

53 seconds could be life and death difference

That's the amount that's been added to the average ambulance response time because of the strike, according to a city review of 26,000 emergency calls

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Does 53 seconds matter?

1 ... 2 ... 3 ... a son's throat, closing. A father, clutching his chest. A mother's body, twisting in metal.

For them it can mean the end.

For the strikebound city, it was enough to ask the province to get more ambulances on these garbage-lined streets.

Citing an "inappropriate" increase of 53 seconds in response times for high-priority calls since the civic workers' strike began June 22, the city announced yesterday it has filed an application to the Ontario Labour Relations Board for an increase of 22 ambulances on weekdays, and 27 more on weekends. Under the current essential services agreement, Toronto EMS is operating at 75 per cent capacity.

"While 53 seconds might be a short period of time for someone who doesn't understand critical care, it only takes three to four minutes of breathlessness to cause brain damage," said Dr. Randy Knipping, an emergency physician at Mississauga's Trillium Health Centre.

"Very risky," is how Peter Dundas, chief of Peel Region paramedic services, views a 53-second delay in EMS response. "It could be a matter of life and death."

21 ... 22 ... 23 ...

An almost one-minute delay in response times could have the most significant impact on those who suffer cardiac arrest. An elderly patient with underlying chronic disease, for example, will generally need to have his or her heart restarted, either by CPR or electronic defibrillation, within two to three minutes to prevent brain damage, he said. However, patients in their 30s or 40s who suffer a cardiac arrest may survive four to five minutes without definitive care before the brain is irreversibly damaged.

In both cases, Knipping said, "Naturally one minute tagged on to that could mean the difference from being able to write your name versus having a tube stuck out of your nose."

It took more than 30 minutes for EMS to get to Jim Hearst, as he lay dying on the ground floor of his apartment building on June 25, witnesses say. As many as four calls were made to 911 while blood dripped from his mouth as neighbours tried to save him.

However, EMS Chief Bruce Farr says it took EMS nine minutes to respond and that the paramedics delayed entering the building because of unspecified health and safety concerns. On July 16, the city turned the Hearst investigation over to the Ministry of Health.

While the city maintains its request for more ambulance service is not related to Hearst's case, his long-time partner, Alejandro Martinez, is skeptical.

"I find it quite suspicious (the city) is trying to implement an increase in ambulances not long after the ministry investigation," Martinez said. "It's quite convenient to say it's not related to my partner's death."

37 ... 38 ... 39 ...

Yesterday Farr said the 53-second increase was discovered after a review of 26,000 EMS calls handled during the strike. City officials say to their knowledge there have been no fatalities as a result of the increase in average response time.

Prior to the strike, Toronto ambulances took on average 8 minutes and 18 seconds to get to a top priority call, which includes calls for chest pains or cardiac-related events, and difficulty breathing. Since the strike, that has jumped to 9 minutes and 11 seconds.

The "gold standard" for EMS to get to a top priority call is 8 minutes 59 seconds. "Over time I'm seeing (response times) slip by 53 seconds, so now is the best time to act in the interest of public safety," Farr said. The city could get a hearing before the Ontario Labour Relations Board early next week, he said.

Currently EMS is not considered by its strictest definition an essential service, and Mayor David Miller called the Supreme Court of Canada's definition of essential services "very narrow." However, Miller said the city is "asking the Ontario labour relations board to change the essential services agreement in a significant way."

"The result of this will hopefully be an essential services agreement that provides for significantly more coverage, which would be the standard for the future were there ever another strike," he added.

The current essential services agreement was worked out during the last strike in 2002, however, those agreements no longer meet the city's needs, Farr said.

Knipping said the strike has put additional strain on a system already stressed by unprecedented demand for patient beds in hospitals and long-term care facilities.

"The strike is coming in the context of probably the greatest challenges to health care in the GTA that I've seen in 25 years of working in this region," he said. "I think you can say clearly this is creating unwanted additional stress to the system and potential significant harm to patients."

51 ... 52 ... 53.

With files from Dale Anne Freed and Megan Ogilvie