

2020/2021

Quality Improvement Plan

The purpose of this Quality Improvement Plan is to provide a framework for Ornge initiatives that are designed to improve patient experience and care, clinical practice, and operational service delivery to meet the transport needs of Ontario residents within a broader healthcare system.



Quality Improvement Plan

Each year, Ornge prepares and publishes its annual Quality Improvement Plan (QIP) as prescribed by the Performance Agreement with the Ministry of Health. The QIP is a framework for monitoring key aspects and metrics in Ornge's delivery of its critical care service to the patients of Ontario and focusses on clinical practice and operational service delivery.

QIP indicators are chosen each year and reflect organizational priorities, including some identified areas for improvement. The indicators are aligned with Ornge's strategic priorities, and Health Quality Ontario's six quality elements for healthcare organizations. Additionally, our patient and healthcare partner surveys help to inform the QIP.

QIP indicators change from one year to the next so that the organization's areas of focus remain current. Progress is measured on a quarterly basis and reviewed internally with our quality groups and our Board of Directors.

By monitoring QIP results and other key performance indicators, Ornge maintains a steady watch over organizational quality with an overall goal of improving the effectiveness of our service delivery. Attached are Ornge's 2020/21 Year End Report and our 2021/22 QIP Targets.

A high-quality health system is defined as “a health system that delivers world-leading safe, effective, patient-centred services, efficiently and in a timely fashion, resulting in optimal health status for all communities.” This definition includes six elements of quality and forms the basis of Health Quality Ontario’s framework for quality improvement.

Objective	Measure/ Indicator	Target 2020/21	Fourth Quarter FY 2021	Trend	Year End Result	
Quality Element: Patient-Centred Care						
Improve patient satisfaction	% Satisfied Patients¹ on Standing Agreement (SA) Carriers using NRC Picker Data	90% positive response to the question on quality of care received			Target Achieved and Exceeded. Due to lower patient volumes during pandemic, we will continue to monitor this indicator for FY22.	
			Air Bravo			100% n=34
			Skycare			95.37% n=34
			Thunder Airlines			97.37% n=44
			TPS			100% n=5
Improve patient and stakeholder satisfaction	Timely Acknowledgement of External Complaints and Inquiries:	99% acknowledged within 2 business days			Target Achieved for Acknowledgements and Investigations. We remain below target for closure of investigations. There are some aspects of investigation closure that require external stakeholder involvement and/or front line staff interviews which can delay the process. We have therefore changed the closure of incidents indicator to 45 days and will continue to monitor in FY22.	
			(i) acknowledged within 2 business days of receipt			100% n=60
			(ii) investigation, where necessary, within 7 business days of receipt			96% n=45
			(iii) closed within 30 business days of receipt			48% n=60



Objective	Measure/ Indicator	Target 2020/21	Fourth Quarter FY 2021	Trend	Year End Result
Improve patient and stakeholder satisfaction	% patients delayed for transport in whom OCC staff obtain updates every 6h	50% of emergent/urgent patients delayed for inter-facility transport OCC staff will obtain updates every 6h.	48% 109/226	<p>Quarterly Trend of Patient Updates Acquired</p> <p>**Please note: Request was made to change measurement to start from “last bed confirmed” not “T0” (call creation). Q1-Q3 have been revised to reflect this change.</p>	<p>Below Target.</p> <p>The OCC has introduced new alerts in our computer-aided dispatch system that notify the communication officer that an update is due.</p> <p>We will continue to monitor this indicator for FY22.</p>

Quality Element: Effective Care

Improve Clinical Quality	% Documentation of two temperatures ⁱⁱ in:			<p>Quarterly Trend of Temperature Documented (ePCR)</p> <p>*Slight change to Q1 due to limitations with Q-Check and new data being attained</p>	<p>Target Achieved and Exceeded for all indicators except documentation of two temperatures in stroke patients.</p> <p>Quality of Care clinical reviews have been completed on all stroke patient charts and deemed to be appropriate. This appears to be strictly a documentation issue.</p> <p>This indicator will be removed from QIP FY22 into Clinical Metrics for continued monitoring.</p>
	(i) Stroke patients (ii) Trauma patients (iii) ROSC patients	50% 50% 50%	38.4% 28/73 89.9% 62/69 63.6% 7/11	<p>Quarterly Trend of Maintenance of Appropriate Temperature</p> <p>*Slight change to Q1 due to limitations with Q-Check and new data being attained</p>	

Objective	Measure/ Indicator	Target 2020/21	Fourth Quarter FY 2021	Trend	Year End Result																											
<p>Improve Clinical Quality</p>	<p>% non-intubated trauma patients with adequately controlled painⁱⁱⁱ</p>	<p>70% non-intubated trauma patients with a final score <4 or score drop by at least 4 points</p>	<p>59.18%</p>	<p>Quarterly Trend of Non-Intubated Trauma Patients with Adequately Controlled Pain</p> <table border="1"> <caption>Quarterly Trend of Non-Intubated Trauma Patients with Adequately Controlled Pain</caption> <thead> <tr> <th>Year/Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>FY19-20 Q1</td><td>68.85%</td></tr> <tr><td>FY19-20 Q2</td><td>62.24%</td></tr> <tr><td>FY19-20 Q3</td><td>52.00%</td></tr> <tr><td>FY19-20 Q4</td><td>57.89%</td></tr> <tr><td>FY20-21 Q1</td><td>50.00%</td></tr> <tr><td>FY20-21 Q2</td><td>56.90%</td></tr> <tr><td>FY20-21 Q3</td><td>67.24%</td></tr> <tr><td>FY20-21 Q4</td><td>59.18%</td></tr> </tbody> </table>	Year/Quarter	Percentage	FY19-20 Q1	68.85%	FY19-20 Q2	62.24%	FY19-20 Q3	52.00%	FY19-20 Q4	57.89%	FY20-21 Q1	50.00%	FY20-21 Q2	56.90%	FY20-21 Q3	67.24%	FY20-21 Q4	59.18%	<p>Below Target.</p> <p>This measure showed a downward trend for this quarter however had been steadily increasing. CME to the paramedics reinforcing this topic has been completed. Clinical Town Hall messaging for front line providers and clinical staff has also been completed.</p> <p>The sample size of patients with pain scores may be a confounder in this value given previously we have had 119 patients and this quarter we had 47. Other confounders include transport time, accuracy of pain score assessments and consistency in documentation, patient willingness to have analgesia, whether a dose of analgesia was provided vs other resuscitative priorities on short transport</p> <p>This measurement has been removed from the FY 22 QIP however will remain an ongoing focus of education through individualized paramedic feedback now available with new enhanced auditing software.</p>									
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<p>Improve Clinical Quality</p>	<p>HCO3 Guided Ventilation Strategy % of ventilated adult and pediatric patients with HCO3 documented on the EPCR</p>	<p>90% of all adult and pediatric patients will have a HCO3 documented.</p>	<p>Adult: 71.2% Paediatric: 78.9%</p>	<p>Quarterly Trend of HCO3 Documented on Ventilated Patients</p> <table border="1"> <caption>Quarterly Trend of HCO3 Documented on Ventilated Patients</caption> <thead> <tr> <th>Year/Quarter</th> <th>Adult (%)</th> <th>Paediatric (%)</th> </tr> </thead> <tbody> <tr><td>FY19-20 Q1</td><td>64.4%</td><td>76.3%</td></tr> <tr><td>FY19-20 Q2</td><td>61.5%</td><td>75.0%</td></tr> <tr><td>FY19-20 Q3</td><td>67.1%</td><td>71.0%</td></tr> <tr><td>FY19-20 Q4</td><td>54.4%</td><td>51.6%</td></tr> <tr><td>FY20-21 Q1</td><td>69.1%</td><td>62.5%</td></tr> <tr><td>FY20-21 Q2</td><td>62.5%</td><td>70.6%</td></tr> <tr><td>FY20-21 Q3</td><td>63.5%</td><td>66.7%</td></tr> <tr><td>FY20-21 Q4</td><td>71.2%</td><td>78.9%</td></tr> </tbody> </table>	Year/Quarter	Adult (%)	Paediatric (%)	FY19-20 Q1	64.4%	76.3%	FY19-20 Q2	61.5%	75.0%	FY19-20 Q3	67.1%	71.0%	FY19-20 Q4	54.4%	51.6%	FY20-21 Q1	69.1%	62.5%	FY20-21 Q2	62.5%	70.6%	FY20-21 Q3	63.5%	66.7%	FY20-21 Q4	71.2%	78.9%	<p>Below Target.</p> <p>This measure continues to show overall steady improvement. CME to the paramedics has been completed and also reinforced at the recent clinical town hall. New devices (iSTAT) have now been deployed and may be improving some of these values.</p> <p>We will continue to monitor this indicator for FY22.</p>
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Objective	Measure/ Indicator	Target 2020/21	Fourth Quarter FY 2021	Trend	Year End Result
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Quality Element: Patient and Staff Safety

Improve Patient Safety	% Hand Hygiene Education and Compliance	90% of active duty staff complete education on annual basis 92% compliance based on self-reporting on ePCR documentation	100%	<div style="text-align: center;"> <p>Quarterly Trend of Hand Hygiene Education and Compliance</p> </div>	<p>Below Target.</p> <p>We will continue within annual education to reinforce importance of hand hygiene. Continue ePCR requirement for documentation of hand hygiene at start and end of call. Continue performance feedback by TMP and Standards when rideouts resume post COVID.</p> <p>This indicator has been removed from the QIP FY22 however will be monitored through our Corporate Performance Indicators.</p>
			90.52%		

* there were 33 instances where the TMPs reported hand hygiene events with 90.9% compliancy
 ** per TMP rideouts – N=27, Compliance = 59.3% (16/27)
 *** per TMP rideouts – N=21, Compliance = 71.4 % (15/21)

Improve Patient Safety	% of time pre-determined areas are cleaned below the relative light units (RLU) threshold on monthly audits	90% compliance with results equal to or below the RLU reading on monthly checks	95%	<div style="text-align: center;"> <p>Quarterly Trend of RLU Readings</p> </div>	<p>Target Achieved and Exceeded.</p> <p>This measure will remain for the QIP FY22 to ensure focus and improvement on reduced RLU readings.</p>

*Q2 is based on 12 bases.
 Please note: Thunder Bay had only one set of readings for the quarter. No readings for Chatham base.
 **Q3 Results are based on 4 high touch areas.
 Please note there were no tests recorded for Thunder Bay base for Q3.
 ***Q4 Please note there were no tests recorded for Chatham CCLA, Thunder Bay base



Ornge Quality Improvement Plan – Final Year End Synopsis - FY 2020/21

Objective	Measure/ Indicator	Target 2020/21	Fourth Quarter FY 2021	Trend	Year End Result
Improve Patient Safety	% Usage of a standardized patient care hand-off Checklist^{iv}	85%	82.27%	<p style="text-align: center;">Quarterly Trend of Hand-Off Checklist Used</p>	<p>Below Target.</p> <p>We aim to improve usage of the standardized checklist to 85% by the end of 2021-22.</p> <p>This indicator has been removed for QIP FY22, however, it is an ROP for accreditation and we will continue monitoring through the Accreditation process.</p>
Improve Staff Safety	Soft Tissue/MSK Injury Rate: # incidents per 100 paramedic and pilot employees resulting in soft tissue and musculoskeletal injuries from loading/unloading/carrying patient or lifting/pushing/pulling medical equipment	4.0/100 employees	2.06	<p style="text-align: center;">Quarterly Trend of Soft Tissue/MSK Injury</p> <p style="text-align: center;">Breakdown by Group FY 19-20 vs FY20-21</p>	<p>Target Achieved and Exceeded.</p> <p>This indicator will remain for QIP FY22 as it is the most common injury experienced by front-line staff.</p>



Objective	Measure/ Indicator	Target 2020/21	Fourth Quarter FY 2021	Trend	Year End Result																																																																	
Quality Element: Timely Care																																																																						
Improve Timeliness	Length of Stay at Sending Hospital After Handover to Ornge: Package time for patients intubated <i>BEFORE</i> Ornge arrival	40 minutes by end of 2020/2021	49	<p style="text-align: center;">Quarterly Trend of Timely Care</p> <table border="1"> <caption>Quarterly Trend of Timely Care</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>FY18-19 Q1</td><td>46</td></tr> <tr><td>FY18-19 Q2</td><td>45</td></tr> <tr><td>FY18-19 Q3</td><td>45</td></tr> <tr><td>FY18-19 Q4</td><td>45</td></tr> <tr><td>FY19-20 Q1</td><td>45</td></tr> <tr><td>FY19-20 Q2</td><td>47</td></tr> <tr><td>FY19-20 Q3</td><td>45</td></tr> <tr><td>FY19-20 Q4</td><td>48</td></tr> <tr><td>FY20-21 Q1</td><td>50</td></tr> <tr><td>FY20-21 Q2</td><td>44</td></tr> <tr><td>FY20-21 Q3</td><td>46</td></tr> <tr><td>FY20-21 Q4</td><td>49</td></tr> </tbody> </table>	Quarter	Value	FY18-19 Q1	46	FY18-19 Q2	45	FY18-19 Q3	45	FY18-19 Q4	45	FY19-20 Q1	45	FY19-20 Q2	47	FY19-20 Q3	45	FY19-20 Q4	48	FY20-21 Q1	50	FY20-21 Q2	44	FY20-21 Q3	46	FY20-21 Q4	49	<p>Below Target.</p> <p>Continued focus required in Education, both Initial and CME on standardized packaging protocols that decrease time required. Reduce requirements for in-facility patching as this often takes considerable time. It was expected that this metric would increase during COVID due PPE requirements.</p> <p>This indicator will continue to be monitored for QIP FY22.</p>																																							
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Improve Timeliness	Overall Base Response Time: % meeting threshold* (i) FW (ii) Land (iii) RW	≥ 80% (< 15 minutes [< 25 minutes when fuel required]) ≥ 90% (< 10 minutes) ≥ 90% (< 15 minutes [< 25 minutes when fuel required])	<div style="background-color: yellow; padding: 2px;">73%</div> <div style="background-color: yellow; padding: 2px;">80%</div> <div style="background-color: green; padding: 2px;">100% (Scene)</div> <div style="background-color: green; padding: 2px;">92% (Interfacility)</div>	<p style="text-align: center;">Quarterly Trend of Overall Base Response Time</p> <table border="1"> <caption>Quarterly Trend of Overall Base Response Time</caption> <thead> <tr> <th>Quarter</th> <th>FW</th> <th>Land Ambulance</th> <th>RW (Scene)</th> <th>RW (Interfacility)</th> </tr> </thead> <tbody> <tr><td>FY18-19 Q1</td><td>83%</td><td>73%</td><td>98%</td><td>92%</td></tr> <tr><td>FY18-19 Q2</td><td>81%</td><td>60%</td><td>98%</td><td>94%</td></tr> <tr><td>FY18-19 Q3</td><td>71%</td><td>65%</td><td>98%</td><td>93%</td></tr> <tr><td>FY18-19 Q4</td><td>73%</td><td>78%</td><td>99%</td><td>87%</td></tr> <tr><td>FY19-20 Q1</td><td>76%</td><td>81%</td><td>99%</td><td>88%</td></tr> <tr><td>FY19-20 Q2</td><td>74%</td><td>77%</td><td>99%</td><td>91%</td></tr> <tr><td>FY19-20 Q3</td><td>57%</td><td>81%</td><td>100%</td><td>89%</td></tr> <tr><td>FY19-20 Q4</td><td>53%</td><td>79%</td><td>98%</td><td>92%</td></tr> <tr><td>FY20-21 Q1</td><td>64%</td><td>78%</td><td>99%</td><td>92%</td></tr> <tr><td>FY20-21 Q2</td><td>65%</td><td>77%</td><td>99%</td><td>92%</td></tr> <tr><td>FY20-21 Q3</td><td>61%</td><td>81%</td><td>96%</td><td>92%</td></tr> <tr><td>FY20-21 Q4</td><td>73%</td><td>80%</td><td>100%</td><td>92%</td></tr> </tbody> </table>	Quarter	FW	Land Ambulance	RW (Scene)	RW (Interfacility)	FY18-19 Q1	83%	73%	98%	92%	FY18-19 Q2	81%	60%	98%	94%	FY18-19 Q3	71%	65%	98%	93%	FY18-19 Q4	73%	78%	99%	87%	FY19-20 Q1	76%	81%	99%	88%	FY19-20 Q2	74%	77%	99%	91%	FY19-20 Q3	57%	81%	100%	89%	FY19-20 Q4	53%	79%	98%	92%	FY20-21 Q1	64%	78%	99%	92%	FY20-21 Q2	65%	77%	99%	92%	FY20-21 Q3	61%	81%	96%	92%	FY20-21 Q4	73%	80%	100%	92%	<p>Target Achieved and Exceed for RW Response.</p> <p>Below Target for FW and Land Responses.</p> <p>This QIP measure remains below target for FY21 so will remain on QIP FY22 to obtain improvements. Look for E1 Responsiveness on the new QIP FY 22.</p>
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Objective	Measure/ Indicator	Target 2020/21	Fourth Quarter FY 2021	Trend	Year End Result																		
Quality Element: Efficient Care																							
Improve Efficiency	% of Emergent 1 cases where TMP pre-patches with paramedic	50%	61.27%	<p>Quarterly Trend of TMP Pre-patches</p> <table border="1"> <caption>Quarterly Trend of TMP Pre-patches</caption> <thead> <tr> <th>Year/Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>FY19-20 Q1</td><td>36.40%</td></tr> <tr><td>FY19-20 Q2</td><td>53.82%</td></tr> <tr><td>FY19-20 Q3</td><td>49.03%</td></tr> <tr><td>FY19-20 Q4</td><td>45.35%</td></tr> <tr><td>FY 20-21 Q1</td><td>50.08%</td></tr> <tr><td>FY 20-21 Q2</td><td>58.54%</td></tr> <tr><td>FY 20-21 Q3</td><td>60.54%</td></tr> <tr><td>FY 20-21 Q4</td><td>61.27%</td></tr> </tbody> </table> <p>Criteria: - Emergent1 - Interfacility - Patients Serviced and Transported - Patient transport only (excluding Teams and Organ) - Excludes Paeds - Excludes PCP</p>	Year/Quarter	Percentage	FY19-20 Q1	36.40%	FY19-20 Q2	53.82%	FY19-20 Q3	49.03%	FY19-20 Q4	45.35%	FY 20-21 Q1	50.08%	FY 20-21 Q2	58.54%	FY 20-21 Q3	60.54%	FY 20-21 Q4	61.27%	Target Achieved and Exceeded. This indicator will be removed for QIP FY22, however, will be monitored through TMP performance.
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Improve Efficiency	% of patients OCC Staff obtain bed confirmation	90% of all inter-facility transport requests will have bed confirmation completed	93%	<p>Quarterly Trend of Bed Confirmations Obtained by OCC Staff (emergent and urgent only)</p> <table border="1"> <caption>Quarterly Trend of Bed Confirmations Obtained by OCC Staff (emergent and urgent only)</caption> <thead> <tr> <th>Year/Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>FY 19-20 Q1</td><td>71.8%</td></tr> <tr><td>FY 19-20 Q2</td><td>74.5%</td></tr> <tr><td>FY 19-20 Q3</td><td>77.2%</td></tr> <tr><td>FY 19-20 Q4</td><td>80.8%</td></tr> <tr><td>FY 20-21 Q1</td><td>84.1%</td></tr> <tr><td>FY 20-21 Q2</td><td>91.5%</td></tr> <tr><td>FY 20-21 Q3</td><td>90.8%</td></tr> <tr><td>FY 20-21 Q4</td><td>93.0%</td></tr> </tbody> </table>	Year/Quarter	Percentage	FY 19-20 Q1	71.8%	FY 19-20 Q2	74.5%	FY 19-20 Q3	77.2%	FY 19-20 Q4	80.8%	FY 20-21 Q1	84.1%	FY 20-21 Q2	91.5%	FY 20-21 Q3	90.8%	FY 20-21 Q4	93.0%	Target Achieved and Exceeded. This indicator will be removed for QIP FY22 but will be monitored through Corporate Performance Indicators.
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NOTES:

ⁱ Patient Satisfaction: % of respondents who selected a positive score in response to the question: “Overall how would you rate the quality of care you received from Ornge?” Starting in May 2019 Ornge has expanded its patient survey to include patients transported by Ornge’s Standing Agreement air carriers. The survey is conducted on a rolling quarterly basis by an independent survey firm. There is a reporting lag of two quarters (i.e. the survey results reported in Q1 2019-2020 pertain to patient transports performed in Q3 2018-2019).

ⁱⁱ Source of information for this measurement is the ePCR. Definition: At least two documented temperature exists on patient’s ePCR, one at the beginning of transport and one at the end, for each patient transport.

ⁱⁱⁱ A pain score <4 represents mild pain. Data are based on patients having a GCS >= 13.

^{iv} Usage of a standardized patient care hand-off Checklist
NUMERATOR: Number of transports showing documented use of a standardized hand-off checklist
DENOMINATOR: number of transports (Ornge dedicated)

^v Base Response Times: % within threshold

FW Response Time:

The percentages represent the Air Bases’ ability to respond to calls in less than 15 minutes (25 minutes when fuel is required).

The Air Base Response Time is defined as the time period from Accept Trip to Air-Traffic-Control contact.

This analysis is based on a data sample pulled from AvAIO by a defined procedure; only trip legs that were the first departure from base are used for this analysis. Legs with delay reasons out-of-Ornge-Control, patient-related delay reasons, and missing data are excluded.

Land Response Time:

The percentages represent the Land Bases’ ability to respond to calls in less than 10 minutes.

The Land Base Response Time is defined as the time period from the time OCC reports CCLA Dispatch to the time the truck departs the Base.

This analysis is based on a data sample pulled from Flight Vector by a defined procedure; only trip legs that were the first departure from base are used for this analysis. Legs with missing data are excluded.

Note: Rotor wing bases are already meet the air response time threshold; therefore RW is no longer included in this report.