

City Hall 100 Queen Street West East Tower, 4th Floor Toronto, Ontario M5H 2N2

Tel: 416-392-3551
Fax: 416-392-1827
chris.murray@toronto.ca
www toronto ca

February 1, 2022

Mr. John Elvidge, City Clerk City Clerk's Office 100 Queen's Street West 12th Floor, West Tower Toronto, ON M5H 2N2

Dear Mr. Elvidge,

Re: Administrative Inquiry Regarding Toronto Paramedic Services

Councillor Wong-Tam submitted an Administrative Inquiry to seek information on service standards and staffing at Toronto Paramedic Services. This letter provides a response to this request, and has been developed in collaboration with Toronto Paramedic Services (TPS), the Financial Planning Division, and People & Equity.

It's important to note that this request has come at a time when TPS is completely focused on providing frontline community healthcare during the current COVID-19 Omicron surge, and is currently managing multiple resulting pressures. I would like to express my thanks to staff for their work to assemble this information. The attached table provides a response to each question submitted.

Sincerely,

Chris Murray City Manager

CC:

Paul Johnson, Deputy City Manager, Community and Social Services
Heather Taylor, Chief Financial Officer & Treasurer
Paul Raftis, Chief, Toronto Paramedic Services
Marsha John-Greenwood, I/Chief People Officer, People and Equity Division

Response to Administrative Inquiry Questions

| | Question | | Response | | | | | |
|---|---|--|--|--|--|--|--|--|
| | How many 911 calls have had a response time of 30 | Year | | Responses | Emergency Incidents Attended | % Responses to Emergency Incidents Attended | | |
| | minutes to 59 minutes min. | 2 | 2018 | 8,430 | 295,450 | 2.85% | | |
| | from time of first key stroke by call takers to | 2021 | | 11,818 | 286,212 | 4.13% | | |
| 1 | crew arriving on scene with a transport vehicle in 2021 and 2018? | Toronto Paramedic Services, as with other EMS systems, has response time targets of 30 minute or more for certain low priority calls. The data demonstrates the impact of the pandemic on the length of time it takes to respond to certain low-priority calls due to health system pressures (inhospital wait times are the most significant factor contributing to EMS system pressures, at times consuming more than 40% of the total available staffing hours in a 24-hour period). Large, best practice EMS systems around the world, such as Toronto, have sophisticated call triage processe in order to prioritize responses to high priority calls. At times, this leads to longer response times certain low-priority calls. Low priority calls are routinely deferred to accommodate immediate response to higher priority calls first. This is a safe, industry best practice. | | | | | | |
| | How many 911 calls have had a response time of 1 hour to 1 hour and 59 | Year | | Responses | Emergency Incidents Attended | % Responses to Emergency Incidents Attended | | |
| | | 2 | 2018 | 1,125 | 295,450 | 0.38% | | |
| | minutes min. from time of first key stroke by call | 2 | 2021 | 3,331 | 286,212 | 1.16% | | |
| 2 | takers to crew arriving on scene with a transport vehicle in 2021 and 2018? | or modelength hospiconsupraction ordinary | ore for on the of time ital waith waith waith waith waith waith waith of the follow of | certain low prioring it takes to respect times are the more than 40% of systems arour rioritize responsionity calls. Low | ty calls. The data demonstrate bond to certain low-priority calls lost significant factor contribution of the total available staffing ho and the world, such as Toronto, les to high priority calls. At time | has response time targets of 30 minutes is the impact of the pandemic on the sidue to health system pressures (inning to EMS system pressures, at times urs in a 24-hour period). Large, best have sophisticated call triage processes is, this leads to longer response times to the erred to accommodate immediate in the source of the system of the source of the system o | | |
| | How many 911 calls have had a response time of 2 | , | Year | Responses | Emergency Incidents Attended | % Responses to Emergency Incidents Attended | | |
| | hours to 2 hours and 59 | | 2018 | 126 | 295,450 | 0.04% | | |
| | minutes min. from time of | l | 2021 | 827 | 286,212 | 0.29% | | |
| 3 | first key stroke by call takers to crew arriving on with a transport vehicle scene in 2021 and 2018? | The c | data de in low-p | monstrates the i | mpact of the pandemic on the to health system pressures. La | length of time it takes to respond to arge, best practice EMS systems around rocesses in order to prioritize responses | | |

| | | to high priority calls. At times, this leads to longer response times to certain low-priority calls. Low priority calls are routinely deferred to accommodate immediate response to higher priority calls first. | | | | | |
|---|---|---|--|--|---|--|--|
| | | This is a safe, industry best practice. | | | | | |
| | How many 911 calls have had a response time of 3 hours to 5 hours and 59 minutes min. from time of first key stroke by call takers to crew arriving with a transport vehicle on scene in 2021 and 2018? | Year | Responses | Emergency Incidents Attended | % Responses to Emergency Incidents Attended | | |
| | | 2018 | 36 | 295,450 | 0.01% | | |
| | | 2021 | 633 | 286,212 | 0.22% | | |
| 4 | | The data demonstrates the impact of the pandemic on the length of time it takes to respond to certain low-priority calls due to health system pressures. Large, best practice EMS systems around the world, such as Toronto, have sophisticated call triage processes in order to prioritize responses to high priority calls. At times, this leads to longer response times to certain low-priority calls. Low priority calls are routinely deferred to accommodate immediate response to higher priority calls first. This is a safe, industry best practice. | | | | | |
| | How many 911 calls have | Year | Responses | Emergency Incidents | % Responses to Emergency | | |
| | had a response time of 6 hours to 7 hours and 59 minutes min. from time of | | • | Attended | Incidents Attended | | |
| | | 2018 2021 | 3 67 | 295,450 286,212 | 0.00% | | |
| 5 | first key stroke by call takers to crew with a transport vehicle arriving on scene in 2021 and 2018? | certain low- the world, so to high prior priority calls | oriority calls due uch as Toronto, l ity calls. At times | to health system pressures. La have sophisticated call triage p s, this leads to longer response ferred to accommodate immed practice. | length of time it takes to respond to arge, best practice EMS systems around processes in order to prioritize responses times to certain low-priority calls. Low diate response to higher priority calls first. | | |
| | How many 911 calls have had a response time of 8 | Year | Responses | Emergency Incidents Attended | % Responses to Emergency Incidents Attended | | |
| | hours to 11 hours and 59 minutes min. from time of | 2018 | 0 | 295,450 | 0.00% | | |
| | | 2021 | 32 | 286,212 | 0.01% | | |
| 6 | first key stroke by call takers to crew with a transport vehicle arriving on scene in 2021 and 2018? | The data demonstrates the impact of the pandemic on the length of time it takes to respond to certain low-priority calls due to health system pressures. Large, best practice EMS systems around the world, such as Toronto, have sophisticated call triage processes in order to prioritize responses to high priority calls. At times, this leads to longer response times to certain low-priority calls. Low priority calls are routinely deferred to accommodate immediate response to higher priority calls first. This is a safe, industry best practice. | | | | | |

| | How many 911calls have | | I _ | Emergency Incidents | % Responses to Emergency | | | |
|---|---|---|---|---|---|--|--|--|
| | had a response time of 12 | Year | Responses | Attended | Incidents Attended | | | |
| | hours or greater from time | 2018 | 2 | 295,450 | 0.00% | | | |
| | of first key stroke by call takers to crew with a | 2021 | 7 | 286,212 | 0.00% | | | |
| 7 | transport vehicle arriving on scene in 2021 and 2018? | The data demonstrates the impact of the pandemic on the length of time it takes to respond to certain low-priority calls due to health system pressures. Large, best practice EMS systems around the world, such as Toronto, have sophisticated call triage processes in order to prioritize responses to high priority calls. At times, this leads to longer response times to certain low-priority calls. Low priority calls are routinely deferred to accommodate immediate response to higher priority calls first. This is a safe, industry best practice. | | | | | | |
| | In 2018, 2019, 2020, and | Resignatio | | | | | | |
| | 2021 for each year what were the numbers of part- | | | nedics, 13 F/T Paramedics nedics, 13 F/T Paramedics | | | | |
| | time staff and full-time | | | nedics, 13 F/T Paramedics | | | | |
| | employees that resigned? | | | nedics, 50 F/T Paramedics | | | | |
| | | Hired: | | | | | | |
| | | | 8: 47 P/T Param | nedics | | | | |
| | | - 2019: 108 P/T Paramedics | | | | | | |
| | | - 2020: 166 P/T Paramedics - 2021: 222 P/T Paramedics | | | | | | |
| | | - 202 | 11. 222 P/1 Pala | medics | | | | |
| 8 | | P/T Paramedics converted to F/T: | | | | | | |
| | | | 8: 37 | | | | | |
| | | | 9: 31 20: 143 | | | | | |
| | | | 21: 198 | | | | | |
| | | impact of the have been a attributable and has an | e pandemic on a able to outpace a to the pandemic established prod | attrition as experienced by ever attrition. There was an increase . Toronto Paramedic Services cess to convert them to full-time | nedic Services' hiring practice and the ry other sector. Fortunately, new hires in part-time exits in 2020 and 2021, hires paramedics into part-time positions e. | | | |
| | | | | | be hired in the following months. | | | |

| | L. 0004 | Ni | | | | | | | |
|---|--|--|---|-----------------------------|--|---------|--|--|--|
| In 2021, until the date of Number of referrals: 8,987 | | | | | | | | | |
| | this submission what were | Number of TFS referrals resulting in TPS response: 1,705 | | | | | | | |
| | the number of calls that were referred from Toronto | Number of 1F3 | Number of TFS referrals resulting in TPS transport: 830 | | | | | | |
| 9 | Paramedic Services to | % of referrals | resulting in TPS response | a· 10 0% | | | | | |
| 3 | Toronto Fire that in the | % of referrals i | | | | | | | |
| | end resulted in a required | 70 01 101011410 1 | ocularing in 11 o transpor | u. 0.270 | | | | | |
| | response from Toronto | The data demo | The data demonstrates the system's effectiveness in identifying calls where there are no patients | | | | | | |
| | Paramedics? on the scene and, therefore, do not require the expertise of paramedics. | | | | | | | | |
| | In 2019, 2020, and 2021 what were the number of | Year | # Alpha and Code 2 Incidents | # CTAS 1 Return | % Alpha/Code2 Returned CTAS 1 | | | | |
| | Alpha and Courtesy Code 2 priority calls that resulted | 2019 | 67,047 | 21 | 0.03% | | | | |
| | in a CTAS 1 return by | 2020 | 57,450 | 30 | 0.05% | | | | |
| | Toronto Paramedics? | 2021 | 54,125 | 25 | 0.05% | | | | |
| | | Tavanta Davan | andia Camianal (TDCI) Ca | | vacanninad as an Assessitad | | | | |
| | | | | | recognized as an Accredited sed in over 3,500 Communica | | | | |
| 10 | | | wide, representing 80 mil | | | 1110115 | | | |
| | | Ochires world | wide, representing 66 min | non emergency cans and | ndany. | | | | |
| | | Alpha and Coo | le 2 calls are the lowest i | oriority, non-life threaten | ing calls, with non-lights & sire | en | | | |
| | | | | | targets of 30 minutes or mor | | | | |
| | | certain low prid | ority calls. | • | | | | | |
| | | TI . OT 40 (0) | | | £ | • | | | |
| | | The CTAS (Canadian Triage Acuity Scale) system is an internationally recognized tool, allowing EMS systems to prioritize patient transports to hospital based on a scale of 1 to 5, with 1 being the | | | | | | | |
| | | most serious and 5 being the least serious. The very low rate of CTAS 1 return data shown above | | | | | | | |
| demonstrates the safety and 6 | | | | | I CTAS TTERRITI dara silowit a | above | | | |
| | In 2019, 2020, and 2021 | demendiates | | | 2/ 5 5 1 | | | | |
| | what were the number of | Year | # Bravo Incidents | # CTAS 1 Return | % Bravo Returned | | | | |
| | Bravo priority calls that | | | | CTAS 1 | | | | |
| | resulted in a CTAS 1 return by Toronto | 2019 | 84,463 | 67 | 0.08% | | | | |
| | Paramedics? | 2020 | 74,811 | 37 | 0.05% | | | | |
| 11 | | 2021 | 77,537 | 56 | 0.07% | | | | |
| | | | | | | | | | |
| | | Toronto Paramedic Services' (TPS') Communications Centre is recognized as an Accredited Centre of Excellence with a sophisticated call triage process, used in over 3,500 Communications | | | | | | | |
| | | | ellence with a sophisticate wide, representing 80 mil | | | สแอทร | | | |
| | | Centres world | wide, representing 60 mil | non emergency calls an | ilualiy. | | | | |
| 1 | | | | | | | | | |

| | | Bravo calls are the second lowest priority, non-life threatening calls, with non-lights & siren response. TPS, as with other EMS systems, has response time targets of 30 minutes or more, for certain low priority calls. | | | | |
|----|---|--|--|--|--|--|
| | | The CTAS (Canadian Triage Acuity Scale) system is an internationally recognized tool, allowing EMS systems to prioritize patient transports to hospital based on a scale of 1 to 5, with 1 being the most serious and 5 being the least serious. The very low rate of CTAS 1 return data shown above demonstrates the safety and effectiveness of this system. | | | | |
| 12 | How many exit interviews were conducted with resigning or retiring staff vs number that resigned or retired in 2018, 2019, 2020 and 2021? | For many years, there have been informal meetings with staff who retire or resign from the service. Recognizing the value of a formal process and with feedback from TCEU Local 416, Toronto Paramedic Services began consultations with People & Equity in November 2021, and is finalizing a formal exit interview process for all staff, to begin in the coming weeks. | | | | |
| 13 | How does the pay of Toronto Paramedic Services compare to that of neighboring services such as Durham? | In the GTHA region, rates of pay are competitive. Toronto is on the high end of the pay range, with Durham being the highest. | | | | |
| 14 | What was the average number of shifts worked by part-time paramedics in a 6-week cycle in 2021? | Approximately 15 shifts. | | | | |
| 15 | What specifically is Toronto Paramedic Services doing to retain staff and improve morale? | City Council approval (June 2019) of multi-year staffing plan, developed in conjunction with TCEU Local 416, to help balance the workload experienced by all staff due to increasing service demand Comprehensive Psychological Health and Wellness Program in place, including: Peer Resource Team On-site Staff Psychologist, and Online self-assessment and resource tool Staff Support Centre – serves as a resource for all issues related to COVID-19, including testing, vaccinations and potential exposures Vacation buy-back program designed to increase staffing on the road, and may benefit those whose travel and vacations have been cancelled as a result of COVID-19/Omicron Virtual town hall sessions held through the pandemic to allow all staff to communicate with the senior team Continue to communicate regularly with all staff through direct engagement by frontline supervisors, weekly email updates, Chief's updates, videos, social media, staff blog, newsletters and Annual Report Strong divisional and City support for annual Paramedic Services Week Toronto Public | | | | |

| | | Service Week, Mental Health Awareness Week - Continue to nominate and recognize employees for awards – both internal (e.g., Divisional, Long Service Medal, You Make the Difference) and external (e.g., Public Heroes Award, Exemplary Service Medal, Provincial Bravery Award, Governor General of Canada Award, etc.) - Continue to work with Local 416 to mitigate issues/potential issues for Paramedics (e.g., labour management, equipment/uniform, vehicle, health and safety committees, process improvement working group, etc.) - Continue to support employee-led charitable campaign efforts (e.g., Paramedic Ride for Cancer, Camp Ooch, Breast Cancer Awareness, Movember, etc.) Notwithstanding these initiatives, we recognize that we have more work to do to continue supporting staff. | | | | |
|----|--|--|---------|---|--|---|
| 16 | How has the growth of Toronto Fire Services compared to the growth of Toronto Paramedic Services in regards to new stations, additional apparatus, and number of crews being staffed? | Since 2016, Toronto Paramedic Services' paramedic staffing has grown by 19%. Toronto Fire Services has had the same number of apparatus and crews during that time period. | | | | |
| 17 | Has the growth of Toronto Paramedic Services kept in pace with the growth of the city's population? | The city's population has grown by 9% since 2016, and with the Council-approved staffing plan, paramedic staffing has grown by 19%. | | | | |
| 18 | What are the benefits and goals of the part-time paramedic program? | Part-time paramedics are an integral part of our system. Operational flexibility in scheduling to increase the number of on-duty paramedics. Part-time Paramedics are scheduled for planned absences of full-time Paramedics (e.g., vacations, training, etc.) and short-term increases in demand, in order to improve the delivery of emergency medical services. Almost all EMS systems employ part-time paramedics. | | | | |
| | How many calls were serviced by a neighboring paramedic service within city of Toronto boundaries in 2021 and 2018? | | Year | # Incidents serviced by Neighbouring Service | % of Overall Yearly Call Volume | |
| 19 | | l ——— | 2018 | 1,454 | 0.46% | |
| 19 | | | 2021 | 3,046 | 0.65% | |
| | | TPS also i systems. | esponds | to calls outside Toronto's borders o | n a daily basis. This is normal for all EM | S |

| 20 | Was there an increase in paramedic calls relating to opioid use in 2021 vs 2018? | Yes, the number of paramedic calls relating to opioid use in 2021 was almost double that of 2018. This data is available on the Toronto Public Health web site. |
|----|---|--|
| 21 | How many part time paramedics are currently employed with Toronto Paramedic Services? | 169 |
| 22 | How many full-time paramedics are currently employed with Toronto Paramedic Services? | 1,199 |
| 23 | How do those numbers compare to pre-pandemic years (2018/2019)? | The number of full-time paramedics has increased by 190 since 2018/2019. The number of part-time paramedics has decreased by 36 since 2018/2019. Toronto Paramedic Services' hiring plan involves the first class of paramedics to begin onboarding on March 7, 2022, with 3 subsequent classes expected to be hired in the coming months. |
| 24 | Has the number of paramedics on WSIB/LTD increased in this time span as well? | Yes, as identified on page 3 of the 2022 TPS Budget Notes. |
| 25 | At the time of this request, how many paramedics are deemed fit to work, not including community paramedics, paramedics in the staff support centre or in roles where they will not be responding to 911 calls? | 1,043 |

What is the estimated timeline for when the staffing gaps in Toronto Paramedic Services and all other divisions will be fulfilled, the proportionate costs to implement, and an explanation of why it was not achieved sooner and/or whether it can be achieved in 2022?

Paramedic Services:

The 2022 Staff Recommended Operating Budget continues investments in Paramedic Services and reflects implementation of Year 3 of the Multi-Year Staffing and Systems Plan that was approved by Council in 2019. Toronto Paramedic Services' hiring plan involves the first class of paramedics to begin onboarding on March 7, 2022, with 3 subsequent classes expected to be hired in the coming months.

Additional Information:

As a direct result of the COVID-19 pandemic, the efforts of available People and Equity resources have been focussed on COVID-19 response and/or front line staffing, creating recruitment challenges elsewhere in the City. However, additional resources have been directed to People and Equity including a combination of added staff within People and Equity as well as the use of external resources to address vacancies.

Based on People and Equity's increased capacity, programs' capacity to onboard, and payroll processing, there is an expected capacity to hire 17,000 positions from October 1, 2021 to December 31, 2022 (14,500 in 2022 alone). Prior to COVID-19, the City would hire approximately 7,000-9,000 positions in a 12 month period.

This modelling was completed at a City-wide perspective and has been leveraged to inform the 2022 salary and benefit requirements for the 2022 Staff Recommended Operating Budgets, reflecting a significant increase above 2021 actual experience. The 2022 hiring plan includes a series of assumptions including overall hiring capacity by month, number of exits, and number of internal vs. external hires.

Each division's actual hiring experience in 2022, including timing of needs, triggered by exits and internal hires, will vary based on the prioritization of positions required for health and safety and legislative requirements; operational requirements and business needs; and effects of possible COVID-19 variants. It is important to note that actual hiring experiences also may vary according to the aforementioned factors beyond staff control, such as staff exits and internal/external hiring.

Additional information on 2022 divisional salary and benefits requirements, anticipated complement and current position vacancies is reflected in the 2022 Budget Process and associated materials.

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