

## Paramedic Services – 2010 Budget Document

### 2010 PARAMEDIC SERVICES

#### Budget Overview

Budget Summary \$'000s	2009 Budget	2009 Projection	2010 Proposed	09 vs 10 Variance	2011 Forecast	2012 Forecast
<b>Current Budget – Total Expenditures</b>	\$58,062	\$54,549	<b>\$62,340</b>	\$4,278	\$68,190	\$74,255
<b>Current Budget – Total Revenue</b>	\$24,234	\$24,234	<b>\$25,806</b>	\$1,572	\$26,678	\$27,745
<b>Current Budget – Net Cost</b>	\$33,828	\$30,315	<b>\$36,534</b>	\$2,706	\$41,512	\$46,510
<b>FTE</b>	400.0	400.0	<b>436.0</b>	36.0	481.0	515.0
<b>New Capital</b>			<b>\$5,458</b>		\$36,414	\$9,393

#### 2010 BUDGET HIGHLIGHTS:

##### Current Budget

The proposed 2010 Total Budget is \$62.3 million and 2010 Net Budget is \$36.5 million, which is a \$2.7 million net increase over the 2009 Budget. The main drivers to the budget changes include:

- \$1.5 million increase due to annualization of 2009 service hours
- \$0.2 million increase due to inflationary increases such as normal staff progression through the salary ranges
- \$2.2 million increase for an additional 12,775 actual services hours
- \$1.4 million decrease for anticipated base funding increase net of changes in funding for Hospital Nursing Program (HNP)

##### Staffing

The 2010 Budget includes a request for 36 additional Full Time Equivalent (FTEs) and funding for 2.6 contract positions. The 36 FTE includes frontline paramedics to add 2.5 24/7 equivalent transport units, supervisors to manage the additional service hours, make ready technicians and quality and risk analysts as recommended by Internal Audit.

The contract staff will support the transition to the new divisional model of four Reporting Stations and the associated smaller satellite stations.

##### Capital

The 2010 Capital Budget is \$5.46 million, funded 97 per cent from Reserves (\$5.30 million), and 3 per cent from DC funding (\$0.16 million). The Capital Budget includes:

- On-going operational requirements for fleet and equipment
- On-going operational requirements for maintenance of facilities to a state of good repair
- IT initiatives to improve efficiency and effectiveness

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### 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*.

Paramedic Services is responsible for:

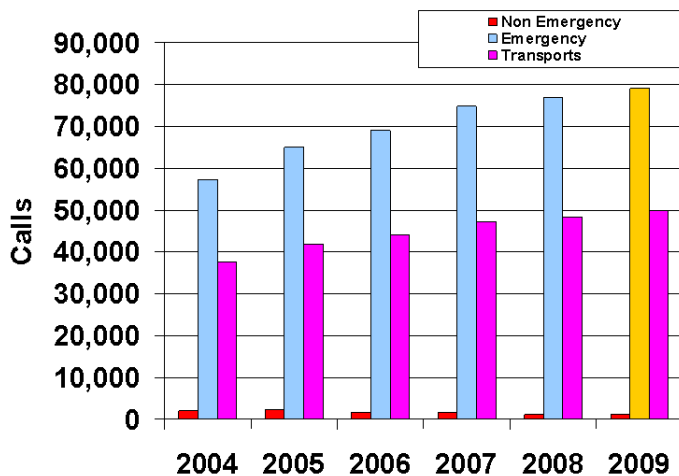
- Pre-hospital Emergency Medical Services (EMS) provided throughout the Region of Peel 24 hours a day, 365 days a year
- Advanced Care and Primary Care Paramedic level of service
- Partnership with Area Municipal Fire Services to provide quick response to certain types of urgent calls for service through 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 2009 included:**

System pressures from a growing population and inadequate capacity in other parts of the healthcare system continued during 2009. System conditions affect both the community and paramedic crews. Over the past three years, offload delays in the hospital emergency rooms have had a major impact on the Program. There are many local and Provincial strategies in place to begin addressing 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 2009 – notably the 10 year facility plan.

*System Drivers – Call Volume* (Data is taken from the Ministry provided ADDAS disk dated August 16, 2009)



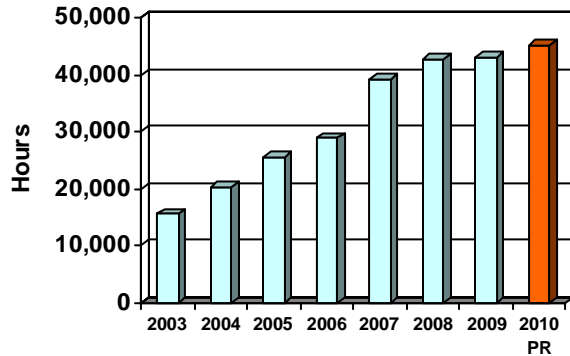
Call volume continues to grow within Peel. It is driven by Peel’s population growth, its aging population, the emergency system being used as the primary health care (i.e. lack of family doctors), lack of knowledge of what the emergency system should be used for, sicker people discharged to the community without sufficient community supports and being cared for by family who may not be medically able to deal with complex health issues.

Call volume growth is projected at approximately three per cent in 2009. 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.

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## 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.



## System Outcomes - Community Impact

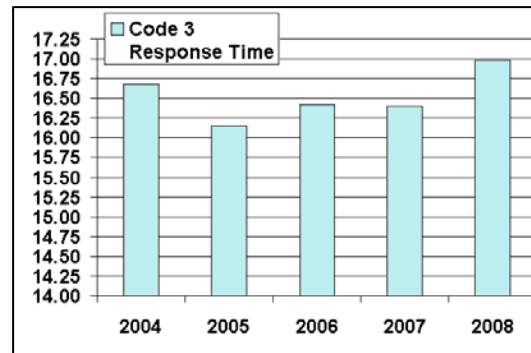
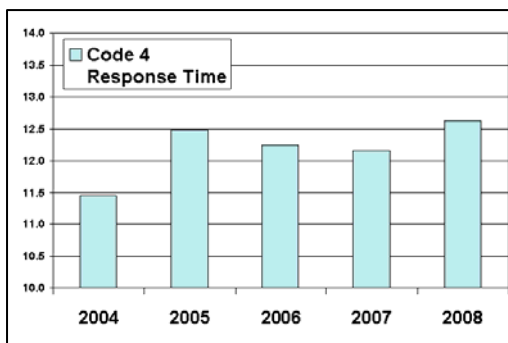
High call volumes and chronic offload delays have an effect on the community. Emergency calls are distinguished by two levels based on a level of patient severity, code 4 and code 3 calls.

### Emergency Calls (Data is taken from the Ministry provided ADDAS disk dated August 16, 2009)

Code 4 calls are emergency calls that are life-threatening where a patient may rapidly deteriorate as a result of not receiving immediate and on-going medical care and transport by paramedics and response is measured using a 90<sup>th</sup> percentile.

Code 3 calls are considered emergency calls but do not require an immediate response. As the system becomes extremely busy and resources are strained Code 3 calls are delayed allowing the Code 4 calls to be completed. During times where there are critical reductions in ambulances, Code 3 calls can have up to a 30 minute wait time before dispatch sends an ambulance.

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.



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### *System Outcomes - Paramedic Impact*

There are three main issues that face paramedics when the system is stretched from the growing and aging population and inadequate capacity in other parts of the health system. Specifically, the paramedics do not get their breaks or lunch; are held past the end of shift; and/or are stranded on offload delays at hospital.

### *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:

- Hospital Nursing Program (HNP) which started December 1, 2008 stations a nurse at each of the three Peel Hospitals for 12 hours per day and who oversees up to four patients at a time. These patients have been assessed both by paramedics and hospital staff. The patients condition is non-life threatening. In the event the patient's condition deteriorates, the patient receives appropriate care by the Registered Nurse (RN). The program is performing to projections and in 2009, the HNP expects to absorb approximately 11,800 of patient wait hours. This roughly approximates the amount of offload hours that would have otherwise been incurred by paramedic staff.
- 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
- Real-Time Emergency Department negotiations – On a regular basis and during the normal course of business Paramedic Services management staff negotiate with the Charge Nurse during times of high offload to clear stretchers on a regular basis
- Patient:Paramedic ratio – ability to pair appropriate acuity level patients with one paramedic crew to permit other crew(s) to return to the system
- 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 Information System (EDIS). A Provincial pilot is underway. Peel will be the next site for implementation of this software by the end of 2010.
- 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

### *Ministry of Health and Long-Term Care (MOHLTC) Funding*

Currently in 2009, Paramedic Services base service funding is 46.2 per cent.

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### *Hospital Nursing Program (HNP)*

In 2008, the Province made one-time funding available for HNP 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 based on the provincial fiscal period. Peel's HNP started in December 2008 after formal agreements were reached with the Region and each of Peel's three hospitals and then with the Region/Province. The funding split between hospital and Region is a partnership where the Region pays for nurse hours and the hospital provides the staff.

The HNP is a shorter term initiative designed 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.

### *Other – Accomplishments*

In addition to the initiatives previously mentioned, additional 2009 key accomplishments include:

- The 10 year facility plan continues to take shape. Memorandums of Understanding (MOUs) for two reporting station properties have been approved by Council. The site approval and permitting phase of these two stations is near completion. A third reporting station is now advanced to the design phase. Four satellite stations are also in various stages of planning and development.
- One of the satellite stations has benefited from the Infrastructure Stimulus Funding (Malton). There is an additional \$7.0 million funding that will be applied to the reporting stations from "Investing in Ontario".
- Staff have begun implementing a transition project in anticipation of the commencement of the Divisional model approved by Council (reporting stations with associated satellite stations).
- Paramedic Services has implemented a new piece of medical equipment - CPAP – representing significant advancement for patient care.
- Paramedic Services has started participation in the STEMI protocol where certain cardiac type patients are transported directly to the Trillium Heart Catheterization lab for immediate pulmonary catheterization insertion.
- Paramedic Services added service hours to address ongoing system pressures.
- The Greater Toronto Area (GTA) CACC review has been completed and recommendations are forthcoming to Council in early 2010.

## **Section II. Resources to Deliver 2009 Services:**

<b>Current \$'000</b>	<b>2008 Actual</b>	<b>2009 Budget</b>	<b>2009 Projections</b>	<b>2009 Variance* Under / (Over)</b>
<b>Total Expenditures</b>	\$47,547	\$58,062	\$54,549	\$3,513
<b>Total Revenue</b>	\$20,794	\$24,234	\$24,234	\$0
<b>Net Cost</b>	\$26,753	\$33,828	\$30,315	\$3,513
<b>FTE</b>	345.5	401.0	400.0	1.0

*Note: One FTE transferred to Health Services – Program Support 2009 Budget:*

Through the 2009 budget process, Paramedic Services was given a net Current Budget approval of \$33.8 million to deliver the services to the residents of the Region of Peel.

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### ***2009 Projection:***

Staff forecast to complete the year with a net expenditure of \$30.3 million with a surplus of \$3.5 million. The surplus is due to delays in hiring new staff, delays in implementing Information Technology (IT) initiatives and a finance error in application of Human Resources (HR) benefits during the budget process last year. The projected year end net surplus may not materialize due to efforts in responding to H1N1.

Paramedic Services is expected to meet most of the Output/Outcome targets set during the 2009 Budget process. Presented in Appendix V are the Output/Outcome measures that Paramedic Services has tracked during the current budget year and the ones that will be tracked for 2010.

### **Section III. Performance Measurement/Benchmarking:**

Call volumes, offload delay, response time, utilization rates, equipment/vehicle maintenance and other data are monitored on a regular and ongoing basis. The overall objectives are to review current system performance, to ensure the program maintains established levels of operational performance and to make data-driven decisions related to the program as a whole. The MOHLTC data set has its shortcomings as data is not always provided in a timely fashion; it may be incomplete; and is modified on an ongoing basis. The program continues to advocate to the Ministry through the Ontario Municipal CAO's Benchmarking Initiative (OMBI) expert panel for improved datasets.

Paramedic Services continues to be part of OMBI measures. 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

It should be noted that OMBI analysis relies heavily upon the data provided by the Ministry.

In addition, Paramedic Services participated in their first Regional external client satisfaction survey with an overall satisfaction rating of 9 out of 10.

### **Section IV. 2010 Base Pressures:**

To continue supporting the Regional programs at the 2009 approved service level, there are increases to the base cost for these services in the following sections, as identified in Appendix I:

#### ***Annualization:***

2009 service enhancements annualized total is \$1.52 million.

#### ***Cost of Living Increase/Inflation:***

Within Paramedic Services, the base pressures are primarily in the area of Salary and Wages with an increase of \$0.4 million due to cost of living and normal staff progression through the salary ranges. Furthermore, as a result of a change in budgeting methodology, Paramedic Services has reduced the long term disability benefits budget by \$0.3 million in 2010 resulting in overall salary and benefit costs increase of approximately \$0.1 million.

### *Subsidy:*

2010 subsidy reflects a 6.5 per cent increase in base funding, which includes a modest increase for inflation as well as funding for the HNP. The program has not been advised if there will be Provincial funding for 2010 growth therefore no assumptions have been made.

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

### *Efficiencies:*

Paramedic Services introduced the offload Hospital Nursing Program in 2009 to help address one of the major system pressures faced by the program, paramedic offload delay in the emergency rooms. This initiative has slowed down the annual growth of offload to approximately three per cent. It is projected that the nursing program will save approximately 11,800 system hours which is approximately 4.3 per cent of the budget.

Currently, paramedics are responsible for vehicle readiness – restocking vehicles, doing regular and deep cleans and checking equipment. The program is undertaking a review of the vehicle readiness process wherein support staff will be dedicated to the make-ready process and free up the paramedics to focus on patient care and be readily available in the community.

A number of IT initiatives are being looked at over several years to address service delivery particularly in the areas of response time and patient care. Examples include integrated mapping systems with mobile data terminals which automatically populate when paramedics are assigned a call and electronic patient care records.

Anticipated gapping savings for some of the non-bargaining positions has produced budgeted savings of approximately \$59 thousand.

## **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 3 per cent due to population growth
- Paramedics continuing to provide care in hospital emergency departments due to offload delays resulting in fewer resources available to respond within the community. The 2008 hours lost in emergency rooms equate to approximately \$7.9 million dollars. 2009 offload delay is expected to be approximately \$8.3 million dollars. The HNP has been critical in relatively stabilizing these costs.
- Changing demographics in Peel, complexity for service e.g. population growth 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 and skill sets of younger and older staff.
- The skill set for paramedic is expanding, requiring increased knowledge and education to meet the complex needs of patients
- Business strategy for Paramedic Services is continuing to enhance performance measurement and accountability

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- 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. 2010 Program Pressures - Current:**

The proposed 2010 Total and Net Budgets, including a variance over the 2009 Approved Budget, are presented in Appendix I.

The proposed 2010 Total Budget is \$62.3 million, which represents an increase of \$4.3 million or 7.4 per cent over the 2009 Total Budget. The proposed 2010 Net Budget is \$36.5 million, which is an increase of \$2.7 million or 8.0 per cent over the 2009 Net Budget.

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

The 2010 Current Budget includes an additional 12,775 actual Service Hours to address increasing call volumes and maintain response times. This addition represents approximately 4.7 per cent growth in service hours (3 per cent for population growth and call volume increase and 2 per cent for offload delay).

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

No rate changes are proposed for 2010.

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

There are no further pressures other than those stated above.

### **Section VIII. 2010 New Initiatives - Current:**

#### ***Paramedic Services Infrastructure:***

The budget includes three positions that address recent Internal Audit findings and program demands related to certification requirements where there is a need to measure, manage and mitigate system risk (in the form of analysis and case investigations) and increase educational capacity. The balance of the positions are for make ready technicians positions. It is estimated that the operating impact for 2010 is \$0.56 million (8 FTE) in total.

#### ***Service Hours:***

Paramedic Services will add an additional 12,775 service hours in 2010 to meet growth in the service. It is estimated that the operating impact for 2010 is \$1.6 million. These costs include front line paramedics (2.5 24/7 equivalent transport units) and supervisory staff (total 28 FTE).

#### ***Transition Plan:***

The budget includes the implementation of the Paramedic Services new divisional model of EMS delivery which includes four large reporting stations and smaller associated satellite stations. It is one-

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time costs and should take three years. It includes change management, business process reviews, human resource support, facilities infrastructure, technology and communications. It is estimated that the operating impact to 2010 will be approximately \$0.45 million, in 2011 approximately \$0.27 million and in 2012 \$0.28 million, which are recommended to be fully funded through reserves. These costs include 2.6 FTE temporary contract staff.

### Section IX. 2010 Program Pressures – Capital:

#### *Ongoing Capital Projects:*

As of January 2009, there were 17 active Paramedic Services projects that had been approved by Council. From January 1, 2009 to September 30, 2009, nine projects were established either through Council approval or redeployment of existing funds for better project management. Three capital Paramedic Services projects were completed and closed. These projects returned \$0.87 million back to reserves.

As of September 30, 2009, there are 23 active Paramedic Services projects with a total value of \$32.7 million. Of that amount, \$3.9 million or 11 per cent has been spent, leaving approximately \$32.1 million worth of work yet to be completed. The majority of the remaining capital budget relates to the new facilities.

#### *2010 Capital Programs:*

The following table lists the new capital plan for 2010 as well as the carry forward capital balance from 2009 showing total capital available for 2010 at \$29.4 million. Future years from 2011 to 2019 reflect the full implementation of the facility divisional model which was approved by Council in 2008 as well as equipment and fleet replacement and demand driven service expansion.

<b>Carry –Forward from 2009 \$'000</b>	<b>2010 New Capital \$'000</b>	<b>2010 # of Planned and New Projects</b>	<b>Total Capital Available \$'000</b>	<b>2011 – 2019 Forecast \$'000</b>	<b>2011 - 2019 # of New Projects</b>
<b>\$29,357</b>	<b>\$5,458</b>	<b>4</b>	<b>\$34,815</b>	<b>\$97,160</b>	<b>2</b>

The \$29.4 million carry forward from 2009 is largely related to facilities capital spending.

Capital of \$5.4 million is being requested in 2010 as follows. Funding sources for the 2010 capital projects are identified in [Appendix III](#):

- \$3.5 million for vehicles – for both enhancements and replacement
- \$1.1 million for defibrillators and medical equipment
- \$0.3 million for leasehold improvements for existing facilities
- \$0.5 million for improvements to Paramedic Services information management applications

#### *Major changes to the 2010 Capital Budget Program:*

- \$10.6 million for facilities which was requested in 2009 for 2010 has been deferred until 2011.

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## Section X. Future Outlook:

### 2011 and 2012 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 population growth of approximately 30,000 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 upload 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), and the outlook of net budget for the Program will be as follows:

2011	\$41.5 million
2012	\$46.5 million

### 2011-2019 Capital Plan:

To support the above-noted initiatives, the 2011-2019 capital plan is \$97.2 million and includes the following:

- On-going operational requirements for fleet and equipment
- On-going operational requirements for maintenance of facilities to a state of good repair
- Implementation of the divisional facility model within the Region

Details of the Ten Year Paramedic Services Capital Plan are included in Appendix IV.

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.

## Section XI. Pressures not included in 2010 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>2010 Current Pressures</b>
<b>Appendix II</b>	<b>2010 Capital Overview</b>
<b>Appendix III</b>	<b>2010 New Capital Detail</b>
<b>Appendix IV</b>	<b>Ten Year Capital Plan</b>
<b>Appendix V</b>	<b>Output/Outcome Measures</b>

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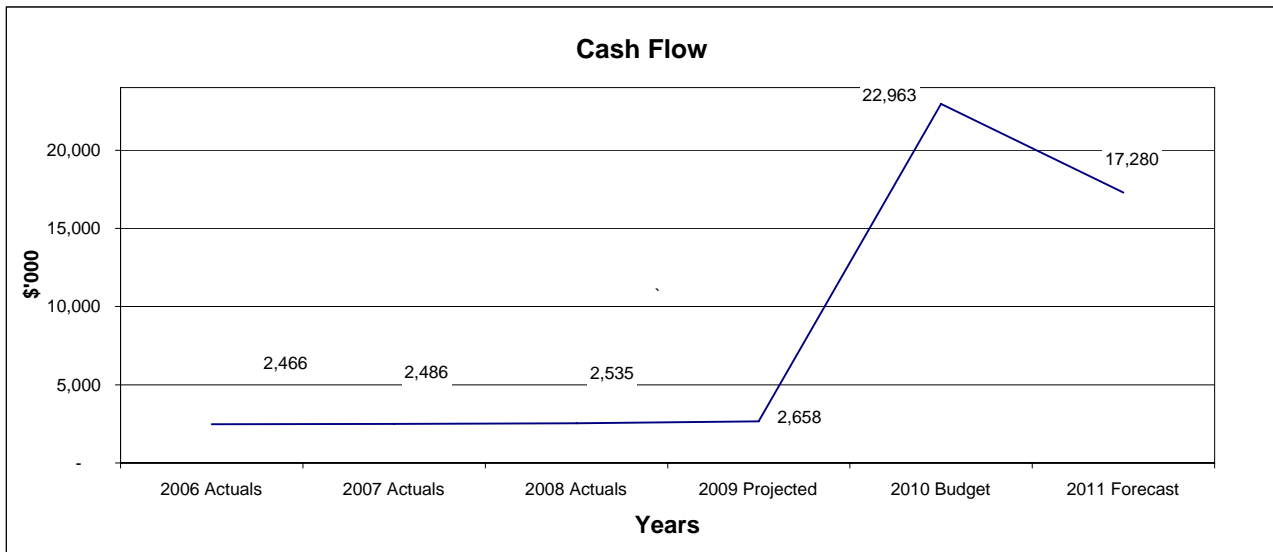
**APPENDIX I  
PARAMEDIC SERVICES  
2010 CURRENT PRESSURES (\$'000)**

	Paramedic Services		
	Total Expenditures	Total Revenue	Net Cost
<b>2009 Revised Cost of Service</b>	<b>58,062</b>	<b>24,234</b>	<b>33,828</b>
<b>Annualizations - Section IV</b>			
1 Annualization of 29,000 Service Hours as of May 1st 2009	1,517	0	1,517
<i>Subtotal</i>	1,517	0	1,517
<b>Cost of Living Increase/Inflation - Section IV</b>			
1 Salary & Wage	146		146
2 Goods & Services	255		255
3 One Time Expenditures	(225)	(225)	-
<i>Subtotal</i>	176	(225)	401
<b>Efficiencies - Section V</b>			
1 Gapping savings	(59)	-	(59)
<i>Subtotal</i>	(59)	-	(59)
<b>Subsidy and Fee Changes - Section VII</b>			
1 Provincial funding	-	1,724	(1,724)
2 Reserve funding for Pilot of Hospital Nursing Program		(372)	372
<i>Subtotal</i>	0	1,352	(1,352)
<b>2010 Base Changes</b>	<b>1,634</b>	<b>1,127</b>	<b>507</b>
<b>Growth - Section VII</b>			
1 Add 12,775 Services Hours 28 FTEs	1,615		1,615
2 PRPS Infrastructure 8 FTEs	560		560
3 PRPS Transition Plan 2.6 Contract Staff	445	445	-
4 PRPS portion of Health Services - Program Supports New Initiatives	24	0	24
<i>Subtotal</i>	2,644	445	2,199
<b>Service Demand - Section VII</b>			
1		0	-
2		0	-
<i>Subtotal</i>	-	0	-
<b>2010 New Pressures</b>	<b>2,644</b>	<b>445</b>	<b>2,199</b>
<b>Total 2010 Pressures</b>	<b>4,278</b>	<b>1,572</b>	<b>2,706</b>
<b>2010 Recommended Cost of Service</b>	<b>62,340</b>	<b>25,806</b>	<b>36,534</b>

**APPENDIX II  
PARAMEDIC SERVICES  
2010 CAPITAL OVERVIEW (\$'000)**

	Capital Budget	
	Number of Projects	Total Budget
<b>Carry Forward: January 1, 2009</b>	<b>17</b>	<b>29,264</b>
<b>Additions:</b>		
2009 Capital Plan		
New 2009 Projects	5	5,002
New funding to Existing Projects		-
In year Approvals( i.e. Council Approval, Redelopments)	4	900
<b>Subtractions:</b>		
Budget Reductions		
Closed Projects	(3)	(87)
Expenditures to September 30, 2009		(2,399)
<b>Subtractions: Projections from October 1 - December 31, 2009</b>		
Closed Projects	(3)	(664)
Expenditures		(2,658)
<b>Balance: December 31, 2009</b>	<b>20</b>	<b>29,357</b>
<b>Additions:</b>		
New Proposed 2010 Capital Plan		
New 2010 Projects	4	5,458
New funding to Existing projects		
<b>Balance: January 1, 2010 with approval</b>	<b>24</b>	<b>34,815</b>
<b>Subtractions:</b>		
Projected 2010 Cashflow		(22,963)
<b>Projected Balance: December 31, 2010</b>		<b>11,852</b>

**Comments on Changes in Funding:**



APPENDIX III  
PARAMEDIC SERVICES  
2010 NEW CAPITAL DETAIL

**2010 Financing Sources and Funding Status (\$'000)**

2010 Funding Status:

Approved or Pending

(A/P)



Project #

Project Name

Ward

2010			
<u>Total Expense</u>	<u>Funding</u>		<u>DCA</u>
	<u>External</u>	<u>Internal</u>	

<b>Purchase of defibrillators</b>						
A 10-7801	DEFIBRILLATORS AND MEDICAL EQUIPMENT	PEEL	1,097	0	1,073	24
<b>Ambulance fleet vehicles</b>						
A 10-7803	AMBULANCE FLEET AND SUPPORT VEHICLES	PEEL	3,522	0	3,385	137
<b>IT Related Projects</b>						
A 10-7807	IT INITIATIVES	PEEL	500	0	500	0
<b>Existing Facilities</b>						
A 10-7810	MAJOR LEASEHOLD IMPROVEMENT	PEEL	339	0	339	0
<i>Totals for Budget Year: 2010</i>			5,458	0	5,297	161

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

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

<u>Sub Type</u>	<u>Description</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>Yrs 6-10</u>	<u>Gross</u>
<b>Purchase of defibrillators</b>								
Purchase of defibrillators over the 10 year capital period.								
<b>10-7801</b>	<b>DEFIBRILLATORS AND MEDICAL EQUIPMENT</b> PURCHASE OF DEFIBRILLATORS AND MEDICAL EQUIPMENT FOR REPLACEMENT AND GROWTH.	<b>1,097</b>	3,778	570	571	465	6,180	<b>12,661</b>
<b>10 Year Totals For: DEFIBPUR</b>		<b>1,097</b>	3,778	570	571	465	6,180	<b>12,661</b>

**Ambulance fleet vehicles**

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

<b>10-7803</b>	<b>AMBULANCE FLEET AND SUPPORT VEHICLES</b> PURCHASE OF AMBULANCES AND ADMINISTRATION VEHICLES FOR PEEL REGIONAL PARAMEDIC SERVICES PROGRAM.	<b>3,522</b>	3,050	2,506	2,242	1,594	13,048	<b>25,962</b>
<b>12-7806</b>	<b>EMERGENCY SERVICES UNIT</b> EMERGENCY SERVICES UNIT TO RESPOND TO LARGE SCALE DISASTERS (I.E. AIRPORT INCIDENTS)	<b>0</b>	0	200	0	0	0	<b>200</b>
<b>10 Year Totals For: AMBVEHPUR</b>		<b>3,522</b>	3,050	2,706	2,242	1,594	13,048	<b>26,162</b>

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

<b>11-7800</b>	<b>AMBULANCE FACILITIES</b> BUILDING OF AMBULANCE FACILITIES	<b>0</b>	28,686	5,517	6,498	3,790	12,765	<b>57,256</b>
<b>10 Year Totals For: AMBFACILITY</b>		<b>0</b>	28,686	5,517	6,498	3,790	12,765	<b>57,256</b>

**IT Related Projects**

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

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

<u>Sub Type</u>	<u>Description</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>Yrs 6-10</u>	<u>Gross</u>
10-7807	IT INITIATIVES IT RELATED CAPITAL PROJECTS	500	500	200	200	200	1,000	2,600
<b>10 Year Totals For: AMBIT</b>		<b>500</b>	<b>500</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>1,000</b>	<b>2,600</b>
<b>Existing Facilities</b>								
10-7810	MAJOR LEASEHOLD IMPROVEMENT BASED ON IMPROVEMENTS FOR REFINED 10 YEAR PLAN FOR EXISTING AMBULANCE FACILITIES.	339	400	400	400	400	2,000	3,939
<b>10 Year Totals For: AMBEXISTING</b>		<b>339</b>	<b>400</b>	<b>400</b>	<b>400</b>	<b>400</b>	<b>2,000</b>	<b>3,939</b>
<b>Totals for 10 Year Capital Plan:</b>		<b>5,458</b>	<b>36,414</b>	<b>9,393</b>	<b>9,911</b>	<b>6,449</b>	<b>34,993</b>	<b>102,618</b>

**APPENDIX V  
PARAMEDIC SERVICES  
OUTPUT AND OUTCOME MEASURES**

**Outputs/Outcomes**

<b>Output/Outcome Measures</b>	<b>2009 Target</b>	<b>2009 Projection</b>	<b>2010 Target</b>	<b>Commentary</b>
Overall Call Volume	formerly emergency call volume - now consolidated	80,359	82,770	Overall call volume is expected to increase by three per cent in 2010. 98 per cent of this target is considered to be emergency call volume. The remaining two per cent is related to patient transfers.
Service Hours	274,280	274,280	297,475	2010 target is actual service hours (as of December 31, 2010) based on approval of 2010 staffing request.
Offload hours	43,205	44,000	45,320	An increase in paramedic offload hours is expected for 2010 to increase by three per cent. The increase has been kept to a minimum, unlike past years, due to a number of strategies including the offload nursing program. Service has not experienced a reduction in the overall total number of offload hours from 2009. Service has set a target of 50 per cent reduction of offload delays over five years - will require support of health system providers.
Dedicated Offload Nursing Hours	0	10,000	12,000	Dedicated offload nursing hours are assisting the program to prevent the growth of overall offload hours lost. Targets for 2010 may increase if the program is successful in maximizing the current expectations such as staffing the entire shifts each day. Efficiencies will also be gained if the program is successful in expanding the current hours of operation and bed resources available to the paramedics.