

## Paramedic Services 2009 Budget Document

### Section I. Existing Services and Service Levels:

The Mandate of Peel Regional Paramedic Services (PRPS) 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 is responsible for:

- Pre-hospital Emergency Medical Services (EMS) provided throughout the Region of Peel 24 hours a day, 365 days a year
- 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 2008

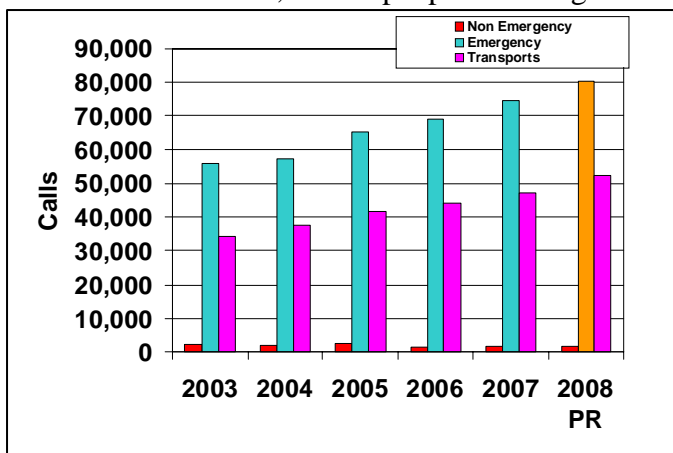
Intense system pressures continued during 2008. System drivers affect both the community and paramedic crews. Call volume and offload delay are measured separately but are intimately connected – that is – they all affect each other. Over the past two years, offload delay has had a profound effect on the system and there are many local and provincial strategies in place to begin to address these system pressures (including funding) as identified in *Current Offload Strategies* later in this report. Lastly, there is the on-going program development work that has progressed throughout 2008 – notably the 10 year facility plan and successful reports from three significant audits.

#### *System Drivers – Call Volume*

Call volume continues to grow within Peel. It is driven by Peel’s population growth, its aging population, social attitudes (if I call 911 I won’t have to wait), the emergency system being used as the primary health care (i.e. lack of family doctors), lack of knowledge of what the emergency system should be used for, sicker people discharged to the community without sufficient community supports

and being cared for by family who may not be medically able to deal with complex health issues.

Call volume is projected at approximately 10 per cent in 2008. Note that it is emergency calls that continue to grow. Approximately 60 per cent of calls result in transports to hospital – these transport calls that are then subject to offload delays.



## Paramedic Services – 2009 Budget Document

### *System Drivers - Offload Delay*

Offload delay – the time over and above the industry standard of 30 minutes required to transfer a patient from paramedic to hospital care – is driven by call volume, hospital resources and systems, and the broader health care capacity. At the very heart of the problem is bed availability – both in and outside of the hospital. Hospitals have Alternative Level of Care patients (ALC) who cannot be discharged directly back into the community but require a bed at a long term care home or are in need of specific community care. Due to growing population, growing LTC wait lists and limited community support services the hospitals retain care of the patient – interrupting the intake of new patients. This creates a chain reaction – an unavailability of beds – that threads through the entire hospital and ultimately blocks emergency wards and creates the offload delays experienced by Paramedic crews.

The average growth in offload delay since 2001 is approximately 25 per cent per year. The growth in offload for 2007/2008 is 36 per cent.

### *System Outcomes - Community Impact*

High call volumes and chronic offload delays have an effect on the community. The impact is most clearly and specifically measured using EMS 90<sup>th</sup> percentile response times with Emergency (Code 4) and Non-Emergency calls (Code 3). When interpreting a 90<sup>th</sup> percentile response time it is important to keep in mind that 90 per cent of all calls will be answered in that time *or less*.

The current system pressures create longer wait times for ambulance response for both emergency (life threatening) and non emergency calls (suffering). In increasing frequency, there are no Peel ambulances available in the Region of Peel to respond to 911 calls. At any one time, there should be a minimum of about 10 ambulances. There were 78 occurrences where no Peel ambulances were available to respond for a period of time in 2007 and 39 events in 2008. Paramedics responding to these calls are subjected to chronic stresses which may have an effect on overall citizen satisfaction with service.

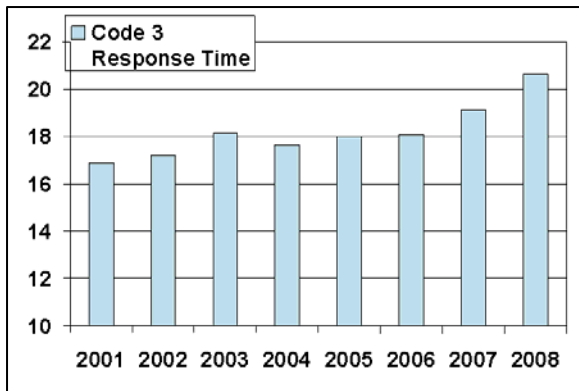
### **CODE 3**

Code 3 calls are urgent calls that are NOT life-threatening. An example would be a broken ankle. The patient is likely experiencing great inconvenience and pain but their health is not compromised and will not further deteriorate as a result of their injury.

As the system becomes extremely busy and resources are strained, call priorities are evaluated by the provincial Centralized Ambulance Communication Centre (CACC) so that Code 3 calls are delayed allowing the more urgent Code 4 calls to be completed. During times where there are critical reductions in ambulances, non-emergency Code 3 calls can have up to a 30 minute wait time before dispatch sends an ambulance.

## Paramedic Services – 2009 Budget Document

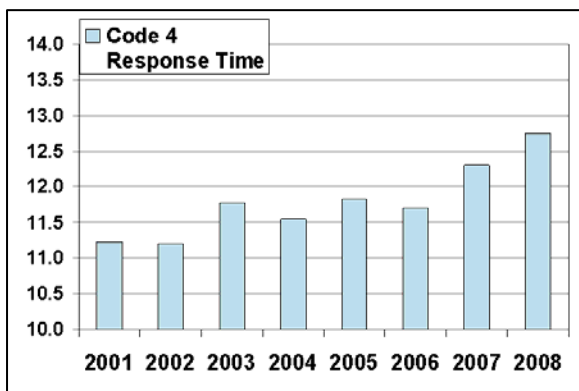
This chart shows Code 3 response times in minutes. This is the 90th percentile and shows the increasing wait times citizens are experiencing when they call for service.



### CODE 4

Code 4 calls are emergency calls that ARE life-threatening. An example would be a heart attack (cardiac arrest). The patient will rapidly deteriorate as a result of not receiving immediate medical care and transport. This is the 90th percentile measurement that most are familiar with and is the response times for Code 4s.

Note that the 90th for Code 4 is less than Code 3 – the system priority is to respond to Code 4s over Code 3. However, the response times for emergency calls continue to increase because resources are tied up in hospitals, responding to calls or being slowed in response due to increasing traffic congestion.



### *System Outcomes - Paramedic Impact*

When the system is busy, the paramedics working within the system are being pushed to their limits as well. They have an acute understanding of what happens when they cannot respond in a timely fashion and – as the system response times start to slow - often face the brunt of emotional family members and bystanders as a result.

There are three main issues that face crews when the system is overloaded:

- They do not get lunch or breaks
- They get held past the end of their shift
- They are stranded on offload delays at hospitals on a regular basis

## Paramedic Services – 2009 Budget Document

On average – every single day in 2008 - 9 paramedics miss lunch, 30 get held past the end of their shift, and 36 medics experience some level of offload delay greater than one hour.

### *Current Offload Strategies*

Because offload has such a profound effect on the system, the citizens and the paramedics, the Program and senior Regional staff spend a great deal of effort working on solutions. Here is a brief listing of the inroads made to address the issue;

- Community Referral by EMS (CREMS) – Paramedics identify and refer patients to the local Community Care Access Centres (CCAC) who contact the patient and provide them with alternative solutions for their health care needs
- Transfer of Care Protocols – Protocols for both paramedics and hospital emergency department staff for the care of those patients in offload delay and the process to manage the patients from the paramedics' care to admittance in the emergency department
- Waiting room protocol – Protocol to permit lower acuity patients to be moved from the paramedics' stretcher and placed in the waiting room or hallway allowing the paramedics to return to the community
- Patient:Paramedic ratio – ability to pair appropriate acuity level patients with one paramedic crew to permit other crew(s) to return to the system
- Emergency Department negotiations – ROP management staff negotiate with Charge Nurse during times of high offload to clear stretchers on a regular basis
- Patient Distribution Software – A software system which is used by the ambulance communication centre to distribute patients transported by paramedics equally throughout the Region. The system also identifies the length of time and number of crews in offload delay and works in conjunction with the Provincial Emergency Department Reporting System (EDRS). A Provincial pilot is underway and Peel will be the next site for implementation by the end of 2009.

### *MOH Funding*

In 2008 Peel Regional Paramedic Services received approximately \$2.2 million in additional provincial subsidy than originally budgeted. Base service funding was at 49.5 percent.

### *Nursing Offload Initiatives - Hospital Nursing Program*

In 2008, the Province made one-time funding available for Hospital Nursing Program to mitigate offload delay issues. Of the total \$5.0 million annualized amount announced by the Province for this initiative, Peel's share is up to \$416 thousand in one-time funding per year. Through a business case, Peel requested approximately \$685 thousand annually. Peel's Hospital Nursing Program is expected to start Fall 2008 after formal agreements are reached with the Region/each of Peel's three hospitals and then with the Region/Province. The funding split between hospital and Region is a partnership where Region pays for nurse hours and the hospital provides the labour.

The Hospital Nursing Program is a shorter term initiative to bring some relief while the Province's Emergency Room Strategy (2008 – 2011) is implemented. It should be noted however that a growing and aging population will continue to put pressures on the health care system including paramedic services.

## Paramedic Services – 2009 Budget Document

### *Other – Accomplishments*

In addition to the initiatives previously mentioned, key accomplishments in 2008 include:

- The 10 year facility plan continues to take shape. MOU's for two reporting station properties have been approved by Council. The design phase of these two stations is near completion
- PRPS has expanded participation in North America wide Resuscitation Outcomes Consortium (ROC) to the next phase that looks at the effect of hypertonic saline on trauma patients
- PRPS underwent its three-year MOH Certification and received another three year certification
- Regionally, the Program received both an Internal and Payroll Audit with some areas for improvement
- Contract negotiations with the Paramedic union were completed and arbitrated award was received in Summer 2008
- First vehicles with new decaling design put into active service

### **Section II. Resources to Deliver 2008 Services:**

| <b>Current \$'000</b>     | <b>2007 Actual</b> | <b>2008 Budget</b> | <b>2008 Projection</b> | <b>2008 Variance Under/(Over)</b> |
|---------------------------|--------------------|--------------------|------------------------|-----------------------------------|
| <b>Total Expenditures</b> | \$38,890           | \$48,134           | \$48,134               | (\$0)                             |
| <b>Total Revenue</b>      | \$18,091           | \$20,749           | \$20,749               | \$0                               |
| <b>Net Cost</b>           | \$20,799           | \$27,385           | \$27,385               | (\$0)                             |
| <b>FTE</b>                | 346.0              | 357.5              | 355.5                  | 2                                 |

*Note: 2 FTE transferred to Health Services Administration – Business & Information Services Division in 2008*

#### **2008 Budget:**

Through the 2008 budget process, Paramedic Services was given a net Current Budget approval of \$27.4 million to deliver the services to the residents of the Region of Peel.

#### **2008 Projection:**

Staff forecast to complete the year with a net expenditure of \$27.4 million. Diesel fuel deficit of approximately \$0.3 million is offset by savings in other service contracted out, and lower natural gas and hydro costs.

The 2008 Capital Plan was approved at \$27.6 million. Of this, \$23.6 million is for the 10 year facility plan. The \$4.0 million balance is for vehicle replacements and enhancements, medical equipment including defibrillators and leasehold improvements.

| <b>Output/Outcome Measure</b> | <b>2008 Target</b> | <b>2008 Projection</b> | <b>Variance Commentary</b>   |
|-------------------------------|--------------------|------------------------|--|
| Emergency Call Volumes        | 75,562             | 81,345                 | Emergency call volumes projected to increase 10% based on 2007 volume. |
| Service Hours                 | 242,205            | 242,205                | Service hour projected to achieve targets.                             |

### **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 13<sup>th</sup> 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 fourth quartile. The median for the OMBI participants is \$147.32 per hour and Peel is performing at approximately \$156.31 per hour.

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 35.4 per cent and Peel is at 32.4 per cent of EMS vehicles staffed by ACPs. Peel has an on-going commitment to train 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. 2009 Base Pressures:**

To continue supporting the Regional programs at the 2008 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 2008 service enhancements total \$0.9 million.

#### ***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 \$2.4 million due to cost of living and normal staff progression through the salary ranges, and also the new collective agreement clause changes.

In addition, there is approximately \$0.1 million increase in non-salary related expenditures. Increases are due to diesel fuel of approximately \$0.2 million offset by savings in other goods and services of \$0.1 million.

### *Subsidy:*

In early December 2008, Peel Regional Paramedics Services received a funding announcement from the Ministry of Health and Long Term Care that stated that Peel Regional Paramedic Services will receive an additional \$2.5M in subsidy over the 2008 grant for 2009. Of the \$2.5M subsidy increase, \$2.2M will provide 50% cost shared funding on the base budget and remaining \$0.3M funding will provide modest funding for the 2009 growth. The Hospital Nursing Program has not yet started and no funding related to this project has been included in 2008.

## **Section V. Cost Mitigation Through Efficiencies and Recoveries:**

### *Efficiencies:*

PRPS continues to both grow and experience extreme system pressures. Despite these constraints, the program incorporates business improvements where possible. Technology has provided two such improvements: mobile computing units for supervisors enables more responsive in-field completion of forms such as WSIB forms, incident and accident reports and employee vacation requests. The program has also automated the call report documentation audit process and freed up time for supervisors to coach and assist paramedics during calls as well as work with hospital staff to release crews from offload delays.

The third and more significant efficiency proposed by PRPS is the start of the Hospital Nursing Program. This program – once in place – will see one nurse stationed at each of Peel's three hospitals during peak hours – 12 hours a day 7 days a week. These nurses will be able to take over care of stable, low priority patients and allow paramedics to return to the system to resume service. Several thousand system hours are expected to be recovered from the Hospital Nursing Program once implementation is completed. These recovered hours will be redeployed back into the community and will be used to help reduce Peel's dependence on neighbouring EMS services to respond to emergency calls and improve system response times to life-threatening calls.

In addition, modest efficiencies have been budgeted for natural gas, hydro and overtime costs of approximately \$0.1 million as a result of better rates achieved through Energy Management and less hours estimated for shift overruns.

### *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 \$10,000 will be recovered in 2009. 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 in the Region are increasing by approximately 10 per cent per year while complexity of the patient needs are increasing
- Paramedics continuing to provide care in hospital emergency departments due to offload delays (for Peel's three hospitals: approximately 34,700 service hours in 2007 and a projected 42,600 service hours or 17.6 per cent of total service hours in 2008) resulting in fewer resources

## Paramedic Services – 2009 Budget Document

available to respond within the community. The 2008 hours lost in emergency rooms equate to approximately \$8.5 million dollars.

- 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 skill set for paramedicine is expanding, requiring increased knowledge and education to meet the complex needs of patients
- Business strategy for Paramedic Services is continuing to evolve 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. 2009 Program Pressures – Current:**

#### ***Growth:***

The two main drivers of growth are the growth in emergency calls for service (Code 3 to 4) and extreme growth in offload delays. Anticipated emergency call volume growth is about 10 per cent. Offload is expected to grow by another 30 per cent. The 2009 Current Budget includes an additional 29,000 actual Service Hours to address increasing call volumes and maintain response times. This addition represents approximately 12 per cent growth in service hours. The budget increase covers call volume growth but virtually none of the increases driven by offload delay. Instead, the MOH-funded Nursing Program is expected to mitigate and offset offload growth. As per Appendix I, the 2009 budget reflects a total cost of service hour increase in the net amount of \$4.5 million with 45.5 additional FTEs.

The Program will add the 29,000 additional service hours into the system at two points during the year; two thirds of the hours will be added in the spring and then the last third in the fall. Prior to implementation of the remaining service hours, the program will report back to Council on the status of the system through Emergency & Protective Services Committee in the summer.

#### ***Other Pressures:***

There are no further pressures other than those stated above.

#### ***User Fees:***

No rate changes are proposed for 2009. Details are listed in Appendix VIII.

### **Section VIII. 2009 Program Pressures – Capital:**

The ten-year facility plan has been developed and approved with a total cost of approximately \$45.0 million over ten years and was approved. Work is now well underway with a program manager hired to oversee the progress of the facility plan. Two properties - Tomken / Pacific Gate and Queen / Kimbark – have been approved by Council and are both reporting stations.

## Paramedic Services – 2009 Budget Document

The system oversight and reporting portion as well as the deployment and scheduling – both related in part to facility plan – will be changed as new facilities are introduced to the system.

Paramedic Service’s capital plan is for equipment, vehicles, and facilities. Natural replacement of equipment and vehicles is required as part of the normal operation of Paramedic Services.

The following table lists the new capital plan for 2009 as well as the carry forward capital balance from 2008 showing total capital available for 2009 at \$35.1 million. Future years from 2010 to 2018 reflect the full implementation of the facility divisional model approved by Council in 2008 as well as equipment and fleet replacement and demand driven service expansion.

| <b>Carry –Forward<br/>from 2008<br/>\$’000</b> | <b>2009<br/>New Capital<br/>\$’000</b> | <b>2009<br/># of<br/>Planned<br/>and New<br/>Projects</b> | <b>Total Capital<br/>Available<br/>\$’000</b> | <b>2010 – 2018<br/>Forecast<br/>\$’000</b> | <b>2010 - 2018<br/># of New<br/>Projects</b> |
|--|--|---|---|--|--|
| <b>\$30,094</b>                                | <b>\$5,002</b>                         | <b>5</b>  | <b>\$35,096</b>                               | <b>\$65,481</b>                            | <b>2</b>                                     |

The \$30.1 million carry forward from 2008 is largely related to facilities capital spending. As reported to Council in August 2008 the development of two reporting stations, both notably co-location opportunities with both Mississauga and Brampton Fire Departments, is now progressing.

Capital of \$5.0 million is being requested in 2009 as follows:

- \$3.7 million for Vehicles – for both enhancements and replacement
- \$0.4 million for defibrillators
- \$0.7 million for leasehold improvements for existing facilities
- \$0.2 million for improvements to Paramedic Services information management applications

### Section IX. 2009 Summary:

| <b>Budget Summary \$’000s</b>                | <b>2008<br/>Budget</b> | <b>2008<br/>Projection</b> | <b>2009<br/>Proposed</b> | <b>2010<br/>Forecast</b> | <b>2011<br/>Forecast</b> |
|--|------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| <b>Current Budget – Total Expenditures</b>   | <b>\$48,134</b>        | <b>\$48,134</b>            | <b>\$57,277</b>          | <b>\$67,028</b>          | <b>\$71,744</b>          |
| <b>Current Budget – Total Revenue</b>        | <b>\$20,749</b>        | <b>\$20,749</b>            | <b>\$24,234</b>          | <b>\$24,646</b>          | <b>\$25,385</b>          |
| <b>Current Budget – Net Cost</b>             | <b>\$27,385</b>        | <b>\$27,385</b>            | <b>\$33,043</b>          | <b>\$42,382</b>          | <b>\$46,359</b>          |
| <b>FTE</b>                                   | <b>357.5</b>           | <b>355.5</b>               | <b>401.0</b>             | <b>446.5</b>             | <b>492.0</b>             |
| <b>Capital Carry Forward from prior year</b> |                        |                            | <b>\$30,094</b>          | <b>\$6,921</b>           | <b>\$7,230</b>           |
| <b>New Capital</b>                           |                        |                            | <b>\$5,002</b>           | <b>\$13,991</b>          | <b>\$12,133</b>          |
| <b>Total Capital Available</b>               |                        |                            | <b>\$35,096</b>          | <b>\$20,912</b>          | <b>\$19,363</b>          |
| <b>Forecasted Capital Spending</b>           |                        |                            | <b>\$28,175</b>          | <b>\$13,682</b>          | <b>\$11,490</b>          |

## Paramedic Services – 2009 Budget Document

### *Future Outlook:*

#### 2010 and 2011 Current Budget:

The outlook for Paramedic Services operating budget has the following primary drivers: inflation on base budget, annualization, demand driven service increases associated with Peel's rapid population growth of 21,000 residents annually, demographic changes as Peel ages, relative ability to reduce offload delays 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 it is uncertain if the provincial funding up to 50 per cent will cover increased operating costs. Assuming three percent inflation for expenditures, resources dedicated to growth and a modest increase in Provincial Funding (4.0 per cent on the base), the outlook of net budget for the Program will be as follows:

|      |                |
|------|----------------|
| 2010 | \$42.4 million |
| 2011 | \$46.4 million |

#### 2010-2018 Capital Plan:

To support the above-noted initiatives, the 2010-2018 capital plan is \$65.5 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
- No funding for land with Municipal co-locates

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 2009:*

#### Resources:

The 2009 Current Budget for Paramedic Services has a total value of \$57.3 million and a net value of \$33.0 million which is a net increase of \$5.7 million over 2008.

45.5 FTE was added for a total of 401.0 FTEs as identified in Appendix VII.

The 2009 Capital Budget for PRPS totals \$5.0 million in new capital projects for vehicle replacement and enhancement.

## Paramedic Services – 2009 Budget Document

### Outputs/Outcomes:

| Output/Outcome Measure | 2008 Projection | 2009 Target | Commentary   |
|------------------------|-----------------|-------------|--|
| Emergency Call Volumes | 81,345          | 89,480      | Call volumes expect to increase 10% over 2008 projection.  |
| Service Hours          | 242,205         | 274,280     | Increasing service hours to meet the demand of call volume growth.   |
| Off load hours         | 48,368          | 43,205      | Hospital Nursing Program estimated to capture approximately 10,000 hours. This offsets expected offload hour growth. |

### **Section X. Pressures not included in 2009 Budget:**

The current labour contract expires March 31, 2010. Changes to the current contract arbitrated in summer of 2008 have been included.

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

### **Appendices:**

|                      |  |
|----------------------|--|
| <b>Appendix I</b>    | <b>2009 Current Pressures</b>          |
| <b>Appendix II</b>   | <b>2009 Capital Overview</b>           |
| <b>Appendix III</b>  | <b>Existing Capital Project List</b>   |
| <b>Appendix IV</b>   | <b>2009 New Capital Detail</b>         |
| <b>Appendix V</b>    | <b>Ten Year Capital Plan</b>           |
| <b>Appendix VI</b>   | <b>Performance Measures/Benchmarks</b> |
| <b>Appendix VII</b>  | <b>Staffing Information</b>            |
| <b>Appendix VIII</b> | <b>User Fees</b>                       |

**THIS PAGE INTENTIONALLY LEFT BLANK**

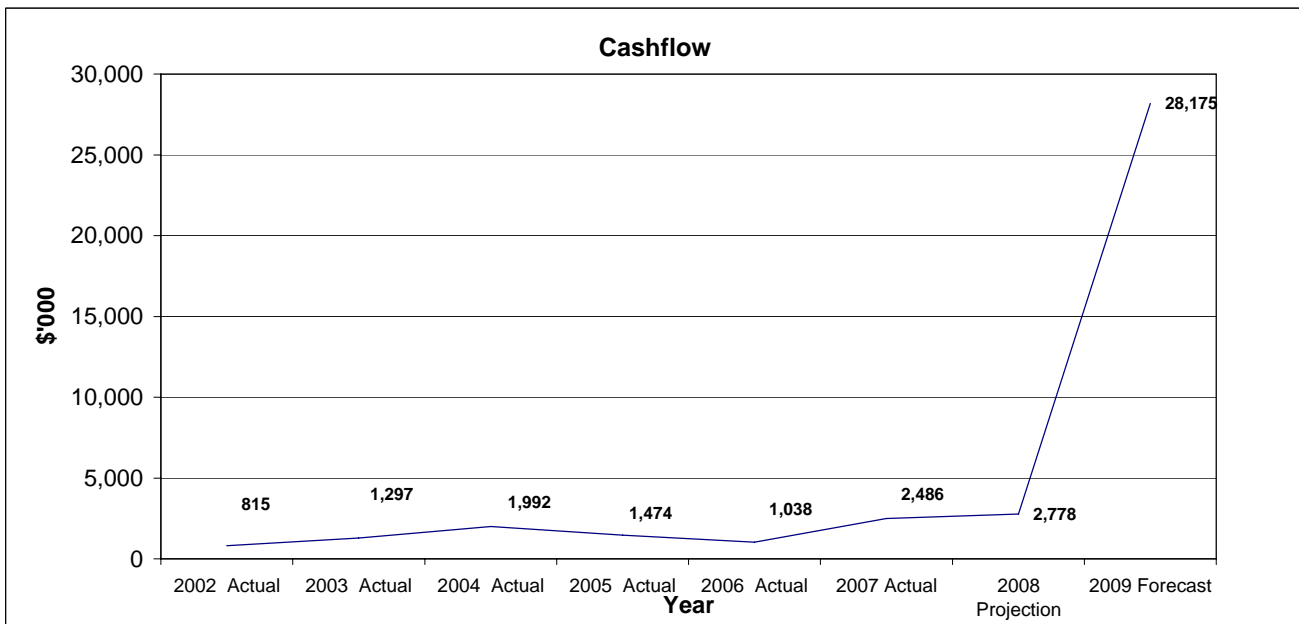
**APPENDIX I  
PARAMEDIC SERVICES  
2009 CURRENT PRESSURES (\$'000)**

|   | Paramedic Services |               |               |
|---|--------------------|---------------|---------------|
|   | Total Expenditures | Total Revenue | Net Cost      |
| <b>2008 Revised Cost of Service</b>   | <b>48,134</b>      | <b>20,749</b> | <b>27,385</b> |
| <b>Annualizations - Section IV</b>  |                    |               |               |
| Addition of 7,008 service hours starting in June 2008                                       | 939                | -             | 939           |
| <i>Subtotal</i>   | 939                | -             | 939           |
| <b>Cost of Living Increase/Inflation - Section IV</b>                                       |                    |               |               |
| Salary & Wage   | 2,444              | -             | 2,444         |
| Gas & Diesel fuel   | 228                |               | 228           |
| One-Time expenditures   | 150                | 150           | -             |
| Non-Salary inflationary costs   | (91)               | -             | (91)          |
| <i>Subtotal</i>   | 2,731              | 150           | 2,581         |
| <b>Efficiencies - Section V</b>   |                    |               |               |
| Hydro & Natural Gas   | (100)              | -             | (100)         |
| Overtime  | (11)               | -             | (11)          |
| <i>Subtotal</i>   | (111)              | -             | (111)         |
| <b>Subsidy and Fee Changes - Section VII</b>  |                    |               |               |
| Provincial funding based on increase over 2008 approved grant of \$20.5M                    | -                  | 2,248         | (2,248)       |
| <i>Subtotal</i>   | -                  | 2,248         | (2,248)       |
| <b>2009 Base Changes</b>  | <b>3,559</b>       | <b>2,398</b>  | <b>1,161</b>  |
| <b>Growth - Section VII</b>   |                    |               |               |
| Increase of 29,000 service hours starting May 2009  | 4,796              | 299           | 4,497         |
| Hospital nursing program (Provincial funding \$416K, contribution from working fund \$372K) | 788                | 788           | -             |
| <i>Subtotal</i>   | 5,584              | 1,087         | 4,497         |
| <b>Service Demand - Section VII - N/A</b>   |                    |               |               |
| <i>Subtotal</i>   | -                  | -             | -             |
| <b>Subsidy and Fee Changes - Section VII - N/A</b>  |                    |               |               |
| <i>Subtotal</i>   | -                  | -             | -             |
| <b>Other - Section VII - N/A</b>  |                    |               |               |
| <i>Subtotal</i>   | -                  | -             | -             |
| <b>2009 New Pressures</b>   | <b>5,584</b>       | <b>1,087</b>  | <b>4,497</b>  |
| <b>Total 2009 Pressures</b>   | <b>9,143</b>       | <b>3,485</b>  | <b>5,657</b>  |
| <b>2009 Recommended Cost of Service</b>   | <b>57,277</b>      | <b>24,234</b> | <b>33,042</b> |

**APPENDIX II  
PARAMEDIC SERVICES  
2009 CAPITAL OVERVIEW**

| Existing Capital Paramedic Services (\$'000) |                         |               |                        |   |  |                            |                                     |
|--|-------------------------|---------------|------------------------|---|--|----------------------------|-------------------------------------|
| Year of Projects                             | Carry-forward from 2007 | 2008 Budget   | Total Approved Capital | In-Year Adjustments as at July 31, 2008 | 2008 Projected Spending (Includes Closed Projects) | 2008 Carry-forward to 2009 | # of Projects Carry-forward to 2009 |
| 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   | 0                       | 0             | 0                      | 0                                       | 0  | 0                          | 0                                   |
| 2006   | 1,362                   | 0             | 1,362                  | 0                                       | 309  | 1,053                      | 4                                   |
| 2007   | 3,931                   | 0             | 3,931                  | 0                                       | 1,957  | 1,974                      | 7                                   |
| 2008   | 0                       | 24,579        | 24,579                 | 3,000                                   | 512  | 27,067                     | 9                                   |
| <b>Total</b>                                 | <b>5,293</b>            | <b>24,579</b> | <b>29,872</b>          | <b>3,000</b>                            | <b>2,778</b>                                       | <b>30,094</b>              | <b>20</b>                           |

| 2009 - 2018 Capital Plan (\$'000) |             |                                    |                         |                          |                      |
|-----------------------------------|-------------|------------------------------------|-------------------------|--------------------------|----------------------|
| Carry-forward from 2008           | 2009 Budget | 2009 # of Planned and New Projects | Total Capital Available | 2009 Total # of Projects | 2010 - 2018 Forecast |
| 30,094                            | 5,002       | 5                                  | 35,096                  | 25                       | 65,481               |



**Commentary on Cash Flow Variance:**

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

As of July 31, 2008

| 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            | 1,502,246             | 252,684             | 1,754,930          | 1,502,246           | 252,684           | 85.60        |
| 067805                           | 10 Yr Cap Amb Plan 05-1496   | 200,000              | 83,363                | 116,638             | 200,000            | 83,363              | 116,638           | 41.68        |
| 067806                           | Maingate Lease Imprv 05-1496 | 500,000              | 37,289                | 462,711             | 500,000            | 37,289              | 462,711           | 7.46         |
| 067810                           | Major Lease Improv 05-1496   | 546,000              | 72,484                | 473,516             | 546,000            | 72,484              | 473,516           | 13.28        |
| 077800                           | Ambulance Facilities         | 1,700,000            | 22,503                | 1,677,497           | 1,700,000          | 22,503              | 1,677,497         | 1.32         |
| 077801                           | Defibrillators               | 332,230              | 27,224                | 305,006             | 332,230            | 27,224              | 305,006           | 8.19         |
| 077802                           | Medical Equipment            | 465,000              | 246,606               | 218,394             | 465,000            | 246,606             | 218,394           | 53.03        |
| 077803                           | Ambulance Fleet              | 1,955,000            | 1,470,521             | 484,479             | 1,955,000          | 1,470,521           | 484,479           | 75.22        |
| 077804                           | Support Vehicles             | 275,000              | 1,007                 | 273,993             | 275,000            | 1,007               | 273,993           | 0.37         |
| 077805                           | Design & Site Acquisition    | 300,000              | 4,146                 | 295,854             | 300,000            | 4,146               | 295,854           | 1.38         |
| 077810                           | Major Leasehold Improvement  | 400,000              | 184,404               | 215,596             | 400,000            | 184,404             | 215,596           | 46.10        |
| 087800                           | Ambulance Facilities         | 11,381,501           | -                     | 11,381,501          | 11,381,501         | -                   | 11,381,501        |              |
| 087801                           | Defibrillators               | 238,380              | -                     | 238,380             | 238,380            | -                   | 238,380           |              |
| 087802                           | Medical Equipment            | 385,000              | -                     | 385,000             | 385,000            | -                   | 385,000           |              |
| 087803                           | Ambulance Fleet              | 2,287,980            | -                     | 2,287,980           | 2,287,980          | -                   | 2,287,980         |              |
| 087804                           | Support Vehicles             | 586,440              | -                     | 586,440             | 586,440            | -                   | 586,440           |              |
| 087807                           | IT Initiatives CIO           | 100,000              | -                     | 100,000             | 100,000            | -                   | 100,000           |              |
| 087810                           | Major Leasehold Improvement  | 400,000              | 120,088               | 279,913             | 400,000            | 120,088             | 279,913           | 30.02        |
| 087811                           | Stn#R1 Tomkens' Pacific Gate | 7,600,000            | 6,444                 | 7,593,556           | 7,600,000          | 6,444               | 7,593,556         | 0.08         |
| 087812                           | STn#R5 Queens' Kimbark       | 4,600,000            | 5,835                 | 4,594,165           | 4,600,000          | 5,835               | 4,594,165         | 0.13         |
| <b>Paramedics Services Total</b> |                              | <b>36,007,461</b>    | <b>3,784,159</b>      | <b>32,223,302</b>   | <b>36,007,461</b>  | <b>3,784,159</b>    | <b>32,223,302</b> | <b>10.51</b> |

APPENDIX IV  
PARAMEDIC SERVICES  
2009 NEW CAPITAL DETAIL

**2009 Financing Sources and Funding Status (\$'000)**

2009 Funding Status:

Approved or Pending

(A/P)



Project #

Project Name

Ward

| 2009                     |                 |                 |            |
|--------------------------|-----------------|-----------------|------------|
| <u>Total<br/>Expense</u> | <u>Funding</u>  |                 | <u>DCA</u> |
|                          | <u>External</u> | <u>Internal</u> |            |

|                                     |                             |      |       |   |       |    |
|-------------------------------------|-----------------------------|------|-------|---|-------|----|
| <b>Purchase of defibrillators</b>   |                             |      |       |   |       |    |
| A 09-7801                           | DEFIBRILLATORS              | PEEL | 364   | 0 | 364   | 0  |
| <b>Ambulance fleet vehicles</b>     |                             |      |       |   |       |    |
| A 09-7803                           | AMBULANCE FLEET             | PEEL | 3,184 | 0 | 3,163 | 21 |
| A 09-7804                           | SUPPORT VEHICLES            | PEEL | 508   | 0 | 508   | 0  |
| <b>IT Related Projects</b>          |                             |      |       |   |       |    |
| A 09-7807                           | IT INITIATIVES              | PEEL | 200   | 0 | 200   | 0  |
| <b>Existing Facilities</b>          |                             |      |       |   |       |    |
| A 09-7810                           | MAJOR LEASEHOLD IMPROVEMENT | PEEL | 746   | 0 | 746   | 0  |
| <i>Totals for Budget Year: 2009</i> |                             |      | 5,002 | 0 | 4,981 | 21 |

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

**Ten Year Combined Capital Program (\$'000)**

| <u>Sub Type</u>   | <u>Description</u>  | <u>2009</u> | <u>2010</u> | <u>2011</u> | <u>2012</u> | <u>2013</u> | <u>Yrs 6-10</u> | <u>Gross</u> |
|---|---|-------------|-------------|-------------|-------------|-------------|-----------------|--------------|
| <b>Purchase of defibrillators</b>                           |   |             |             |             |             |             |                 |              |
| Purchase of defibrillators over the 10 year capital period. |   |             |             |             |             |             |                 |              |
| <b>09-7801</b>  | <b>DEFIBRILLATORS</b><br>PURCHASE OF DIFIBRILLATORS FOR<br>REPLACEMENT AND GROWTH | <b>364</b>  | 265         | 3,533       | 90          | 95          | 3,872           | <b>8,219</b> |
| <b>10 YearTotals For: DEFIBPUR</b>                          |   | <b>364</b>  | 265         | 3,533       | 90          | 95          | 3,872           | <b>8,219</b> |

**Ambulance fleet vehicles**

Purchase of ambulance fleet vehicles over the 10 year capital plan.

|                                     |  |              |       |       |       |       |        |               |
|-------------------------------------|--|--------------|-------|-------|-------|-------|--------|---------------|
| <b>09-7803</b>                      | <b>AMBULANCE FLEET</b><br>PURCHASE OF VEHICLES FOR<br>AMBULANCE PROGRAM.   | <b>3,184</b> | 2,171 | 2,605 | 1,882 | 3,040 | 14,327 | <b>27,209</b> |
| <b>09-7804</b>                      | <b>SUPPORT VEHICLES</b><br>PURCHASE OF ADMINISTRATION<br>VEHICLES FOR AMBULANCE PROGRAM.                                     | <b>508</b>   | 328   | 354   | 197   | 665   | 2,016  | <b>4,068</b>  |
| <b>12-7806</b>                      | <b>EMERGENCY SERVICES UNIT</b><br>EMERGENCY SERVICES UNIT TO<br>RESPOND TO LARGE SCALE DISASTERS<br>(I.E. AIRPORT INCIDENTS) | <b>0</b>     | 0     | 0     | 200   | 0     | 0      | <b>200</b>    |
| <b>10 YearTotals For: AMBVEHPUR</b> |  | <b>3,692</b> | 2,499 | 2,959 | 2,279 | 3,705 | 16,343 | <b>31,477</b> |

**New Facilities for Ambulance services to meet growth demands**

|                                       |   |          |        |       |     |       |       |               |
|---------------------------------------|---|----------|--------|-------|-----|-------|-------|---------------|
| <b>10-7800</b>                        | <b>AMBULANCE FACILITIES</b><br>BUILDING OF AMBULANCE FACILITIES | <b>0</b> | 10,627 | 5,041 | 976 | 1,929 | 5,868 | <b>24,441</b> |
| <b>10 YearTotals For: AMBFACILITY</b> |   | <b>0</b> | 10,627 | 5,041 | 976 | 1,929 | 5,868 | <b>24,441</b> |

**IT Related Projects**

|                |  |            |     |     |     |     |       |              |
|----------------|--|------------|-----|-----|-----|-----|-------|--------------|
| <b>09-7807</b> | <b>IT INITIATIVES</b><br>IT RELATED CAPITAL PROJECTS | <b>200</b> | 200 | 200 | 200 | 200 | 1,000 | <b>2,000</b> |
|----------------|--|------------|-----|-----|-----|-----|-------|--------------|

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

**Ten Year Combined Capital Program (\$'000)**

| <u>Sub Type</u>                         | <u>Description</u>  | <u>2009</u>  | <u>2010</u> | <u>2011</u> | <u>2012</u> | <u>2013</u> | <u>Yrs 6-10</u> | <u>Gross</u>  |
|---|---|--------------|-------------|-------------|-------------|-------------|-----------------|---------------|
| <i>10 Year Totals For:</i>              | <b>AMBIT</b>  | <b>200</b>   | 200         | 200         | 200         | 200         | 1,000           | <b>2,000</b>  |
| <b>Existing Facilities</b>              |   |              |             |             |             |             |                 |               |
| <b>09-7810</b>                          | <b>MAJOR LEASEHOLD IMPROVEMENT<br/>BASED ON IMPROVEMENTS FOR REFINED<br/>10 YEAR PLAN</b> | <b>746</b>   | 400         | 400         | 400         | 400         | 2,000           | <b>4,346</b>  |
| <i>10 Year Totals For:</i>              | <b>AMBEXISTING</b>  | <b>746</b>   | 400         | 400         | 400         | 400         | 2,000           | <b>4,346</b>  |
| <b>Totals for 10 Year Capital Plan:</b> |   | <b>5,002</b> | 13,991      | 12,133      | 3,945       | 6,329       | 29,083          | <b>70,483</b> |

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

| OMBI & MPMP Benchmark Data For Budget Review   |   |  |       |
|--|---|--|-------|
| <b>EMS</b>   |   | <i>* Note: Comparisons with member Municipalities that reported data to OMBI</i> |       |
|  | 4th Quartile  | Low performer or high costs  |       |
|  | 2nd or 3rd Quartile   | Average performer or average cost  |       |
|  | 1st Quartile  | High performer or low cost   |       |
|  | 2007  | 2006   | 2005  |
| 1  | <b>Service Level Measure: EMS Actual Weighted in Service Vehicle Hours per 1,000 Population</b> |  |       |
| Peel Result  | 205.3   | 206.4  |       |
| OMBI Median  | 314.9   | 288.7  |       |
| Ranking  | 13/15   | 13/15  |       |
| Peel Y/Y % Change  | -0.53%  |  |       |
| 2  | <b>Service Level Measure: Percentage of EMS Vehicle Hours Staffed by ACP's</b>                  |  |       |
| Peel Result  | 32.4%   | 32.5%  | 29.5% |
| OMBI Median  | 35.4%   | 35.5%  | 31.8% |
| Ranking  | 9/14  | 9/14   |       |
| Peel Y/Y % Change  | -0.31%  | 10.19%   |       |
| 3  | <b>Efficiency Measure: EMS Cost per Actual Weighted Vehicle Service Hour</b>                    |  |       |
| Peel Result  | 156.31  | 128.24   |       |
| OMBI Median  | 147.32  | 137.77   |       |
| Ranking  | 13/15   | 4/15   |       |
| Peel Y/Y % Change  | 21.89%  |  |       |
| 4  | <b>Community Impact: Percentage of Total Expenses Funded by Province (new measure for 2007)</b> |  |       |
| Peel Result  | 45.2%   |  |       |
| OMBI Median  | 49.1%   |  |       |
| Ranking  | 14/14   |  |       |
| Peel Y/Y % Change  |   |  |       |
| Your Comments -<br>The Region and service demand growth continues to outpace supply of service.                                |   |  |       |
| Action Plan: Add more service hours to the system. Pilot Hospital Nurse Program to recover system hours lost to offload delay. |   |  |       |

**APPENDIX VII  
PARAMEDIC SERVICES  
STAFFING INFORMATION**

| Program                         | 2008<br>Complement | Change Request<br>for 2009 | 2009 Council<br>Approved |
|---------------------------------|--------------------|----------------------------|--------------------------|
| Paramedic Services              | 355.5              | 45.5                       | 401.0                    |
| <b>TOTAL Paramedic Services</b> | <b>355.5</b>       | <b>45.5</b>                | <b>401.0</b>             |

**Change Request for 2009 Commentary**

45.5 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 | 2008 Current Fee | 2009 Proposed Fee | GST + | PST + | Variance 2008 vs. 2009 |
|---|--------------|------------------|-------------------|-------|-------|------------------------|
|---|--------------|------------------|-------------------|-------|-------|------------------------|

**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.