



Toronto 2015 BUDGET

OPERATING ANALYST NOTES



Toronto Paramedic Services 2015 OPERATING BUDGET OVERVIEW

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

2015 Budget Highlights

The total cost to deliver this service to Toronto residents in 2015 is \$197.806 million gross and \$74.705 million net as shown below.

(in \$000's)	2014 Approved Budget	2015 Rec'd Budget	Change	
			\$	%
Gross Expenditures	187,182.5	197,806.4	10,623.9	5.7
Gross Revenues	118,073.8	123,101.0	5,027.2	4.3
Net Expenditures	69,108.7	74,705.4	5,596.8	8.1

The net pressure of \$5.597 million is due mainly to inflationary increases in salary and benefit costs and annualized costs of new positions approved in 2014. Funding is also included for 58 new positions to meet the increasing trend in emergency call demands experienced in the last 10 years.

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Fast Facts

- Toronto Paramedic Services is the largest municipal paramedic ambulance service in Canada.
- 168 ambulances and response vehicles transported 210,098 patients to hospital in 2014, a 6.2% increase from 2013.
- 1,014 full-time paramedics including the additional 56 paramedic positions recommended in 2015.

Trends

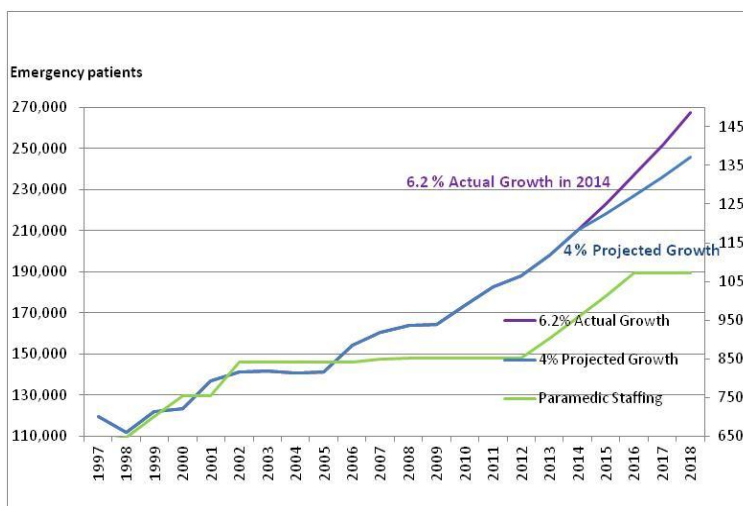
- Emergency patient transports increased by 49% between 2005 and 2014 from 141,409 to 210,098.
- Between 2015 to 2017, emergency patient transports are expected to grow at a rate of 5% due to a growing and aging population.
- Paramedic staffing levels were relatively unchanged from 2002 until 2013 with the approval of 51 positions, 56 positions approved in 2014, 56 recommended in 2015, and 57 planned in 2016 totaling 220 by 2016.

Our Service Deliverables for 2015

Toronto Paramedic Services (PS) is an industry leading, public service organization that protects the quality of life in Toronto by providing superior and compassionate pre-hospital and out-of-hospital medical care, responding to patients with health emergencies and to the special needs of vulnerable communities through integrated, mobile, paramedic-based health care. The 2015 Operating Budget will fund:

- 24-hour emergency medical response for the City of Toronto from 45 ambulance stations and service district centres located across the City.
- Targeted response times to life-threatening emergency calls within 8:59 minutes 68% of the time.
- Provision of an estimated 220,603 emergency patient transports in 2015, an estimated increase of 5% over the 210,098 emergency patient transports in 2014.
- Maintenance and oversight for approximately 1,495 Automatic External Defibrillators in 2015.
- Provision of a new Primary Care Paramedic (PCP) Program, in partnership with Toronto Employment and Social Services (TESS), aimed at recruiting individuals from diverse communities to have access to PCP training in order to become life-saving professionals by mitigating their costs and helping them to be self-reliant.

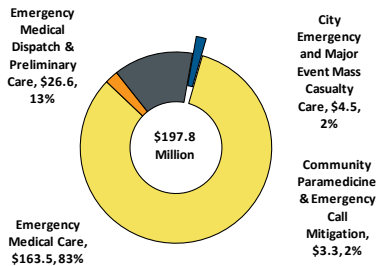
Projected Growth in Emergency Patients



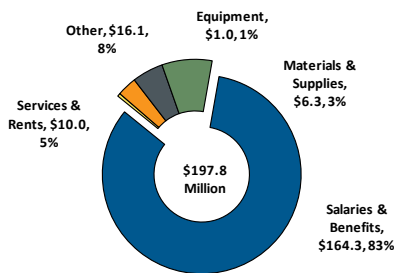
2015 Operating Budget Expenses & Funding

Where the money goes:

2015 Budget by Service
\$197.8 Million

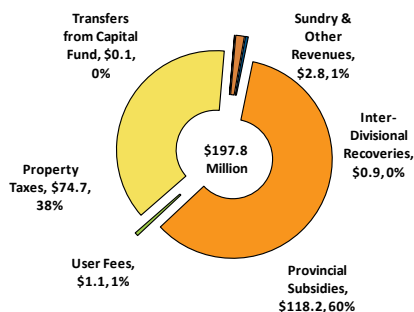


2015 Budget by Expenditure Category



Where the money comes from:

2015 Budget by Funding Source



Our Key Challenges & Priority Actions

- **Increase in emergency call volumes** – The increase due to a growing and aging population continues to be a challenge for Toronto Paramedic Services.

 - ✓ The 2015 Recommended Operating Budget includes an increase of 56 paramedic positions and the 2016 Plan reflects an additional 57 paramedic positions. 107 new paramedic positions were approved in 2013 and 2014 bringing the total to 220 by 2016.
- **Provincial Subsidy Shortfall** - The Central Ambulance Communication Centre (CACC) Program continues to experience a shortfall in Provincial subsidy that is not consistent with the established Provincial subsidy rate of 100%.

 - ✓ To match the projected Provincial funding in 2015, the 2015 Recommended Operating Budget includes a reduction in salaries and benefits in CACC to eliminate the shortfall.

2015 Operating Budget Highlights

The 2015 Recommended Operating Budget of \$74.705 million net includes:

- New funding of \$3.109 million for 58 new frontline Operations positions (56 paramedic and 2 non-union staff) to address the increase in emergency call demand and maintain/improve PS response time to life-threatening emergency calls.
- One-time funding of \$2.010 million for the preparation, planning and enhanced emergency services during the PanAm/ParaPanAm Games.
- Funding of \$0.300 million for a new Primary Care Paramedic Program (PCP), in partnership with Toronto Employment and Social Services (TESS) aimed at recruiting 15 individuals from diverse communities to become life-saving professionals by mitigating their costs and helping them become self-reliant. This is the first initiative of its kind in Canada.

Recommendations

The City Manager and Chief Financial Officer recommend that:

1. City Council approve the 2015 Recommended Operating Budget for Toronto Paramedic Services of \$197.806 million gross, \$74.705 million net for the following services:

<u>Service:</u>	Gross <u>(\$000s)</u>	Net <u>(\$000s)</u>
Community Paramedicine & Emergency Call Mitigation:	3,331.6	832.1
Emergency Medical Care:	163,450.3	72,525.8
City Emergency and Major Event Mass Casualty Care:	4,463.9	893.5
Emergency Medical Dispatch & Preliminary Care:	26,560.6	454.1
Total Program Budget	<u>197,806.4</u>	<u>74,705.4</u>

2. City Council approve the 2015 recommended service levels for Toronto Paramedic Services as outlined on pages 21, 25, 28 and 31 of this report and associated staff complement of 1,391.8 positions;
3. City Council approve the 2015 recommended new user fee for Toronto Paramedic Services identified in Appendix 7b for inclusion in the Municipal Code Chapter 441 “Fees and Charges”.

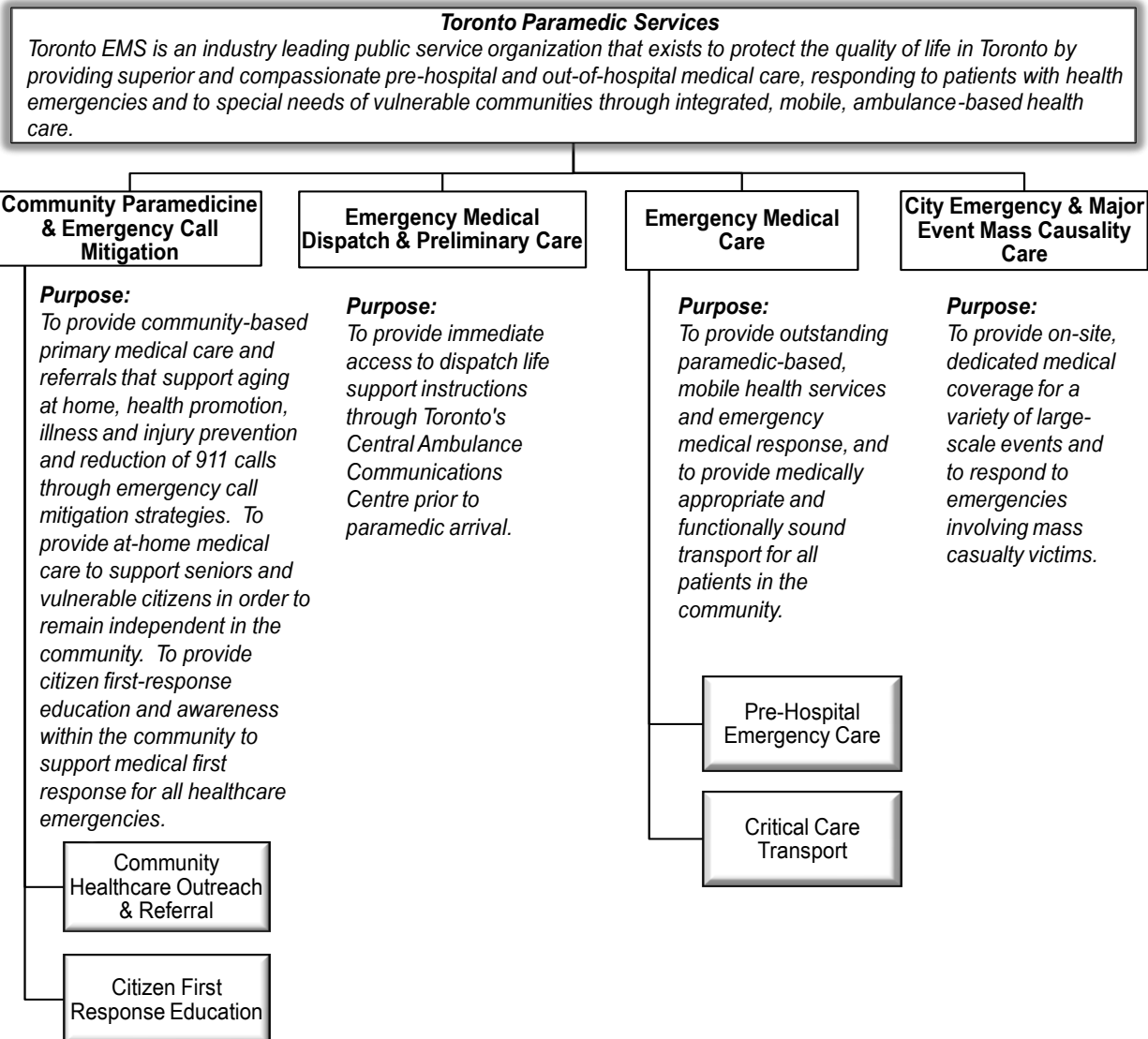


Part I:

2015 – 2017

Service Overview and
Plan

Program Map



Service Customer

Emergency Medical Care

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

Emergency Medical Dispatch & Preliminary Care

- 911 Callers
- Incident Victim
- Hospitals

2015 Service Deliverables

The 2015 Recommended Operating Budget of \$197.806 million gross and \$74.705 million net for Toronto Paramedic Services will enable the Program to provide the following services:

Emergency Medical Care

- 24-hour emergency medical response for the City of Toronto from 45 ambulance stations located across the City with a fleet of 168 ambulances and an approved complement of 1,014 paramedics and 125 emergency medical dispatchers.
- Targeted response times to life-threatening emergency calls within 8:59 minutes 68% of the time, with response time defined as the elapsed time from the receipt of the emergency call by the Central Ambulance Communications Centre to the arrival of the paramedic crew at the scene.
- Provision of an estimated 220,603 emergency patient transports in 2015, an estimated increase of 5% over the 210,098 emergency patient transports in 2014.
- Provision of an estimated 28,000 hours of continuing medical education to Toronto PS staff as mandated by the Ministry of Health and Long-Term Care and PS' Base Hospital (medical oversight); upgrade training for 12 Primary Care Paramedics to the Advanced Care Paramedic level; and provision of International Trauma Life Support training to approximately 1,200 students.
- In partnership with Toronto Employment & Social Services, train a second class of 15 qualified individuals from diverse communities as Primary Care Paramedics, preparing them for the Ministry of Health and Long-Term Care exam, which qualifies them to work as Paramedics in Ontario.

Community Paramedicine and Emergency Call Mitigation

- Continue to employ and investigate innovative call diversion and mitigation strategies to improve ambulance availability.
- Continue to use the Community Paramedicine Program to re-direct specific patient groups to appropriate preventative, out-of-hospital medical care, thereby minimizing or eliminating their reliance on 911 and the hospital system.
- In partnership with Parks, Forestry & Recreation and City IT, Toronto PS launched an on-line course registration system using CLASS in March 2014 to provide approximately 1,000 First-Aid/CPR and Public Access Defibrillation training courses to City staff and external clients.
- Toronto PS will maintain and provide oversight for approximately 1,495 Automatic External Defibrillators in 2015.
- In 2015, continue to work with Hospital stakeholders to implement Lean/Six Sigma type solutions to reduce hospital delays that contribute to paramedic wait times and improve operational performance.

Emergency Medical Dispatch and Preliminary Care

- Continue to develop and implement improved computer-aided dispatch technology and processes in the Central Ambulance Communications Centre to facilitate the deployment of ambulances to improve response time performance.
- In 2015, continue to monitor new Emergency Medical Dispatch (EMD) shift schedules in the Central Ambulance Communications Centre implemented to better match EMD staffing with emergency call demand by shifting more staff to weekends and higher peak demand times during the day.

Table 1
2015 Recommended Operating Budget and Plan by Service

(In \$000s)	2014		2015 Recommended Operating Budget			2015 Rec.d vs. 2014		Incremental Change 2016 and 2017 Plan				
	Approved Budget	Projected Actual	2015 Rec'd Base	2015 Rec'd New/Enhanced	2015 Rec'd Budget	Budget Approved	Changes	2016		2017		
	\$	\$	\$	\$	\$	\$	%	\$	%	\$	%	
By Service												
Community Paramedicine & Emergency Call Mitigation												
Gross Expenditures	2,672.7	2,622.7	3,081.6	250.0	3,331.6	658.9	24.7%	(564.9)	(17.0%)	42.3	1.5%	
Revenue	1,984.9	1,984.9	2,249.5	250.0	2,499.5	514.6	25.9%	(605.8)	(24.2%)	12.4	0.7%	
Net Expenditures	687.8	637.8	832.1		832.1	144.3	21.0%	40.9	4.9%	29.8	3.4%	
Emergency Medical Care												
Gross Expenditures	150,668.9	149,694.1	160,040.8	3,409.5	163,450.3	12,781.4	8.5%	6,830.7	4.2%	3,609.9	2.1%	
Revenue	83,115.4	83,052.1	90,611.3	313.3	90,924.6	7,809.2	9.4%	2,742.5	3.0%	3,519.0	3.8%	
Net Expenditures	67,553.5	66,642.0	69,429.5	3,096.2	72,525.7	4,972.2	7.4%	4,088.1	5.6%	90.9	0.1%	
City Emergency and Major Event Mass Casualty Care												
Gross Expenditures	6,631.8	6,631.8	2,454.4	2,009.5	4,463.9	(2,167.9)	(32.7%)	(1,891.6)	(42.4%)	118.5	4.6%	
Revenue	6,168.4	6,168.4	1,560.9	2,009.5	3,570.4	(2,598.0)	(42.1%)	(1,999.7)	(56.0%)	9.4	0.6%	
Net Expenditures	463.5	463.4	893.5		893.5	430.1	92.8%	108.1	12.1%	109.1	10.9%	
Emergency Medical Dispatch & Preliminary Care												
Gross Expenditures	27,209.0	25,009.1	26,560.6		26,560.6	(648.4)	(2.4%)	99.9	0.4%	86.3	0.3%	
Revenue	26,805.1	24,505.1	26,106.5		26,106.5	(698.6)	(2.6%)	5.7	0.0%	0.2	0.0%	
Net Expenditures	403.9	504.0	454.1		454.1	50.2	12.4%	94.2	20.7%	86.1	15.7%	
Total												
Gross Expenditures	187,182.5	183,957.7	192,137.4	5,669.0	197,806.4	10,623.9	5.7%	4,474.1	2.3%	3,856.9	1.9%	
Revenue	118,073.8	115,710.5	120,528.2	2,572.8	123,101.0	5,027.2	4.3%	142.8	0.1%	3,541.0	2.9%	
Total Net Expenditures	69,108.7	68,247.2	71,609.2	3,096.2	74,705.4	5,596.8	8.1%	4,331.3	5.8%	316.0	0.4%	
Approved Positions	1,328.8	1,289.8	1,327.8	64.0	1,391.8	63.0	4.7%	50.0	3.6%			

The 2015 Recommended Operating Budget for Toronto Paramedic Services (PS) is \$197.806 million gross and \$74.705 million net. The net budget increased by \$5.597 million or 8.1% due to the following.

- Base pressures of \$2.501 million net were partially offset by base expenditure savings of \$0.050 million net and service changes of \$0.050 million net bringing the 2015 Recommended Base Budget to \$71.609 million net.
- All 4 services for Toronto Paramedic Services are experiencing base budget pressures due to inflationary increases in salaries and benefits of \$2.508 million. The Emergency Medical Care service is being further affected by the annualized cost of \$2.953 million for the 61 positions approved in 2014.

- To help mitigate the above base pressures, a reduction of \$1.200 million in salaries and benefits for the Central Ambulance Communication Centre (CACC), a part of the Emergency Medical Dispatch & Preliminary Care service, is being recommended to better align costs to the available Provincial funding in 2015.
- The recommended budget also recommends a 50% reduction in funding for the Public Education and Access program that reduces the 52-week communication campaign to 26 weeks and will provide savings across all services.
- As a result, Toronto Paramedic Services' 2015 Recommended Base Budget increased by an incremental \$2.501 million or 3.6% over the 2014 Approved Operating Budget.
- The 2015 Recommended Operating Budget includes new funding of \$5.669 million gross and \$3.096 million net for the following:
 - \$0.250 million gross and \$0 net, funded 100% by the Ministry of Health and Long Term Care to expand the Community Agency Notification (CAN) Program through an upgrade of the notification platform.
 - \$3.110 million gross and net for 58 new permanent positions (56 Paramedics and 2 Operations Superintendent) that will assist PS to meet the increase in emergency call demand and maintain/improve PS response time to life-threatening emergency calls as recommended by the Fire/EMS Efficiency Review and adopted by City Council in 2013.
 - \$0.300 million gross and \$0 net to provide a Primary Care Paramedic (PCP) program, in partnership with Toronto Employment and Social Services (TESS) aimed at recruiting 15 individuals from diverse communities to become life-saving professionals by mitigating their costs and helping them become self-reliant.
 - \$2.010 million gross and \$0 net in funding for Toronto Paramedic Services' preparation and participation in the PanAm Games. Funding will be provided for contingency planning, operation and logistical support prior to the games and additional emergency coverage that are over and above the regularly scheduled shifts as emergency response coverage across the City must be maintained at all times.
- The 2016 and 2017 future year incremental costs are mainly attributable to the addition of 57 Paramedic positions and 2 Operations Superintendent to meet the projected 5% increase in emergency call demand. Additional pressure in 2016 and 2017 include funding for step and progression pay increases, annualization costs of the 58 new permanent positions recommended for approval in 2015, partially offset by the reversal of one-time funding for the PanAm Games.

Approval of the 2015 Recommended Operating Budget will result in Toronto Paramedic Services increasing its total staff complement by 63 positions from 1,328.8 to 1,391.8, as highlighted in the table below:

Table 2
2015 Recommended Total Staff Complement

Changes	2015 Budget					Plan	
	Community Paramedicine & Emergency Call Mitigation	Emergency Medical Care	City Emergency and Major Event Mass Casualty Care	Emergency Medical Dispatch & Preliminary Care	Total	2016	2017
2014 Approved Complement	12.5	1,132.8	10.2	171.0	1,326.5		
In-year Adjustments:							
Transfer of staff to FM&RE (Facilities Transformation Project)	(0.0)	(19.0)	(0.2)	(0.7)	(20.0)		
Additional Dispatchers (100% Funded)				17.0	17.0		
Reconciliation adjustments	0.8	1.4		0.2	2.3		
Community Medicine Projects	3.0				3.0		
Adjusted 2014 Staff Complement	16.2	1,115.2	10.0	187.4	1,328.8		
Recommended Change in Staff Complement							
Prior Year Impact							
Temporary positions funded one time at 100% by the Province in 2015 for the Community Medicine Initiatives						(3.0)	
Capital Project Delivery				(1.0)	(1.0)		
New / Enhanced Service Priorities							
Paramedic and Superintendent positions		58.0			58.0	59.0	
Pan-Am Games			4.0		4.0	(4.0)	
Primary Care Paramedic Training Program		2.0			2.0	(2.0)	
Total	16.2	1,175.2	14.0	186.4	1,391.8	50.0	
Position Change Over Prior Year		60.0	4.0	(1.0)	63.0		
% Change over prior year	0.0%	5.4%	40.0%	(0.5%)	4.7%	3.6%	

The 2015 Recommended Operating Budget includes an increase by 63 positions or 4.7% primarily as a result of the following changes:

- The 2014 in-year adjustments include the following:
 - A decrease of 20 positions is attributed to the transfer of facility maintenance as part of the Corporate Facilities Transformation Project.
 - An increase of 17 Dispatcher positions is the result of additional 100% funding from the Ministry of Health and Long Term Care (MOHLTC) for the Central Ambulance Communication Centre.
 - An increase of 2.3 positions for students and other positions is attributed to a change in tracking positions arising from the FPARS complement data clean up. The resulting technical adjustment does not represent any new positions nor does it require additional funding as it only represents a change in the methodology of calculating full-time equivalent positions for seasonal staff.
 - An increase of 3 temporary positions fully funded by the Province is required to support the delivery of primary health care services to medically complex patients under the Community Paramedicine Initiatives. These positions will be deleted in 2016.
- The 2015 Recommended staff changes are due to the following:
 - A decrease of 1 temporary capital funded position, that is no longer required for a completed capital project in 2014 (Mobile Data Communications project).

- An increase of 56 permanent paramedic positions and 2 permanent Superintendent positions to address the increase in emergency call demand and to maintain/improve PS response time to life-threatening emergency calls as recommended by the efficiency review in 2013.

Note: An additional 57 positions will be required in 2016 as part of the efficiency review recommendation to increase the paramedic complement by 220 by 2016. The 2013 and 2014 Approved Budgets included the addition of 107 new permanent paramedic positions.

- An increase of 4 temporary positions for the Pan Am / ParaPan Am Games in 2015 is required for the planning, managing and delivery of emergency medical response during the games in Toronto. These positions will be deleted in 2016.
- An increase of 2 temporary positions is required for the new Primary Care Paramedic Training Program that will provide participants with First Aid/CPR, Symptom Relief, Defibrillation and Class F (Ambulance) Driver's License training to be eligible to write the Ministry of Health and Long Term Care (MOHLTC) A-EMCA exam and the Ministry of Transportation license training.

- The 2015 Recommended Operating Budget includes base expenditure pressures of \$6.355 million, have been partially offset by \$2.554 million in recommended base revenue adjustments as detailed below:

Table 3
Key Cost Drivers

(In \$000s)	2015 Recommended Operating Budget				Total Rec'd 2015 Base Budget
	Community Paramedicine & Emergency Call Mitigation	Emergency Medical Care	City Emergency and Major Event Mass Casualty Care	Emergency Medical Dispatch & Preliminary Care	
Gross Expenditure Changes					
Prior Year Impacts					
Deletion of a temporary Capital Funded Position no longer required				(82.8)	(82.8)
Annualized Impact of 61 Positions approved in 2014		2,953.1			2,953.1
Annualized Impact of One-time Funding - Community Paramedicine Initiative 100% funded by the Province	256.8				256.8
Annualized Impact of operating costs for the Radio Infrastructure Replacement System				41.1	41.1
Economic Factors					
Corporate Changes	0.5	59.7	0.6	4.2	65.0
Program Changes	2.6	135.0	11.1	1.4	150.0
COLA and Progression Pay					
COLA for Non-union, Local 79 staff and related benefit adjustments	67.8	2,288.9	19.0	126.8	2,502.5
Progression Pay	18.6	219.2	12.0	101.4	351.2
Other Base Changes					
Various Adjustments	(21.6)	(108.7)	24.0	224.5	118.2
Review and Re-allocation of funding between Services	118.5	3,973.8	(4,243.3)	151.1	
Total Gross Expenditure Changes	443.1	9,520.9	(4,176.6)	567.6	6,355.1
Revenue Changes					
User Fees	(57.7)	26.6	(32.8)	1.7	(62.3)
Funding from Capital				(82.8)	(82.8)
Increase in Provincial Subsidy including subsidy adjustments resulting from the re-allocation of funding between Services	326.7	7,555.7	(4,574.3)	(608.7)	2,699.4
Total Revenue Changes	269.0	7,582.3	(4,607.1)	(689.9)	2,554.4
Net Expenditure Changes	174.1	1,938.6	430.5	1,257.5	3,800.7

Key cost drivers for Toronto Paramedic Services are as follows:

- Prior year impacts create a pressure of \$3.168 million based on the following:
 - The annualized costs to reflect the full year funding for 61 positions approved in 2014 will result in a \$2.953 million pressure for Emergency Medical Care service.
 - The expansion of Community Paramedicine initiatives under the Community Paramedicine & Emergency Call Mitigation service will create a pressure of \$0.257 million.
 - The operating impact for the Toronto Radio Infrastructure Replacement (TRIP) project, approved in 2014, will add a further pressure of \$0.041 million.

- Non-labour inflationary pressures for utilities of \$0.065 million and an increase in the contribution to the Vehicle Reserve of \$0.150 million to meet increased vehicle costs for ambulance vehicles and other smaller vehicles used by Toronto Paramedic Services impacts all four services of PS.
- Inflationary increases in salaries and benefits for payroll mainly COLA, progression pay and step increases and associated increase in benefits will create a pressure of \$2.854 million.
- Base budget pressures are partially offset by an increase in provincial subsidy of \$2.699 million to reflect the MOHLTC' share of the annual inflationary increases for payroll and non-payroll expenditures for the Land Ambulance program that is funded by the Province at 50%.
- Technical adjustments mainly for the Nurses Program are necessary to align gross expenditures and subsidies to better reflect the cost of service delivery between all services are recommended.

In order to offset the above pressures, the 2015 recommended service changes for Toronto Paramedic Services consist of base expenditures changes of \$1.300 million gross and \$0.050 million net and service changes of \$0.100 million gross and \$0.050 million net as detailed below:

Table 4
2015 Total Recommended Service Change Summary

Description (\$000s)	2015 Recommended Service Changes								Total Rec'd Service Changes			Incremental Change				
	Community Paramedicine & Emergency Call Mitigation		Emergency Medical Care		City Emergency and Major Event Mass Casualty Care		Emergency Medical Dispatch & Preliminary Care		\$	\$	#	2016 Plan		2017 Plan		
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Position	Gross	Net	Gross	Net	
Base Changes:																
Base Expenditure Changes																
<i>Line by Line Reductions based on actual experience</i>	(33.0)	(29.2)	(67.0)	(21.6)				0.8	(100.0)	(50.0)						
<i>Additional Gapping for Central Ambulance Communication Centre</i>									(1,200.0)							
Base Expenditure Change	(33.0)	(29.2)	(67.0)	(21.6)					(1,200.0)	0.8						
Service Changes																
<i>50% Reduction in Funding for the Public Education and Access Program</i>	(1.2)	(0.6)	(82.0)	(41.0)	(0.8)	(0.4)	(16.0)	(8.0)	(100.0)	(50.0)						
Sub-Total	(1.2)	(0.6)	(82.0)	(41.0)	(0.8)	(0.4)	(16.0)	(8.0)	(100.0)	(50.0)						
Total Changes	(34.2)	(29.8)	(149.0)	(62.6)	(0.8)	(0.4)	(1,216.0)	(7.2)	(1,400.0)	(100.0)						

Base Expenditure Changes (Savings of \$1.300 million gross & \$0.050 million net)

Reductions based on Actual Experience

- A line by line review of actual expenditures resulted in an expenditure reduction of \$0.100 million gross and \$0.050 million net mainly in other materials and supplies across all three services.

Additional Gapping for Central Ambulance Communication Centre

- Additional gapping of \$1.200 million gross and revenues as a cost containment measure to reduce expenditures and the associated provincial subsidy to align the 2015 budget to the Provincial maximum subsidy in 2015. There is no change to service levels from 2014 as the Program has been implementing a hiring freeze to reduce expenditures to alleviate the Provincial funding shortfall for the CACC program over the last 2 years.

Service Changes (Savings of \$0.100 million gross & \$0.050 million net)

50% Reduction in Funding for the Public Education and Access Program

- The Public Education and Access Program focuses on mitigating future call demand by helping the general public become more aware of when and where to access appropriate medical or health care resources. The campaign reduces the number of emergency responses to patients by educating the public so that they know when to call 911 and when to access other more appropriate health care organizations.
- The reduction in funding by \$0.100 million will reduce the 52-week communication campaign to approximately 26 weeks. Toronto Paramedic Services will be changing the way the program is delivered to ensure that there will be minimal impact on service levels.

Table 5

2015 Total Recommended New & Enhanced Service Priorities Summary

Description (\$000s)	New and Enhanced						Total Rec'd Service Changes			Incremental Change			
	Community Paramedicine & Emergency Call Mitigation		Emergency Medical Care		City Emergency and Major Event Mass Casualty Care		\$'s	\$'s	Position	2016 Plan		2017 Plan	
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	#	Gross	Net	Gross	Net
Enhanced Services Priorities													
Add 56 Permanent Paramedic Staff			2,950.8	2,950.8			2,950.8	2,950.8	56.0	2,979.6	1,504.2		(1,489.8)
Add 2 Permanent Superintendent Operations			158.7	158.7			158.7	158.7	2.0	134.3	54.9		(67.2)
Sub-Total			3,109.5	3,109.5			3,109.5	3,109.5	58.0	3,113.9	1,559.2		(1,557.0)
New Service Priorities													
(a) New Services													
Primary Care Paramedic Training Program			300.0				300.0		2.0	(300.0)			
PanAm Preparation					409.5		409.5		4.0	(409.5)			
PanAm Operations					1,600.0		1,600.0			(1,600.0)			
Community Agency Notification System Project	250.0						250.0			(250.0)			
(b) New Fees													
PD Education - New Revenues		(13.3)		(13.3)		(0.1)		(13.4)			(0.3)		(0.3)
Sub-Total	250.0	(13.3)	300.0	(13.3)	2,009.5	(0.1)	2,559.5	(13.4)	6.0	(2,559.5)	(0.3)		(0.3)
Total	250.0	(13.3)	3,409.5	3,096.2	2,009.5	(0.1)	5,669.0	3,096.1	64.0	554.4	1,558.9		(1,557.3)

Recommended Enhanced Service Priorities (\$3.110 million gross & net)

Addition of 56 Paramedic Positions in 2015

- At its meeting of July 16 – 18, 2013, City Council adopted a report from the City Manager and Deputy City Manager entitled "Results of the Service and Organizational Review of Toronto EMS and Toronto Fire Services" which included the results of the recently completed EMS/Fire Service and Organizational Review by Pomax LTD, the consultants' recommendations and the City Manager's recommended disposition of each.
- The report recommended that PS increase its response capacity by 223,451 staffed vehicle hours based on the increasing trend in emergency call demand for paramedics over the last ten years (28% increase between 2002 and 2011) driven by a growing and aging Toronto population. The consultants estimated that as call demands are expected to rise by 2% to 4% annually, the City requires an additional 169 paramedic positions by 2016 for a total 220 positions including the 51 positions approved in 2013. The 2014 Approved Operating Budget includes the addition of 56 positions for a total of 107 positions approved since 2013.
- The 2015 Recommended Operating Budget includes funding of \$2.951 million for the additional 56 paramedic positions and another 57 positions are planned for 2016. The additional permanent paramedic positions will assist PS in maintaining/improving its response time to life-threatening

emergency calls (currently at 64.4%), reduce overtime pressures caused by maintaining ambulance availability to the community and help balance paramedic and dispatcher workload.

Addition of 2 Permanent Superintendent Operations positions

- Funding of \$0.159 million for 2 Superintendent Operations positions is required to maintain the standard paramedic to superintendent ratio of 25:1. The Superintendent Operations supervises the activities of paramedics in the field and is responsible for maintaining a safe, appropriate and balanced workload for paramedics.

Recommended New Service Priorities (\$2.560 million gross & (\$0.013) million net)

Primary Care Paramedic (PCP) Program

- Toronto Paramedic Services, in partnership with Toronto Employment and Social Services (TESS), will provide a Primary Care Paramedic (PCP) program aimed at recruiting from diverse communities. This program will allow individuals who have the capability and potential, to have access to a PCP training program in order to become life-saving professionals by mitigating their costs and helping them become self-reliant. This is the first initiative of its kind in Canada.
- In 2013, Toronto Paramedic Services' Primary Care Paramedic Program was approved by the MOHLTC and is equivalent to a College of Applied Arts and Technology (CAAT) program. The cost of these programs at private career colleges averages \$14,000.00 - \$18,000.00 per person and \$4,200 - \$6,800 per person at community colleges.
- The program will require funding of \$0.300 million and two (2) new Temporary Superintendent, Education and Development positions. The cost of providing this training to 15 individuals is 100% funded by Toronto Employment and Social Services (TESS).
- The program will provide these individuals First Aid/CPR, Symptom Relief, Defibrillation and Class F (Ambulance) Driver's License training to become eligible to write the Ministry of Health and Long-Term Care A-EMCA exam and the Ministry of Transportation license testing.

PanAm Games – Preparation

- The Pan Am/ParaPan American Games are a multi-sport event that will run from July 10 – 26, while the 2015 ParaPan Am Games will be held from August 7 – 14, 2015. Toronto Paramedic Services requires the addition of 4 new temporary positions dedicated to the development of an Incident Management System (IMS) geared towards events with multiple mass gatherings. The 4 temporary positions are: 1 Commander Operations, 1 Deputy Commander, 1 Superintendent Operations and 1 Superintendent Planning. Funding of \$0.410 million will cover the period January 1 – September 30, 2015.
- The planning and development of the Incident Management Systems for Toronto Paramedic Services involves developing plans to respond to emergency situations that may occur during the games, identifying hazards and risks, and developing strategies to prevent or reduce those risks to ensure public safety.
- The special planning staff will liaise with the Toronto 2015 Organizing Committee, Toronto 2015 Medical Planning team, the City Team 2015, the Toronto Police Services, the Base Hospital and

Local Health Integration Networks, Toronto Fire Services, Office of Emergency Management, external emergency medical services and a host of other Divisions and Agencies.

- The 2015 recommended funding of \$0.410 million will be funded from the Tax Rate Stabilization Reserve.

PanAm Games – Operations

- Funding of \$1.600 million (100% funded from Ontario/TO2015), is required for Toronto Paramedic Services to provide additional emergency coverage that are over and above the regular scheduled shifts as emergency response coverage across the City must be maintained at all times. Staff that will be working additional shifts will be paid at an overtime hourly rate of pay, per the terms and conditions of the Collective Agreement for Local 416 members.
- No additional positions are required for the event as staffing costs will be accommodated using the overtime provision in the Local 416 agreement.

Community Agency Notification System Project

- The Community Agency Notification project with funding of \$0.250 million is 100% funded one-time by the Ministry of Health and Long Term Care to enhance and expand the existing Community Agency Notification (CAN) program through an upgrade of the notification platform. This will allow the delivery of real time client specific messaging to alert community partners of patient interactions with paramedic services and enhance the circle of care communication for enrolled patients.
- The CAN program is a communication protocol that notifies community supports about client situations involving contact with paramedics, transport to hospital by Toronto Paramedic Services, or on arrival at emergency departments.
- The planned notification platform upgrade will ensure a seamless transition for clients while remaining connected to their established supports regardless of where they are in the health care continuum. PS will be better able to support clients through improved care coordination and increased delivery of appropriate services.

Paramedic Services (PS) Education – New Revenues

- Toronto Paramedic Services has developed a new course for Paramedics called "Tactical Medical Essentials".
- The Tactical Medical Essentials is a 2-day course that has didactic training and hands-on simulation. The course is designed to teach paramedics, doctors, police and military personnel on how to provide tactical medicine in high-threat environments. Those who complete this challenging course will take home an enhanced skill set of tactical medical skills and will have a far better knowledge of tactics to respond in a critical community crisis.
- The new course will have approximately 30 external participants and is expected to generate new revenues of \$0.013 million.

Table 6
2016 and 2017 Plan by Program

Description (\$000s)	2016 - Incremental Increase					2017 - Incremental Increase				
	Gross Expense	Revenue	Net Expense	% Change	# Positions	Gross Expense	Revenue	Net Expense	% Change	# Positions
Known Impacts:										
Progression Pay & Step Increases	351.2		351.2	0.5%		351.2		351.2	0.5%	
Annualization										
Annualized impact of 58 Positions recommended in 2015	3,113.9	1,554.8	1,559.2	2.1%			1,557.0	(1,557.0)	(2.1%)	
One-Time 100% Provincial Funding - Community Paramedicine Initiative (MDI)	(357.1)	(357.1)			(3.0)					
One-Time 100% Provincial Funding - Community Agency Notification System Project to support MDI	(250.0)	(250.0)								
One-Time Funding - PanAm Games	(2,009.5)	(2,009.5)			(4.0)					
One-time Funding from Toronto Employment & Social Services - Primary Care Paramedic Training Program	(300.0)	(300.0)			(2.0)					
Operating Impacts of Capital										
Contribution to the Equipment Reserve for the 40 New Defibrillators	175.0		175.0	0.2%			87.5	(87.5)	(0.1%)	
Contribution to the Equipment Reserve for 200 Power Stretchers	450.0		450.0	0.6%			225.0	(225.0)	(0.3%)	
Utilities and Contracted Services for the New Station at the Northwest District	84.0		84.0	0.1%			42.0	(42.0)	(0.1%)	
Contribution to the Vehicle Reserve - Additional Ambulance Vehicles						252.0		252.0	0.3%	
Operating Expenses (IDC/IDR)										
IDC - IT	14.0		14.0	0.0%						
Other										
Economic Factor						3.8	0.1	3.7		
Revenue:										
Inflationary increase for User Fees		28.1	(28.1)	(0.0%)			28.1	(28.1)	(0.0%)	
Increase in Provincial subsidy for eligible costs.		1,476.5	(1,476.5)	(2.0%)						
Sub-Total	1,271.6	142.8	1,128.8	1.5%	(9.0)	607.1	1,939.7	(1,332.6)	(1.8%)	
Anticipated Impacts:										
Additional 57 Paramedics	3,040.8		3,040.8	4.1%	57.0	3,113.0	1,520.4	1,592.6	2.1%	
Additional 2 Superintendents	161.7		161.7	0.2%	2.0	136.9	80.9	56.0	0.1%	
Sub-Total	3,202.5		3,202.5	4.3%	59.0	3,249.9	1,601.2	1,648.6	2.2%	
Total Incremental Impact	4,474.1	142.8	4,331.3	5.8%	50.0	3,856.9	3,541.0	316.0	0.4%	

Future year incremental costs are primarily attributable to the following:

Known Impacts

- Salaries and benefit increases of \$0.351 million for 2016 and 2017 are due to step increments, progression pay and associated benefits. COLA increases for Local 79 and 416 are not included in 2016 and 2017 as these will be determined in the next collective agreement.
- Annualized costs to ensure full year funding for 58 new positions (56 Paramedics and 2 Superintendent – Operations) will require incremental funding of \$3.114 million.
 - The additional Provincial funding of \$1.555 million in 2016 mainly reflects the Provincial share of 50% for the salaries and benefits for the 58 new permanent positions approved in 2015 and the Provincial subsidy increase of \$1.557 million in 2017 reflects the Provincial share of 50% of

recommended increases of eligible expenditures in 2016. The Province funds its 50% share in the 2nd year of operations.

- One-time funding of \$0.607 million (\$0.507 million recommended in 2015 and \$0.100 million approved in 2014) for the Community Paramedicine Initiatives, \$2.010 million for the PanAm / ParaPan Am Games and \$0.300 million for the Primary Care Paramedic Training Program will be reversed in 2016 including the deletion of 9 temporary positions that are no longer required.
- The operating impact of completed capital projects of \$0.709 million account for increased contributions to the equipment reserve of \$0.175 million for the replacement of defibrillators and \$0.450 million for power stretchers and increase in operating costs of \$0.084 million for the ambulance station at 1300 Wilson Avenue that is scheduled for completion in 2016 with Provincial funding of 50% beginning in 2017.

Anticipated Impacts

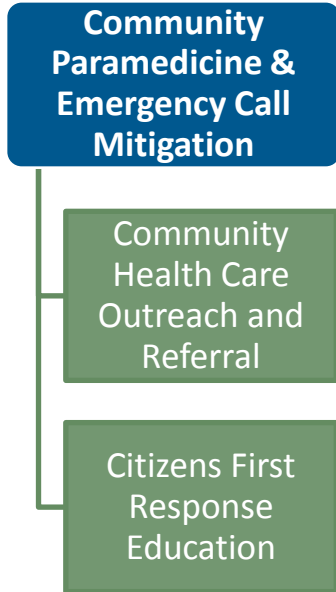
- The 2016 Plan reflects the additional increase of 59 positions (57 paramedic positions and 2 Superintendent positions) bringing the total increase to 220 new paramedic positions by 2016 as recommended by the Fire/EMS Efficiency Review adopted by City Council in July 2013.
- The annualized impact of these positions is reflected in 2017 together with increased revenues of \$1.601 million to reflect the Provincial share of 50% for increases in 2016 as the province funds its 50% share in the 2nd year of operations.



Part II:

2015 Recommended
Budget by Service

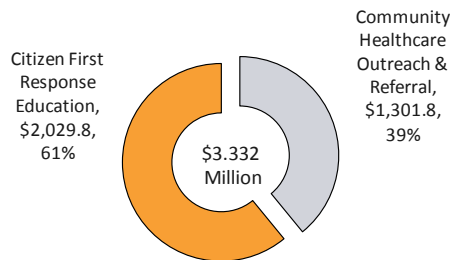
Community Paramedicine & Emergency Call Mitigation



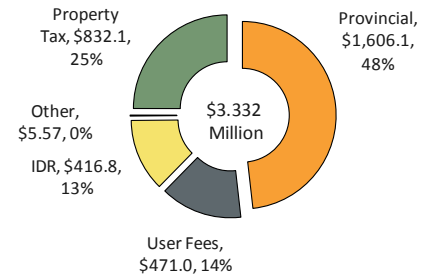
What We Do

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

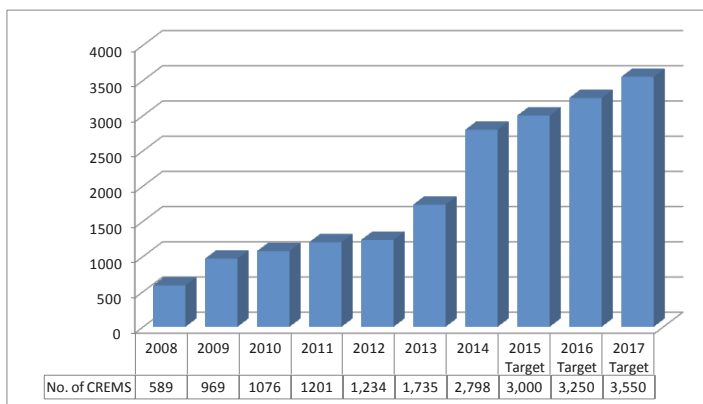
2015 Service Budget by Activity (\$000s)



Service by Funding Source (\$000s)



Community Referrals - Toronto Paramedic Service



- CREMS (Community referrals by PS) Paramedics refer patients to community health agencies which allow independent and supportive aging at home and reduces emergency department visits.
- Due to an aging population, paramedic referrals are expected to increase. (83.5% of all CREMS in 2014 were for those 65 years and older)
- The paramedic's ability to refer patients electronically to Community Care Access Agencies was introduced in April 2013 leading to a significant increase in referrals.

2015 Service Levels

Community Paramedicine & Emergency Call Mitigation

Activity	Type	Sub-Type	Status	Service Levels				
				2011	2012	2013	2014	2015 Recommended
Citizen First Response Education	Safe City – Emergency Medical Training Courses Provided		Approved	New in 2014			1000 courses are to be provided and over 13,000 participants certified in CPR/PAD and First Aid in 2014	1000 courses are to be provided and estimated 13,821 participants certified in CPR/PAD and First Aid in 2015
			Actual	876 Courses Provided with 12,213 participants	866 Courses Provided with 12,791 participants	1,000 Courses Provided with 12,657 participants	1,000 Courses Provided with approximately 13,163 participants	
Number of Registered (PAD) Public Access Defibrillators = (AED) Automated External Defibrillators			Approved	New in 2014			1,425 AED's registered throughout the city in 2014.	1,495 AED's registered throughout the city in 2015.
			Actual	1,204 AED's registered throughout the city in 2011.	1,335 AED's registered throughout the city in 2012.	1,398 AED's registered throughout the city in 2013.	1,495 AED's registered throughout the city in 2013.	
Safe City – CPR Courses Provided			Approved	900 Courses Provided 12,000 participants trained in CPR/PAD and First Aid in 2011	900 courses provided and over 12,000 participants certified in CPR/PAD and First Aid in 2012	1000 courses are to be provided and over 13,000 participants certified in CPR/PAD and First Aid in 2013	Replaced by new category "Safe City - Emergency Medical Training Courses Provided"	N/A
Safe City – First-Aid Courses			Approved	500 courses and 700 participants certified in CPR for 2011	500 courses and 700 participants certified in CPR for 2011	550 courses and 770 participants are expected to be certified in CPR for 2013	Consolidated into new category "Safe City - Emergency Medical Training Courses Provided"	N/A
Safe City Automated External Defibrillators (AEDs) training			Approved	1204 AED's installed and managed 24/7 at the end of 2011. Approximately 700 of the AED's are located in City of Toronto sites.	1,284 AEDs installed and managed 24/7 for 2012. Approximately 700 AEDs are located in City of Toronto sites	1,500 AEDs installed and managed 24/7 for 2013. Approximately 730 AEDs are located in City of Toronto sites	Replaced by new category "Safe City - Emergency Medical Training Courses Provided"	N/A
Safe City Automated External Defibrillators (AEDs) maintenance and support			Approved				Replaced by new Category "Number of Registered (PAD) Public Access Defibrillators = (AED) Automated External Defibrillators"	N/A

Toronto Paramedic Services provides CPR/Public Access Defibrillator training to both internal and external clients. The Program plans to increase the number of participants per course by 5% every year to minimize the cost in providing these courses.

The number of AEDs registered across the City will increase as the public is made aware of the accessibility of Public Access Defibrillators. In 2014, Toronto Paramedic Services purchased 70 AEDs to ensure widespread access to AEDs in workplaces and public areas across the City and will not be purchasing new equipment in 2015. The Program is projecting an increase of 25 AEDs in 2016 and 2017 with 100% funding from the Heart & Stroke Foundation.

Table 7

2015 Recommended Service Budget by Activity

(\$000s)	2014	2015 Recommended Operating Budget							2015 Rec'd Budget vs. 2014 Budget		Incremental Change				
	Approved Budget	Base Budget	Rec'd Service Changes	2015 Rec'd Base	Rec'd Base Budget vs. 2014 Budget	% Change	Rec'd New/Enhanced	2015 Rec'd Budget			2016 Plan		2017 Plan		
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%	
GROSS EXP.															
Community Healthcare Outreach & Referral	859.0	1,052.0	(0.2)	1,051.8	192.8	22.4%	250.0	1,301.8	442.8	51.5%	(594.8)	(45.7%)	12.3	1.7%	
Citizen First Response Education	1,813.7	2,063.9	(34.1)	2,029.8	216.0	11.9%		2,029.8	216.0	11.9%	29.9	1.5%	30.0	1.5%	
Total Gross Exp.	2,672.7	3,115.9	(34.3)	3,081.6	408.8	15.3%	250.0	3,331.6	658.8	24.7%	(564.9)	(17.0%)	42.3	1.5%	
REVENUE															
Community Healthcare Outreach & Referral	547.0	756.7	(1.9)	754.8	207.8	38.0%	250.0	1,004.8	457.8	83.7%	(607.1)	(60.4%)			
Citizen First Response Education	1,437.9	1,497.2	(2.6)	1,494.7	56.8	3.9%		1,494.7	56.8	3.9%	12.4	0.8%	12.4	0.8%	
Total Revenues	1,984.9	2,253.9	(4.5)	2,249.5	264.6	13.3%	250.0	2,499.5	514.6	25.9%	(594.7)	(23.8%)	12.4	0.6%	
NET EXP.															
Community Healthcare Outreach & Referral	312.0	295.3	1.7	297.0	(15.0)	(4.8%)		297.0	(15.0)	(4.8%)	12.3	4.1%	12.3	4.0%	
Citizen First Response Education	375.8	566.6	(31.5)	535.1	159.3	42.4%		535.1	159.3	42.4%	17.5	3.3%	17.6	3.2%	
Total Net Exp.	687.8	861.9	(29.8)	832.1	144.3	21.0%		832.1	144.3	21.0%	29.8	3.6%	29.9	3.3%	
Approved Positions	16.2	16.2		16.2	(0.0)	(0.1%)		16.2			(3.0)	(18.5%)			

The 2015 Recommended Operating Budget for **Community Paramedicine & Emergency Call Mitigation** of \$3.332 million gross and \$0.832 million net is \$0.144 million or 21% over the 2014 Approved Net Budget.

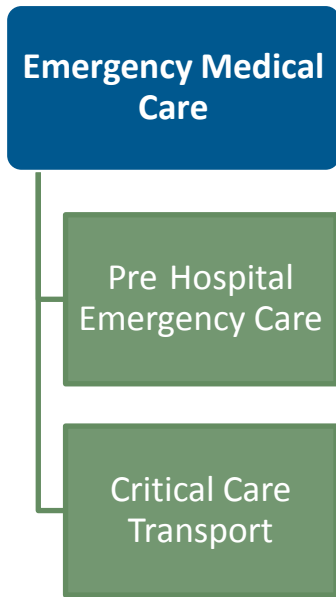
The **Community Paramedicine and Emergency Call Mitigation** is a non-emergency, community-based service with a focus on health promotion, system navigation and injury prevention. In this service, referrals are made by paramedics who respond to 911 calls based on a determination that a patient is in need of additional healthcare or support services. This service includes 2 activities which are discussed below:

- The **Community Healthcare Outreach and Referral** activity provides community-based primary medical care and referrals that support aging at home, health promotion, illness and injury prevention for seniors and vulnerable citizens, thereby mitigating emergency 911 calls.
 - The 2015 Recommended Operating Budget for Community Healthcare Outreach and Referral of \$1.302 million gross and \$0.297 million net is \$0.015 million or 4.8% under the 2014 Approved Budget.
 - Base budget pressures are due mainly to inflationary increases in salaries and benefits and the 2015 funding for three Community Medicine initiatives (funded 100% by MOHLTC) to support the delivery of primary health care services medically complex patients. These base pressures are more than offset by an increase in Provincial subsidy.
 - The 2015 Recommended Operating Budget includes new funding of \$0.250 million, fully funded by MOHLTC, for the Community Agency Notification (CAN) system upgrade. The CAN program is a communication protocol that notifies community supports about client situations

involving contact with paramedics, transport to hospital by Toronto Paramedic Services, or on arrival at emergency departments.

- The **Citizen First Response Education** activity provides citizen first response education and awareness within the community to support medical first response for all health care emergencies thereby mitigating emergency 911 calls.
 - The 2015 Recommended Operating Budget for Citizen First Response Education of \$2.030 million gross and \$0.535 million net is \$0.159 million or 42.4% over the 2014 Approved Budget.
 - Base budget pressures are mainly due to inflationary increases in salaries and benefits.
 - These base pressures are partially offset by base expenditure savings of \$0.034 million resulting from a line by line review of expenditures to reflect actual experience.
- The 2016 Plan reflects the reversal of one-time funding of \$0.607 million gross and revenues for the Community Paramedicine initiatives and for the Community Agency Notification system upgrade impacting both activities.

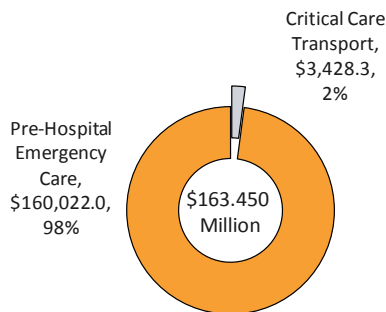
Emergency Medical Care



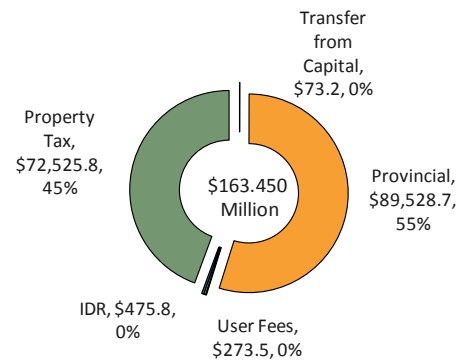
What We Do

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

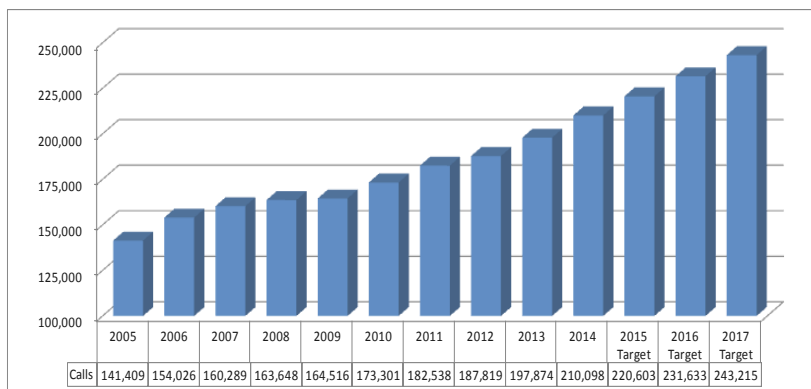
2015 Service Budget by Activity (\$000s)



Service by Funding Source (\$000s)



Number of Emergency Transports Provided



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

2015 Service Levels Emergency Medical Care

Activity	Type	Sub-Type	Status	Service Levels				
				2011	2012	2013	2014	2015 Recommended
Pre-Hospital Emergency Care	Number of Emergency Calls (Unique Incidents)		Approved	New in 2014			During 2014, Toronto EMS expects to respond to 272,165 unique incidents	During 2015, Toronto EMS expects to respond to 285,278 unique incidents
			Actual	252,029	258,541	264,682	274,200	
	Number of Patient Transports		Approved	New in 2014			During 2014, Toronto EMS expects to transport 202,469 patients	During 2015, Toronto EMS expects to transport 220,603 patients
			Actual	182,538	187,819	197,874	210,098	
	Percentage of Time Response is made to Life Threatening Calls within 8:59 Minutes		Approved	New in 2014			During 2014, Toronto EMS expects to respond to life threatening calls within 8:59 minutes 66% of the time.	During 2015, Toronto EMS expects to respond to life threatening calls within 8:59 minutes 68% of the time.
			Actual	61%	62%	64%	64.4%	
	Emergency (including Standby) Access		Approved	During 2011, Toronto EMS dispatched a paramedic crew within 2 minutes in 65% of apparently life threatening calls.	In 2012: Toronto EMS expects to dispatch a paramedic crew within 2 minutes in 60% of apparently life threatening calls.	In 2013: Toronto EMS expects to dispatch a paramedic crew within 2 minutes in 60% of apparently life threatening calls.	Service level replaced by a more relevant service level and moved to Emergency Medical Dispatch & Preliminary Care	N/A
	Primary/Advanced Patient Care		Approved	In 2011, EMS arrived at critical calls within 8:59 minutes in 62.9% of cases.	In 2012, EMS arrived at critical calls within 8:59 minutes in 60 % of cases.	In 2013, EMS expects to arrive at critical calls within 8:59 minutes in 60 % of cases.	Replaced by "Percentage of Time Response is made to Life Threatening Calls within 8:59 Minutes" measure.	N/A
	Emergency Transport		Approved	Response time standards vary by type of emergency transport	Response time standards vary by type of emergency transport	Response time standards vary by type of emergency transport	Replaced by "Percentage of Time Response is made to Life Threatening Calls within 8:59 Minutes" measure.	N/A

Toronto Paramedic Services' call demand for emergency medical response has increased over the last ten years and is expected to increase by 5% every year mainly driven by a growing and aging Toronto population. Following this trend, the Program is projecting a 4% and 5% increase over previous year's actual number of patient transports and the number of unique incidents respectively.

The Ministry of Health requires all emergency medical service providers in Ontario to establish an ambulance response time performance. The target for Toronto Paramedic Services to arrive at life-threatening emergency calls is 8:59 minutes 90% of the time. Toronto Paramedic Services is projecting 68%, an improvement over the 2014 response of 64.4% with the addition of 56 paramedic positions.

Table 7
2015 Recommended Service Budget by Activity

(\$000s)	2014	2015 Recommended Operating Budget							2015 Rec'd Budget vs. 2014 Budget		Incremental Change			
	Approved Budget	Base Budget	Rec'd Service Changes	2015 Rec'd Base	Rec'd Base Budget vs. 2014 Budget		Rec'd New/Enhanced	2015 Rec'd Budget			2016 Plan		2017 Plan	
	\$				\$	\$			\$	\$	%	\$	%	\$
GROSS EXP.														
Pre-Hospital Emergency Care	147,227.4	156,759.7	(147.2)	156,612.5	9,385.1	6.4%	3,409.5	160,022.0	12,794.6	8.7%	6,810.6	4.3%	3,589.8	2.2%
Critical Care Transport	3,441.5	3,430.1	(1.8)	3,428.3	(13.2)	(0.4%)		3,428.3	(13.2)	(0.4%)	20.0	0.6%	20.1	0.6%
Total Gross Exp.	150,668.9	160,189.8	(149.0)	160,040.8	9,371.9	6.2%	3,409.5	163,450.4	12,781.5	8.5%	6,830.7	4.2%	3,609.9	2.1%
REVENUE														
Pre-Hospital Emergency Care	79,956.8	87,483.3	(85.3)	87,398.1	7,441.3	9.3%	313.0	87,711.0	7,754.3	9.7%	2,737.3	3.1%	3,518.8	3.9%
Critical Care Transport	3,158.6	3,214.4	(1.1)	3,213.3	54.7	1.7%	0.3	3,213.5	55.0	1.7%	0.1	0.0%	0.1	
Total Revenues	83,115.4	90,697.7	(86.4)	90,611.3	7,495.9	9.0%	313.3	90,924.6	7,809.2	9.4%	2,737.4	3.0%	3,519.0	3.6%
NET EXP.														
Pre-Hospital Emergency Care	67,270.6	69,276.4	(61.9)	69,214.5	1,943.8	2.9%	3,096.5	72,311.0	5,040.4	7.5%	4,073.3	5.6%	70.9	0.1%
Critical Care Transport	282.9	215.8	(0.7)	215.1	(67.8)	(24.0%)	(0.3)	214.8	(68.1)	(24.1%)	19.9	9.3%	20.0	8.5%
Total Net Exp.	67,553.5	69,492.1	(62.6)	69,429.5	1,876.0		3,096.2	72,525.8	4,972.2	7.4%	4,093.2	5.6%	90.9	0.1%
Approved Positions	1,115.2	1,115.2		1,115.2			60.0	1,175.2	60.0	5.4%	57.0	4.9%		

The 2015 Recommended Operating Budget for Emergency Medical Care of \$163.450 million gross and \$75.526 million net is \$4.972 million or 7.4% over the 2014 Approved Net Budget.

The **Emergency Medical Care** services provides emergency and preventative care services to the people of Toronto through activities such as pre-hospital emergency care and inter facility patient transport services. This service includes 2 activities which are discussed below:

- The **Pre-Hospital Emergency Care** provides paramedic treatment on-site for a wide variety of injuries and medical conditions, while also providing supportive patient care and safe transportation to an appropriate medical facility.
 - Pre-Hospital Emergency Care's 2015 Recommended Operating Budget of \$160.022 million gross and \$72.311 million net which is \$5.040 million or 7.5% over the 2014 Approved Budget.
 - Base pressures are mainly increases in salaries and benefits due to COLA, Step and Progression Pay and benefit adjustments as well as the annualized cost to reflect full year funding for the 61 positions approved in 2014 totalling \$5.461 million.
 - Other base pressure includes \$0.150 million to reflect the increased contribution to the Vehicle Reserve to accommodate increased vehicle costs of ambulance vehicles due for replacement.
 - To help mitigate the base pressures, operational efficiency and service changes of \$0.149 million gross and \$0.063 million net and increase in revenues of \$0.326 million consisting mainly of the Provincial share of 50% for operating costs of the Land Ambulance Program.
 - Technical adjustments reflect the transfer of the Nurses Program (\$4.243 million) from City Emergency and Major Event Mass Casualty Care service to Emergency Medical Care service and are being recommended to align gross expenditures and subsidies to better reflect the cost of service delivery. There will be no overall impact as this is funded 100% by MOHLTC.

- The 2015 Recommended Operating Budget includes new funding of \$3.410 million for 2 new/enhanced service priorities that will fund:
 - An increase of 58 positions (56 Paramedics and 2 Superintendent Operations) that requires funding of \$3.110 million that will assist PS in meeting the increased emergency call demands and maintain/improve its response time to life-threatening emergency calls (64.4% in 2014) to 68%.
 - An increase of 2 positions for a new Primary Care Paramedic (PCP) Program that requires funding of \$0.300 million, funded by Toronto Employment and Social Services (TESS) that is aimed at recruiting 15 individuals from diverse communities to become life-saving professionals by mitigating their costs and helping them become self-reliant. This is the first of its kind in Canada.
- The **Critical Care Transport** provides medically appropriate and functionally sound transport for critically ill patients in the greater Toronto area between hospital intensive care units.
 - Critical Care Transport's 2015 Recommended Operating Budget of \$3.428 million gross and \$0.215 million net is \$0.068 million or 24.1% below the 2014 Approved Budget.
 - Base budget reductions are mainly due to technical adjustments between activities that are necessary to better reflect the cost of service delivery.
- The 2016 and 2017 Plans include increases in salaries and benefits due to step increments and progression pay increases and annualization costs of the 58 new permanent positions recommended for approval in 2015.
- The 2016 and 2017 future year incremental costs also includes a funding pressure due to the projected increase of 57 Paramedic positions and 2 Operations Superintendent as recommended by the Fire/EMS Efficiency Review to meet the anticipated 5% increase in emergency call demand.

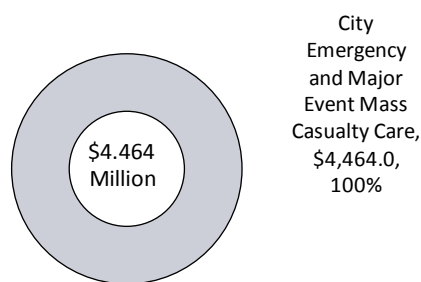
City Emergency & Major Event Mass Casualty Care

City Emergency & Major Event Mass Casualty Care

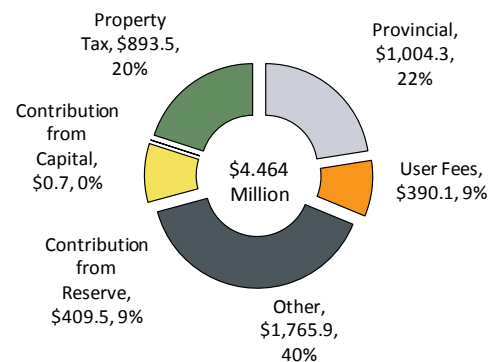
What We Do

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

2015 Service Budget by Activity (\$000s)



Service by Funding Source (\$000s)



2015 Service Levels

City Emergency & Major Event Mass Casualty Care

Activity	Type	Sub-Type	Status	Service Levels				2015 Recommended
				2011	2012	2013	2014	
City Emergency & Major Event Mass Casualty Care	Percentage of management staff trained in IMS (Incident Management System)		Approved	New in 2014				In 2014, Toronto EMS expects the Percentage of Management Staff Trained in IMS to be 85%. In 2015, Toronto EMS expects the Percentage of Management Staff Trained in IMS to be 95%.
			Actual	N/A	63%	75%		

Management staff are trained on a regular basis to respond to critical emergency incidents. The Incident Management System provides standardized organizational structures, functions, processes and terminology for use at all levels of emergency response in Ontario.

Table 7

2015 Recommended Service Budget by Activity

(\$000s)	2014	2015 Recommended Operating Budget							Incremental Change					
	Approved Budget	Base Budget	Rec'd Service Changes	2015 Rec'd Base	Rec'd Base Budget vs. 2014		Rec'd New/Enhanced	2015 Rec'd Budget	2015 Rec'd Budget vs. 2014 Budget		2016 Plan		2017 Plan	
					Budget	% Change			\$	%	\$	%	\$	%
GROSS EXP.														
City Emergency and Major Event Mass	6,631.8	2,455.3	(0.8)	2,454.5	(4,177.4)	(63.0%)	2,009.5	4,464.0	(2,167.9)	(32.7%)	(1,891.6)	(42.4%)	118.5	4.6%
Total Gross Exp.	6,631.8	2,455.3	(0.8)	2,454.5	(4,177.4)	(63.0%)	2,009.5	4,464.0	(2,167.9)	(32.7%)	(1,891.6)	(42.4%)	118.5	4.4%
REVENUE														
City Emergency and Major Event Mass Casualty Care	6,168.4	1,561.4	(0.4)	1,561.0	(4,607.4)	(74.7%)	2,009.5	3,570.5	(2,597.9)	(42.1%)	(2,000.1)	(56.0%)	9.4	0.6%
Total Revenues	6,168.4	1,561.4	(0.4)	1,561.0	(4,607.4)	(74.7%)	2,009.5	3,570.5	(2,597.9)	(42.1%)	(2,000.1)	(56.0%)	9.4	0.6%
NET EXP.														
City Emergency and Major Event Mass Casualty Care	463.5	893.9	(0.4)	893.5	430.0	92.8%		893.5	430.0	92.8%	108.5	12.1%	109.1	10.9%
Total Net Exp.	463.5	893.9	(0.4)	893.5	430.0	92.8%		893.5	430.0	92.8%	108.5	12.1%	109.1	9.8%
Approved Positions	10.0	10.0		10.0			4.0	14.0	4.0	40.0%	(4.0)	(28.6%)		

The 2015 Recommended Operating Budget for City Emergency & Major Event Mass Casualty Care of \$4.464 million gross and \$0.894 million net is \$0.430 million or 92.8% over the 2014 Approved Net Budget.

The **City Emergency and Major Event Mass Casualty Care** service provides medical coverage for a variety of large scale events such as festivals and parades as well as responds to potential mass casualty incidents (fires, multi-patient car accidents, etc.), support for large crowd situations such as festivals and parades.

- Base pressures are mainly due to inflationary increases in payroll and non-payroll of \$0.067 million which are partially offset by service changes of \$0.008 million gross and \$0.004 million net.
- A re-alignment of expenditures resulted in the transfer of \$4.243 million for the Nurses Program of \$4.243 million from City Emergency and Major Event Mass Casualty Care service to Emergency Medical Care as this initiative falls under the provision of medical care with no overall impact as this is funded 100% by MOHLTC.
- The 2015 Recommended Operating Budget includes new funding of \$2.010 million to fund Toronto Paramedic Services' preparation and participation in the PanAm/ParaPan Am games scheduled in July/August 2015.
- The Program has introduced a new course for Paramedics called "Tactical Medical Essentials" aimed at enhancing Paramedic's tactical medical skills to gain a better knowledge of tactics to respond in a critical community crisis. This course will generate new revenues of \$0.013 million in 2015.
- The 2016 and 2017 Plans incremental pressure are mainly attributable to salaries and benefits due to step increments and progression pay increases partially offset by the reversal of \$2.010 million in one-time funding for the PanAm Games in 2016.

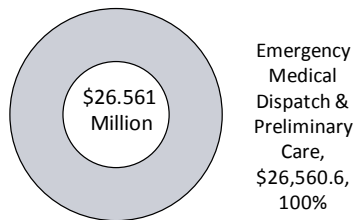
Emergency Medical Dispatch & Preliminary Care

Emergency Medical Dispatch & Preliminary Care

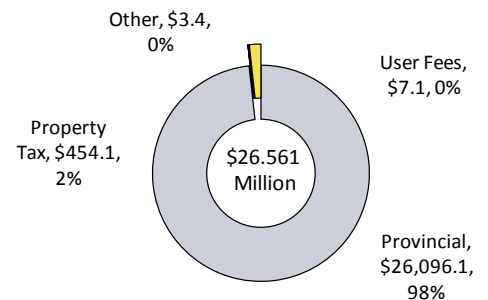
What We Do

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

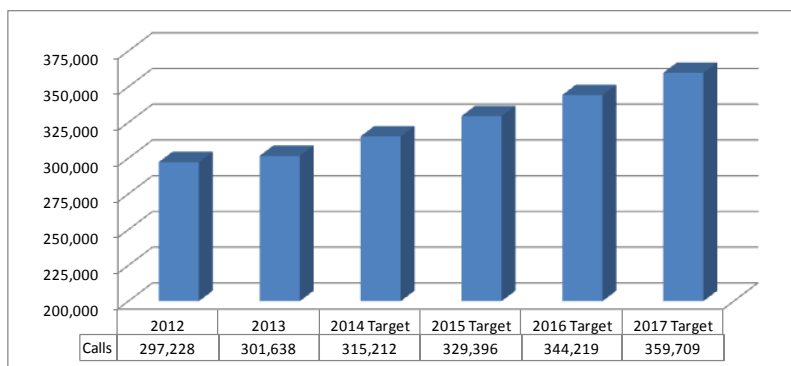
2015 Service Budget by Activity (\$000s)



Service by Funding Source (\$000s)



Number of Emergency Calls Processed



- The number of emergency calls to be processed is projected to increase at a rate of 3% to 5% per year.
- Emergency Calls rise as Toronto's population grows.
- An aging population also contributes to the increased number of Emergency Calls received.

2015 Service Levels Emergency Medical Dispatch & Preliminary Care

Activity	Type	Sub-Type	Status	Service Levels				
				2011	2012	2013	2014	2015 Recommended
Emergency Medical Dispatch & Preliminary Care	Percentage of time a life threatening call is processed within 2 minutes		Approved	New in 2014			Toronto PS targeted to process a life threatening call within 2 minutes 70% of the time	Toronto PS targeted to process a life threatening call within 2 minutes 72% of the time
			Actual	64.6%	66.8%	66.9%		
	Number of Emergency Calls Processed		Approved	New in 2014			In 2014, Toronto PS expects to process 315,212 Emergency Calls	In 2015, Toronto PS expects to process 329,396 Emergency Calls
			Actual	252,029	297,228	301,638	Unavailable	
	Inquiry Access		Approved	In 2011: 62% of 9-1-1 calls were answered within 10 sec	In 2012: 60% of 9-1-1 calls were answered within 10 sec	In 2013: 60% of 9-1-1 calls were answered within 10 sec	Service levels changed to Number of Emergency Calls Processed	N/A

Toronto Paramedic Services strives to improve their response time and projects that the processing of emergency calls within 2 minutes at 70% in 2014 will increase by approximately 2% per year.

As the emergency call demands are anticipated to increase by 3% to 5% annually, PS anticipates an increase in emergency calls processed.

**Table 7
2015 Recommended Service Budget by Activity**

(\$000s)	2014	2015 Recommended Operating Budget								Incremental Change				
	Approved Budget	Base Budget	Rec'd Service Changes	2015 Rec'd Base	Rec'd Base Budget vs. 2014 Budget	% Change	Rec'd New/Enhanced	2015 Rec'd Budget	2015 Rec'd Budget vs. 2014 Budget	2016 Plan		2017 Plan		
										\$	%	\$	%	
GROSS EXP.														
Emergency Medical Dispatch & Preliminary Care	27,209.0	27,776.6	(1,216.0)	26,560.6	(648.4)	(2.4%)		26,560.6	(648.4)	(2.4%)	99.9	0.4%	86.3	0.3%
Total Gross Exp.	27,209.0	27,776.6	(1,216.0)	26,560.6	(648.4)	(2.4%)		26,560.6	(648.4)	(2.4%)	99.9	0.4%	86.3	0.3%
REVENUE														
Emergency Medical Dispatch & Preliminary Care	26,805.1	27,315.3	(1,208.8)	26,106.5	(698.6)	(2.6%)		26,106.5	(698.6)	(2.6%)	0.2	0.0%	0.2	0.0%
Total Revenues	26,805.1	27,315.3	(1,208.8)	26,106.5	(698.6)	(2.6%)		26,106.5	(698.6)	(2.6%)	0.2	0.0%	0.2	0.0%
NET EXP.														
Emergency Medical Dispatch & Preliminary Care	403.9	461.3	(7.2)	454.1	50.2	12.4%		454.1	50.2	12.4%	99.7	22.0%	86.1	15.6%
Total Net Exp.	403.9	461.3	(7.2)	454.1	50.2	12.4%		454.1	50.2	12.4%	99.7	22.0%	86.1	13.5%
Approved Positions	187.4	186.4		186.4	(1.0)	(0.5%)		186.4	(1.0)	(0.5%)				

The 2015 Recommended Operating Budget for Emergency Medical Dispatch & Preliminary Care of \$26.651 million gross and \$0.454 million net is \$0.50 million or 12.4% over the 2014 Approved Net Budget.

The **Emergency Medical Dispatch and Preliminary Care** service is the initial access point to City of Toronto's emergency health services system for victims of illness or injury through its Central Ambulance Communication Centre (CACC). PS provides ambulance communication services that are seamless, integrated, accountable, accessible and responsive to the emergency requirements of the City of Toronto residents.

- Base pressures are mainly attributable to inflationary increases in salaries and benefits of \$0.228 million
- To help mitigate the above base pressures, the Program was able to achieve service changes of \$0.016 million gross and \$0.007 million net and a reduction in salaries and benefits of \$1.200 million in additional gapping as a cost containment measure to address the provincial subsidy shortfall for the Central Ambulance Communication Centre (CACC) experienced over a number of years.
- A number of technical adjustments within all four services are recommended to re-align gross expenditures and revenues to reflect the cost of service delivery with no overall impact.



Part III:

Issues for Discussion

Issues for Discussion

Issues Impacting the 2015 Budget

EMS Response Time to Life Threatening Calls

- The Ministry of Health requires all emergency medical service providers in the Province of Ontario to establish, on a yearly basis, an ambulance response time performance. The target for Toronto Paramedic Services to arrive at life-threatening emergency calls is 8:59 minutes 90% of the time.
- The response time compliance for 2015 onwards is expected to improve to 68% over the 64.4% achieved in 2014 with the addition of the recommended new 56 paramedic positions. Toronto Paramedic Services' challenge to meet the 90% standard is largely influenced by the following key factors:
 - **Growing and Aging population**
 - The Fire/EMS Efficiency review that was completed in 2013 confirmed that call demand for emergency medical response increased by 28% between 2002 and 2011. Also between 2005 and 2014 emergency patient transports have increased by 48.6% driven primarily by a growing and aging Toronto population.
 - To meet current and future demand for emergency medical response City Council in July 2013 adopted the recommendations from the efficiency review for a total increase of 220 paramedic positions, including 51 positions approved in 2013.
 - The 2015 Recommended Operating Budget includes an increase of 56 Paramedic positions and a planned increase of an additional 57 positions in 2016 as part of a 4-year plan to respond to the increasing trend of emergency call demand that is expected to continue to rise by 3% to 5% annually. Combined with 51 positions approved in 2013 and 56 positions approved in 2014, the total increase in paramedic positions will total 220 positions by 2016.
 - **Hospital Offload issues** have also grown significantly since 2000 further contributing to “time on task”. The average in-hospital wait time in 2000 was 35 minutes versus 70 minutes by April 2008 but has improved to an average 53.9 minutes in 2014.
 - On-going efficiencies have contributed to improved/shortened hospital wait times such as the Dedicated Offload Nurses Program (funded 100% by the Province) to assist paramedics offload patients at hospitals throughout the City of Toronto and increased communication with hospitals at all levels of the emergency department.
 - PS continues to work with hospitals and the Ministry of Health & Long Term Care on measures to address hospital offload delays.
 - The addition of part-time staff in mid-2014 has allowed the Program to maintain response time performance despite an increase in emergency patient transports of more than 6% over 2013.

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

- The 2015 Operating Budget for CACC assumes the provincial subsidy consistent with the established Provincial subsidy rate of 100% for CACC. As shown in the table below (in millions), the CACC program has experienced funding shortfalls since 2009. The funding shortfall is due to yearly cost of living adjustments for the Program not currently funded by the Province.
- The 2015 Recommended Operating Budget includes a reduction of \$1.200 million in salaries and benefits with a corresponding reduction in the Provincial grant to better reflect the expected Provincial subsidy.

	2009			2010			2011			2012			2013			2014 Proj Actual			2015
	Bud	Act	Var	Bud	Act	Var	Bud	Act	Var	Bud	Act	Var	Bud	Act	Var	Bud	Act	Var	Bud
Gross	20.1	19.6	(0.5)	20.8	20.8	0.0	21.2	19.9	(1.3)	20.9	19.2	(1.7)	21.5	19.9	(1.6)	23.7	21.4	(2.3)	22.8
Revenue	20.1	17.8	(2.3)	20.8	18.0	(2.8)	21.2	19.0	(2.2)	20.9	19.0	(1.9)	21.5	19.4	(2.1)	23.7	21.4	(2.3)	22.8
Net	0.0	1.8	1.8	0.0	2.8	2.8	0.0	0.9	0.9	0.0	0.2	0.2	0.0	0.5	0.5	0.0	0.0	0.0	0.0
% Shortfall		9%			13%			5%			1%			3%			0%		

- The 2014 projected actual does not show any funding shortfall as the Program instituted cost containment measures, primarily by implementing a hiring freeze to reduce expenditures that align with the projected Provincial funding.
- Toronto Paramedic Services indicated that negotiations are continuing with the Ministry of Health and Long Term Care to increase funding for the Central Ambulance Communication Centre to 100% of gross expenditures.



Appendices:

Appendix 1

2014 Service Performance

2014 Key Service Accomplishments

In 2014, Toronto Paramedic Services accomplished the following:

Community Paramedicine and Emergency Call Mitigation

- ✓ Continued to employ and investigate innovative emergency call diversion and mitigation strategies for low acuity calls to improve ambulance availability for high acuity calls.
- ✓ Received the Minister of Health's Medal honoring "Excellence in Health Quality and Safety" for providing patients with the opportunity to remain at home in safety and comfort and focusing on the 1% to 5% of frail seniors who comprise 30% to 60% of health care costs.
- ✓ Continued to use the Community Paramedicine Program to re-direct specific patient groups to appropriate preventative, out-of-hospital medical care thereby minimizing or eliminating their reliance on 911 and the hospital system.
- ✓ Received funding from the Ministry of Health & Long Term Care in support of expanding Community Paramedicine programs (e.g., Community Agency Notifications).
- ✓ Community Paramedicine Program continued to demonstrate a 50% reduction in 911 calls from those patients who have used 911 two or more times within a six-month period. For 2014, referrals made by paramedics to preventative support services for these types of patients increased by 61%.
- ✓ Community Paramedicine Program continued to be a lead participant in the implementation of the Ontario and Toronto Seniors Strategies.
- ✓ The Community Paramedicine Program also became a key partner and clinical resource in the launch of various initiatives to link patients with the most appropriate health care (e.g., Health Links, Family Health Care Teams).
- ✓ Cardiac Safe City Program continued to coordinate and expand the Public Access Defibrillation (PAD) Program to save more lives by ensuring bystander medical interventions begin sooner wherever possible.
- ✓ Distribution and installation of 97 Automated External Defibrillators (AEDs) at workplaces and facilities throughout the City of Toronto. Further AEDs may be added in 2015 based on acquiring additional grant funding.

Emergency Medical Dispatch and Preliminary Care

- ✓ Monitored the effectiveness of new Emergency Medical Dispatcher shift schedules that were implemented in February 2014. The new shift schedules better match staffing with emergency call demand, by shifting more staff to weekends and to higher peak demand times during the day.

- ✓ Continued to improve the Central Ambulance Communications Centre's processing of emergency calls. Using decision-support software allows dispatchers to more accurately anticipate, monitor and assign the right paramedic resources throughout the city.
- ✓ Continued to monitor during peak periods of call activity, a Patient Safety Advocate (PSA) function within the Central Ambulance Communications Centre as part of the Division's strategy to mitigate possible service delays. The PSA role focuses on real-time monitoring of response performance through the identification of emerging delays and taking immediate action to minimize any delay in overall service delivery.
- ✓ In 2014, the Central Ambulance Communications Centre successfully completed re-accreditation, for the third time, as a 'Centre of Excellence', by the International Academy of Emergency Dispatch. Accreditation establishes the centre as having achieved an internationally benchmarked, high standard of patient care delivered by EMDs. The centre triages incoming emergency calls with the aid of the Advanced Medical Priority Dispatch System (AMPDS).

Emergency Medical Care

- ✓ Continued to expand the STEMI (a type of heart attack), stroke, trauma, and post-cardiac arrest patient care programs to reduce pre-hospital mortality and have a significant effect on increasing quality of life for patients and families. Implemented a new emergency transport protocol for acute stroke and STEMI patients who arrive at community hospitals where specialized care is not available. These programs continue to demonstrate improved survival outcomes.
- ✓ In 2014, Toronto Paramedic Services successfully completed the Ministry of Health and Long Term Care's (MOHLTC) audit review for Land Ambulance Services in Ontario. The audit is conducted by the MOHLTC every three years to ensure the service is meeting all legislated requirements as outlined under the Ambulance Act.
- ✓ 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 and analysis of paramedic electronic patient care records. This change results in more efficient use of resources and improved service as medical skills are more closely matched to patient needs.
- ✓ Continued to monitor the effectiveness of new paramedic shift schedules that were implemented on January 23, 2013. The new shift schedules better match staffing with emergency call demand, by shifting more staff to weekends and to higher peak demand times during the day.
- ✓ Successfully negotiated terms and conditions of employment for new Part-time Paramedics.
- ✓ In 2014, continued to implement the Council-approved staffing recommendations of the EMS/Fire Service and Organizational Review completed by an independent third-party. These recommendations focused on a three-year staffing strategy to support an increase in paramedics to respond to annual growth in emergency patient transports of 4% to 5% which is being driven by a growing and aging population.
- ✓ Began implementation of two new ground-breaking research projects that are expected to reduce mortality and improve quality of life in trauma and stroke patients: 1) Tranexamic Acid (TXA) is a

drug designed to reduce bleeding in severely injured trauma patients. Toronto EMS will be the only land-based paramedic service trialing this drug in Canada. 2) NA-1 is a drug designed to save brain tissue in stroke patients. This drug was designed and developed by a Canadian neurosurgeon/researcher and will be trialed in only three Canadian cities.

- ✓ Implemented a new pain medication package for Paramedics to treat mild to severe pain in patients. Toronto PS and the Sunnybrook Base Hospital developed this package together.
- ✓ Continued to mitigate the impacts of Hospital Offload Delay through the Dedicated Offload Nurse Program. Continued to work with hospitals to establish best practices for integration of the Dedicated Offload Nurse in Emergency Department patient flow. The average in-hospital time in 2014 was at 53.9 minutes. Negotiated with the province to expand and continue the Dedicated Offload Nurse Program in 2014.

2014 Financial Performance

2014 Budget Variance Analysis

(\$000s)	2012	2013	2014	2014	2014 Approved Budget vs.	
	Actuals	Actuals	Approved Budget	Projected Actuals*	Projected Actual	Variance
	\$	\$	\$	\$	\$	%
Gross Expenditures	172,885.8	177,116.4	187,136.5	183,957.7	(3,178.8)	(1.7%)
Revenues	108,350.9	108,598.9	118,073.8	115,710.5	(2,363.3)	(2.0%)
Net Expenditures	64,534.9	68,517.5	69,062.7	68,247.2	(815.5)	(1.2%)
Approved Positions	1,214.5	1,211.5	1,328.8	1,328.8		

* Based on the 9 month Operating Budget Variance Report

2014 Experience

- Toronto Paramedic Services (PS) forecasts a year-end net variance of \$0.816 million or 1.2% under the 2014 Approved Net Operating Budget.
- PS projects gross under-expenditures of \$3.179 million or 1.7% mainly due to savings in salaries and benefits resulting from vacant paramedic positions, higher than anticipated attrition across all services and a hiring freeze implemented in the Central Ambulance Communications Centre (CACC) to address a shortfall in Provincial funding for this program.
- Provincial subsidies are projected to be below budget by \$2.363 million that reflect savings resulting from the implementation of cost containment measures in the Communications Centre to address the shortfall in Provincial funding for the Central Ambulance Communications Centre (CACC).

Impact of 2014 Operating Variance on the 2015 Recommended Budget

- The Provincial subsidy shortfall will not continue into 2015. The 2015 Recommended Operating Budget includes a reduction in salaries and benefits of \$1.200 million representing additional gapping to address the provincial subsidy shortfall experienced by Toronto Paramedic Services since 2009.

Appendix 2

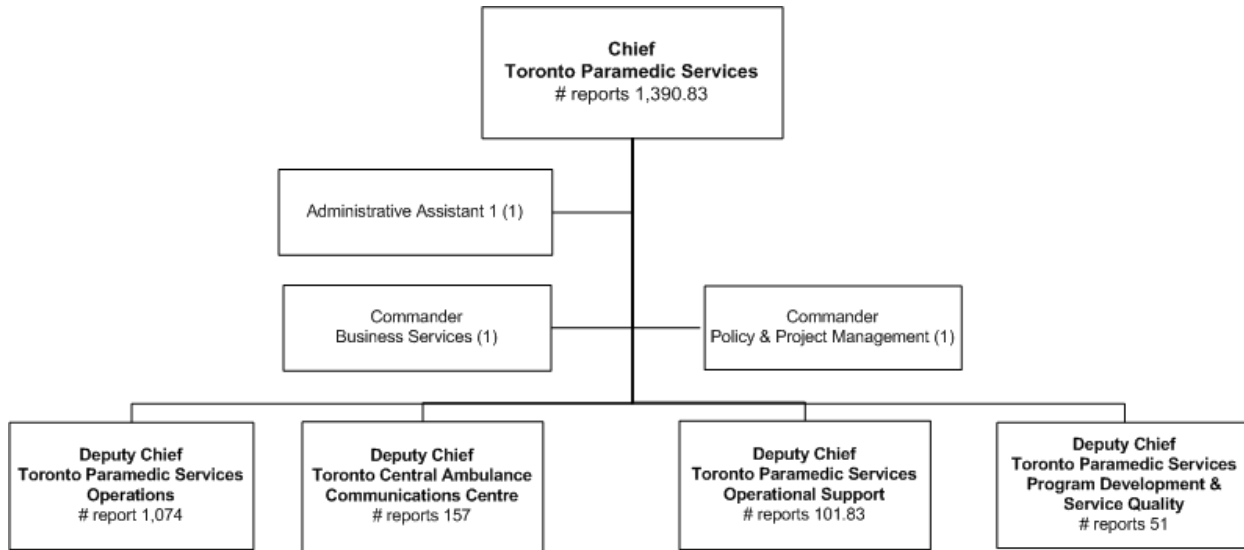
2015 Recommended Operating Budget by Expenditure Category

Program Summary by Expenditure Category

Category of Expense (\$000's)	2012	2013	2014	2014	2015	2015 Change from		Plan	
	Actual	Actual	Budget	Projected	Rec'd	2014 Approved		2016	2017
	\$	\$	\$	\$	\$	\$	%	\$	\$
Salaries and Benefits	138,186.6	143,964.5	154,358.1	151,458.1	164,306.1	9,948.0	6.4%	168,381.6	172,007.9
Materials and Supplies	5,165.4	5,295.1	6,433.0	6,333.0	6,339.0	(94.0)	(1.5%)	6,418.6	6,395.4
Equipment	990.9	810.5	787.8	787.8	1,015.8	228.0	28.9%	925.8	925.9
Services & Rents	9,924.9	10,351.9	9,770.1	9,591.3	10,016.4	246.3	2.5%	9,740.4	9,741.4
Contributions to Capital	87.6	1,148.1	472.0	472.0	756.0	284.0	60.2%	756.0	756.0
Contributions to Reserve/Res Funds	8,702.9	5,504.3	5,647.7	5,647.7	5,797.7	150.0	2.7%	6,422.7	6,675.2
Other Expenditures	(29.3)	8.0	8.9	8.9	8.9			8.9	8.9
Interdivisional Charges	9,856.8	10,034.0	9,704.9	9,704.9	9,566.7	(138.3)	(1.4%)	9,580.7	9,580.7
Total Gross Expenditures	172,885.8	177,116.4	187,182.5	184,003.7	197,806.5	10,624.0	5.7%	202,234.6	206,091.6
Interdivisional Recoveries	946.6	1,002.8	922.1	922.1	894.2	(27.9)	(3.0%)	594.2	594.2
Provincial Subsidies	105,493.3	104,846.1	115,031.1	112,667.8	118,235.2	3,204.1	2.8%	120,659.4	124,172.1
Federal Subsidies							-		
Other Subsidies							-		
User Fees & Donations	647.5	1,151.7	1,190.6	1,190.6	1,141.7	(48.9)	(4.1%)	1,169.8	1,197.9
Transfers from Capital Fund	75.0		156.1	156.1	75.0	(81.1)	(52.0%)	75.0	75.0
Contribution from Reserve Funds		564.0			409.5	409.5	-		
Contribution from Reserve							-		
Sundry Revenues	1,188.5	1,034.3	773.9	773.9	2,345.5	1,571.6	203.1%	745.5	745.7
Total Revenues	108,350.9	108,599.0	118,073.8	115,710.5	123,101.1	5,027.3	4.3%	123,243.9	126,784.8
Total Net Expenditures	64,534.9	68,517.4	69,108.7	68,293.2	74,705.4	5,596.7	8.1%	78,990.8	79,306.7
Approved Positions	1,214.5	1,264.5	1,328.8		1,391.8			1,441.8	1,441.8

* Note: Based on the 9 month Operating Budget Variance Report

Appendix 3 2015 Organization Chart



2015 Recommended Complement

Category	Senior Management	Management	Exempt Professional & Clerical	Union	Total
Permanent	1.0	130.5	5.0	1,240.0	1,376.5
Temporary		9.0		6.3	15.3
Total	1.0	139.5	5.0	1,246.3	1,391.8

Appendix 4

Summary of 2015 Recommended Service Changes

**2015 Operating Budget - Staff Recommended Service Change
Summary by Service
(\$000s)**

Form ID		Citizen Focused Services A Program: Toronto Paramedic Services	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		
2015 Staff Recommended Base Budget Before Service Change:			192,237.5	120,578.2	71,659.3	1,327.8	(430.0)	224.5

4276 Reduced Funding for the Public Education and Access Program

59 Description:

Program funding will be reduced by 50% from \$0.200 million to \$0.100 million and will result in a reduction in the purchase of media space to communicate to the public when it is appropriate to call 911 for paramedic response and where other more appropriate medical or healthcare resources are available in the community. The Public Education and Access Program focuses on mitigating future call demand by helping the general public become more aware of when and where to access appropriate medical or health care resources. The campaign reduces the number of emergency responses to patients by educating the public so that they know when to call 911 and when to access other more appropriate health care organizations.

Service Level Impact:

The reduction in funding by \$0.100 million will reduce the 52-week communication campaign to approximately 26 weeks. Toronto Paramedic Services will be changing the way the program is delivered to ensure that there will be minimal impact on service levels.

Service: AM-Community Paramedicine & Emergency Call Mitigation

Total Staff Recommended:	(1.2)	(0.6)	(0.6)	0.0	0.0	0.0
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Service: AM-Emergency Medical Care

Total Staff Recommended:	(82.0)	(41.0)	(41.0)	0.0	0.0	0.0
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Service: City Emergency and Major Event Mass Casualty Care

Total Staff Recommended:	(0.8)	(0.4)	(0.4)	0.0	0.0	0.0
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Service: Emergency Medical Dispatch & Preliminary Care

Total Staff Recommended:	(16.0)	(8.0)	(8.0)	0.0	0.0	0.0
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Staff Recommended Service Changes:	(100.0)	(50.0)	(50.0)	0.0	0.0	0.0
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**2015 Operating Budget - Staff Recommended Service Change
Summary by Service
(\$000s)**

Form ID		Citizen Focused Services A Program: Toronto Paramedic Services	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

Summary:

Staff Recommended Service Changes:	(100.0)	(50.0)	(50.0)	0.0	0.0	0.0
Total Staff Recommended Base Budget:	192,137.5	120,528.2	71,609.3	1,327.8	(430.0)	224.5

Appendix 5

Summary of 2015 Recommended New / Enhanced Service Priorities

Summary by Service

(\$000s)

Form ID		Citizen Focused Services A Program: Toronto Paramedic Services	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

3856 Primary Care Paramedic Training Program

74 0 Description:

Toronto Paramedic Services, in partnership with Toronto Employment and Social Services (TESS), will provide a Primary Care Paramedic (PCP) program aimed at recruiting low-income individuals from diverse communities. This program allows individuals who have the capability and potential, to have access to a PCP training program in order to become life-saving professionals by mitigating their costs and helping them become self-reliant. This is the first initiative of its kind in Canada. The Primary Care Paramedic training program will prepare candidates to write the Ministry of Health and Long-Term Care A-EMCA exam and provides First Aid/CPR, Symptom Relief, Defibrillation and Class F (Ambulance) Driver's Licence training as well as Ministry of Transportation license testing. On December 19, 2013, Toronto Paramedic Services' Primary Care Paramedic Program was approved by the MOHLTC as equivalent to a College of Applied Arts and Technology (CAAT) program for the purposes of Regulation 257/00 Part III 7.(4)(a) and Part VI, 14(2) as made under the Ambulance Act, R.S.O. 1990 Chapter A. 19. The cost of these programs at private career colleges averages \$14,000.00 - \$18,000.00 per person and \$4,200 - \$6,800 per person at community colleges. The program will require two (2) new Temporary Superintendent, Education and Development positions to run the program. The cost of providing this training to approximately 15 individuals of \$0.300 million is 100% funded by Toronto Employment and Social Services (TESS). TESS provides employment and financial benefits to unemployed and underemployed residents of the City of Toronto including help in finding a job or the training needed to obtain employment.

Service Level Impact:

There will be no Service Level impact for Toronto Paramedic Services.

Service: AM-Emergency Medical Care

Total Staff Recommended:	300.0	300.0	0.0	2.0	0.0	0.0
Staff Recommended New/Enhanced Services:	300.0	300.0	0.0	2.0	0.0	0.0

Category:

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

Summary by Service

(\$000s)

Form ID		Citizen Focused Services A Program: Toronto Paramedic Services	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

3889 Add 56 Paramedic Positions in 2015

72 0 Description:

At its meeting of July 16 – 18, 2013, City Council adopted a report from the City Manager and Deputy City Manager entitled, Results of the Service and Organizational Review of Toronto EMS and Toronto Fire Services, which included the results of the EMS/Fire Service and Organizational Review by Pomax Ltd. The report recommended that Toronto Paramedic Services increase its response capacity by 223,451 staffed vehicle hours based on the increasing trend in emergency call demand for paramedics over the last ten years (28% increase between 2002 and 2011) driven by a growing and aging Toronto population. Call demands are expected to rise by 5% annually while patient transport is expected to increase by 5% annually which will require Toronto Paramedic Services an additional 220 new positions over 4 years - 2013-2016 to address the anticipated call demand increase. To date, 51 and 56 new positions have already been approved in 2013 and 2014 respectively. The addition of 56 new positions in 2015 and 57 positions in 2016 will total 220 new positions over a 4-year period. The 56 new positions recommended in 2015 will be hired in 3 phases: 4 in May, 40 in June and 12 in September 2015. These positions will be part of Toronto Paramedic Services' regular recruit classes held by Toronto Paramedic Services to fill in vacant paramedic positions. The financial impact of the 56 new positions is \$2.951 million in 2015 which will be eligible for 50% funding from the Province in 2016.

Service Level Impact:

The Fire/EMS Efficiency completed in 2013 identified that the current paramedic staffing does not meet the emergency medical call demand experienced to date. Between 2003 and 2013, paramedics transported 56,000 more emergency patients to hospital each year. The increase of 56 paramedic positions in 2015 will put Toronto Paramedic Services in a better position to meet current and future emergency call demands which is anticipated to increase by 3% to 5% annually. The 56 new paramedic positions will ensure increased ambulance availability to respond to emergency calls and at the same time reduce overtime pressures caused by maintaining ambulance availability within mandated levels. PS, while keeping up with continued increase in emergency call demands, is projecting an improvement to the response time to life threatening calls within 8.59 minutes to 68% of the time in 2015, from 64.4% in 2014.

Service: AM-Emergency Medical Care

Total Staff Recommended:	2,950.8	0.0	2,950.8	56.0	1,504.3	(1,489.8)
Staff Recommended New/Enhanced Services:	2,950.8	0.0	2,950.8	56.0	1,504.3	(1,489.8)

2015 Operating Budget - Staff Recommended New and Enhanced Services
Summary by Service
(\$000s)

Form ID		Citizen Focused Services A Program: Toronto Paramedic Services	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

4217 **Toronto Paramedic Services (PS) Education - New Course**

75 0 **Description:**

Toronto Paramedic Services has developed a new course for Paramedics called - Tactical Medical Essentials. The TacMed Essentials Basic is a 2-day course that has didactic training and hands-on simulation. This course is designed to teach paramedics on how to provide tactical medicine in high-threat environments. Paramedics who complete this challenging course will have enhanced skill set of tactical medical skills and will have a far better knowledge of tactics to respond in a critical community crisis.

Service Level Impact:

The new course will be delivered approximately 3 times per year, training approximately 30 external participants and will generate new revenues of \$0.013 million

Service: AM-Emergency Medical Care

Total Staff Recommended:	0.0	13.3	(13.3)	0.0	(0.2)	(0.3)
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Service: City Emergency and Major Event Mass Casualty Care

Total Staff Recommended:	0.0	0.1	(0.1)	0.0	0.0	0.0
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Staff Recommended New/Enhanced Services:	0.0	13.4	(13.4)	0.0	(0.3)	(0.3)
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2015 Operating Budget - Staff Recommended New and Enhanced Services
Summary by Service
(\$000s)

Form ID		Citizen Focused Services A Program: Toronto Paramedic Services	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

4441 **Add 2 Superintendent Operations in 2015**

72 | 0 **Description:**

2 Superintendent Operations positions are required in 2015 as the standard ratio for paramedics to superintendent is 25:1. The Superintendent Operations' main role is to supervise the activities of paramedics in the field and is responsible for maintaining a safe working environment for paramedics as well as working to maintain a safe fleet of ambulances. The Superintendent Operations position also determines work priorities to ensure a balanced distribution of workload and support to new paramedics. Funding for the new positions is effective July 2015.

Service Level Impact:

The standard paramedic to superintendent ratio is 25:1. With the addition of 56 paramedic positions, the addition of 2 Superintendent Operations positions will maintain the standard ratio.

Service: AM-Emergency Medical Care

Total Staff Recommended:	158.7	0.0	158.7	2.0	54.9	(67.1)
Staff Recommended New/Enhanced Services:	158.7	0.0	158.7	2.0	54.9	(67.1)

2015 Operating Budget - Staff Recommended New and Enhanced Services
Summary by Service
(\$000s)

Form ID		Citizen Focused Services A Program: Toronto Paramedic Services	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

4551 **PanAm Games Preparation**

74 | 0 **Description:**

The Pan Am/ParaPan American Games are a multi-sport event that will run from July 10 – 26, while the 2015 ParaPan Am Games will be held from August 7 – 14, 2015. Toronto Paramedic Services requires the addition of 4 new temporary positions dedicated to the development of an Incident Management System (IMS) geared towards events with multiple mass gathering. The 4 temporary positions are: 1 Commander Operations, 1 Deputy Commander, 1 Superintendent Operations and 1 Superintendent EMS Planning with funding from January 1 – September 30. The planning and development of the Incident Management Systems for Toronto Paramedic Services involves developing plans to respond to emergency situations that may occur during the games, identifying hazards and risks, and developing strategies to prevent or reduce those risks to ensure public safety. The special planning staff includes liaising with the Toronto 2015 Organizing Committee, Toronto 2015 Medical Planning team, the City Team 2015, the Toronto Police Services, the Base Hospital and Local Health Integration Networks, Toronto Fire Services, Office of Emergency Management, external EMS services and a host of other departments and agencies. The 2015 recommended funding of \$0.410 million will be funded from the Tax Rate Stabilization Reserve.

Service Level Impact:

Large scale planning and implementation includes providing rapid response during the games where crowds can limit access and speed of response for normal ambulance vehicles. It will allow paramedics to arrive at the patient's side faster than a traditional ambulance might. Toronto Paramedic Services will provide on-site first aid and medical services using various resources including bikes, emergency response units, ambulances, and a multi-patient bus, if required.

Service: City Emergency and Major Event Mass Casualty Care

Total Staff Recommended:	409.5	409.5	0.0	4.0	0.0	0.0
Staff Recommended New/Enhanced Services:	409.5	409.5	0.0	4.0	0.0	0.0

Category:

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

2015 Operating Budget - Staff Recommended New and Enhanced Services
Summary by Service
(\$000s)

Form ID		Citizen Focused Services A Program: Toronto Paramedic Services	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

4582 **PanAm Games Operations**

74 0 **Description:**

The Pan Am/ParaPan American Games are a multi-sport event that will run from July 10 – 26, while the 2015 ParaPan Am Games will be held from August 7 – 14, 2015. Toronto Paramedic Services will provide additional emergency coverage that are over and above the regularly scheduled shifts as emergency response coverage across the City must be maintained at all times. Staff that will be working additional shifts will be paid at an overtime hourly rate of pay, per the terms and conditions of the Collective Agreement for Local Union 416 members. The recommended funding of \$1.600 million will be funded from Ontario/TO2015.

Service Level Impact:

The PanAm and ParapanAm is a large scale event that requires significant paramedic resources over and above normal day-to-day operational business requirements. These resources are required to provide and maintain timely and effective emergency response capabilities at all sports venues across the City. No additional positions are required for the event itself as the majority of staffing costs will be accommodated using the overtime provision in Local Union 416 collective agreement.

Service: City Emergency and Major Event Mass Casualty Care

Total Staff Recommended:	1,600.0	1,600.0	0.0	0.0	0.0	0.0
Staff Recommended New/Enhanced Services:	1,600.0	1,600.0	0.0	0.0	0.0	0.0

Category:

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

2015 Operating Budget - Staff Recommended New and Enhanced Services
Summary by Service
(\$000s)

Form ID		Citizen Focused Services A Program: Toronto Paramedic Services	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

5970 **Community Notification System Project**

74 | 1 **Description:**

The project will provide funding to enhance and expand the existing Community Agency Notification (CAN) program through an upgrade of the notification platform. This would allow the delivery of real time client specific messaging to alert community partners of patient interactions with Paramedic Services and enhance the circle of care communication for enrolled patients. The CAN program is a communication protocol that notifies community supports about client situations involving contact with paramedics, transport to hospital by Toronto Paramedic Services, or presentation at Emergency Departments. The notification platform upgrade will incorporate unified communications to deliver real time client specific messaging along with a suite of collaboration tools and features that will enhance the Circle of Care communication. This project is 100% funded by the Ministry of Health and Long Term Care.

Service Level Impact:

The planned notification platform upgrade will ensure a seamless transition for clients while remaining connected to their established supports regardless of where they are in the health care continuum. Toronto Paramedic Services will be better able to support clients through improved care coordination and increased delivery of appropriate services.

Service: AM-Community Paramedicine & Emergency Call Mitigation

Total Staff Recommended:	250.0	250.0	0.0	0.0	0.0	0.0
Staff Recommended New/Enhanced Services:	250.0	250.0	0.0	0.0	0.0	0.0



2015 Operating Budget - Staff Recommended New and Enhanced Services
Summary by Service
 (\$000s)

Form ID		Citizen Focused Services A Program: Toronto Paramedic Services	Adjustments				2016 Plan Net Change	2017 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		

Summary:

Staff Recommended New/Enhanced Services:	5,669.0	2,572.9	3,096.1	64.0	4,761.4	91.3
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Appendix 6 Inflows/Outflows to/from Reserves & Reserve Funds

Table 8

Program Specific Reserve / Reserve Funds

Reserve / Reserve Fund Name (\$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2014 \$	Rec'd Withdrawals (-) / Contributions (+)		
			2015 \$	2016 \$	2017 \$
Projected Beginning Balance		4,364.0	4,364.0	2,204.0	669.0
EMS Equipment Reserve	XQ1019				
<i>Proposed Withdrawals (-)</i>					
Medical Equipment Replacement			(310.0)	(310.0)	(330.0)
Replacement of Defibrillators			(2,275.0)	(2,275.0)	(900.0)
AEDs Replacement					(140.0)
<i>Contributions (+)</i>					
			425.0	1,050.0	1,050.0
Total Reserve / Reserve Fund Draws / Contributions			(2,160.0)	(1,535.0)	(320.0)
Balance at Year-End		4,364.0	2,204.0	669.0	349.0

Reserve / Reserve Fund Name (\$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2014 \$	Rec'd Withdrawals (-) / Contributions (+)		
			2015 \$	2016 \$	2017 \$
Projected Beginning Balance		838.0	838.0	737.0	712.0
EMS Vehicle Reserve	XQ1018				
<i>Proposed Withdrawals (-)</i>					
Replacement of 27 ambulances			(4,175.0)	(4,099.0)	(4,191.0)
<i>Contributions (+)</i>					
			4,074.0	4,074.0	4,326.0
Total Reserve / Reserve Fund Draws / Contributions			(101.0)	(25.0)	135.0
Balance at Year-End		838.0	737.0	712.0	847.0

Table 9
Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (\$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2014 \$	Rec'd Withdrawals (-) / Contributions (+)		
			2015 \$	2016 \$	2017 \$
Projected Beginning Balance			44,678.1	44,958.1	45,238.1
Sick Pay Reserve	XR1007	44,678.1			
<i>Contributions (+)</i>					
<i>Toronto Paramedic Services Staff</i>			280.0	280.0	280.0
Total Reserve / Reserve Fund Draws / Contributions			280.0	280.0	280.0
Balance at Year-End		44,678.1	44,958.1	45,238.1	45,518.1

Reserve / Reserve Fund Name (\$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2014 \$	Rec'd Withdrawals (-) / Contributions (+)		
			2015 \$	2016 \$	2017 \$
Projected Beginning Balance		21,307.7	21,307.7	22,325.7	23,343.7
Insurance Reserve Fund	XR1010				
<i>Contributions (+)</i>					
<i>Toronto Paramedic Services Assets</i>			1,018.0	1,018.0	1,018.0
Total Reserve / Reserve Fund Draws / Contributions			1,018.0	1,018.0	1,018.0
Balance at Year-End		21,307.7	22,325.7	23,343.7	24,361.7

Appendix 7a

Recommended User Fees Adjusted for Inflation and Other

Rate Description	Services	Fee Category	Fee Basis	2014	2015			2016	2017
				Approved Rate	Inflationary Adjusted Rate	Other Adjustments	Budget Rate	Plan Rate	Plan Rate
Standby Fees - Basic Life Support/Primary Care Paramedics (PCP Units)	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Hour - Minimum 4 Hours Plus 2 Hours Travel Time	\$204.00	206.00 CAD		206.00	211.00	216.00
Standby Fees - Advanced Life Support (ACP Unit)	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Hour - Minimum 4 Hours Plus 2 Hours Travel Time	\$210.00	212.00 CAD		212.00	217.00	222.00
Standby Fees - EMS Supervisors	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Hour - Minimum 4 Hours Plus 2 Hours Travel Time	\$151.00	152.00 CAD		152.00	156.00	160.00
Standby Fees - Mountain Bike Paramedic	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Hour - Minimum 4 Hours Plus 2 Hours Travel Time	\$108.00	109.00 CAD		109.00	112.00	115.00
Standard First Aid Course & CPR Level C Training (External)	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$109.00	109.00 CAD		109.00	112.00	115.00
Emergency First Aid & CPR Level A Training (External) - EFA+	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$67.00	67.00 CAD		67.00	69.00	71.00
CPR Level C Training (External) - CPR-C (EXTERNAL)	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$67.00	67.00 CAD		67.00	69.00	71.00
CPR Level A Training (External) - CPR-A (EXTERNAL)	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$49.00	49.00 CAD		49.00	50.00	51.00
Emergency First Responder Training (External) - EFR (EXTERNAL)	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$605.00	605.00 CAD		605.00	618.00	631.00
Targeted AED Site Responder Course With Standard First Aid Certification And Level C CPR - TRI	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$134.00	134.00 CAD		134.00	137.00	140.00
AED Site Responder Course with Level C CPR Training (External) - CPR-C/AED (EXTERNAL)	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$78.00	78.00 CAD		78.00	80.00	82.00
Renewal AED Site Responder Course with Level C CPR Training (External) - CPR-C/AED (RENEWAL-EXTERNAL)	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$67.00	67.00 CAD		67.00	69.00	71.00
CPR Level C Renewal Training (External) - CPR-C RENEWAL (EXTERNAL)	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$49.00	49.00 CAD		49.00	50.00	51.00
Health Care Provider Training - HCP	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$72.00	72.00 CAD		72.00	74.00	76.00
Health Care Provider Renewal Training - HCP RENEWAL	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$61.00	61.00 CAD		61.00	63.00	65.00
Standard First Aid Course & Health Care Provider Training - Instructor Course (External)	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$137.00	137.00 CAD		137.00	140.00	143.00
Standby Fees - Emergency Response Unit (ERU) Paramedic	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Hour - Minimum 4 Hours Plus 2 Hours Travel Time	\$108.00	109.00 CAD		109.00	112.00	115.00
Standby Fees - Gator Ambulance Crew	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Hour - Minimum 4 Hours Plus 2 Hours Travel Time	\$215.00	217.00 CAD		217.00	222.00	227.00
Standby Fees - Marine Paramedic	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Hour - Minimum 4 Hours Plus 2 Hours Travel Time	\$114.00	115.00 CAD		115.00	118.00	121.00
Standby Fees - Emergency Support Unit (ESU)	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Hour - Minimum 4 Hours Plus 2 Hours Travel Time	\$204.00	206.00 CAD		206.00	211.00	216.00
Standby Fees - Emergency Medical Dispatcher	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Hour - Minimum 4 Hours	\$102.00	103.00 CAD		103.00	106.00	109.00
Standby Fees - Emergency Medical Dispatcher	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Hour - Minimum 4 Hours	\$102.00	103.00 CAD		103.00	106.00	109.00
AED Site Responder Course with Level A CPR Training - CPR-A/AED INTERNAL/EXTERNAL	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$61.00	61.00 CAD		61.00	63.00	65.00
Standard First Aid Recertification Course - INTERNAL & EXTERNAL	AM-Community Paramedicine & Emergency Call Mitigation	Market Based	Participant	\$79.00	79.00 CAD		79.00	81.00	83.00
ITLS - access	AM-Emergency Medical Care	Full Cost Recovery	Participant	\$348.00	355.00 CAD		355.00	363.00	371.00
ITLS - advanced provider	AM-Emergency Medical Care	Full Cost Recovery	Participant	\$397.00	405.00 CAD		405.00	414.00	423.00
ITLS - advanced recertification	AM-Emergency Medical Care	Full Cost Recovery	Participant	\$309.00	315.00 CAD		315.00	322.00	329.00
ITLS - basic provider	AM-Emergency Medical Care	Full Cost Recovery	Participant	\$397.00	405.00 CAD		405.00	414.00	423.00

Recommended User Fees Adjusted for Inflation and Other – Cont.

Rate Description	Services	Fee Category	Fee Basis	2014	2015			2016	2017
				Approved Rate	Inflationary Adjusted Rate	Other Adjustments	Budget Rate	Plan Rate	Plan Rate
ITLS - basic provider	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Participant	\$397.00	405.00 CAD		405.00	414.00	423.00
ITLS - basic recertification	AM-Emergency Medical Care	Full Cost Recovery	Participant	\$309.00	315.00 CAD		315.00	322.00	329.00
ITLS -instructor recertification	AM-Emergency Medical Care	Full Cost Recovery	Participant	\$309.00	315.00 CAD		315.00	322.00	329.00
ITLS - instructor training	AM-Emergency Medical Care	Full Cost Recovery	Participant	\$416.00	425.00 CAD		425.00	434.00	443.00
ITLS -pediatric	AM-Emergency Medical Care	Full Cost Recovery	Participant	\$282.00	288.00 CAD		288.00	294.00	300.00
ITLS - re-test fee	AM-Emergency Medical Care	Full Cost Recovery	Participant	\$53.00	55.00 CAD		55.00	57.00	59.00
Ambulance call report	AM-Community Paramedicine & Emergency Call Mitigation	Full Cost Recovery	Report	\$77.00	79.00 CAD		79.00	81.00	83.00
Audio recording	AM-Community Paramedicine & Emergency Call Mitigation	Full Cost Recovery	Recording	\$77.00	79.00 CAD		79.00	81.00	83.00
Dispatch record	AM-Community Paramedicine & Emergency Call Mitigation	Full Cost Recovery	Document	\$41.00	42.00 CAD		42.00	43.00	44.00
Paramedic interview	AM-Community Paramedicine & Emergency Call Mitigation	Full Cost Recovery	Hour - Minimum 3 Hours	\$103.00	105.00 CAD		105.00	108.00	111.00
Paramedic statement	AM-Community Paramedicine & Emergency Call Mitigation	Full Cost Recovery	Document	\$52.00	53.00 CAD		53.00	55.00	57.00
Statutory declaration	AM-Community Paramedicine & Emergency Call Mitigation	Full Cost Recovery	Document	\$77.00	79.00 CAD		79.00	81.00	83.00
Standby fee -after hours booking fee	City Emergency and Major Event Mass Casualty Care	Full Cost Recovery	Booking	\$75.00	76.00 CAD		76.00	78.00	80.00

Appendix 7b Recommended New User Fees

Rate Description	Service	Fee Category	Fee Basis	2015	2016	2017
				Budget Rate	Plan Rate	Plan Rate
ITLS - Tactical Medical Essentials	Emergency Medical Care	Full Cost Recovery	Per Person	\$447.03	\$456.00	\$466.00