

# Toronto 2014 BUDGET

## OPERATING ANALYST NOTES



## Emergency Medical Services

### I: 2014 OPERATING BUDGET

#### OVERVIEW

##### What We Do

Toronto EMS is the sole provider of emergency medical response for the City of Toronto: a service area encompassing 650 square kilometres with a daytime population of 3.5 million people. This makes Toronto EMS the largest municipal paramedic ambulance service in Canada.

##### 2014 Budget Highlights

The total cost to deliver this Program to Toronto residents in 2014 is \$187.849 million as shown below.

(In \$000s)	Approved 2013 Budget	Recommended 2014 Budget	Change	
			\$	%
Gross Expenditures	181,367.4	187,849.3	6,481.9	3.6%
Gross Revenues	112,791.9	115,515.4	2,723.5	2.4%
Net Expenditures	68,575.5	72,333.9	3,758.4	5.5%

EMS will continue to provide 24-hour emergency services with 958 paramedics, an increase of 56 permanent paramedic positions over 2013, to respond to annual growth in emergency call demand of 3% to 5% being driven by a growing and aging population.

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Fast Facts

- 156 ambulances and response vehicles transported 196,572 patients to hospital in 2013
- 45 ambulance stations across Toronto
- 958 full-time paramedics including the additional 56 paramedic positions recommended in 2014
- 108 emergency medical dispatchers

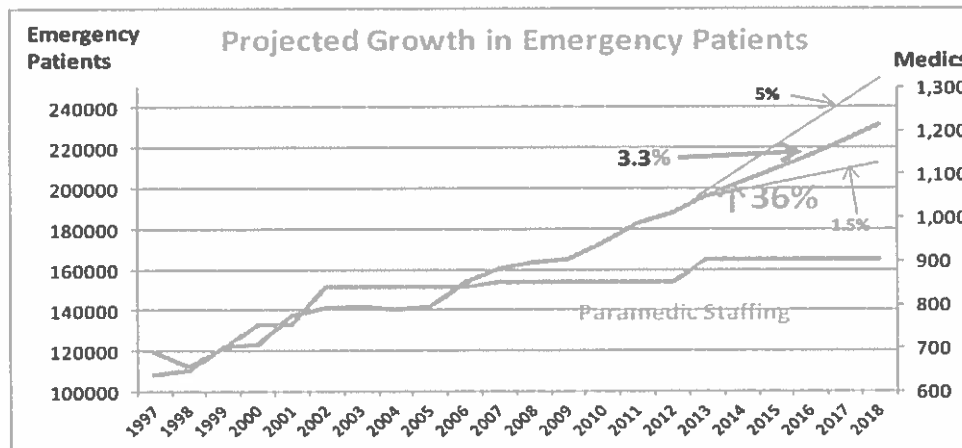
Trends

- Emergency patient transports increased by 39% between 2005 and 2013 from 141,409 to an estimated 196,572.
- Emergency patient transports are expected to grow at a rate of 3% to 5%.
- Emergency calls processed by the Communication Centre and the number of unique incidents are expected to increase by 2% to 4% each year.

Our Service Deliverables for 2014

Toronto EMS is responsible for providing 24-hour integrated mobile, paramedic-based health care and transportation to patients with health emergencies as well as pre-hospital and out-of-hospital medical care to the special needs of vulnerable communities. The 2014 Operating Budget will fund:

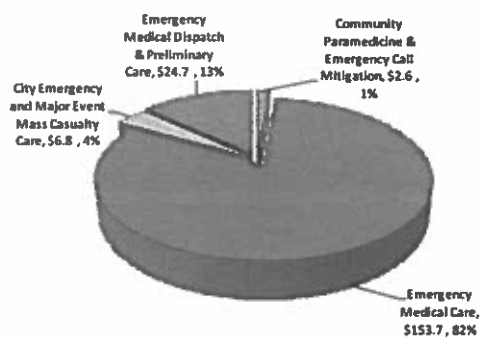
- 24-hour emergency medical response for the City of Toronto from 45 ambulance stations located across the City with a fleet of 156 ambulances and an approved complement of 958 paramedics and 108 emergency medical dispatchers.
- Targeted response times to life-threatening emergency calls within 8:59 minutes 90% of the time with response time defined as the elapsed time from the receipt of the emergency call by the Central Ambulance Communications Centre to the arrival of the paramedic crew at the scene.
- Provision of an estimated 202,469 emergency patient transports in 2014, an estimated increase of 3% over the 2013 projection of 196,572 emergency patient transports.
- Provision of an estimated 24,200 hours of continuing medical education to Toronto EMS staff as mandated by the Ministry of Health and Long-Term Care and EMS' Base Hospital (medical oversight) and International Trauma Life Support (ITLS) training to approximately 1,200 students.
- Provision of approximately 1,000 First-Aid/CPR and Public Access Defibrillation training courses to 13,363 City staff and external clients. Toronto EMS will maintain and provide oversight to approximately 1,425 Automatic External Defibrillators in 2014.



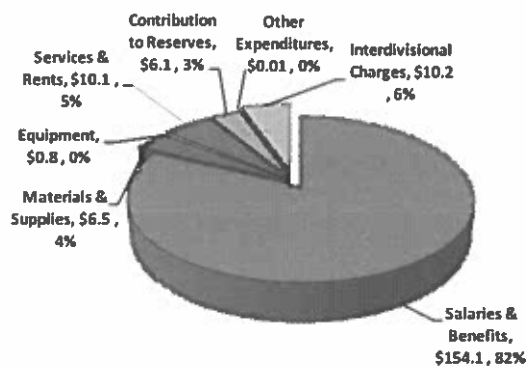
2014 Budget Expenditures & Funding

Where the money goes:

2014 Operating Budget by Service  
\$187.849 Million

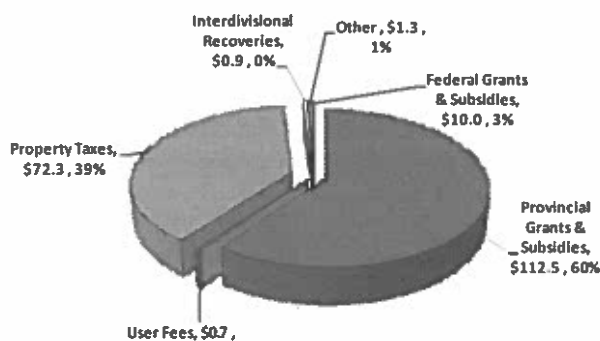


2014 Operating Budget by Expenditure Category



Where the money comes from:

2014 Operating Budget Funding Source  
\$187.849 Million



Our Key Challenges and Priority Actions

- **Increasing emergency call volumes** due to a growing and aging population.
  - The 2014 Recommended Operating Budget includes an increase of 56 paramedic positions, in addition to the 51 positions approved in 2013. The 2015 and 2016 Plans include an additional 56 and 57 paramedic positions respectively to meet current and projected call demand.
- **Hospital Offload Delays** – grew from 35 minutes in 2000 to 70 minutes in 2008 and have improved to an average of 48.5 minutes in 2013 (against the standard of 30 minutes).
  - A lean six sigma type expert position will be added in 2014 to focus on organizational improvements to improve hospital offload delays
- Continue to monitor the new paramedic shift schedules and implement emergency medical dispatcher shift schedules in the Central Ambulance Communications Centre to better match staffing with emergency call demand.
- Continue the Community Paramedicine Program to provide the most appropriate patient treatment and reduce emergency medical response call volume demand.
- Provide an estimated 202,469 patient transports in 2014.

## II: RECOMMENDATIONS

### Recommendations

The City Manager and Chief Financial Officer recommend that:

1. City Council approve the 2014 Recommended Operating Budget for Emergency Medical Services of \$187.849 million gross and \$72.334 million net, comprised of the following services:

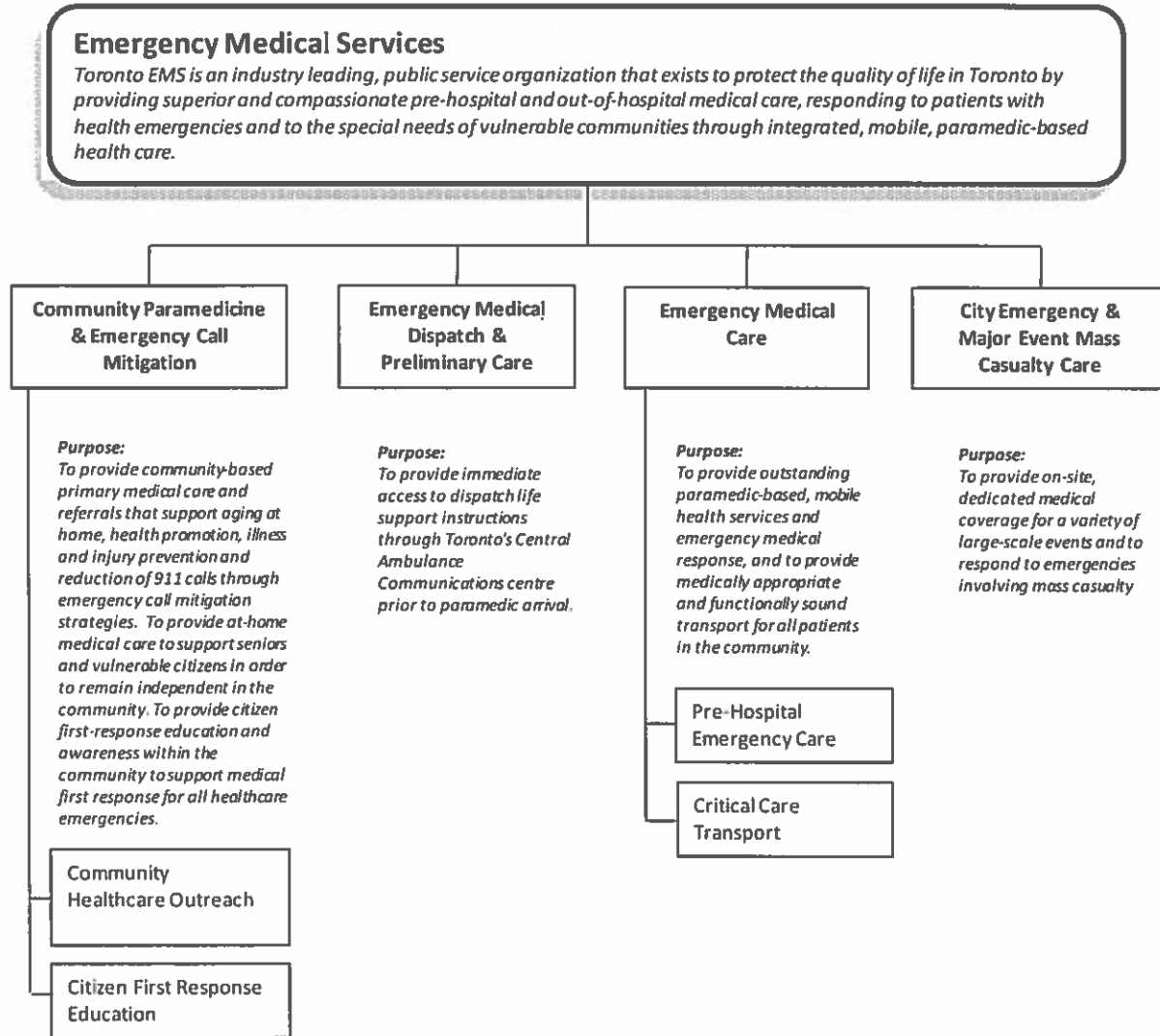
<u>Service:</u>	<u>Gross</u> <u>(\$000s)</u>	<u>Net</u> <u>(\$000s)</u>
Community Paramedicine & Emergency Call Mitigation	2,593.6	708.9
Emergency Medical Care	153,745.6	70,630.3
City Emergency and Major Event Mass Casualty Care	6,779.2	610.9
Emergency Medical Dispatch & Preliminary Care	24,730.9	383.8
<b>Total Program Budget</b>	<b>187,849.3</b>	<b>72,333.9</b>

2. City Council approve Emergency Medical Services' 2014 recommended service levels, as outlined on page 8 to 11, and associated staff complement of 1,326.5 positions.
3. City Council approve the 2014 recommended user fee changes for Emergency Medical Services identified in Appendix 6 for inclusion in the Municipal Code Chapter 441 "Fees and Charges"

### III: 2014 SERVICE OVERVIEW AND PLAN

#### Program Map

Toronto EMS strives to meet the changing needs of the community by providing the following services:



Service Customer

- Emergency Medical Care**
- EMS Patient
  - Hospitals
  - Health Care providers

- Emergency Medical Dispatch & Preliminary Care**
- 911 Callers
  - Incident Victim
  - Hospitals

## 2014 Service Deliverables

The 2014 Recommended Operating Budget of \$187.849 million gross and \$72.334 million net for Emergency Medical Services will fund:

### *Emergency Medical Care*

- 24-hour emergency medical response for the City of Toronto from 45 ambulance stations located across the City with a fleet of 156 ambulances and an approved complement of 958 paramedics and 108 emergency medical dispatchers.
- Targeted response times to life-threatening emergency calls within 8:59 minutes 90% of the time with response time defined as the elapsed time from the receipt of the emergency call by the Central Ambulance Communications Centre to the arrival of the paramedic crew at the scene.
- Provision of an estimated 202,469 emergency patient transports in 2014, an estimated increase of 3% over the 2013 projection of 196,572 emergency patient transports.
- Provision of an estimated 24,200 hours of continuing medical education to Toronto EMS staff as mandated by the Ministry of Health and Long-Term Care and EMS' Base Hospital (medical oversight); upgrade training for 12 Primary Care Paramedics to the Advanced Care Paramedic level; and provision of International Trauma Life Support training to approximately 1,200 students.
- In 2014, Toronto EMS will undergo a complete Ministry of Health and Long Term Care (MOHLTC) audit of its Land Ambulance Service. The audit is conducted by the MOHLTC every three years to ensure Toronto EMS continues to meet all legislated requirements as outlined under the Ambulance Act.

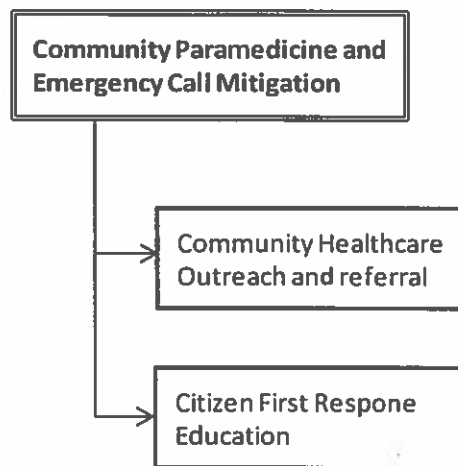
### *Community Paramedicine and Emergency Call Mitigation*

- Continue to use the Community Paramedicine Program to re-direct specific patient groups to appropriate preventative, out-of-hospital medical care, thereby minimizing or eliminating their reliance on 911 and the hospital system.
- Provide approximately 1,000 First-Aid/CPR and Public Access Defibrillation training courses to City staff and external clients. Toronto EMS will maintain and provide oversight to approximately 1,425 Automatic External Defibrillators in 2014.
- Continue to employ and investigate innovative call diversion and mitigation strategies to improve ambulance availability.
- In 2014, continue to work with Hospital stakeholders to implement Lean/Six Sigma type solutions to reduce hospital delays that contribute to paramedic wait times and improve operational performance.

*Emergency Medical Dispatch and Preliminary Care*

- Continue to develop and implement improved computer-aided dispatch technology and processes in the Central Ambulance Communications Centre to facilitate the deployment of ambulances to improve response time performance.
- In 2014, implement new Emergency Medical Dispatch (EMD) shift schedules in the Central Ambulance Communications Centre to better match EMD staffing with emergency call demand by shifting more staff to weekends and higher peak demand times during the day.
- In 2014, the Central Ambulance Communications Centre will undergo a re-accreditation process for the third time as a 'Centre of Excellence' by the International Academy of Emergency Dispatch. Accreditation establishes the centre as having achieved an internationally benchmarked, high standard of patient care delivered by EMDs. The centre triages incoming emergency calls with the aid of the Advanced Medical Priority Dispatch System (AMPDS).

**Service Profile: Community Paramedicine & Emergency Call Mitigation Service**



**What we do**

- Provide community-based primary medical care and referrals that support aging at home, health promotion, illness and injury prevention and reduction of 911 calls through emergency call mitigation strategies.
- Provide at-home medical care to support seniors and vulnerable citizens in order to remain independent in the community.
- Provide citizen first-response education and awareness within the community to support medical first response for all healthcare emergencies.

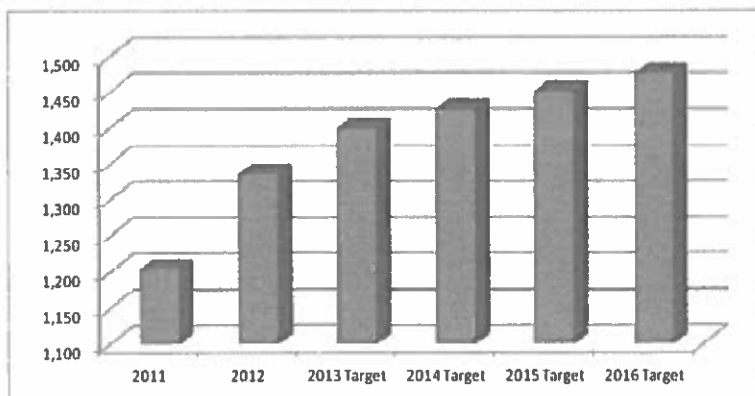
2014 Recommended Service Levels

Community Paramedicine & Emergency Call Mitigation Service

Activity	Type	Sub-Type	Status	Service Levels			
				2011	2012	2013	2014 Recommended
Citizen First Response Education	Safe City – Emergency Medical Training Courses Provided		Approved	New In 2014			1000 courses are to be provided and over 13,000 participants certified in CPR/PAD and First Aid in 2014
			Actual	876 Courses Provided with 12,213 participants	866 Courses Provided with 12,791 participants	Currently unavailable	
Number of Registered (PAD) Public Access Defibrillators = (AED) Automated External Defibrillators			Approved	New In 2014			1,425 AED's registered throughout the city in 2014
			Actual	1,204 AED's registered throughout the city in 2011.	1,335 AED's registered throughout the city in 2012.	1,398 AED's registered throughout the city in 2013.	
Safe City – CPR Courses Provided			Approved	900 Courses Provided 12,000 participants trained in CPR/PAD and First Aid in 2011	900 courses provided and over 12,000 participants certified in CPR/PAD and First Aid in 2012	1000 courses are to be provided and over 13,000 participants certified in CPR/PAD and First Aid in 2013	Replaced by new category "Safe City - Emergency Medical Training Courses Provided"
Safe City – First Aid Courses			Approved	500 courses and 700 participants certified in CPR for 2011	500 courses and 700 participants certified in CPR for 2011	550 courses and 770 participants are expected to be certified in CPR for 2013	Consolidated into new category "Safe City - Emergency Medical Training Courses Provided"
Safe City Automated External Defibrillators (AEDs) training			Approved	1204 AED's installed and managed 24/7 at the end of 2011. Approximately 700 of the AED's are located in City of Toronto sites.	1,284 AEDs installed and managed 24/7 for 2012. Approximately 700 AEDs are located in City of Toronto sites	1,500 AEDs installed and managed 24/7 for 2013. Approximately 730 AEDs are located in City of Toronto sites	Replaced by new category "Safe City - Emergency Medical Training Courses Provided"
Safe City Automated External Defibrillators (AEDs) maintenance and support			Approved				Replaced by new Category "Number of Registered (PAD) Public Access Defibrillators = (AED) Automated External Defibrillators"

Service Performance Measures

Service Output – Number of Registered AEDs



- The number of registered Automated External Defibrillators (AED's) increases every year due to increased public awareness of Public Access Defibrillators.
- Medical studies confirm that survival rates for cardiac arrest patients increases significantly with quick access to a defibrillator.



Service Profile: Emergency Medical Dispatch & Preliminary Care

Emergency Medical Dispatch & Preliminary Care

What we do

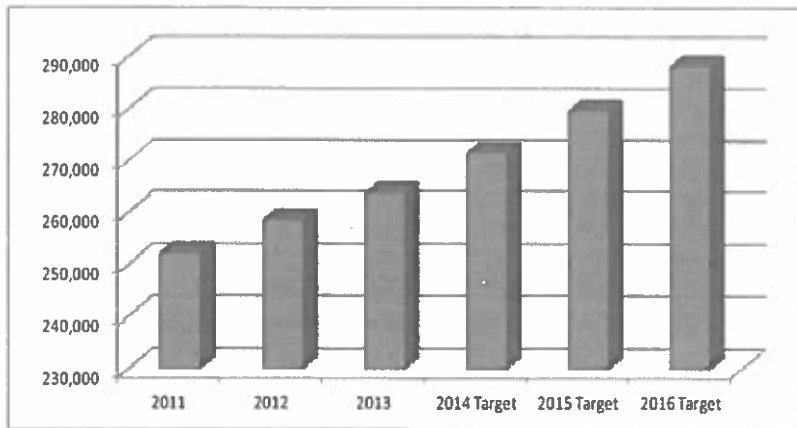
- To provide immediate access to dispatch life support instructions through Toronto's Central Ambulance Communications Centre prior to paramedic arrival.

2014 Recommended Service Levels

Activity	Type	Sub-Type	Status	Service Levels			
				2011	2012	2013	2014 Recommended
Emergency Medical Dispatch & Preliminary Care	Percentage of time a life threatening call is processed within 2 minutes		Approved	New in 2014			Toronto EMS targeted to process a life threatening call within 2 minutes 75% of the time
			Actual	64.6%	66.8%	68.4%	
	Number of Emergency Calls Processed		Approved	New in 2014			In 2014, Toronto EMS expects to process 271,508 Emergency Calls
			Actual	252,029	258,541	263,600	
	Inquiry Access		Approved	In 2011: 62% of 9-1-1 calls were answered within 10 sec	In 2012: 60% of 9-1-1 calls were answered within 10 sec	In 2013: 60% of 9-1-1 calls were answered within 10 sec	Service levels changed to Number of Emergency Calls Processed

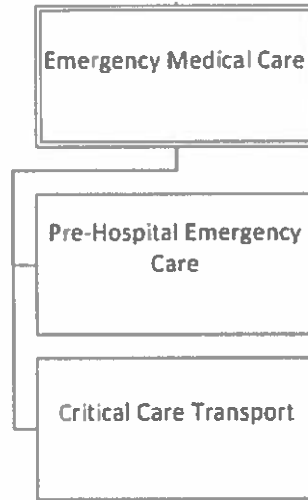
Service Performance Measures

Service Output – Number of Emergency Calls Processed



- The number of emergency calls to be processed is projected to increase at a rate of 2% to 4% per year.
- Emergency Calls rise as Toronto's population grows.
- An aging population also contributes to the increased number of Emergency Calls

Service Profile: Emergency Medical Care



What we do

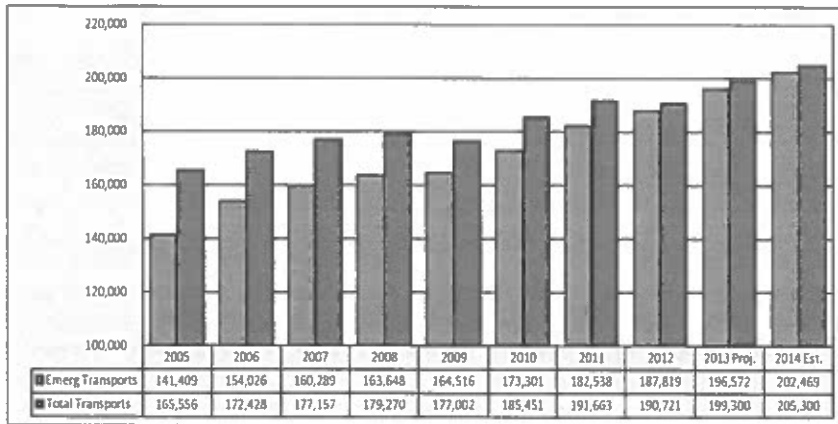
- To provide outstanding paramedic-based, mobile health services and emergency medical response, and to provide medically appropriate and functionally sound transport for all patients in the community.

2014 Recommended Service Levels

Activity	Type	Sub-Type	Status	Service Levels			
				2011	2012	2013	2014 Recommended
Pre-Hospital Emergency Care	Number of Emergency Calls (Unique Incidents)		Approved	New in 2014			During 2014, Toronto EMS expects to respond to 272,165 unique incidents
			Actual	252,029	258,541	261,238	
	Percentage of Time Response is made to Life Threatening Calls within 8:59 Minutes		Approved	New in 2014			During 2014, Toronto EMS expects to respond to life threatening calls within 8:59 minutes 66% of the time.
			Actual	61%	62%	64%	
	Number of Patient Transports		Approved	New in 2014			During 2014, Toronto EMS expects to transport 202,469 patients
			Actual	182,538	187,819	196,572	
Emergency (Including Standby) Access			Approved	During 2011, Toronto EMS dispatched a paramedic crew within 2 minutes in 65% of apparently life threatening calls.	In 2012: Toronto EMS expects to dispatch a paramedic crew within 2 minutes in 60% of apparently life threatening calls.	In 2013: Toronto EMS expects to dispatch a paramedic crew within 2 minutes in 60% of apparently life threatening calls.	Service level discontinued and replaced by more relevant service levels.
Primary/Advanced Patient Care			Approved	In 2011, EMS arrived at critical calls within 8:59 minutes in 62.9% of cases.	In 2012, EMS arrived at critical calls within 8:59 minutes in 60 % of cases.	In 2013, EMS expects to arrive at critical calls within 8:59 minutes in 60 % of cases.	Replaced by "Percentage of Time Response is made to Life Threatening Calls within 8:59 Minutes" measure.
Emergency Transport			Approved	Response time standards vary by type of emergency transport	Response time standards vary by type of emergency transport	Response time standards vary by type of emergency transport	Replaced by "Percentage of Time Response is made to Life Threatening Calls within 8:59 Minutes" measure.

Service Performance Measures

Service Output – Patient Transport Provided by Toronto EMS



- The number of Emergency Patient Transports is projected to increase at a rate of 3% to 5% per year.
- Emergency Patient Transports rise as Toronto's population grows.
- An aging population also contributes to the increased number of Emergency Patient Transports.

Service Profile: City Emergency & Major Event Mass Casualty Care

City Emergency & Major Event Mass Casualty Care

What we do

- To provide on-site, dedicated medical coverage for a variety of large-scale events and to respond to emergencies involving mass casualty victims.

2014 Recommended Service Levels

Activity	Type	Sub-Type	Status	Service Levels			
				2011	2012	2013	2014 Recommended
City Emergency & Major Event Mass Casualty Care	Percentage of management staff trained in IMS (Incident Management System)		Approved	New In 2014			In 2014, Toronto EMS expects the Percentage of Management Staff Trained in IMS to be 85%.
			Actual	N/A	63%	75%	

## IV: 2014 Recommended Total Operating Budget

### 2014 Recommended Operating Budget (In \$000s)

(In \$000s)	2013		2014 Recommended Operating Budget				Incremental Change 2015 and 2016 Plan				
	Approved Budget	Projected Actual	2014 Rec'd Base	2014 Rec'd New/ Enhanced	2014 Rec'd Budget	2014 Rec'd vs. 2013 Budget Approved Changes		2015		2016	
By Service	\$	\$	\$	\$	\$	\$	%	\$	%	\$	%
<b>Community Paramedicine &amp; Emergency Call Mitigation</b>											
Gross Expenditures	2,549.4	2,485.5	2,591.2	2.4	2,593.6	44.2	1.7%	(14.9)	(0.6%)	41.1	1.6%
Revenue	1,804.5	1,734.6	1,884.6		1,884.6	80.1	4.4%	33.3	1.8%	28.0	1.5%
Net Expenditures	744.9	751.0	706.6	2.4	709.0	(35.9)	(4.8%)	(48.2)	(6.8%)	13.1	2.0%
<b>Emergency Medical Care</b>											
Gross Expenditures	147,769.2	144,068.1	150,024.2	3,721.4	153,745.6	5,976.4	4.0%	11,221.5	7.3%	7,623.2	4.6%
Revenue	80,698.8	77,573.3	83,115.4		83,115.4	2,416.6	3.0%	2,360.7	2.8%	4,830.1	5.7%
Net Expenditures	67,070.4	66,494.7	66,908.8	3,721.4	70,630.2	3,559.8	5.3%	8,860.8	12.5%	2,793.1	3.5%
<b>City Emergency and Major Event Mass Casualty Care</b>											
Gross Expenditures	6,637.4	6,471.1	6,776.6	2.6	6,779.2	141.8	2.1%	807.0	11.9%	(782.8)	(10.3%)
Revenue	6,146.4	5,908.4	6,168.3		6,168.3	21.9	0.4%	884.7	14.3%	(865.0)	(12.3%)
Net Expenditures	491.0	562.8	608.3	2.6	610.9	119.9	24.4%	(77.7)	(12.7%)	82.2	15.4%
<b>Emergency Medical Dispatch &amp; Preliminary Care</b>											
Gross Expenditures	24,411.5	23,800.0	24,698.9	32.0	24,730.9	319.4	1.3%	(16.0)	(0.1%)	205.3	0.8%
Revenue	24,142.3	23,207.2	24,347.1		24,347.1	204.8	0.8%	7.4	0.0%	192.9	0.8%
Net Expenditures	269.2	592.8	351.8	32.0	383.8	114.6	42.6%	(23.4)	(6.1%)	12.4	3.4%
<b>Total</b>											
Gross Expenditures	181,367.4	176,824.8	184,090.9	3,758.4	187,849.3	6,481.9	3.6%	11,097.6	6.4%	7,086.7	3.5%
Revenue	112,791.9	108,423.5	115,515.4		115,515.4	2,723.5	2.4%	3,286.1	2.8%	4,186.0	3.5%
Total Net Expenditures	68,575.5	68,401.3	68,575.5	3,758.4	72,333.9	3,758.4	5.5%	8,711.5	12.0%	2,900.7	3.6%
Approved Positions	1,264.5	1,264.5	1,265.5	61.0	1,326.5	62.0	4.9%	63.0	4.7%	53.0	3.8%

The 2014 Recommended Operating Budget for Emergency Medical Services of \$187.849 million gross and \$115.515 million in revenue, resulting in \$72.334 million net reflects an increase of \$3.758 million or 5.5% over the 2013 Approved Budget of \$68.576 million net and is comprised of the following services:

- *The Community Paramedicine & Emergency Call Mitigation* service of \$2.594 million gross and \$0.709 million net reflects a decrease of 0.036 million from the 2013 Approved Budget of \$0.745 million.
  - The base pressure of \$0.044 million in salaries and benefits is more than offset by an increase in user fee revenues of \$0.080 million from CPR training courses under the Safe City Program.
- *The Emergency Medical Care* service of \$153.746 million gross and \$70.630 million net reflects a net increase of \$3.560 million or 5.3% over the 2013 Approved Budget of \$67.070 million.
  - Base pressures are mostly attributable to inflationary increases in salaries and benefits (\$1.457 million); materials and supplies and contracted services (\$0.269 million); increases in the contribution to the vehicle reserve of \$0.315 million and for monitoring and maintenance costs resulting from the completion of the station security system of \$0.202 million.

- These base pressures are more than offset by additional Provincial Revenues of \$2.417 million mainly to reflect the 50% provincial share of the 51 Paramedics approved in 2013. The Province funds its 50% share in the 2<sup>nd</sup> year of operations.
- The 2014 Recommended Operating Budget includes funding for 56 new paramedic positions, 4 new superintendent positions and 1 Process Improvement position (\$3.558 million) to address the increasing emergency call volumes as well as new funding of \$0.200 million for an annual communication campaign that will assist the public in understanding when it is appropriate to call 911 for paramedic assistance.
- Future year incremental costs are primarily due to increases in salaries and benefits to reflect the annualized impact of the additional 61 positions recommended in 2014 as well as funding for an additional 58 (56 paramedic and 2 superintendent positions) and 59 (57 paramedic and 2 superintendent positions) permanent positions in 2015 and 2016 respectively resulting from the EMS/Fire Service and Organizational Review.
- The 2015 Plan also includes 5 additional positions for the Pan Am / ParaPan Am games which will be reversed in 2016.
- *The City Emergency and Major Event Mass Casualty Care* service of \$6.779 million gross and \$0.610 million net reflects an increase of 0.120 million net or 24.4% over the 2013 Approved Budget of \$0.491 million.
  - Base pressure of \$0.141 million mainly due to COLA and progression pay (\$0.015 million), contribution to the reserve to replace its vehicles (\$0.025 million), and non-payroll inflationary increase of \$0.098 million partially offset by increase in provincial subsidy of \$0.021 million.
- *The Emergency Medical Dispatch & Preliminary Care* service of \$24.731 million gross and \$0.384 million net reflects an increase of \$0.115 million net or 42.6% over the 2013 Approved Budget of \$0.269 million.
  - The base changes are mainly attributable to inflationary increases in payroll and non-payroll costs of \$0.281 million, EMS's share of the maintenance of the radio infrastructure of \$0.041 million and capital project delivery cost of \$0.081 million for 1 temporary position. Base pressures are partially offset by line by line review reductions of \$0.120 million based on actual experience combined with increases in Provincial subsidies of \$0.205 million for eligible expenditures.

Approval of the 2014 Recommended Budget will result in the Program increasing its total staff complement by 62 positions from 1,264.5 to 1,326.5 positions as highlighted on the table below:

**2014 Recommended Total Staff Complement**

<b>Changes</b>	<b>2014 Budget</b>	<b>2015 Plan</b>	<b>2016 Plan</b>
<b>Opening Complement</b>	1,264.5	1,326.5	1,389.5
<b>In-year Adjustments</b>			
<b>Adjusted Staff Complement</b>	<b>1,264.5</b>	<b>1,326.5</b>	<b>1,389.5</b>
<b>Recommended Change in Staff Complement</b>			
- Temporary Complement - capital project delivery	1.0		(1.0)
- Operating impacts of completed capital projects			
- Service Change Adjustments			
- New / Enhanced	61.0	63.0	54.0
<b>Total</b>	<b>1,326.5</b>	<b>1,389.5</b>	<b>1,442.5</b>
<b>% Change over prior year</b>		<b>4.75%</b>	<b>3.81%</b>

- The 2014 recommended staff changes include:
  - The addition of 1 temporary position (capital funded) required from 2014 to 2015 to install mobile data communication equipment in ambulance vehicles to be funded from the 2014 recommended capital project, Mobile Data Communication.
  - 61 new permanent positions resulting from the EMS/Fire Service and Organizational Review comprised of the following:
    - The addition of 56 permanent paramedic positions to address the increase in emergency call demands and improve EMS response time to life-threatening emergency calls.
    - The addition of 4 permanent Superintendent positions to maintain the paramedic to superintendent ratio of 25:1 (total of 107 paramedic positions, including 51 positions approved in 2013).
    - The addition of 1 permanent position with Lean/Six Sigma type expertise to focus on process improvement which will greatly assist EMS in addressing hospital off-load delays.
  - The efficiency review recommended a total increase of 169 paramedic positions over three years. The 2015 and 2016 Plans include an additional 113 permanent paramedic positions and 4 superintendent positions.
  - The Pan Am / ParaPan Am games in 2015 will require 5 dedicated EMS staff for the planning, managing and delivering emergency medical response during the games in Toronto. The additional cost of providing these services over the Program's current service levels is expected to be recovered from TO2015.

**2014 Recommended Base Budget  
(In \$000s)**

(In \$000s) By Service	2013 Approved Budget	2014 Rec'd Base	Change 2014 Recommended Base vs. 2013 Approved Budget		Incremental Change			
			\$	%	2015 Plan		2016 Plan	
	\$	\$	\$	%	\$	%	\$	%
<b>Community Paramedicine &amp; Emergency Call Mitigation</b>								
Gross Expenditures	2,549.4	2,591.2	41.8	1.6%	15.1	0.6%	41.1	1.6%
Revenue	1,804.5	1,884.6	80.1	4.4%	11.1	0.6%	28.0	1.5%
<b>Net Expenditures</b>	<b>744.9</b>	<b>706.6</b>	<b>(38.3)</b>	<b>(5.1%)</b>	<b>4.0</b>		<b>13.1</b>	
<b>Emergency Medical Care</b>								
Gross Expenditures	147,769.2	150,024.2	2,255.0	1.5%	4,654.2	3.1%	1,277.6	0.8%
Revenue	80,698.8	83,115.4	2,416.6	3.0%	453.0	0.5%	1,666.5	2.0%
<b>Net Expenditures</b>	<b>67,070.4</b>	<b>66,908.8</b>	<b>(161.6)</b>	<b>(0.2%)</b>	<b>4,201.2</b>		<b>(388.9)</b>	
<b>City Emergency and Major Event Mass Casualty Care</b>								
Gross Expenditures	6,637.4	6,776.6	139.2	2.1%	89.7	1.3%	114.2	1.7%
Revenue	6,146.4	6,168.3	21.9	0.4%	39.4	0.6%	31.8	0.5%
<b>Net Expenditures</b>	<b>491.0</b>	<b>608.3</b>	<b>117.3</b>	<b>23.9%</b>	<b>50.3</b>		<b>82.4</b>	
<b>Emergency Medical Dispatch &amp; Preliminary Care</b>								
Gross Expenditures	24,411.5	24,698.9	287.4	1.2%	14.0	0.1%	205.3	0.8%
Revenue	24,142.3	24,347.1	204.8	0.8%	6.4	0.0%	192.9	0.8%
<b>Net Expenditures</b>	<b>269.2</b>	<b>351.8</b>	<b>82.6</b>	<b>30.7%</b>	<b>7.6</b>		<b>12.4</b>	
<b>Total</b>								
Gross Expenditures	181,367.4	184,090.9	2,723.5	1.5%	4,773.0	2.6%	1,638.2	0.9%
Revenue	112,791.9	115,515.4	2,723.5	2.4%	509.9	0.4%	1,919.3	1.7%
<b>Net Expenditures</b>	<b>68,575.5</b>	<b>68,575.5</b>	<b>(0.0)</b>	<b>(0.0%)</b>	<b>4,263.1</b>		<b>(281.1)</b>	
<b>Approved Positions</b>	<b>1,264.5</b>	<b>1,265.5</b>	<b>1.0</b>	<b>0.1%</b>			<b>(1.0)</b>	

The 2014 Recommended Base Budget of \$184.091 million gross and \$68.576 million net is at the 2013 Approved Budget of \$68.576 million net and provides \$2.696 million in funding for base budget increases which have been offset by \$2.696 million in recommended base revenue changes. The Program's base budget of \$68.576 million achieves the budget target of a 0%.

Key cost drivers resulting in base budget pressure of \$2.695 million are detailed below:

- Cost of providing the current level of service requires \$1.728 million for labour costs which includes COLA, progression pay and step increases and associated increase in benefits;
- Non-labour inflationary pressures for materials and services of \$0.429 million;
- Increase of \$0.350 million in the contribution to the vehicle reserve from \$3.324 million to \$3.674 million to ensure the annual replacement of ambulance vehicles and other smaller vehicles used by EMS. Ambulance vehicles have a useful life of 5 years;
- Increase in maintenance cost of \$0.202 million resulting from the installation of the new system-wide station security system for EM5; and
- Inflationary increase in user fees of \$0.067 million.

**Key Cost Drivers  
(In \$000s)**

(In \$000s)	2014 Rec'd Base Budget
<b>Gross Expenditure Changes</b>	
<b>Operating Impacts of Capital</b>	40.5
<b>Capital Project Delivery</b>	81.1
<b>Economic Factors</b>	
Economic Factors - Non-Payroll Expenditures	428.6
<b>COLA, Progression Pay and Fringe Benefits</b>	
COLA and associated benefit adjustments	926.3
Progression Pay	316.0
Step Increments and associated benefit adjustments	485.5
<b>Other Base Changes</b>	
Furniture Replacement Program	13.0
Increase Contribution to the EMS Vehicle Reserve	350.0
IDC/IDR - Increase in Maintenance costs for Station Security	202.4
<b>Total Changes</b>	<b>2,843.4</b>
<b>Revenue Changes</b>	
Contribution from Capital	81.1
Increase in User Fees	66.8
<b>Total Changes</b>	<b>148.0</b>
<b>Net Expenditures</b>	<b>2,695.4</b>

- In order to fully offset the above pressures, base expenditure reductions of \$2.695 million are recommended as detailed in the table below:

**2014 Recommended Service Change Summary by Program  
(In \$000s)**

Description (\$000s)	2014 Recommended Service Changes				Net Incremental Impact			
	Position Change	Gross Exp.	Net Expense	% Change over 2014 Budget	2015		2016	
					Net Expense	Pos.	Net Expense	Pos.
#	\$	\$	%	\$	#	\$	#	
<b>Base Changes:</b>								
<b>Base Expenditure Changes</b>								
<i>Reductions based on actual experience</i>		(120.0)		0.0%				
<b>Base Expenditure Change</b>		(120.0)		0.0%				
<b>Base Revenue Changes</b>								
<i>Increase in Provincial Subsidy</i>			(2,695.5)	(3.7%)				
<b>Base Revenue Change</b>			(2,695.5)	(3.7%)				
<b>Sub-Total</b>		(120.0)	(2,695.5)	(3.7%)				
<b>Total Changes</b>		(120.0)	(2,695.5)	(3.7%)				

- The 2014 recommended service changes consist of base expenditure and revenue changes of \$2.695 million net bringing the 2014 Recommended Operating Base Budget to \$68.575 million, which meets the 2014 target.



The 2014 recommended base changes are discussed below:

**Base Expenditure Changes: (Savings of \$0.120 gross and revenue)**

*Reductions based on Actual Experience*

- A line by line review of actual expenditures resulted in reductions of \$0.120 million gross and revenues mainly in other materials and supplies to partially offset the Provincial funding shortfall in the Emergency Medical Dispatch and Preliminary Care service of EMS.

**Base Revenue Changes: (Reduction of \$2.695 million net)**

*Increase in Provincial Subsidy*

- An increase in provincial subsidy of \$2.695 million will be received in 2014 as the Provincial share of 50% for the 51 new paramedic positions approved in 2013 (\$1.400 million) and the annual inflationary increases for payroll and non-payroll expenditures of \$1.161 million provided by the Ministry of Health and Long Term Care (MOHLTC) for the Land Ambulance Services.

**2014 Recommended New / Enhanced Service Priority Actions  
(In \$000s)**

Description	2014 Recommended			Net Incremental Impact			
	Gross Expenditures	Net Expenditures	New Positions	2015 Plan		2016 Plan	
				Net Expenditures	# Positions	Net Expenditures	# Positions
<b>Enhanced Services Priorities</b>							
Add 169 Permanent Paramedic Staff	3,142.5	3,142.5	56.0	4,300.1	56.0	3,113.8	57.0
Add 8 Permanent Operations Superintendents	310.5	310.5	4.0	266.2	2.0	85.3	2.0
Add 1 Permanent Process Improvement Position	105.4	105.4	1.0	(17.9)		(17.4)	
Public Education & Access to Emergency Medical Services	200.0	200.0		(100.0)			
<b>Sub-Total</b>	<b>3,758.4</b>	<b>3,758.4</b>	<b>61.0</b>	<b>4,448.4</b>	<b>58.0</b>	<b>3,181.8</b>	<b>59.0</b>
<b>New Service Priorities</b>							
(a) New Services							
2014/2015 Pan Am/ Parapan Am Games - Incident Management					3.0		(3.0)
Pan Am Games Operations					2.0		(2.0)
<b>Sub-Total</b>					<b>5.0</b>		<b>(5.0)</b>
<b>Total</b>	<b>3,758.4</b>	<b>3,758.4</b>	<b>61.0</b>	<b>4,448.4</b>	<b>63.0</b>	<b>3,181.8</b>	<b>54.0</b>

**Recommended Enhanced Service Priorities**

*Addition of 169 Paramedic Positions over a three-year period, with 56 new positions in each of 2014 and 2015, and 57 positions in 2016.*

- In 2011, City Council approved a Service Review Program for City Programs that included service efficiency studies for many City Programs and Agencies. The City engaged the consultants, Pomax Inc., to provide a Service and Organizational Study of Toronto Emergency Medical Services (EMS) and Toronto Fire Services (TFS).
- At its meeting of July 16 – 18, 2013, City Council adopted a report from the City Manager and Deputy City Manager entitled "Results of the Service and Organizational Review of Toronto EMS and Toronto Fire Services" which included the results of the recently completed EMS/Fire Service and Organizational Review by Pomax LTD, the consultants'

recommendations and the City Manager's recommended disposition of each. (See Pomax LTD recommendations on Page 23.)

- The report recommended that EMS increase its response capacity by 223,451 staffed vehicle hours based on the increasing trend in emergency call demand for paramedics over the last ten years (28% increase between 2002 and 2011) driven by a growing and aging Toronto population. The consultants estimated that as call demands are expected to rise by 2% to 4% annually, the City requires an additional 169 paramedic positions over 3 years for a total 220 positions including the 51 positions approved in 2013.
- The 2014 Recommended Operating Budget includes funding for the addition of 56 paramedic positions in 2014 (\$3.142 million) and another 56 positions in 2015 (\$4.300 million) and 57 positions in 2016 (\$3.114 million). The addition in permanent paramedic positions will assist EMS in improving its response time to life-threatening emergency calls (currently at 64%), reduce overtime pressures caused by maintaining ambulance availability to the community and help balance paramedic and dispatcher workload.
- The additional resources will also enable EMS to better address the Coroner's Jury Recommendations of the Hearst Inquest, such as the mentoring of newly hired Paramedics and those with less than 1 year of service.

*Addition of 8 Permanent Operations Superintendent positions over three years*

- The addition of 169 permanent paramedic positions, including the 51 additional paramedic positions approved in 2013 requires superintendent positions to maintain the paramedic to superintendent ratio of 25:1. The additional superintendent positions are required to maintain safe, appropriate and balanced oversight and support of additional paramedics.
- The 2014 Recommended Operating Budget includes the increase of 4 permanent non-union superintendent positions in 2014 (\$0.311 million), and projects 2 additional permanent positions in 2015 (\$0.266 million) and 2 additional permanent positions in 2016 (\$0.085 million with annualized impact in 2017).

*Addition of 1 Permanent Process Improvement Position*

- The recently completed EMS/TFS Service and Organizational Review recommended that EMS "utilize lean processes to define the activities that contribute to paramedic wait times at hospitals and identify possible relief techniques.
- The 2014 Recommended Operating Budget includes the addition of 1 permanent Process Improvement position with Lean/Six Sigma type expertise to assist in the execution and successful implementation of required organizational changes relating to paramedic offload delay in hospitals -- by using proven, process improvement methodologies and best practices.
- The process improvement expert will work with frontline staff and key stakeholders (e.g., hospitals) to ensure that improvement initiatives are supported and implemented and will be sustainable as well as measurable. The position will work with hospitals in streamlining

the pre-transfer of care time and look at introducing Lean/Six Sigma principles in other facets of EMS to contribute to improved effectiveness and efficiencies.

- Hospital offload delays are a concern in Toronto and across Canada. The delays (currently averaging 48.5 minutes in 2013) have resulted in EMS paramedics continuing to care for the EMS patient until an emergency department bed is available.
- Mapping the various processes in each of the 14 area hospitals of the city and identifying causes for delays and providing solutions would help recover lost paramedic hours and significantly improve efficiency and ambulance availability to the community.

*Public Education & Access to Emergency Medical Services Campaign (\$0.200 million)*

- The report from the City Manager on the EM5/TFS Service and Organizational Review recommended that EMS continue the Community Paramedicine Program as part of a strategy to reduce call volume pressures and to provide the most appropriate mobile patient care to vulnerable Toronto communities and residents".
- The Community Paramedicine Program reduces the number of emergency responses to patients by providing on-scene care and preventative referrals instead of transport to emergency rooms. This program has consistently demonstrated a 50+% reduction in calls to 911 by vulnerable patients who frequently rely on EMS for access to healthcare.
- The recommended operating budget includes new funding of \$0.200 million for a new public education communication and awareness initiative. The 52-week communication campaign will assist the public in understanding when it is appropriate to call 911 for paramedic response and where other more appropriate medical or healthcare resources are available in the community. The current public education service is minimal and communicated only through special events such as the annual EMS Week, Doors Open Toronto and Toronto EMS' web and social media sites.
- This educational campaign in turn, will enable EMS to better manage its steadily increasing emergency call demand, maximize its ambulance and paramedic availability to improve its response time to emergency calls while continuing to provide clinically excellent patient care to the community.

**2015 and 2016 Plan**  
**(In \$000s)**

Description (\$000s)	2015 - Incremental Increase					2016 - Incremental Increase				
	Gross Expense	Revenue	Net Expense	% Change	# Positions	Gross Expense	Revenue	Net Expense	% Change	# Positions
<b>Known Impacts:</b>										
Progression Pay	329.7		329.7	0.5%		333.6		333.6	0.5%	
Other Salaries and Benefits	1,417.8		1,417.8	2.0%		469.7		469.7	0.6%	
COLA and associated benefit adjustments	1,217.7		1,217.7	1.7%					0.0%	
Fringe Benefits	598.2		598.2			401.5		401.5	0.6%	
Annualization of 61 permanent positions	2,953.1		2,953.1	4.1%						
Addition of permanent positions	3,374.5		3,374.5	4.7%	58.0	6,345.5		6,345.5	8.8%	59.0
Increase to the Vehicle Reserve	150.0		150.0	0.2%						
Increase to the Equipment Reserve	550.0		550.0	0.8%						
Increase in User Fees		28.5	(28.5)	(0.0%)			30.0	(30.0)	(0.04%)	
Operating Impact of Capital	77.5	20.3	57.3	0.1%		84.0	38.8	45.3	0.1%	
Additional Provincial Subsidy for Inflationary Increases		2,340.4	(2,340.4)	(3.2%)			5,095.5	(5,095.5)	(7.0%)	
Other - Reversal of Capital Funded Position						(81.1)	(81.1)		0.0%	(1.0)
Economic Factor Increases	432.1		432.1	0.6%		430.6		430.6	0.6%	
PanAm Games	897.0	897.0		0.0%	5.0	(897.0)	(897.0)		0.0%	(5.0)
<b>Sub-Total</b>	<b>11,997.6</b>	<b>3,286.1</b>	<b>8,711.5</b>	<b>12.0%</b>	<b>63.0</b>	<b>7,086.8</b>	<b>4,186.1</b>	<b>2,900.7</b>	<b>4.0%</b>	<b>53.0</b>
<b>Anticipated Impacts:</b>										
N/A										
<b>Sub-Total</b>										
<b>Total Incremental Impact</b>	<b>11,997.6</b>	<b>3,286.1</b>	<b>8,711.5</b>	<b>12.0%</b>	<b>63.0</b>	<b>7,086.8</b>	<b>4,186.1</b>	<b>2,900.7</b>	<b>4.0%</b>	<b>53.0</b>

Note COLA is excluded in 2016 for Local Union 79

Approval of the 2014 Recommended Base Budget for Emergency Medical Services will result net incremental costs of \$8.712 million and \$2.901 million in 2015 and 2016 respectively.

Future year incremental costs are primarily attributable to the following:

**Known Impacts**

- COLA, step and progression pay increases of \$3.563 million in 2015 and \$1.205 million in 2016.
- Increase of \$2.953 million to reflect the annualized impact of the additional 61 positions recommended in 2014 with additional Provincial revenues
- The 2015 and 2016 Plans will require an additional increase of 56 and 57 paramedic positions respectively, bringing the total increase to 220 positions, including the 51 positions approved in 2013 and the recommended increase of 56 in 2014, as recommended by the EMS/TFS efficiency review adopted by City Council in July 2013.
- Increase in reserve contributions of \$0.700 million in 2015 based on EMS vehicle and equipment replacement plan.
- In 2015, increased maintenance costs for the completion of 2 capital projects in 2014, the radio infrastructure project and the purchase of 40 defibrillators resulting in net operating cost of 0.078 million gross and \$0.057 million net.
- The additional Provincial funding of \$2.340 million in 2015 mainly reflects the Provincial share of 50% for the 61 new permanent positions recommended in 2014 and the Provincial subsidy increase of \$5.096 million in 2016 reflects the Provincial share of 50% of recommended increases of eligible expenditures in 2016 which includes inflationary

increases for payroll and non-payroll costs. The province funds its 50% share in the 2nd year of operations.

- In 2016, the Mobile Data Communication capital project is anticipated to be completed and will no longer require the temporary position included in the 2014 Recommended Operating Budget.
- Non-labour related inflationary pressures for materials and supplies, contracted services and other costs of \$0.432 million in 2015 and \$0.431 million in 2016.
- The 2015 Plan includes \$0.897 million for 5 temporary positions in EMS to plan, organize and provide emergency medical services during the Pan Am games. This additional cost of providing services over the Program's current service levels is expected to be recovered from TO2015.

## V: ISSUES FOR DISCUSSION

### 2014 Issues

#### *EMS Response Time to Life Threatening Calls*

- The Ministry of Health requires all EMS service providers in the Province of Ontario to achieve, on a yearly basis, the ambulance response time performance achieved in 1996. In 1996, Toronto EMS arrived at life threatening emergency calls in 8:59 minutes 84% of the time.
- The response time compliance for 2013 onwards is expected to improve over the 64% achieved in July 2013 with the addition of 56 new paramedic positions. EMS' challenge to meet the 90% standard is largely influenced by the following key factors:
  - Call demand for emergency medical response has increased by 28% over the ten years (2002-2011) while emergency patient transports have increased by 36% primarily due to population growth as well as an aging population.
    - *The 2014 Recommended Operating Budget includes the addition of 56 paramedic positions in 2014, and an additional 56 positions and 57 positions in 2015 and 2016 respectively to respond to emergency call demands that have increased by 28% since 2002 and are expected to rise by 2% to 4% annually.*
  - Hospital Offload issues have also grown significantly since 2000 further contributing to "time on task". The average in-hospital wait time in 2000 was 35 minutes versus 70 minutes by April 2008 but has improved to an average 48.5 minutes in 2013 (against the standard of 30 minutes).
  - Various efficiencies have contributed to improved/shortened hospital wait times such as the Dedicated Offload Nurses Program (funded 100% by the Province) to assist EMS paramedics offload patients at hospitals throughout the City of Toronto; detailed reviews of paramedic transfer of care times help identify hospitals that have difficulty with offloading patients, and more recently the new schedules introduced in January 2013 that shift Paramedic resources to better match peak demand times and into predictably high emergency call volume areas while balancing Paramedic workload. EMS continues to work with hospitals on measures to address hospital offload delays.
    - *The 2014 Recommended Operating Budget includes the addition of 1 permanent position to implement Lean/Six Sigma type solutions to reduce hospital delays that contribute to paramedic wait times and improve operational performance.*
  - Increased traffic congestion en route to calls.
- The addition of 169 paramedics over 3 years (in addition to the 51 positions approved in 2013) will assist EMS to improve its response time to life-threatening emergency calls as well as reduce overtime pressures caused by the hospital offload delays.

*Provincial Grant Shortfall for Central Ambulance Communication Centre (CACC) (100% Provincially Funded)*

- The 2014 Operating Budget for CACC still assumes the provincial subsidy consistent with the established Provincial subsidy rate of 100% for CACC. As shown in the table below (in millions), the CACC program has experienced funding shortfalls since 2009. The funding shortfall is due to yearly cost of living adjustments for the Program not currently funded by the Province.
- The 2014 Recommended Operating Budget includes a line by line review reduction of \$0.120 million gross and revenue in CACC expenditures to partly offset the shortfall in Provincial subsidy.

	2009			2010			2011			2012			2013			2014
	Bud	Act	Var	Bud	Act	Var	Bud	Act	Var	Bud	Act	Var	Bud	Act	Var	Bud
Gross	20.1	19.6	(0.5)	20.8	20.8	0.0	21.2	19.9	(1.3)	20.9	19.2	(1.7)	21.5	20.5	(1.0)	21.9
Revenue	20.1	17.8	(2.3)	20.8	18.0	(2.8)	21.2	19.0	(2.2)	20.9	19.0	(1.9)	21.5	19.0	(2.5)	21.9
Net	0.0	1.8	1.8	0.0	2.8	2.8	0.0	0.9	0.9	0.0	0.2	0.2	0.0	1.5	1.5	0.0
% Shortfall		9%			13%			5%			1%			7%		

- EMS has indicated that negotiations are continuing with the Ministry of Health and Long Term Care to resolve this issue.

*Hospital Offload Delays and Dedicated Offload Nurses Program (100% Provincially funded)*

- A hospital offload delay occurs when paramedics bring a patient to the hospital or emergency room and cannot transfer care to the emergency room within a reasonable amount of time. As set out in the standards and guidelines under the Ambulance Act, paramedics are obligated to remain with ambulance patients until the responsibility for the patient has been transferred to hospital staff.
- In 2009, the Province provided 100% funding for the EMS Nurses Initiative, initially a 3-year project (2009 to 2011) to purchase approximately 60,000 nursing hours (approximately \$3.416 million) at hospitals to assist EMS paramedics offload patients at seven hospitals with the highest offload delays in the City of Toronto.
- This initiative has significantly improved hospital offload delays by approximately 30% from an average of over 70.0 minutes in early 2008 to an average of 48.5 minutes in August 2013. This translates to an increase in ambulance availability to 119.7 Unit hours per day or an equivalent of almost 5 ambulances 24 hours a day.
- While the initiative was scheduled to end in March 2011, the Province has continued to fund the program at 100% in 2012 and in 2013. The MOHLTC has confirmed funding of \$4.801 million in 2014 for the Dedicated Offload Nurses Program.
  - *The 2014 Recommended Operating Budget includes the addition of 1 permanent position with Lean/Six Sigma type expertise to assist in reducing hospital offload delays by using proven process improvement methodology and best practices.*

*2013 Recommended User Fee Changes***Inflationary Adjustments**

- In accordance with the City's User Fee Policy, inflationary increases automatically apply to most user fees. Please see Appendix 6 for EMS User Fee increases as a result of inflation.

**Issues Referred to the 2014 Operating Budget Process**

- City Council on January 15 and 16, 2013 adopted the report entitled "2013 Capital and Operating Budgets" with the following recommendation:  
*"City Council request the Chief/General Manager, Emergency Medical Services to report back to the Budget Committee through the 2014 Budget process on the impact of the results of the Fire Service and Emergency Medical Services Efficiency Review currently underway.*
- The report from the City Manager and Deputy City Managers on the results of the EMS/Fire Service and Organizational Review was adopted with amendments by City Council at its meeting on July 16-18, 2013.
- The consultants' report put forward 20 recommendations for the City Manager and Deputy City Managers' consideration related to organization, resources and apparatus, prevention and education, fire inspection and enforcement, and the communications centres.
- The City Manager and Deputy City Managers recommended implementation of 14 recommendations (4 for EMS), further due diligence be undertaken on 4 recommendations (1 for EMS) and no further action be taken on 2 recommendations (EMS and TFS).
- The table on the next page details the recommendations and the City Manager and Deputy City Managers' recommended dispositions related to EMS.



Pomax Recommendations	Report Recommended Disposition
1 Do not consolidate TFS and TEMS.	No action required.
2 Do not consider implementing a firefighter-paramedic model of pre-hospital emergency medical care in either an organizationally consolidated entity or in the existing separate organizational design.	No action required.
3 Increase TEMS response capacity by 223,451 staffed vehicle hours to meet demand.	<p>Implement.</p> <p>Authorize the Chief of Toronto EMS to submit a business case through the 2014 and future years' budget to add 169 paramedic positions over the next three years from 2014 through to 2016.</p> <p>Request the City Manager and the Chief of Toronto EMS to consult with the Province of Ontario, in particular the Ministry of Health and Long Term Care, regarding confirmation of 50/50 provincial cost-shared funding for paramedic positions being covered in the first year of operation.</p> <p><b>Status: The 2014 Recommended Operating Budget includes an increase of 56 permanent paramedic positions, and an anticipated increase of 56 positions in 2015 and 57 positions in 2016 for a total of 169 positions over three years.</b></p>
4 Continue the Community Paramedicine program as part of a strategy to provide the most appropriate patient treatment and reduce emergency medical response call volume demand.	<p>Implement.</p> <p>Affirm the continuation of the Community Paramedicine Program as part of a strategy to reduce call volume pressures and to provide the most appropriate mobile patient care to vulnerable Toronto communities and residents.</p> <p><b>Status: The 2014 Recommended Operating Budget includes funding of \$0.200 million for a 52-week communication campaign that will assist the public in understanding when it is appropriate to call 911 for paramedic assistance or other healthcare resources in the community. Re-directing calls to other more appropriate medical or healthcare resources will allow EMS to maximize its ambulance and paramedic availability which will result in improved response time to emergency calls.</b></p>
5 Utilize Lean processes to define the activities that contribute to paramedic wait times at hospitals and identify possible relief techniques..	<p>Implement.</p> <p>Request the Chief of Toronto EMS to submit a business case through the 2014 budget process for resources to implement Lean type solutions (Six Sigma and ISO for example) to reduce hospital delays that contribute to paramedic wait times and expand Lean type solutions to both Toronto EMS and Toronto Fire Services to improve operational performance.</p> <p><b>Status: The 2014 Recommended Operating Budget includes an increase of 1 permanent position with Lean/Six Sigma expertise to define the activities that contribute to paramedic wait times at hospitals and identify possible relief techniques.</b></p>
18 Do not move forward with a full operational consolidation of the TFS and TEMS communication centres but evaluate sharing technology platforms when upgrading emergency services communications technology.	<p>Undertake further due diligence.</p> <p>Authorize the Chief of Toronto EMS and the Fire Chief to undertake a further evaluation of the benefits, limitations, risks, and required investments to consolidate the communications centres and report back in 2014 on the outcomes of the evaluation.</p>
20 Advocate with the Ministry of Health and Long Term Care for acceptable staff levels for the EMS communications centre.	<p>Implement.</p> <p>Request the City Manager and the Chief of Toronto EMS to consult with the Province of Ontario, in particular the MOHLTC, on the level of staff and funding required for the Toronto EMS Communications Centre to meet the 2 minute call receiving and dispatch standard set by the MOHLTC.</p>

## Appendix 1

### 2013 Service Performance

#### 2013 Key Accomplishments

In 2013, the following accomplishments directly demonstrate Toronto EMS' key strategic directions to ensure clinical excellence in pre-hospital and out-of-hospital medical care; to improve its operational and system performance and find efficiencies through evidence-based decision making; and, to continue to provide patient-focused care and service to the community – all while ensuring compliance with legislated requirements.

##### *Community Paramedicine and Emergency Call Mitigation*

- ✓ Continued to employ and investigate innovative call diversion and mitigation strategies to improve ambulance availability.
- ✓ Continued to use the Community Paramedicine Program to re-direct specific patient groups to appropriate preventative, out-of-hospital medical care thereby minimizing or eliminating their reliance on 911 and the hospital system.
- ✓ In 2013, the Community Paramedicine Program is projected to continue to demonstrate a 50+% reduction in 911 calls from those patients who have used 911 two or more times within a six-month period. For 2013, there is a projected 5% to 10% increase in referrals made by paramedics to preventative support services for these types of patients.
- ✓ In 2013, Toronto EMS' Community Paramedicine Program became a key contributor to the development of the Ontario Seniors Strategy and the Toronto Seniors Strategy.
- ✓ Continued to coordinate and expand the Public Access Defibrillation (PAD) Program to save more lives by allowing bystander medical interventions to begin sooner.
- ✓ Distribution and installation of a projected 100 Automated External Defibrillators (AEDs) at workplaces and facilities throughout the City of Toronto. Further AEDs may be added in 2014 based on acquiring additional grant funding.

##### *Emergency Medical Dispatch and Preliminary Care*

- ✓ Continued to improve the Central Ambulance Communications Centre's processing of emergency calls. Using decision-support software allows dispatchers to more accurately anticipate, monitor and assign the right paramedic resources throughout the city.
- ✓ Implemented, during peak periods of call activity, a Patient Safety Advocate (PSA) function within the Central Ambulance Communications Centre as part of the Division's strategy to mitigate possible service delays. The PSA role focuses on real-time monitoring of response performance through the identification of emerging delays and taking immediate action to minimize any delay in overall service delivery.

- ✓ In the fourth quarter of 2013, the Toronto EMS' Central Ambulance Communications Centre is expected to successfully complete the Ministry of Health and Long Term Care's (MOHLTC) audit review for Central Ambulance Communications Centres in Ontario. The audit is conducted by the MOHLTC every three years to ensure the centre is meeting all legislated requirements as outlined under the Ambulance Act.

#### *Emergency Medical Care*

- ✓ Continued to expand the STEMI (a type of heart attack), stroke, trauma, and post-cardiac arrest patient care programs to reduce pre-hospital mortality. Implemented a new emergency transport protocol for acute stroke and STEMI patients who arrive at community hospitals where specialized care is not available. These programs continue to demonstrate improved survival outcomes.
- ✓ Continued to implement the new model of care where Advanced Life Support (ALS) paramedic crews are targeted to respond more consistently to "ALS-appropriate" calls based on the Medical Priority Dispatch System (MPDS) software. This change results in more efficient use of resources as medical skills are more closely matched to patient needs.
- ✓ Continued to monitor the effectiveness of new paramedic shift schedules that were implemented on January 23, 2013. The new shift schedules better match staffing with emergency call demand, by shifting more staff to weekends and to higher peak demand times during the day.
- ✓ In July 2013, the EMS/Fire Service and Organizational Review by an independent third-party was completed that included a demand and resources analysis to maintain the quality and robustness of Toronto EMS while achieving potential efficiencies. Part of that review included recommendations for a long-term staffing strategy to support an increase in paramedics to respond to annual growth in emergency call demand of 2% to 4% being driven by a growing and aging population.

#### *Hospital Offload Delay:*

- ✓ Negotiated with the province to expand and continue the Dedicated Offload Nurse Program in 2013.
- ✓ In 2013, continued to mitigate the impacts of Hospital Offload Delay and realize measurable recovery of available ambulance hours through the Dedicated Offload Nurse Program by working with hospitals to establish best practice guidelines for integration of the Dedicated Offload Nurse in Emergency Department patient flow. The average in-hospital time in 2012 was 48.5 minutes (against the standard of 30 minutes) and is projected to remain stable by the end of 2013.
- ✓ These efforts have contributed to improved/shortened overall in-hospital times from an average of 70 minutes in 2008 to an estimated average of 48.5 minutes in 2013.

## 2013 Financial Performance

2013 Budget Variance Analysis  
(In \$000s)

	2011 Actuals	2012 Actuals	2013 Approved Budget	2013 Projected Actuals*	2013 Approved Budget vs. Projected Actual Variance	
(\$000s)	\$	\$	\$	\$	\$	%
Gross Expenditures	172,027.9	172,885.8	181,367.4	176,824.8	(4,542.6)	(2.5)
Revenues	104,330.8	108,350.9	112,791.9	108,423.5	(4,368.4)	(3.9)
Net Expenditures	67,697.1	64,534.9	68,575.5	68,401.3	(174.2)	(0.3)
Approved Positions	1,221.5	1,214.5	1,264.5	1,264.5		

\* Based on the 3rd Quarter Operating Budget Variance Report

## 2013 Experience

- EMS forecasts a year-end net variance of \$0.174 million or 0.3% under the 2013 Approved Net Operating Budget.
- EMS projects gross under-expenditures of \$4.543 million or 2.5% reflecting savings in salaries and benefits resulting from vacant paramedic positions, higher than anticipated attrition across all services and a hiring freeze implemented in the Central Ambulance Communications Centre (CACC) to address a shortfall in Provincial funding for this program.
- Provincial subsidies are projected to be below budget by \$4.368 million, mainly due to a 2012 Provincial subsidy claw back of approximately \$4.400 million for Land Ambulance Services and a subsidy shortfall of \$2.144 million in the CACC partially offset by additional 2013 funding for Land Ambulance of \$2.049 million and various other revenues of \$0.127 million.

## Impact of 2013 Operating Variance on the 2014 Recommended Budget

- The 2014 Recommended Operating Budget still assumes a provincial subsidy consistent with the established Provincial subsidy rate of 100% for CACC. Although the Program has reduced gross expenditures for CACC by \$0.120 million in the 2014 Recommended Operating Budget, it is not sufficient to cover the revenue shortfall in 2014.
- The Provincial shortfall for CACC may continue if EMS is not successful in negotiating with the Province for full 100% funding in 2014.

## Appendix 2

### Program Summary by Expenditure Category (In \$000s)

Category of Expense	2011	2012	2013	2013	2014	2014 Change from		2015	2016
	Actual	Actual	Budget	Projected	Rec'd	2013 Approved	%	Plan	Plan
	\$	\$	\$	\$	\$	\$	%	\$	\$
Salaries and Benefits	140,475.7	138,186.6	148,723.1	144,433.5	154,095.4	5,372.3	3.6%	164,804.4	171,334.7
Materials and Supplies	5,408.9	5,165.4	6,331.2	5,224.1	6,510.6	179.4	2.8%	6,780.9	7,055.6
Equipment	1,057.3	990.9	782.9	782.9	816.4	33.4	4.3%	841.4	866.1
Services & Rents	9,010.6	9,924.9	9,719.3	10,573.4	10,065.6	346.4	3.6%	10,358.8	10,615.9
Contributions to Capital	472.0	87.6	472.0	472.0	472.0	-	0.0%	472.0	472.0
Contributions to Reserve/Res Funds	5,446.3	8,702.9	5,297.7	5,297.7	5,647.7	350.0	6.6%	6,347.7	6,347.7
Other Expenditures	(151.4)	(29.3)	10.9	10.9	8.9	(2.0)	(18.3%)	8.9	8.9
Interdivisional Charges	10,308.5	9,856.8	10,030.4	10,030.4	10,232.7	202.4	2.0%	10,232.7	10,232.7
<b>Total Gross Expenditures</b>	<b>172,027.9</b>	<b>172,885.8</b>	<b>181,367.4</b>	<b>176,824.8</b>	<b>187,849.3</b>	<b>6,481.9</b>	<b>3.6%</b>	<b>199,846.8</b>	<b>206,933.6</b>
Interdivisional Recoveries	1,456.8	946.6	909.1	909.1	922.1	13.0	1.4%	922.1	922.1
Provincial Subsidies	100,609.1	105,493.3	109,383.2	104,824.8	112,472.7	3,089.5	2.8%	114,833.4	119,967.6
Federal Subsidies									
Other Subsidies									
User Fees & Donations	521.4	647.5	1,123.5	1,123.5	695.2	(428.3)	(38.1%)	710.1	726.5
Transfers from Capital Fund	352.5	75.0	75.0	75.0	156.1	81.1	108.1%	156.1	75.0
Contribution from Reserve Funds			564.0	564.0		(564.0)	(100.0%)	581.6	
Contribution from Reserve									
Sundry Revenues	1,391.0	1,188.5	737.1	927.1	1,269.2	532.1	72.2%	1,597.0	1,296.4
<b>Total Revenues</b>	<b>104,330.8</b>	<b>108,350.9</b>	<b>112,791.9</b>	<b>108,423.5</b>	<b>115,515.4</b>	<b>2,723.4</b>	<b>2.4%</b>	<b>118,800.3</b>	<b>122,987.6</b>
<b>Total Net Expenditures</b>	<b>67,697.1</b>	<b>64,534.9</b>	<b>68,575.5</b>	<b>68,401.3</b>	<b>72,333.9</b>	<b>3,758.4</b>	<b>5.5%</b>	<b>81,046.5</b>	<b>83,946.0</b>
<b>Approved Positions</b>	<b>1,221.5</b>	<b>1,214.5</b>	<b>1,264.5</b>	<b>1,264.5</b>	<b>1,326.5</b>	<b>62.0</b>	<b>4.9%</b>	<b>63.0</b>	<b>53.0</b>

### 2014 Key Cost Drivers

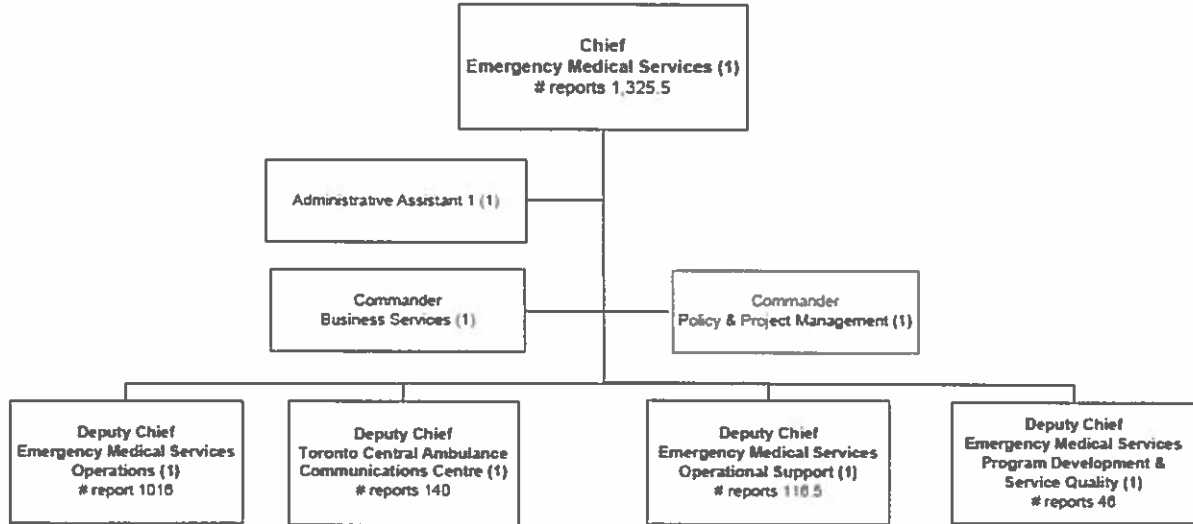
#### Salaries and Benefits

- Salaries and benefits are the largest expenditure category and account for 82.0% of total expenditures of \$187.849 million, followed by services and rents and interdivisional charges at 5.4% each, materials and supplies and EMS' contribution to reserves (EMS' vehicle and equipment reserves, and Corporate Insurance and Sick Pay reserves) at 3.4% each and equipment at 0.4%.
- The 2014 recommended budget for salaries and benefits is \$154.095 million, reflecting an increase of \$5.372 million or 3.6% compared to the 2013 Approved Budget of \$148.723 million.
  - The significant increase in salary and benefits is mainly attributable to the addition of 61 positions (\$3.558 million) required to meet increased emergency call volumes that has continually increased over the past years.
  - Other pressures include increases due to COLA, progression pay, step increments and increases in benefits of \$1.728 million.

- The 2014 budgets for Materials and Supplies, Equipment and Services and Rents reflect a total increase of \$0.559 million over the 2013 budget mainly resulting from economic factor increases of \$0.428 million and increases in uniform costs for new paramedics.
- The 2014 budget for EMS' Contribution to the Vehicle and Equipment Reserve is \$5.648 million, a \$0.350 million or 6.6% increase to align with the replacement costs schedule for EMS ambulance vehicles.
- Interdivisional Charges increased by \$0.202 million or 2.0% mainly due to increased security and monitoring costs for the newly installed station security system in all EMS Stations.
- The increase in provincial subsidy of \$3.089 million or 2.8% mainly reflects the provincial share of 50% for the 51 new paramedic positions approved in 2013 (\$1.400 million) and the annual inflationary increases for payroll and non-payroll of \$1.161 million for Land Ambulance Services, and \$0.528 for the Communications Centre (CACC).
- EMS realigned its user fee revenues and sundry revenues to appropriately reflect the revenues received for the Safe City program.
- The reduction of \$0.564 million in contribution to the reserve fund in 2014 reflects the one-time funding for the lump sum payments for Local 79 and Local 416 in 2013 while the increase of \$0.314 million in 2015 reflects the funding required for planning of emergency services for the Pan Am games.
- The 2014 Recommended Operating Budget for Emergency Medical Services reflects the increase of 61 permanent positions and 1 temporary capital funded position. The 2014 total staff complement will increase from 1,264.5 to 1,326.5 positions.

## Appendix 2 - Continued

### 2014 Organization Chart



### 2014 Full and Part Time Staff

Category	Senior Management	Management	Exempt Professional & Clerical	Union	Total
Full-Time	1.0	97.5	40.0	1,177.0	1,315.5
Part-Time				11.0	11.0
<b>Total</b>	<b>1.0</b>	<b>97.5</b>	<b>40.0</b>	<b>1,188.0</b>	<b>1,326.5</b>

## Appendix 4

### Summary of 2014 Recommended New / Enhanced Service Changes





**2014 Operating Budget - Staff Recommended New and Enhanced Services**  
**Summary by Service**  
 (\$'000s)

Form ID	Category	Priority	Citizen Focused Services A Program: Emergency Medical Services	Adjustments			2015 Plan Net Change	2016 Plan Net Change
				Gross Expenditure	Revenue	Net		

612 Add 169 Permanent Paramedic Staff

72 1 Description:

In 2011, City Council approved a Service Review Program that included service efficiency studies for many City Programs and Agencies. The City engaged the consultants, Pomax Inc. to provide a Service and Organizational Study of Toronto Emergency Medical Services (EMS) and Toronto Fire Services (TFS). At its meeting of July 16-18, 2013, City Council adopted a report from the City Manager and Deputy City Manager entitled "Results of the Service and Organizational Review of Toronto EMS and Toronto Fire Services", which included the results of the recently completed EMS/Fire Efficiency Review by Pomax LTD, the consultants' recommendations and the City Manager's recommended disposition of each. One of the recommendations for EMS is to increase its response capacity by 223,451 staffed vehicle hours due to the increasing trend in emergency call demand experienced in the last 10 years. In response to this recommendation, EMS requires an additional 169 paramedic positions over 3 years (56 in 2014, 56 in 2015 and 57 in 2016). \$3.142 million is recommended for 2014 for the 56 additional paramedics effective June 15, 2014. This service expansion will require an additional \$2.655 million in 2015 with 50% provincial contribution that begins in the second year of operation.

**Service Level Impact:**

The increase of 56 paramedic positions in 2014 will improve EMS response to life threatening calls within 8:59 minutes 66% of the time in 2014 (from 64% in 2013). The increase in staffing will also ensure increased ambulance availability to respond to emergency calls as well as reduced overtime pressure.

**Service: Emergency Medical Care**

Total Staff Recommended: 3,142.5 0.0 3,142.5 56.0 4,300.1 3,113.8

**Staff Recommended New/Enhanced Services:** 3,142.5 0.0 3,142.5 56.0 4,300.1 3,113.8

**Category:**

- 71 - Operating Impact of New Capital Projects
- 72 - Enhanced Services-Service Expansion
- 74 - New Services
- 75 - New Revenues



## 2014 Operating Budget - Staff Recommended New and Enhanced Services Summary by Service

(\$'000s)

Form ID	Category	Priority	Citizen Focused Services A Program: Emergency Medical Services	Adjustments			2015 Plan Net Change	2016 Plan Net Change
				Gross Expenditure	Revenue	Net		
642	72	2	<b>Add 8 Permanent Operations Superintendents</b>					
			<b>Description:</b>					
			The addition of 169 paramedic positions over 3 years and the addition of 51 position approved in 2013 will require the addition of 8 Field Superintendent positions to maintain the paramedic to superintendent ratio of 25:1. The Paramedic Field Superintendent supervises the activities of paramedics in the field and is responsible for maintaining a safe working environment for paramedics as well as working to maintain a safe fleet of ambulances. The Field Superintendent position also determines work priorities to ensure a balanced distribution of workload and support to new paramedics. The new positions will start in June 15 of every year from 2014-2016.					
			<b>Service Level Impact:</b>					
			To maintain the paramedic to superintendent ratio of 25:1, EMS requires an increase of 4 superintendent positions in 2014 for the increase of 56 paramedic positions recommended in 2014 and the 51 paramedic positions approved in 2013. With the increase of 56 paramedic positions in 2015 and 57 positions in 2016, EMS requires an additional 2 new superintendent positions in 2015 and 2016 to maintain the ratio of 25:1.					
			<b>Service: Emergency Medical Care</b>					
			<b>Total Staff Recommended:</b>	310.5	0.0	310.5	4.0	266.2
			<b>Staff Recommended New/Enhanced Services:</b>	<b>310.5</b>	<b>0.0</b>	<b>310.5</b>	<b>4.0</b>	<b>266.2</b>



**2014 Operating Budget - Staff Recommended New and Enhanced Services  
Summary by Service**  
(\$000s)

Form ID	Category	Priority	Citizen Focused Services A Program: Emergency Medical Services	Adjustments			2015 Plan Net Change	2016 Plan Net Change
				Gross Expenditure	Revenue	Net		

719 Add 1 Permanent Process Improvement Position

72 3 Description:

At its meeting of July 16 – 18, 2013, City Council adopted a report from the City Manager and Deputy City Manager entitled "Results of the Service and Organizational Review of Toronto EMS and Toronto Fire Services" which included the results of the recently completed EMS/Fire Service and Organizational Review by Pomax LTD, the consultants' recommendations and the City Manager's recommended disposition of each. The efficiency review recommended that EMS "utilize lean processes to define the activities that contribute to paramedic wait times at hospitals and identify possible relief techniques". The 2014 Recommended Operating Budget includes the addition of 1 permanent Process Improvement position with Lean/Six Sigma type expertise to assist in the execution and successful implementation of required organizational changes relating to paramedic offload delay in hospitals -- by using proven, process improvement methodologies and best practices. The process improvement expert will work with front line staff and key stakeholders (e.g., hospitals) to ensure that improvement initiatives are supported and implemented and will be sustainable as well as measurable. The position will work with hospitals in streamlining the pre-transfer of care time and look at introducing Lean/Six Sigma principles in other facets of EMS to contribute to improved effectiveness and efficiencies. \$0.105 million is recommended for 2014 for 1 permanent Process Improvement position effective June 15, 2014, with the Province funding its 50% share in the second year of operation (2015).

**Service Level Impact:**

The addition of 1 permanent Process Improvement position will ensure that mapping of the various processes in each of the 14 area hospitals of the city are completed and causes for delays and providing solutions are identified that will help recover lost paramedic hours and significantly improve efficiency and ambulance availability to the community.

Service: Emergency Medical Care

Total Staff Recommended: 104.3 0.0 104.3 1.0 (17.7) (17.2)

Service: City Emergency and Major Event Mass Casualty Care

**Category:**

- 71 - Operating Impact of New Capital Projects
- 72 - Enhanced Services-Service Expansion
- 74 - New Services
- 75 - New Revenues



**2014 Operating Budget - Staff Recommended New and Enhanced Services**  
**Summary by Service**  
 (\$000s)

Form ID	Category	Priority	Citizen Focused Services A Program: Emergency Medical Services	Adjustments			2015 Plan Net Change	2016 Plan Net Change
				Gross Expenditure	Revenue	Net		
				1.1	0.0	1.1	0.0	(0.2)
<b>Total Staff Recommended:</b>								
				105.4	0.0	105.4	1.0	(17.4)
<b>Staff Recommended New/Enhanced Services:</b>								

- Category:**
- 71 - Operating Impact of New Capital Projects
  - 72 - Enhanced Services-Service Expansion
  - 74 - New Services
  - 75 - New Revenues



**2014 Operating Budget - Staff Recommended New and Enhanced Services  
Summary by Service**  
(\$000s)

Form ID	Category	Priority	Citizen Focused Services A Program: Emergency Medical Services	Adjustments			2015 Plan Net Change	2016 Plan Net Change
				Gross Expenditure	Revenue	Net		

**729 1 Public Education & Access to Emergency Medical Service**

**Description:**

The report from the City Manager on the EMS/TFS Service and Organizational Review recommended that EMS continue the Community Paramedicine Program as part of a strategy to reduce call volume pressures and to provide the most appropriate mobile patient care to vulnerable Toronto communities and residents. The 2014 Recommended Operating Budget includes new funding of \$0.200 million for a 52-week communication campaign through a variety of accessible media to build awareness and education about when to call for paramedic services with key target audiences, including: aging and vulnerable populations, non-English speaking individuals and those whose second language is English, children and youth. This new public education communication and awareness initiative is part of EMS' Community Paramedicine Program which reduces the number of emergency responses to patients by providing on-scene care and preventative referrals instead of transport to emergency rooms. This program has consistently demonstrated a 50+% reduction in calls to 911 by vulnerable patients who frequently rely on EMS for access to healthcare.

**Service Level Impact:**

The current public education service is minimal and communicated only through special events such as the annual EMS Week, Doors Open Toronto and Toronto EMS' web and social media sites. The 52-week communication campaign will assist the public in understanding when it is appropriate to call 911 for paramedic response and where other more appropriate medical or healthcare resources are available in the community. It will enable EMS to better manage its steadily increasing emergency call demand, maximize its ambulance and paramedic availability to improve its response time to emergency calls while continuing to provide clinically excellent patient care to the community.

Service: Community Paramedicine & Emergency Call Mitigation

Total Staff Recommended: 2.4 0.0 2.4 0.0 (1.2) 0.0

Service: Emergency Medical Care

Category:

- 71 - Operating Impact of New Capital Projects
- 72 - Enhanced Services-Service Expansion
- 74 - New Services
- 75 - New Revenues



**2014 Operating Budget - Staff Recommended New and Enhanced Services**  
**Summary by Service**  
 (\$'000s)

Form ID	Category	Priority	Citizen Focused Services A Program: Emergency Medical Services	Adjustments			2015 Plan Net Change	2016 Plan Net Change
				Gross Expenditure	Revenue	Net		
			Total Staff Recommended:	164.0	0.0	164.0	0.0	(82.0)
			Service: City Emergency and Major Event Mass Casualty Care					
			Total Staff Recommended:	1.6	0.0	1.6	0.0	(0.8)
			Service: Emergency Medical Dispatch & Preliminary Care					
			Total Staff Recommended:	32.0	0.0	32.0	0.0	(16.0)
			<b>Staff Recommended New/Enhanced Services:</b>	<b>200.0</b>	<b>0.0</b>	<b>200.0</b>	<b>0.0</b>	<b>(100.0)</b>

- Category:**
- 71 - Operating Impact of New Capital Projects
  - 72 - Enhanced Services-Service Expansion
  - 74 - New Services
  - 75 - New Revenues



**2014 Operating Budget - Staff Recommended New and Enhanced Services  
Summary by Service  
(\$000s)**

Form ID	Category	Priority	Citizen Focused Services A Program: Emergency Medical Services	Adjustments			2015 Plan Net Change	2016 Plan Net Change
				Gross Expenditure	Revenue	Net		
				3,758.4	0.0	3,758.4	61.0	4,448.4
<b>Summary:</b>								
<b>Staff Recommended New/Enhanced Services:</b>				3,758.4	0.0	3,758.4	61.0	4,448.4
								3,181.8

- 71 - Operating Impact of New Capital Projects
- 72 - Enhanced Services-Service Expansion
- 74 - New Services
- 75 - New Revenues

## Appendix 5

### Inflows/Outflows to/from Reserves & Reserve Funds

#### Program Specific Reserve / Reserve Funds (In \$000s)

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2013	Proposed Withdrawals (-) / Contributions (+)		
			2014	2015	2016
		\$	\$	\$	\$
<b>Projected Beginning Balance</b>		5,044.3	4,047.7	4,162.7	3,752.7
EMS Equipment Reserve	XQ1019				
Medical Equipment		(996.6)	(310.0)	(310.0)	(310.0)
Defibrillator Purchases				(1,075.0)	(2,275.0)
Contributions (+)			425.0	975.0	975.0
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>(996.6)</b>	<b>115.0</b>	<b>(410.0)</b>	<b>(1,610.0)</b>
<b>Balance at Year-End</b>		<b>4,047.7</b>	<b>4,162.7</b>	<b>3,752.7</b>	<b>2,142.7</b>

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2013	Proposed Withdrawals (-) / Contributions (+)		
			2014	2015	2016
		\$	\$	\$	\$
<b>Projected Beginning Balance</b>		4,766.7	704.7	716.8	765.9
EMS Vehicle Reserve	XQ1018				
Purchase of approximately 24 ambulances		(4,062.0)	(4,062.0)	(4,175.0)	(4,099.0)
Contributions (+)			4,074.1	4,224.1	4,224.1
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>(4,062.0)</b>	<b>12.1</b>	<b>49.1</b>	<b>125.1</b>
<b>Balance at Year-End</b>		<b>704.7</b>	<b>716.8</b>	<b>765.9</b>	<b>891.0</b>

#### Corporate Reserve / Reserve Funds (In \$000s)

Reserve / Reserve Fund Name	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2013	Proposed Withdrawals (-) / Contributions (+)		
			2014	2015	2016
		\$	\$	\$	\$
<b>Projected Beginning Balance</b>		36,428.0	36,428.0	37,567.3	40,670.2
Sick Pay Reserve	XR1007		280.0		
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>36,428.0</b>	<b>36,708.0</b>	<b>37,567.3</b>	<b>40,670.2</b>
<b>Other program / Agency Net Withdrawals &amp; Contributions</b>			<b>859.3</b>	<b>3,102.9</b>	<b>5,402.9</b>
<b>Balance at Year-End</b>		<b>36,428.0</b>	<b>37,567.3</b>	<b>40,670.2</b>	<b>46,073.1</b>

Reserve / Reserve Fund Name	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2013	Proposed Withdrawals (-) / Contributions (+)		
			2014	2015	2016
		\$	\$	\$	\$
<b>Projected Beginning Balance</b>		18,307.1	18,307.1	33,980.8	48,635.9
Insurance Reserve Fund	XR1010		1,018.7		
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>18,307.1</b>	<b>19,325.8</b>	<b>33,980.8</b>	<b>48,635.9</b>
<b>Other program / Agency Net Withdrawals &amp; Contributions</b>			<b>14,655.0</b>	<b>14,655.0</b>	<b>15,090.4</b>
<b>Balance at Year-End</b>		<b>18,307.1</b>	<b>33,980.8</b>	<b>48,635.9</b>	<b>63,726.3</b>



# Appendix 6

## 2014 User Fee Rate Changes Inflation and Other Adjustment

Rate Description	Service	Fee Category	Fee Basis	2013	2014			2015	2016		
				Approved Rate	Inflationary Adjusted Rate	Other Adjustment	Budget Rate	Budget Volume	Incremental Revenue	Plan Rate	Plan Rate
Standby Fees - Basic Life Support/Primary Care Paramedics (PCP Units)	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$199.00	\$204.00	\$0.00	\$204.00	150.00	\$66,800.00	\$209.01	\$214.00
Standby Fees - Advanced Life Support (ACP Unit)	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$205.00	\$210.00	\$0.00	\$210.00	1600.00		\$215.00	\$220.00
Standby Fees - EMS Supervisors	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$147.00	\$151.00	\$0.00	\$151.00	100.00		\$155.01	\$159.00
Standby Fees - Mountain Bike Paramedic	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$105.00	\$108.00	\$0.00	\$108.00	156.00		\$111.01	\$114.00
Standard First Aid Course & CPR Level C Training (External) - SFA+C (EXTERNAL)	Citizen First Response Education	Market Based	Per person	\$106.00	\$109.00	\$0.00	\$109.00	1000.00		\$112.00	\$115.00
Emergency First Aid & CPR Level A Training (External) - EFA+A (EXTERNAL)	Citizen First Response Education	Market Based	Per person	\$65.00	\$67.00	\$0.00	\$67.00	800.00		\$69.00	\$71.00
CPR Level C Training (External) - CPR-C (EXTERNAL)	Citizen First Response Education	Market Based	Per person	\$65.00	\$67.00	\$0.00	\$67.00	20.00		\$69.00	\$71.00
CPR Level A Training (External) - CPR-A (EXTERNAL)	Citizen First Response Education	Market Based	Per person	\$47.00	\$49.00	\$0.00	\$49.00	40.00		\$51.00	\$53.00
Emergency First Responder Training (External) - EFR (EXTERNAL)	Citizen First Response Education	Market Based	Per person	\$591.00	\$605.00	\$0.00	\$605.00	100.00		\$618.01	\$631.00
Targeted AED Site Responder Course With Standard First Aid Certification And Level C CPR - TRI	Citizen First Response Education	Market Based	Per person	\$134.00	\$134.00	\$0.00	\$134.00	500.00		\$134.00	\$137.00
AED Site Responder Course with Level C CPR Training (External) - CPR-C/AED (EXTERNAL)	Citizen First Response Education	Market Based	Per person.	\$76.00	\$78.00	\$0.00	\$78.00	700.00		\$80.00	\$82.00
Renewal AED Site Responder Course with Level C CPR Training (External) - CPR-C/AED (RENEWAL EXTERNAL)	Citizen First Response Education	Market Based	Per person.	\$65.00	\$67.00	\$0.00	\$67.00	800.00		\$69.00	\$71.00
CPR Level C Renewal Training (External) - CPR-C RENEWAL (EXTERNAL)	Citizen First Response Education	Market Based	Per person.	\$47.00	\$49.00	\$0.00	\$49.00	250.00		\$51.00	\$53.00
Health Care Provider Training - HCP	Citizen First Response Education	Market Based	Per person.	\$70.00	\$72.00	\$0.00	\$72.00	90.00		\$74.00	\$76.00
Health Care Provider Renewal Training - HCP RENEWAL	Citizen First Response Education	Market Based	Per person.	\$59.00	\$61.00	\$0.00	\$61.00	80.00		\$63.00	\$65.00
Standard First Aid Course & Health Care Provider Training - SFA+HCP	Citizen First Response Education	Market Based	Per person.	\$134.00	\$137.00	\$0.00	\$137.00	80.00		\$140.01	\$143.00
Instructor Course (External)	Citizen First Response Education	Full Cost Recovery	Per person.	\$648.00	\$663.00	\$0.00	\$663.00	50.00		\$676.98	\$691.00
Standby Fees - Emergency Response Unit (ERU) Paramedic	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$105.00	\$108.00	\$0.00	\$108.00	130.00		\$111.01	\$114.00
Standby Fees - Gator Ambulance Crew	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$210.00	\$215.00	\$0.00	\$215.00	6.00		\$220.00	\$225.00

2014 Operating Budget

Emergency Medical Services

Rate Description	Service	Fee Category	Fee Basis	2013	2014			2015	2016		
				Approved Rate	Inflationary Adjusted Rate	Other Adjustment	Budget Rate	Budget Volume	Incremental Revenue	Plan Rate	Plan Rate
Standby Fees - Marine Paramedic	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$111.00	\$114.00	\$0.00	\$114.00	9.00		\$117.00	\$120.00
Standby Fees - Emergency Support Unit (ESU)	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$199.00	\$204.00	\$0.00	\$204.00	6.00		\$209.01	\$214.00
Standby Fees - Emergency Medical Dispatcher	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per Hour - Minimum 4 hrs	\$99.00	\$102.00	\$0.00	\$102.00	30.00		\$105.00	\$108.00
AED Site Responder Course with Level A CPR Training - CPR A/AED INTERNAL/EXTERNAL	Citizen First Response Education	Market Based	Per Person	\$59.00	\$61.00	\$0.00	\$61.00	900.00		\$63.00	\$65.00
Standard First Aid Recertification Course - INTERNAL & EXTERNAL	Citizen First Response Education	Market Based	Per Person	\$77.00	\$79.00	\$0.00	\$79.00	50.00		\$81.00	\$83.00
ITLS - access	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per person	\$340.00	\$348.00	\$0.00	\$348.00	0.05		\$355.99	\$364.00
ITLS - advanced provider	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per person	\$388.00	\$397.00	\$0.00	\$397.00	0.05		\$406.01	\$415.00
ITLS - advanced recertification	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per person	\$302.00	\$309.00	\$0.00	\$309.00	0.00		\$316.01	\$323.00
ITLS - basic provider	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per person	\$388.00	\$397.00	\$0.00	\$397.00	4.00		\$406.01	\$415.00
ITLS - basic recertification	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per person	\$302.00	\$309.00	\$0.00	\$309.00	0.60		\$316.01	\$323.00
ITLS - instructor recertification	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per person	\$302.00	\$309.00	\$0.00	\$309.00	0.30		\$316.01	\$323.00
ITLS - instructor training	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per person	\$407.00	\$416.00	\$0.00	\$416.00	0.10		\$425.01	\$434.00
ITLS - pediatric	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per person	\$275.00	\$282.00	\$0.00	\$282.00	0.40		\$288.00	\$294.00
ITLS - re-test fee	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Per person	\$51.00	\$53.00	\$0.00	\$53.00	0.10		\$55.00	\$57.00
Ambulance call report	Citizen First Response Education	Full Cost Recovery	Per document	\$75.00	\$77.00	\$0.00	\$77.00	3.00		\$79.00	\$81.00
Audio recording	Citizen First Response Education	Full Cost Recovery	Per recording	\$75.00	\$77.00	\$0.00	\$77.00	0.20		\$79.00	\$81.00
Dispatch record	Citizen First Response Education	Full Cost Recovery	Per document	\$40.00	\$41.00	\$0.00	\$41.00	1.93		\$42.00	\$43.00
Paramedic Interview	Citizen First Response Education	Full Cost Recovery	Per hour - minimum 3 hrs	\$100.00	\$103.00	\$0.00	\$103.00	0.03		\$106.00	\$109.00
Paramedic statement	Citizen First Response Education	Full Cost Recovery	Per document	\$50.00	\$52.00	\$0.00	\$52.00	0.14		\$54.00	\$56.00
Statutory declaration	Citizen First Response Education	Full Cost Recovery	Per document	\$75.00	\$77.00	\$0.00	\$77.00	0.05		\$79.00	\$81.00