



City Budget  
2013

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 the City.

# 2013 Operating Budget

## 2013 OPERATING BUDGET ANALYST NOTES BRIEFING NOTES

BUDGET COMMITTEE, NOVEMBER 29, 2012

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## PART I: RECOMMENDATIONS

2013 Recommended Operating Budget  
(In \$000s)

(In \$000s)	2012		2013 Recommended Operating Budget			Change - 2013 Recommended Operating Budget v. 2012 Appvd. Budget		FY Incremental Outlook	
	Approved Budget	Projected Actual	2013 Rec. Base	2013 Rec. New/Enhanced	2013 Rec. Budget	\$	%	2014	2015
	\$	\$	\$	\$	\$	\$	%	\$	\$
GROSS EXP.	174,487.5	172,926.8	175,883.1	0.0	175,883.1	1,395.6	0.8%	2,333.1	2,811.8
REVENUE	109,309.9	108,358.5	110,736.0	0.0	110,736.0	1,426.1	1.3%	1,331.5	1,603.5
NET EXP.	65,177.6	64,568.3	65,147.1	0.0	65,147.1	(30.5)	0.0%	1,001.6	1,208.3
Approved Positions	1,214.5	1,214.5	1,213.5	11.0	1,224.5	10.0	0.8%		

## Recommendations

The City Manager and Acting Chief Financial Officer recommend that:

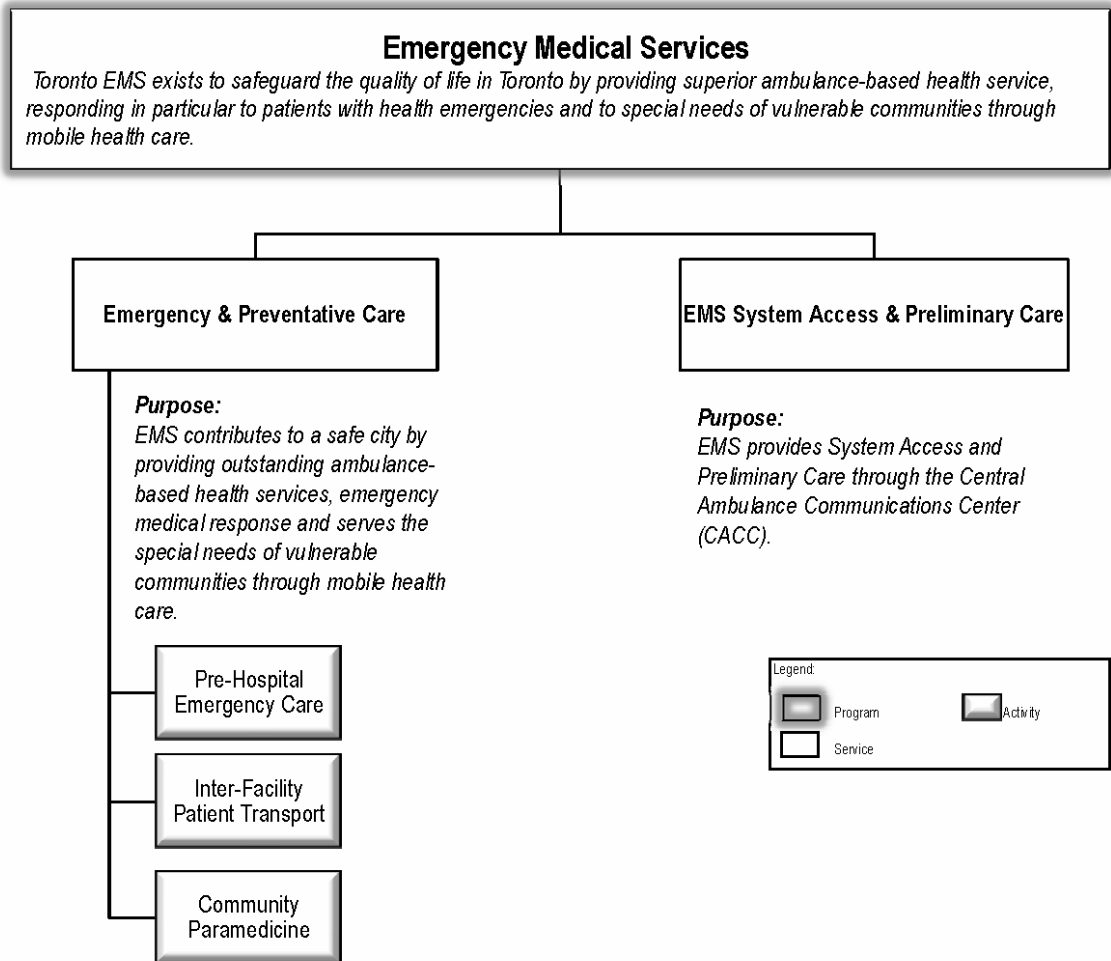
1. City Council approve the 2013 Recommended Operating Budget for Emergency Medical Services of \$175.883 million gross and \$65.147 million net, comprised of the following services:

<u>Service:</u>	<u>Gross (\$000s)</u>	<u>Net (\$000s)</u>
Program Development	12,319.4	3,245.8
Operations Support Services	25,047.2	9,311.8
Central Ambulance Communication Centre	16,786.1	236.8
Operations	115,816.4	49,387.7
Corporate Services	5,914.0	2,957.0
Total Program Budget	<u>175,883.1</u>	<u>65,147.1</u>

2. Emergency Medical Services' services and 2013 proposed service levels, as outlined on page 4 and associated staff complement of 1,224.5 positions be approved;
3. The General Manager, Emergency Medical Services, 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; and
4. City Council approve the 2013 recommended technical adjustments detailed in Appendix 6 (i) to EMS User Fees and that the appropriate adjustments be made to the Municipal Code Chapter 441 "Fees and Charges".

PART II: 2013 SERVICE OVERVIEW AND PLAN

Program Map and Service Profiles



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

2013 Recommended Service Levels

The 2013 proposed service levels for Emergency Medical Services' activities are summarized in the table below:

Service Types and Service Levels

Service	Activity	Sub-Activity	Type	Sub-Type	Approved 2012 Service Levels	Proposed 2013 Service Levels	
Emergency & Preventative Care	Community Paramedicine		Immunization Program (PCM)		To continue at current level. Provide service to TPS, EMS, SSHA, LTCHS, homebound clients for CCAC, and TPH VASAP program	To continue at current level. Provide service to TPS, EMS, SSHA, LTCHS, homebound clients for CCAC, and TPH VASAP program	
			Community Referral Care		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.	Project 1,400 CREMS referrals for 2013. Project 800 home visits and 900 patients enrolled in CAN program. For 2013, 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	2013 projection - 7 Heat Alert days, 7 Extreme Heat Alerts	
			Safe City	Automated External Defibrillators (AED's)	1,284 AEDs installed and managed 24/7 for 2012. Approximately 700 AEDs are located in City of Toronto sites	<b>1,500 AEDs installed and managed 24/7 for 2013. Approximately 730 AEDs are located in City of Toronto sites</b>	
				CPR/PAD Courses Provided	900 courses provided and over 12,000 participants certified in CPR/PAD and First Aid in 2011	<b>1000 courses are to be provided and over 13,000 participants certified in CPR/PAD and First Aid in 2013</b>	
				First Aid Courses	500 courses and 700 participants certified in CPR for 2011	550 courses and 770 participants are expected to be certified in CPR for 2013	
	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.	
	Pre-Hospital Emergency Care			Primary/Advanced		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.
				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
	EMS System Access & Preliminary Care			Inquiry Access		In 2012: 60% of 9-1-1 calls are expected to be answered within 10 sec	In 2013: 60% of 9-1-1 calls are expected to be answered within 10 sec
Emergency (including Stand-by) Access					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.	

**2013 Service Deliverables**

The 2013 Recommended Operating Budget of \$175.883 million gross provides funding to:

- Provide 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 862 paramedics and 108 emergency medical dispatchers.
- Target 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 notification of the Toronto EMS Communications Centre receiving the emergency call to the arrival of the ambulance crew at the scene.
- Provide an estimated 201,000 emergency transports, an estimated increase of 5% over the 2012 projections of 191,000 emergency transports.
- Provide approximately 1,000 First-Aid/CPR and Public Access Defibrillator (PAD) training courses to City staff and external clients. Toronto EMS will maintain and provide oversight to approximately 1,500 Automated External Defibrillators (AEDs) in 2013.
- Provide an estimated 20,400 hours of continuing medical education to Toronto paramedics as mandated by the Ministry of Health and Long-Term Care and EMS' Base Hospital (medical oversight); and provide ITLS (International Trauma Life Support) training to approximately 400 students.
- 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.
- Continue to develop and implement improved computer-aided dispatch technology in the dispatch centre (i.e., the Central Ambulance Communications Centre) to facilitate the deployment of ambulances to improve response time performance, and investigate innovative call diversion and mitigation strategies to improve ambulance availability.

## PART III: RECOMMENDED BASE BUDGET

**2013 Recommended Base Budget  
(In \$000s)**

(In \$000s)	2012 Approved Budget	2013 Rec'd Base	Change 2013 Recommended Base vs. 2012 Appvd. Budget		FY Incremental Outlook	
			\$	%	2014	2015
	\$	\$	\$	%	\$	\$
<b>GROSS EXP.</b>	174,487.5	175,883.1	1,395.6	0.8%	2,414.1	2,812.8
<b>REVENUE</b>	109,309.9	110,736.0	1,426.1	1.3%	1,372.0	1,604.0
<b>NET EXP.</b>	65,177.6	65,147.1	(30.5)	-0.05%	1,042.1	1,208.8
<b>Approved Positions</b>	1,214.5	1,213.5	(1.0)	-0.1%		

### 2013 Recommended Base Budget

The 2013 Recommended Base Budget of \$175.883 million gross and \$65.147 million net is \$0.031 million or 0.05% below the 2012 Approved Budget of \$65.178 million net.

- The 2013 Recommended Base Budget, prior to recommended service change savings of \$1.548 million net, includes a net pressure of \$1.518 million net or 2.3% above the 2012 Approved Budget.
- The net increase of \$1.518 million in the 2013 Recommended Base Budget is reduced by recommended service change savings of \$1.548 million net reflecting a decrease of 2.4% below the 2012 Approved Budget.
- The result of the changes noted above is a 2013 Recommended Base Budget for Emergency Medical Services that is \$0.031 million net or 0.05% below the budget target of a 0% increase from the 2012 Approved Budget.
- Approval of the 2013 Recommended Base Budget will result in a reduction of one temporary position to the Program's approved staff complement resulting in a change from 1,214.5 to 1,213.5 positions as highlighted in the table below:

**2013 Recommended Staff Complement  
Base Budget Summary**

Changes	Staff Complement
<b>2012 Approved Complement</b>	1,214.5
- 2012 In-year Adjustments	
<b>2012 Approved Staff Complement</b>	<b>1,214.5</b>
<b>2013 Recommended Staff Complement Changes</b>	
- 2013 Temporary Complement - Capital Project Delivery	(1.0)
- 2013 Operating Impacts of Completed Capital Projects	
- 2013 Service Change Adjustments	
<b>Total 2013 Recommended Complement</b>	<b>1,213.5</b>

- An Electrical Technician position funded from the Capital Budget will no longer be required as the installation of the mobile data communications system in ambulance vehicles is anticipated to be completed by year-end 2012.

**2013 Recommended Service Change Summary  
(In \$000s)**

Description	2013 Recommended Service Changes				Net Incremental Impact			
	Position Changes	Gross Expense	Net Expense	% Change over 2012 Budget	2014		2015	
					Net Expenditure	Position Change	Net Expenditure	Position Change
<b>Base Changes:</b>								
<b>Base Expenditure Changes</b>								
Absorb Economic Factor Increases		(391.4)	(188.3)	(0.3%)				
Reductions to Reflect Actual Expenditures		(30.0)	(15.0)	(0.0%)				
<b>Base Expenditure Changes</b>		<b>(421.4)</b>	<b>(203.3)</b>	<b>(0.3%)</b>				
<b>Sub-Total Base Budget Changes</b>		<b>(421.4)</b>	<b>(203.3)</b>	<b>(0.3%)</b>				
<b>Service Changes</b>								
Deferred Hiring of EMS Staff		(2,689.4)	(1,344.7)	(2.1%)				
<b>Sub-Total Service Changes</b>		<b>(2,689.4)</b>	<b>(1,344.7)</b>	<b>(2.1%)</b>				
<b>Total Service Changes</b>		<b>(3,110.8)</b>	<b>(1,548.0)</b>	<b>(2.4%)</b>				

### 2013 Recommended Service Changes

The 2013 recommended service changes consist of base expenditure savings of \$0.203 million net and service changes of \$1.345 million net, totaling a \$1.548 million net or 2.4% decrease from the 2012 Approved Budget. When combined with incremental base budget pressures of \$1.518 million net or 2.3%, the 2013 Recommended Base Budget for the Emergency Medical Services is \$0.031 million net or 0.05% below the 2012 Approved Budget of \$65.178 million net.

#### **Base Expenditure Changes: (\$0.421 million gross, savings of \$0.203 million net)**

*Absorb Economic Factors increases of \$0.391 million gross and \$0.188 million net within the Recommended Base Budget*

- EMS will absorb inflationary increases for non-labour expenditures (excluding fuel and utilities) totaling \$0.391 million gross and \$0.188 million net through expenditure monitoring and on-going operational efficiencies.

*Expenditure Reductions Resulting from a Line by Line Review of \$0.030 million gross and \$0.015 million net*

- The line by line review conducted in May 2012 resulted in a reduction of \$0.030 million gross and \$0.015 million net mainly in services and rents expenses based on actual expenditures from 2009 – 2011.

#### **Service Changes: (\$2.689 million gross, \$1.345 million net)**

*Continue the deferred hiring of EMS staff - Savings of \$2.689 million gross and \$1.345 million net.*

- EMS will continue to defer the hiring of approximately 26 positions (full-year) during 2013 to achieve savings of \$2.689 million gross and \$1.345 million net.



### 2014 and 2015 Outlook (In \$000s)

Description	2014 - Incremental Increase					2015 - Incremental Increase					Total Net % Change from 2013
	Gross Expense	Revenue	Net Expense	% Net Change from 2013	# Positions	Gross Expense	Revenue	Net Expense	% Net Change from 2014	# Positions	
<b>Known Impacts</b>											
Progression Pay Increases	277.0	173.6	103.4	0.2%		277.0	173.6	103.4	0.2%		0.3%
Step Increases	89.7	53.9	35.8	0.1%		89.7	53.9	35.8	0.1%		0.1%
COLA and Fringe Benefits Increases	1,836.4	1,039.0	797.4	1.2%		2,361.1	1,334.0	1,027.1	1.6%		2.8%
Operating Impact of EMS Capital											
Station Security System in all EMS Station	130.0	65.0	65.0	0.1%							
EMS Station at Plewes Rd						84.0	42.0	42.0	0.1%		0.1%
<b>Sub-Total Known Impacts</b>	<b>2,333.1</b>	<b>1,331.5</b>	<b>1,001.6</b>	<b>1.5%</b>		<b>2,811.8</b>	<b>1,603.5</b>	<b>1,208.3</b>	<b>1.8%</b>		<b>3.4%</b>
<b>Anticipated Impacts</b>											
Radio Infrastructure Replacement project	80.7	40.4	40.4	0.1%		0.7	0.4	0.4	0.0%		
<b>Sub-Total - Anticipated Additional Impacts</b>	<b>80.7</b>	<b>40.4</b>	<b>40.4</b>	<b>0.1%</b>		<b>0.7</b>	<b>0.4</b>	<b>0.4</b>	<b>0.0%</b>		<b>0.1%</b>
<b>Total Incremental Impacts</b>	<b>2,413.8</b>	<b>1,371.9</b>	<b>1,042.0</b>	<b>1.6%</b>		<b>2,812.5</b>	<b>1,603.9</b>	<b>1,208.7</b>	<b>1.8%</b>		<b>3.5%</b>

Approval of the 2013 Recommended Base Budget for the Emergency Medical Services will result in a 2014 incremental net cost of \$1.042 million and a 2015 incremental increase of \$1.209 million to maintain the 2013 level of service.

Future year incremental costs are primarily attributable to the following:

#### *Known Impacts*

- Progression pay and step increases will result in salaries and benefits increasing by \$0.139 million net in 2014 and in 2015.
- COLA increase of 1.75% in 2014 and 2.25 % in 2015 will result in an increase in salaries and benefits of \$0.797 million net and \$1.027 million net respectively.
- Operating impact of two capital projects anticipated to be completed within 2013 and 2014 include the following:
  - Service and monitoring costs of the new security system to be installed in all EMS stations scheduled to be completed in May 2013, will have an annualized operating cost increase in 2014 of \$0.130 million gross and \$0.065 million net.
  - Services and maintenance costs of \$0.084 million gross and \$0.042 million net for the large station at Plewes Rd. anticipated to be completed in 2015.

#### *Anticipated Impacts*

- The completion of the Radio Communication Infrastructure Replacement project, shared by the three emergency services (EMS, Fire Services and Police Services) anticipated in 2014 will result in an operating cost increase of \$0.081 million gross and \$0.040 million net in 2014 and an increase of \$700 gross and \$400 net in 2015 to reflect EMS' share of a new Systems Administrator position to support the new radio infrastructure system as well as additional maintenance costs for the new system.

## PART IV: RECOMMENDED NEW/ENHANCED SERVICE PRIORITY ACTIONS

**2013 Recommended New/Enhanced Service Priority Actions  
(In \$000s)**

Description	2013 Recommended			Net Incremental Impact			
	Gross Expense	Net Expenditures	New Positions	2014		2015	
				Net Expenditures	# Positions	Net Expenditures	# Positions
<b>Enhanced Service Priorities</b>							
Re-allocate Overtime Funds for Part-time Paramedics			11.0				
<b>Sub-Total - Enhanced Service Priorities</b>			<b>11.0</b>				
<b>New Service Priority Actions</b>							
N/A							
<b>Sub-Total New Service Priorities</b>							
<b>Total New / Enhanced Service Priorities</b>			<b>11.0</b>				

### 2013 Recommended New / Enhanced Service Priority Actions

#### Enhanced Service Priorities

##### *Re-allocate Overtime Funds for 11 Part-time Paramedic Positions (FTEs)*

- To ensure ambulance availability to meet emergency demand, EMS has frequently paid full-shift paramedics overtime to cover paramedics on planned absences such as vacations, training, or attending special events.
  - In 2011, EMS paid approximately 48,800 hours of full-shift overtime, which amounted to almost 50% of overtime costs paid to paramedics.
- With the addition of 22,880 hours worth of part-time paramedic positions, EMS will partially reduce its reliance on full-shift overtime and increase productive hours that will provide EMS with flexibility in maintaining effective deployment of available resources to ensure that there are sufficient ambulances on the street to meet emergency demand.
- There will be no net impact to the City with the addition of the equivalent of 11 part-time positions (representing 22,880 hours of productivity). Funding of \$1.000 million required will be reallocated from the overtime budget in 2013 which will reduce the overtime funding to \$5.031 million.
  - The average overtime costs in the last three years (2009-2011) are \$6.100 million.
  - EMS anticipates a reduction in overtime costs primarily due to the new collective agreement that allows EMS to hire part-time paramedic staff and a change in shift schedules where part time paramedics work during peak hours.
- To ensure ambulance availability to meet emergency demand, it is recommended that \$1.000 million in overtime funding be reallocated to establish the equivalent of 11 Part-time Paramedic positions (representing 22,880 hours of productivity).

## PART V: ISSUES FOR DISCUSSION

## 2013 and Future Year Issues

## 2013 Issues

*Continue Deferred Hiring of EMS staff in 2013*

- To help achieve the \$0 budget target in 2013, EMS will continue to defer hiring of approximately 26 positions in 2013 which will result in savings of approximately \$2.689 million gross and \$1.345 million net. The 26 positions will be comprised of 16 non-paramedic positions and 10 paramedic positions.
  - EMS currently has 16 non-paramedic positions that are vacant and will not be filled until the end of 2013.
  - EMS anticipates savings equivalent to 10 paramedic positions by year-end 2013.
    - Over the past year, EMS' average attrition rate has been 2 paramedics per month. To ensure availability of ambulance vehicles to respond to emergencies, EMS hired 20 paramedics in October 2012. EMS expects to hire another 21 new paramedics in early December. These new paramedics undergo 6 weeks of training before they are assigned to active service.
    - As shown in the table below, the average actual paramedics by the end of 2013 will be 841, 10 paramedic positions below the 2013 approved complement of 851 paramedics.

	2012 Act	2013 Proj	2013 Rec'd Bud
JAN	835	852	851
FEB	824	850	851
MAR	816	848	851
APR	816	846	851
MAY	811	844	851
JUNE	832	842	851
JULY	826	840	851
AUG	823	838	851
SEP	821	836	851
OCT	837	834	851
NOV	835	832	851
DEC	854	830	851
<b>Average</b>	<b>828</b>	<b>841</b>	<b>851</b>

\*Shaded areas reflect projections only.

*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 2012 is expected to remain stable at 62.9% achieved in 2011. EMS' challenge to meet the 90% standard is largely influenced by the following key factors:
  - Since 2005, emergency patient transports have increased by 36% primarily due to population growth as well as an aging population.
  - During the same period the number of paramedic staff has increased by 1.2%, 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. The average offload time in 2011 was 48.5 minutes (against the standard of 30 minutes) and is projected to remain stable by the end of 2012. These efforts have contributed to improved/shortened wait times from an average of 70 minutes in 2008 to an estimated average of 48 minutes in 2012.
    - The Dedicated Offload Nurses Program is a project funded 100% by the Province. The Province is expected to maintain annual funding of \$4.328 million to purchase nursing hours at hospitals in 2012 and 2013 to assist EMS paramedics offload patients at hospitals throughout the City of Toronto. The Program was scheduled to end in March 2011 however, funding has been provided for 2012. Because of the success of the program, funding is expected to continue in 2013. The Province has indicated that future year's funding will be considered on a year to year basis.
    - Detailed reviews of Paramedic Transfer of Care (PTOC) Times help identify hospitals that have difficulty with offloading patients. EMS continues to work with hospitals to share best practices to improve the effectiveness of the offload nurse program.
    - EMS' Senior Management regularly meet with Hospital CEO's continue to share information and performance metrics and with the Toronto Central Local Health Integrated Network (LHIN) to coordinate a system approach to finding solutions to hospital offload delays.
    - Duty Officers and Clearing coordination in the CACC are constantly following up on offload issues to get crews back on the street.
  - Increased traffic congestion en route to calls.

### *2013 Recommended User Fee Changes*

#### *Technical Adjustments for EMS' User Fees*

- During the EMS/Fire Services efficiency review, the Program identified discrepancies in the list of user fees charged for its services as compared to the EMS approved user fees included in Municipal Code Chapter 441.
- To address these discrepancies, technical adjustments are required which include: the deletion of three user fees charged to other City Programs, the re-classification of 10 user

fees requiring annual rate adjustments and the addition of 16 user fees that were excluded from the Official Inventory of User Fees.

- 3 user fees are recommended for deletion as these fees are charged to other City Programs and should not be included in the user fee by-law;
  - 10 user fees have now been identified as requiring annual inflation rate adjustments; and
  - 16 user fees are to be added to the existing user fees included in Municipal Code Chapter 441 as these were inadvertently excluded from the Official Inventory of User Fees.
- It is recommended that City Council approve the technical adjustments detailed in Appendix 6 (i) to EMS User Fees and that the appropriate adjustments be made to the Municipal Code Chapter 441 "Fees and Charges".

#### Inflationary Adjustments

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

### **Core Service Review and Efficiency Study Implementation**

The Fire Services/EMS efficiency review is currently underway with the report expected to be completed by late 2012.

- The efficiency study, being conducted by an expert third-party consultant selected by the City Manager, is focusing on current and long-term service delivery and resourcing needs for Toronto EMS and Toronto Fire Services.
- The General Manager, Emergency Medical Services will report back to the Budget Committee on the impact of the efficiency review results through the 2014 Budget process.

## Appendix 1

### 2012 Performance

#### 2012 Key Accomplishments

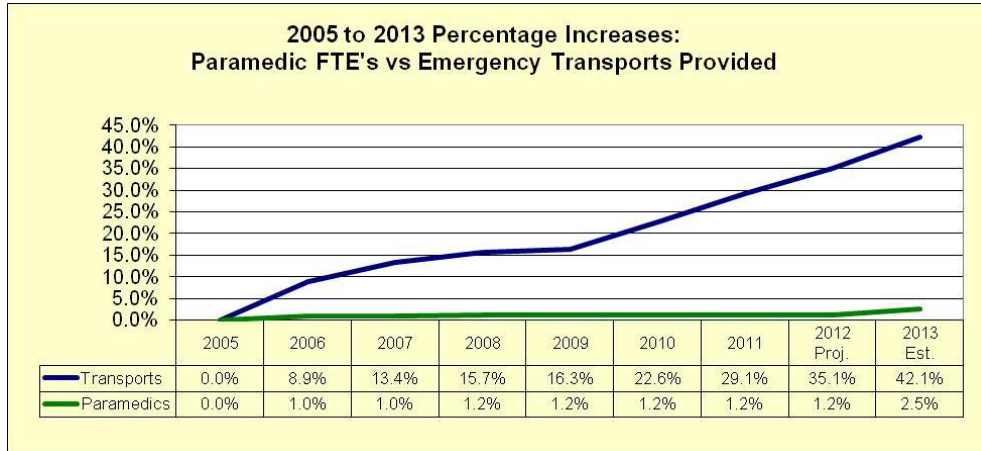
In 2012, Emergency Medical Services achieved the following results:

- ✓ Improved Hospital Offload Delay: EMS continued to realize measurable decreases in the impacts of Hospital Offload Delay through the Dedicated Offload Nurse Program, ongoing negotiations with Toronto hospitals and site-specific reporting to improve their offload times. The average offload time in 2011 was 48.5 minutes (against the standard of 30 minutes) and is projected to remain stable by the end of 2012. These efforts have contributed to improved/shortened wait times from an average of 70 minutes in 2008 to an estimated average of 48 minutes in 2012. Negotiated with the province to expand and continue the Dedicated Offload Nurse Program in 2013.
- ✓ 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 will see more efficient use of resources as medical skills are more closely matched to patient needs.
- ✓ Continued to develop a new paramedic shift schedule to be implemented by early 2013. This new shift schedule will better match staffing with emergency call demand, help reduce overtime, as well as offer staff a variety of shift schedules. Interim scheduling changes were made to realign weekend and weekday staffing to better coincide with emergency call demand. This has contributed to a reduction in overtime, including end-of-shift overtime and meal break costs.
- ✓ Continued to coordinate and expand the Public Access Defibrillator (PAD) Program to save lives by allowing bystander medical interventions to begin sooner. Distributed and installed 195 Automated External Defibrillators (AEDs) at workplaces and facilities throughout the City of Toronto. Further AEDs may be added in 2013 based on acquiring additional grant funding.
- ✓ Continued to improve the Central Ambulance Communications Centre’s (CACC) processing of emergency calls. Using new decision-support software allows dispatchers to more accurately anticipate, monitor and assign the right paramedic resources throughout the city.
- ✓ Developed and evaluated a Patient Safety Advocate (PSA) function within the Communications Centre as part of the Division’s strategy to mitigate possible service delays. The PSA role focuses on real-time response performance through the identification of emerging delays and immediate action to minimize any delay in overall service delivery.
- ✓ Continued to use the Community Referral process by paramedics to re-direct specific patient groups to appropriate out-of-hospital medical care thereby minimizing or eliminating their reliance on 911 and the hospital system.

- ✓ Continued to expand the STEMI (a type of heart attack), Stroke, Trauma, and Post-Cardiac Arrest Patient Care Programs to reduce pre-hospital mortality. These programs continue to demonstrate improved survival outcomes.

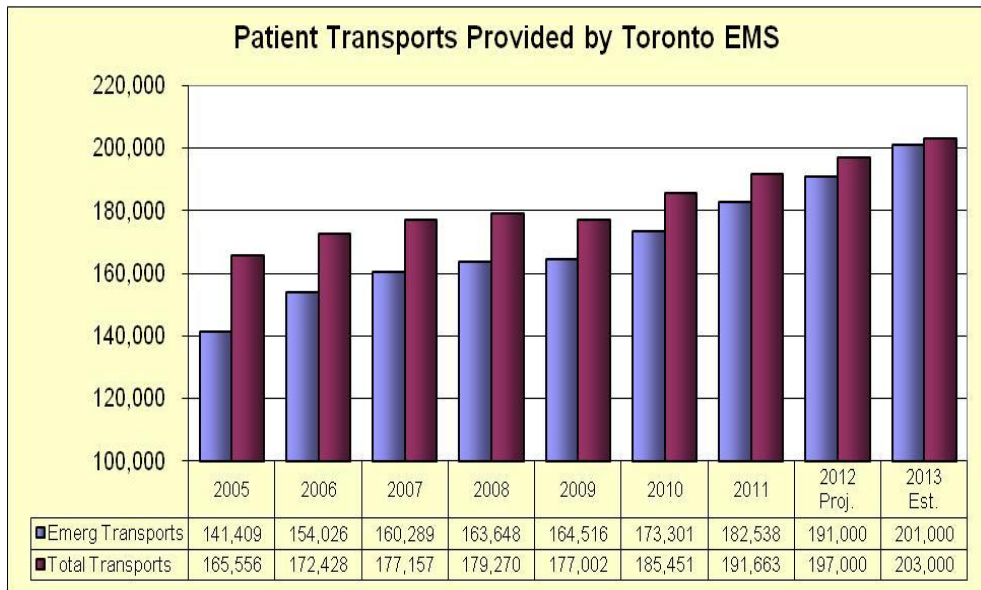
**2012 Performance**

Efficiency Measure



- Between 2005 and 2012, the number of emergency patient transports increased by 35.8%.
- Over the same period, the number of paramedic positions increased by 1.2%.

- Emergency transport is anticipated to increase by another 5% over 2012.
- EMS has continued to experience steadily increasing service demand with the same level of staff since 2008.

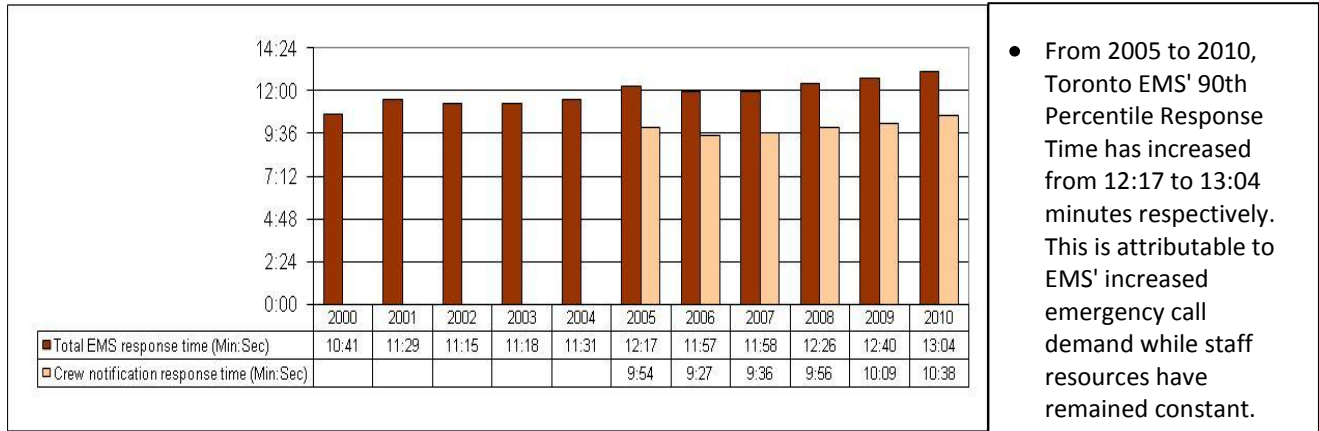


- The number of emergency transports has steadily increased from 141,409 in 2005 to an estimated 191,000 in 2012.
- In 2013, EMS, based on historical trends, is projecting an additional 5% increase over 2012 Emergency Transports and a 3% increase over 2012. Transports.

- The increase from 2005 to 2013 translates to a projected additional 163 emergency transports per day in 2013.

Average Response Time

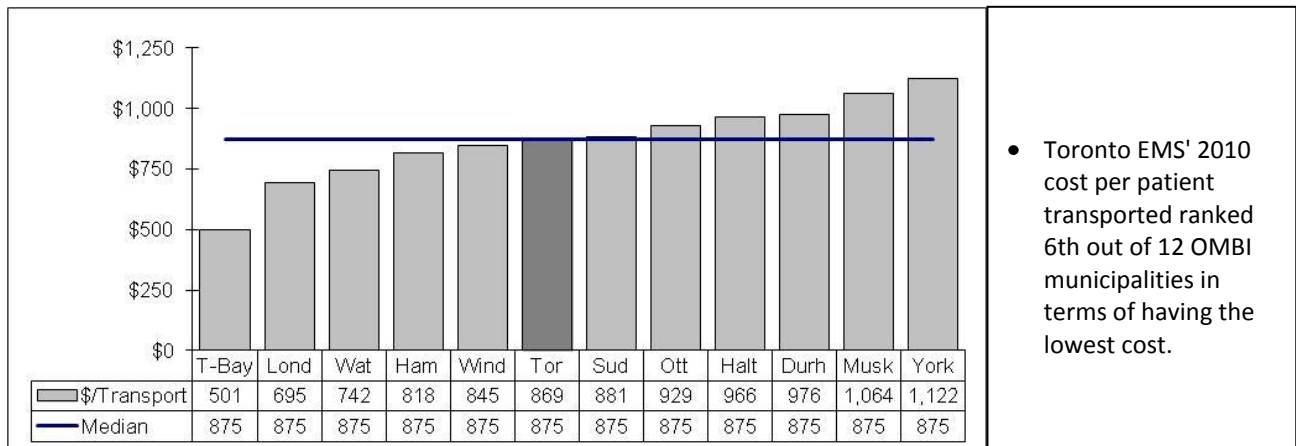
(Length of Time for Toronto EMS to arrive at an Emergency Scene)



- From 2005 to 2010, Toronto EMS' 90th Percentile Response Time has increased from 12:17 to 13:04 minutes respectively. This is attributable to EMS' increased emergency call demand while staff resources have remained constant.

- The above graph shows Toronto EMS's 90th Percentile Response Times for life-threatening calls (the internal response time target is 8:59 minutes).

Toronto EMS cost per patient transported compared to other municipalities



- Toronto EMS' 2010 cost per patient transported ranked 6th out of 12 OMBI municipalities in terms of having the lowest cost.

- Toronto's ambulances were the busiest in the Province of Ontario.



## 2012 Budget Variance Analysis

2012 Budget Variance Review  
(In \$000s)

(In \$000s)	2010	2011	2012	2012	2012 Approved Budget vs Projected Actual Variance	
	Actuals	Actuals	Approved Budget	Projected Actuals*	\$	%
	\$	\$	\$	\$	\$	%
<b>Gross Expenditures</b>	171,859.5	172,093.4	174,487.5	172,926.8	(1,560.7)	(0.9)
<b>Revenues</b>	100,956.3	104,330.8	109,309.9	108,358.5	(951.4)	(0.9)
<b>Net Expenditures</b>	70,903.2	67,762.6	65,177.6	64,568.3	(609.3)	(0.9)
<b>Approved Positions</b>	1,221.5	1,221.5	1,214.5	1,214.5		

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

## 2012 Experience

- As of September 30, 2012, EMS forecasts a year-end favourable net variance of \$0.609 million or 0.9% below the 2012 Approved Net Operating Budget primarily due to the additional Provincial grant for land ambulance services received in the last quarter of 2012.
  - The gross under-expenditure of \$1.561 million is primarily due to savings in salaries and benefits due to delays in hiring vacant positions combined with under expenditures in non-payroll such as medical and dental supplies, uniforms, protective clothing and contracted services.
  - The revenue shortfall of \$0.951 million is mainly due to less than planned revenues received for the Central Ambulance Communication Centre (CACC) that are below the established Provincial subsidy rate of 100%. Negotiations continue with the Ministry of Health and Long Term Care to resolve this funding issue.

## Impact of 2012 Operating Variance on the 2013 Recommended Budget

- The 2013 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 2013 if EMS is not successful in negotiating with the Province for full 100% funding in 2012.

## Appendix 2

## 2013 Recommended Operating Budget by Expenditure Category and Key Cost Driver

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

Category of Expense	2010 Actual	2011 Actual	2012 Budget	2012 Projected Actual	2013 Recommended Budget	2013 Change from 2012 Approved Budget		2014 Outlook	2015 Outlook
	\$	\$	\$	\$	\$	\$	%	\$	\$
Salaries and Benefits	138,964.5	140,475.7	140,315.9	139,315.9	143,375.3	3,059.4	2.2%	145,578.4	148,306.2
Materials and Supplies	5,824.0	5,408.9	5,778.0	5,575.0	5,883.9	105.9	1.8%	5,883.9	5,883.9
Equipment	1,573.8	1,057.3	814.1	660.1	787.6	(26.5)	(3.3%)	787.6	787.6
Services & Rents	9,766.6	9,010.6	9,967.1	9,830.4	9,916.1	(51.0)	(0.5%)	10,046.1	10,130.1
Contributions to Capital	472.0	472.0	472.0	429.0	472.0	0.0	0.0%	472.0	472.0
Contributions to Reserve/Res Funds	5,781.5	5,446.3	7,147.6	7,147.6	5,297.7	(1,849.9)	(25.9%)	5,297.7	5,297.7
Other Expenditures	69.5	(85.9)	29.2	5.2	10.9	(18.3)	(62.7%)	10.9	10.9
Interdivisional Charges	9,407.6	10,308.5	9,963.6	9,963.6	10,139.7	176.1	1.8%	10,139.7	10,139.7
<b>TOTAL GROSS EXPENDITURES</b>	<b>171,859.5</b>	<b>172,093.4</b>	<b>174,487.5</b>	<b>172,926.8</b>	<b>175,883.2</b>	<b>1,395.7</b>	<b>0.8%</b>	<b>178,216.3</b>	<b>181,028.1</b>
Interdivisional Recoveries	1,173.9	1,456.8	837.0	866.8	908.9	71.9	8.6%	908.9	908.9
Provincial Subsidies	94,934.5	100,609.1	106,763.8	105,672.6	107,913.4	1,149.6	1.1%	109,244.9	110,848.4
Federal Subsidies	2,904.0								
Other Subsidies									
User Fees & Donations	507.5	521.4	572.6	583.2	523.3	(49.3)	(8.6%)	523.3	523.3
Transfers from Capital Fund	280.7	352.5	150.0	75.0	75.0	(75.0)	(50.0%)	75.0	75.0
Contribution from Reserve Funds									
Contribution from Reserve									
Sundry Revenues	1,155.7	1,391.0	986.5	1,160.9	1,315.5	329.0	33.4%	1,315.5	1,315.5
<b>TOTAL REVENUE</b>	<b>100,956.3</b>	<b>104,330.8</b>	<b>109,309.9</b>	<b>108,358.5</b>	<b>110,736.1</b>	<b>1,426.2</b>	<b>1.4%</b>	<b>112,067.6</b>	<b>113,671.1</b>
<b>TOTAL NET EXPENDITURES</b>	<b>70,903.2</b>	<b>67,762.6</b>	<b>65,177.6</b>	<b>64,568.3</b>	<b>65,147.1</b>	<b>(30.5)</b>	<b>(0.0%)</b>	<b>66,148.7</b>	<b>67,357.0</b>
<b>APPROVED POSITIONS</b>	<b>1,221.5</b>	<b>1,221.5</b>	<b>1,214.5</b>	<b>1,214.5</b>	<b>1,224.5</b>	<b>10.0</b>	<b>0.8%</b>	<b>1,224.5</b>	<b>1,224.5</b>

### 2013 Key Cost Drivers

Salaries and benefits are the largest expenditure category and account for 82% of total expenditures of \$175.883 million, followed by services and rents and interdivisional charges at 6% each, materials and supplies at 3%, and the remaining 3% represents EMS' contribution to reserves (EMS' vehicle and equipment reserves, and Corporate Insurance and Sick Pay reserves).

- The 2013 recommended budget for salaries and benefits is \$143.375 million, reflecting an increase of \$3.059 million or 2.2% compared to the 2012 Approved Budget of \$140.316 million.
  - The major salary and benefit cost drivers require \$6.031 million in additional funding for COLA for Local 79 and 416 staff (\$0.524 million), progression pay, step increases (\$0.367 million), OMERS increase of 0.9% and associated fringe benefit changes (\$0.995 million), remembrance day holiday premium as it falls on a weekday (\$0.704 million), the additional provincial funding received for salaries and benefits of \$1.221 million, and the reversal of the one-time deferred hiring of 36 paramedic positions in 2012 of \$2.219 million.

- To offset these budget pressures, EMS will continue to defer hiring of 26 full-time positions for savings of \$2.689 million and has adjusted payroll costs to account for one day savings of \$0.207 million to reflect the leap year adjustment for 24/7 staff in 2012.
- The 2013 budgets for Materials and Supplies, Equipment and Services and Rents reflect a total increase of \$0.028 million mainly resulting from increases for hydro and mobile equipment offset by savings resulting from a review of costs to reflect actual experience.
- The 2013 budget for EMS' Contribution to the Vehicle and Equipment Reserve is \$5.298 million, \$1.850 million or 25.9% lower than the 2012 budget mainly due to the reversal of one-time contribution to the equipment reserve of \$2.100 million partially offset by an increase in revenues from auction proceeds of \$0.250 million that will be contributed to EMS' Vehicle Reserve.
- The 2013 budget for Interdivisional Charges have increased by \$0.176 million or 1.8% to reflect higher fuel costs anticipated in 2013.
- The increase in provincial subsidy of \$1.150 million or 1.1% reflects the provincial share of cost increases in salaries and benefits for both the 50% and 100% funded programs delivered by EMS.
- Sundry revenues have increased by \$0.329 million or 33% to reflect actual revenues received over the last three years which included auction proceeds of \$0.250 million from the sale of older model ambulance vehicles.
- The 2013 Recommended Operating Budget for Emergency Medical Services reflects the deletion of 1 temporary capital funded position which is no longer required, offset by the addition of the equivalent of 11 part time paramedic positions (representing 22,880 hours of work). The 2013 total staff complement will increase from 1,214.5 to 1,224.5 positions.

The 2013 Recommended Operating Budget of \$175.883 million gross provides funding for the following:

#### Prior Year Impacts

- Maintenance and services costs for three completed capital projects: the purchase of 35 AEDs and installation of mobile data equipment anticipated to be completed in 2012, and the completion of the installation of the new station security system in early 2013 of \$0.144 million gross and \$0.041 million net.
- Re-instatement of the holiday premium of \$0.704 million gross and \$0.305 million net for Remembrance Day which will fall on a week-day in 2013.

#### Economic Factors

- Cost of providing the current level of service requires \$1.886 million gross and \$0.796 million net for labour costs which includes progression pay and step increases, COLA and increase in OMERS.
- Additional costs of \$0.222 million gross and \$0.103 million net based on non-labour inflationary increases in hydro and water costs (\$0.049 million), mobile parts and equipment (\$0.099 million), and various contracted services in machinery and equipment (\$0.032 million).

**Other Base Changes**

- Salary and benefit cost increases of \$1.221 million to ensure that EMS is more closely staffed to the approved complement level in 2013.
- Increase of \$0.250 in contribution to the vehicle reserve based on 2011 and 2012 experience in auction proceeds from the sale of older model ambulance vehicles.

**Appendix 3**  
**Summary of 2013 Recommended Service Changes**



## 2013 Operating Budget - Recommended Service Change Summary of Administrative Review

TYPE	PRIORITY	CITIZEN FOCUSED SERVICES "A" Emergency Medical Services	Recommended Adjustments				2014 Net Incremental Outlook (\$000s)	2015 Net Incremental Outlook (\$000s)
			Change in Gross Expenditure (\$000s)	Change in Revenue (\$000s)	Net Change (\$000s)	Change in Approved Positions		
		<b>2013 Recommended Base Budget Before Service Change:</b>	178,572.6	112,080.8	66,491.8	1,213.5	1,001.6	1,208.3
Z3	3	<b>Deferred Hiring of EMS Staff</b>	(2,689.4)	(1,344.7)	(1,344.7)	0.0	0.0	0.0
		<p><i>(AM-Z03)</i> Service / Activity: EMS Operations / N/A</p> <p><b>Description:</b> To meet the 0% budget target, EMS will defer hiring of approximately 26 positions until December 2013. These positions will consist of 10 paramedic positions and 16 non-paramedic positions. The 16 non-paramedic positions are currently vacant and will be held throughout 2013. The 10 paramedic positions will be achieved through attrition during 2013.</p> <p><b>Service Level Change:</b> Maintaining 10 paramedic positions vacant for the full year will result 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. EMS response time to life threatening injuries is currently at 62.9%.</p> <p>This may also impact EMS' unit hour utilization (i.e., the percentage of time that ambulances are busy on calls), which is already the highest in Ontario.</p> <p><b>ADMIN:</b> Recommended</p>						
		<b>Total Recommended Service Level Reductions:</b>	(2,689.4)	(1,344.7)	(1,344.7)	0.0	0.0	0.0
		<b>Total Recommended Base Budget:</b>	175,883.2	110,736.1	65,147.1	1,213.5	1,001.6	1,208.3

**Category Legend - Type**

- Z1 - Efficiency Change
- Z2 - Revenue Change
- Z3 - Service Change

**Appendix 4**

**Summary of 2013 Recommended New  
/Enhanced Service Priority Actions**



## 2013 Operating Budget - Recommended New and Enhanced Services Summary of Administrative Review

TYPE	PRIORITY	CITIZEN FOCUSED SERVICES "A" Emergency Medical Services	Recommended Adjustments				2014 Net Incremental Outlook (\$000s)	2015 Net Incremental Outlook (\$000s)
			Change in Gross Expenditure (\$000s)	Change in Revenue (\$000s)	Net Change (\$000s)	Change in Approved Positions		
N1	1	<b>Part-time Paramedics Funded from Reduction in Overtime</b> Service / Activity: EMS Operations / N/A  <b>Description:</b> To ensure ambulance availability to meet emergency demand, EMS has frequently paid full-shift paramedics overtime to cover paramedics on planned absences such as vacations, training, or providing emergency medical coverage at special events. However, as a result of the new collective agreement, EMS has now the ability to hire part-time paramedics.  The addition of 22,880 hours worth of part-time paramedic positions, to be applied to staffing of part-time paramedics as of January 2013, will have no net impact to the City as funding of \$1.0 million required will be reallocated from the overtime budget in 2013 which will reduce the overtime funding to \$5.031 million from \$6.031 million in 2012.  <b>Service Level Change:</b> With the increase of the equivalent of 11 part-time paramedic positions (representing 22,880 hours of productivity), EMS will partially reduce its reliance on full-shift overtime and increase productive hours that will provide EMS with flexibility in maintaining effective deployment of available resources to ensure that there are sufficient ambulances on the street to meet emergency demand.  <b>ADMIN:</b> Recommended	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total Recommended New/Enhanced:</b>			<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>11.0</b>	<b>0.0</b>	<b>0.0</b>

### Category Legend - Type

- N1 - Enhanced Services - Operating Impact of 2013 Capital
- N2 - Enhanced Services - Service Expansion
- N3 - New Service - Operating Impact of 2013 Capital
- N4 - New Services
- N5 - New Revenues
- N6 - New User Fee Revenue



## Appendix 5

### Inflows / Outflows to / from Reserves & Reserve Funds (In \$000s)

#### Program Specific Reserve/Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Description	Projected Balance as of December 31, 2012*	2013	2014	2015
			\$		\$	\$
Equipment Reserve - EMS	XQ1019	Projected Beginning Balance	1,255.9	1,255.9	1,480.9	1,705.9
		Proposed Withdrawals (-)				
		Medical Equipment Replacement		(200.0)	(200.0)	(200.0)
		Defibrillator Purchases				(193.0)
		Contributions (+)		425.0	425.0	425.0
<b>Equipment Reserve - EMS (XQ1019) BALANCE AT YEAR-END</b>			<b>1,255.9</b>	<b>1,480.9</b>	<b>1,705.9</b>	<b>1,737.9</b>
Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Description	Projected Balance as of December 31, 2012*	2013	2014	2015
			\$	\$	\$	\$
Vehicle Reserve - EMS	XQ1018	Projected Beginning Balance	3,787.6	3,787.6	3,620.6	3,383.6
		Proposed Withdrawals (-)				
		Purchase of approximately 24 ambulances		(3,741.0)	(3,986.0)	(3,867.0)
		Contributions (+)		3,574.0	3,749.0	3,749.0
<b>Vehicle Reserve - EMS (XQ1018) BALANCE AT YEAR-END</b>			<b>3,787.6</b>	<b>3,620.6</b>	<b>3,383.6</b>	<b>3,265.6</b>

#### Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of December 31, 2012 *	Proposed Withdrawals (-) / Contributions (+)		
			2013	2014	2015
			\$	\$	\$
Insurance Reserve	XR1010	20,156.0	1,018.7		
Sick Pay Reserve	XR1007	20,700.7	280.0		
<b>Total Reserve / Reserve Fund Draws / Contributions</b>			<b>1,298.7</b>		

\* Based on 3rd Quarter Variance Report

## Appendix 6 (i)

## 2013 Recommended User Fee Changes

## Technical Adjustments

Name of Program: EMERGENCY MEDICAL SERVICES								
Ref. No.	Service(FPARS)	Activity (FPARS)	Fee Description	Fee Category	Fee Basis	2012 Fee Price	2013 Recommended Fee Price	Reason for Adjustments
28	Program Development	Community Medicine	CPR Level C Renewal Training (Toronto Public Health) - CPR-C RENEWAL (TPH)	Full Cost Recovery Basis	Per person.	\$ 31.69		Delete - Internal fees
33	Program Development	Community Medicine	Instructor Course (Internal)	Full Cost Recovery Basis	Per person	\$ 628.78		Delete - Internal fees
10	Program Development	Community Medicine	Emergency First Aid & CPR Level A Training for Taxi Drivers (Internal) - EFA-TAXI	Full Cost Recovery Basis	Per person	\$ 57.25		Delete - Internal fees / This is no longer required. The fees are charged by MLS. EMS recovers the cost from MLS through IDC/IDR
43	Program Development	Community Medicine	ITLS - Access	Full Cost Recovery Basis	Per Person	\$ 332.50	\$ 340.00	Inadvertently excluded in MC441
44	Program Development	Community Medicine	ITLS - Advanced Provider	Full Cost Recovery Basis	Per Person	\$ 380.00	\$ 388.00	Inadvertently excluded in MC441
45	Program Development	Community Medicine	ITLS - Advanced Recertification	Full Cost Recovery Basis	Per Person	\$ 295.00	\$ 302.00	Inadvertently excluded in MC441
46	Program Development	Community Medicine	ITLS - Basic Provider	Full Cost Recovery Basis	Per Person	\$ 380.00	\$ 388.00	Inadvertently excluded in MC441
47	Program Development	Community Medicine	ITLS - Basic Recertification	Full Cost Recovery Basis	Per Person	\$ 295.00	\$ 302.00	Inadvertently excluded in MC441
48	Program Development	Community Medicine	ITLS - Instructor Recertification	Full Cost Recovery Basis	Per Person	\$ 295.00	\$ 302.00	Inadvertently excluded in MC441
49	Program Development	Community Medicine	ITLS - Instructor Training	Full Cost Recovery Basis	Per Person	\$ 397.88	\$ 407.00	Inadvertently excluded in MC441
50	Program Development	Community Medicine	ITLS - Pediatric	Full Cost Recovery Basis	Per Person	\$ 269.19	\$ 275.00	Inadvertently excluded in MC441
51	Program Development	Community Medicine	ITLS - Re-test Fee	Full Cost Recovery Basis	Per Person	\$ 50.00	\$ 51.00	Inadvertently excluded in MC441
52	Program Development	Community Medicine	Ambulance Call Report	Full Cost Recovery Basis	Per Document	\$ 60.00	\$ 75.00	Inadvertently excluded in MC441
53	Program Development	Community Medicine	Audio Recording	Full Cost Recovery Basis	Per Recording	\$ 60.00	\$ 75.00	Inadvertently excluded in MC441
54	Program Development	Community Medicine	Dispatch record	Full Cost Recovery Basis	Per Document	\$ 30.00	\$ 40.00	Inadvertently excluded in MC441
55	Program Development	Community Medicine	Paramedic Interview	Full Cost Recovery Basis	Per Hour - Minimum 3 hrs	\$ 85.00	\$ 100.00	Inadvertently excluded in MC441
56	Program Development	Community Medicine	Paramedic Statement	Full Cost Recovery Basis	Per Document	\$ 40.00	\$ 50.00	Inadvertently excluded in MC441
57	Program Development	Community Medicine	Statutory Declaration	Full Cost Recovery Basis	Per Document	\$ 60.00	\$ 75.00	Inadvertently excluded in MC441
58	Program Development	Community Medicine	Standby Fees - After Hours Booking Fee	Full Cost Recovery Basis	Per booking	\$ 75.00	\$ 75.00	Inadvertently excluded in MC441
1	Program Development	Pre-Hospital Emergency Care	Standby Fees - Basic Life Support/Primary Care Paramedics (PCP Units)	Full Cost Recovery Basis	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$ 187.00	\$ 199.00	Requires annual inflation rate adjustment
2	Program Development	Pre-Hospital Emergency Care	Standby Fees - Advanced Life Support (ACP Unit)	Full Cost Recovery Basis	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$ 193.00	\$ 205.00	Requires annual inflation rate adjustment
3	Program Development	Pre-Hospital Emergency Care	Standby Fees - EMS Supervisors	Full Cost Recovery Basis	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$ 138.00	\$ 147.00	Requires annual inflation rate adjustment
4	Program Development	Pre-Hospital Emergency Care	Standby Fees - Mountain Bike Paramedic	Full Cost Recovery Basis	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$ 99.00	\$ 105.00	Requires annual inflation rate adjustment
34	Program Development	Community Medicine	Instructor Course (External)	Full Cost Recovery Basis	Per person.	\$ 634.00	\$ 648.00	Requires annual inflation rate adjustment
35	Program Development	Pre-Hospital Emergency Care	Standby Fees - Emergency Response Unit (ERU) Paramedic	Full Cost Recovery Basis	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$ 99.00	\$ 105.00	Requires annual inflation rate adjustment
36	Program Development	Pre-Hospital Emergency Care	Standby Fees - Gator Ambulance Crew	Full Cost Recovery Basis	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$ 198.00	\$ 210.00	Requires annual inflation rate adjustment
37	Program Development	Pre-Hospital Emergency Care	Standby Fees - Marine Paramedic	Full Cost Recovery Basis	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$ 105.00	\$ 111.00	Requires annual inflation rate adjustment
38	Program Development	Pre-Hospital Emergency Care	Standby Fees - Emergency Support Unit (ESU)	Full Cost Recovery Basis	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$ 187.00	\$ 199.00	Requires annual inflation rate adjustment
39	Program Development	Pre-Hospital Emergency Care	Standby Fees - Emergency Medical Dispatcher	Full Cost Recovery Basis	Per Hour - Minimum 4 hrs	\$ 93.00	\$ 99.00	Requires annual inflation rate adjustment

## Appendix 6 (ii)

## 2013 Recommended User Fee Changes

## Inflation and Other Adjustments

Ref #	User Fee Description	Fee Category	Fee Unit/Basis	2012 Fee (A)	Inflationary Adjusted Fee (B)	Other Adjustments ('C)	2013 Recommended Fee (D)	2013 Incremental Revenue
	<b>EMERGENCY MEDICAL SERVICES</b>							<b>\$26,600</b>
1	Standby Fees - Basic Life Support/Primary Care Paramedics (PCP Units)	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$187.00	\$193.00	\$6.00	\$199.00	
2	Standby Fees - Advanced Life Support (ACP Unit)	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$193.00	\$199.00	\$6.00	\$205.00	
3	Standby Fees - EMS Supervisors	Full Cost Recovery	Per Hour -Minimum 4 hrs plus 2 hrs travel time	\$138.00	\$143.00	\$4.00	\$147.00	
4	Standby Fees - Mountain Bike Paramedic	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$99.00	\$102.00	\$3.00	\$105.00	
7	Standard First Aid Course & CPR Level C Training (External) - SFA+C (EXTERNAL)	Market Based	Per person	\$104.00	\$104.00	\$2.00	\$106.00	
9	Emergency First Aid & CPR Level A Training (External) - EFA+A (EXTERNAL)	Market Based	Per person	\$64.00	\$64.00	\$1.00	\$65.00	
13	CPR Level C Training (External) - CPR-C (EXTERNAL)	Market Based	Per person	\$64.00	\$64.00	\$1.00	\$65.00	
14	CPR Level A Training (External) - CPR-A (EXTERNAL)	Market Based	Per person	\$46.00	\$46.00	\$1.00	\$47.00	
16	Emergency First Responder Training (External) - EFR (EXTERNAL)	Market Based	Per person	\$578.00	\$578.00	\$13.00	\$591.00	
20	Targeted AED Site Responder Course With Standard First Aid Certification And Level C CPR - TRI	Market Based	Per person	\$131.00	\$131.00	\$3.00	\$134.00	
22	AED Site Responder Course with Level C CPR Training (External) - CPR-C/AED (EXTERNAL)	Market Based	Per person.	\$74.00	\$74.00	\$2.00	\$76.00	
24	Renewal AED Site Responder Course with Level C CPR Training (External) - CPR-C/AED (RENEWAL-EXTERNAL)	Market Based	Per person.	\$64.00	\$64.00	\$1.00	\$65.00	
29	CPR Level C Renewal Training (External) - CPR-C RENEWAL (EXTERNAL)	Market Based	Per person.	\$46.00	\$46.00	\$1.00	\$47.00	
30	Health Care Provider Training - HCP	Market Based	Per person.	\$68.00	\$68.00	\$2.00	\$70.00	
31	Health Care Provider Renewal Training - HCP RENEWAL	Market Based	Per person.	\$58.00	\$58.00	\$1.00	\$59.00	
32	Standard First Aid Course & Health Care Provider Training - SFA+HCP	Market Based	Per person.	\$131.00	\$131.00	\$3.00	\$134.00	
34	Instructor Course (External)	Full Cost Recovery	Per person.	\$634.00	\$648.00		\$648.00	
35	Standby Fees - Emergency Response Unit (ERU) Paramedic	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$99.00	\$102.00	\$3.00	\$105.00	
36	Standby Fees - Gator Ambulance Crew	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$198.00	\$204.00	\$6.00	\$210.00	
37	Standby Fees - Marine Paramedic	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$105.00	\$108.00	\$3.00	\$111.00	
38	Standby Fees - Emergency Support Unit (ESU)	Full Cost Recovery	Per Hour - Minimum 4 hrs plus 2 hrs travel time	\$187.00	\$193.00	\$6.00	\$199.00	
39	Standby Fees - Emergency Medical Dispatcher	Full Cost Recovery	Per Hour - Minimum 4 hrs	\$93.00	\$96.00	\$3.00	\$99.00	
41	AED Site Responder Course with Level A CPR Training - CPR-A/AED INTERNAL/EXTERNAL	Market Based	Per Person	\$59.30	\$59.30	(\$0.30)	\$59.00	
42	Standard First Aid Recertification Course - INTERNAL & EXTERNAL	Market Based	Per Person	\$76.68	\$76.68	\$0.32	\$77.00	
43	ITLS - Access	Full Cost Recovery	Per Person	\$332.50	\$340.00		\$340.00	
44	ITLS - Advancessd provider	Full Cost Recovery	Per Person	\$380.00	\$388.00		\$388.00	
45	ITLS - Advanced recertification	Full Cost Recovery	Per Person	\$295.00	\$302.00		\$302.00	
46	ITLS_ Basic provider	Full Cost Recovery	Per Person	\$380.00	\$388.00		\$388.00	
47	ITLS - Basic recertification	Full Cost Recovery	Per Person	\$295.00	\$302.00		\$302.00	
48	ITLS - Instructor recertification	Full Cost Recovery	Per Person	\$295.00	\$302.00		\$302.00	
49	ITLS - Instructor training	Full Cost Recovery	Per Person	\$397.88	\$407.00		\$407.00	
50	ITLS - Pediatric	Full Cost Recovery	Per Person	\$269.19	\$275.00		\$275.00	

## Inflation and Other Adjustments (continued)

Ref #	User Fee Description	Fee Category	Fee Unit/Basis	2012 Fee (A)	Inflationary Adjusted Fee (B)	Other Adjustments (C)	2013 Recommended Fee (D)	2013 Incremental Revenue
<b>EMERGENCY MEDICAL SERVICES</b>								
51	ITLS - Retest fee	Full Cost Recovery	Per Person	\$50.00	\$51.00		\$51.00	
52	Ambulance call report	Full Cost Recovery	Per Document	\$60.00	\$61.00	\$14.00	\$75.00	
53	Audio recording	Full Cost Recovery	per Document	\$60.00	\$61.00	\$14.00	\$75.00	
54	Dispatch record	Full Cost Recovery	Per Recording Per Hour -Minimum 3	\$30.00	\$31.00	\$9.00	\$40.00	
55	Paramedic interview	Full Cost Recovery	hours	\$85.00	\$87.00	\$13.00	\$100.00	
56	Paramedic statement	Full Cost Recovery	Per Document	\$40.00	\$41.00	\$9.00	\$50.00	
57	Statutory declaration	Full Cost Recovery	Per Document	\$60.00	\$61.00	\$14.00	\$75.00	
58	Standby fee -after hours booking fee	Full Cost Recovery	Per Booking	\$75.00	\$75.00		\$75.00	
<b>EMERGENCY MEDICAL SERVICES - TOTAL</b>								<b>\$26,600</b>