

2020 Budget Notes

Toronto Paramedic Services

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What we do

Toronto Paramedic Services (PS) provides 24/7 paramedic care in response to life-threatening emergency medical calls. PS delivers the following services:

- Community Paramedicine
- Emergency Medical Dispatch
- Emergency Medical Care

PS is responsible for all aspects of land ambulance service for the City of Toronto. PS has stewardship of more than 45 ambulance stations (including a Multi-Function Station), a fleet of 225 transport ambulances, 1,117 Paramedics and 131 Emergency Medical Dispatchers.

Why we do it

PS is the sole provider of 24/7 paramedic care as mandated by the Ambulance Act of Ontario. We protect and improve the quality of life in Toronto by providing superior and compassionate pre-hospital and out-of-hospital, paramedic-based health care.

Who we serve

Community Paramedicine & Emergency Call Mitigation

- 911 Callers
- Health Care Providers
- Hospitals
- Incident Victims

Beneficiaries

- Residents
- Visitors

Emergency Medical Dispatch & Preliminary Care

- 911 Callers
- Hospitals
- Incident Victims

Beneficiaries

- Residents
- Visitors

Emergency Medical Care

- 911 Callers
- Hospitals
- Patients

Beneficiaries

- Residents
- Visitors

Budget at a glance

STAFF RECOMMENDED OPERATING BUDGET			
\$Million	2020	2021	2022
Revenues	\$155.7	\$156.1	\$159.6
Gross Expenditures	\$244.4	\$253.9	\$257.0
Net Expenditures	\$ 88.7	\$ 97.8	\$ 97.4
Approved Positions	1,601.3	1,601.3	1,601.3

STAFF RECOMMENDED 10-YEAR CAPITAL PLAN			
\$Million	2020	2021-2029	Total
Gross Expenditures	\$6,614	\$101,225	\$107,839
Debt	\$3,335	\$ 49,135	\$ 52,470

Key service outcomes

Outcomes	Description
Address/ Mitigate Growth in Emergency Medical Calls	<p>Address/mitigate increasing call volumes due to an aging, growing, increasingly vulnerable population:</p> <ul style="list-style-type: none"> Improved schedules to balance staff workload and more efficient use of Part-Time Paramedics to reduce overtime for full-time staff. Expanded role of Community Paramedicine to reduce 911 responses and emergency room visits by connecting vulnerable patients to the most appropriate entry into the health care system.
Support Critical Patients	<ul style="list-style-type: none"> Response time reliability to critically ill patients who require definitive treatment and transport to specialty hospitals, e.g., stroke, trauma, STEMI (type of heart attack), pediatric and burn patients.
Reduce Time on Task	<ul style="list-style-type: none"> Based on <i>Ambulance Act</i> changes implement models for alternative care, including protocols for “treat-and-release”, palliative care and transport to alternate destinations (e.g., clinics). Working with hospitals to reduce hospital offload delays. Enhance secondary triage for non-critical patients to the right destination.
Reduce WSIB Costs	<ul style="list-style-type: none"> Enhance the Psychological Health & Wellness Plan, e.g., focused on prevention, training, post-incident support and improved processes for return to work. Implement Multi-Year Staffing & Systems Plan (2019 EC5.3) to support staff workload pressures and reduce occupational stress injuries.

Goals and metrics

Planned Activities to Achieve Outcomes		2018 Actual	2019 Proj. Actual	2020 Target	Status
	Number of Emergency Medical Calls	330,358	334,653	348,039	●
	Critical Patient Transports	4,157	4,600	4,985	●
	Community Paramedic TCHC Clinics - Emergency Call Reduction	757	632	528	●
	WSIB Costs	\$6.4M	\$7.8M	\$7.8M	●

Our experience and success

- Continued long-term strategy of moving towards a Multi-Function Station system to improve operational efficiencies and accommodate growth in emergency call demand. In 2018, the first Multi-Function Station became fully operational.
- Continued improvement in 911 call mitigation from Community Paramedics providing primary medical care and referrals to support aging at home, health promotion, illness and injury prevention. For example, in 2019, one-on-one interactions with TCHC residents in Community Paramedic Led Clinics led to an estimated 16.5% reduction in emergency calls to those addresses.
- Emergency call response times significantly improved from 2014 to 2017, with 2017 at an all-time low since 2003 of 11.5 minutes, 90% of the time. However, annual average call volume increases of 4% over the past 10 years and a lack of additional paramedic resources since 2017 have resulted in higher response times. Projected response time for critical patients in 2019 is at 12.1 minutes, 90% of the time.

Key challenges and risks

- Increased emergency call demand and emergency patient transports due to an aging, and growing population.
- Increased number of critically ill patients means a greater need for specialized care due to 32% increase in stroke, trauma, STEMI (heart attacks) transports from 2017 to 2019.
- Polarized socio-economic status of patients within the City results in: Fragmented support systems; Reliance on paramedic and public services; Increase in vulnerable and marginalized populations
- Ensuring the health and safety of all Paramedic Services staff.

Priority actions

- Implement the Multi-Year Staffing & Systems Plan (2019 EC5.3) to address workload pressures associated with growth in emergency call demand.
- Maximize frontline staffing with the use of part-time staff and by matching schedules to demand.
- Continue the Offload Nurses Program (prov. funded \$4.8M) to improve transfer-of-care time in hospitals.
- Support call mitigation through the Community Paramedicine program.
- Develop/Implement Alternate Models of Care to reduce time on task.
- Continue investments in multi-function stations and ambulance posts to support growth and improve service delivery.
- Continue investments in the lifecycle replacement of medical equipment (including defibrillators and power stretchers) and Communications equipment to ensure the health and safety of staff and patients.

Our key service levels



Process an estimated 446,548 emergency medical calls and respond to 348,039 unique incidents



Paramedic crew arrival within 12.1 minutes, 90% of the time



5,914 Community Referrals by Paramedics to assist vulnerable patients

Key service deliverables

- Provide immediate access to dispatch life support instructions through Toronto's Central Ambulance Communications Centre prior to paramedic arrival.
- Improve targeted response – i.e. match critically ill patients with highest-trained paramedic available and hospital destination.
- Enhance Call Referral and Secondary Triage to improve ambulance availability and response to critically ill patients.
- Implement Year 1 of the Multi-Year Staffing & Systems Plan (2019 EC5.3).
- Reduce time on task.
- Expand the Community Paramedicine Program to increase the number of Paramedic Referrals to community based health care providers, provide more wellness clinics to TCHC populations; and, provide more home visits to support seniors and vulnerable residents to remain independent in the community.
- Work with the Ministry of Health to allow Paramedics to provide alternate models of care.
- Provide First Aid/CPR education to support medical first response for health care emergencies.

RECOMMENDATIONS

The City Manager and Chief Financial Officer and Treasurer recommend that:

1. City Council approve the 2020 Staff Recommended Operating Budget for Toronto Paramedic Services of \$244.438 million gross, \$88.707 million net for the following services:

Service:	Gross (\$000s)	Revenue (\$000s)	Net (\$000s)
Community Paramedicine & Call Mitigation	3,791.6	1,856.7	1,934.9
Emergency Medical Dispatch & Preliminary Care	28,544.3	29,090.7	(546.4)
Emergency Medical Care	212,102.2	124,784.2	87,318.0
Total Program Budget	244,438.1	155,731.6	88,706.5

2. City Council approve the 2020 staff complement for Toronto Paramedic Services of 1,601.3 positions, comprising 3 capital positions and 1,598.3 operating positions.
3. City Council approve the 2020 technical adjustments to user fees and user fee discontinuations for Toronto Paramedic Services identified in Appendix 8, for inclusion in the Municipal Code Chapter 441 "Fees and Charges".
4. City Council approve the 2020 Staff Recommended Capital Budget for Toronto Paramedic Services with cash flows and future year commitments totaling \$56.369 million as detailed by project in Appendix 5a.
5. City Council approve the 2021-2029 Staff Recommended Capital Plan for Toronto Paramedic Services totalling \$51.470 million in project estimates as detailed by project in Appendix 5b.

Toronto Paramedic Services:

Gord McEachen

Acting Chief and General Manager

Tel: (416) 392-2205

Email: Gord.McEachen@toronto.ca

Corporate:

David Metcalfe

Project Director

Tel: (416) 392-8351

Email: David.Metcalfe@toronto.ca

2020 STAFF RECOMMENDED OPERATING BUDGET

2020 OPERATING BUDGET OVERVIEW

Table 1: 2020 Staff Recommended Operating Budget by Service

(\$000s)	2018 Actual	2019 Projected Actual	2020 Base Budget	2020 New / Enhanced	2020 Staff Rec'd Budget	Change v. 2019 Projected Actual	
By Service	\$	\$	\$	\$	\$	\$	%
Revenues							
Community Paramedicine & Emergency Call Mitigation	2,452.7	1,889.4	1,856.7		1,856.7	(32.7)	(1.7%)
Emergency Medical Dispatch & Preliminary Care	28,242.9	30,263.7	29,090.7		29,090.7	(1,173.0)	(3.9%)
Emergency Medical Care	111,632.8	119,111.6	122,619.5	2,164.7	124,784.2	5,672.6	4.8%
Total Revenues	142,328.4	151,264.7	153,566.9	2,164.7	155,731.6	4,466.9	3.0%
Expenditures							
Community Paramedicine & Emergency Call Mitigation	2,759.8	2,630.8	3,726.9	64.7	3,791.6	1,160.8	44.1%
Emergency Medical Dispatch & Preliminary Care	27,910.7	26,030.4	28,544.3		28,544.3	2,513.9	9.7%
Emergency Medical Care	188,885.3	203,178.8	207,893.9	4,208.3	212,102.2	8,923.4	4.4%
Total Gross Expenditures	219,555.8	231,840.0	240,165.1	4,273.0	244,438.1	12,598.1	5.4%
Net Expenditures	77,227.4	80,575.3	86,598.2	2,108.3	88,706.5	8,131.2	10.1%
Approved Positions	1,477.3	1,520.3	1,530.3	71.0	1,601.3	81.0	5.3%

*2019 Budget and Actuals (based on Q3 2019) adjusted retroactively to remove interdepartmental charges and recoveries.

COSTS TO MAINTAIN EXISTING SERVICES

Total 2020 Base Budget expenditures of \$240.2 million gross reflecting an increase of \$8.3 million in spending above 2019 projected year-end actuals (prior to enhancements or efficiencies), predominantly arising from:

- 2020 budget includes WSIB budget, annualization for Dedicated Neo-Natal Transport Program, Central Ambulance Communications Centre, Community Paramedicine Program, and other expenditures.
- Above pressures are partially offset by increases in Provincial grants.

COSTS TO ENHANCE SERVICES

New and Enhanced Service expenditures of \$4.3 million gross, enabling:

- Increase of 62 frontline staff and 8 support staff (\$3.456 million) which aligns with year 1 of the Multi-Year Staffing & System's Plan (2019 EC5.3) implemented to address workload pressures due to increasing call demand.
- Increase of 1 temporary Central Ambulance Communications Centre (CACC) Commander (\$0.151 million), funded from Capital, for oversight of the design and construction of CACC redesign and Multi-Function Station #2 to be completed by December 31, 2024.
- Operating impact of Ambulance and Emergency Response Vehicle acquisitions (\$0.561 million) associated with the implementation of the Multi-Year Staffing & Systems Plan.
- Fire Life Safety Systems (\$0.100 million) to fulfill the Auditor General's recommendation (2018 AU13.11) for staff to address the gaps in the provision of Fire and Life Safety services at City facilities.

EQUITY IMPACTS OF BUDGET CHANGES

Increase access to services for vulnerable seniors: The Toronto Paramedic Services' 2020 Staff Recommended Operating Budget includes a request for additional staff to address the increased demand for ambulance services in Toronto. This proposal will have a positive impact on vulnerable seniors, who are one of the primary groups accessing these services.

2020 STAFF RECOMMENDED OPERATING BUDGET KEY DRIVERS

The 2020 Staff Recommended Base Operating Budget for Toronto Paramedic Services is \$240.2 million gross or 3.6% higher than the 2019 Projects Actuals. Table 2a below summarizes the key cost drivers for the base budget, while Table 2b summarizes Other Efficiencies / Savings and Table 2c summarizes New and Enhanced requests.

Table 2a: 2020 Key Drivers – Base Budget

Key Cost Drivers (\$000)	2018 Actuals	2019 Proj. Actuals	2020 Staff Rec'd Base Budget	Year over Year Changes	
				\$	%
Expenditures					
1 Salaries and Benefits	189,227.1	198,633.3	206,721.3	8,088.0	4.1%
2 Materials & Supplies	6,848.0	7,679.9	7,450.1	(229.8)	-3.0%
3 Equipment	1,115.7	999.1	1,063.2	64.1	6.4%
4 Service and Rent	9,609.6	10,020.1	10,286.9	266.8	2.7%
5 Contribution To Capital	908.1	1,395.4	831.3	(564.1)	-40.4%
6 Contribution To Reserves	7,688.3	8,613.7	8,847.1	233.4	2.7%
7 Other Expenditures	4,159.0	4,498.5	4,965.3	466.8	10.4%
Total Expenditures	219,555.8	231,840.0	240,165.1	8,325.1	3.6%
Revenues					
1 Provincial Subsidies	140,220.5	148,706.4	150,763.3	2,056.9	1.4%
2 Federal Subsidies					
3 User Fees & Donations	1,073.3	842.0	1,087.9	245.9	29.2%
4 Transfers From Capital	75.0	314.0	314.0		
5 Other Revenues	959.7	1,402.3	1,401.7	(0.6)	-0.0%
Total Revenues	142,328.4	151,264.7	153,566.9	2,302.2	1.5%
Net Expenditures	77,227.4	80,575.3	86,598.2	6,022.9	7.5%

*2019 Q3 Proj Actuals and 2018 Actuals adjusted retroactively to remove interdepartmental charges and recoveries

Salaries & Benefits:

Includes increased WSIB budget in response to the steady increase in the number of work-related, lost-time incidents of employee injury/illness. This is related to WSIB legislation enacted in April 2016 which presumes that a diagnosis of PTSD for first responders is work-related. Also includes increases for the annualization of 2019 initiatives related to the Dedicated Neo-Natal Transport Program, Central Ambulance Communications Centre (CACC), and Community Paramedicine Program, and other salaries and benefits adjustments.

Materials & Supplies, Equipment, Other Expenditures:

Includes increases in medical supplies, uniforms, utilities, vehicle maintenance, contribution to vehicle reserves, fuel and building maintenance anticipated to increase due to service demand growth. These are offset by expected savings in educational supplies, reduction of the contribution to capital and one-time CACC expenditures incurred in 2019 that will not carry forward to 2020.

Provincial Funding:

Includes increases in provincial funding due to growth in service demand.

User fees:

Includes a decrease in revenue due to volume changes as the market for First-Aid/CPR training has become more competitive.

Table 2b: Other Efficiencies / Savings

Recommendation	Type	(\$000s)										
		2020				2021			2022			
		Revenue	Gross	Net	Positions	Gross	Net	Positions	Gross	Net	Positions	
Reduction of benefits	Line by Line	(481.4)	(761.0)	(279.6)								
Deferral of contribution to Vehicle Reserves	Other		(500.0)	(500.0)		500.0	500.0					
Budget Increase/(Decrease)		(481.4)	(1,261.0)	(779.6)		500.0	500.0					

The Recommended 2020 Operating Budget includes \$1.3 million in gross expenditures reductions identified as part of the internal budget review as follows:

Line by Line*Reduction of benefits*

- A review of salaries and benefits expenditures was completed based on anticipated 2020 requirements and a reduction of \$0.761 million gross, \$0.280 million net in benefits was achieved.

Other*Deferral of contribution to Vehicle Reserves*

- An analysis of the 2020-2029 planned contributions to the Vehicle Reserve was completed and it was determined that \$0.500 million gross and net could be deferred from 2020 to 2021 without significant impact to the reserve fund balance and future year vehicle acquisitions.

Table 2c: 2020 Key Drivers – New / Enhanced

New / Enhanced (\$000)	2020				2021 Annualized Gross	Equity Impact
	Revenue	Gross	Net	Positions		
In \$ Thousands						
1 Multi-Year Staffing & Systems Plan	1,727.8	3,455.6	1,727.8	70.0	9,962.8	Medium
2 Operating Impact of Vehicles for Additional Resources	280.9	561.9	281.0		1,123.7	
3 Additional Temporary Commander for MFS#2	156.0	156.0		1.0	161.1	
4 Fire Life Safety			99.5		99.5	
Total New / Enhanced	2,164.7	4,273.0	2,108.3	71.0	11,347.1	

Multi-Year Staffing & Systems Plan

The Multi-Year Staffing & Systems Plan was adopted by City Council (2019 EC5.3) on June 18, 2019. The plan includes the addition of necessary frontline Paramedic staffing, support staff resources, and associated operating costs over the next five years, to address the workload pressures resulting from a projected 4% average, annual increase in emergency call demand. The additional positions will help support response time reliability to critically ill patients and improve schedules to help balance staff workload.

Operating Impact of Vehicles for Additional Resources

In association with the Multi-Year Staffing & Systems Plan, funding for seven ambulances and four emergency response vehicles is included in the capital budget. The operating impact of the vehicles ensures the division maintains the additional fleet in a state of good repair and meets the legislative standards.

Additional Temporary Commander for MFS#2

The Commander will provide oversight of the design and construction of the Communications Centre expansion at HQ (4330 Dufferin St) to address current and future service demand workload pressures.

Fire Life Safety

The funding supports the fulfillment of the Auditor General's recommendations within report "Raising the Alarm: Fraud Investigation of a Vendor Providing Life Safety Inspection Services to the City of Toronto" (2018 AU13.11), which upon adoption by City Council, directed Deputy City Manager, Internal Corporate Services, to create a governance process for any City-owned buildings; staff to ensure compliance with all Ontario Fire Code regulations; and to retain on file for a period of not less than two years all documentation supporting the City's compliance with the Ontario Fire Code.

Note:

- For additional information on 2020 key cost drivers refer to [Appendix 1](#) as well as [Appendix 3](#) for the 2020 Staff Recommended New and Enhanced Service Priorities, respectively.

2021 & 2022 OUTLOOKS**Table 3: 2021 and 2022 Outlooks**

(\$000s)	2019 Projected Actual	2020 Staff Rec'd Budget	2021 Outlook	2022 Outlook
	\$	\$	\$	\$
Revenues	151,264.7	155,731.6	156,077.0	159,622.7
Gross Expenditures	231,840.0	244,438.1	253,923.0	257,020.2
Net Expenditures	80,575.3	88,706.5	97,846.0	97,397.5
Approved Positions	1,520.3	1,601.3	1,601.3	1,601.3

Key 2021 drivers**Impacts of 2020 decisions**

- \$6.5 million gross and net increase due to annualization of 2020 staff additions.
- \$0.6 million gross, \$0.3 million net operating impact of vehicle and equipment additions related to the staff increases.

Inflationary Impact

- \$1.7 million in inflationary increases related to salaries and benefits.
- \$0.5 million anticipated increase to the Vehicle Reserve contribution to address inflationary increases in vehicle replacement costs.

Revenue Changes

- \$0.3 million increase in grants for the Community Paramedics added in 2019.

Key 2022 drivers**Salaries and Benefits**

- \$1.9 million in inflationary increases related to salaries and benefits.
- \$0.5 million increase in other various salary and benefits costs.

Inflationary Impact

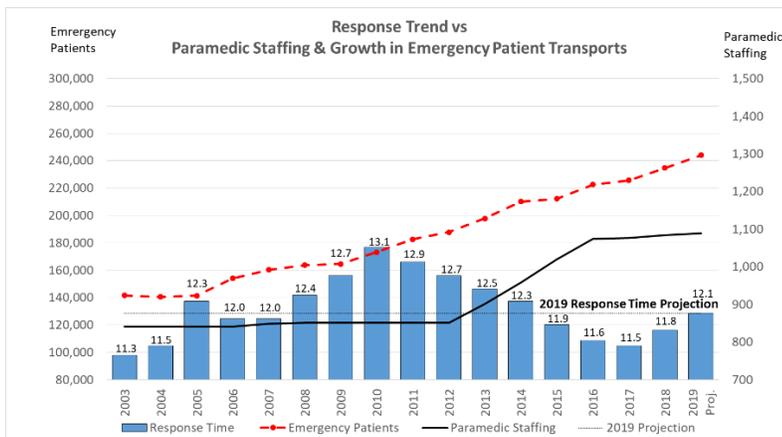
- \$0.6 million gross, \$0.3 million net increase in the operating impact of 2021 vehicle and equipment additions related to the staff increases.

Revenue Changes

- \$3.3 million increase in Provincial Funding related to the 2020 staff additions.

How well we are doing

Performance measures

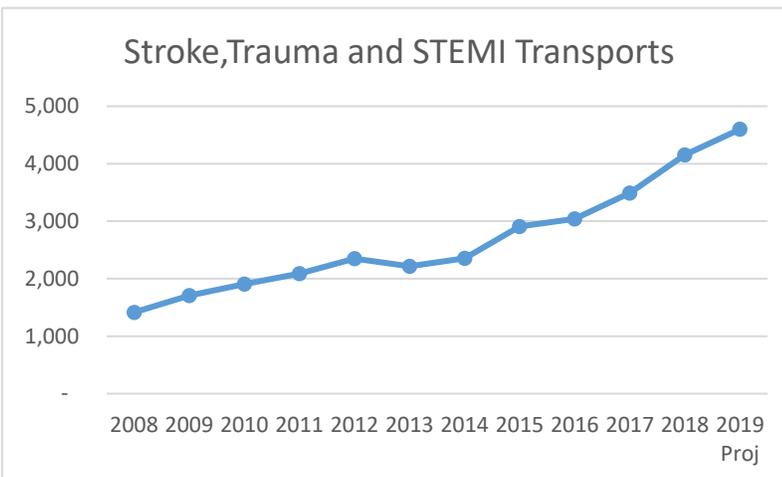


Behind the numbers

RESPONSE TIME vs STAFFING vs PATIENT TRANSPORTS

- The chart shows an increase in service demand due to an aging and growing population, as well as more critically ill patients with a greater need for transport to specialized facilities.
- Slower response times are due to longer time on task, lost time due to WSIB and reduced ambulance availability.

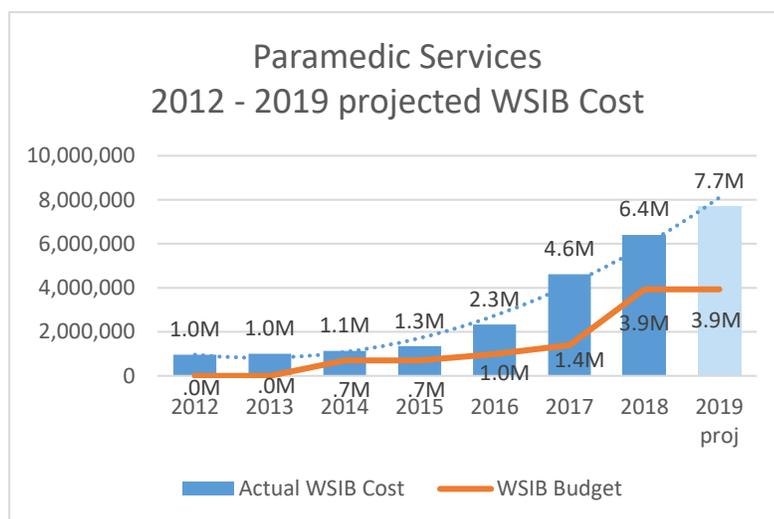
Stroke, Trauma and STEMI Transports



CRITICALLY ILL/INJURED PATIENTS

- The graph illustrates a 32% increase in critically-ill patients, experiencing Stroke, Trauma, STEMI (heart attack) from 2017 to 2019.
- Need to match the right level of paramedic care to the right type of patient
- Increase in patient acuity means a greater need for specialized medical care on scene.
- Need to transport to definitive care facilities (e.g., Stroke Centres, Catheterization Labs, Trauma Centres, etc.).

Paramedic Services 2012 - 2019 projected WSIB Cost



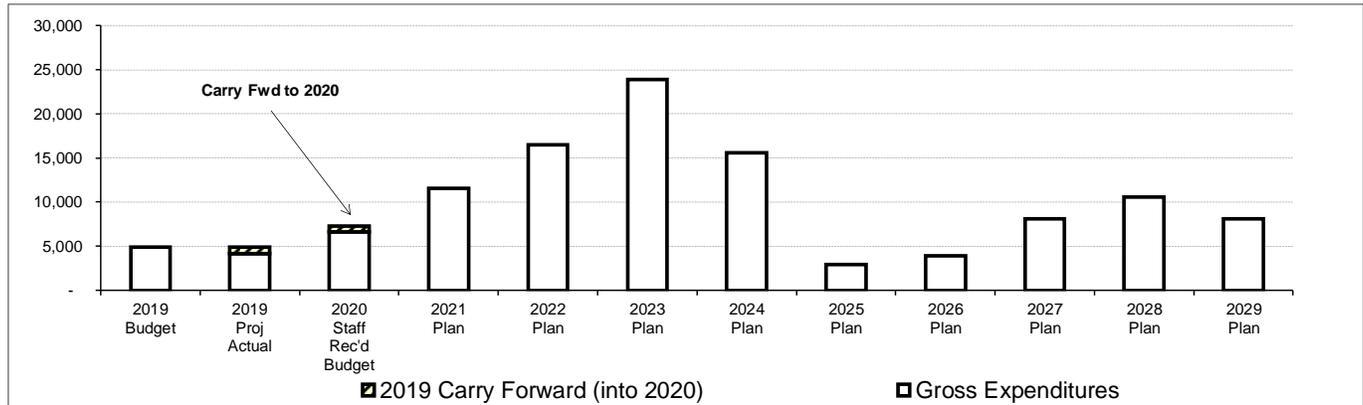
INCREASED WSIB COSTS

- The graph illustrates that since 2016 there has been a steady increase in the number of work-related (WSIB), lost-time incidents of employee injury/illness.
- Increase is related to presumptive legislation enacted in April 2016.
- Legislation presumes that a diagnosis of post-traumatic stress disorder (PTSD) in first responders is work-related.

**2020 – 2029 STAFF RECOMMENDED
CAPITAL BUDGET AND PLAN**

2020 – 2029 CAPITAL BUDGET & PLAN OVERVIEW

Chart 1: 10-Year Capital Plan Overview
(\$'000)



	2020 Staff Recommended Capital Budget and 2021 - 2029 Capital Plan									
	2019		2020	2021	2022	2023	2024	2020 - 2024	2025-2029	Total 10 Year Plan
	Budget	Projected Actual								
Gross Expenditures by Project Category:										
Health & Safety & Legislated					4,240	4,240	2,260	10,740	8,000	18,740
SOGR	2,289	1,639	2,250	2,800	825	825	850	7,550	6,180	13,730
Service Improvement & Growth	2,599	2,549	4,364	8,755	11,400	18,855	12,495	55,869	19,500	75,369
Total by Project Category	4,887	4,187	6,614	11,555	16,465	23,920	15,605	74,159	33,680	107,839
Financing:										
Debt	2,210	1,725	3,335	4,450	8,670	15,420	9,265	41,140	11,330	52,470
Reserves/Reserve Funds	597	497	600	500	4,765	4,765	2,810	13,440	10,850	24,290
Development Charges	715	600	2,115	6,605	3,030	3,735	3,530	19,015	11,500	30,515
Provincial	564	564	564					564		564
Other Revenue	801	801								
Total Financing	4,887	4,187	6,614	11,555	16,465	23,920	15,605	74,159	33,680	107,839

Changes to Existing Projects (\$15.3M)	New Projects (\$3.2M)	Capital Needs Constraints (\$75.0M)
<ul style="list-style-type: none"> \$15.0M – Multi Function Station #2 \$0.3M – Dispatch Console Project 	<ul style="list-style-type: none"> \$0.3M – Mobile Data Communications \$1.8M – Additional Ambulances \$0.6M – Additional Emergency Response Vehicles \$0.5M – Medical Equipment Replacement 	<ul style="list-style-type: none"> \$75.0M – New Communications Centre

Note:

For additional information, refer to [Appendix 5](#) for a more detailed listing of the 2020 and 2021-2029 Capital Budget & Plan by project; [Appendix 6](#) for Reporting on Major Capital Projects – Status Update; and [Appendix 7](#) for Capital Needs Constraints, respectively.

2020 – 2029 CAPITAL BUDGET AND PLAN

\$107.8 Million 10-Year Gross Capital Program

			
Infrastructure	Communication Systems	Vehicles	Medical Equipment
\$63.0M 58%	\$8.2M 8%	\$12.3M 11%	24.3M 23%
Multi-Function Stations Ambulance Posts	Mobile Data Communications Ambulance & Portable Radios NG911	Ambulances Emergency Response Vehicles	Power Stretchers Defibrillators AEDs

How the Capital Program is Funded

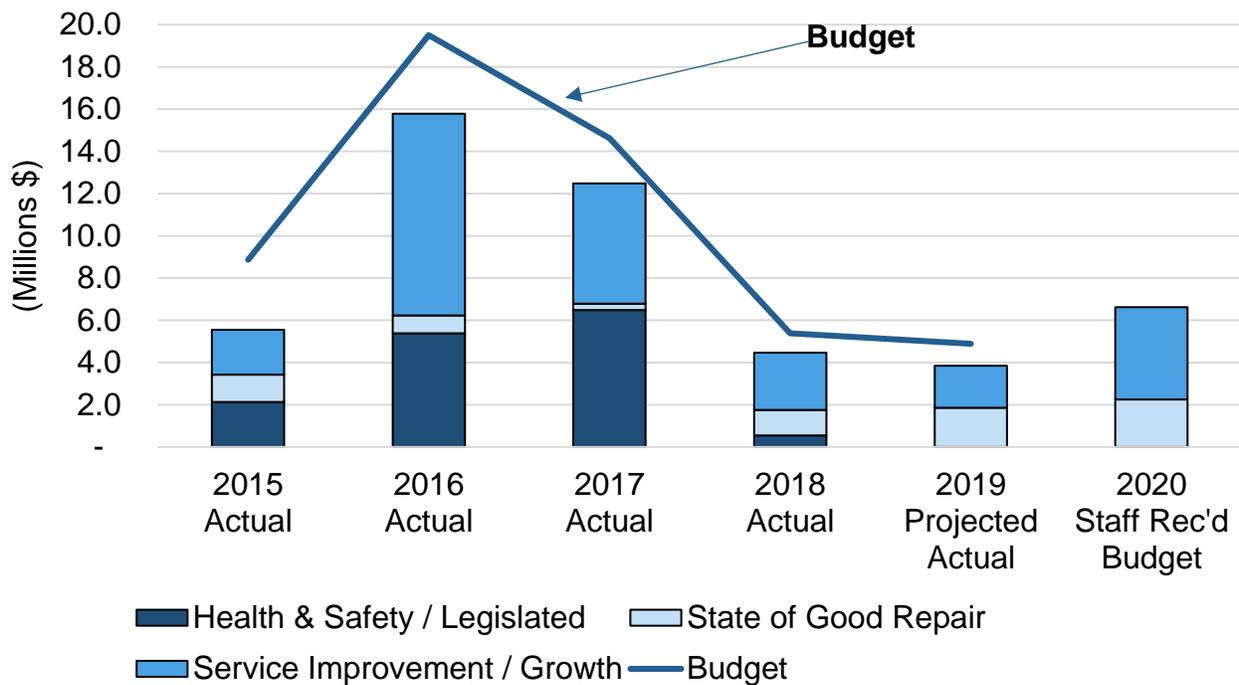
City of Toronto		Provincial Funding		Federal Funding
\$107.2M 99%		\$0.6M 1%		\$0.0M 0%
Debt	\$ 52.4M	Grants	\$ 0.6M	
Reserve Draws	\$ 24.3M			
Development Charges	\$ 30.5M			

CAPACITY TO SPEND REVIEW

The Recommended 10-Year Capital Plan has been developed with consideration of historical demonstrated ability to spend within any given year of the ten year capital plan. A review was undertaken to ensure budgets align with the Paramedic Services' ability to spend and the markets capacity to deliver.

Key component in determining an appropriate level of annual cash flows include historical capacity to spend, reviews by project categories (Chart 2 below), as well as the level of projected 2019 underspending that will be carried forward into 2020 to complete capital work.

Chart 2 – Capacity to Spend



Category (in \$ Million)	2015 Actual	2016 Actual	2017 Actual	2018 Actual	2019 Projected Actual	2020 Staff Rec'd Budget
Health & Safety / Legislated	2.1	5.4	6.5	0.5		
State of Good Repair	1.3	0.8	0.3	1.2	1.9	2.2
Service Improvement / Growth	2.1	9.6	5.7	2.7	2.0	4.4
Total	5.5	15.8	12.5	4.4	3.9	6.6
% Spent	63%	81%	85%	83%	79%	

Capacity to Spend Review Impact on the Recommended 10-Year Plan

Based on the review historical capital spending constraints, \$0.9 million in capital spending originally cash flowed in 2020 has been deferred to 2021 or future years. Key adjustments to the Capital Plan are noted below:

- \$0.4 million of Multi-Function Station #2 and \$0.5 million of Dispatch Console project have been deferred from 2020 to 2021.

OPERATING IMPACT OF COMPLETED CAPITAL PROJECTS

Approval of the 2020 Capital Budget will impact the 2020 Operating Budget by \$0.201 million net for seven Ambulances and four Emergency Response Vehicles' maintenance, fuel and other operating costs, and costs associated for Multi-Function Station #1, as shown in Table 4 below.

Table 4: Net Operating Impact Summary
(In \$000's)

Projects	2020 Budget		2021 Plan		2022 Plan		2020 - 2024		2020 - 2029	
	\$000s	Positions	\$000s	Positions	\$000s	Positions	\$000s	Positions	\$000s	Positions
Previously Approved										
<i>Multi-Function Station #1</i>	40.000		(20.000)				20.000		20.000	-
<i>Multi-Function Station #2</i>							1,487.320	18.0	1,722.140	18.0
<i>Ambulance Post Program</i>					10.000		15.000		10.000	-
<i>Additional Ambulances - 2019</i>	(119.500)						(119.500)		(119.500)	-
Sub-Total: Previously Approved	(79.500)		(20.000)		10.000		1,402.820	18.0	1,632.640	18.0
New Projects - 2020										
<i>Additional Tahoes</i>	76.700		76.700		76.700		383.500		306.800	-
<i>Additional Ambulances</i>	204.225		204.225		204.225		1,021.125		816.900	-
Sub-Total: New Projects - 2019	280.925		280.925		280.925		1,404.625	-	1,123.700	-
New Projects - Future Years										
<i>Multi-Function Station #3</i>									665.613	18.0
<i>Defibrillator Replacement</i>							84.000	-	42.000	-
Sub-Total: New Projects - Future Years							84.000	-	707.613	18.0
Total	201.425		260.925		290.925		2,891.445	18.0	3,463.953	36.0

APPENDICES

Appendix 1

2020 Staff Recommended Operating Budget by Expenditure Category

Category (In \$000s)	2017	2018	2019	2019	2020	2020 Change from 2019	
	Actual	Actual	Budget	Projected Actual *	Total Staff Recommended Budget	Projected Actual	%
	\$	\$	\$	\$	\$	\$	%
Provincial Subsidies	132,387.4	140,220.5	149,093.5	148,706.4	150,763.2	2,056.8	1.4%
Federal Subsidies							
Other Subsidies							
User Fees & Donations	1,154.6	1,073.3	1,204.2	842.0	1,087.9	245.9	29.2%
Licences & Permits Revenue							
Transfers From Capital	75.0	238.0	314.0	314.0	470.0	156.0	49.7%
Contribution From Reserves/Reserve Funds					2,008.7	2,008.7	
Sundry and Other Revenues	624.7	447.6	639.0	745.6	851.1	105.5	14.1%
Inter-Divisional Recoveries	523.0	349.0	760.6	656.7	550.6	(106.1)	(16.2%)
Total Revenues	134,764.8	142,328.4	152,011.2	151,264.7	155,731.6	4,466.9	3.0%
Salaries and Benefits	178,041.2	189,227.1	198,833.4	198,633.3	209,489.6	10,856.3	5.5%
Materials & Supplies	6,359.3	6,848.0	7,196.5	7,679.9	7,803.9	124.0	1.6%
Equipment	938.4	1,115.7	1,099.1	999.1	1,063.2	64.1	6.4%
Service and Rent	9,480.0	9,609.6	10,473.4	10,020.1	10,428.6	408.5	4.1%
Contribution To Capital	515.7	908.1	1,395.4	1,395.4	831.3	(564.1)	(40.4%)
Contribution To Reserves/Reserve Funds	7,646.9	7,688.3	8,613.7	8,613.7	9,756.7	1,143.0	13.3%
Other Expenditures	21.2	8.6	12.3	12.2	12.3	0.1	1.2%
Inter-Divisional Charges	3,594.0	4,150.5	4,630.4	4,486.3	5,052.5	566.2	12.6%
Total Gross Expenditures	206,596.8	219,555.8	232,254.2	231,840.0	244,438.1	12,598.1	5.4%
Net Expenditures	71,832.0	77,227.4	80,243.0	80,575.3	88,706.5	8,131.2	10.1%
Approved Positions	1,453.3	1,477.3	1,520.3	1,520.3	1,601.3	81.0	5.3%

* Year-End Projection Based on Q3 2019 Variance Report

** Prior Year Budget and Actuals adjusted retroactively to remove interdepartmental charges and recoveries

Appendix 2

Summary of 2020 Service Changes

N/A

Appendix 3

Summary of 2020 New / Enhanced Service Priorities Included in Budget

Form ID		Community and Social Services Program - Toronto Paramedic Services	Adjustments				2021 Plan Net Change	2022 Plan Net Change
Category	Equity Impact		Gross Expenditure	Revenue	Net	Approved Positions		
20512		Additional Temporary Commander for Multi-Function Station #2						
71	No Impact	Description:						
<p>Addition of 1 full time temporary Centralized Ambulance Communications Centre (CACC) Commander funded from the Multi-Function Station #2 (MFS#2) capital project. The CACC Commander will provide input on the design and construction of CACC expansion at Head Quarters. The temporary position will start Jan 1, 2020 and end Dec 31, 2024, which aligns with the duration of the design and construction of MFS#2.</p> <p>Service Level Impact:</p> <p>Ongoing and future service demand is anticipated to continue increasing by an average of 4% per annum. The temporary Commander will provide input and oversight in the CACC expansion required to address the anticipated increase in current and future service demand workload pressures.</p> <p>Equity Statement:</p> <p>The proposal is unlikely to have an equity impact.</p> <p>Service: Emergency Medical Care</p>								
		Total Staff Recommended Changes:	156.0	156.0	0.0	1.00	0.0	0.0
		Staff Recommended New/Enhanced Services:	156.0	156.0	0.0	1.00	0.0	0.0

Form ID		Community and Social Services Program - Toronto Paramedic Services	Adjustments				2021 Plan Net Change	2022 Plan Net Change
Category	Equity Impact		Gross Expenditure	Revenue	Net	Approved Positions		
20983		Operating Impact of Vehicles for Additional Resources						
71	No Impact	Description:						

The operating impact of the 11 vehicle acquisitions (7 ambulances and 4 Tahoes) included in the capital budget which are associated with the Multi-Year Staffing & Systems Plan business case brought forward as per Council direction (EC5.3) to increase paramedic resources to address the current and projected emergency call demand. The operating cost of the vehicles and equipment and the replenishment of the vehicle /equipment reserve for future replacement are factored in to ensure proper functioning of these assets as well as their future replacement at the end of their life cycle.

Service Level Impact:

Emergency call volume over the past 10 years has increased by an average of 4%. In 2019, it is projected to increase by 2% over 2018, however, the workload impact of increases in time on task, number of critically ill patients and WSIB has more than offset any reduction in this year's call volume increase. New vehicles and equipment are required to support the additional resources required to address increased service demand.

Equity Statement:

The proposal is unlikely to have an equity impact.

Service: Emergency Medical Care

Total Staff Recommended Changes:	561.9	280.9	280.9	0.00	561.9	280.9
Staff Recommended New/Enhanced Services:	561.9	280.9	280.9	0.00	561.9	280.9

19659		Additional Staff Resources to Address Increased Call Demand
72	Positive	

Description:

Addition of 70 permanent (62 frontline staff and 8 support staff) positions as well as associated operating costs to address the approximate 4% average annual increase in emergency call demand that is projected to continue in future years. This fulfills City Council's request within the Multi-Year Staffing and Systems Plan (EC5.3) adopted June 18, 2019 for the Chief and General Manager, Toronto Paramedic Services to bring forward a business case through the 2020 and future year budget processes to increase paramedic resources to address the projected emergency call demand and staffing pressures. 50% of the cost associated with the positions will be funded by the Ministry of Health beginning in 2021.

Service Level Impact:

CALL DEMAND/VOLUME - Emergency call volume over the past 10 years has increased by an average of 4%. In 2019, it is projected to increase by 2% over 2018, however, the workload impact of increases in time on task, number of critically ill patients and WSIB has more than offset any reduction in this year's call volume increase.

WSIB LOST HOURS - Over the last five years, PS has continued to experience a steady increase in the number of work-related (WSIB), lost-time incidents of employee injury/illness – in 2018, this increase was 33% over 2017, with total lost hours 55% higher than in 2017. At the time of this writing, almost 60 PS staff were absent from the workplace due to WSIB-related injury/illness. The increase in WSIB absences is related to presumptive legislation enacted in April 2016, which presumes that a diagnosis of post-traumatic stress disorder (PTSD) in first responders (paramedics, dispatchers, frontline management staff) is work-related. The increase in incidents of employees absent from the workplace lessens the availability of Paramedic crews to service other calls, and increases the workload on all frontline staff. Costs associated with WSIB claims are also anticipated to continue increasing, and active claims can date back several years and can be adjudicated retroactively.

TIME-ON-TASK AND AMBULANCE AVAILABILITY - Time on task is the total length of time (in minutes) required to service an emergency call. This time can be broken down into specific intervals that include travel, on-scene and in-hospital times. As the time required to service a call increases, the availability of Paramedic crews to service other calls declines, and increases the workload on all frontline staff. Increasing emergency call demand commits more ambulances and Paramedic resources to calls, thereby impacting the number of ambulances available to respond, particularly at peak hours of the day. This availability is further exacerbated by other factors, including Paramedic on-scene times, offload delay at hospital emergency departments (EDs), as well as travel times which themselves are influenced by specialized patient care transports (e.g., stroke, heart attack, trauma, pediatric, burns), traffic congestion, high-rise responses and weather.

Equity Statement:

The Multi-Year Staffing & Systems Plan budget proposal's overall equity impact is medium positive. This proposal will have a positive impact particularly on vulnerable seniors who are one of the primary groups accessing these services. The proposal will improve response time reliability and ambulance availability for life-threatening emergency calls which will positively affect the care, treatment and outcomes of patients.

Service: Community Paramedicine & Emergency Call Mitigation

Total Staff Recommended Changes:	64.7	0.0	64.7	2.00	180.9	9.1
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Service: Emergency Medical Care

Total Staff Recommended Changes:	3,390.9	1,727.8	1,663.1	68.00	6,326.3	(3,235.3)
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Staff Recommended New/Enhanced Services:	3,455.6	1,727.8	1,727.8	70.00	6,507.2	(3,226.2)
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This table summarizes the new and enhanced services in the 2020 Operating Budget and in the 2021 and 2022 Plan.

Form ID		Community and Social Services Program - Toronto Paramedic Services	Adjustments				2021 Plan Net Change	2022 Plan Net Change
Category	Equity Impact		Gross Expenditure	Revenue	Net	Approved Positions		
21262		Fire Life Safety Adjustment						
72	No Impact	Description:						

The interdivisional charge with Corporate Real Estate Management (CREM) supports the fulfillment of the Auditor General's recommendations within report "Raising the Alarm: Fraud Investigation of a Vendor Providing Life Safety Inspection Services to the City of Toronto City" (2018AU13.11), which upon adoption by City Council directed staff to address the gaps in the provision of Fire and Life Safety services at City facilities.

Service Level Impact:

None

Equity Statement:

No equity impact.

Service: Emergency Medical Care

Total Staff Recommended Changes:	99.5	0.0	99.5	0.00	0.0	0.0
Staff Recommended New/Enhanced Services:	99.5	0.0	99.5	0.00	0.0	0.0

Summary:

Staff Recommended New / Enhanced Services:	4,273.0	2,164.7	2,108.2	71.00	7,069.1	(2,945.3)
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Appendix 4

Summary of 2020 New / Enhanced Service Priorities Not Included in Budget

N/A

Appendix 5

2020 Capital Budget; 2021 - 2029 Capital Plan Including Carry Forward Funding

Project Code	(In \$000s)	2020 Budget	2021 Plan	2022 Plan	2023 Plan	2024 Plan	2025 Plan	2026 Plan	2027 Plan	2028 Plan	2029 Plan	2020 - 2029 Total	Health & Safety & Legislated	SOGR	Growth & Improved Service
AM001	Multi-Function Station - 330 Progress Ave	1,000	5,405	8,500	16,000	8,800						39,705			39,705
AM002	Ambulance Post - 30 Queen's Plate Dr	450	1,000	400								1,850			1,850
AM003	Ambulance Post - #1			150	505	1,345						2,000			2,000
AM004	Multi-Function Station - #3						500	1,500	5,000	7,500	5,000	19,500			19,500
AM006	Mobile Data Communications	600	300	300	300	300	300	300	300	300	300	3,300		3,300	
AM007	Dispatch Console Replacement	500	2,000									2,500		2,500	
AM008	Ambulance/Portable Radio Replacement	550							610	610	610	2,380		2,380	
AM009	Additional Ambulances - Dedicated Neo-Natal Transport	564										564			564
AM010	Additional Ambulances	1,750	1,750	1,750	1,750	1,750						8,750			8,750
AM011	Additional Tahoes - Operations	450	450	450	450	450						2,250			2,250
AM012	Paramedicine Program Vehicles	150	150	150	150	150						750			750
AM013	Medical Equipment Replacement	600	500	525	525	550	550	550	575	575	600	5,550		5,550	
AM014	Defibrillator Replacement			2,640	2,640	660						5,940	5,940		
AM015	Power Stretchers Replacement			1,600	1,600	1,600	1,600	1,600	1,600	1,600	1,600	12,800	12,800		
Total Expenditures (including carry forward from 2019)		6,614	11,555	16,465	23,920	15,605	2,950	3,950	8,085	10,585	8,110	107,839	18,740	13,730	75,369

Appendix 5a

2020 Cash Flow and Future Year Commitments Including Carry Forward Funding

Project Code	(In \$000s)	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	Total 2020 Cash Flow & FY Commits	Previously Approved	Change in Scope	New w/ Future Year
AM001	Multi-Function Station - 330 Progress Ave	1,000	5,405	8,500	16,000	8,800						39,705	24,705	15,000	
AM002	Ambulance Post - 30 Queen's Plate Dr	450	1,000	400								1,850	1,850		
AM006	Mobile Data Communications	600	300	300	300	300	300	300	300	300	300	3,300	300		3,000
AM007	Dispatch Console Replacement	500	2,000									2,500	2,250	250	
AM008	Ambulance/Portable Radio Replacement	550										550	550		
AM009	Additional Ambulances - Dedicated Neo-Natal Transport	564										564	564		
AM010	Additional Ambulances	1,750										1,750			1,750
AM011	Additional Tahoes - Operations	450										450			450
AM012	Paramedicine Program Vehicles	150										150			150
AM013	Medical Equipment Replacement	600	500	525	525	550	550	550	575	575	600	5,550	100		5,450
Total Expenditure (including carry forward from 2019)		6,614	9,205	9,725	16,825	9,650	850	850	875	875	900	56,369	30,319	15,250	10,800

The 2020 Cash Flow and Future Year Commitments as noted in the table above, reflects a sub-set of the 10-Year Capital Plan. This sub-set consists of 2020 and future year cash flow funding estimates for projects that have either previously received Council approval or will require approval in 2020 to begin, continue or complete capital work. This approval will enable Paramedic Services to begin work and/or commit funding for expenses that may not be incurred until 2021 or future years.

Appendix 5b

2021 - 2029 Capital Plan

Project Code	(In \$000s)	2021 Plan	2022 Plan	2023 Plan	2024 Plan	2025 Plan	2026 Plan	2027 Plan	2028 Plan	2029 Plan	2021 - 2029 Total	Health & Safety & Legislated	SOGR	Growth & Improved Service
AM003	Ambulance Post - #1		150	505	1,345						2,000			2,000
AM004	Multi-Function Station - #3					500	1,500	5,000	7,500	5,000	19,500			19,500
AM008	Ambulance/Portable Radio Replacement							610	610	610	1,830		1,830	
AM010	Additional Ambulances	1,750	1,750	1,750	1,750						7,000			7,000
AM011	Additional Tahoes - Operations	450	450	450	450						1,800			1,800
AM012	Paramedicine Program Vehicles	150	150	150	150						600			600
AM014	Defibrillator Replacement		2,640	2,640	660						5,940	5,940		
AM015	Power Stretchers Replacement		1,600	1,600	1,600	1,600	1,600	1,600	1,600	1,600	12,800	12,800		
Total Expenditures (including carry forward from 2019)		2,350	6,740	7,095	5,955	2,100	3,100	7,210	9,710	7,210	51,470	18,740	1,830	30,900

Appendix 6

Reporting on Major Capital Projects: Status Update

Division/Project name	2019 Cash Flow			Total Project Cost		Status	Start Date	End Date		On Budget	On Time
	Appr.	YTD Spend	YE Projec Spend	Appr. Budget	Life to Date			Planned	Revised		
Toronto Paramedic Services											
Multi Function Station #2	487	269	487	25,800	25,800	On Track	Jan-17	Dec-24		ⓐ	ⓐ
Comments:	Toronto Paramedic Services' (PS) Multi-Function Station #2 project involves the construction of a 40-Bay Multi-Function Ambulance Station										
Explanation for Delay:	The most recent feasibility study done by CREM's architect was completed in July 2019. The study has recommended an additional \$15.000M to complete the project by Dec 2024. The additional funding of \$15.000M is to accommodate increased costs associated with site-specific construction challenges (i.e., primary and secondary road access, utilities and topography). This Multi-Function Ambulance Station #2 will allow PS to maximize emergency medical coverage for the North-East portion of the city while at the same time provide the necessary space for anticipated growth, logistical support and paramedic continuing medical education facilities. If the 2020-2029 PS capital project is approved, the total budgeted project cost for the Multi-Function Ambulance Station #2 will be \$ 40.8 million.										
AMBULANCE POST - 30 Queen's Plate Dr.	200	0	150	200	200	On Track	Jan-19	Dec-22		ⓐ	ⓐ
Comments:	Construction of a 2 Bay Ambulance Post co-located with Toronto Fire Services at 30 Queen's Plate Drive.										
Explanation for Delay:	The CoT Project Management Office is in the process of redesigning the project, to include Paramedic Services as part of the Toronto Fire Services project, with the hired Architect firm. POA is currently in progress due to change in scope and increase in \$ amount for the total project cost. It is expected that the Architect firm will return with the project redesign this fall 2019. The project is expected to be completed by Dec 2022.										

On/Ahead of Schedule	ⓐ	>70% of Approved Project Cost
Minor Delay < 6 months	Ⓨ	Between 50% and 70%
Significant Delay > 6 months	Ⓡ	< 50% or > 100% of Approved Project

Appendix 7

Summary of Capital Needs Constraints (In \$ Millions)

Project Description	Total Project Cost	Non-Debt	Debt Required	Cash Flow (In \$ Millions)										
				2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2025 - 2029
<i>New Communication Centre</i>	75.000	56.250	18.750			0.600	9.400	40.000	25.000					25.000
Total	75.000	56.250	18.750			0.600	9.400	40.000	25.000					25.000

In addition to the Recommended 10-Year Capital Plan of \$107.839 million, staff have also identified \$75.000 million in capital needs constraints for Paramedic Services as reflected in the table above.

- *New Communication Centre*: Requires \$75.000 million in funding to manage the deployment and assignment of an increasing number of emergency calls.
- Efficiencies have been achieved through technological and scheduling changes necessary to meet current operational demands of the Centre however these increasing demands are now taxing the limited physical space available. Demand for emergency transports continues to rise at a rate of approximately 4% per year (which equates to approximately 9,000 new patients each year), due to an aging and growing population. The addition of part-time call receivers has enabled the division to match current call demand however there is no further room for expansion to meet the growth in staffing and technology infrastructure necessary to meet future needs.

Appendix 8

2020 User Fee Changes (Excludes User Fees Adjusted for Inflation)

Table 8c - User Fees for Discontinuation

Rate Description	Service	Fee Category	Fee Basis	2019 Approved Rate	Year Introduced	Reason for Discontinuation
CPR Level C Training (External) - CPR-C (EXTERNAL)	Citizen First Response Education	Market Based	Per person	\$68.00	2006	Rationalization of user fees
CPR Level A Training (External) - CPR-A (EXTERNAL)	Citizen First Response Education	Market Based	Per person	\$50.00	2006	Rationalization of user fees
Targeted AED Site Responder Course With Standard First Aid Certification And Level C CPR - TRI	Citizen First Response Education	Market Based	Per person	\$127.00	2006	Rationalization of user fees
AED Site Responder Course with Level C CPR Training (External) - CPR-C/AED (EXTERNAL)	Citizen First Response Education	Market Based	Per person	\$68.00	2009	Rationalization of user fees
Renewal AED Site Responder Course with Level C CPR Training (External) - CPR-C/AED (RENEWAL-EXTERNAL)	Citizen First Response Education	Market Based	Per person	\$64.00	2009	Rationalization of user fees
CPR Level C Renewal Training (External) - CPR-C RENEWAL (EXTERNAL)	Citizen First Response Education	Market Based	Per person	\$50.00	2009	Rationalization of user fees
Instructor Course (External)	Citizen First Response Education	Full Cost Recovery	Per person	\$618.00	2009	Rationalization of user fees
AED Site Responder Course with Level A CPR Training - CPR-A/AED INTERNAL/EXTERNAL	Citizen First Response Education	Market Based	Per person	\$62.00	2011	Rationalization of user fees
Emergency First Aid & CPR Level A Training (External) - EFA+A (EXTERNAL) - Group size of 2 to 16 persons	Emergency Medical Care	Market Based	Per person	\$63.00	2017	Rationalization of user fees
Emergency First Aid & CPR Level A Training (External) - EFA+A (EXTERNAL) - Group size of 17 to 64 persons	Emergency Medical Care	Market Based	Per person	\$61.00	2017	Rationalization of user fees
Emergency First Aid & CPR Level C Training (External) - EFA+C (EXTERNAL) - Group size of 2 to 16 persons	Emergency Medical Care	Market Based	Per person	\$75.00	2017	Rationalization of user fees
Emergency First Aid & CPR Level C Training (External) - EFA+C (EXTERNAL) - Group size of 17 to 64 persons	Emergency Medical Care	Market Based	Per person	\$73.00	2017	Rationalization of user fees

Rate Description	Service	Fee Category	Fee Basis	2019 Approved Rate	Year Introduced	Reason for Discontinuation
Emergency First Aid & CPR Level B Training (External) - EFA+B (EXTERNAL)	Emergency Medical Care	Market Based	Per person	\$68.00	2017	Rationalization of user fees
Emergency First Aid & CPR Level B Training (External) - EFA+B (EXTERNAL) - Group size of 2 to 16 persons	Emergency Medical Care	Market Based	Per person	\$63.00	2017	Rationalization of user fees
Emergency First Aid & CPR Level B Training (External) - EFA+B (EXTERNAL) - Group size of 17 to 64 persons	Emergency Medical Care	Market Based	Per person	\$61.00	2017	Rationalization of user fees
Emergency First Aid & CPR Level B Training (External) - EFA+B (EXTERNAL) - Group size of 65 or more persons	Emergency Medical Care	Market Based	Per person	\$57.00	2017	Rationalization of user fees
Emergency First Aid & CPR Level A & AED Training (External) - EFA+A+AED (EXTERNAL)	Emergency Medical Care	Market Based	Per person	\$76.00	2017	Rationalization of user fees
Emergency First Aid & CPR Level A & AED Training (External) - EFA+A+AED (EXTERNAL) - Group size of 2 to 16 persons	Emergency Medical Care	Market Based	Per person	\$71.00	2017	Rationalization of user fees
Emergency First Aid & CPR Level A & AED Training (External) - EFA+A+AED (EXTERNAL) - Group size of 17 to 64 persons	Emergency Medical Care	Market Based	Per person	\$69.00	2017	Rationalization of user fees
Emergency First Aid & CPR Level A & AED Training (External) - EFA+A+AED (EXTERNAL) - Group size of 65 or more persons	Emergency Medical Care	Market Based	Per person	\$65.00	2017	Rationalization of user fees
Standard First Aid Course & CPR Level C Training (External) - SFA+C (EXTERNAL) - Group size of 2 to 16 persons	Emergency Medical Care	Market Based	Per person	\$101.00	2017	Rationalization of user fees
Standard First Aid Course & CPR Level C Training (External) - SFA+C (EXTERNAL) - Group size of 17 to 64 persons	Emergency Medical Care	Market Based	Per person	\$97.00	2017	Rationalization of user fees
Targeted AED Site Responder Course With Standard First Aid Certification And Level C CPR - TRI - Group size of 2 to 16 persons	Emergency Medical Care	Market Based	Per person	\$117.00	2017	Rationalization of user fees
Targeted AED Site Responder Course With Standard First Aid Certification And Level C CPR - TRI - Group size of 17 to 64 persons	Emergency Medical Care	Market Based	Per person	\$113.00	2017	Rationalization of user fees
Targeted AED Site Responder Course With Standard First Aid Certification And Level C CPR - TRI - Group size of 65 or more persons	Emergency Medical Care	Market Based	Per person	\$105.00	2017	Rationalization of user fees
Standard First Aid Course & Health Care Provider Training - SFA+HCP - Group size of 2 to 16 persons	Emergency Medical Care	Market Based	Per person	\$122.00	2017	Rationalization of user fees
Standard First Aid Course & Health Care Provider Training - SFA+HCP - Group size of 17 to 64 persons	Emergency Medical Care	Market Based	Per person	\$118.00	2017	Rationalization of user fees
Standard First Aid Recertification Course - INTERNAL & EXTERNAL - Group size of 2 to 16 persons	Emergency Medical Care	Market Based	Per person	\$75.00	2017	Rationalization of user fees
Standard First Aid Recertification Course - INTERNAL & EXTERNAL - Group size of 17 to 64 persons	Emergency Medical Care	Market Based	Per person	\$73.00	2017	Rationalization of user fees
CPR Level A & AED Training (External) - CPR-A & AED (EXTERNAL)	Emergency Medical Care	Market Based	Per person	\$56.00	2017	Rationalization of user fees
CPR Level C & AED Training (External) - CPR-C & AED (EXTERNAL)	Emergency Medical Care	Market Based	Per person	\$61.00	2017	Rationalization of user fees
CPR Level C & AED Renewal Training (External) - CPR-C & AED RENEWAL (EXTERNAL)	Emergency Medical Care	Market Based	Per person	\$56.00	2017	Rationalization of user fees
Health Care Provider Level A Training - HCP - A	Emergency Medical Care	Market Based	Per person	\$61.00	2017	Rationalization of user fees
AED Site Responder Course with Level A CPR Training - CPR-A/AED INTERNAL/EXTERNAL - Group size of 17 to 64 persons	Emergency Medical Care	Market Based	Per person	\$57.00	2017	Rationalization of user fees
AED Site Responder Course with Level C CPR Training (External) - CPR-C/AED (EXTERNAL) - Group size of 2 to 16 persons	Emergency Medical Care	Market Based	Per person	\$63.00	2017	Rationalization of user fees
AED Site Responder Course with Level C CPR Training (External) - CPR-C/AED (EXTERNAL) - Group size of 17 to 64 persons	Emergency Medical Care	Market Based	Per person	\$61.00	2017	Rationalization of user fees
AED Site Responder Course with Level C CPR Training (External) - CPR-C/AED (EXTERNAL) - Group size of 65 or more persons	Emergency Medical Care	Market Based	Per person	\$60.00	2017	Rationalization of user fees
Renewal AED Site Responder Course with Level C CPR Training (External) - CPR-C/AED (RENEWAL-EXTERNAL) - Group size of 17 to 64 persons	Emergency Medical Care	Market Based	Per person	\$57.00	2017	Rationalization of user fees

Table 8d - User Fees for Technical Adjustments

Rate Description	Service	Fee Category	Fee Basis	2019 Approved Rate	2020 Budget Rate	Reason for Adjustment
Safe City - SFA A/C - Single	Emergency Medical Care	Market Based	Per person	\$111.00	\$113.00	Edit rate description
Safe City - EFA CPR A - Single	Emergency Medical Care	Market Based	Per person	\$68.00	\$69.00	Edit rate description
Safe City - EFR - Single	Emergency Medical Care	Market Based	Per person	\$618.00	\$630.00	Edit rate description
Safe City - HCP	Emergency Medical Care	Market Based	Per person	\$66.00	\$67.00	Edit rate description
Safe City - HCP Recertification	Emergency Medical Care	Market Based	Per person	\$62.00	\$63.00	Edit rate description
Safe City - SFA/HCP - Single	Emergency Medical Care	Market Based	Per person	\$132.00	\$134.00	Edit rate description
Safe City - SFA C - Recertification - Single	Emergency Medical Care	Market Based	Per person	\$80.00	\$81.00	Edit rate description
Safe City - EFA CPR A - Group	Emergency Medical Care	Market Based	Per person	\$57.00	\$58.00	Edit rate description
Safe City - EFA CPR C - Single	Emergency Medical Care	Market Based	Per person	\$80.00	\$81.00	Edit rate description
Safe City - EFA CPR C - Group	Emergency Medical Care	Market Based	Per person	\$69.00	\$70.00	Edit rate description
Safe City - SFA A/C - Group	Emergency Medical Care	Market Based	Per person	\$88.00	\$89.00	Edit rate description
Safe City - SFA/HCP - Group	Emergency Medical Care	Market Based	Per person	\$110.00	\$112.00	Edit rate description
Safe City - SFA C - Recertification - Group	Emergency Medical Care	Market Based	Per person	\$69.00	\$70.00	Edit rate description
Safe City - CPR A - Single	Emergency Medical Care	Market Based	Per person	\$59.00	\$60.00	Edit rate description
Safe City - CPR A - Group	Emergency Medical Care	Market Based	Per person	\$56.00	\$57.00	Edit rate description
Safe City - CPR C - Single	Emergency Medical Care	Market Based	Per person	\$59.00	\$60.00	Edit rate description
Safe City - CPR C - Group	Emergency Medical Care	Market Based	Per person	\$56.00	\$57.00	Edit rate description

Appendix 9

Inflows and Outflows to/from Reserves and Reserve Funds

2020 Operating Budget

Program Specific Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2019 *	Withdrawals (-) / Contributions (+)		
			2020	2021	2022
		\$	\$	\$	\$
Beginning Balance			1,922.5	2,184.5	2,148.4
Vehicle Reserve	XQ1018				
<i>Withdrawals (-)</i>			(5,750.0)	(7,250.0)	(8,550.0)
<i>Contributions (+)</i>			6,012.1	7,213.9	8,415.7
Total Reserve / Reserve Fund Draws / Contributions		1,922.5	2,184.5	2,148.4	2,014.0
Balance at Year-End		1,922.5	2,184.5	2,148.4	2,014.0

* Based on 9-month 2019 Reserve Fund Variance Report

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2019 *	Withdrawals (-) / Contributions (+)		
			2020	2021	2022
		\$	\$	\$	\$
Beginning Balance			2,748.5	4,008.5	5,506.5
Equipment Reserve	XQ1019				
<i>Withdrawals (-)</i>			(500.0)	(500.0)	(4,765.0)
<i>Contributions (+)</i>			1,760.0	1,998.0	2,236.0
Total Reserve / Reserve Fund Draws / Contributions		2,748.5	4,008.5	5,506.5	2,977.5
Balance at Year-End		2,748.5	4,008.5	5,506.5	2,977.5

* Based on 9-month 2019 Reserve Fund Variance Report

Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Withdrawals (-) / Contributions (+)		
		2020 \$	2021 \$	2022 \$
Beginning Balance *		29,462.41	26,435.42	23,282.94
Insurance Reserve Fund	XR1010			
<i>Withdrawals (-)</i>				
Toronto Paramedic Services		0.00	0.00	0.00
Other Division/Agency Withdrawals		-65,835.19	-65,966.23	-65,970.84
	Total Withdrawals	-65,835.19	-65,966.23	-65,970.84
<i>Contributions (+)</i>				
Toronto Paramedic Services		1,464.66	1,464.66	1,464.66
Other Division/Agency Contributions		61,343.55	61,349.09	61,358.31
	Total Contributions	62,808.21	62,813.74	62,822.97
Total Reserve / Reserve Fund Draws / Contributions		-3,026.99	-3,152.49	-3,147.87
Balance at Year-End		26,435.42	23,282.94	20,135.07

* Based on 9-month 2019 Reserve Fund Variance Report

Reserve / Reserve Fund Name (In \$000s)	Reserve / Reserve Fund Number	Withdrawals (-) / Contributions (+)		
		2020 \$	2021 \$	2022 \$
Beginning Balance *		25,183.10	16,736.19	8,289.28
Sick Leave Reserve Fund	XR1007			
<i>Withdrawals (-)</i>				
Toronto Paramedic Services		0.00	0.00	0.00
Other Division/Agency Withdrawals		-48,960.30	-48,960.30	-48,960.30
	Total Withdrawals	-48,960.30	-48,960.30	-48,960.30
<i>Contributions (+)</i>				
Toronto Paramedic Services		280.01	280.01	280.01
Other Division/Agency Contributions		40,233.38	40,233.38	40,233.38
	Total Contributions	40,513.39	40,513.39	40,513.39
Total Reserve / Reserve Fund Draws / Contributions		-8,446.91	-8,446.91	-8,446.91
Balance at Year-End		16,736.19	8,289.28	-157.64

* Based on 9-month 2019 Reserve Fund Variance Report

** This schedule does not take into account the interest earned on the fund

Inflows and Outflows to/from Reserves and Reserve Funds

2020 – 2029 Capital Budget and Plan

Program Specific Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Project / Sub Project Name and Number	Projected Balance as at Dec 31, 2019 *	Contributions / (Withdrawals)										Total
			2020 Budget	2021 Plan	2022 Plan	2023 Plan	2024 Plan	2025 Plan	2026 Plan	2027 Plan	2028 Plan	2029 Plan	
XQ1019	Beginning Balance		2,672	3,932	5,430	2,901	460	146	492	838	1,159	1,480	
Equipment Reserve Fund	Withdrawals (-)												
	Medical Equipment Replacement		(500)	(500)	(525)	(525)	(550)	(550)	(550)	(575)	(575)	(600)	(5,450)
	Replacement of Defibrillators				(2,640)	(2,640)	(660)						(5,940)
	Replacement of Power Stretchers				(1,600)	(1,600)	(1,600)	(1,600)	(1,600)	(1,600)	(1,600)	(1,600)	(12,800)
	Total Withdrawals		(500)	(500)	(4,765)	(4,765)	(2,810)	(2,150)	(2,150)	(2,175)	(2,175)	(2,200)	(24,190)
	Contributions (+)		1,760	1,998	2,236	2,324	2,496	2,496	2,496	2,496	2,496	2,496	
	Total Contributions		1,760	1,998	2,236	2,324	2,496	2,496	2,496	2,496	2,496	2,496	
Balance at Year-End		2,672	3,932	5,430	2,901	460	146	492	838	1,159	1,480	1,776	(24,190)

* Based on 9-month 2019 Reserve Fund Variance Report

Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (In \$000s)	Project / Sub Project Name and Number	Projected Balance as at Dec 31, 2019 *	Contributions / (Withdrawals)										Total
			2020 Plan	2021 Plan	2022 Plan	2023 Plan	2024 Plan	2025 Plan	2026 Plan	2027 Plan	2028 Plan	2029 Plan	
XR2119	Beginning Balance		6,882	6,675	1,956	1,041	388	81	2,950	4,972	5,155	4,005	
Development Charge Reserve	Withdrawals (-)												
	Dispatch Console Replacement		(200)	(600)									(800)
	Multi-Function Station #2 (Facility)		(1,405)	(5,000)	(2,430)	(3,135)	(3,030)						(15,000)
	Additional Ambulances		(800)	(600)	(600)	(600)	(500)						(3,100)
	Multi-Function Station #3 (Facility)							(500)	(1,500)	(3,500)	(5,000)	(1,000)	(11,500)
	Total Withdrawals		(2,405)	(6,200)	(3,030)	(3,735)	(3,530)	(500)	(1,500)	(3,500)	(5,000)	(1,000)	(30,400)
	Contributions (+)		2,198	1,481	2,115	3,082	3,223	3,369	3,522	3,683	3,850	4,016	
	Total Contributions		2,198	1,481	2,115	3,082	3,223	3,369	3,522	3,683	3,850	4,016	
Other Program/Agency Net Withdrawals and Contributions													
Balance at Year-End		6,882	6,675	1,956	1,041	388	81	2,950	4,972	5,155	4,005	7,021	(30,400)

* Based on 9-month 2019 Reserve Fund Variance Report

Appendix 10

Glossary of Terms

Alternate Models of Care: Changes to the *Ambulance Act* will allow paramedic services throughout the province to provide select 9-1-1 patients with alternative care options, such as treat-and-release, or transport them to a health care facility most appropriate for their needs. Currently, by law, if Paramedics transport a patient, they must take them to a hospital emergency department.

Approved Position: Permanent or temporary positions that support the delivery of City services and service levels as approved by Council.

Actuals: An actual financial amount paid (or received) for the delivery of City services (these exclude any commitments to be paid in the future).

Capacity to Spend: Ability to spend money along with the capacity to deliver projects as demonstrated by historic spending patterns and approved contractual obligations.

Capital Budget: A Capital Budget is the City's plan to acquire / build assets or extend the useful life of existing assets; an example of a capital expenditure is the construction of a new community centre.

Capital Needs Constraints: The capital needs that cannot be accommodated within the capital plan that the Division or Agency have the capacity to deliver.

Complement: Positions that support the delivery of City services and service levels as approved by Council.

Efficiencies: Reductions in the cost of delivering a service without a reduction in service level.

New / Enhanced: New and enhanced service changes resulting in an increase in service levels from what was previously approved by Council.

Operating Budget: An Operating Budget is the City's annual plan to provide services to the residents of Toronto; the budget includes all revenues and expenses needed to provided services; an example of an operating cost would be the cost to run the TTC subways.

Operating Impact of Completed Capital Projects: The additional expense (or savings) and positions needed to operate or maintain a new asset; an example would be the additional expense and staff needed to operate a recently completed community centre.

Rate Supported Budget: Budget fully funded by user fees such as Solid Waste, Toronto Water and Toronto Parking Authority

Response Time – Length of time for Toronto Paramedic Services to arrive at an Emergency Scene

Staff Recommended Operating / Capital Budget: An operating or capital budget recommended by City Manager and Chief Financial Officer and Treasurer to City Council for consideration and approval.

State of Good Repair (SOGR): The cost of maintaining assets to ensure they are able to support the delivery of City services and meet service outcomes

Stroke: Sudden interruption of blood circulation to the brain causing brain cell damage

STEMI (or "S-T elevation myocardial infarction"): A very serious type of heart attack, noted by specific changes in a patient's electrocardiogram that can cause heart muscle damage

Trauma: Any type of physical injury or injuries requiring immediate medical attention

Time on Task: The total time required to complete an ambulance call

Treat and release: The patient is released from care, on scene following Paramedic assessment and treatment; no transport to hospital

Treat and refer: The patient is referred to additional care services (e.g., specialist, clinic, etc.) following Paramedic assessment and treatment; no transport to hospital.

Tax Supported Budget: Budget funded by property taxes.

User Fees: Program generated fee and rental revenue for the use of its services (such as the CPR/First Aid Training, TTC fare, ice rental fees and various City permits).

Value Based Outcome Review (VBOR): The City conducted a Value Based Outcome Review in 2019 for all of its operations and agencies to identify specific opportunities and strategies to maximize the use of tax dollars, enhance its financial sustainability while achieving service outcomes. These opportunities will help the City chart its financial course in the next four years.

WSIB: Workplace Safety & Insurance Board.