

City Budget 2012

Emergency Medical Services Operating Budget Analyst Notes

The City of Toronto's budget is presented by program and service, in Analyst Note format. The City's Operating Budget pays the day-to-day operating costs for City services.

2012 Operating Budget

2012 OPERATING BUDGET ANALYST BRIEFING NOTES BUDGET COMMITTEE NOVEMBER 28, 2011

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PART I: RECOMMENDATIONS

2012 Recommended Operating Budget

(In \$000s)

(In \$000s)	2011		2012 Recomm'd Operating Budget			Change - 2012 Recommended Operating Budget v. 2011 Appvd. Budget		FY Incremental Outlook	
	2011 Appvd. Budget	2011 Projected Actual	2012 Rec. Base	2012 Rec. New/Enhanced	2012 Rec. Budget	\$	%	2013	2014
	\$	\$	\$	\$	\$			\$	\$
GROSS EXP.	171,191.9	171,457.4	169,535.5	-	169,535.5	(1,656.4)	(1.0)	2,138.9	376.5
REVENUE	105,040.3	103,308.1	104,505.5	-	104,505.5	(534.8)	(0.5)	1,210.2	229.5
NET EXP.	66,151.6	68,149.3	65,030.0	-	65,030.0	(1,121.6)	(1.7)	928.7	147.0
Approved Positions	1,221.5	1,208.5	1,214.5	-	1,214.5	(7.0)	(0.6)	-	-

Target Comparison	10% Reduction Target	2012 Rec.'d Reduction	2012 10% Reduction vs. 2012 Rec'd Reduction	Target %
2012 Reductions	(6,601.1)	(1,986.5)	(4,614.6)	3.0%

Recommendations

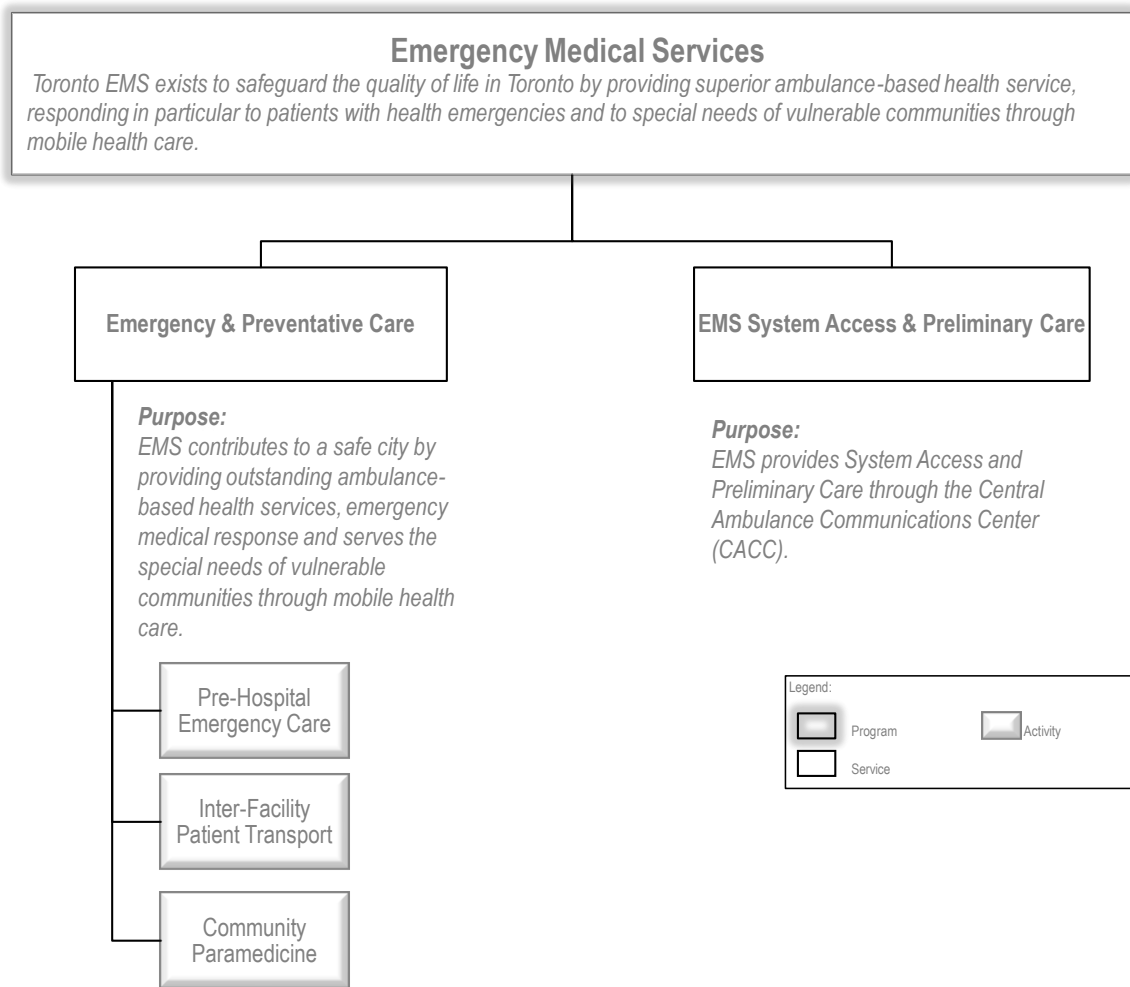
The City Manager and Chief Financial Officer recommend that:

1. City Council approve the 2012 Recommended Operating Budget for Emergency Medical Services of \$169.536 million gross and \$65.030 million net, comprised of the following services:

Service(s)	Gross (\$000s)	Net (\$000s)
Central Ambulance Communication Centre (CACC)	16,340.7	103.4
Corporate Charges	5,915.5	2,957.8
Operation Support Services	24,414.1	9,301.0
Operations	115,269.9	49,624.2
Program Development & Service Quality	7,595.3	3,043.6
Total Program Budget	169,535.5	65,030.0

PART II: 2012 SERVICE OVERVIEW AND PLAN

Program Map and Service Profiles



Legend:

Program

Service

Service Customer

Emergency & Preventative Care

- EMS Patient
- Hospitals
- Health Care providers
- Allied Agencies and Partners

EMS System Access & Preliminary Care

- 911 Callers
- Incident Victim
- Hospitals

2012 Recommended Service Levels

Service	Activity	Type	Sub-Type	2011 Current Service Level	2012 Proposed Service Levels
Emergency & Preventative Care		Primary/Advanced		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.
		Stand-by - Emergency		Active deployment of emergency resources 100% of the time	Active deployment of emergency resources 100% of the time
		Stand-by - Special Event		Provide support for 100% of planned events	Provide support for 100% of planned events
	Inter-Facility Patient Transport	Primary/Advanced/Critical Care		Response time standards vary by type of emergency transport	Response time standards vary by type of emergency transport
		Non-Emergency		Non Emergency Transfers are completed based on time requirements of the transfer and the availability of resources.	Non Emergency Transfers are completed based on time requirements of the transfer and the availability of resources.
	Community Paramedicine	Immunization Program (PCM)		Performed by injured Paramedics on modified duties	To continue at current level. Provide service to TPS, EMS, SSHA, LTCHS, homebound clients for CCAC, and TPH VASAP program
		Community Referral Care		1,086 Community Referrals (CREMS) in 2010 795 Home Visits by Community paramedics 107 Patients enrolled in Community Agency Notification Program	Project 1,400 CREMS referrals for 2012. Project 800 home visits and 900 patients enrolled in CAN program. For 2012, project up to 1000 patients enrolled in Integrated Client Care program with 4 hospitals, CCAC and Toronto Central LHIN.
		Environmental Exposure		2011 - 7 Heat Alert days, 7 Extreme Heat Alerts	2011 - 7 Heat Alert days, 7 Extreme Heat Alerts
		Safe City	CPR/PAD Courses Provided	900 courses provided and over 12,000 participants certified in CPR/PAD and First Aid in 2011	900 courses provided and over 12,000 participants certified in CPR/PAD and First Aid in 2011
			First Aid Courses	500 courses and 700 participants certified in CPR for 2011	500 courses and 700 participants certified in CPR for 2011
			Automated External Defibrillators (AED's)	1,204 AEDs installed and managed 24/7 at the end of 2011. Approximately 700 of the AEDs 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.

2012 Service Deliverables

Toronto EMS is responsible for providing 24-hour emergency and non-emergency pre-hospital medical care and transportation to individuals experiencing injury or illness. The 2012 Recommended 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 155 ambulances and staff of 851 paramedics and 108 emergency medical dispatchers.
- Response to life threatening emergency calls within 8:59 minutes 90% of the time with response time defined as the elapsed time from the notification of the ambulance crew by the ambulance dispatcher of a patient requiring emergency care, to the arrival of the ambulance crew at the scene.
- Distribution and installation of 155 Automated External Defibrillators (AEDs) at workplaces and facilities throughout the City of Toronto and provide approximately 1000 First-Aid/CPR and Public Access Defibrillator (PAD) training courses to City staff and external clients. EMS will maintain and provide oversight to 1,284 AEDs.
- Provision of an estimated 24,000 hours of continuing medical education courses to Toronto paramedics, emergency medical dispatchers and management staff; and provide ITLS (International Trauma Life Support) training to approximately 500 students.
- Provision of approximately 190,000 emergency transports and 348,000 emergency vehicle assignments, an increase of 4% over the 2011 projections of 182,000 and 334,000 emergency transports and emergency vehicle assignments respectively.

PART III: RECOMMENDED BASE BUDGET

2012 Recommended Base Budget (In \$000s)

(In \$000s)	2011 Appvd. Budget	2012 Recommended Base	Change 2012 Recommended Base v. 2011 Appvd. Budget		FY Incremental Outlook	
			\$	%	2013	2014
	\$	\$			\$	\$
GROSS EXP.	171,191.9	169,535.5	(1,656.4)	(1.0)	2,138.9	376.5
REVENUE	105,040.3	104,505.5	(534.8)	(0.5)	1,210.2	229.5
NET EXP.	66,151.6	65,030.0	(1,121.6)	(1.7)	928.7	147.0
Approved Positions	1,221.5	1,214.5	(7.0)	(0.6)	-	-

Target Comparison	10% Reduction Target	2012 Rec.'d Reduction	2012 1Rec'd Reduction vs. 2012 10% Reduction Target	Target %
2012 Reductions	(6,601.1)	(1,986.5)	(4,614.6)	3.0%

2012 Recommended Base Budget

- The 2012 Recommended Base Budget of \$65.030 million net represents a \$1.122 million or 1.7% decrease from EMS' 2011 Approved Operating Budget of \$66.152 million net.
- The 2012 Recommended Base Operating Budget of \$169.536 million gross and \$65.030 million net has achieved total savings/reductions of \$1.986 million net or 3.0% compared to the reduction target of 10% or \$6.601 million net. The total reductions were achieved through a combination of base budget reductions of \$0.394 million gross and \$0.176 million net and service efficiencies and service level changes of \$3.621 million gross and \$1.811 million net.
- Approval of the 2012 Recommended Base Budget will result in the Program decreasing its total staff complement by 7 positions, from 1,221.5 to 1,214.5 positions as highlighted below.

2012 Recommended Staff Complement – Base Budget Summary

Changes	Staff Complement
2011 Approved Positions	1,221.5
2012 Recommended Staff Complement Changes	
- 2012 Temporary Positions - Capital Project Delivery	(2.0)
- 2012 Service Changes	(5.0)
Total Recommended Positions	1,214.5

- Two temporary capital project delivery positions funded from EMS Capital Budget will no longer be required:
 - A project manager position that coordinated the completion of 9 ISF Projects is no longer required as all ISF projects were completed by September 2011; and,
 - An electrical technician position required to install mobile data equipment in ambulance vehicles will no longer be required as the will be completed by year-end 2011.
- 5.0 permanent vacant positions will be reduced as a result of recommended service efficiencies which include 1 vacant management position and 4 vacant union positions effective January 1, 2012.

Note: The deferred hiring of paramedics is equivalent to 36 paramedic positions being held vacant in 2012.

2012 Recommended Service Change Summary

(In \$000s)

Description	2012 Recommended Service Changes				Net Incremental Impact			
	Position Changes	Gross Expense	Net Expense	% of 2012 Budget Reduction Target	2013		2014	
	#	\$	\$	%	\$	# Pos.	\$	# Pos.
Base Changes:								
Base Expenditure Changes								
Absorb Economic Factor Increases		(163.6)	(60.8)	(0.1%)				
Reductions to Reflect Actuals		(30.0)	(15.0)	(0.0%)				
Reduce Medical Equipment Budget		(200.0)	(100.0)	(0.2%)				
Base Expenditure Changes	-	(393.6)	(175.8)	(0.3%)	-	-	-	-
Sub-Total Base Budget Changes	-	(393.6)	(175.8)	(0.3%)	-	-	-	-
Service Efficiencies								
Reduce Overtime Budget		(700.0)	(350.0)	(0.5%)				
Eliminate Biomedical Engineering Technologist position	(1.0)	(79.6)	(39.8)	(0.1%)				
Reduce EMS funding for HR Support		(70.1)	(35.1)	(0.1%)				
Deletion of Operations Superintendent Position (Provides OEM Support)	(1.0)	(143.0)	(71.5)	(0.1%)				
Reduce Senior Crew Scheduler Positions	(2.0)	(196.2)	(98.1)	(0.1%)				
Reduce Administrative Support Position	(1.0)	(63.4)	(31.7)	(0.0%)				
Sub-Total Service Efficiencies	(5.0)	(1,252.3)	(626.2)	(0.9%)	-	-	-	-
Minor Service Impact:								
Reduce Contribution to the Vehicle Reserve		(150.0)	(75.0)	(0.1%)				
Hiring Freeze of Paramedics in 2012		(2,218.9)	(1,109.5)	(1.7%)				
Sub-Total Minor Service Impacts	-	(2,368.9)	(1,184.5)	(1.8%)	-	-	-	-
Total Service Changes	(5.0)	(4,014.8)	(1,986.5)	(3.0%)	-	-	-	-

2012 Recommended Service Changes

- The 2012 recommended service changes of \$4.015 million gross and \$1.986 million net are comprised of \$0.394 million gross and \$0.176 million net in base budget savings, service efficiency savings of \$1.252 million gross and \$0.626 million net, and minor service level changes of \$2.369 million gross and \$1.184 million net.
- There will be no impact from these savings in 2013 as these changes are effective January 1, 2012.

- Approval of the recommended service efficiencies and service level changes will result in the deletion of 5 permanent positions reducing EMS' complement to 1,214.5.
- The total \$1.986 million net savings includes \$0.802 million net in base budget and service efficiency reductions which will have no impact in the level of service provided by EMS in 2012.

Base Expenditure Changes

Absorb Economic Factors within the Recommended Base Budget

- EMS will partially absorb inflationary increases totaling \$0.679 million gross and \$0.415 million net for non-labour expenditures (excluding inflationary increases in the cost of gasoline) of \$0.164 million gross and \$0.061 million net through expenditure monitoring and on-going operational efficiencies.

Reductions to Reflect Actual Experience

- A detailed review of budget expenditures and revenues conducted in June 2011 resulted in savings mainly in contracted services by \$0.030 million gross and 0.015 million net.

Reduce Medical Equipment Budget

- EMS contributes \$0.425 million to the Equipment Reserve annually to fund the replacement of medical equipment, however; medical equipment is also purchased through the Operating Budget.
- Starting in 2012, EMS' Capital Budget will include the purchase of medical equipment replacement of \$0.200 million to be funded from the EMS Equipment Reserve and the Operating Base Budget can be reduced by \$0.200 million gross and \$0.100 million net.

Service Efficiencies

Reduce Overtime Budget

- EMS has implemented various strategies to reduce overtime including reducing supervisory staff coverage and reduced back-filling of paramedics on mandatory training. As a result, EMS' overtime budget will be reduced by \$0.700 million gross and \$0.350 million net from \$6.730 million in 2011 to \$6.030 million in 2012.

Eliminate Biomedical Engineering Technologist (Permanent, Vacant, Effective January 2012))

- The deletion of this position will result in savings of \$0.080 million gross and \$0.040 million net. This position was created to provide in-house maintenance and repair of defibrillators to reduce equipment downtime. The current contract for defibrillator maintenance provides loaner replacement defibrillators which was not provided by the previous vendor. As a result, this position is no longer required.

Reduction in Human Resources (HR) Support

- EMS will eliminate funding for an administrative support staff for the HR Employee and Labour Relations staff assigned to provide employee and labour relations advice and support to EMS management staff. This will result in savings of \$0.071 million gross and \$0.035 million net. EMS' current administrative staff will provide support when required.

Deletion of Operations Superintendent Position (Permanent, Vacant , Effective January 2012)

- The Operations Superintendent, currently assigned to the Office of Emergency Management (OEM), coordinates the emergency planning activities of the City's Office of Emergency Management (OEM), other City Divisions and inter-governmental teams. This position is also responsible for maintaining emergency management training records as well as provides emergency training for all EMS and City of Toronto Management staff. In case of an emergency, this position is tasked to support the readiness of the City's operating centre.
- EMS will continue to provide support to the OEM on an as need basis.

Reduce two Senior Crew Scheduler Positions (Permanent, Vacant, Effective January 2012))

- The reduction of two Senior Crew Scheduler positions will result in savings of \$0.196 million gross and \$0.099 million net. These positions are currently vacant however EMS has utilized these positions as placement opportunities for paramedics on modified duties.
- This position is responsible for scheduling paramedics in areas across the City to ensure that there is always a minimum number of staffed ambulance vehicles per shift. The workload will be absorbed by the 12 existing staff providing this service.

Eliminate one Support Assistant C (Permanent, Vacant, Effective January 2012)

- EMS utilizes a Support Assistant C position to provide back-fill administrative coverage to EMS' five (5) Service District Offices that currently have one administrative support per district. The workload will be absorbed by the remaining support staff throughout the organization. This reduction will result in savings of \$0.063 million gross and \$0.032 million net.

Minor Service Impacts*Reduce Contribution to the Vehicle Reserve.*

- EMS has canceled the replacement purchase of an Emergency Support Unit (ESU) bus with an estimated cost of \$0.800 million. As a result, the requirement to contribute to the Vehicle Reserve will be reduced by \$0.150 million gross and \$0.075 million net.

- An ESU bus is used for multi-patient accidents such as airport incidents, high rise fires, etc. EMS currently maintains two ESU buses, one each in the north and south side of the City, with a third bus serving as a back-up unit during regular maintenance of the other two buses.
- The third bus reached its useful life in 2010 and was auctioned off in early 2011 as part of the City's vehicle disposal program. The risk of not having a bus available when required may increase as there will be no back-up bus if the other buses are in use, experience mechanical failure or are undergoing regular maintenance.

Deferred Hiring (Paramedics)

- EMS averages an attrition rate of 3 paramedics per month or 36 paramedics per year. In May each year when paramedics graduate from college, EMS conducts a hiring class (to hire approximately 30-40 paramedics) to maintain its full paramedic complement by year-end.
- Given the City's financial challenges and the ensuing EMS/Fire Efficiency Study to be undertaken in 2012, it is recommended that the hiring of the equivalent of 36 vacant paramedic positions be deferred for 2012. This will result in savings of \$2.219 million gross and \$1.110 million net.
- With the equivalent of 36 paramedic positions being held vacant until December 2012, EMS will have to reduce 6.5 ambulances on a 24-hour period. The decreased vehicle count will reduce the availability of ambulances for emergency calls, which will result in increased distances traveled for ambulance vehicles. *Please see Issues - Deferred Hiring for Paramedics on page 13 for more details.*

2013 and 2014 Outlook:

- Approval of the 2012 Base Budget for EMS will result in incremental cost of \$2.139 million and \$0.376 million in 2013 and 2014 respectively to maintain the 2012 level of service. Future year costs are primarily attributable to the following:
 - For 2013, the incremental expenditures of \$2.139 million include progression pay and step increases of \$0.438 million; 0.9% OMERS premium rate increase of \$0.997 million; and the one extra day cost for Remembrance Day which will fall on a weekday in 2013 of \$0.704 million.
 - For 2014, the projected increase of \$0.376 million is attributed to progression pay and step increases of \$0.438 million partially offset by a reduction of one working day in 2014 of \$0.062 million.
- The 2013 and 2014 outlooks do not include a provision for COLA as these cost impacts will be subject to collective bargaining in 2012.

PART V: ISSUES FOR DISCUSSION

2012 and Future Year Issues

2012 Issues

Deferred Hiring of Paramedics

- The 2012 reduction target of 10% for EMS is \$6.601 million net. The recommended base budget reductions, efficiency savings and minor service level changes contribute to savings of \$1.796 million gross and \$0.877 million net or 1.3% of the reduction target of 10%.
- Given the City's financial situation, an additional reduction of \$2.219 million gross and \$1.110 million net is recommended to defer hiring of paramedics in 2012. EMS has an average attrition rate of 3 paramedics per month. The deferred hiring of paramedics will result in the equivalent of 36 paramedic positions being held vacant in 2012.
- The additional reduction will bring the total recommended reductions to \$1.986 million net or 3% of the 10% target.
- As well, Council directed reviews will be undertaken during 2012 that include Fire/EMS Efficiency Study and other efficiency studies. Pending the outcome of these reviews that will be reported to Standing Committee as appropriate and considered in the 2013 budget process, the deferred hiring service level change may be impacted.

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 2011 was 62.9%, an improvement of 1.2% over 61.7% achieved in 2010. EMS' challenge to meet the 90% standard is largely influenced by the following key factors:
 - Assigned emergency call volumes have increased from a monthly average of 15,848 in 2002 to 19,800 in 2011, an increase of 24.9% over a nine-year period. This is primarily due to population growth as well as an aging population.
 - Since 2002, emergency patient transports have increased by 28%. During the same period the number of paramedic staff has increased by less than 1%, resulting in reduced ambulance availability to respond to emergency calls. The lack of ambulance availability increases the average travel distance for responses directly impacting response times and "time on task".

- 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 an average of 70 minutes by April 2008. With the new designated Hospital Off-load Nurse’s Program in place, the average in-hospital wait time has improved significantly to 46.1 minutes as of October 31, 2011.
 - The Dedicated Offload Nurses Program is a project funded 100% by the Province. It will provide annual funding of \$4.328 million to purchase approximately 75,000 nursing hours at hospitals in 2012 to assist EMS paramedics offload patients at hospitals throughout the City of Toronto. The Program was scheduled to end in March 2011 however, the success of the program resulted in increased funding from the Province for 2012. Future years' funding will be considered by the Province on a year to year basis.
- Increased traffic congestion en route to calls.
- In 2012, response times are expected to be achieved 60% of the time, a decrease of 2.9% over 2011.

2012 Gapping of \$3.904 million

- In 2010, EMS' Operating budget included an increase of \$3.7 million in overtime to reflect actual expenditures incurred by EMS over the past three years. With the change in Provincial subsidy calculation implemented in 2010 from actual to budgeted expenditure, it was necessary to increase EMS' overtime budget to ensure that EMS received its Provincial share of 50%.
- The overtime budget was increased in 2010 however gapping was also increased by the same amount as a temporary solution in order to negate any impact on EMS' 2010 net budget. Budgeted gapping increased from \$0.204 million to \$3.904 million in 2010.
- In 2010 and 2011, EMS did not fully achieve its gapping target. The over expenditure in salaries and benefits were partially offset by G20/G8 funding in 2010 and savings in overtime resulting from strategies implemented to reduce overtime in 2011 respectively.
- With the growth in demand experienced by EMS, rising by more than 6,800 patients (4.4%) over the first 10 months of 2011 compared to the same period last year, a further increase in Emergency Patient Transports is projected for 2012. As a result achieving the full gapping of \$3.904 million in 2012 will have a negative impact on EMS' response times to emergency calls.

Issues Referred to the 2012 Operating Budget Process

Core Service Review Approvals

On September 26, and 27, 2011, City Council adopted the City Manager's report with his recommendations that addressed the results of the KPMG Core Service Review as well as service efficiency opportunities.

Item EX1 Executive Committee Decision Advice #1 (8J to 8N) states:

"8 – Refer the following KPMG opportunities to the City Manager for inclusion in broader service, organization studies to be reported to Standing committees and Council as required"

- j. Consider eliminating EMS community medicine activities;*
- k. Consider outsourcing some or all of EMS non-emergency inter-facility patient transports;*
- n. Consider integrating EMS and Fire organizationally and developing new models to shift resources to EMS response and less to fire response over time.*

Consider eliminating EMS community medicine activities, EMS.

- There are no reductions included in the 2012 Recommended Operating Budget for this item. This proposal will be reviewed and findings will be considered during the 2013 Operating Budget process.
- The community medicine activities include medical assessments performed by paramedics on every emergency call and, where appropriate, referral of patients to community support networks instead of transport to hospital. This approach reduces the number of patients transported by ambulances to emergency rooms and decreases the number of repeat 911 calls.

Consider outsourcing some or all of EMS non-emergency inter-facility patient transports.

- There are no reductions included in the 2012 Recommended Operating Budget for this item. This proposal will be reviewed and findings will be considered during the 2013 Operating Budget process.
- EMS' non-emergency transfers have been reduced by limiting services to medically-necessary cases and call volumes have declined from 58,000 per year to 10,000 per year in 2011.

Consider integrating EMS and Fire organizationally and developing new models to shift resources to EMS response and less to fire response over time.

- A joint study of EMS and Fire organizations and service delivery models will begin in early 2012 and findings will be considered with the 2013 Operating Budget submission.

Appendix 1

2011 Performance

2011 Key Accomplishments:

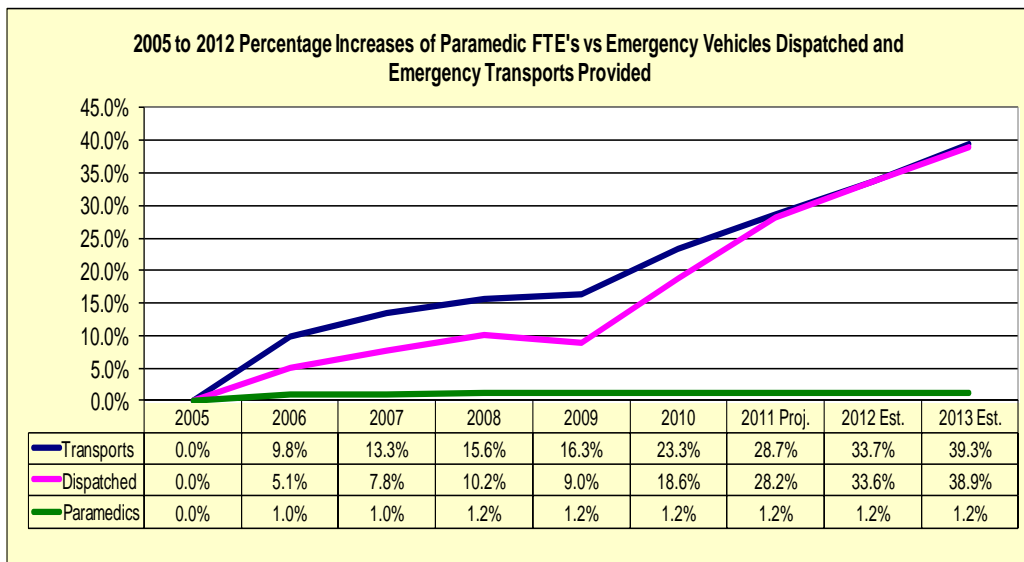
In 2011, EMs achieved the following:

- ✓ Realized measurable decreases in the impacts of Hospital Off-Load Delay through interaction with the Dedicated Offload Nurse Program. The average offload time in August 2011 was 47 minutes representing an improvement of 16.2 minutes per call over the average of 63.2 minutes in early 2008.
- ✓ Improved patient care access to specialty treatment centres with improved patient clinical outcome (e.g. STEMI).
- ✓ Continued with internal workflow process design changes and implementation of improved computer-aided dispatch technology in the dispatch centre (i.e., the CACC) to facilitate the deployment of ambulances to improve response time performance.
- ✓ Improved patient access to alternative health care options by continued implementation of partnership programs e.g., with MOHLTC through Tele-Health referrals, with Community Care Access Centres (CCAC) through CREMS.

2011 Performance

Service: Emergency & Preventive Care

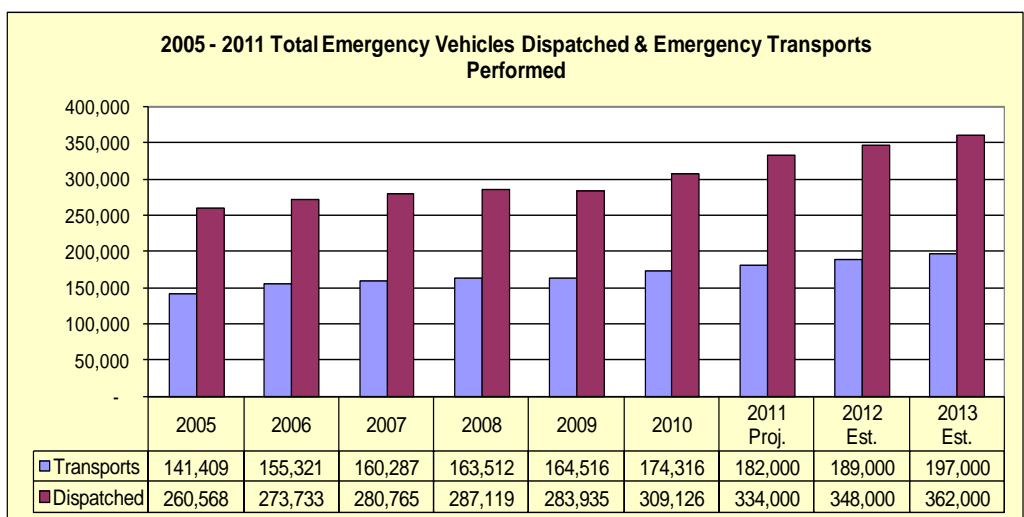
Efficiency:



- The graph shows the comparison between the increases in paramedics as compared to increases in emergency vehicles dispatched and emergency transports.

- Between 2005 and 2012, the number of emergency patient transports increased by 34.4% and the number of vehicles dispatched by 33.6%.
- Over the same period, paramedic positions only increased by 1.2%.
- Despite the increase in the number of patient transports, EMS has continued to meet the increase in service requirements with the same level of staff since 2008.

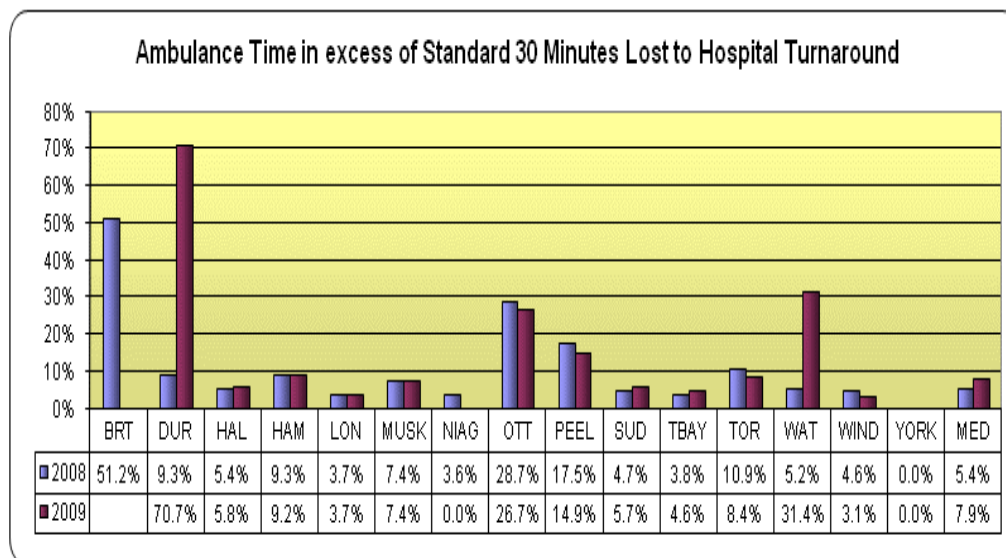
Effectiveness:



- This graph shows the number of emergency vehicles dispatched and emergency transports performed.

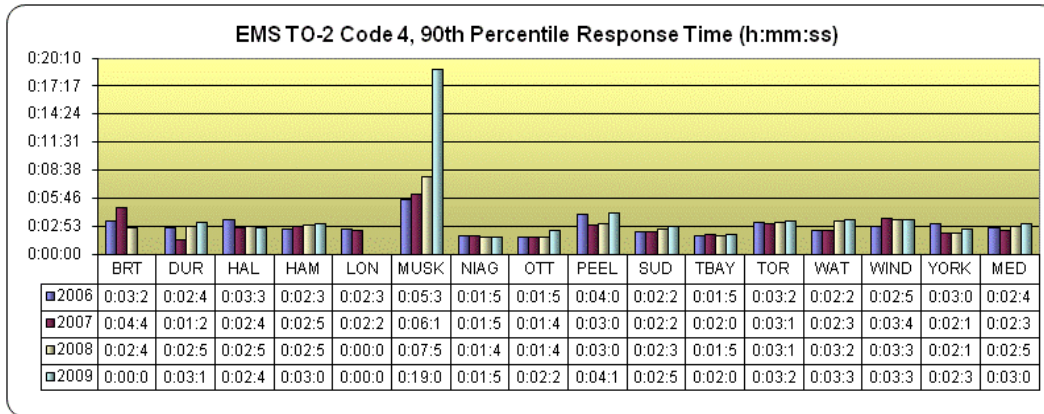
- Over the 8-year period (2005–2012), the number of emergency transports and vehicles dispatched have steadily increased from a total of 141,409 to 189,000 and 260,568 to 348,000, respectively.
- In 2012 and 2013, Toronto EMS, based on the last 4 years average, is projecting an additional 4% increase over 2011.
- The increase from 2005 to 2012 translates to an additional 239 emergency vehicle dispatches and 130 emergency transports per day in 2012.

The following performance measures are reported by the Ontario Municipal Benchmarking Initiative (OMBI). The 2010 Actuals are not yet available at this time.



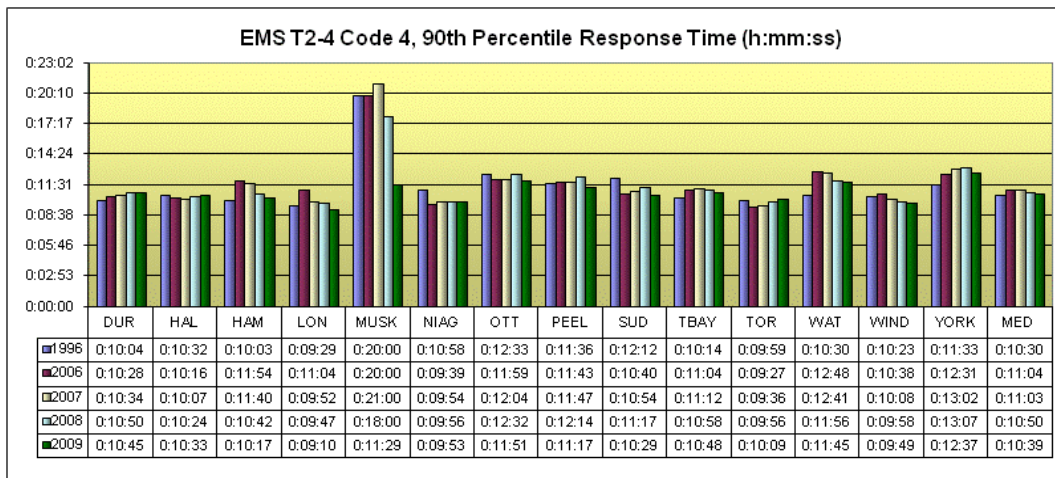
• The graph above shows the percentage of time an ambulance spends at the hospital in excess of the 30 minute standard.

- At 8.4%, Toronto’s ambulance time in excess of standard 30 Minutes Lost to Hospital Turnaround is slightly above the median for Ontario Municipalities of 7.9% but a reduction from 2008 of 10.9%
- The favourable trend is primarily due to the EMS Dedicated Nurses Pilot Program which began in 2008 and was expanded in 2009 to 2011.



• This graph shows the length of time it takes to dispatch a call.

- Toronto EMS takes just over 3 minutes to receive and dispatch an emergency call, and this is comparable to most other Provincial EMS Communications Centres.
- Toronto EMS operates a mixed Advanced Care Provider (ACP) and Primary Care Provider (PCP) service in comparison to other municipalities that do not provide ACP. Toronto EMS therefore takes a little longer to process calls in its dispatch centre in order to ensure it sends the right level of care to meet the identified needs of the patient calling. While the filtering process takes a little longer in Toronto it actually results in a more efficient and effective use of resources.



• This measure compares the length of time it takes EMS to respond to a dispatched call with other municipalities.

- In 1996, Toronto EMS 90th Percentile Response Time of 9.59 was above the average time across the Province of Ontario of 10.30.
- Over the last four years (2006–2009), the average time across the Province of Ontario improved to 10.39, however, EMS' response time deteriorated to 10.09 due to increased number of calls received with staff resources remaining constant.

2011 Budget Variance Analysis

2011 Budget Variance Review (In \$000s)

(In \$000s)	2009 Actuals	2010 Actuals	2011 Approved Budget	2011 Projected Actuals*	2011 Appvd. Budget vs Projected Actuals Variance	
	\$	\$	\$	\$	\$	%
GROSS EXP.	161,406.4	174,008.3	171,191.9	171,457.4	265.5	0.2
REVENUES	94,357.3	108,347.5	105,040.3	103,308.1	(1,732.2)	(1.6)
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Approved Positions	1,221.0	1,221.5	1,221.5	1,208.5	(13.0)	(1.1)

* Based on the Third Quarter Operating Budget Variance Report.

2011 Experience

- As of September 30, 2011, EMS is projecting an unfavourable gross expenditure variance of \$0.266 million or 0.2% and an unfavourable net variance of \$1.998 million or 3.0% of the 2011 Approved Budget at year-end.
- The projected gross over expenditure of \$0.266 million is mainly attributed to salaries and benefits, as EMS has only partially achieved its budgeted gapping of \$3.9 million combined with increased fuel and utility costs.
- The revenue shortfall of \$1.732 million is mainly due a Provincial base funding shortfall for the Central Ambulance Communication Centre (CACC) representing a 92% recovery that has been historically funded at 100% by the Province. EMS is currently negotiating with MOHLTC to ensure full cost recovery of 100% for CACC.

Impact of 2011 Operating Variance on the 2012 Recommended Budget

- The 2012 Recommended Operating Budget still assumes a provincial subsidy consistent with the established Provincial subsidy rate of 100% for CACC. The revenue shortfall may continue in 2012 if EMS is not successful in negotiating with the Province for full 100% funding in 2011.

Appendix 2

2012 Recommended Operating Budget by Expenditure Category and Key Cost Drivers

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

Category of Expense	2009 Actual	2010 Actual	2011 Budget	2011 Projected Actual	2012 Recommended Budget	2012 Change from 2011 Approved Budget		2013 Outlook	2014 Outlook
	\$	\$	\$	\$	\$	\$	%	\$	\$
Salaries and Benefits	129,055.3	141,424.9	139,963.4	140,213.4	137,477.0	(2,486.4)	(1.8%)	139,615.9	139,992.4
Materials and Supplies	5,573.6	5,360.8	5,614.3	5,630.3	5,547.7	(66.6)	(1.2%)	5,547.7	5,547.7
Equipment	1,349.0	1,418.7	1,061.5	1,061.5	988.1	(73.4)	(6.9%)	988.1	988.1
Services & Rents	8,073.2	10,435.3	9,570.9	9,570.9	9,887.4	316.5	3.3%	9,887.4	9,887.4
Contributions to Capital	-	472.0	472.0	472.0	472.0	-	0.0%	472.0	472.0
Contributions to Reserve/Res Funds	5,574.8	5,471.1	5,147.1	5,147.1	4,997.1	(150.0)	(2.9%)	4,997.1	4,997.1
Other Expenditures	89.9	39.0	31.7	31.7	31.2	(0.5)	(1.5%)	31.2	31.2
Interdivisional Charges	11,690.5	9,386.5	9,331.1	9,331.1	10,135.0	803.9	8.6%	10,135.0	10,135.0
TOTAL GROSS EXPENDITURES	161,406.4	174,008.3	171,191.9	171,457.9	169,535.5	(1,656.4)	(1.0%)	171,674.4	172,050.9
Interdivisional Recoveries	1,506.9	1,042.6	1,060.7	1,060.7	836.1	(224.6)	(21.2%)	836.1	836.1
Provincial Subsidies	91,165.7	99,290.6	101,853.5	100,121.5	101,949.8	96.3	0.1%	103,160.0	103,389.5
Federal Subsidies	-	5,656.1	-	-	-	-	n/a	-	-
Other Subsidies	-	-	-	-	-	-	n/a	-	-
User Fees & Donations	446.0	547.6	572.6	572.6	572.6	-	0.0%	572.6	572.6
Transfers from Capital Fund	243.5	369.4	374.0	374.0	159.5	(214.5)	(57.4%)	159.5	159.5
Contribution from Reserve Funds	-	-	-	-	-	-	n/a	-	-
Contribution from Reserve	-	-	-	-	-	-	n/a	-	-
Sundry Revenues	995.3	1,441.2	1,179.6	1,179.6	987.5	(192.1)	(16.3%)	987.5	987.5
TOTAL REVENUE	94,357.3	108,347.5	105,040.4	103,308.4	104,505.5	(534.9)	(0.5%)	105,715.7	105,945.2
TOTAL NET EXPENDITURES	67,049.0	65,660.8	66,151.5	68,149.5	65,030.0	(1,121.5)	(0.5%)	65,958.7	66,105.7
APPROVED POSITIONS	1,221.0	1,221.5	1,221.5	1,208.5	1,214.5	(7.0)	(0.6%)	1,214.5	1,214.5

2012 Key Cost Drivers

Salaries and Benefits

- The 2012 budget for Salaries and Benefits is \$137.477 million, reflecting a decrease of 2.486 million or 1.8% compared to the 2011 Budget of \$140.213 million.
 - In 2012, the Program will delete 5.0 permanent positions resulting from the recommended service efficiencies, defer hiring of 36 positions, and reduce the overtime budget based on actual experience.
 - These measures will partially offset pressures resulting from increases due to progression pay, step, OMERs rate increase totaling \$1.814 million.

Contribution to the Reserve / Reserve Funds

- The 2012 budget for EMS' contribution to the Reserve is \$4.997 million or 2.9% lower than the 2011 budget mainly as a result of the cancellation of the replacement purchase of the Emergency Support Bus (ESU) which will reduce EMS contribution to the Vehicle Reserve by \$0.150 million gross.

Interdepartmental Charges

- The 2012 budget for interdivisional charges is \$10.135 million or 8.6% higher than the 2011 budget. Toronto Police Services gasoline charges have increased as the cost of gasoline per litre has risen from \$0.89 cents in 2011 to \$1.20 cents per litre in 2012. EMS purchases an average of 1,920,000 litres per year.

Other Expenditure Categories (Services and Rents, Materials and Supplies)

- The 2012 Recommended Operating Budget includes recommended base reductions of \$0.194 million that will impact multiple expenditure categories. As well, EMS re-aligned budgets between categories as part of the detailed review to reflect actual experience.

Approval of the 2012 Recommended Budget will result in the Program's total staff complement decreasing by 7.0 positions (2 temporary capital funded positions no longer required in 2012 and 5 permanent positions resulting from service efficiencies) from 1,221.5 to 1,214.5 approved positions,

Appendix 3
Summary of 2012 Recommended Service Changes

Appendix 5

Inflows/Outflows to/from Reserves & Reserve Funds

Program Specific Reserve/Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Description	2011*	2012	2013	2014
			\$	\$	\$	\$
Equipment Reserve - EMS	XQ1019	Projected Beginning Balance		237.0	462.0	687.0
		Proposed Withdrawals (-)		(200.0)	(200.0)	(200.0)
		Contributions (+)		425.0	425.0	425.0
Equipment Reserve - EMS (XQ1019) BALANCE AT YEAR-END			237.0	462.0	687.0	912.0
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Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund	Description	2011*	2012	2013	2013
			\$	\$	\$	\$
Vehicle Reserve - EMS	XQ1018	Projected Beginning Balance		4,334.0	4,442.0	4,305.0
		Proposed Withdrawals (-)		(3,741.0)	(3,986.0)	(3,867.0)
		Contributions (+)		3,849.0	3,849.0	3,849.0
Vehicle Reserve - EMS (XQ1018) BALANCE AT YEAR-END			4,334.0	4,442.0	4,305.0	4,287.0

* Based on 3rd Quarter Variance Report

Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of December 31, 2011 *	Proposed Withdrawals (-) / Contributions (+)		
			2012	2013	2014
			\$	\$	\$
Insurance Reserve	XR1010	4,467.0	1,005.7		
Sick Pay Reserve	XR1007	45,261.0	280.0		
Total Reserve / Reserve Fund Draws / Contributions			1,285.7	-	-

* Based on 3rd Quarter Variance Report