

EMS Performance Dashboard

How did AHS decide on these six EMS performance indicators?

In 2014, Alberta Health Services President and CEO Vickie Kaminski directed EMS to look into response times and develop a report to inform the public on the quality, safety and timeliness of ambulance care.

The six performance indicators were selected because they relate to the quality and safety of patient care, patient satisfaction with care, and patient volumes.

Targets will be reviewed annually to ensure they continue to be appropriate measures of quality patient care and performance.

Who was involved in setting these performance measures?

AHS EMS formed a Response Time Task Force which included representatives from AHS EMS, the Health Quality Council of Alberta, and Health Advisory Councils. Recommendations were then presented to AHS leadership for consideration and approval. Other measures, such as vital signs, were chosen as they indicate quality patient care.

Why not have just one response time target for the entire province?

Alberta is a large province that is geographically diverse. For targets to be meaningful they need to be challenging, but achievable. Splitting response times into four distinct geographical classifications allows us to strike that balance.

How were the four response time target geographical areas selected?

The four distinct response time targets were based on an Alberta-specific health-based classification system known as the rural-urban continuum. This classification system is used throughout the health care system to determine services and resources.

Why are target response times in rural and remote areas so long?

It's inevitable that response times to isolated locations will be longer than in cities and larger towns, due to travel distances. AHS can use other resources to ensure a rapid response including STARS helicopters, air ambulance planes and local medical first responders, who can provide basic medical care until a paramedic arrives on scene.

Hospital wait times are still very much below target – what are you doing to fix that?

AHS has established a 90-minute transfer of care and return to service protocol for EMS crews transporting patients to Emergency Departments (ED) to reduce unacceptable hospital turnaround times.

Under the protocol, crews are to back on the street within 90 minutes of arriving at hospital with a patient. This target was established to help make EMS crews available to respond to emergencies, sooner. The protocol is in place in Edmonton, Calgary and Red Deer as these three cities face the most significant transfer time challenges.

Are the new targets currently being met?

The latest data, for Q3 2017/2018, shows EMS is exceeding or meeting targets in three of the five measurements where a target has been set, including response times for life-threatening events. Where EMS is not meeting targets, work is underway to make improvements. See [EMS Dashboard](#) for data.

What happens if you don't meet these targets?

The dashboard allows us to see where we are performing well and areas where we need to take action to improve. It helps us ensure we are making the right improvements and putting resources in the right places.

Are these all created new, or are they existing measures?

With the exception of the response time targets, all of the dashboard information is currently used to monitor EMS performance externally (Provincial EMS Patient Experience, EMS Hospital Time, Provincial Event Volume) or internally (Provincial Vital Signs Compliance, Time to Dispatch First Ambulance).

Why is it so important to check vital signs?

Documented vital signs are a very important part of high quality EMS patient care. Accurate vital signs help determine a treatment plan, test the effectiveness of treatments being delivered and help make life-saving decisions.

Have resources increased at the same time as patient volumes?

AHS EMS constantly evaluates call volumes and patient demand to determine the most appropriate number of ambulances and staff required to provide the level of service required.

If provincial response time targets are not the norm across Canada, why is Alberta setting targets?

Alberta is in a unique situation of being the only provincial health care system in Canada. We are able to set provincial targets because we have the data to do so.

But response times alone only tell part of the story; they need to be relevant to different sized communities and also need to be seen alongside other measures such as quality and safety of patient care, patient satisfaction with care, and patient volumes. This dashboard addresses both of those concerns.

Why are you not capturing red alert data?

The term "red alert" refers to a point in time when all ambulances within a certain geographical area are busy helping patients and are normally very short in duration. It doesn't mean that patients are not cared for; when additional resources are required, we reposition units from other communities, defer non-urgent transfers, deploy supervisors, and use single paramedic response units to provide care.

Red alerts are only measured in a few areas of the province, and are measured differently in each of those areas. Overall response times are a more robust indicator of how soon we are providing service to patients.