



Toronto 2016 BUDGET

OPERATING BUDGET NOTES



Toronto Paramedic Services

2016 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.

2016 Budget Highlights

The total cost to deliver these services to Toronto residents is \$201.165 million gross and \$75.718 million net as shown below.

(in \$000's)	2015 Approved		Change	
	Budget	2016 Budget	\$	%
Gross Expenditures	198,109.0	201,165.4	3,056.4	1.5%
Gross Revenues	123,412.4	125,447.4	2,035.0	1.6%
Net Expenditures	74,696.6	75,718.0	1,021.3	1.4%

For 2016, Toronto Paramedic Services faced pressures mainly due to an increase in its contribution to Equipment and Vehicle Reserves to ensure sufficient funding for equipment and vehicle replacement, salary and benefit changes as well as other inflationary increases. Through efficiency savings and base expenditure reductions, TPS was able to partially offset pressures to \$1.021 million net, reflecting a 1.4% increase over the 2015 Net Operating Budget.

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Fast Facts

- Toronto Paramedic Services is the largest municipal paramedic ambulance service in Canada.
- 168 ambulances and response vehicles will transport 218,502 patients to hospital in 2015, a 4.0% increase from 2014.
- 1,017 Paramedics

Trends

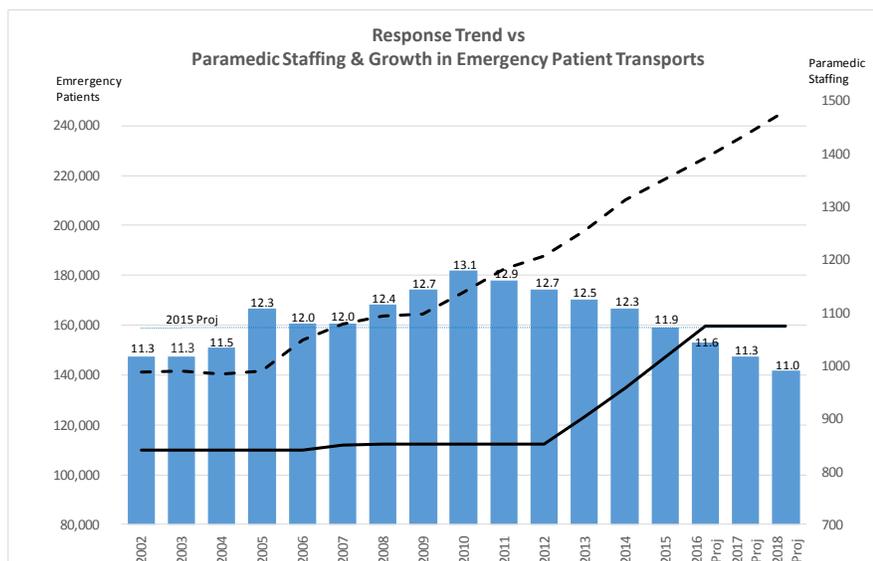
- Emergency patient transports increased by 55% between 2005 and 2015 from 141,409 to 218,502.
- From 2016 to 2018, emergency patient transports are expected to grow at a rate of 4% due to a growing and aging population.
- Paramedic staffing levels were relatively unchanged from 2002 until 2013 with the approval of 51 positions; this was followed with 56 positions in 2014, 56 positions in 2015.
- In spite of the increasing service demands, PS response time improved from 12.3 in 2014 to a projected 11.9 in 2015.

Note: The graph below reflects the final multi-year investment in adding paramedics. Final year investment (2016) is subject to Council consideration.

Our Service Deliverables for 2016

Toronto Paramedic Services (PS) is the sole provider of emergency medical response for the City of Toronto and has established strategic directions with the following 2016 deliverables.

- 24-hour emergency medical response for the City of Toronto from 45 ambulance stations located across the City.
- Target response times to life-threatening emergency calls within 12 minutes 90% of the time.
- Continue to use the Community Paramedicine Program to re-direct specific patient groups to appropriate preventative, out-of-hospital medical care, thereby minimizing or eliminating their reliance on 911 and the hospital system.
- Provide First-Aid/CPR and Public Access Defibrillation training courses to 13,900 City staff and external clients.
- Toronto PS will maintain and provide oversight for approximately 1,523 Automatic External Defibrillators in 2016.

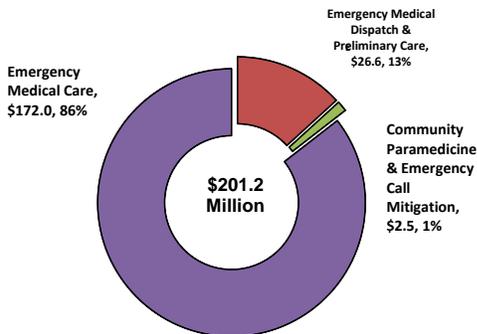


2016 Operating Budget Expenses & Funding

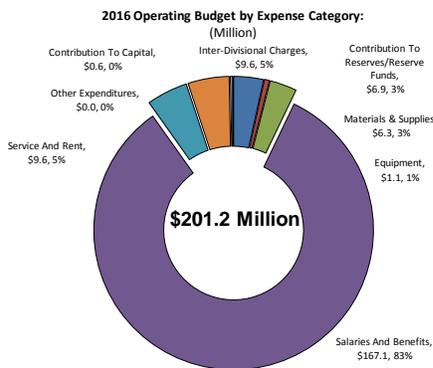
Our Key Issues & Priority Actions

Where the money goes:

2016 Budget by Service

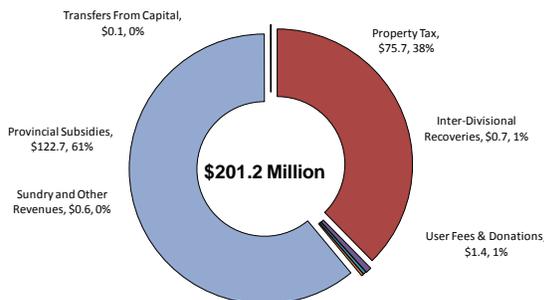


2016 Budget by Expenditure Category



Where the money comes from:

2016 Budget by Funding Source



- **Increase in emergency call volumes** – 4% annual increase due to a growing and aging population continues to be a challenge for Toronto Paramedic Services.

 - ✓ PS instituted several changes on the performance management of emergency response such as scheduling changes for paramedics as well as dispatchers, use of part-time staff, use of improved dispatch technology, etc.
 - ✓ In keeping with Council direction requiring 220 additional paramedics to attain 2011 staffing levels, 163 positions have been added until 2015, 57 remaining positions are subject to Council consideration during the 2016 Budget process.
- **Provincial Subsidy Shortfall** – The Central Ambulance Communications 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 a projected provincial funding in 2016, the 2016 Operating Budget includes \$1.2 million in gapping of salaries and benefits to reflect unfilled dispatcher positions to ensure that the funding shortfall is minimized.

2016 Operating Budget Highlights

The 2016 Operating Budget for Toronto Paramedic Services of \$201.165 million gross and \$75.718 million net provides funding for three services, Community Paramedicine & Emergency Call Mitigation, Emergency Medical Dispatch & Preliminary Care, and Emergency Medical Care.

- The budget as presented is \$1.021 million net or 1.4% over the 2015 Approved Budget achieved through measures taken based on the following criteria:

 - Ongoing efficiency savings and line by line review reductions.
 - Additional provincial funding for staff approved in 2015 is now eligible for 50% provincial share.
 - Any further reductions are not included as they would negatively impact service levels.

Actions for Consideration

Approval of the 2016 Preliminary Budget as presented in these notes requires that:

1. City Council approve the 2016 Operating Budget for Toronto Paramedic Services of \$201.165 million gross, \$75.718 million net for the following services:

<u>Service:</u>	Gross <u>(\$000s)</u>	Net <u>(\$000s)</u>
Emergency Medical Care:	171,996.0	74,325.8
Emergency Medical Dispatch & Preliminary Care:	26,637.3	687.3
Community Paramedicine & Emergency Call Mitigation	2,532.1	704.9
Total Program Budget	<u>201,165.4</u>	<u>75,718.0</u>

2. City Council approve the 2016 service levels for Toronto Paramedic Services as outlined on pages 13, 16, and 20 of this report, and associated staff complement of 1,386.3 positions.



Part I:

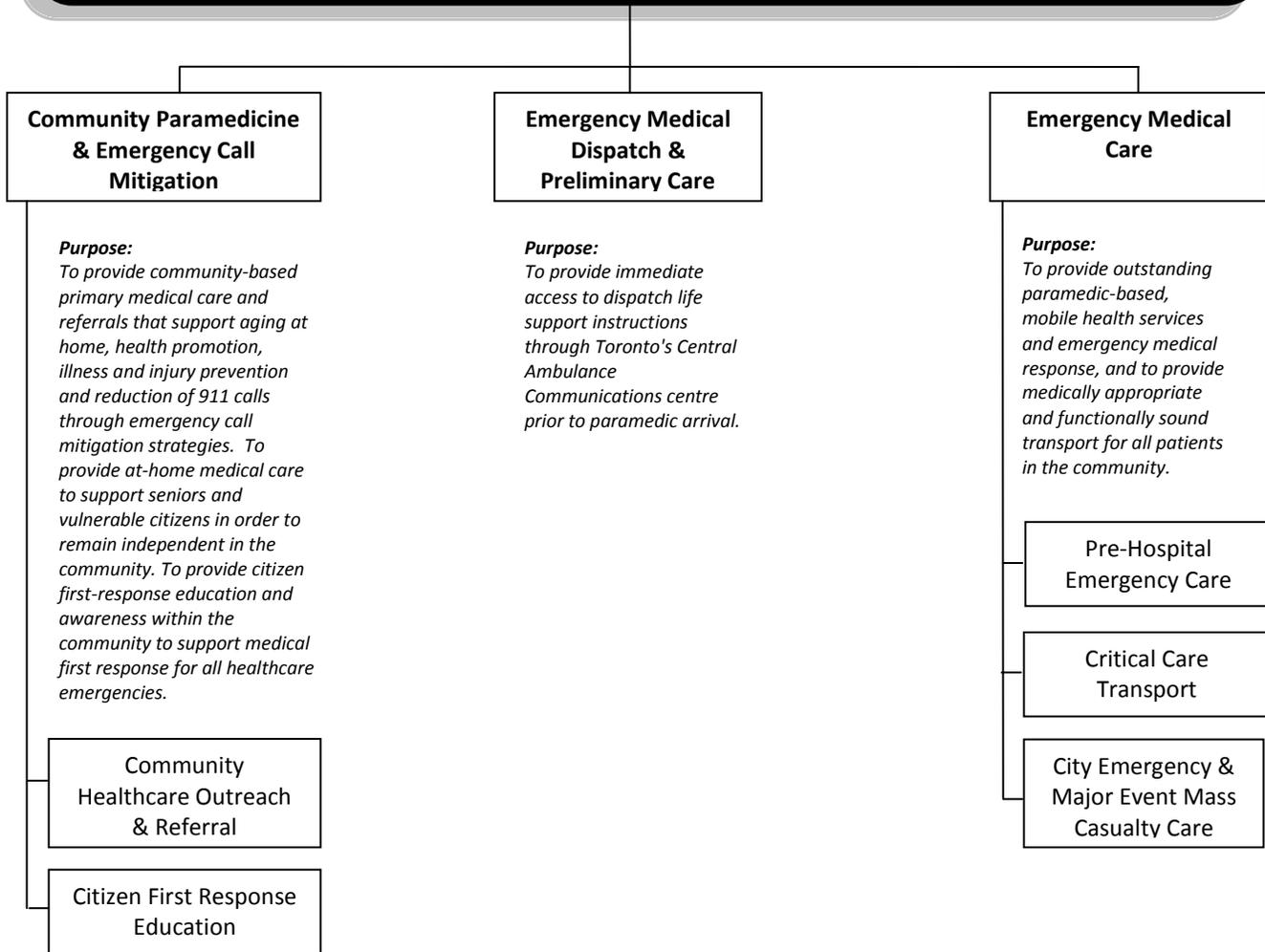
2016 – 2018

Service Overview and
Plan

Program Map

Toronto Paramedic Services

Toronto Paramedic Services is an industry leading, public service organization that exists to protect 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.



Service Customer

Emergency Medical Care

- PS Patient
- Hospitals
- Health Care providers

Emergency Medical Dispatch & Preliminary Care

- 911 Callers
- Incident Victim
- Hospitals

Table 1
2016 Preliminary Operating Budget and Plan by Service

(In \$000s)	2015		2016 Operating Budget			2016 vs. 2015 Budget Approved Changes		Incremental Change 2017 and 2018 Plan			
	Approved Budget	Projected Actual	2016 Base	2016 New/Enhanced	2016 Budget			2017		2018	
	\$	\$	\$	\$	\$	\$	%	\$	%	\$	%
Community Paramedicine & Emergency Call Mitigation											
Gross Expenditures	3,322.8	3,283.3	2,532.1		2,532.1	(790.7)	(23.8%)	4.0	0.2%	9.7	0.4%
Revenue	2,499.5	2,476.0	1,827.3		1,827.3	(672.2)	(26.9%)	8.4	0.5%	8.4	0.5%
Net Expenditures	823.3	807.3	704.9		704.9	(118.4)	(14.4%)	(4.4)	(0.6%)	1.3	0.2%
Emergency Medical Care											
Gross Expenditures	163,755.6	161,807.0	171,996.0		171,996.0	8,240.4	5.0%	1,079.3	0.6%	1,179.9	0.7%
Revenue	91,235.9	90,377.7	97,670.2		97,670.2	6,434.3	7.1%	2,049.1	2.1%	345.1	0.3%
Net Expenditures	72,519.7	71,429.3	74,325.7		74,325.7	1,806.1	2.5%	(969.8)	(1.3%)	834.8	1.1%
City Emergency & Major Event Mass Casualty Care											
Gross Expenditures	4,469.3	4,416.2			-	(4,469.3)	(100.0%)				
Revenue	3,570.5	3,536.9				(3,570.5)	(100.0%)				
Net Expenditures	898.8	879.2				(898.8)	(100.0%)				
Emergency Medical Dispatch & Preliminary Care											
Gross Expenditures	26,561.3	26,245.2	26,637.3		26,637.3	76.0	0.3%	34.5	0.1%	1,576.7	5.9%
Revenue	26,106.5	25,860.9	25,950.0		25,950.0	(156.5)	(0.6%)	0.1	0.0%	0.1	0.0%
Net Expenditures	454.8	384.3	687.3		687.3	232.5	51.1%	34.4	5.0%	1,576.6	218.5%
Total											
Gross Expenditures	198,109.0	195,751.6	201,165.4		201,165.4	3,056.4	1.5%	1,117.8	0.6%	2,766.3	1.4%
Revenue	123,412.4	122,251.5	125,447.4		125,447.4	2,035.0	1.6%	2,057.6	1.6%	353.6	0.3%
Total Net Expenditures	74,696.6	73,500.1	75,718.0		75,718.0	1,021.3	1.4%	(939.8)	(1.2%)	2,412.7	3.2%
Approved Positions	1,394.4		1,386.3		1,386.3	(8.1)	(0.6%)				

The Toronto Paramedic Services' 2016 Preliminary Operating Budget is \$201.165 million gross and \$75.718 million net, representing a 1.4% increase to the 2015 Approved Net Operating Budget which is over the reduction target as set out in the 2016 Operating Budget Directions and Guidelines.

- Base pressures are mainly attributable to inflationary increases in salaries and benefit changes with an annualized impact of the 58 new positions approved in 2015, increased contributions to the Equipment and Vehicle Reserves and increased funding for the Workplace Safety Insurance Board (WSIB) claim payments.
- To help mitigate the above pressures, the Program was able to achieve service efficiency savings through line by line reviews, reduction in overtime due to shift scheduling changes and a reduction in funding for respiratory supplies as a result of a change in procedure regarding the delivery of oxygen to patients.
- Approval of the 2016 Operating Budget will result in Toronto Paramedic Services reducing its total staff complement & by 8.0 temporary one-time positions in 2015 from 1,394.4 to 1,386.3.
- The 2017 and 2018 Plan increases are mainly attributable to step increments and progression pay increases and additional contribution to the Vehicle Reserve and the Equipment Reserve for the replacement of new ambulance vehicles and power stretchers. The 2017 pressures were more than offset by increased Provincial funding for the annualized salaries and benefits of 58 positions that will be eligible for 50% Provincial funding in 2017. The Province funds its 50% share in the 2nd year of operations.

**Table 2
Key Cost Drivers**

Description (In \$000s)	Community Paramedicine & Emergency Call Mitigation		Emergency Medical Care		City Emergency & Major Event Mass Casualty Care		Emergency Medical Dispatch & Preliminary Care		2016 Base Budget Total	
	\$	Positions	\$	Positions	\$	Positions	\$	Positions	\$	Positions
PRIOR YEAR IMPACTS										
Reverse PanAm Games Funding				(4.0)						(4.0)
Reverse One-Time Funding Initiatives (MCP, IAH, CAM, PCP)		(3.0)		(2.0)						(5.0)
Annualization of 59 Positions approved in 2015			100.1							100.1
Operating Impact of Capital										
Power Stretchers - Replacement Reserve Contribution			225.0							225.0
New Defibrillators - Replacement Reserve Contribution			175.0							175.0
New Ambulances - Replacement Reserve Contribution			180.0							180.0
TRIP Provincial Subsidy (50% of Previous Year Impact)										
ECONOMIC FACTORS										
Corporate Changes	0.4		47.1		0.5		3.0			51.0
Program Changes (Laundry, Medical Eqpt, Beddings, Medical & Dental Supplies)	0.2		49.9		3.1		0.5			53.7
ZERO BASED EXPENDITURES										
Furniture Replacement Plan			(0.5)				12.6			12.0
IDC/IDR	0.9		673.6		(232.2)		(0.1)			442.2
SALARY AND BENEFITS										
Salaries	(125.5)	(0.4)	1,597.9	5.1	(849.3)	(7.0)	(173.6)	2.0		449.5 (0.2)
Progression Pay	19.4		263.1		27.5		113.3			423.4
Benefits Adjustment	(30.6)		1,079.9		(115.7)		(53.7)			879.9
Other Base Changes										
WSIB Increase (based on actuals over the last 5 years)			175.5				123.5			299.0
City Emergency and Major Event Mass Casualty Care Funding combined with Emergency Medical Care			122.8		(122.8)					
Transfer of 1 Position for the Radio Infrastructure from Toronto Fire Services								1.0		1.0
Increase in Contribution to Equipment Reserve (200 Defibrillators deferred in 2015)			375.0							375.0
Total Gross Expenditure Changes	(135.2)	(3.4)	5,064.3	(0.9)	(1,288.9)	(7.0)	25.5	3.0		3,665.8 (8.2)
BASE REVENUE CHANGES										
User Fees	(50.5)		(512.8)		390.1		(1.4)			(174.6)
Provincial Grant	102.3		(2,507.9)				265.8			(2,139.8)
Total Revenue Changes	51.8		(3,020.7)		390.1		264.4			(2,314.4)
Net Expenditure Changes	(83.36)	(3.35)	2,043.57	(0.90)	(898.78)	(7.00)	289.90	3.03		1,351.34 (8.2)

*Note: The City Emergency & Major Event Mass Casualty Care service was moved to Emergency Medical Care service as an activity in 2015 as this is within the services provided by Emergency Medical Care.

Key cost drivers for Toronto Paramedic Services are discussed below:

- **Prior Year Impacts:**
 - Reversal of funding (including the deletion of 4 temporary positions for PS¹ participation during the PanAm games fully funded from Ontario/TO2015).
 - Reversal of 100% one-time funding for three initiatives including the deletion of 3 temporary positions for the following: Medically Complex Patients (MCP) Initiative (funded by the Central Toronto Local Area Health Network), Independence at Home (IAH) Initiative and the Community Access Network (CAN) Program funded by the Ministry of Health and Long Term Care (MOHLTC).
 - Reversal of 100% one-time funding including the deletion of 2 temporary positions to provide a Primary Care Paramedic (PCP) program aimed at recruiting from diverse communities, funded by Toronto Employment and Social Services (TESS).
- **Operating Impacts of Capital:**
 - Increased contribution to the Equipment Reserve and the Vehicle Reserve to ensure adequate funding for the replacement of medical equipment and ambulance vehicles respectively.

- Zero Based Expenditures:
 - IDC/IDR pressures are mainly due to the increase in security maintenance charges (the warranty for PS' security system installed in 2013 expired in 2015) and the reversal of one-time funding from Toronto Employment and Social Services (TESS) for the Primary Care Paramedic (PCP) Program. The reduction in revenues from TESS had a corresponding reduction in salaries and benefits for the 2 temporary positions that were deleted in 2016.
- Salary and Benefits:
 - Known salary and benefit changes will add a pressure of \$1.753 million across all services. Cost of Living Adjustment (COLA) is not included as it is subject to collective bargaining.
- Other Base Changes:
 - Increase in Workplace Safety Insurance Board (WSIB) claim payments of \$0.299 million to reflect 2014 actual expenditure.
 - Transfer of 1 position, dedicated to the new Radio Infrastructure system, from Toronto Fire Service (TFS) with no net impact as funding is already included in the base budget that will be cost shared by all three emergency services, Toronto Police Service, TFS and PS.
- Revenue Changes:
 - Inflationary increase in user fees.

In order to offset the above net pressures, the 2016 service cost changes for Toronto Paramedic Services consists of base expenditure savings of \$0.204 million net, and service efficiency savings of \$0.126 million net for a total of \$0.330 million net as detailed below.

**Table 3
2016 Total Preliminary Service Change Summary**

Description (\$000s)	2016 Service Changes						Total Service Changes			Incremental Change			
	Community Paramedicine & Emergency Call Mitigation		Emergency Medical Care		Emergency Medical Dispatch & Preliminary Care		\$	\$	#	2017 Plan		2018 Plan	
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Pos.	Net	Pos.	Net	Pos.
Base Changes:													
Base Expenditure Changes													
<i>Line by Line Review Based on Actuals</i>	(35.1)	(35.1)	(119.5)	(119.5)	(49.2)	(49.2)	(203.7)	(203.7)					
Base Expenditure Change	(35.1)	(35.1)	(119.5)	(119.5)	(49.2)	(49.2)	(203.7)	(203.7)					
Service Efficiencies													
<i>Reduce Overtime due to Revised Shift Schedule</i>			(183.5)	(91.8)	(16.5)	(8.3)	(200.0)	(100.0)					
<i>Reduced Funding for Oxygen based on New Procedure</i>			(52.5)	(26.3)			(52.5)	(26.3)					
Sub-Total			(236.0)	(118.1)	(16.5)	(8.3)	(252.5)	(126.3)					
Total Changes	(35.1)	(35.1)	(355.5)	(237.5)	(65.7)	(57.4)	(456.2)	(330.0)					

Base Expenditure Changes (Savings of \$0.204 million gross & net)

Line by Line Review Based on Actual Experience

- A line by line review of actual expenditures resulted in an expenditure reduction mainly in other materials and supplies across all three services.

Service Efficiencies (Savings of \$0.253 million gross & \$0.126 million net)

Reduction in Overtime Funding

- PS implemented several initiatives to reduce overtime without impacting front-line service delivery. These initiatives include shift scheduling changes to better match staffing to call demand; hiring of part-time paramedics; hourly monitoring of call demand especially on weekdays to minimize overtime call-in, etc.

Reduction in funding for Respiratory Supplies

- Due to a change in procedure regarding the delivery of oxygen to patients, the PS' oxygen requirement has declined resulting in efficiency savings of \$0.053 million gross and \$0.026 million net.

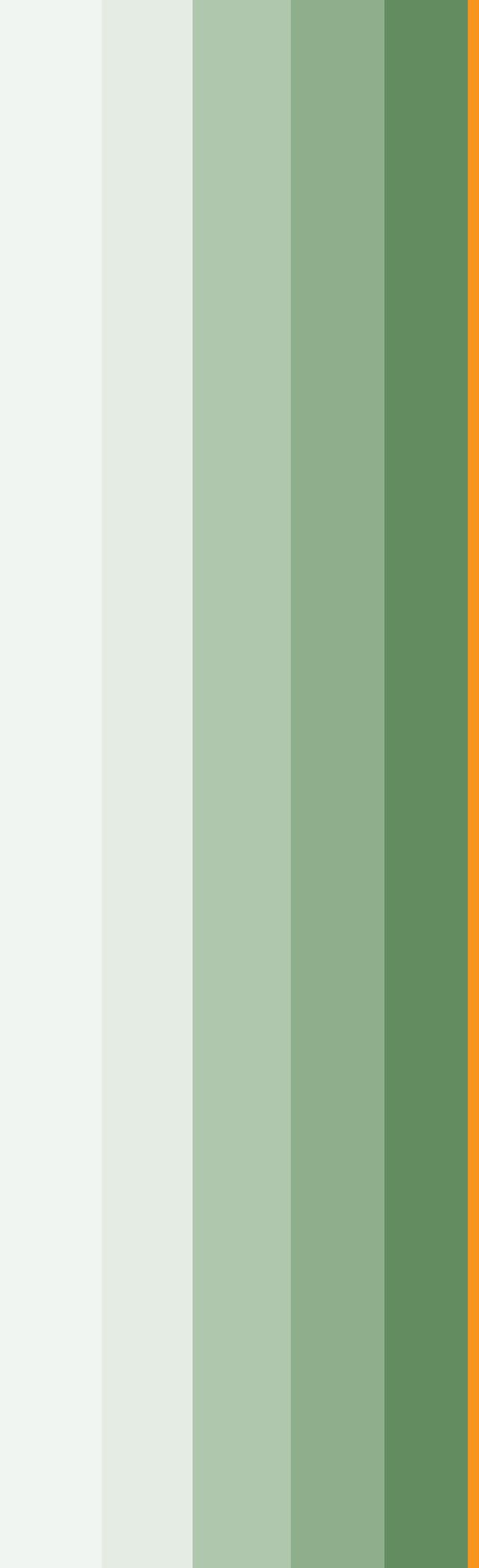
**Table 5
2017 and 2018 Plan by Program**

Description (\$000s)	2017 - Incremental Increase					2018 - Incremental Increase				
	Gross Expense	Revenue	Net Expense	% Change	# Positions	Gross Expense	Revenue	Net Expense	% Change	# Positions
Known Impacts:										
Progression Pay & Step Increases	468.7		468.7	41.9%		2,524.0		2,524.0	225.8%	
Operating Impacts of Capital										
Northwest District Multi-Function Station - Maintenance and Utility costs	90.0		90.0	8.1%			45.0	(45.0)	(4.0%)	
Contribution to the Equipment Reserve for the Replacement of Power Stretchers	225.0		225.0	20.1%		225.0	112.5	112.5	10.1%	
Contribution to the Vehicle Reserve for the Replacement of New Ambulance Vehicles	346.0		346.0	31.0%		28.0		28.0	2.5%	
Economic Factors										
Divisional Economic Factor (Laundry, Medical Equipment, Bedding, Dental and Medical Supplies)	1.0		1.0	0.1%						
Revenue										
Rate Revenue Changes		23.1	(23.1)	(2.1%)						
Additional Provincial Revenues		2,034.5	(2,034.5)	(182.0%)			196.0	(196.0)	(17.5%)	
Other										
Zero Based - Furniture	(34.0)		(34.0)	(3.0%)						
Reduction in various IDCs	21.0		21.0	1.9%		(10.7)		(10.7)	(1.0%)	
Total Incremental Impact	1,117.8	2,057.6	(939.8)	(84.1%)		2,766.3	353.5	2,412.8	215.9%	

Future year incremental costs are primarily attributable to the following:

Known Impacts:

- Step increments and associated benefit cost increases of \$0.469 million in 2017 and \$2.524 million in 2018. These estimates do not include provisions for COLA which will be subject to negotiations.
- The additional Provincial funding of \$2.034 million in 2017 mainly reflects the Provincial share of 50% for the annualized salaries and benefits of 58 permanent positions (approved in 2015 with funding for 4 months) in 2016. The Province funds its 50% share in the 2nd year of operations.
- The increase of \$0.196 million in 2018 in Provincial revenues reflects the Provincial share of 50% of eligible expenditure increases in 2017.



Part II: 2016 Budget by Service

Community Paramedicine & Emergency Call Mitigation

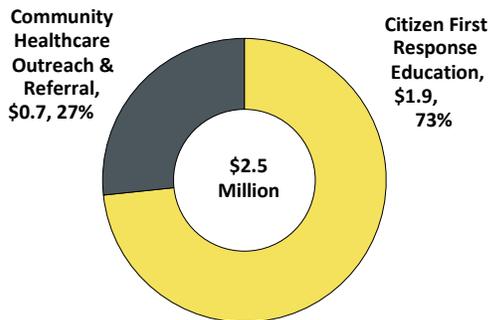
Community Paramedicine & Emergency Call Mitigation



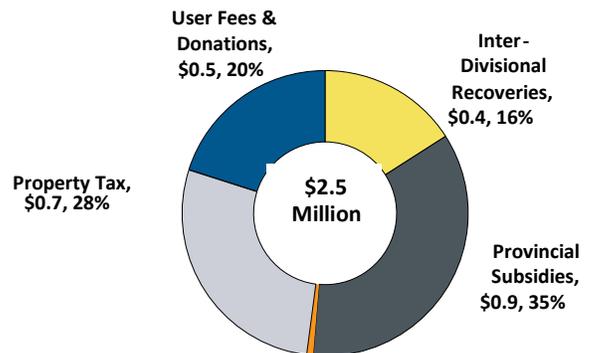
What We Do

- 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.

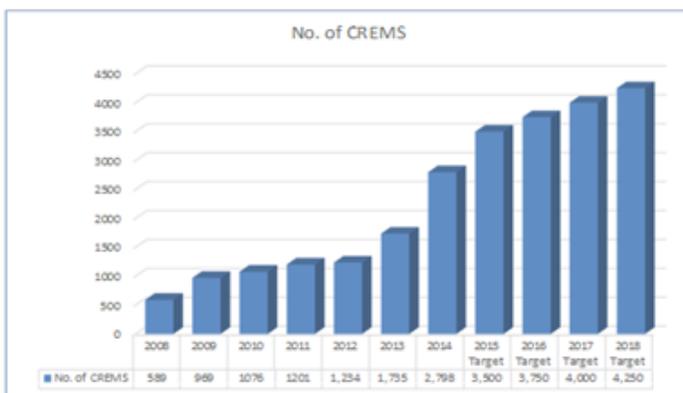
2016 Service Budget by Activity (\$Ms)



Service by Funding Source (\$Ms)



Number of Community Referrals by Paramedic Services (CREMS)



- CREMS (Community referrals by EMS) 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. (81.9% of all CREMS in 2015 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.

2016 Service Levels

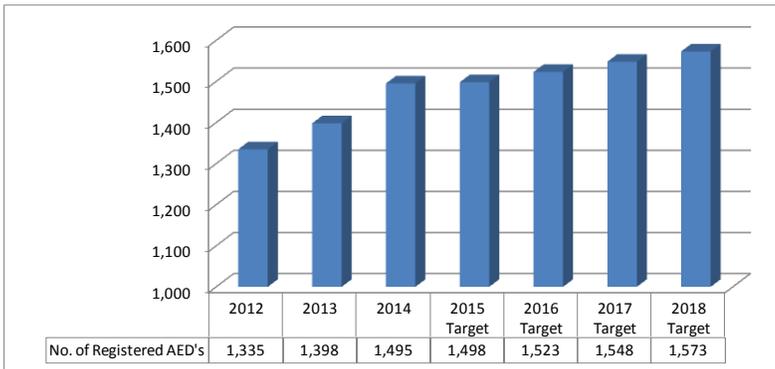
Community Paramedicine & Emergency Call Mitigation

Activity	Type	Sub-Type	Status	Service Levels					
				2011	2012	2013	2014	2015	2016
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	1000 courses are to be provided and estimated 13,900 participants certified in CPR/PAD and First Aid in 2016
			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		Approved	New in 2014			1,425 AED's registered throughout the city in 2014.	1,495 AED's registered throughout the city in 2015.	1,523 AED's registered throughout the city in 2016.
			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.		

Overall, the 2016 Service Levels are consistent with the approved 2015 Service Levels.

Service Performance

Output Measure – Number of Registered AEDs



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

Table 6

2016 Preliminary Service Budget by Activity

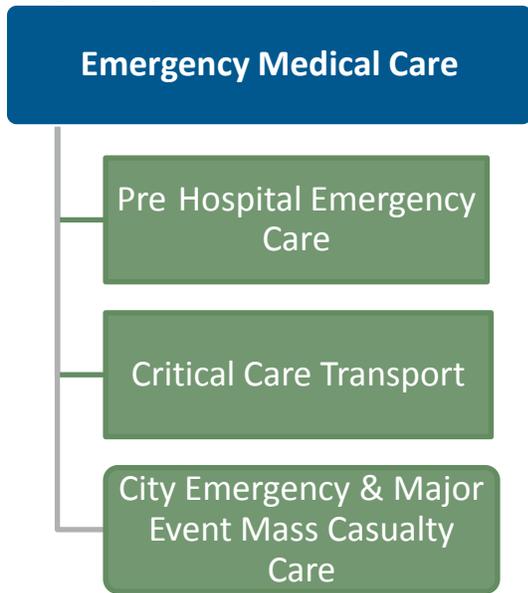
(\$000s)	2015	2016 Operating Budget							2016 Budget vs. 2015 Budget		Incremental Change				
	Approved Budget	Base Budget	Service Changes	2016 Rec'd Base	Base Budget vs. 2015 Budget		New/Enhanced	2016 Budget			2017 Plan		2018 Plan		
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%	
GROSS EXP.															
Citizen First Response Education	2,020.1	1,856.9		1,856.9	(163.2)	(8.1%)		1,856.9	(163.2)	(8.1%)	2.1	0.1%	6.5	0.4%	
Community Healthcare Outreach & Referral	1,302.7	675.3		675.3	(627.4)	(48.2%)		675.3	(627.4)	(48.2%)	1.9	0.3%	3.2	0.5%	
Total Gross Exp.	3,322.8	2,532.2		2,532.2	(790.6)	(23.8%)		2,532.2	(790.6)	(23.8%)	4.0	0.2%	9.7	0.4%	
REVENUE															
Citizen First Response Education	1,494.7	1,500.3		1,500.3	5.6	0.4%		1,500.3	5.6	0.4%	8.4		8.4	0.6%	
Community Healthcare Outreach & Referral	1,004.8	327.0		327.0	(677.8)	(67.5%)		327.0	(677.8)	(67.5%)	0.0				
Total Revenues	2,499.5	1,827.3		1,827.3	(672.2)	(26.9%)		1,827.3	(672.2)	(26.9%)	8.4		8.4	0.5%	
NET EXP.															
Citizen First Response Education	525.4	356.7		356.7	(168.7)	(32.1%)		356.7	(168.7)	(32.1%)	(6.3)	(1.8%)	(1.9)	(0.5%)	
Community Healthcare Outreach & Referral	297.9	348.3		348.3	50.3	16.9%		348.3	50.3	16.9%	1.9	0.5%	3.2	0.9%	
Total Net Exp.	823.3	704.9		704.9	(118.4)	(14.4%)		704.9	(118.4)	(14.4%)	(4.4)	(0.6%)	1.3	0.2%	
Approved Positions	16.3	12.9		12.9	(3.4)	(20.6%)		12.9	(3.4)	(20.6%)					

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.

The 2016 Operating Budget for Community Paramedicine and Emergency Call Mitigation of \$2.532 million gross and \$0.705 million net is \$0.118 million or 14.4% under the 2015 Approved Net Budget.

- Base budget pressures in Community Paramedicine and Emergency Call Mitigation are primarily due to known salaries and benefit adjustments to align with actual expenditures and inflationary increases for non-salary accounts.
- In order to offset the above pressures, base budget savings of \$0.035 million net will be realized, resulting from line by line review of recent spending of non-payroll accounts.
- A number of technical revenue adjustments within all three services re-aligned Provincial revenues to reflect the cost of service delivery with no overall impact.

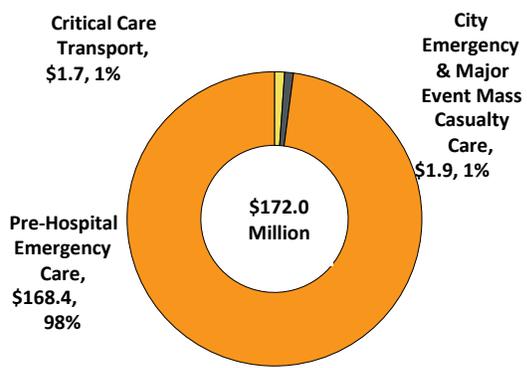
Emergency Medical Care



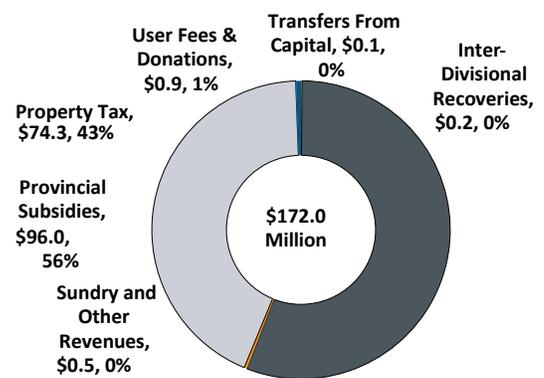
What We Do

- Provide outstanding paramedic-based, mobile health services and emergency medical response, and provide medically appropriate transport for all patients in the community.
- Provide on-site, dedicated medical coverage for a variety of large-scale events and respond to emergencies involving mass casualty victims.

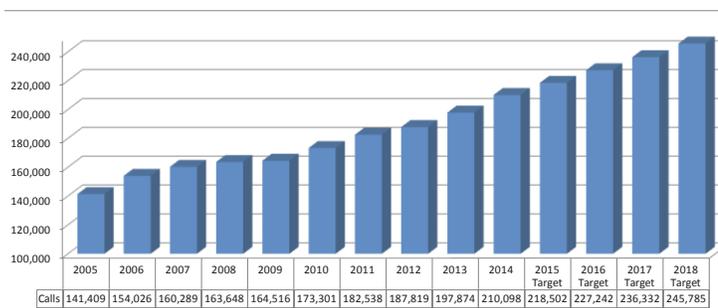
2016 Service Budget by Activity (\$Ms)



Service by Funding Source (\$Ms)



Number of Emergency Transports Provided



- The number of Emergency Patient Transports is projected to increase at a rate of 4% per year.
- Emergency Patient Transports rise as Toronto's population grows.
- An aging population also contributes to the increased number of Emergency Patient Transports.
- 2017 and 2018 targets assume the addition of 57 paramedics in 2016.

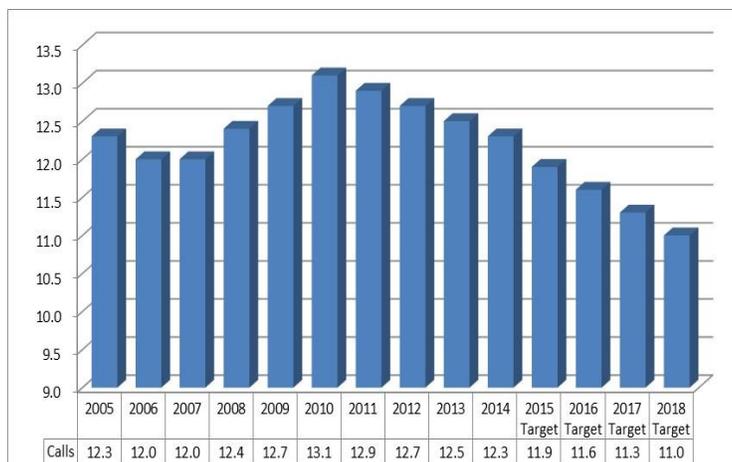
2016 Service Levels Emergency Medical Care

Activity	Type	Sub-Type	Status	Service Levels					
				2011	2012	2013	2014	2015	2016
Pre-Hospital Emergency Care	Number of Emergency Calls (Unique Incidents)		Approved	New in 2014			During 2014, Toronto PS expects to respond to 272,165 unique incidents	During 2015, Toronto PS expects to respond to 285,189 unique incidents	During 2016, Toronto PS expects to respond to 296,597 unique incidents
			Actual	252,029	258,541	264,682	274,220		
	Number of Patient Transports		Approved	New in 2014			During 2014, Toronto PS expects to transport 206,778 patients	During 2015, Toronto PS expects to transport 218,502 patients	During 2016, Toronto PS expects to transport 227,242 patients
			Actual	182,538	187,819	197,874	210,098		
	Length of time in minutes to arrive at life threatening calls 90% of the time		Approved	New in 2016				During 2015, Toronto PS expects to arrive at life threatening calls 90% of the time in 12.0 minutes	During 2016, Toronto PS expects to arrive at life threatening calls 90% of the time in 11.6 minutes
			Actual	12.9	12.7	12.5	12.3		
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.	Replaced by Length of Time in minutes to arrive at life threatening calls 90% of the time	
		Actual	61%	62%	64%	64.4%			

Overall, the 2016 Service Levels are consistent with the approved 2015 Service Levels.

Service Performance

Efficiency Measure – Response Time Performance



- Despite increased emergency call volumes, PS has been able to achieve a reduction in response time performance.
- Improved performance is attributed to: scheduling changes for frontline staff, (paramedics and dispatchers), use of part-time staff, new staff, use of improved dispatch technology, etc.
- The graph reflects the final multi-year investment in adding paramedics. Final year investment (2016) is subject to Council consideration.

Table 6
2016 Preliminary Service Budget by Activity

(000s)	2015	2016 Operating Budget							2016 Budget vs. 2015 Budget		Incremental Change				
	Approved Budget	Base Budget	Service Changes	Base Budget vs. 2015			New/Enhanced	2016 Budget			2017 Plan		2018 Plan		
	\$	\$	\$	2016 Base Budget	% Change	%	\$	\$	\$	%	\$	%	\$	%	
GROSS EXP.															
City Emergency & Major Event Mass Casualty Care		1,901.8	(0.2)	1,901.6	1,901.6			1,901.6	1,901.6		2.8	0.1%	6.8	0.4%	
Critical Care Transport	3,740.8	1,658.6	(0.5)	1,658.1	(2,082.8)	(55.7%)		1,658.1	(2,082.8)	(55.7%)	0.9	0.1%	3.4	0.2%	
Pre-Hospital Emergency Care	160,014.7	168,671.6	(235.2)	168,436.4	8,421.7	5.3%		168,436.4	8,421.7	5.3%	1,075.7	0.6%	1,169.6	0.7%	
Total Gross Exp.	163,755.6	172,231.9	(235.9)	171,996.0	8,240.4	5.0%		171,996.0	8,240.4	5.0%	1,079.3	0.6%	1,179.9	0.7%	
REVENUE															
City Emergency & Major Event Mass Casualty Care		1,683.3	(0.1)	1,683.2	1,683.2			1,683.2	1,683.2	-	9.3	0.6%	9.3	0.5%	
Critical Care Transport	3,524.8	3,357.2	(0.2)	3,357.0	(167.9)	(4.8%)		3,357.0	(167.9)	(4.8%)	0.1	0.0%	0.1	0.0%	
Pre-Hospital Emergency Care	87,711.0	92,747.7	(117.6)	92,630.1	4,919.1	5.6%		92,630.1	4,919.1	5.6%	2,039.7	2.2%	335.7		
Total Revenues	91,235.9	97,788.1	(117.9)	97,670.2	6,434.4	7.1%		97,670.2	6,434.4	7.1%	2,049.1	2.1%	345.1	0.3%	
NET EXP.															
City Emergency & Major Event Mass Casualty Care		218.5	(0.1)	218.4	218.4			218.4	218.4		(6.5)	-3.0%	(2.5)	(1.2%)	
Critical Care Transport	216.0	(1,698.6)	(0.3)	(1,698.9)	(1,914.9)	(886.5%)		(1,698.9)	(1,914.9)	(886.5%)	0.8	0.0%	3.3	(0.2%)	
Pre-Hospital Emergency Care	72,303.7	75,923.9	(117.6)	75,806.3	3,502.6	4.8%		75,806.3	3,502.6	4.8%	(964.0)	(1.3%)	833.9	1.1%	
Total Net Exp.	72,519.7	74,443.8	(118.0)	74,325.8	1,806.1	2.5%		74,325.8	1,806.1	2.5%	(969.8)	(1.3%)	834.8	1.1%	
Approved Positions	1,177.5	1,176.7		1,176.7	(0.8)	(0.1%)		1,176.7	(0.8)	(0.1%)					

The **Emergency Medical Care** services provide emergency and preventative care to the people of Toronto through activities such as pre-hospital emergency care, inter-facility patient transport services and mass casualty care.

The 2016 Operating Budget for Emergency Medical Care of \$171.996 million gross and \$74.326 million net is \$1.806 million or 2.5% over the 2015 Approved Net Budget.

Base budget pressures in Emergency Medical Care are primarily due to known salaries and benefit adjustments and inflation increases for non-salary accounts. In addition to pressures common amongst all services, Emergency Medical Care is particularly experiencing pressures related to the following:

- Increased contribution of \$0.775 million to the equipment reserve and \$0.180 million to the vehicle reserve to ensure replacement of power stretchers and defibrillators based on the replacement schedule for medical equipment and new ambulances.
- Increase in funding of \$0.176 million for WSIB claim payments to align with actual experience,
- Increase in divisional charges for the security maintenance of all ambulance stations (\$0.203 million) as the warranty of the new station security system expired in 2015.

In order to offset the above pressures, the 2016 service changes for Emergency Medical Care consists of base expenditure savings of \$0.120 million net and service efficiency savings of \$0.118 million net as detailed below:

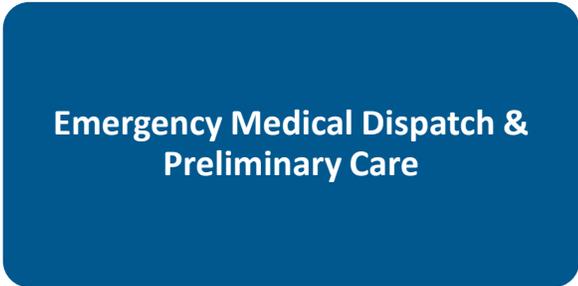
Base Budget (savings of \$0.120 million gross and net)

- Expenditures of \$0.120 million net have been reduced based on a line by line review of recent spending and considering future requirements.

Service Efficiency (Savings of \$0.236 million gross \$0.118 million net)

- PS instituted several initiatives to reduce overtime without impacting front-line service delivery. This includes: shift scheduling changes to better match staffing to call demand (i.e., improved start/end times on weekdays and better weekend coverage); hiring of part time paramedics; hourly monitoring of call demand especially on weekdays to minimize overtime call-in; reduced supervisory overtime; regular monitoring of high overtime earners; etc.
 - As a result despite the increase in emergency patient transports, overtime costs are projected to be reduced by \$0.092 million net in 2016.
- Due to a change in procedure regarding the delivery of oxygen to patients, the PS' oxygen requirement has declined resulting in efficiency savings of \$0.026 million net.

Emergency Medical Dispatch & Preliminary Care

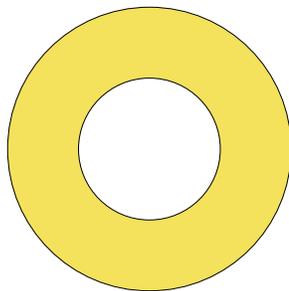


What We Do

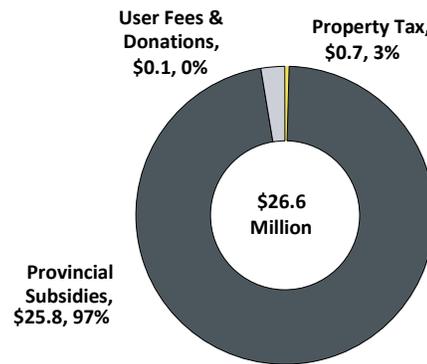
- Provide immediate access to dispatch life support instructions through Toronto's Central Ambulance Communications Centre prior to paramedic arrival.

2016 Service Budget by Activity (\$Ms)

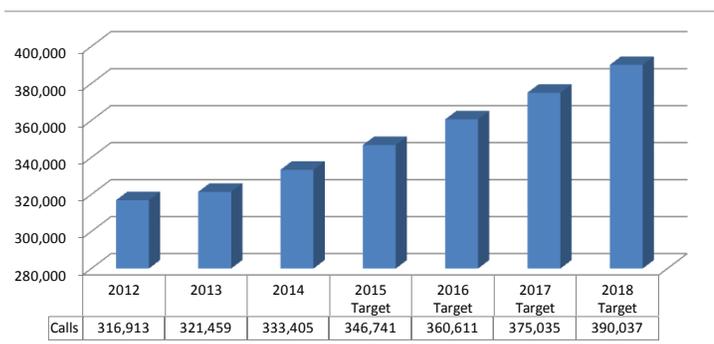
Emergency Medical Dispatch & Preliminary Care, \$26.6, 100%



Service by Funding Source (\$Ms)



Number of Calls Processed



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

2016 Service Levels Emergency Medical Dispatch & Preliminary Care

Activity	Type	Sub-Type	Status	Service Levels						
				2011	2012	2013	2014	2015	2016	
Emergency Medical Dispatch & Preliminary Care	Length of time in minutes to process life threatening calls 90% of the time		Approved	New in 2016						During 2016, Toronto PS expects to process life threatening calls 90% of the time in 3.0 minutes
			Actual	N/A	N/A	N/A	N/A			
	Number of Calls Processed		Approved	New in 2016						In 2016, Toronto PS expects to process 360,611 calls
			Actual	N/A	316,913	321,459	333,405			
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	Replaced - See above	
			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	Replaced - See above	
			Actual	252,029	297,228	301,638	Unavailable			

Overall, the 2016 Service Levels are consistent with the approved 2015 Service Levels.

As the emergency call demands are anticipated to increase by 4% annually, PS anticipates an increase in emergency calls processed.

**Table 6
2016 Preliminary Service Budget by Activity**

(\$000s)	2015	2016 Operating Budget							2016 Budget vs. 2015 Budget		Incremental Change				
	Approved Budget	Base Budget	Service Changes	Base Budget vs. 2015 Budget			New/Enhanced	2016 Budget			2017 Plan		2018 Plan		
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%	
GROSS EXP.															
Emergency Medical Dispatch & Preliminary Care	26,561.3	26,653.7	(16.5)	26,637.3	76.0	0.3%		26,637.3	76.0	0.3%	34.5	0.1%	1,576.7	5.9%	
Total Gross Exp.	26,561.3	26,653.7	(16.5)	26,637.3	76.0	0.3%		26,637.3	76.0	0.3%	34.5	0.1%	1,576.7	5.9%	
REVENUE															
Emergency Medical Dispatch & Preliminary Care	26,106.5	25,958.2	(8.2)	25,950.0	(156.5)	(0.6%)		25,950.0	(156.5)	(0.6%)	0.1	0.0%	0.1	0.0%	
Total Revenues	26,106.5	25,958.2	(8.2)	25,950.0	(156.5)	(0.6%)		25,950.0	(156.5)	(0.6%)	0.1	0.0%	0.1	0.0%	
NET EXP.															
Emergency Medical Dispatch & Preliminary Care	454.8	695.5	(8.2)	687.3	232.5	51.1%		687.3	232.5	51.1%	34.4	5.0%	1,576.6	218.5%	
Total Net Exp.	454.8	695.5	(8.2)	687.3	232.5	51.1%		687.3	232.5	51.1%	34.4	5.0%	1,576.6	218.5%	
Approved Positions	188.5	189.6		189.6	1.1	0.6%		189.6	1.1	0.6%					

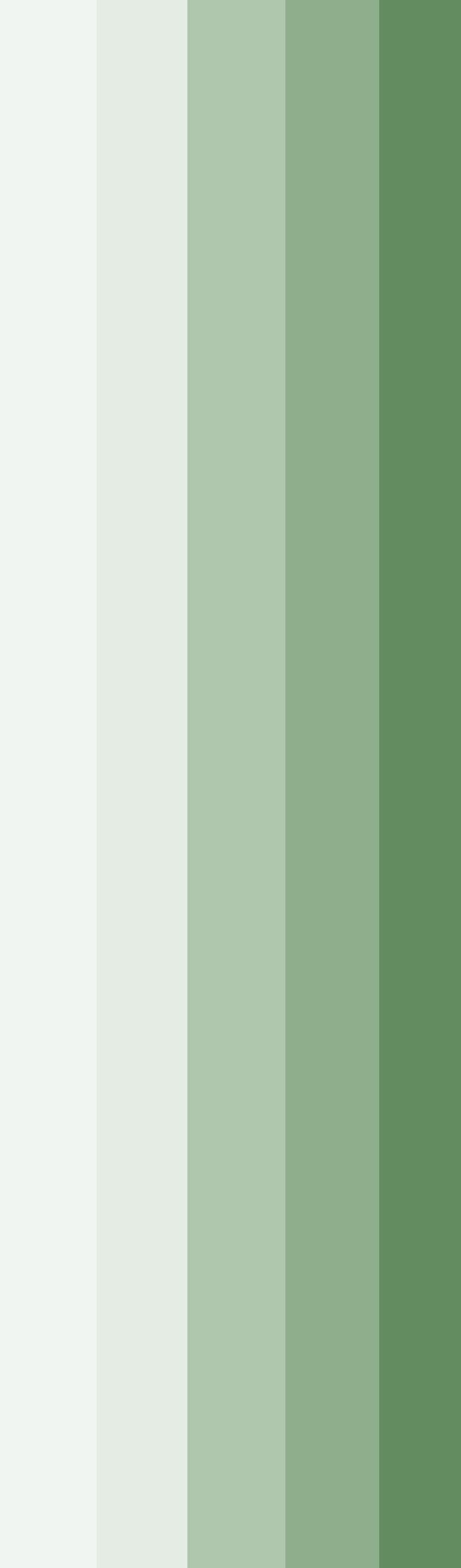
The **Emergency Medical Dispatch and Preliminary Care** service is the initial access point to City of Toronto’s emergency health services system for victims of illness or injury through its Central Ambulance Communication Centre (CACC). PS provides ambulance communication services that are seamless,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

The 2016 Operating Budget for **Emergency Medical Dispatch and Preliminary Care** of \$26.637 million gross and \$0.687 million net is \$0.232 million or 51.1% over the 2015 Approved Net Budget.

Base budget pressures in Emergency Medical Dispatch and Preliminary Care are primarily due to salary and benefit adjustments and increase in funding of \$0.124 million for WSIB claim payments to align with actual experience.

To help mitigate the above base pressures, savings of \$0.049 million gross and net were achieved resulting from a line by line review of recent spending and considering future requirements of all non-payroll accounts and service efficiency reduction of \$0.017 million gross and \$0.008 million net to reflect the reduction in overtime due to shift scheduling changes.

A number of technical revenue adjustments within all three services re-aligned gross expenditures and Provincial revenues to reflect the cost of service delivery with no overall impact.



Part III:

Issues for Discussion

Issues for Discussion

Issues Impacting the 2016 Budget

PS Operating Efficiencies and its impact on PS Response Time and Service Levels

- Toronto Paramedic Services'(PS) has successfully implemented operating efficiencies to address increased service demand resulting from the increase in emergency patient transports experienced over the last 10 years.
- The drivers of PS' increased emergency patient transports include:
 - ✓ Aging population:
 - After age 55, need for PS rises exponentially
 - PS treats 30% of all residents 75+ years of age at least once per year
 - ✓ Rising population:
 - In Toronto, PS is treating approximately 7% of the population per year
 - ✓ Polarized socio-economic status:
 - Compromised baseline health
 - Fragmented support systems
 - Reliance on PS and public services
 - ✓ No Family physician for significant portion of the population, resulting in PS as the first resort
- This increasing trend has impacted PS' response time to life threatening calls which reached its peak at 13.1 minutes in 2010 but has now improved to an average of 11.9 minutes projected in 2015, which is the lowest response time in the past decade.
 - ✓ Response time refers to the entire response time from answering the phone at the dispatch centre to arrival of the paramedics at the patient.

EMS (Toronto Paramedic Services)/Fire Service and Organizational Review

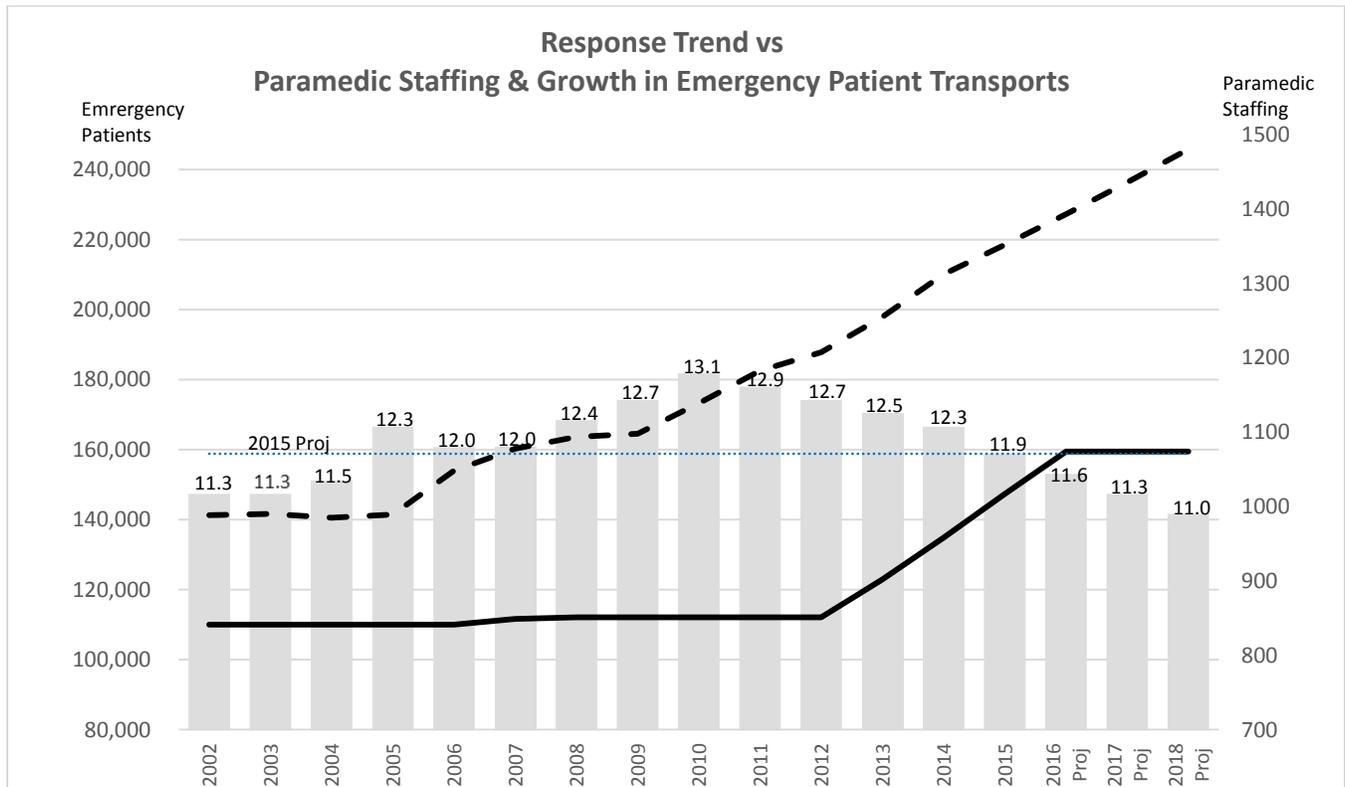
- In July 2013, the City Manager's Service & Organizational Review of PS & Toronto Fire Services by an independent third party included a demand and resources analysis to maintain the quality and robustness of Paramedic Services while achieving potential efficiencies.
Link: <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.EX33.11>
- One of the recommendations for PS was to increase its response capacity by 223,451 staffed vehicle hours due to the trend of increasing emergency call demand of 2% to 4% annually -- being driven by a growing and aging population in the last 10 years.
- In response to this recommendation, City Council added 163 paramedic positions over 3 years (51 in 2013, 56 in 2014 and 56 in 2015) with an additional request for 57 paramedics in 2016. This will increase Paramedic Services' staffing level to 223,451 hours (2011 staffing levels). These additional resources have contributed to improved service response time.
- The new/enhanced initiatives to add the last tranche of 57 paramedics and 2 supervisors in 2016 will increase Paramedic Services' staffing level by 223,451 hours (2011 staffing levels) and will require additional funding as noted in the table on the next page.

New / Enhanced Service Description (\$000s)	2016 Impact				Net Incremental Impact			
	Gross	Revenue	Net	Positions	2017 Plan		2018 Plan	
					Net	Positions	Net	Positions
Not Included								
Council Directed								
Add 56 Permanent Paramedic Staff	3,063.9		3,063.9	57.0	1,557.9			
Add 2 Permanent Operations Superintendents	164.2		164.2	2.0	54.3			
Total New/Enhanced Services (Not Included)	3,228.2		3,228.2	59.0	1,612.2			

- The above listed initiatives are not included in the 2016 Preliminary Operating Budget for Toronto Paramedic Services, however, they are included for Council's consideration as part of the list of New/Enhanced requests referred to the Budget process to be distributed for Budget Committee's consideration in the 2016 Budget process.
- In considering the 2016 request, Council should note that the PS system improvements demonstrated in the past five years will be negatively impacted in the following ways:
 - ✓ Increased response times to emergency calls
 - ✓ Increased overtime required to address demand
 - ✓ Emergency patients requiring transport outstripping available resources
 - ✓ Increased staff workload

Emergency Transport and Emergency Response Trends

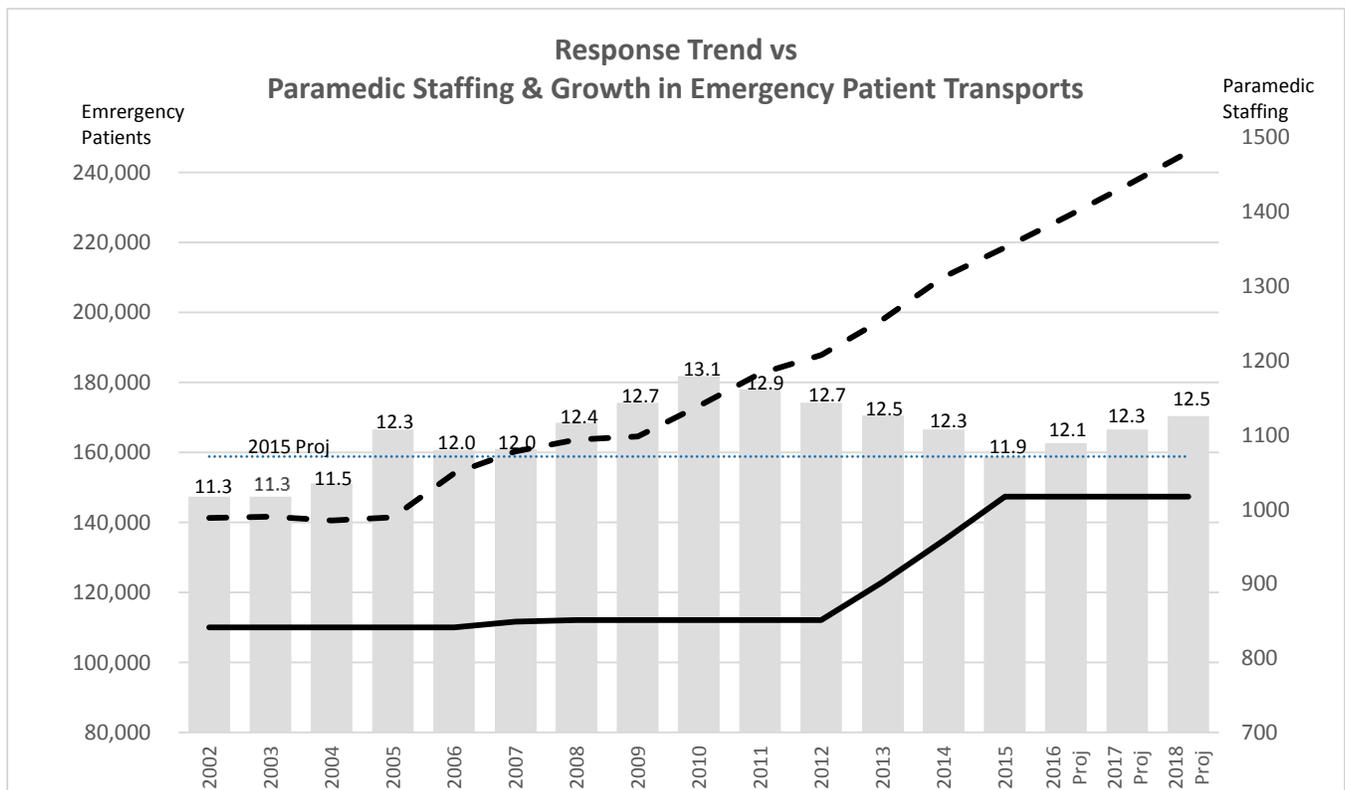
Table 1a – Response Trends and Paramedic Staffing (assumes the addition of 57 Paramedics in 2016)



As shown in the chart above:

- Since 2005, the number of emergency patient transports provided by Paramedic Services annually has increased by 77,093 patients (55%) from 141,409 transports in 2005 to an estimated 218,502 transports in 2015 due to a growing and aging population.
- In 2014 alone, PS transported 12,224 more emergency patients than in 2013.
- In spite of the increasing service demands, PS staffing remained unchanged from 2005 to 2012. During the 2013 to 2015 period, City Council approved funding to increase staffing by 163 paramedic positions.
- As a result, PS has been able to maintain its service levels during this period with fewer staff resources and achieved a projected response time of 11.9 minutes in 2015, which is the lowest it has been since 2004 by implementing several initiatives that have resulted in operating efficiencies described in the following sections.
- Note: If the 57 Paramedics requested in 2016 are not approved, the response trend will reverse course (see Table 1b below)

Table 1b – Response Trends and Paramedic Staffing (Excludes 57 Paramedics in 2016)



Toronto Paramedic Services' (PS) Response Time to Life Threatening Calls

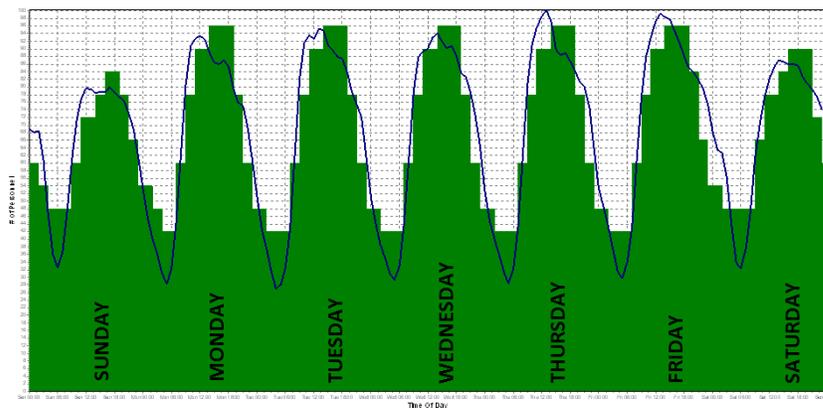
- PS response time for life threatening calls in 2015 is projected at an average 11.9 minutes, reflecting an improvement of 1.2 minutes compared to the 13.1 minutes response time in 2010. In the provision of emergency medical services, a shorter response time has been linked to improved health outcomes for patients.
- PS, over the last 10 years, has instituted high impact changes on the performance management of emergency response, both operational and dispatch, to bring about a real and sustained improvement in response time and patient care. These changes include implementation of program initiatives,

improved dispatch technology, operating efficiencies as well as an increase in paramedic positions which have all contributed to the improvement of response time. Some of these changes are described below:

➤ **Revised Schedules for Paramedics, Dispatchers and Superintendents**

- As part of the 2012-2015 Local 416 collective agreement, the 35-year-old schedule for paramedics was replaced with a new and efficient schedule system that better matched paramedic staffing to call demand.
- With the assistance of a scheduling expert, a new schedule was implemented in January 2013 taking into account operational requirements, paramedic preferences and physiological issues. The effect of the new schedule significantly improved coverage on weekends and night shifts (See Table 2).
- In February 2014, a similar scheduling change was implemented in the communications centre for emergency medical dispatchers.
- In 2014, frontline management schedules were also adjusted to better align superintendents to assigned staff. The schedule change impacted break and peak shift-change periods that resulted in a reduction in costs for end-of-shift overtime and missed meal allowance.

Table 2: Staffing to Call Demand



➤ **Reduction in Non-Emergency Patient Transfers**

- In 2011, the KPMG Core Service Review Report for Paramedic Services identified the need for additional paramedic resources to respond to increased emergency call demand as opposed to responding to non-emergency inter-facility patient transports. It was recommended that the City consider outsourcing some or all of the non-emergency inter-facility transports.
- In 2013, the EMS/Fire Efficiency Study also identified the need to focus on maximizing resources in response to emergency medical calls.
- With PS re-allocating resources to meet the medical demands, private patient transfer service companies are utilized by hospitals to transfer non-emergency patients between facilities that do not require the presence of paramedics.

- Over the course of several years, the non-emergency call volume for Paramedic Services has dropped from about 40% of total call volume in the 1970s to approximately 1% in 2015 (unit responses, not patients transported).

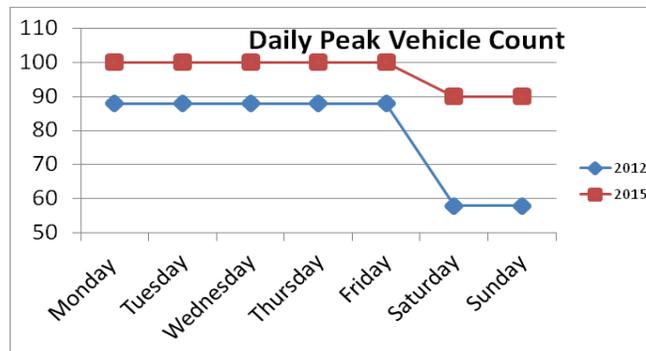
➤ **Emergency Patient Transport Protocols**

- Toronto Paramedic Services has implemented several emergency patient transport protocols that have demonstrated improved survival outcomes by transporting patients directly to specialty units within specific hospitals.
- These protocols have dramatically reduced the number of emergency transfers from community hospitals to specialty hospitals, thereby improving ambulance unit availability. Some of these patient transport protocols include trauma patients, STEMI Heart Attacks, Stroke patients, post cardiac arrest patients, pediatric patients, burn patients, etc.

➤ **2014 – Addition of Part-Time Paramedics**

- As part of the 2012 Local 416 collective bargaining agreement, PS obtained authority to add part-time paramedics.
- In mid-2014, the first class of part-time paramedics was hired.
- Part-time staff are utilized to cover planned vacations, lieu time, legislated leaves of absence and training of permanent staff to ensure that ambulance counts are maintained at required levels resulting in a more efficient use of staff resources and reduced overtime for full-time staff.
- Table 3 below shows an increase in vehicle count during peak hours on a daily basis.

Table 3: Daily Peak Vehicle Count

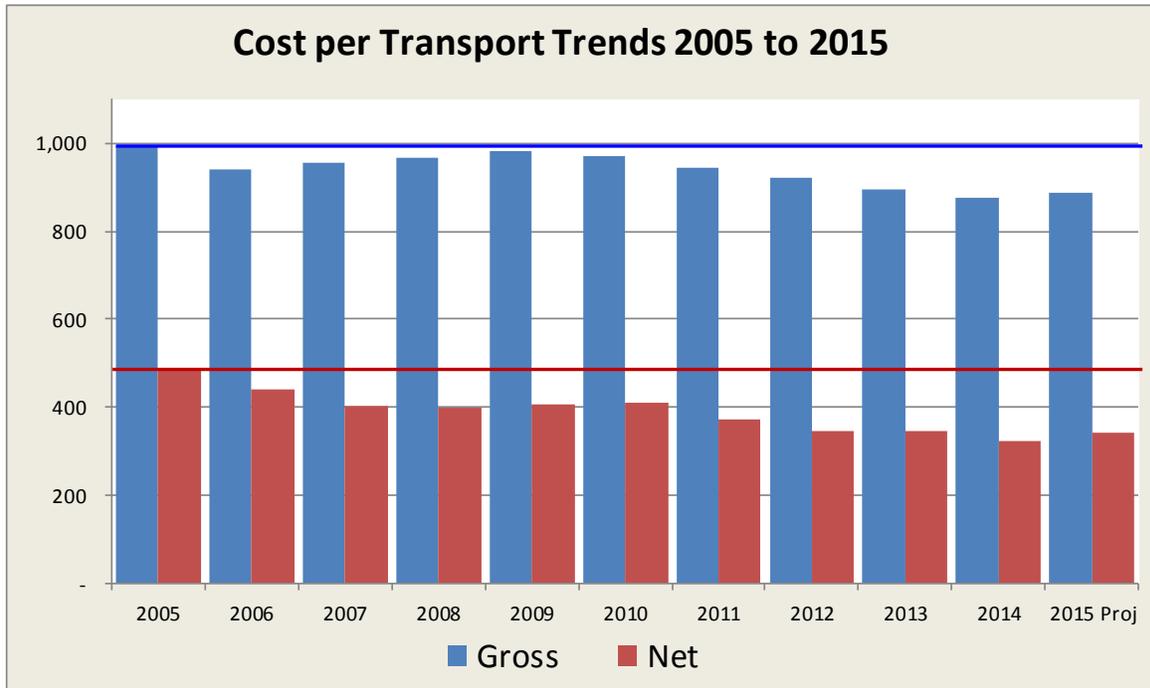


➤ **Improved Dispatch Technology**

- In 2011, PS implemented a unit-assignment software program (provided within the OPTIMA software package) which increased the speed with which PS' Communications Centre dispatched ambulance vehicles, saving valuable seconds in the dispatch/response times for emergency calls.
- The software program uses historical data to predict where the next emergency calls will occur so performance analysts can adjust dynamic deployment plans for dispatchers to efficiently place ambulances in areas where calls are anticipated and thereby minimize response times.
- Dynamic deployment is a common term used in ambulance services to describe the practice of moving resources closer to the predicted source of the next call.
- Another benefit of this technology is that it recommends to the dispatcher the most appropriate paramedic resource to meet the immediate needs of the patient.

- The dispatch software also generates overtime savings as it automatically identifies paramedic crews who are 30 minutes away from completing their shift. This information is taken into consideration when dispatching an emergency vehicle thereby reducing end-of-shift overtime costs.
- With the implementation of above mention initiatives over the past few years, PS has been able to significantly reduce the cost per transport as indicated in Table 4 below.

Table 4 – Gross & Net Cost per Transport Trends



- Since 2005 the gross cost per transport has decreased by 10% while the net cost per transport has decreased by 30%
- Over this period the number of emergency patient transports provided by Paramedic Services annually has increased by 77,093 patients (55%).

➤ **Time and Attendance & Scheduling System (TASS)**

- Several new initiatives are currently being pursued by PS to support its critical needs while improving operations. One of these solutions is TASS.
- TASS is a new scheduling system to address the complex scheduling requirements that are required to support the critical operations of PS and the unique work scheduling needs of Parks, Forestry and Recreation (PF&R).
- TASS is a new and highly integrated IT platform, currently being implemented with Corporate IT which will eventually be expanded and used by other City Divisions. It requires a large volume of remote mobile access (i.e., from home) to staff, such that, staff might be readily scheduled and informed of work assignments.

- System development is to be completed by the end of 2016 and implemented in 2017. During implementation, PS will identify the operating efficiencies and savings that may result with the new scheduling system for the 2018 Budget process.
- **100% Provincially Funded Offload Nurses Program**
 - In 2008, the Ministry of Health & Long Term Care (MOHLTC) implemented the Hospital Offload Nurses Program which is 100% funded by the Province. The program provides funding to purchase nursing hours at hospitals to assist PS paramedics offload patients in hospitals throughout the City of Toronto.
 - Ongoing efforts by PS to work with hospitals and detailed reviews of offload wait times have assisted PS in identifying hospitals that have difficulty with offloading patients. 14 hospitals with significant hospital offload waiting issues have integrated their nursing resources into its daily operations.

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

- The 2016 Operating Budget for CACC assumes a 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.
- In 2015, PS included 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.

	2010			2011			2012			2013			2014			2015			2016
	Bud	Act	Var	Bud															
Gross	20.8	20.8		20.9	19.2	(1.7)	20.9	19.2	(1.7)	21.5	19.9	(1.6)	23.7	22.9	(0.8)	22.8	22.5	(0.3)	23.0
Revenue	20.8	18.0	(2.8)	20.9	19.0	(1.9)	20.9	19.0	(1.9)	21.5	19.4	(2.1)	23.7	22.4	(1.3)	22.8	22.2	(0.6)	23.0
Net		2.8	2.8		0.2	0.2		0.2	0.2		0.5	0.5		0.5	0.5		0.3	0.3	
Shortfall		13.5%			1.0%			1.0%			2.3%			2.1%			1.3%		

- The 2015 projected actual shows a slight funding shortfall despite Program instituted cost containment measures, primarily by implementing a hiring freeze to reduce expenditures.
- Negotiations are continuing with the Ministry of Health and Long Term Care to increase funding for the Central Ambulance Communications Centre to 100% of gross expenditures.



Appendices:

Appendix 1

2015 Service Performance

2015 Key Service Accomplishments

In 2015, Toronto Paramedic Services accomplished the following:

Community Paramedicine and Emergency Call Mitigation

- ✓ In 2015, Paramedic Services received funding from the Ministry of Health & Long Term Care in support of expanding Community Paramedicine programs:
 - Community Agency Notifications (CAN) computer system upgrades.
 - Pilot Independence at Home (IAH) Initiative.
 - Pilot Medically Complex Patients (MCP) Initiative.
- ✓ For 2015, there is a projected 10% to 15% increase in referrals made by paramedics to preventative support services for patients who have used 911 two or more times within a six-month period.
- ✓ Paramedic Services' 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).
- ✓ Distribution and installation of a projected 25 Automated External Defibrillators (AEDs) at workplaces and facilities throughout the City of Toronto.

Emergency Medical Dispatch and Preliminary Care

- ✓ Continued to monitor 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 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 2015, the Central Ambulance Communications Centre was awarded re-accreditation, for the third time, as a 'Centre of Excellence', by the International Academies 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. These programs continue to demonstrate improved survival outcomes.
- ✓ In 2015, Toronto EMS 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, or as determined, 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 will support more efficient use of resources and improved service as medical skills are more closely matched to patient needs.
- ✓ 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. Paramedic will be the only land-based paramedic service trialling 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 is being trialled in only three Canadian cities, including Toronto.
- ✓ Negotiated with the province to expand and continue the Dedicated Offload Nurse Program in 2015.
- ✓ For the 5th consecutive year, Paramedic Services has improved response times to life threatening calls in an environment of increasing emergency call demand, leading to the lowest response time in 10 years.

Appendix 2

2016 Operating Budget by Expenditure Category

Program Summary by Expenditure Category

Category of Expense (\$000's)	2013	2014	2015	2015	2016	2016 Change from		Plan	
	Actual	Actual	Budget	Projected Actual *	Budget	2015 Approved Budget	%	2017	2018
	\$	\$	\$	\$	\$	\$		\$	\$
Salaries and Benefits	143,964.5	151,343.5	164,586.0	162,720.0	167,096.6	2,510.7	1.5%	167,565.4	170,089.3
Materials and Supplies	5,295.1	5,862.7	6,466.8	6,041.8	6,255.8	(211.0)	(3.3%)	6,386.4	6,404.4
Equipment	810.5	871.2	1,013.2	978.2	1,136.4	123.2	12.2%	1,102.6	1,102.7
Services & Rents	10,351.9	9,627.4	9,875.6	9,677.6	9,566.9	(308.6)	(3.1%)	9,567.1	9,567.1
Contributions to Capital	1,148.1	616.9	756.0	756.0	600.0	(156.0)	(20.6%)	600.0	600.0
Contributions to Reserve/Res Funds	5,504.3	5,742.5	5,966.2	5,966.2	6,921.2	955.0	16.0%	7,452.2	7,635.2
Other Expenditures	8.0	18.5	8.9	8.9	8.9			8.9	8.9
Interdivisional Charges	10,034.0	9,665.7	9,436.3	9,536.3	9,579.4	143.1	1.5%	9,600.4	9,641.7
Total Gross Expenditures	177,116.4	183,748.4	198,109.0	195,685.0	201,165.4	3,056.4	1.5%	202,283.1	205,049.4
Interdivisional Recoveries	1,002.8	666.0	894.2	894.2	710.7	(183.5)	(20.5%)	710.7	710.7
Provincial Subsidies	104,846.1	112,844.7	118,547.5	117,521.6	122,685.9	4,138.4	3.5%	124,720.4	125,050.9
Federal Subsidies									
Other Subsidies									
User Fees & Donations	1,151.7	1,444.0	1,141.7	1,141.7	1,416.9	275.1	24.1%	1,440.0	1,463.1
Transfers from Capital Fund		75.0	75.0	75.0	75.0			75.0	75.0
Contribution from Reserve/Reserve Funds	564.0		409.5	409.5		(409.5)	(100.0%)		
Sundry Revenues	1,034.3	693.9	2,344.5	2,209.5	559.0	(1,785.5)	(76.2%)	559.0	559.0
Total Revenues	108,598.9	115,723.5	123,412.4	122,251.5	125,447.4	2,035.0	1.6%	127,505.1	127,858.7
Total Net Expenditures	68,517.5	68,024.9	74,696.6	73,433.5	75,718.0	1,021.3	1.4%	74,778.0	77,190.7
Approved Positions	1,264.5	1,328.8	1,394.4	1,360.8	1,386.3	(8.1)	(0.6%)	1,386.3	1,386.3

* Based on the 2015 9-month Operating Variance Report

For additional information regarding the 2015 Q3 operating variances and year-end projections, please refer to the attached link for the report entitled "Operating Variance Report for the Nine-Month Period Ended September 30, 2015" approved by City Council at its meeting on December 9, 2015.

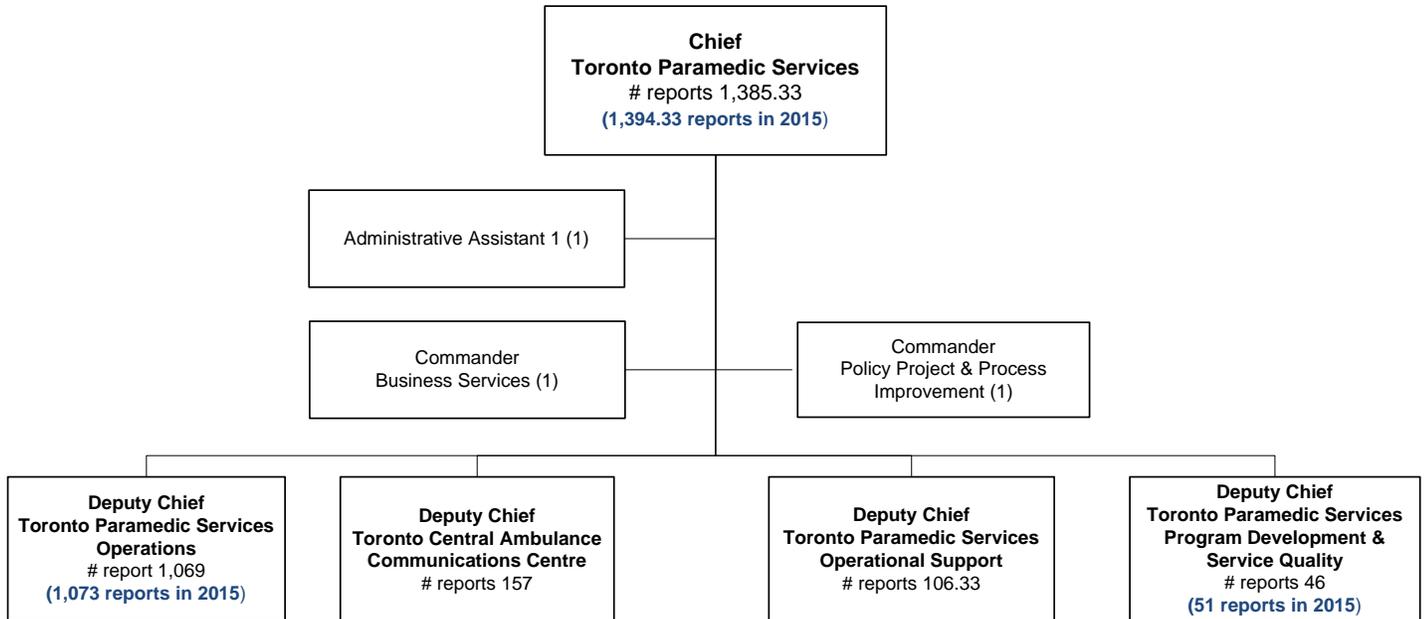
Link: <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.EX10.27>

Impact of 2015 Operating Variance on the 2016 Preliminary Budget

The under expenditures in salaries and benefits will have no impact in the 2016 Operating Budget as vacant positions are expected to be filled by the end of 2015.

Appendix 3

2016 Organization Chart



2016 Complement

Category	Senior Management	Management	Exempt Professional & Clerical	Union	Total
Permanent	1.00	133.00	4.00	1,243.00	1,381.00
Temporary		2.00		3.33	5.33
Total	1.00	135.00	4.00	1,246.33	1,386.33

Appendix 4

Summary of 2016 Service Changes

2016 Operating Budget - Preliminary Service Changes Summary by Service (\$000's)

Form ID		Citizen Focused Services A Program - Toronto Paramedic Services	Adjustments				2017 Plan Net Change	2018 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		
2016 Preliminary Base Budget Before Service Changes:			201,417.9	125,573.7	75,844.2	1,386.33	(939.9)	2,412.7

7125	Efficiency Savings
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51	1	Description:
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A change in procedure in the delivery of oxygen to patients will result in Toronto Paramedic Services' oxygen requirement declining resulting in savings of \$0.053 million gross and \$0.026 million net.

Service Level Impact:

No service level impact.

Service: AM-Emergency Medical Care

Preliminary Service Changes	(52.5)	(26.3)	(26.3)	0.00	0.0	0.0
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Total Preliminary Service Changes:	(52.5)	(26.3)	(26.3)	0.00	0.0	0.0
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7326	Reduce Overtime Budget
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51	2	Description:
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Overtime funding will be reduced by implementing several initiatives without impacting front-line service delivery. These initiatives include: shift scheduling changes to better match staffing to call demand (i.e., improved start/end times on weekdays and better weekend coverage); hiring of part-time paramedics; hourly monitoring of call demand especially on weekdays to minimize overtime call-in; reduced supervisory overtime; and regular monitoring of high overtime earners.

Service Level Impact:

No service level impact.

Service: AM-Community Paramedicine & Emergency Call Mitigation

Preliminary Service Changes	(0.1)	(0.0)	(0.0)	0.00	0.0	0.0
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Service: AM-Emergency Medical Care

Preliminary Service Changes	(183.5)	(91.7)	(91.7)	0.00	0.0	0.0
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Service: Emergency Medical Dispatch & Preliminary Care

**2016 Operating Budget - Preliminary Service Changes
Summary by Service (\$000's)**

Form ID		Citizen Focused Services A Program - Toronto Paramedic Services	Adjustments				2017 Plan Net Change	2018 Plan Net Change
Category	Priority		Gross Expenditure	Revenue	Net	Approved Positions		
		Preliminary Service Changes	(16.5)	(8.2)	(8.2)	0.00	0.0	0.0
		Total Preliminary Service Changes:	(200.0)	(100.0)	(100.0)	0.00	0.0	0.0
Summary:								
		Total Preliminary Service Changes	(252.5)	(126.3)	(126.3)	0.00	0.0	0.0
		Total Preliminary Base Budget:	201,165.4	125,447.4	75,718.0	1,386.33	(939.9)	2,412.7

Appendix 6

Inflows/Outflows to/from Reserves & Reserve Funds

Program Specific Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2015 *	Withdrawals (-) / Contributions (+)		
			2016	2017	2018
		\$	\$	\$	\$
Projected Beginning Balance		2,204.0	2,204.0	819.0	874.0
Equipment Reserve	XQ1019				
<i>Proposed Withdrawals (-)</i>			(2,585.0)	(1,370.0)	(470.0)
<i>Contributions (+)</i>			1,200.0	1,425.0	1,425.0
Total Reserve / Reserve Fund Draws / Contributions		2,204.0	819.0	874.0	1,829.0
Other Program / Agency Net Withdrawals & Contributions					
Balance at Year-End		2,204.0	819.0	874.0	1,829.0

* Based on 9-month 2015 Reserve Fund Variance Report

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2015 *	Withdrawals (-) / Contributions (+)		
			2016	2017	2018
		\$	\$	\$	\$
Projected Beginning Balance		737.0	737.0	392.0	761.0
Vehicle Reserve	XQ1018				
<i>Proposed Withdrawals (-)</i>			(4,599.0)	(4,191.0)	(4,409.0)
<i>Contributions (+)</i>			4,254.0	4,560.0	5,218.0
Total Reserve / Reserve Fund Draws / Contributions		737.0	392.0	761.0	1,570.0
Other Program / Agency Net Withdrawals & Contributions					
Balance at Year-End		737.0	392.0	761.0	1,570.0

* Based on 9-month 2015 Reserve Fund Variance Report

Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2015 *	Withdrawals (-) / Contributions (+)		
			2016	2017	2018
		\$	\$	\$	\$
Projected Beginning Balance		60,355.7	60,355.7	60,635.7	60,915.7
Sick Pay Reserve	XR1007				
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>			280.0	280.0	280.0
Total Reserve / Reserve Fund Draws / Contributions			60,635.7	60,915.7	61,195.7
Other Program / Agency Net Withdrawals & Contributions					
Balance at Year-End		60,355.7	60,635.7	60,915.7	61,195.7

* Based on 9-month 2015 Reserve Fund Variance Report

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of	Withdrawals (-) / Contributions (+)		
			2016	2017	2018
		\$	\$	\$	\$
Projected Beginning Balance		25,335.2	25,335.2	26,353.9	27,372.5
Insurance Reserve Fund	XR1010				
<i>Proposed Withdrawals (-)</i>					
<i>Contributions (+)</i>			1,018.7	1,018.7	1,018.7
Total Reserve / Reserve Fund Draws / Contributions			26,353.9	27,372.5	28,391.2
Other Program / Agency Net Withdrawals & Contributions					
Balance at Year-End		25,335.2	26,353.9	27,372.5	28,391.2

* Based on 9-month 2015 Reserve Fund Variance Report

Appendix 7a

User Fees Adjusted for Inflation and Other

Rate ID	Rate Description	Service	Fee Category	Fee Basis	2015	2016			2017	2018
					Approved Rate	Inflationary Adjusted Rate	Other Adjustment	Budget Rate	Plan Rate	Plan Rate
AM001	Standby Fees - Basic Life Support/Primary Care Paramedics (PCP Units)	Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$206.00	\$4.12		\$210.00	\$214.00	\$218.00
AM002	Standby Fees - Advanced Life Support (ACP Unit)	Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$212.00	\$4.24		\$216.00	\$220.00	\$224.00
AM003	Standby Fees - EMS Supervisors	Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$152.00	\$3.04		\$155.00	\$158.00	\$161.00
AM004	Standby Fees - Mountain Bike Paramedic	Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$109.00	\$2.18		\$111.00	\$113.00	\$115.00
AM035	Standby Fees - Emergency Response Unit (ERU) Paramedic	Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$109.00	\$2.18		\$111.00	\$113.00	\$115.00
AM036	Standby Fees - Gator Ambulance Crew	Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$217.00	\$4.34		\$221.00	\$225.00	\$229.00
AM037	Standby Fees - Marine Paramedic	Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$115.00	\$2.30		\$117.00	\$119.00	\$121.00
AM038	Standby Fees - Emergency Support Unit (ESU)	Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$206.00	\$4.12		\$210.00	\$214.00	\$218.00
AM039	Standby Fees - Emergency Medical Dispatcher	Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours	\$103.00	\$2.06		\$105.00	\$107.00	\$109.00
AM043	ITLS - access	Paramedic Services	Full Cost Recovery	Participant	\$355.00	\$7.10		\$362.00	\$369.00	\$376.00
AM044	ITLS - advanced provider	Paramedic Services	Full Cost Recovery	Participant	\$405.00	\$8.10		\$413.00	\$421.00	\$429.00
AM045	ITLS - advanced recertification	Paramedic Services	Full Cost Recovery	Participant	\$315.00	\$6.30		\$321.00	\$327.00	\$333.00
AM046	ITLS - basic provider	Paramedic Services	Full Cost Recovery	Participant	\$405.00	\$8.10		\$413.00	\$421.00	\$429.00
AM047	ITLS - basic recertification	Paramedic Services	Full Cost Recovery	Participant	\$315.00	\$6.30		\$321.00	\$327.00	\$333.00
AM048	ITLS -instructor recertification	Paramedic Services	Full Cost Recovery	Participant	\$315.00	\$6.30		\$321.00	\$327.00	\$333.00

User Fees Adjusted for Inflation and Other (Cont)

Rate ID	Rate Description	Service	Fee Category	Fee Basis	2015	2016			2017	2018
					Approved Rate	Inflationary Adjusted Rate	Other Adjustment	Budget Rate	Plan Rate	Plan Rate
AM049	ITLS - instructor training	Paramedic Services	Full Cost Recovery	Participant	\$425.00	\$8.50		\$433.00	\$441.00	\$449.00
AM050	ITLS - pediatric	Paramedic Services	Full Cost Recovery	Participant	\$288.00	\$5.76		\$293.00	\$298.00	\$303.00
AM051	ITLS - re-test fee	Paramedic Services	Full Cost Recovery	Participant	\$55.00	\$1.10		\$56.00	\$57.00	\$58.00
AM052	Ambulance call report	Paramedic Services	Full Cost Recovery	Report	\$79.00	\$1.58		\$80.00	\$81.00	\$82.00
AM053	Audio recording	Paramedic Services	Full Cost Recovery	Recording	\$79.00	\$1.58		\$80.00	\$81.00	\$82.00
AM054	Dispatch record	Paramedic Services	Full Cost Recovery	Document	\$42.00	\$0.84		\$43.00	\$44.00	\$45.00
AM055	Paramedic interview	Paramedic Services	Full Cost Recovery	Hour - Minimum 3 Hours	\$105.00	\$2.10		\$107.00	\$109.00	\$111.00
AM056	Paramedic statement	Paramedic Services	Full Cost Recovery	Document	\$53.00	\$1.06		\$54.00	\$55.00	\$56.00
AM057	Statutory declaration	Paramedic Services	Full Cost Recovery	Document	\$79.00	\$1.58		\$80.00	\$81.00	\$82.00
AM058	Standby fee -after hours booking fee	Paramedic Services	Full Cost Recovery	Booking	\$76.00	\$1.52		\$77.00	\$78.00	\$79.00
AM059	ITLS - Tactical Medical Essentials	Paramedic Services	Full Cost Recovery	Person	\$447.03	\$8.94		\$455.00	\$464.00	\$473.00