedic care. This system resulted in the notification and subsequent response of Toronto Fire Services, as the community first responder, on 55,516 incidents in 2000. This represented only 29 percent of all medical calls serviced by Toronto EMS within the City of Toronto. Police response under the tiered response agreement was far less significant in terms of medical intervention during the year 2000. In many cases their response was dictated by legal mandate. Examples of this would include Coroners Act, Mental Health Act, Highway Traffic Act and/or situations of violence.

A study conducted by Sunnybrook and Women’s Health Science Centre, the Base Hospital responsible for medical oversight for Toronto EMS and first responder programs for Toronto Fire Services, indicated that rapid first response is clinically and medically appropriate and yields the best possible outcome for patients who are determined to be in a potentially life-threatening situation. This review also examined the 247 categories of medical conditions and severity, identified through the Toronto EMS emergency call triage system to determine those calls that would benefit most under a tiered response system. Under the current tiered response protocol, first response is indicated in 108 of the 247 categories.

The tiered response system is based on providing immediate first response intervention to warranted medical conditions. Studies have shown that rapid response and early intervention prior to the arrival of advanced paramedic care can greatly reduce mortality and morbidity. In recent years first response programs, such as the one provided through Toronto Fire, have
increased their intervention skills with the addition of defibrillation and the recognized Emergency First Responder (EFR) training program. The tiered response program, combined with City of Toronto initiatives such as the Cardiac Safe City - Public Access Defibrillation Program, public training in first aid and cardio-pulmonary resuscitation and advanced level paramedic ambulance response offers the citizens of Toronto with the best chance for survival in a critical or life-threatening emergency.

Currently the Land Ambulance Implementation Steering Committee (LAISC) of the Association of Municipalities is reviewing a proposal which recognizes community tiered response programs and further that the Ministry of Health and Long Term Care provide funding and support as part of their funding subsidy to Emergency Medical Services in Ontario.

Conclusion:

Public safety is of paramount concern and highly valued by the citizens of the City of Toronto. The Tiered Response Program effectively determines only those emergency calls where first response is required, medically appropriate and in the best interest of the patients condition. The program is jointly monitored by all three agencies in terms of operations, use of resources and medical appropriateness. According to the Toronto Fire Services the tiered response program has not resulted in the need for additional resources and further the elimination of medical responses would not influence current staffing and fire protection requirements for the City of Toronto.

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Councillor Jane Pitfield, Don Valley West, appeared before the Policy and Finance Committee respecting the foregoing matter.