

Analyst Briefing Notes

Community Services Committee

January 12, 2006

PART I: 2006 OPERATING BUDGET OVERVIEW

Executive Summary	1
Recommendations	2

PART II: BASE BUDGET

Section A: 2005 Budget Variance Analysis	3
2005 Experience	3
Impact of 2005 Operating Variance on 2006 Proposed Budget	3
Section B: 2006 Proposed Base Budget	4
2006 Proposed Base Budget	4
2006 Key Cost Drivers	4
Summary of Proposed Base Budget Changes from 2005 Approved Budget	5
Section C: 2006 Base Budget Issues	6
Key Issues and Recommendations	6
Issues Referred to 2006 Operating Budget Process	9
Outstanding Issues from 2005 and Prior Years	10
Appendix A: Summary of Service Level Adjustments	11

PART III: NEW COUNCIL PRIORITIES

Section D: 2006 Proposed New Council Priorities	12
Summary of 2006 Proposed New Council Priorities	12
Key Issues and Recommendations	13
Appendix B: Summary of Council Priority Services and New Service Requests	15

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PART I: 2006 Operating Budget Overview

Table 1: 2006 Proposed Budget

	2005		2006 Proposed Operating Budget			Change 2006 Proposed from 2005 Budget		FY Incremental Outlook	
	2005 Approved Budget	2005 Proj Act.	2006 Proposed Base	2006 New Council Priorities	2006 Proposed Op. Bud.	\$	%	2007	2008
(In \$000s)	\$	\$	\$	\$	\$			\$	\$
GROSS EXP.	135,089.2	140,190.1	142,593.4	0.0	142,593.4	7,504.2	6%	565.1	(204.6)
REVENUE	67,570.8	71,592.5	71,666.0	0.0	71,666.0	4,095.2	6%	(1,200.0)	0.0
NET EXP.	67,518.4	68,597.6	70,927.4	0.0	70,927.4	3,409.0	5%	1,765.1	(204.6)
Approved Positions	1,200.3	1,200.3	1,200.3	0.0	1,200.3	0.0	0%	0.0	0.0
TARGET			68,868.8						
\$ Over / (Under) Program Target			2,058.6						
% Over / (Under) Program Target			3.0%						

Executive Summary

- Emergency Medical Services’ 2005 projected year-end net expenditure of \$68.598 million is \$1.079 million over the 2005 Approved Budget primarily due to significant overtime costs, as a result of hospital offloading delays offset by one-time Provincial funding of \$2.7 million.
- The 2006 Proposed Budget for Emergency Medical Services (EMS) of \$70.927 million net is 5% or \$3.409 million over the 2005 Approved Budget and 3% or \$2.059 million over the 2006 target. The key cost drivers for the net budget increase include 2006 COLA and inflationary increases of \$1.937 million, prior year impacts of \$1.347 million for increases in fringe benefits and harmonization, and ongoing merit / step increases of \$0.515 million. These cost pressures are partially offset by one-time provincial revenues in 2006 of \$1.2 million.
- The hospital offload impact on overtime is expected to continue through to 2006 resulting in a \$2.539 million pressure. To offset this pressure, 2006 Requested Base Budget included an additional 26 staff and increase in overtime. This request has been moved to New/Enhanced Services but has not been proposed. Discussions on resolving hospital offloading issues and other outstanding funding are continuing between EMS and the Provincial Ministry of Health and Long Term Care.
- EMS is projecting a one-time Federal Medical Funding of \$1.2 million, to be used for the purchase of vehicles and medical equipment. This funding has now been included in the Base Budget to help offset net pressures in 2006. There may be more opportunities for revenue generation, and EMS will be reporting back to Budget Advisory Committee on this matter during the 2006 Budget Process.

- A base budget request of \$0.08 million for a coordinator position, under the Communicable Disease Program, to provide required follow-up to paramedics with occupational exposure to communicable diseases, has not been proposed, but has been referred to the Board of Health for consideration of funding from new revenues generated from the change in Provincial cost-sharing. The Board of Health will report back to Budget Advisory Committee on the details of the recommended new services to be funded from Public Health’s 50% allocation of increased Provincial funding in January 2006.
- The 2007 incremental net increase of \$1.765 million reflects the reversal of the one-time provincial revenues and the proposed deferral to 2007 of the catch-up contribution to the Equipment Reserve Fund.
- There are no new Program requests proposed for 2006.

Recommendations

It is recommended that:

- (1) the Emergency Medical Services’ 2006 Proposed Operating Budget of \$142.593 million gross and \$70.927 million net, comprised of the following services, be approved:

<u>Service:</u>	<u>Gross</u> <u>(\$000's)</u>	<u>Net</u> <u>(\$000's)</u>
CACC	12,295.6	854.1
Centralized Support Services	2,476.8	2,476.8
Corporate Charges	5,900.0	5,900.0
EMS Operations Support Services	19,560.3	10,172.1
EMS Operations	95,089.6	48,642.7
Program Development & Service Quality	7,271.1	2,881.7
 Total Program Budget	 142,593.4	 70,927.4

- (2) the General Manager of Emergency Medical Services continue discussions with the Province to restore full funding for cost of administration to eliminate the subsidy shortfall and the service/financial impact of the hospital offload delays and report back to the Budget Advisory Committee on the status of these discussions prior to the end of the 2006 Budget process; and,
- (3) the General Manager of Emergency Medical Services review the current fee structure, for emergency medical response reports requested by internal and external organizations, and other opportunities for revenue generation, and report back to the Budget Advisory Committee during the 2006 Budget Process.

PART II: BASE BUDGET

Section A: 2005 Budget Variance Analysis

Table 2: 2005 Budget Variance Review

	2004 Actuals	2005 Approved Budget	2005 Projected Actuals *	2005 Approved vs Projected Actuals Variance Over / (Under)	
(In \$000s)	\$	\$	\$	\$	%
GROSS EXP.	136,985.2	135,089.2	140,190.1	5,100.9	3.8
REVENUES	78,149.2	67,570.8	71,592.5	4,021.7	6.0
NET EXP.	58,836.0	67,518.4	68,597.6	1,079.2	1.6
Approved Positions	1,152.0	1,200.3	1,200.3	0.0	0.0

*Projected Actual expenditures to year-end based on 3rd Quarter Variance Report

2005 Experience

As of September 30, 2005, the projected year-end actual is \$68.598 million net. The net over-expenditure of \$1.079 million is due primarily to increased overtime costs resulting from the hospital offload delays and an over-expenditure in gasoline, offset by unanticipated one-time provincial revenues of \$2.7 million.

Impact of 2005 Operating Variance on 2006 Proposed Budget

The following 2005 Operating Variances are expected to impact the 2006 Proposed Budget:

- The hospital offload impact on overtime is expected to continue through to 2006 resulting in a \$2.539 million pressure. To offset this pressure, 2006 Requested Base Budget included an additional 26 staff and increase in overtime. This request has been moved to New/Enhanced Services but funding has not been proposed. In the past, EMS has been able to reduce the anticipated net over-expenditure in overtime with one-time provincial revenues.
- A provision of \$0.45 million net has been proposed in the 2006 Base Budget for gasoline as a result of higher gas prices. A Corporate review of the impact of higher gasoline costs is currently underway and any required adjustments to the gasoline budget across City Programs will be made during the 2006 budget process.

Section B: 2006 Proposed Base Budget

Table 3: 2006 Proposed Base Budget

	2005 Approved Budget	2006 Requested Base	2006 Proposed Base	Change 2006 Proposed Base v. 2005 Approved Budget		FY Incremental Outlook	
						2007	2008
(In \$000s)	\$	\$	\$	\$	%	\$	\$
GROSS EXP.	135,089.2	145,417.3	142,593.4	7,504.2	5.6	565.1	(204.6)
REVENUE	67,570.8	70,466.0	71,666.0	4,095.2	6.1	(1,200.0)	0.0
NET EXP.	67,518.4	74,951.3	70,927.4	3,409.0	5.0	1,765.1	(204.6)
Approved Positions	1,200.3	1,227.3	1,200.3	0.0	0.0	0.0	0.0
NET TARGET		68,868.8					
\$ Over / (Under) Program Target		2,058.6					
% Over / (Under) Program Target		3.0%					

2006 Proposed Base Budget

- The 2006 Proposed Base Budget for Emergency Medical Services of \$70.927 million net represents a \$3.409 million or 5% increase over the 2005 Approved Budget and a \$2.059 million or 3% increase over the 2006 target as a result of pressures from inflationary increases, prior year impacts, and ongoing merit / step cost increases.
- The 2006 Proposed Base Budget of \$70.927 million net compared to the 2006 Requested Base Budget reflects the reduction of \$4.024 million primarily due to transfers to New / Enhanced Services and one-time Federal Medical funding. These reductions include the transfer of requested increases for staffing and overtime to address the hospital offload delays to New and Enhanced Services, and the deferral of a \$0.205 million contribution to the Equipment Reserve Fund. A one-time Provincial revenue of \$1.2 million is included as a base revenue change.
- The 2007 incremental net increase of \$1.765 million is attributed mainly to the reversal of one-time provincial revenues and the proposed deferral of the catch-up contribution to the Equipment Reserve Fund.

2006 Key Cost Drivers

Key cost drivers over the 2005 Approved Budget for all services include:

- An increase of \$2.387 million for COLA and other non-labour inflationary increases, including an increase in gasoline costs of \$0.45 million due to higher fuel prices
- Increase in fringe benefit rates, ongoing merit / step increases, and annualization of 416 harmonization costs, resulted in a net increase of \$1.862 million.

**Table 4: Summary of Proposed Base Budget Changes
From 2005 Approved Budget**

	Summary of 2006 Base Budget Adjustments				Net Incremental Outlook	
	Approved Positions	Gross Expenditures	Revenues	Net	2007	2008
(\$000's)		\$	\$	\$	\$	\$
2005 Approved Operating Budget	1,165.0	130,366.1	66,234.8	64,131.3	0.0	0.0
In-year approvals and technical adjustments	35.3	4,723.1	1,336.0	3,387.1		
2005 Approved Operating Budget	1,200.3	135,089.2	67,570.8	67,518.4	0.0	0.0
Annualizations	0.0	2,817.1	955.5	1,861.6		
Economic factors		3,180.7	1,243.8	1,936.9		
Adjusted Base Budget	1,200.3	141,087.0	69,770.1	71,316.9	0.0	0.0
Other base changes	27.0	4,330.3	695.9	3,634.4		
Base revenue changes	0.0	0.0	0.0	0.0		
2006 Base Budget Request	1,227.3	145,417.3	70,466.0	74,951.3	0.0	0.0
Proposed Base Adjustments:						
Other base changes	(27.0)	(2,823.9)	0.0	(2,823.9)	565.1	(204.6)
Service efficiencies						
Revenue adjustments	0.0	0.0	1,200.0	(1,200.0)	1,200.0	
Minor service impact						
Major service impact						
Total Proposed Base Adjustments	(27.0)	(2,823.9)	1,200.0	(4,023.9)	1,765.1	(204.6)
2006 Proposed Base Budget	1,200.3	142,593.4	71,666.0	70,927.4	1,765.1	(204.6)
2006 Program Operating Target	N/A	N/A	N/A	68,868.8		
% Over (Under) Program Target	N/A	N/A	N/A	3.0		
% Over (Under) 2005 Approved Budget	0.0	5.6	6.1	5.0		

Section C: 2006 Base Budget Issues**Key Issues / Recommendations***Other Base Budget Changes*

The 2006 Proposed Base Budget includes the following base budget adjustments:

- The request of \$2.539 million, to address the loss of staff productive hours due to Hospital Offloading delays which includes \$1.739 million for 26 staff and \$0.8 million for overtime, has been reclassified as a New / Enhanced Service Request, however given current financial constraints, funding has not been proposed for 2006. In the past, EMS has been able to reduce the anticipated net over-expenditure in overtime with one-time provincial revenues
- The request of \$0.08 million for a Communicable Disease Coordinator, to provide required follow-up to paramedics with occupational exposure to communicable disease, has not been proposed but has been referred to the Board of Health for consideration of funding from new revenues generated from the change in Provincial cost-sharing. The Board of Health will report back to Budget Advisory Committee on the details of the recommended new services to be funded from Public Health's 50% allocation of increased Provincial funding in January 2006.
- The request for \$0.205 catch-up contribution to the Equipment Reserve, representing missed contributions for 2004 and 2005, has been deferred to 2007. The Equipment Reserve Fund was set up for the purpose of facilitating the replacement of Automated External Defibrillators (AEDs) as well as other medical equipment. AEDs are devices used for the rapid treatment of those who suffer a cardiac arrest. The current AEDs were purchased in 2004 and with a useful life of 10 years, are scheduled to be replaced in 2014. As approved by City Council in December 2005, as part of the Capital Budget process, Emergency Medical Services will submit to the Deputy City Manager and Chief Financial Officer in the spring of 2006, the forecasted capital costs for the replacement of the AEDs as part of EMS' 5-year Capital Plan.
- Toronto EMS anticipates that Federal Medical Funding of \$1.2 million will be received in 2006. This funding, now reflected in the 2006 Proposed Operating Budget, is to be used for the replacement of vehicles and medical equipment which will free up other budgeted funds to offset net pressures.

Service Level, Delivery or Gap Issues

The 2006 Proposed Budget for Emergency Medical Services of \$70.927 million net is \$2.059 million or 3% over the 2006 target.

EMS submitted a reduction option of \$2.289 million to achieve the 2006 target. The reduction proposal will result in 31 paramedics to be laid off as of April 2005. A briefing note "2006 Operating Budget re: Paramedic Layoffs" was submitted to the Budget Advisory Committee on November 10, 2005 outlining the reduction plan and how such a plan would be accomplished.

The reduction plan is outlined as follows:

- Each EMS station requires 15 paramedics in order to operate 24 hours per day
- The lay off of 31 paramedics will result in the closure of 2 EMS stations
- The two stations selected for closures were made on the basis of EMS' ability to provide ongoing coverage from surrounding stations to protect the safety of the communities more affected
- The two stations selected are: Station No. 41 located at Pape Avenue and O'Connor Drive, and Station No. 31 located at Dundas St. West and Prince Edward Drive
- Response time will rise by up to 5 minutes at the 90th percentile (resulting from the closure of the No. 31 Station) and response times in the adjacent neighbourhoods may also rise as local paramedics will be covering a larger area and a higher call volume.

The reduction proposal to eliminate 31 paramedics which will result in the closure of 2 stations is not being proposed. The service impact in implementing such a reduction strategy would represent a serious problem to EMS's response time, which has already been impacted by the hospital offload delays, and also EMS' general readiness to respond to life threatening situations.

3 Year Operating Budget Overview

EMS’ 3 Year Operating Budget is based on continuing to provide ambulance-based health services to the City of Toronto residents as in 2005, in spite of the growing change in technologies, ageing infrastructure and a rapidly evolving health care environment.

EMS’ key projects for 2006, the objective of which is to bring efficiencies and service improvements to its current processes, are:

- Centralized Book-On Station Project (CBOS) is a multi-year project that is currently being assessed by a consultant that will pursue the consolidation of EMS’ 40 geographically dispersed ambulance stations into three or four centralized multiple book-on locations,. The results of the study will determine which dispatch model, the centralized book-on stations or the current station model, will prove most cost and operationally effective. The consultant report is anticipated to be ready for Council’s consideration in early 2006.
- Conclude a complete re-design of the process by which EMS receive, prioritize and dispatch ambulance calls in Toronto
- Complete the installation of the EMS on-board computer systems in all frontline emergency vehicles to improve response times and improve communications with the paramedics.
- Introduce a new wireless electronic patient charting computer system, designed to free paramedics from arduous manual paperwork and to improve the quality of emergency patient care.

Cost of Administration Provincial Subsidy Shortfall - \$12.3 million for 2006:

In 2002, the Province adopted a grant process to determine EMS Land funding and this process established the basic subsidy rate of 50% for the Land Ambulance operation and 100% for Central Ambulance Communications Centre (CACC). At the same time, the Province imposed a funding cap on Land Ambulance salary and wage increases of 2% maximum (1% at 50% cost sharing). This has resulted in a provincial subsidy shortfall that has gradually increased since wage settlements have exceeded the 2% cap since 2002.

As shown in the table below, the Provincial contribution has declined with respect to the proportion of actual costs that should be covered under the agreed cost sharing formula.

Provincial Funding	Actual Funding %	Should Be %	2005 Funding Shortfall \$Mils	Positions Not Funded FTE's
Operations / Land Services	45	50	8.9	52
CACC Communications	85	100	2.3	6
COLA CAP	2	2.75 *		

**does not include local 416 and 79 harmonization impact*

Based on the 2006 Proposed Budget, the 2006 Provincial funding short-fall is estimated at \$12.3 million. The 2005 Provincial funding shortfall is projected at \$11.2 million.

The ability for EMS to achieve their 2% target for 2006 is doubtful without a new Provincial funding agreement. Thus, it is recommended that Toronto EMS continue negotiations with the Provincial Government to restore the basic subsidy rates of 50% for Land Ambulance Operations and 100% for CACC and other outstanding issues and report back to the Budget Advisory Committee on the status of these discussions at the end of the 2006 Budget process.

Issues Referred to 2006 Operating Budget Process

Public Access Defibrillation (PAD) Program:

The PAD Program provides Automated External Defibrillators (AEDs) to City of Toronto workplaces and facilities to ensure rapid treatment of those who suffer a cardiac arrest on site. This program has been endorsed by Toronto since 1998 as part of the City's Cardiac Safe City program, which is co-supported by the City, EMS, and the Sunnybrook & Women's College Base Hospital.

In November 2001, a report was submitted to Community Services Committee, regarding the expansion of the City of Toronto PAD Program to include 200 key city-owned public locations and was forwarded to the BAC and P&F in 2002. Capital expenditures were approved for \$0.2 million in 2002, \$0.2 million in 2003, \$0.45 million in 2004 and \$0.45 million in 2005.

Currently, there are 55 AEDs in use on City property, sponsored by EMS, Service Improvement and Support Services, Economic Development & Culture, Toronto Water, Works & Emergency Services, Toronto Police Services, Toronto Zoo, and Exhibition Place. Expansion of the program to 200 AEDs in high-risk city-owned sites is planned to occur by the end of 2007 with a long term goal to have 400 AEDs placed throughout the City.

The PAD Program is administered by EMS on a strict cost recovery basis. Program users receive the AEDs for free, but are responsible for associated annual operating costs. A charge of approximately \$1,250 is levied to the user Division per year which covers the cost of third-party instructor wages, manuals and other training resources, maintenance and parts replacement, and medical oversight costs. Included in this amount is \$463 for a contribution to the EMS Equipment Replacement Reserve Fund for AED replacements. These cost recoveries are processed through Inter-Divisional Charges.

A number of City Programs and ABCs have expressed interest in participating in the PAD Program, however, they are unable or reluctant to commit to the annual operating cost requirements. As a result, expansion of the PAD Program has been much slower than expected. EMS has an on-hand inventory of 156 AED which were expected to be issued to additional City sites, including community centres, pools, recreation complexes, libraries and work yards. These AEDs are not being used and depreciate in value each year.

In November, 2005, EMS submitted a briefing note "Public Access Defibrillation" proposing a funding mechanism that will speed up the expansion of the PAD Program across the City. The proposal would designate EMS as the primary administrator of the PAD Program and be

accountable for the financial management of the Operating and Capital budgets associated with the PAD Program.

A report by the General Manger of EMS outlining the annual operating costs required by EMS to manage the support of the PADs on behalf of the City, will be submitted to the Budget Advisory Committee as part of the 2006 Operating Budget process.

Current Fee Structure

Emergency Medical Services receives several hundred requests annually for production of emergency medical response reports. Requests come from patients, police services (City and Provincial), allied agencies, hospitals, insurance adjusters and legal firms. These reports include Ambulance Call Reports (patient records), Incident Reports, audio recordings, and various statement and interview records.

At present, City Programs such as Toronto Police Services and TTC are not charged for record reproduction. Based on current fee structures, only marginal revenues are recovered, for external requests only, generally in the range of approximately \$2,100 per year. An increase in the current fee structure to ensure full cost recovery for the external requests would increase annual revenues by \$5,250 to approximately \$7,350.

A report will be submitted to the Budget Advisory Committee during the 2006 Budget Process to explore the possibility of increasing the current fees for emergency medical response reports requested by internal and external organizations, and other opportunities for revenue generation.

Outstanding Issues from 2005 and Prior Years

None

Appendix A

Summary of Service Level Adjustments

PART III: NEW COUNCIL PRIORITIES

Section D: 2006 Proposed New Council Priorities

Table 5: Summary of 2006 Proposed New Council Priorities (\$000)

Council Priority	Description	Total 2006 New Requests		2006 Not Proposed		2006 Proposed Council Priorities		Proposed New Positions	Net Incremental Impact			
		Gross Exp.	Net Exp.	Gross Exp.	Net Exp.	Gross Exp.	Net Exp.		2007	2008		
		\$	\$	\$	\$	\$	\$		#	\$	\$	
Council Priorities:												
	None											
	Sub-Total Council Priorities											
New Requests Referred to 2006 Operating Budget:												
	Sub-Total Referred											
New Program Requests:												
1	Paramedic Staffing - Hospital Offload Delay	2,539.3	2,539.3	2,539.3	2,539.3							
1	Paramedic Staffing on Toronto Island	397.2	397.2	397.2	397.2							
1	Staff to Address a Reduction in On-Time Performance	2,419.5	2,419.5	2,419.5	2,419.5							
1	Equipment Services Supervisor	70.0	70.0	70.0	70.0							
1	Equipment Services Clerk	35.3	35.3	35.3	35.3							
1	Equipment Services Technician	101.3	101.3	101.3	101.3							
1	Materials Management (Stores) Buyer	46.0	46.0	46.0	46.0							
1	Staff for Community Medicine Unit	523.4	523.4	523.4	523.4							
1	Funding for Ethnocultural Access Unit	30.0	30.0	30.0	30.0							
1	Two Coordinators for Professional Standards	126.7	126.7	126.7	126.7							
1	Reduce WES Support Services Gapping - 6% to 4%	98.8	98.8	98.8	98.8							
1	Increase to the WES Tech Services IDC	24.4	24.4	24.4	24.4							
	Sub-Total New Program Requests	6,411.9	6,411.9	6,411.9	6,411.9							
Total New Council Priorities		6,411.9	6,411.9	6,411.9	6,411.9							
<table border="0"> <tr> <td style="vertical-align: top;"> Council Priority 1 - Improve Public Service 2 - Make Progress on the Waterfront 3 - Improve Business Climate 4 - Make Toronto a clean and beautiful city 5 -Strengthen our at-risk neighbourhoods </td> <td style="vertical-align: top;"> 6 - Ensure housing is affordable 7 - Get the powers and funding needed for Toronto to succeed 8 - Improve the planning process 9 - Increase public involvement in civic affairs 10 - N/A </td> </tr> </table>											Council Priority 1 - Improve Public Service 2 - Make Progress on the Waterfront 3 - Improve Business Climate 4 - Make Toronto a clean and beautiful city 5 -Strengthen our at-risk neighbourhoods	6 - Ensure housing is affordable 7 - Get the powers and funding needed for Toronto to succeed 8 - Improve the planning process 9 - Increase public involvement in civic affairs 10 - N/A
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Key Issues / Recommendations**Hospital Offload Delays:**

Over the past several years, it has become practice for hospital emergency department staff to request Toronto EMS paramedics to continue caring for ambulance patients for extended periods after their initial arrival to the hospital. It is routine for paramedics to be forced to stay as much as two hours past the end of their 12-hour shift which not only results in significant staff overtime but also loss of productive hours as well. This practice is seriously depleting the number of paramedic ambulance available for emergency calls in the City and is in fact, a principal factor for the degradation of Toronto EMS response times from nearly 84% within 9 minutes in 1996 to only 68% within 9 minutes currently.

To address the hospital offload impact, EMS included a request of \$2.539 million which consists of \$1.739 for an additional 26 staff and \$0.8 million increase in overtime. However, given current financial constraints, this request is not proposed. Funding of these pressures continue to be the focus of discussions between EMS and the Provincial Ministry of Health and Long Term Care.

Staff Required to improved EMS' On-time Performance

EMS on-time performance has deteriorated from a response time of 84% in 1996 to 68% in 2005 within 9 minutes primarily due to hospital offload delays but also due to increased call volumes and traffic congestion within the City. The Ministry of Health has required service providers in the province of Ontario to achieve, on a yearly basis, their ambulance response time performance standard at the 1996 level.

The request for an additional 36 staff at a cost of \$2.42 million will improve EMS on-time performance to life threatening emergency calls and achieve the required response time to the 1996 level.

Paramedic Staffing on Toronto Island:

The remote location of Toronto Island has created difficulties for paramedics to access and egress patients in emergency situations. A new request for 6 staff or \$0.5 million is included to provide safe and reliable medical coverage for the Toronto Island community. These additional staff will be working out of the Toronto Fire Services Hall located at the Toronto Island.

Response to Auditor General's Report:

In 2004, Toronto EMS was the subject of a review by the Auditor General's Office. Among the Auditor's recommendations adopted by Council were a number requiring that EMS improve its compliance with City Purchasing Policies and Procedures, reduce its use and splitting of DPO's, ensure effective management controls and monitoring measures are implemented and increase the use and provide better oversight and management of contracts.

4 new requests totaling \$0.253 million for an additional 5 staff to address Auditor General's concerns include: 1 Supervisor \$70,000, 1 Clerk \$35,000, 2 Technicians \$101,000, 1 Buyer \$46,000 to effectively manage / monitor for equipment inventory.

2006 New Council Priorities

There are no New/Enhanced Services proposed for 2006.

New Requests Referred to 2006 Operating Budget Process

None

2006 New Program Requests

None

Appendix B

Summary of Council Priority Services and New Service Requests