TORONTO

STAFF REPORT
ACTION REQUIRED

Impact of EMS Hiring Freeze on Response Times

Date:	September 5, 2012
To:	Community Development and Recreation Committee
From:	Chief, Emergency Medical Services
Wards:	All
Reference Number:	

RECOMMENDATION

The Chief, Toronto Emergency Medical Services recommends that
1. City Council receives this report for information only.

SUMMARY

Arising from the 2012 budget process, this report is for information only and addresses impacts of the 2012 deferred hiring of paramedics on Emergency Medical Services' (EMS') response times. Included are details of EMS staffing as they relate to the deferred hiring, EMS' emergency patient volumes, available resources, and mitigation strategies implemented by EMS in an effort to maintain its current response time performance. This report also summarizes EMS' efforts to implement part-time paramedics as well as the interim results from the EMS/Fire Service Efficiency Study.

Financial Impact

There are no financial implications for the City associated with this report.

ISSUE BACKGROUND

At its meeting of January 17, 2012, City Council approved the 2012 Recommended Operating Budget for EMS of $169.536 million gross and $65.030 million net, comprised of the following:

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 and Service Quality	7,595.3	3,043.6
Total Program Budget	**169,535.5**	**65,030.0**

DECISION HISTORY

At its meeting of January 17, 2012, City Council directed the Chief of Toronto Emergency Medical Services (EMS) to report to the June 26, 2012 meeting of the Community Development and Recreation Committee on the impacts of the hiring freeze on 2012 EMS response times, with such report to include the effect on response times by hiring part-time emergency response workers and the interim results available from the EMS/Fire Service Efficiency Study. As this efficiency study was already underway at the time of the June 26, 2012 meeting, submission of the report was deferred until the September 19, 2012 meeting.
http://app.toronto.ca/tmmis/viewPublishedReport.do?function=getCouncilDecisionDocumentReport&meetingId=5072

COMMENTS

EMS 2012 Staffing Levels

The approved 2012 Operating Budget required EMS to defer the hiring of the equivalent of 36 paramedic positions for 2012. Normal attrition reduces the EMS paramedic workforce by three paramedics per month. However, in early 2012, EMS' actual attrition exceeded its projections. Therefore, to prevent paramedic staffing from falling below these 36 vacant positions during 2012, the City Manager authorized an interim hiring of 24 paramedics in June of this year. At present, EMS remains on target to meet the deferred hiring requirement.

EMS Response Times

EMS' emergency patient volumes continue to grow, with a 4.3% increase in 2012 over the same period in 2011. Over the past ten years, emergency patient transport volumes have increased by 29.3%, from 141,175 in 2002 to 182,538 in 2011, reflecting growth in the city's population and increases in the number of residents over age 55. However during these ten years, there has been no increase in the paramedic workforce.

Fixed resourcing in an environment of increasing service demand is placing pressure on available EMS resources and staff workload. These increases have progressively eroded EMS response times year over year as the number of available ambulances at any one time is diminished by the increased patient volume. Of equal importance, this growing volume of patients requiring emergency transport to hospital is approaching the capacity of the EMS system, even if response times were entirely discounted.

Mitigation Strategies

EMS' response time target is to arrive at the scene within eight minutes and 59 seconds (8:59) for 90% of presumptively life-threatening calls. Year-to-date in 2012, a series of strategies and service level adjustments to mitigate the deterioration in response times have maintained the 8:59 response time performance at 66.2% of these calls, a slight improvement over 63.4% during 2011. These mitigation strategies include:

- Increased deferral of non-life-threatening 9-1-1 emergency calls
- New procedures and technology in the EMS dispatch process
- Successful negotiation of broad flexibility to determine paramedic work schedules (some interim changes have already been implemented), with a broad range of new hours of work to be implemented in January 2013 to better match staffing to public service need, and to improve the work-life options for paramedics

Part-Time Paramedics

During labour negotiation between the City of Toronto and TCEU Local 416, Toronto EMS successfully negotiated the ability to use part-time paramedics in its operations, subject to the development of employment terms and conditions for this new classification of staff.

Employee and Labour Relations is currently leading a team of staff, including representatives from Toronto EMS, to negotiate these terms and conditions with TCEU Local 416. This process is expected to be completed by the fourth quarter of 2012, with the ability to hire part-time staff in the spring of 2013.

Part-time paramedics, in addition to the full time paramedic work force, are expected to assist in the reduction of overtime, provide staffing coverage for mandatory paramedic medical certification training, special events, vacations, etc., and to help address response times by better matching overall staffing to emergency call demand.

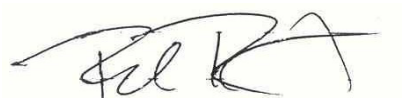
EMS/Fire Service Efficiency Study

As part of the 2012 budget process, City Council directed that efficiency reviews be undertaken during 2012, including an EMS/Fire Service Efficiency Study. The City retained Pomax Public Safety Inc. to develop a ten-year resourcing and efficiency plan for Toronto Fire Services and Toronto Emergency Medical Services. Pomax recently submitted a preliminary interim report to the City Manager, indicating that they continue to collect and analyze data, look at comparator communities, and consider a range of policy options which will be developed later into a final report in the fourth quarter of 2012. The scope of work defined by the City specifically requires the consultant to consider a range of options to minimize costs while achieving appropriate service levels.

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SIGNATURE



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