

2005 Report for Upsala Superior North Emergency Medical Services



Request for Service:

This section reports on the primary function of Emergency Medical Services which is to provide ambulance transportation for sick and injured residents. The first table indicates the number of calls "Year to Date" by priority.

Code 1 is a call that can be deferred without impact to the patient, i.e. going home from the hospital for a visit.

Code 2 is a call that must be done at a certain time due to an appointment, i.e. bringing a patient to the hospital for diagnostics tests at 09:00.

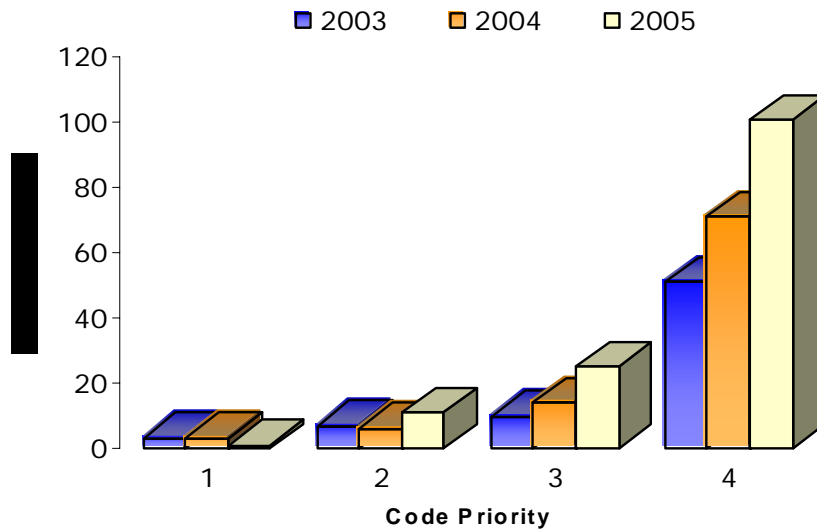
Code 3 is a call that requires a moderate amount of urgency where the patient needs medical attention but life or limb is not at risk, i.e. a simple broken leg.

Code 4 is a call for life and death emergency or unknown situation.

Code 8 is a call where the ambulance is asked to stand by at a specific location, i.e. a fire call.

Code	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	YTD
1	0	0	0	0	0	0	0	0	0	1	0	0	1
2	0	0	1	1	1	1	3	2	1	1	0	0	11
3	2	0	0	1	1	2	3	1	3	5	2	5	25
4	3	7	3	5	12	12	10	12	7	16	6	8	101
8	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5	7	4	7	14	15	16	15	11	23	8	13	138

Upsala - Call Volume Information



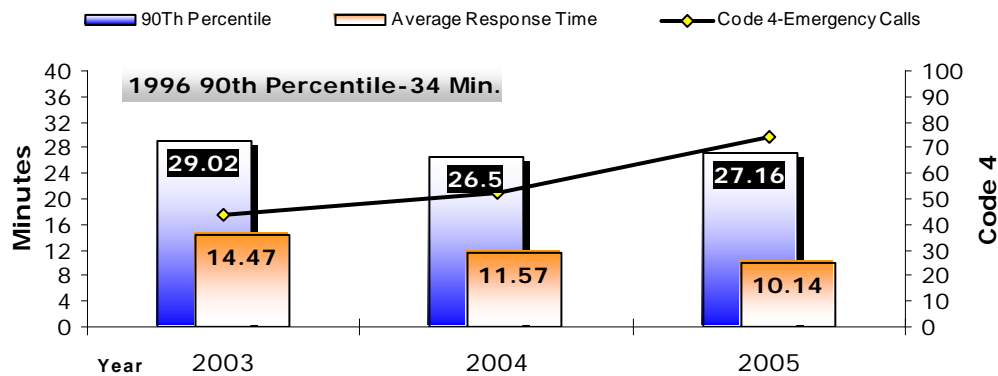
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90th Percentile and Average Response Times:

The Ministry of Health and Long Term Care has legislated that response times must be equal to or better than prior to 1997 when the Local Services Realignment initiative was announced. Although MOH-LTC requires only an across the district measurement, we monitor response times in each geographic community. 90th percentile means that 90 percent of the Code 4 calls were responded to in less than the posted time.

Community of Upsala

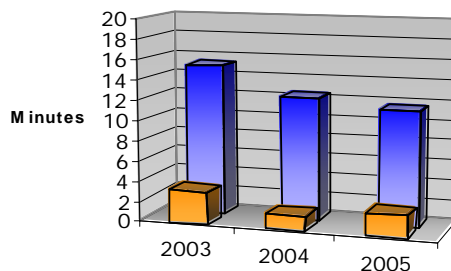


Service Level: Basic Life Support
1996 District 90th Percentile: 12:41 minutes

90th Percentile Reaction Times from Notification to Departure from Station:

Superior North EMS monitors how quickly staff responds to emergencies while on duty and, if applicable, while on-call away from the station. Target time for on-site is 90 seconds and for on-call it is 8 minutes.

T2-T3 Response Times-Upsala



	2003	2004	2005
On Site	3.22	1.5	2.27
On Call	15.07	12.22	11.31

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Staffing Report:

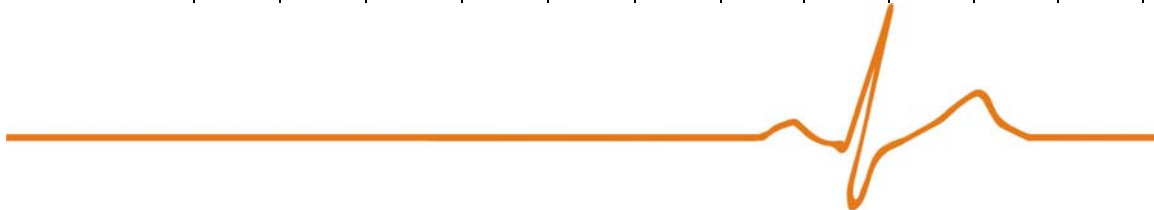
Approved staffing complement: 3 full-time 4 part-time
 Actual staffing complement: 3 full-time 3 part-time
 Hires: 1 part-time
 Separations: 1 part-time

Staffing Pattern:

On site hours: 10
 Off-site hours: 14

Downstaffing:

(hours)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Downstaffing Total	0	15	0	0	0	0	0	0	0	0	4	2.17
Fully Downstaffed	0	0	0	0	0	0	0	0	0	0	0	0
Total - First Response	0	15	0	0	0	0	0	0	0	0	4	2.17



Fleet Report:

Total kilometers traveled: 17,775

Facility Report:

Station is kept in an extremely clean and tidy state at all times.

Training:

January – June

Type: Mandatory Spring Training – Harassment, Policies, Multiple Casualty Incident, Infection Control
 Date: March, April
 No. attended: 7
 Length: 8 hrs.
 Location: Thunder Bay

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Type: Peer Support
Date: June 14, 15
No. attended: 1
Length: 24 hrs.
Location: Thunder Bay

All staff reviewed Basic Life Support and Ambulance Call Report standards.

Helicopter Safety – all staff completed self-directed instruction.

July – December

Type: N95 Qualitative Fit Testing – Train the Trainer
Date: October
No. attended: 1
Length: 2.5 hrs.
Location: Thunder Bay

Injuries:

Lost time: 0
Medical aid: 0

Public Relations:

- * Attendance at funeral of former patient
 - * Pain management workshop
 - * General inquiries on allergies and ambulance service
 - * Assisted in a public relations event in May
-

Contracted Services:

Nature of event: 0
Number of hours: 0

Investigations:

Substantiated: 0
Unsubstantiated: 0

Other Information:

In May Mr. Ted Neill was hired as Supervisor, Western Region, Rural Services, to replace Mr. Bill Lewis who left to move to Kingston.

The crew has a very close working relationship with the clinic nurse and often assists the nurse with patient care when other duties permit. The community health centre is located in the same structure as the ambulance station and crew and nurse share a common room.