

Paramedic Services 2008 Budget Document

Section I. Existing Services and Service Levels:

The Mandate of Paramedic Services is to save lives, decrease suffering, improve and promote community safety. The Region of Peel is the designated delivery agent for Paramedic Services as defined under the *Ambulance Act*.

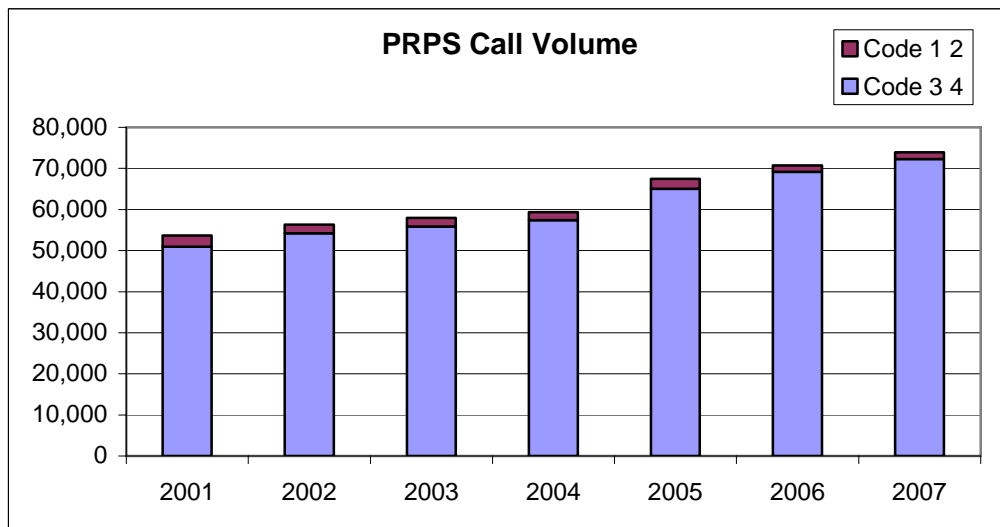
Peel Regional Paramedic Services (PRPS) is responsible for:

- Pre-hospital Emergency Medical Services (EMS) provided throughout the Region of Peel 365 days a year, 24 hours a day.
- Advanced Care and Primary Care Paramedic level of service.
- Partnership with Area Municipal Fire Services to provide quick response to certain types of urgent calls for service through tiered response protocols.
- Deployment of Paramedic crews is controlled by the Provincial Government through the Central Ambulance Communication Centre (CACC).
- Medical oversight of Paramedics is provided by the Provincial Government through the Sunnybrook-Osler Centre for Pre-Hospital Care.

Key initiatives in 2007

Call Volume

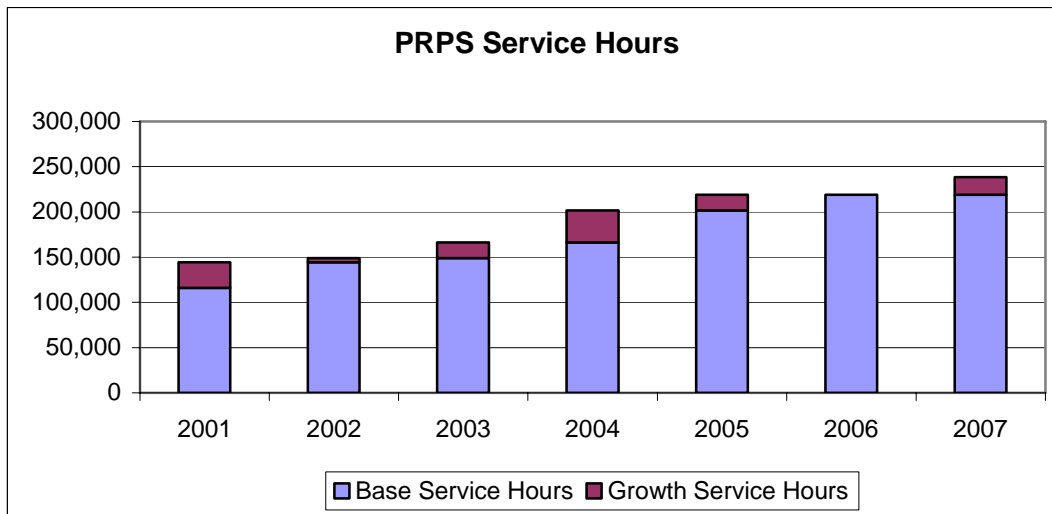
The challenge for PRPS in 2007 was to meet the ever increasing demand for service and the increase in off-load delay. The following table shows the call demand for the years 2001 to 2006 and 2007 projections.



The main driver of service demand is the emergency calls for service (Code 3 to 4). The table shows a steady increase in this call volume since 2001 with a significant jump in 2005. There has been an approximate 42 per cent increase in emergency call volume since 2001 and a 4.5 per cent growth from 2006 to 2007.

Emergency Services – Service Level

The service level that is provided by PRPS is expressed in Annualized Service Hours. Annualized Service Hours are the total number of hours that would be provided over a twelve month period by ambulances staffed with a full paramedic crew (two paramedics), according to the established coverage/deployment strategy. It is in effect the total number of hours of ambulance availability during a year. The number of service hours actually provided in a year may vary from the Annualized Service Hours. For example, if there is an increase in the coverage/deployment strategy service hours part way through a year, the whole amount of the increase will not occur in that year but next year it will become annualized within the system. Annualized Service Hours are to be distinguished from staffing hours. Staffing hours are the number of hours of paramedic time for which wages must be paid. The table below shows the service level provided in Annualized Service Hours for the years 2001 to 2007.



The table shows that while there were substantial increases in service levels from 2001 to 2005, there was no increase in service level in 2006. There was approximately a 4.5 per cent growth in emergency call volume from 2006 to 2007 and expectations for continued growth in 2008.

Improved Paramedic Service Deployment Strategy – Although the provincially operated CACC actually receives the 9-1-1 calls and dispatches Paramedic crews, it attempts to do so in accordance with a deployment strategy developed by PRPS in consultation with the CACC and other system stakeholders, including Paramedic staff. The purpose of the deployment strategy is to optimize the use of resources and improve the overall effectiveness of the system. One major objective is to improve response times, or at least, avoid deterioration of response times as the system faces growing emergency call volumes. In late 2005, a new deployment strategy was developed and implemented over 2006. During this time, adjustments to the deployment strategy have been made in consultation with staff and the CACC. The deployment strategy has resulted in more effective use of resources. However, further work will be needed to adapt and improve the deployment strategy as the overall system design is reviewed and changed in accordance with the recommendations of the system improvement project referred to below. The table below shows average and 90th percentile Code Four response times for the years 2001 to 2006 and year to date results for 2007. (90th percentile Code Four response time means that a paramedic arrives in less time than the number shown, 90 per cent of the time.)

Year	Response Time Average	Response Time 90th Percentile
1996	N/A	9:32
2001	7:21	11:03
2002	7:29	11:12
2003	7:54	11:43
2004	7:40	11:33
2005	7:34	11:50
2006	7:23	11:42
2007 YTD	7:31	11:47

The table shows that PRPS has been holding the 90th percentile response times steady regardless of the increase in call volumes.

Feasibility Project – In 2006, HealthAnalytics delivered its report and recommendations to the Emergency and Protective Services Committee (EPSC) of Council in October of that year. The recommendation of EPSC which was approved by Council was for staff to report on the feasibility of implementing the HealthAnalytics recommendations. As outlined in the 2007 budget, the Program undertook a feasibility study in consultation with all system stakeholders. A significant portion of the work was the investigation of opportunities to share facilities or facility locations with the police and fire services to reduce overall costs to the taxpayer. Another component of the project was the feasibility of the Hospital Medic Program. The results of both of these projects have been tabled at the October 2007 EPSC meeting and associated costs have been included in the 2008 budget.

The work continues on the multi-faceted feasibility project with the System Oversight being the next area for examination. This work will start in fall of 2007 and be completed in 2008. Results will be tabled at EPSC shortly thereafter.

Provincial Funding – At the time that Land Ambulance services were transferred to municipal governments, a commitment was made that there would be Provincial subsidy for 50 per cent of the costs. However, as a result of many factors, including the need to increase service levels to correct chronically under-resourced services, the need to add capital facilities and equipment and significant increases in Paramedic wages, the actual costs of Land Ambulance operations throughout the Province became much higher than the costs that the Provincial Government was willing to approve for subsidy. This resulted in chronic under-funding of the service to the point where, in Peel, the actual level of Provincial subsidy was less than 30 per cent in 2005. In 2006 the Provincial Government took steps to correct that under-funding. Peel received an additional \$5.7 million subsidy which brought the overall subsidy level to approximately 42 per cent. The Province has committed to work cooperatively with the Region to close the gap between current government funding and 50 per cent of the cost of delivering land ambulance services by 2008. Currently, the province believes the stated funding level for the Region of Peel of 50 per cent of Peel’s 2006 operating budget has been reached. The program, however, continues to grow and the funding percentage gap once again has started to erode as the Province does not recognize the need to address growth which directly impacts the effective delivery of paramedic services.

Other – Accomplishments – In addition to the initiatives previously mentioned, key accomplishments in 2007 include:

- Began Feasibility Study – coordinated project approach to review and make recommendations on each of the five areas studied by HealthAnalytics.
 - Completed ten year Facility Capital Plan.
 - Completed the Hospital Medic Program review.
- PRPS was the first Paramedic Service in North America to begin Resuscitation Outcomes Consortium (ROC) Study to examine the effects of early sustained CPR to increase survival rates in cardiac arrest.
- Participated in the comprehensive patient move closing the Willam Osler Brampton Campus and opening the New Brampton Civic Hospital.
- Responded to 410 Brampton school bus crash.
- Completed new decaling design for all fleet.

Section II. Resources to Deliver 2007 Services:

Current \$'000	2006 Actual	2007 Budget	2007 Projection	2007 Variance Under/(Over)
Total Expenditures	\$38,198	\$40,305	\$38,616	\$1,689
Total Revenue	\$15,712	\$18,852	\$17,993	\$859
Net Cost	\$22,487	\$21,453	\$20,623	\$830
FTE	319	348	348	0

Note: Transfer of 1 FTE to Corporate Finance due to reorganization

2007 Budget:

Through the 2007 budget process, Paramedic Services was given a net Current Budget approval of \$21.5 million to deliver the services as listed in Section I to the residents of the Region of Peel.

2007 Projection:

Staff forecast to complete the year with a net expenditure of \$20.6 million representing a surplus of \$0.8 million. Provincial funding \$0.9 million below budget is offset by reduced wage spending in part due to delays in bringing in new staff and deferral of the Hospital Medic program.

The 2007 Capital Plan was approved at \$5.4 million. Of this, vehicle replacements and enhancements were \$2.2 million, medical equipment including defibrillators was \$0.8 million, and leasehold improvements of \$0.4 million. The remaining \$2.0 million was for facility projects related to the division model approved by Council in 2007.

Output/Outcome Measure	2007 Target	2007 Projection	Variance Commentary
Emergency Call Volumes	68,800	72,308	Significant data challenges. Targets developed with best attempts. More data has since been received that further refines projections. Call demand has increased.
Service Hours	230,222	230,141	
Ministry Subsidy for Paramedic Services	47%	44%	Actual provincial funding is falling short of the commitment to fund 50% of Paramedic Services program costs. Funding enhancements are based upon 2006 operating costs and do not reflect the increased cost of delivering this service to a growing population in 2007.

Section III. Performance Measurement/Benchmarking:

The benchmarks and performance measures for PRPS including Ontario Municipal CAO’s Benchmarking Initiative (OMBI) measures can be seen in Appendix VI. Not all Emergency Medical Services (EMS) in Ontario participate in the OMBI study.

There has been a great deal of debate on the OMBI measures related to EMS. The central issue is one of obtaining consistent, accurate data. As stated elsewhere, the Province – through dispatch - controls the primary data set that includes call volumes, times, locations, priority and destination. Because of the data integrity problems, it was agreed among OMBI participants to limit the reported benchmarks to those few metrics where the data accuracy could be reasonably expected and verified.

The three measures captured are:

- EMS weighted vehicle service hours per 1,000 population.
- Percentage EMS vehicle hours staffed by Advanced Care Paramedics (ACP).
- EMS cost per weighted vehicle service hour.

The OMBI measures show the Region of Peel in the lowest quartile for service hours per 1,000 population and Peel ranks 14th out of 15. This means that, compared to other services in the OMBI study, the Region’s population is underserved.

Peel’s EMS cost per weighted vehicle service hour is in the second quartile. The median for the OMBI participants is \$136.66 per hour and Peel is performing at approximately \$136.17 per hour. This is good news and demonstrates that PRPS costs are comparable to others in the OMBI study.

Peel also reported on the percentage EMS vehicles staffed by ACPs and PRPS is in the third quartile. The median for the OMBI participants is 35.5 per cent and Peel is at 32.5 per cent of EMS vehicles staffed by ACPs. Peel has an on-going commitment to training front line staff to the ACP level. The commitment is to have 65 per cent of front line staff trained to the ACP level.

Section IV. 2008 Base Pressures:

To continue supporting the Regional programs at the 2007 approved service level, there are increases to the base cost for these services in the following sections, as identified in Appendix I:

Annualization:

Annualization of 2007 service enhancements total \$1.3 million. Comprised of \$1.1 million for new service hours and \$0.2 million additional fleet storage.

Cost of Living Increase/Inflation:

Within Paramedic Services, base pressures are primarily related to inflationary pressures in the area of Salary and Wages which increases by \$0.9 million due to cost of living and normal staff progression through the salary ranges.

In addition, there is approximately \$1.1 million increase in non-salary related expenditures. Increases are due to actual operating costs and inflation.

Subsidy Changes:

In 2006 the Provincial Government took steps to correct chronic under-funding of EMS services. Peel received an additional \$5.7 million subsidy which brought the overall subsidy level to approximately 42 per cent. For 2007, the subsidy increase was estimated to be at 47 per cent of the budgeted expenditures. Actual 2007 funding levels are about \$0.9 million less than budgeted. The 2008 Current Budget subsidy assumption has been scaled back to reflect current Provincial funding levels.

Section V. Cost Mitigation Through Efficiencies and Recoveries:

Efficiencies:

As part of Peel taking on direct delivery of Paramedic Services Dec 1, 2004, assumptions needed to be made regarding Workplace Safety and Insurance Board (WSIB) charges. Since the service was assessed as high risk, allocation for WSIB charges was conservative. After almost two years of operations, a review revealed that the WSIB costs were lower than anticipated and as a result, the WSIB allocation was reduced by approximately \$427.0 thousand. This improved WSIB experience has been sustained in 2007 through Occupational Health and Safety services provided through Human Resources as part of the internal charges.

PRPS continues to rely on Environment, Transportation and Planning Services for fleet maintenance. This has proven to be a cost effective way of reducing fleet maintenance unit costs as more service has been required as the fleet grows.

KPMG was retained to analyze the feasibility of implementing a Hospital Medic Model. KPMG concluded that a Hospital Medic Program would at best have a minimal impact on reducing off-load delay. KPMG identified that the staffing model for such a program would require 17.6 paramedic full-time equivalents (FTEs). In 2007, Council approved four paramedic FTEs to run a pilot Hospital Medic Program. This program was not implemented. By reassigning these four paramedic FTEs to four supervisory FTEs who will be much better suited operationally to address the specific issues related to off-load delay, the Region will not require a request for 13.6 additional FTEs.

Recoveries:

PRPS charges for record searches and paid duty coverage for special events can be found in Appendix VIII. The charges are set to recover costs. Approximately \$10.0 thousand will be recovered in 2008. Paramedic Services cannot charge for regular emergency services for the community as per Provincial legislation.

Section VI. Challenges and Emerging Trends:

A few of the challenges facing the Paramedic Services are:

- Paramedic emergency call volumes are increasing by approximately 4.5 per cent in Peel Region annually and complexity of the patient needs are increasing.
- Paramedics continuing to provide care in hospital emergency departments due to offload delays (approximately 28,000 service hours in 2006 as reported to Council) resulting in fewer resources available within the community to respond.
- Changing demographics in Peel, increasing demand, and complexity for service e.g. population growth, aging population and culturally diverse communities.
- Large portion of Paramedic workforce is younger, less experienced, more educated, with an increasing female proportion. There is a requirement to balance the needs, interests and skill sets of younger and older staff.
- The demand to hire new Paramedic graduates is decreasing while supply remains constant.
- The skill set for paramedicine is expanding requiring increased knowledge and education to meet the complex needs of patients.
- Business strategy for Paramedic Services is changing to high performance and accountability.
- Intensification of land use and density of development impacts the ability to provide timely and responsive services.
- Increase in use and sophistication of technology to improve service delivery and efficiencies.

Section VII. 2008 Program Pressures – Current:

In 2006, PRPS engaged the services of a consultant, HealthAnalytics, LLC to review the current Emergency Medical System and to provide recommendations for the future in a number of areas. HealthAnalytics tabled recommendations with the Emergency and Protective Services Committee (EPSC) in the fall of 2006. Recommendations included an outline for:

- Facility plan (locations based on deployment).
- System oversight and reporting.
- Deployment algorithm including specific post locations.
- Changes to scheduling / hours of work.
- Hospital Medic Program.

The next step in this process was to determine feasibility of implementing these recommendations. Of highest priority for 2007 was the deployment and facility location study and the Hospital Medic Program review. Both of these studies are now complete and have been tabled at the October 2007 EPSC. Recommendations stemming from this work have been included in the 2008 budget.

There are both current and capital pressures arising from recommendations. Specifically – a ten-year facility plan has been developed with a total cost of approximately \$45.0 million over ten years.

The system oversight and reporting portion of the Feasibility Study will be undertaken and completed in late 2007 / early 2008. Deployment and scheduling – both related in part to facility plan – will be changed as new facilities are introduced to the system.

Growth:

The main driver of service demand is the emergency calls for service (Code 3 to 4). There has been a steady increase in this call volume since 2001 with a significant jump in 2005. There has been an approximate 42 per cent increase in emergency call volume since 2001. Anticipated emergency call volume growth is about 4.5 per cent. The 2008 Current Budget includes an additional 7,008 Annualized Service Hours to address increasing call volumes and maintain response times. The budget amount for this increase is a total cost of \$1.0 million and includes an additional 9.5 FTE as identified in Appendix VII.

Other Pressures:

There are no further pressures other than those stated above.

User Fees:

No rate changes are proposed for 2008. Details are listed in Appendix VIII.

Section VIII. 2008 Program Pressures – Capital:

Paramedic Service’s capital plan is for equipment, vehicles, and facilities. Natural replacement of equipment and vehicles are required as part of the normal operation of Paramedic Services. The details reside in Appendix II.

The following table lists the new capital plan for 2008 as well as the carry forward capital balance from 2007 showing total capital spending for 2008 at \$24.6 million. Future years from 2009 to 2017 reflect the full implementation of the facility divisional model approved by Council in 2007 as well as equipment and fleet replacement and demand driven service expansion.

Carry –Forward from 2007 \$’000	2008 New Capital \$’000	2008 # of New Projects	Total Capital Available \$’000	2009 – 2017 Forecast \$’000	2009 - 2017 # of New Projects
\$6,744	\$24,579	7	\$31,323	\$52,988	8

The \$6.7 million carry forward from 2007 is largely related to facilities capital spending. This was deferred pending the outcomes of the HealthAnalytics feasibility study and approval of the divisional model. As reported to Council in August 2007 the development of two reporting stations, both notably co-location opportunities with both Mississauga and Brampton Fire Departments, is now progressing.

Capital of \$24.6 million is being requested in 2008 as follows:

- \$2.9 million for Vehicles – for both enhancements and replacement.
- \$0.6 million for Equipment – including defibrillators, stretchers and other capital equipment.
- \$0.4 million for leasehold improvements for existing facilities.
- \$0.1 million for improvements to Paramedic Services information management applications.
- \$20.6 million for development of the divisional model with five new sites including four reporting and one satellite stations.

10 Year Facility Capital Plan – The Facility Plan has been tabled and includes 14 sites that are co-location sites with one of the area municipal fire departments or Peel Regional Police. Following the “one taxpayer” philosophy, no land costs have been included for any of these co-location sites. The ten year cost for the facility plan is approximately \$45.0 million. The plan is front-end loaded to build the larger reporting stations first. Year one of the project plan has a total value of \$20.6 million.

There are three major financing issues related to this plan. The first is that the ten Year plan reflects best estimates currently available. Second is that Development Charges do not adequately “pay for growth” and is based on a service level that reflects the average of the last ten years and not the current service need. The third is the provincial cost sharing that does not currently fund any facility related capital or operating costs related to growth.

Reserve contributions from the program are inadequate to pay for this ten-year plan. The Chief Financial Officer will report to Council on the corporate-wide overview of financing of non-growth tax supported capital planning. In the meantime, there is a recommendation that the expenditures can and will be funded over a period of 10 to 15 years using internal borrowings and managing payback through a broader corporate approach.

Section IX. 2008 Summary:

Budget Summary \$'000s	2007 Budget	2007 Projection	2008 Proposed	2009 Forecast	2010 Forecast
Current Budget – Total Expenditures	\$40,305	\$38,616	\$44,676	\$48,011	\$51,717
Current Budget – Total Revenue	\$18,852	\$17,993	\$18,556	\$19,020	\$19,496
Current Budget – Net Cost	\$21,453	\$20,623	\$26,120	\$28,990	\$32,221
FTE	348	348	357.5	374	390.5
Capital Carry Forward from prior year					
			\$6,744	\$15,082	\$11,336
New Capital					
			\$24,579	\$9,438	\$9,211
Total Capital Available					
			\$31,323	\$24,520	\$20,547
Forecasted Capital Spending					
			\$16,241	\$13,184	\$16,467

Future Outlook:

2009 and 2010 Current Budget:

The outlook for Paramedic Services operating budget has the following primary drivers: inflation on base budget, demand driven service increases associated with Peel’s rapid population growth of 34,000 residents annually, demographic changes as Peel ages, and implementation of the divisional facility model. All of the above factors will place significant pressure on the operating costs of Paramedic Services in Peel. Further there is uncertainty if the provincial funding upload to 50 per cent will cover increased operating and reserve costs. Current funding levels are based upon 2006 approved levels and do not reflect increased operating costs of the program. Assuming three per cent inflation for expenditures, resources dedicated to growth and a modest increase in Provincial Funding (2.5 per cent on the base, the outlook of net budget for the Program will be as follows):

2009	\$29.0 million
2010	\$32.0 million

2009-2017 Capital Plan:

To support the above-noted initiatives, the capital plan for 2009-2017 is \$53.0 million and includes the following:

- On-going operational requirements for fleet and equipment.
- On-going operational requirements for maintenance of facilities.
- Implementation of the divisional facility model within Brampton and Mississauga.

Existing Paramedic Services reserves and development charges are inadequate to fully fund the Ten Year Capital Plan. Funding of the capital plan is being addressed at the corporate level.

Service Level Contract for 2008:

Resources:

The 2008 Current Budget for Paramedic Services has a total value of \$44.7 million and a net value of \$26.1 million which is a net increase of \$4.7 million over 2007.

9.5 FTE added for a total of 357.5 FTEs as identified in Appendix VII.

The 2008 Capital Budget for PRPS totals \$24.6 million in new capital projects primarily related to the development of the facility plan.

Outputs/Outcomes:

Output/Outcome Measure	2007 Projection	2008 Target	Variance Commentary
Emergency Call Volumes	72,308	75,562	Increase from 2007 in call demand of 4.5%
Service Hours	230,141	242,205	Approved annual service hours to keep up with growth and demand

Section X. Pressures not included in 2008 Budget:

The 2008 Current Budget does not include the potential full settlement costs of collective bargaining for Ontario Public Service Employees Union (OPSEU) employees. The current contract expired March 31, 2007.

Contributions to reserves have not yet been reviewed. Initial estimates are that current contributions are insufficient to sustain the ten-year capital plan. Financing and analysis will be reviewed corporately.

Appendices:

Appendix I	2008 Current Pressures
Appendix II	2008 Capital Overview
Appendix III	Existing Capital Project List
Appendix IV	2008 New Capital Detail
Appendix V	Ten Year Capital Plan
Appendix VI	Performance Measures/Benchmarks
Appendix VII	Staffing Information
Appendix VIII	User Fees

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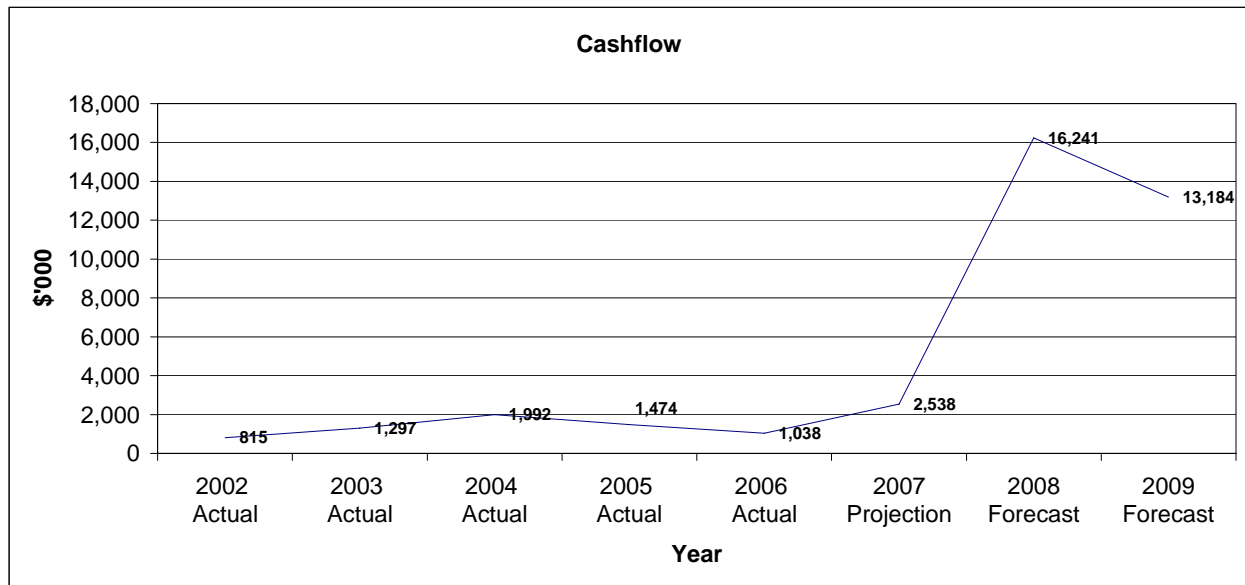
**APPENDIX I
PARAMEDIC SERVICES
2008 CURRENT PRESSURES (\$'000)**

	Paramedic Services		
	Total Expenditures	Total Revenue	Net Cost
2007 Revised Cost of Service	40,305	18,852	21,453
Annualizations - Section IV			
Addition of 19,272 service hours starting in June 2007	1,115	-	1,115
Rent-Fleet Storage	196	-	196
<i>Subtotal</i>	1,311	-	1,311
Cost of Living Increase/Inflation - Section IV			
Salary & Wage	934	-	934
Non-Salary inflationary costs	1,095	208	887
	-	-	-
<i>Subtotal</i>	2,029	208	1,821
Subsidy and Fee Changes - Section VII			
Provincial funding based on 2006 operating costs and does not reflect increase in costs in 2007 or 2008	-	(504)	504
	-	-	-
<i>Subtotal</i>	-	(504)	504
2008 Base Changes	3,340	(296)	3,636
Growth - Section VII			
Increase of 7,008 service hours starting June 2008	1,031	-	1,031
	-	-	-
<i>Subtotal</i>	1,031	-	1,031
Service Demand - Section VII - N/A			
	-	-	-
	-	-	-
<i>Subtotal</i>	-	-	-
Subsidy and Fee Changes - Section VII - N/A			
	-	-	-
	-	-	-
<i>Subtotal</i>	-	-	-
Other - Section VII - N/A			
	-	-	-
	-	-	-
<i>Subtotal</i>	-	-	-
2008 New Pressures	1,031	-	1,031
Total 2008 Pressures	4,371	(296)	4,667
2008 Recommended Cost of Service	44,676	18,556	26,120

**APPENDIX II
PARAMEDIC SERVICES
2008 CAPITAL OVERVIEW**

Existing Capital Paramedic Services (\$'000)							
Year of Projects	Carry-forward from 2006	2007 Budget	Total Approved Capital	In-Year Adjustments as at July 31, 2007	2007 Projected Spending (Includes Closed Projects)	2007 Carry-forward to 2008	# of Projects Carry-forward to 2008
2002	0	0	0	0	0	0	0
2003	0	0	0	0	0	0	0
2004	0	0	0	0	0	0	0
2005	78	0	78	-74	4	0	0
2006	2,374	0	2,374	-23	519	1,832	5
2007	0	5,427	5,427	0	515	4,912	6
Total	2,452	5,427	7,879	97	1,038	6,744	11

2008 - 2017 Capital Plan (\$'000)						
Carry-forward from 2007	2008 Budget	2008 # of New Projects	Total Capital Available	2008 Total of Projects	#	2009 - 2017 Forecast
6,744	24,579	7	31,323		18	52,988



Commentary on Cash Flow Variance:

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**APPENDIX III
PARAMEDIC SERVICES
EXISTING CAPITAL PROJECT LIST**

As of July 31, 2007

Project	Description	Gross Revised Budget	Gross Project Actuals	Gross Carry- Forward	Net Revised Budget	Net Project Actuals	Net Carry- Forward	Net % Spent
067801	Defibrillators 05-1496	1,754,930	948,419	806,511	1,754,930	948,419	806,511	54.04
067802	Medical Equipment 05-1496	285,000	32,655	252,345	285,000	32,655	252,345	11.46
067805	10 Yr Cap Amb Plan 05-1496	200,000	38,358	161,643	200,000	38,358	161,643	19.18
067806	Maingate Lease Imprv 05-1496	500,000	2,557	497,443	500,000	2,557	497,443	0.51
067810	Major Lease Improv 05-1496	546,000	49,203	496,797	546,000	49,203	496,797	9.01
077800	Ambulance Facilities	2,000,000	-	2,000,000	2,000,000	-	2,000,000	
077801	Defibrillators	332,230	-	332,230	332,230	-	332,230	
077802	Medical Equipment	465,000	-	465,000	465,000	-	465,000	
077803	Ambulance Fleet	1,955,000	-	1,955,000	1,955,000	-	1,955,000	
077804	Support Vehicles	275,000	-	275,000	275,000	-	275,000	
077810	Major Leasehold Improvement	400,000	-	400,000	400,000	-	400,000	
Total		8,713,160	1,071,191	7,641,969	8,713,160	1,071,191	7,641,969	12.29

APPENDIX IV
PARAMEDIC SERVICES
2008 NEW CAPITAL DETAIL

2008 Financing Sources and Funding Status (\$'000)

2008 Funding Status:

Approved or Pending

(A/P)



Project #

Project Name

Ward

2008			
<u>Total Expense</u>	<u>Funding</u>		<u>DCA</u>
	<u>External</u>	<u>Internal</u>	

Purchase of patient transport and medical equipment					
A 08-7802	MEDICAL EQUIPMENT	PEEL	385	0	379
					6
Purchase of defibrillators					
A 08-7801	DEFIBRILLATORS	PEEL	238	0	237
					1
Ambulance fleet vehicles					
A 08-7803	AMBULANCE FLEET	PEEL	2,288	0	2,184
					104
A 08-7804	SUPPORT VEHICLES	PEEL	586	0	586
					0
New Facilities for Ambulance services to meet growth demands					
A 08-7800	AMBULANCE FACILITIES	PEEL	20,582	0	20,152
					430
IT Related Projects					
A 08-7807	IT INITIATIVES	PEEL	100	0	100
					0
Existing Facilities					
A 08-7810	MAJOR LEASEHOLD IMPROVEMENT	PEEL	400	0	400
					0
Totals for Budget Year: 2008			24,579	0	24,038
					541

**APPENDIX V
PARAMEDIC SERVICES
TEN YEAR CAPITAL PLAN**

Ten Year Combined Capital Program (\$'000)

<u>Sub Type</u>	<u>Description</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>Yrs 6-10</u>	<u>Gross</u>
Purchase of patient transport and medical equipment								
Purchase of patient transport and medical equipment over the 10 year capital plan.								
08-7802	MEDICAL EQUIPMENT PURCHASE OF PATIENT MEDICAL EQUIPMENT AND SUPPLIES.	385	325	325	325	325	1,605	3,290
10 YearTotals For:	MEDTRANPUR	385	325	325	325	325	1,605	3,290

Purchase of defibrillators								
Purchase of defibrillators over the 10 year capital period.								
08-7801	DEFIBRILLATORS PURCHASE OF DIFIBRILLATORS FOR REPLACEMENT AND GROWTH	238	95	128	2,438	91	3,027	6,017
10 YearTotals For:	DEFIBPUR	238	95	128	2,438	91	3,027	6,017

Ambulance fleet vehicles								
Purchase of ambulance fleet vehicles over the 10 year capital plan.								
08-7803	AMBULANCE FLEET PURCHASE OF VEHICLES FOR AMBULANCE PROGRAM.	2,288	2,048	1,205	843	1,686	8,070	16,140
08-7804	SUPPORT VEHICLES PURCHASE OF ADMINISTRATION VEHICLES FOR AMBULANCE PROGRAM.	586	201	91	275	55	988	2,196
12-7806	EMERGENCY SERVICES UNIT EMERGENCY SERVICES UNIT TO RESPOND TO LARGE SCALE DISASTERS (I.E. AIRPORT INCIDENTS)	0	0	0	0	200	0	200
10 YearTotals For:	AMBVEHPUR	2,874	2,249	1,296	1,118	1,941	9,058	18,536

New Facilities for Ambulance services to meet growth demands

**APPENDIX V
PARAMEDIC SERVICES
TEN YEAR CAPITAL PLAN**

Ten Year Combined Capital Program (\$'000)

<u>Sub Type</u>	<u>Description</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>Yrs 6-10</u>	<u>Gross</u>
08-7800	AMBULANCE FACILITIES BUILDING OF AMBULANCE FACILITIES	20,582	6,269	6,862	2,538	976	7,797	45,024
10 YearTotals For: AMBFACILITY		20,582	6,269	6,862	2,538	976	7,797	45,024
IT Related Projects								
08-7807	IT INITIATIVES IT RELATED CAPITAL PROJECTS	100	100	200	200	100	0	700
10 YearTotals For: AMBIT		100	100	200	200	100	0	700
Existing Facilities								
08-7810	MAJOR LEASEHOLD IMPROVEMENT BASED ON IMPROVEMENTS FOR REFINED 10 YEAR PLAN	400	400	400	400	400	2,000	4,000
10 YearTotals For: AMBEXISTING		400	400	400	400	400	2,000	4,000
Totals for 10 Year Capital Plan:		24,579	9,438	9,211	7,019	3,833	23,487	77,567

**APPENDIX VI
PARAMEDIC SERVICES
PERFORMANCE MEASURES/BENCHMARKS**

OMBI Benchmarks

Source of Measure	Measure	Service Level Efficiency Customer Satisfaction Community Impact				Comments	Quartile	Quartile	Action Plan
							2006	2005	
CAO Priority Measure	EMS Weighted Vehicle Service Hours / 1,000 Population	Peel Value	194.40			Low ranking indicates poor performance	4th	4th	
		OMBI Median	315.00						
		Rank	14/15						
CAO Priority Measure	Percentage of EMS Vehicle Hours Staffed by ACP's	Peel Value	32.5%			Low ranking indicates poor performance	3rd	2nd	In house training of Primary Care Paramedics to Advanced Care Paramedic level is ongoing
		OMBI Median	35.5%						
		Rank	9/14						
CAO Priority Measure	EMS Cost per Weighted Vehicle Service Hours	Peel Value		136.17		Low ranking indicates high performance	2nd	2nd	
		OMBI Median		136.66					
		Rank		7/15					

4th Quartile	Low performer or high costs
2nd or 3rd Quartile	Average performer or average cost
1st Quartile	High performer or low cost

**APPENDIX VII
PARAMEDIC SERVICES
STAFFING INFORMATION**

Program	2007 Complement	Change Request for 2008	2008 Council Approved
Paramedic Services	348.0	9.5	357.5
TOTAL Paramedic Services	348.0	9.5	357.5

Change Request for 2008 Commentary

9.5 FTE to service increased growth and demand

**APPENDIX VIII
PARAMEDIC SERVICES
USER FEES**

Description of service or activity for which the fee or charge is being imposed	Service Unit	2007 Current Fee	2008 Proposed Fee	GST +	PST +	Variance 2007 vs. 2008
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PART 5: HEALTH SERVICES
Paramedic Services

Ambulance Paid Duty with Administration Fee	per hour	\$165.00	\$165.00	n/a	n/a	\$0.00
Ambulance Call Report	document	\$75.00	\$75.00	n/a	n/a	\$0.00

*Any supervisor, manager or director of Paramedic and Emergency Services is authorized to exempt, in whole or in part, any person from the 2: Corporate - Division - Paramedic and Emergency Services, schedule A, where he or she is of the opinion that the payment of such fee may cause undue economic hardship to the person requiring the service in question.

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