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## 2020 OPERATING BUDGET BRIEFING NOTE

### Paramedic Staff Complement – Toronto Paramedic Services

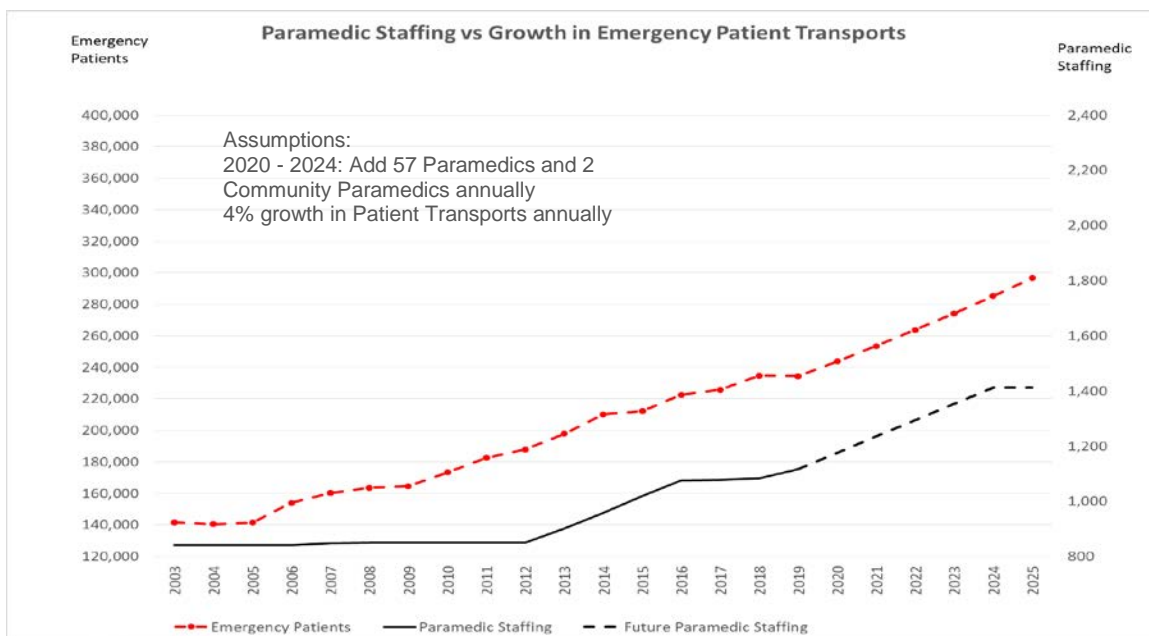
**Issue/Background:**

This Briefing Note responds to Motion 1f, moved by Councillor Crawford, from the January 17, 2020, Budget Committee meeting:

*That the Chief, Toronto Paramedic Services provide a budget briefing note on the paramedic staff complement over the last 5 years, this year's staff recommended budget and the staffing plan for future years.*

**Key Points:**

- Toronto Paramedic Services' (TPS') emergency call demand has continued to increase by an average of 4% each year for the last 10 years.
- The main drivers of this demand include an aging and growing population, increased patient acuity with a greater need to transport patients to specialized facilities, and increased time required to complete an emergency call.
- The growth in emergency calls has negatively impacted response times to critical patients, and occupational stress injuries amongst staff have significantly increased WSIB costs.



- The last significant increase in staff was in 2016, following City Council adoption of the City Manager's Service and Organizational Study, to address 2011 emergency call volumes.

2020 Staff Recommended Budget and Staffing Plan for Future Years

- In May 2019, City Council adopted TPS' Multi-Year Staffing and Systems Plan (EC5.3) report, recommending the addition of 295 frontline Paramedic FTEs over five years (2020 – 2024) to address the approximate 4% percent growth in emergency call demand.
- The report recommended that each year, the Chief, TPS bring forward a business case through the 2020 and future budget processes to add the necessary frontline Paramedic staffing and supervision, Support Staff resources and additional uniforms, equipment and vehicles over the next five years to address the projected emergency call demand and staff workload pressures.
- The 2020 TPS Budget recommends the addition of 59 Paramedic FTEs (57 frontline + 2 Community Paramedic positions) + 3 frontline Superintendents, Operations. The 2020 Recommended Operating Budget also includes an additional 9 staff to support the service's 24/7 operations, for a total increase of 71 staff in 2020.
- The funding source for the additional Paramedic resources is 50% cost shared between the Province and the City.
- The Multi-Year Staffing and Systems Plan includes the addition of 295 frontline Paramedic FTEs over five years (2020 – 2024) to address the continued 4% growth in emergency call demand.

	2020	2021	2022	2023	2024	TOTAL
<b>Additional Paramedic FTEs</b>	59	59	59	59	59	295

Paramedic Staff Complement – Last Five Years

- TPS has continued to use these FTEs to hire part-time Paramedic staff as needed, which permits operational flexibility in scheduling to better match emergency call demand and to cover for planned absences of full-time Paramedics. As a result, Paramedic resources are utilized more efficiently and help reduce the need to use overtime for full-time staff.
- From 2015 to 2019, TPS added 159 new frontline Paramedic FTEs, broken down as follows:

	2015	2016	2017	2018	2019	TOTAL
<b>Additional Community Paramedic FTEs</b>	0	0	3	7	5	15
<b>Additional Paramedic FTEs*</b>	59	57	0	0	28	144
<b>TOTAL</b>						159

\*2015: 3 Dedicated Critical Care Paramedics  
 2019: 28 Dedicated Neonatal Transport Paramedics (October 2019)

### Ongoing Initiatives to Address Call Demand and Support Paramedic Staffing Levels

- TPS has implemented several initiatives to help address the annual increase in emergency call demand and to support employees in the face of the increased demand. These include improved staff scheduling, use of part-time staff, community paramedicine initiatives, a multifunction station model, enhanced dispatch technology, and improved staff engagement.
- TPS has also implemented a Psychological Health and Wellness Program, designed to provide staff with comprehensive supports and to help those absent from the workplace (e.g., due to stress-related illness) to return to work sooner.
- TPS is also working with the Ministry of Health to develop and implement new patient care models to improve access to healthcare, improve ambulance availability and response times to critical patients. These include patient treat-and-refer, treat-and-release and alternate destinations.

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