

Paramedics

**2024–2027 Business Plan
and 2024 Budget**

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Executive Summary

Mission: Continually strive to provide people in Peel with unsurpassed Paramedics by always seeking to improve the quality of patient-centred, out-of-hospital and community care while enhancing safety, efficiency, and responsiveness.

Services we provide:

- Quality out-of-hospital medical care (i.e., patient treatment), emergency health services, and community care (i.e., health prevention and promotion) within the Region of Peel, including specialized rapid response and tactical teams.
- Innovative community paramedicine programming aimed at preventing the need for emergency care and filling system gaps for vulnerable populations.

With continued focus on innovative care models, staff health and well-being, and critical capital investments, Paramedics will continue to provide high quality care to residents and visitors in the Region of Peel.

Interesting facts about this service:

- Peel is amongst Canada’s busiest Paramedics, serving the country’s largest airport and seven major highways, as well as urban cities and rural towns.
- Between January 1st to May 31st, 2023, there were over 1,500 appointments or visits made in Peel by paramedics from the Community Paramedicine programs which avoided hospitalization.
- Over 149,000 calls were handled in 2022, part of an increasing trend in call volumes each year, which is expected to continue.
- Peel Paramedics are implementing the Canadian Standards Association (CSA) Standard for Psychological Health and Safety, along with other initiatives, to support the psychological health and safety of all staff.

Highlights of the Business Plan include:

- Paramedics continue to meet ongoing service needs despite the increasing demand.
- Implementing initiatives that enhance care for patients, avoid Emergency Department visits, and improve processes within operations.
- Executing a multi-stage, comprehensive approach to employee psychological health, safety, and well-being.
- Identifying alternative models of service delivery, and investments in ambulance fleet and staffing to help address some of the system pressures that directly affect response time.

Net Investment (\$000)	2024	2025	2026	2027
Operating	\$82,824	\$88,040	\$96,324	\$101,972
Capital	\$40,189	\$30,244	\$17,951	\$10,523
Full Time Equivalents	740.1	784.1	841.1	874.1

Core Services

Vision, Mission, Goals of Service and Service Delivery Model

Vision

Provide people in Peel with expert, reliable out-of-hospital medical and community care.

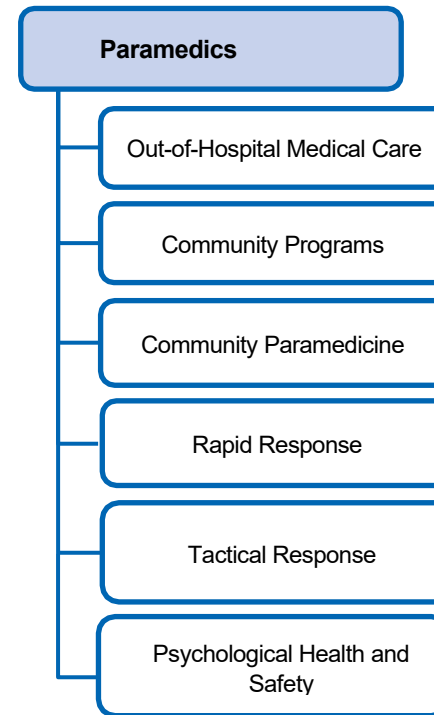
Mission

Continually strive to provide people in Peel with unsurpassed Paramedics by always seeking to improve the quality of patient-centred, out of hospital and community care while enhancing safety, efficiency, and responsiveness.

Goals of Service

1. Respond quickly to health emergencies and provide the highest quality of care.
2. Maintain strong relationships with health system partners to continually improve efficiency and evidence-based patient care.
3. Contain costs with innovative and forward-thinking approaches.
4. Implement a comprehensive approach to employee health and psychological well-being that includes a culture of caring, inclusivity and 'zero tolerance' for violence toward staff.
5. Deliver unsurpassed Paramedics and measure continual progress and validation by patients, community partners and staff.

Service Delivery Model



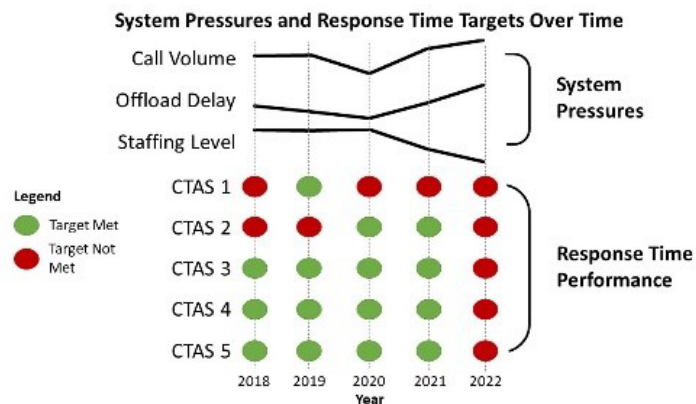
Service Levels and Trends

Service Levels

Paramedics operates four reporting stations and 21 satellite stations. These stations are strategically placed across Peel Region to provide medical care for Peel's 1.51 million residents and those who visit the region. While emergency health services are available to all, to date in 2023, 41% of patients who received services are 65 years of age or older. This senior age group requires more complex care needs due to multiple medical conditions, which puts pressure on the system and the complexity of care provided by Peel Paramedics. The top five most common reasons for calls are due to: feeling unwell, trauma, abdominal pain, musculoskeletal issues, and difficulty breathing. Furthermore, 60% of these calls required a 'lights and sirens' response.

Current funding formulas do not accurately account for the aging population and population growth, which both lead to an increased demand for Paramedics. This mismatch between funding and demands on the service exacerbates pressures, leading to staffing challenges and slower response times. Figure 1 is a summary of relevant data that illustrates service level pressures and their effects on response times with comparisons over time (2018-2022).

Figure 1. System Pressures and Response Time Performance



Paramedics' performance is measured on the achievement of target response times across five patient acuity levels through the Canadian Triage Acuity Scale (CTAS). Response time is measured from the time when the paramedic is notified (assigned to the call) to when they arrive at the location of the patient. In addition, performance is measured through a response time target for Sudden Cardiac Arrest (SCA):

- Sudden Cardiac Arrest response time is measured from the time of notification of call to when a bystander, emergency responder or paramedic first applies a defibrillator to the patient.

Ambulance Call Volume

Call volumes have recovered since the COVID-19 pandemic and continue to increase. In 2022, call volume (149,591 calls) increased by almost 5% above 2021 volume. (See Table 1 below).

Other key highlights of service level trends include:

- Paramedics responded to a total average of 390 calls per day in 2021 and a total average of 409 calls per day in 2022.
- Peel Paramedics continue to respond to over 95% of Peel's emergency calls while through a seamless service the remaining 5% of calls are responded by neighbouring service providers due to the close proximity of their ambulances.
- In 2022, Peel Paramedics responded to 5,652 calls in neighbouring municipalities to provide seamless service.

Table 1. Total Call Volumes from 2019 to 2022

Total 9-1-1 Calls			
2019	2020	2021	2022
137,669	122,817	142,531	149,591

Offload delay

The industry standard time for paramedics to transfer patient care to hospital staff, complete paperwork and return to the road, ready to respond to new 9-1-1 calls, is 30 minutes. If this process exceeds 30 minutes, it is considered ‘offload delay’. Paramedics has recognized a marked increase in offload delay time. Severe health sector human resourcing challenges and the lack of beds to admit patients at area hospitals directly impact the ability of paramedics to transfer patients to the care of the hospital. Paramedics continually works with hospital partners to improve these delays. The total paramedic hours lost to offload delay across all three hospital sites in 2022 was 61,530 hours.

Staffing

Staffing shortages in Peel Paramedics currently exist. In 2022, the average number of unfilled shifts increased from 7% to 11% over 2021, which is the equivalent of 11 ambulances off the road each day. Factors such as fatigue due to overtime and end-of-shift overruns add to the challenge of filling shifts. Paramedics is actively focusing on strategies to recruit, engage, and retain this critical workforce.

The combined effect of call volume, offload delay and staffing level pressures, has significantly affected Paramedic Service’s ability to meet response time targets.

Response Time

In 2021, Peel Paramedics met the response time targets for all acuity levels except for CTAS 1. Response times across all acuity levels increased in 2022, as a result, no response time targets were met for any acuity levels (See Table 2). Consequently, challenges in meeting response times may affect the health outcomes for the residents of Peel.

Paramedics expects to see better response times for high acuity calls with the introduction of the Medical Priority Dispatch System (MPDS) within the Mississauga Central Ambulance Communication Centre (CACC). The new triage tool will ensure that a response is prioritized based on acuity of the caller’s needs and that patients get the right care at the right time. For example, a cardiac arrest will be responded to immediately whereas a fracture may have a lower response priority.

Time on Task

Time on task is a measure of the total time paramedics spend on a call, including time required to reach the patient to the time they are discharged, or care is transferred. The average time on task in 2021 was 153 minutes per call. In 2022, the average time on task increased to 161 minutes per call. Time on task is impacted by several factors including traffic congestion, densification, the complexity of the patients served, and delays during care transitions.

Community Paramedicine

Paramedics has expanded its Community Paramedicine (CP) program aimed at reducing avoidable emergency department visits. This program serves individuals who make frequent 9-1-1 calls for emergency service, or who are at greater risk of needing emergency health services or long-term care. This program advances health equity by ensuring that seniors with complex needs, who often experience many barriers to healthcare, can access this low-barrier service to support their health needs. While Paramedics operates the current CP program, the service is looking to secure sustainable funding and additional support from the province to continue this important work.

Key system partners in this program include Home and Community Care Support Service Organizations (formerly Local Health Integration Networks), all three hospitals in Peel, and Peel Living, with funding from the Ministry of Long-Term Care and from Ontario Health Central Region. Critical internal partners have included: Long Term Care, Seniors Services Development, Strategic Policy and Performance Division and the Paramedics Community Paramedic Medical Director.

- High Intensity Supports at Home (HISH): From January 1 to May 31, 2023, there have been 122 clients registered in the program. In 2022, community paramedics conducted 220 appointments.
- Community Paramedics for Long-Term Care: From January 1 to May 31, 2023, there were 611 visits to Peel residents through this program.

- Community Referrals by EMS (CREMS): 1,109 referrals have been processed in 2022. From January 1 to May 31, 2023, there have been 603 referrals.
- Community Paramedicine at Clinic: In 2022, there were 1,959 clinic appointments made through the Community Paramedicine at Clinic program. From January 1 to May 31, 2023, a total of 932 clinic appointments were made by the Community Paramedicine at Clinic program.

Trends

There are a number of trends within emergency health services that are shifting how services are provided, encouraging innovation but also creating challenges for Paramedics.

Workforce and Service Pressures

Paramedics faced significant challenges in meeting response time targets in 2022. This was due in part from increasing call demand, staffing issues, offload delays at hospitals as evidenced by the 31.3% rise in delay hours at area hospitals. Overall, these pressures put a strain on Paramedics' ability to meet established response time targets.

Code events are another reflection of system-level pressures that result in fewer ambulances available to provide patient care. From January 1 to November 30, 2022, Paramedics experienced 31 Code Black events (one or fewer ambulances available to answer calls in the entire region) and 1,280 Code Red events (five or fewer ambulances are available to answer calls in the entire region).

To meet the existing service pressures, Peel Paramedics is actively focusing on strategies to engage and retain this critical workforce.

Recent survey results indicated that 79% of paramedic staff intend to work at Peel a year from now. Opportunities exist to improve meaningful recognition and appreciation, as well as flexibility to meet work-life balance for Paramedics staff.



Health System Partnerships

Paramedics has pursued local health system partnerships and developed innovative service models that focus on prevention, such as partnering with Peel Region’s Long Term Care division for the community paramedicine program.

Partnerships have also been critical in implementing practical solutions that address key pressure points in the healthcare system, such as transporting low-acuity patients to urgent care centres, partnering with hospital emergency departments to reduce off-load delays and creating new referral pathways for discharged hospital patients to access Peel’s community paramedicine program. Other key partnerships that support health system integration and innovation include:

- Partnership with Trillium Health Partners that supports access to virtual care for community paramedicine patients and allows for real time clinical consults.
- A partnership with the Mental Health Commission of Canada to deliver the Working Mind First Responder program to support staff mental health.

- A research partnership with St. Michael’s hospital and the University of Toronto examining epinephrine use on patients suffering cardiac arrest.
- Partnership with Sunnybrook Hospital to introduce the Community Responder Program which connects volunteers trained in Cardiac Pulmonary Resuscitation to those who need immediate care in the community.

Securing and Growing Assets

Paramedics has been responding to service demands by adding to the ambulance fleet and staffing complement. In addition, Paramedics is securing additional reporting and satellite sites in alignment with the Long-Term Facilities Plan by working with regional partners and allied agencies to locate and co-locate on new facilities. These new facilities will increase Paramedics capacity to meet future demands.

Alternative Models of Care

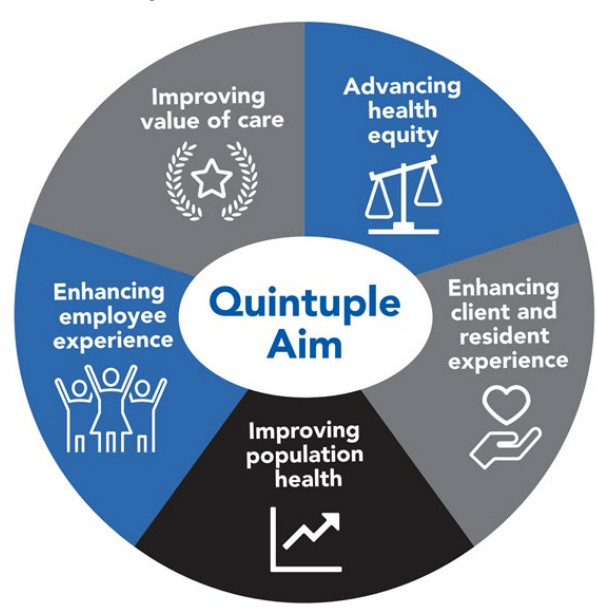
Paramedics transformation is changing and expanding the way services are offered to patients to ensure appropriate care at the right time in the right place. The Ministry of Health (MOH) has introduced models of care to support this transformation including new options for treatment and transport of patients. For example, transporting patients to destinations other than the emergency department where they can receive appropriate treatment, treating patients on-scene and referring them to another health care provider, and treating and discharging patients on-scene and referring select low-acuity patients during the 911 call to appropriate care in the community.

Performance Measures and Results

The performance measures utilized within Paramedics are well aligned with the “Quintuple Aim” framework, adopted by Health Services (as shown in Figure 2 below).

The Quintuple Aim provides a framework for addressing system-level challenges as we advance healthcare in Peel Region. This model expands on the previous Quadruple Aim framework with the addition of a fifth aim for health equity. This is intentional and in recognition that without an explicit aim for health equity we will miss the opportunity to build equity into all we do and how we work. At Peel, this means that health services, experiences and systems are equitable, just and work for everyone; no one is left out or behind regardless of social position or other socially determined circumstances. Paramedics strives towards the simultaneous pursuit of all five aims in the work we do.

Figure 2. Quintuple Aim



Improving Value

By examining costs associated with episodes of care, Paramedics can better assess and target opportunities for maximizing value. There are a number of metrics that illustrate key areas of opportunity for increasing value, examples include metrics associated with Workplace Safety Insurance Board claims, community referrals by EMS (CREMS), and the triage tool Medical Priority Dispatch System (MPDS) to ensure optimal use of resources.

Workplace Safety Insurance Board Claims: WSIB claims represent a critical metric relating to cost that leadership regularly monitors.

Paramedics measures staff absence due to injury (including over-exertion and exposures to harmful substances) and illness (including mental illness) that have resulted in claims to the WSIB. There was a total of 99 WSIB claims from January to June 2022 and a total of 113 WSIB claims from January to June 2023 (data collected July 20, 2023).

Number of Community Referrals by Emergency Medical Services (CREMS): In order to improve the support available to frequent users of Paramedics, staff will often refer patients to community-based support services when appropriate. This strategy supports cost avoidance by ensuring low acuity patients have other supports that they are able to access. In 2022, 1,109 referrals were made to the Home and Community Care Support Services and from January 1st to May 31st, 2023, 603 referrals were made. Supporting patients in the community and providing them appropriate care outside of Paramedics also enhances value to the residents in the Region of Peel and the broader health care system.

Enhancing Client and Resident Experience

Paramedics strives to provide unsurpassed out-of-hospital care to patients by emphasizing efficient, timely and patient-centred care. The care patients receive from paramedics is critical to enhancing their experience with the service.

Response time reflects a key indicator of patient experience for those seeking emergency health services. Paramedics Services measures response times across five patient acuity levels and for sudden cardiac arrest (SCA). Response time targets are set by Regional Council, and by the Ministry for the most urgent life-threatening calls (see Table 2).

Table 2. 2020, 2021, 2022 – Targets and Response Times

Level of Acuity	Target Time (Minutes)	Target Percentile	Response Time (Minutes:Seconds)		
			2020	2021	2022
Sudden Cardiac Arrest (Patient has no vital signs)	6	70%	5:59	5:51	5:59
CTAS 1 (Critically ill or have potential for rapid deterioration)	8	75%	8:32	8:41	9:26
CTAS 2 (Potential to life, limb or function, requiring rapid medical intervention, controlled acts)	10	80%	8:54	9:54	10:39
CTAS 3 (May progress to serious problem. Associated with significant discomfort or affecting ability to function)	13	90%	10:59	12:48	13:34
CTAS 4 (Conditions that would benefit from intervention or reassurance)	14	90%	11:36	12:36	14:06
CTAS 5 (Non-urgent, chronic, without evidence of deterioration)	14	90%	11:38	13:19	14:51

*Note: 2022 CTAS data represents January 1 to November 30, 2022.

Supporting Employee Well-being

Employee well-being and a positive workplace culture are central to delivering high-quality care. Challenging workloads and cumulative exposure to stressful events have highlighted the importance of measuring the psychological health and well-being of employees and leaders. Paramedics monitors a number of key indicators that reflect paramedic well-being, including staffing levels, absenteeism, overtime hours, and end-of-shift overrun hours. In 2022, the average per cent staffing level was 89% (11% absenteeism).

Furthermore, a multi-stage psychological health and safety strategy is being developed to protect, foster, and sustain the workforce while also supporting employee health and well-being. Paramedics is also in the process of identifying partnership opportunities with researchers in the field of psychological health and safety. This will support the development of an action plan that provides the necessary steps to implementing psychological health and safety initiatives for Paramedics staff.

A Health Services Culture and Well-being Community of Practice was established to address mental health and well-being, particularly for employees who work in high stress and trauma-exposed work environments. It identified the following immediate priorities: leadership development, raising awareness and engagement with well-being initiatives, and promoting diversity, equity and inclusion tools and resources.

Reported Traumatic and Hazardous Incidents

Paramedics measures a number of indicators related to traumatic or hazardous incidents which may include violence, harassment or challenging calls. In 2022, there were a reported 439 traumatic events, 54 stress events, and 476 violent encounters. In addition, a total of 55 WSIB claims were made in 2022 based on reported traumatic and hazardous incidents. However, due to the *Personal Health Information and Protection Act (PHIPPA)*, the specific attribute contributing to the claims cannot be revealed.

Improving Population Health

Diverting low acuity patients away from emergency departments and towards more appropriate care settings can have a significant impact on both patient and population health outcomes. This includes the number of patients transported to urgent care, rather than emergency departments. In 2022, 359 patients were diverted from the emergency department and transported to Peel Memorial Urgent Care Centre (UCC). Between January and May 2023, 372 patients have been diverted. In 2022, 58% of patients were transported to emergency departments, while the remaining patients were treated in home. This number remains unchanged during the period between January 1 to May 31, 2023.

Addressing Health Equity

Paramedics, in partnership with others in Health Services, is exploring avenues to incorporate health equity in the performance measurement framework. Capturing and reviewing data that illustrate the sociodemographic characteristics of our community and those accessing services will help highlight groups that may be experiencing inequities. This will be essential to designing targeted interventions and improve how we are providing community and out of hospital care to Peel's diverse population. Within Paramedics specifically, avenues are being explored to incorporate health equity into all areas of work, starting with a focus on building understanding and capacity. This work will inform a comprehensive strategic and measurement approach for health equity within Paramedics.

Awards and Achievements

Awards

Research Awards (May 2023)

Canadian Paramedicine Research Day brings together top speakers and researchers presenting on current issues in paramedicine. Staff in paramedics were recognized for their work in External Violence Against Paramedics and Psychological Health and Safety by receiving both the Top Oral Abstract and Emerging Researcher Awards.

Paramedic Chiefs of Canada: Award of Excellence for a Quality Workplace (June 2023)

Peel Paramedics staff was recognized for the External Violence Against Paramedics Program (EVAP) by Paramedic Chiefs of Canada. The program was recognized for contributions to a quality workplace that is productive, safe, enables excellence in care, promotes trust between staff and management and allows paramedics to operate at peak performance.

Achievements

Fit to Sit ('Fit2Sit')

Offload delays have presented a significant challenge for Paramedics and the broader healthcare system. Paramedics has successfully implemented Fit2Sit at all three hospitals in Peel to address this key system pressure. Fit2Sit started as a pilot project and innovative partnership between Paramedics Services and Brampton Civic Hospital that allowed eligible, low-risk patients to be transferred to the waiting area in the emergency department while awaiting triage and registration by the hospital staff. The Fit2Sit program has had a direct impact on reducing offload delay times, allowing paramedics to return to service

and respond to new 9-1-1 calls for ambulance. The total number of hours saved in the emergency health system from all three hospitals with the implementation of Fit2Sit was 4,170 in 2022 and a total of 1,442 hours were saved between January 1st and May 31st, 2023.

Implementing Dispatch Reform

An important achievement for Paramedics was the implementation of the new Medical Priority Dispatch System (MPDS) triage tool in December 2022; change management strategies and staff training are in place to support this transition. Paramedics is continuously monitoring and evaluating the dispatch data to ensure successful adoption of the system.

Community Responder Program

The Community Responder Program was successfully implemented in July 2022. Thus far the program has saved three lives with volunteers initiating life-saving interventions in advance of Paramedics arriving on the scene.

Transporting Low-Acuity Patients to Alternate Destinations

In 2022, Paramedics introduced transports to the Peel Memorial Urgent Care Centre (UCC). Select low-risk patients are transported to UCC as an alternate destination to the Brampton Civic Hospital Emergency Department. This process allows for patients to be received faster by hospital staff, allowing paramedic crews to be available for responding to new 9-1-1 calls. A total of 359 patients were transported and diverted from hospital emergency departments in 2022. The UCC transport initiative positively impacts system pressure by reducing overcrowding in the Brampton Civic Hospital Emergency Department and reducing off load delay.

Striving for Diversity, Equity, and Inclusion

Three initiatives have been undertaken in order to continue the journey in support of Diversity, Equity and Inclusion (DEI). The first is the completion of a full review of all policies and procedures within Paramedics from a DEI lens with the intent to remove barriers that may impact individuals and groups. A second achievement is the publication of a study on women's participation in Peel Paramedics' leadership *Prehospital Emergency Care* in June 2023. This is a first step in a research program funded by the Ontario Association of Paramedics Chiefs (OAPC) and supported by Peel Region focusing on identifying barriers to career advancement for women in paramedic service leadership. Lastly, equity learning opportunities are being designed as part of new hire orientation and continuing service education, with a focus on what health equity means for Paramedics.

The 2024 -2027 Business Plan Outlook

Planning for the Future

Supporting Our Workforce

Psychological Health and Safety

To protect and foster a healthy workforce, sustain Paramedics, and ensure quality of care to patients, a multi-stage staff psychological health and safety strategy is being advanced. A critical first step is the development of an action plan for psychological health and safety that will guide supports across the spectrum of prevention, protection, intervention, and post incident supports. The development of this plan is being driven by front-line staff and a diverse project team. The plan will serve as the foundation for implementation of any new initiatives, as well as ongoing evaluation of existing initiatives. Examples of targeted initiatives include mental health and suicide prevention training, increased access to mental health and wellbeing supports and resources for employees and decreasing violence, and harassment against paramedics working in the community.

Improvements and updates to many of the initiatives are ongoing and will be informed and supported by front-line staff. Ongoing continuous improvements are currently underway and are going through a re-evaluation to confirm deliverables, resourcing, timeline, and a communication plan to ensure continued success of the initiatives. Capacity building for leaders will continue to be needed to address ongoing and emerging needs related to employee wellbeing, develop an inclusive and diverse workforce, and create a psychologically safe workplace.

Increasing Capacity

Paramedics has managed a range of system pressures that all affect service delivery including increasing call volumes, offload delay and staffing shortages. To ensure all operational requirements continue to be met, Paramedics hired 66 paramedics in 2023. Proposed system enhancements for 2024 and beyond are informed by analysis of call volume growth and resulting increases in service demand. Achieving adequate staffing levels will allow Paramedics to effectively manage system pressures, ensure emergency coverage, and achieve response time targets.

Training for Excellence

In light of a rapidly growing industry, the Education and Research Program is conducting a review to strengthen their training program in response to needs of staff for training and education. Furthermore, training continues on alternative models of care, new medications, and new equipment for trauma patients. Finally, the IV (intravenous) training program supports paramedics in bringing advanced treatments to patients' bedsides and homes. In 2023, 72 new IV autonomous paramedics will be trained to provide this critical intervention.

Finding Efficiencies

Continuous Improvement

The objective of the Region's Continuous Improvement Program is to optimize service delivery and maximize value for tax dollars spent. The continuous improvement initiatives positively impact patient experience, employee engagement, reduces service delivery risk and supports cost avoidance.

Resident Experience

Wait times are a critical element of the patient experience. The new Medical Priority Dispatch System (MPDS) was operationalized in December 2022 which ensured that residents are sent the right resource, in the right way, at the right time. Leadership is involved in supporting evaluation and ongoing improvement cycles to ensure continued successful adoption of the system.

Employee Engagement

Paramedics continues to explore ways to engage staff on ongoing improvement initiatives. Employee feedback, collected through surveys, informs the development of current and future psychological health and safety work. Suicide prevention and awareness training will continue to support staff in identifying any colleagues at risk and intervening in a supportive manner. This training also helps to reduce the stigma associated with suicide and mental health challenges.

Reduced Service Delivery Risk

There are a number of new strategic initiatives that are focused on reducing risk associated with service delivery including:

- The implementation of the Culture of Safety Methodology which focuses on a strong incident analysis approach following an incident and through to debrief. Follow-up also may include the review of incidents, root cause analysis of any contributing factors such as system, personal performance or behaviours, group brainstorming on possible changes in process and the development of recommendations for improved safety and the prevention of future incidents.
- Professional Standards Advisors who are supporting a service wide and systemic analysis in order to find ways to reduce risk and improve service.
- An updated risk registry to inform strategic planning and provide insight to guide strategic planning and evidence-informed decision making.

Centralized Inventory Production

The improvements to the Logistics Make Ready Program is another continuous improvement initiative that will support a number of the Region's Continuous Improvement Program goals. This new process is currently being evaluated against the intended outcomes which include:

- Improved labor efficiency and workflows.
- Faster processing of vehicles, resulting in reduced requirements for both vehicles and production facilities.
- Minimizing the need for infrastructure expansion at reporting stations.
- Ensuring the sustainable delivery of essential medical supplies.

Cost Avoidance

A variety of continuous improvement initiatives focus on the reduction or avoidance of cost. For example, an Operations Superintendent is now situated within the Central Ambulance Communication Centre, 12 hours a day, 7 days a week to work directly with dispatchers to optimize paramedic coverage. The future goal will have the program operationalized in a 24/7 model. This allows for real-time feedback to senior staff and the opportunity for rapid improvement. This initiative leads to cost avoidance by avoiding employee overtime and end-of-shift overruns.

System Transformation

“Preparing for Dockstader” – Process Review and Continuous Improvement Project

The Health Intelligence and Analytics team, in collaboration with Paramedics, is conducting a comprehensive review of key system and process elements to plan for the new Dockstader reporting station, expected to be in operation by 2026. Elements of this work will include: a review of logistics’ activities and processes, fleet use and deployment schedules, and ambulance turnover cycles.

Findings of the review will inform future resource requirements, including logistics staff, ambulances, and the timing for an additional reporting station. These review elements will support a comprehensive exploration of opportunities for system sustainability, efficiency, cost containment, and seamless service delivery in preparation for the opening of Dockstader station and decisions on the continued growth of the Divisional Model.

Shifting the Paramedic Care Landscape

As an integrated health system partner, Paramedics continues to explore opportunities to reduce pressure on emergency departments, by ensuring the most appropriate use of paramedic resources in Peel. Transporting select types of patients to other appropriate health services, and ‘treat and discharge’ and ‘treat and refer’ provide future reduction of offload delay. The treat, discharge or refer approach will allow paramedics to treat patients and have them stay at home when clinically indicated, transport them to a more appropriate care centre, or refer them to a different provider. Paramedics will be investing in building staff skills and competencies to deliver the treat, discharge and refer approach to care.

Transforming Our Business with Technology

Technology plays a crucial role in the delivery of Paramedics. It is a common thread in all aspects of Paramedics business and is a critical ingredient for improving service delivery and supporting staff.

Access to Mental Health Supports

Technology is being leveraged to provide increased access to mental health supports by Paramedics staff. Staff can utilize technology to access supports through Homewood Health.

Two-way Electronic Ambulance Call Record Data Exchange Project

Data exchange through a bi-directional feed between paramedic records and data from ambulance dispatch is a secondary program interface that will allow direct data transfer between the Central Ambulance Communication Centre (CACC) and the paramedic on the road to complete electronic ambulance call reports (eACR). This will improve the accuracy, flow of information, protection of medical records and efficiency in completing patient documentation.

Mobile Call Data Exchange

The Mobile Computer Aided Dispatch (mCAD) application provides Paramedics with real-time dispatch call information directly to their mobile phone and in cab computer terminal. The program also provides an integrated mapping solution with turn-by-turn navigation to support Paramedics responding to calls. This application improves operational efficiency, accurate information, and timely safety alerts with the intended benefits to Paramedic safety, dispatching processes, and response times.

Coordinated Electronic Health Record

Electronic Health Records represent an improvement opportunity that can be leveraged for efficiency and coordination in documenting patient information. The implementation of the Coordinated Electronic Health Record initiative allows Community Paramedics to read and write directly within patient's charts thereby improving information flow and patient safety.

Modernizing Processes

Two new technologies have been leveraged to support improved interface for patients and the community on the external Paramedics website. By incorporating the use of Salesforce and SharePoint, patients are now able to access their previous patient care records, provide feedback or leave compliments that can be shared with staff.

Yet another innovation is the implementation of Robotic Process Automation software. This software has supported the automation of frequent manual tasks within the Risk and Audit program including human resources information processes, replicating the actions of manual users. This has reduced the frequency of data errors and freed up valuable time for employees to focus on more strategic and complex activities.

Maintaining our Infrastructure

Paramedics is strengthening its capacity to provide emergency service in an environment of increasing call volumes and an aging population by adding to the ambulance fleet, reporting stations and satellite stations. Capital investments will allow Paramedics to respond to service demands. In planning for the future, the following capital investments will be made:

Increase to Ambulance Fleet: As indicated by predictive models, 201 ambulances will be required to meet growing service demands by 2030, representing an increase of 65 ambulances or 47.8% from the 2022 fleet size. For 2023, Paramedics added four, 24/7 ambulances to provide adequate coverage across Peel.

New Reporting Stations: A new reporting station (Dockstader) is expected to be in operation by 2026 with the search for an additional station in South Mississauga ongoing. Future reporting stations will be designed larger to meet future capacity and service demands.

New Satellite Stations: A new satellite station (Bramalea Road & Mayfield Road), Inspire, has now been added to support coverage, with a second satellite station (at Bovaird and Chinguacousy) nearing completion.

Predicted Growth of Ambulance Fleet Over Time

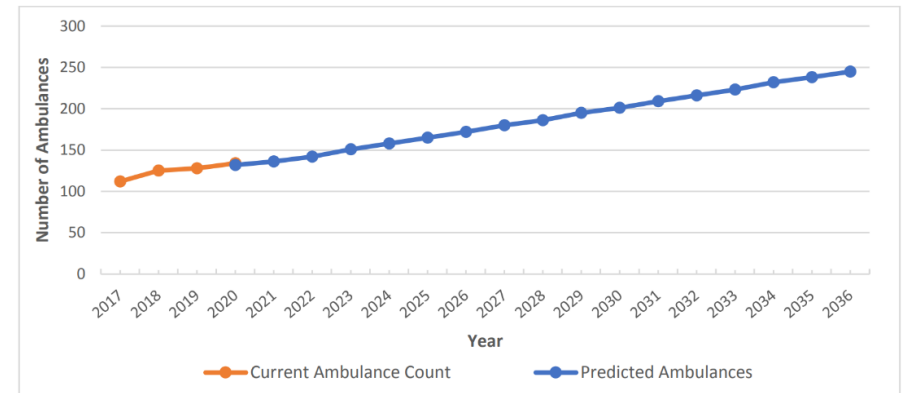


Figure 2. Number of current and predicted ambulances over time as presented in the 2020 Report, 2017 to 2036

Region of Peel. Appendix I: Paramedics Long Term Facilities Capital Plan Update from Paramedics System Pressures. Retrieved on September 8, 2022

Proposed Operating Budget

This part of the Business Plan sets out the financial resources required to deliver the proposed 2024-2027 Business Plan. Information is provided by major expenditures and revenue. The costs to maintain existing service levels and operationalize prior decisions are identified in the base budget changes separately from proposed changes. The net cost for the service in 2023 was \$76.3 million and the proposed budget for 2024 is \$82.8 million.

Net Expenditures: \$82.8 million (Total Expenditures: \$159.6 million)

Description	2022 Actuals	2023 Approved Budget	2024 Proposed Budget	\$ Change Over 2023	% Change Over 2023
Operating Costs	12,984	15,279	18,239	2,960	19.4%
Labour Costs	94,410	102,834	113,641	10,808	10.5%
Reserve Contributions	12,754	12,754	12,754	-	-
Debt Charges	-	-	-	-	-
Grant Payments	1,441	1,443	1,443	-	-
Facility, IT, HR and other support costs	14,846	15,111	16,385	1,274	8.4%
Recoveries	(2,774)	(2,807)	(2,894)	(87)	3.1%
Total Expenditures	133,661	144,612	159,568	14,955	10.3%
Grants and Subsidies	(60,708)	(64,566)	(70,731)	(6,164)	9.5%
Supplementary Taxes	-	-	-	-	-
Fees and Services Charges	(96)	(105)	(108)	(3)	2.8%
Transfer from Development Charges	-	-	-	-	-
Contributions from Reserves	(6,082)	(3,641)	(5,905)	(2,264)	62.2%
Total Revenues	(66,887)	(68,312)	(76,744)	(8,431)	12.3%
Total Net Expenditure	\$66,774	\$76,300	\$82,824	\$6,524	8.6%

Note: May not add up due to rounding

2024 Operating Budget Pressures

\$'000	Total Expenditures	Total Revenue	Net Cost 2024 vs 2023	
2023 Revised Cost of Service	144,612	68,312	76,300	%
Cost of Living/Inflation				
Labour costs	5,140	-	5,140	
Goods and Services	1,810	3	1,807	
Base Subsidy/Recoveries				
Increase in Provincial funding	-	6,164	(6,164)	
Removal of 2023 staffing reserve funding (manage one-year funding lag)	-	(3,640)	3,640	
Other Pressures				
Integration of Corporate Logistics into the Paramedics Logistics Program (fully funded from tax rate stabilization reserve)	2,500	2,500	-	
Cost Mitigation	(300)	-	(300)	
Base Budget Changes Subtotal	9,150	5,027	4,123	
Service Level Demand¹				
Staffing to address projected increase in call volumes (50% provincial funding with one-year lag funded from internal reserves) (36 FTE)	4,552	2,151	2,400	
Other Pressures				
External Violence Against Paramedics – One-Time Training (fully funded from Reserves, Council Resolution Number 2023-603)	1,253	1,253	-	
Service Level Changes Subtotal	5,805	3,404	2,400	
Total 2024 Budget Change	14,955	8,431	6,524	
2024 Proposed Budget	\$159,568	\$76,744	\$82,824	8.6%

Note: May not add up due to rounding

Operating budget pressure notes:

Service Level Demand¹

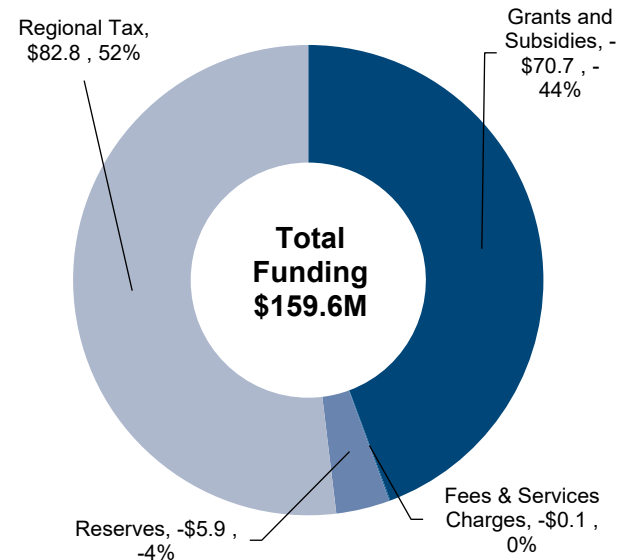
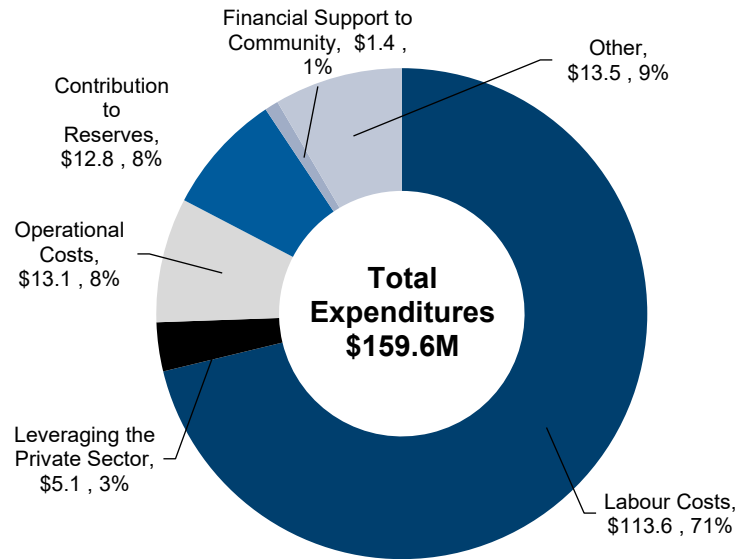
- Based on projections, call volumes are expected to grow. Additional staffing (36 FTE) is required to address the increase at a cost of \$4,552 thousand. Provincial funding is estimated at \$2,151 thousand with one year lag hence the funding gap in 2024 is proposed to be filled by regional internal reserves.

Staffing Resources to Achieve Level of Service

Sub Service	2023	2024	2025	2026	2027
Out of Hospital Care	674.6	710.6	754.6	811.6	844.6
Community Programs	2.0	2.0	2.0	2.0	2.0
Community Paramedicine	1.0	1.0	1.0	1.0	1.0
Rapid Response	8.0	8.0	8.0	8.0	8.0
Tactical Response	16.0	16.0	16.0	16.0	16.0
Psychological Health and Safety	2.5	2.5	2.5	2.5	2.5
Total	704.1	740.1	784.1	841.1	874.1

Note: Staffing resources are regular positions (Full Time Equivalent, FTE); it does not include casual staffing and therefore does not represent total staffing headcount.

2024 Total Expenditures & Funding Source (In \$M)



2024 Budget Risks

- There is continued lag in inflation and growth funding by one year. It creates uncertainty about the Provincial funding methodology and approved funding may be different than assumed amounts.
- There has been rising number of WSIB and Post-traumatic stress disorder (PTSD) cases in our staff. While steps are being taken to address the rising trend, there is risk that availability of staff resources is severely impacted due to the trend. It may require additional resources to address the pressure.
- Post-COVID stabilization of Paramedics may require additional resources based on ongoing post-pandemic reviews and operational readiness.

2025 - 2027 Operating Forecast

	Budget			Forecast					
	2023	2024		2025		2026		2027	
	\$'000	\$'000	%	\$'000	%	\$'000	%	\$'000	%
Total Expenditure	144,612	159,568	10.3%	171,839	7.7%	185,356	7.9%	195,313	5.4%
Total Revenue	(68,312)	(76,744)	12.3%	(83,799)	9.2%	(89,032)	6.2%	(93,341)	4.8%
Net Expenditure	76,300	82,824	8.6%	88,040	6.3%	96,324	9.4%	101,972	5.9%

Note: May not add up due to rounding

- Forecast years' increases are related to maintaining base service levels.
- 2025 forecast increase is for four 24x7 Ambulances with a staffing requirement of 40 Paramedic FTEs and 4 support staff to address call volume increases. Annualized cost for 2024 proposed staff is also added due to April 1, 2024 hiring commencement date.
- 2026 forecast increase is for four 24x7 Ambulances with a staffing requirement of 40 Paramedic FTEs as well as 17 FTEs to staff the 5th reporting station
- 2027 forecast increase is for three 24x7 Ambulances with a staffing requirement of 30 Paramedic FTEs and 3 support staff to address call volume increases

Proposed Capital Budget

Capital Budget: \$40.2 million (Ten Year Plan: \$218.0 million)

2024 Capital Budget Overview

The following table provides a summary of Paramedics' planned capital project activity for 2024, including funding sources for both new capital project requests in 2024 and projects carried forward to 2024.

Capital Plan By Funding Source	Carry-forward from Prior Years (WIP) (\$'000)	2024 Capital Budget (\$'000)	Total Capital in 2024 (\$'000)
DC Growth	7,755	5,195	12,950
Externally Funded	221	-	221
Non-DC Internal	83,115	34,994	118,109
Total Expenditures	91,091	40,189	131,280
# of Projects	40	5	45

Existing Capital Projects - \$91.1M

- \$38.0M Land acquisition for sixth reporting station and one additional satellite station
- \$28.8M Design and construction of the fifth reporting station and two satellite stations
- \$10.4M State of Good Repair purchases of ambulances and other fleet delayed by supply chain challenges
- \$8.5M State of Good Repair and Other purchases of equipment including power loads, power stretchers and defibrillators
- \$2.4M IT Initiatives including State of Good Repair for ambulance devices
- \$1.9M Facility maintenance on existing reporting and satellite stations
- \$1.1M Various minor state of good repair projects

2024 Capital Budget - \$40.2M

Key highlights:

- \$23.2M Additional construction costs related to fifth reporting station
- \$8.2M Enhancement and state of good repair for ambulance and other fleet
- \$5.0M Design costs for sixth reporting station
- \$2.7M Enhancement and state of good repair for equipment
- \$0.6M Facility maintenance including state of good repair and other work on in-service reporting and satellite stations
- \$0.5M Enhancement and state of good repair for ambulance computers

See Appendix I for details.

2024 Budget Risks

- Implementation of capital projects may be affected by heightened inflation and supply chain challenges.

Operating Impact of 2024 Capital Budget

- General operating costs of \$0.5M and staffing costs of \$1.7M for fifth reporting station, beginning in 2026.

Proposed Capital Plan

2024 - 2033 10-Year Capital Plan - \$218.0M

By Project Classification:

State of Good Repair \$96.0M	DC Funded Growth \$10.7M	Non-DC Funded Growth & Other \$111.3M
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Key Highlights:

- \$97.8M Growth-related satellite and reporting stations
- \$69.8M New ambulances for growth and replacement of vehicles reaching the end of their useful life
- \$35.1M Equipment replacements in line with safety standards and regulations, as well as new equipment tied to growth
- \$9.8M Major facility maintenance for existing in-service reporting and satellite stations
- \$5.5M Various IT initiatives including replacement of ambulance computers

See Appendix II for details.

2024 Financing Sources and Funding Status (\$'000)

2024				
Total Expense	Development Charges	Reserves & Reserve Funds	External Funding	Debt Funding

<u>Project</u>	<u>Name</u>	<u>Description</u>			
247801	Defibrillators and Medical Equipment	Purchase of Defibrillators and Medical Equipment for replacement and growth.	2,719	136	2,583
247803	Ambulance Fleet and Support Vehicles	Purchase of Ambulances and Administration vehicles for Peel Regional Paramedic Services program.	8,201	1,200	7,001
247807	IT Initiatives	IT related Capital Projects	495		495
247809	Ambulance Facilities - Growth	New stations to address growth	28,200	3,859	24,341
247810	Major Facility Maintenance	Based on improvements for refined 10 year plan for existing Ambulance facilities.	574		574
Paramedics			40,189	5,195	34,994

Service: Paramedics

Appendix II

2024 Ten Year Combined Capital Program (\$'000)

			2024	2025	2026	2027	2028	Yrs 6-10	Gross
Project	Name	Description							
247801	Defibrillators and Medical Equipment	Purchase of Defibrillators and Medical Equipment for replacement and growth.	2,719	2,837	2,179	1,697	1,987	23,727	35,145
247803	Ambulance Fleet and Support Vehicles	Purchase of Ambulances and Administration vehicles for Peel Regional Paramedic Services program.	8,201	3,198	9,069	8,376	3,562	37,427	69,833
247807	IT Initiatives	IT related Capital Projects	495	663	474	383	576	2,979	5,571
247809	Ambulance Facilities - Growth	New satellite stations to address growth	28,200	23,500	6,150	0	0	39,885	97,735
247810	Major Facility Maintenance	Based on improvements for refined 10 year plan for existing Ambulance facilities.	574	46	79	67	361	8,631	9,758
Paramedics			40,189	30,244	17,951	10,523	6,486	112,649	218,042

Budget Requests

This table presents the costs by Budget Request for proposed new initiatives. Each BR is numbered. Detailed descriptions of the budget requests can be found in the pages following the table.

Proposed Initiative	Division	Budget Request #	FTEs Requested	Contract FTE Requested	Net Operating Impact \$	Capital \$
Resources for Ambulance Enhancements	Paramedics	11	36.0	-	2,400,427	-
Advancing to a Sizable Fifth Paramedic Station- Dockstader	Paramedics	12	-	-	-	23,200,000
Designing Future Paramedic Stations	Paramedics	13	-	-	-	5,000,000
Training to support the physical and psychological health & safety for Paramedics under the External Violence Against Paramedic program.	Paramedics	108	-	-	-	-
TOTAL			36.0	-	2,400,427	28,200,000

Budget Request #: 11

Proposed Initiative	Department	Division	Service Area
Resources for Ambulance Enhancements	Health Services	Paramedics	Paramedics

Description of Budget Request

To continue to provide excellent pre-hospital care to residents and visitors of Peel, Paramedics is requesting 36 FTEs (30 FT paramedics, and 6 operational staff) to support the three 24/7 ambulance enhancements. Additional staffing resources are required to meet ongoing service demands and Council-approved and provincially mandated response times.

Required Annual Operating Investment

Impacts	2024 \$	2025 \$	2026 \$	2027 \$
Gross Expenditures	4,551,658	1,198,735	-	-
Less: Internal and Capital Recovery	-	-	-	-
Total Expense	4,551,658	1,198,735	-	-
Rate Stabilization Reserve	2,151,231	557,835	-	-
External Funding	-	-	-	-
Other Revenue	-	-	-	-
Total Revenue	2,151,231	557,835	-	-
Net Impact - Tax	2,400,427	640,900	-	-
Net Impact - Utility Rate	-	-	-	-
FTEs	36	-	-	-

Required Capital Investment

	2024 \$
Total Expenditures	-
Capital Reserve	-
Development Charges	-
External Funding	-
Debt	-
Total Funding	-

Why Staff Recommend this Initiative

Population growth and population aging are contributing directly to increasing call demand; rising patient acuity and health system pressures (offload delay) are additional challenges. Collectively, these drivers put more pressure on staff and the Service to continue to provide emergency coverage and excellence in "out of hospital" care while meeting Council-approved and provincially mandated response times. Staff are recommending additional resources to manage the growing strain on the system.

Details of Service Change

The health system continues to be deeply impacted by the global pandemic and Paramedics is no exception. Based on the call volumes from January to March 2023, call volume is projected to increase by 3.5 per cent over 2022 by year-end. Paramedics was not able to meet any of the Canadian Triage Acuity Scale (CTAS) response time targets in 2022, which includes the most critical patients. Moreover, 2022 response times increased by approximately 31 seconds over 2021. Offload delay across all three hospital sites increased by about 31.3 per cent, from 46,364 hours in 2021 to 61,530 hours in 2022; these hours equate to 14 ambulances off the road per day. In 2022, paramedic time-on-task is estimated to be 163 minutes per call (time accounts for two paramedics per ambulance), an increase of 10 minutes from 2021. Time-on-task is affected by traffic congestion on-route, densification, the complexity of patients served, and delays during care transitions. To manage these pressures, while continuing to provide Paramedics to residents of Peel, and meet Council-approved response time targets, an additional 36 FTEs (30 FTE paramedics and 6 operational staff) for three 24/7 ambulance enhancements are requested.

Service Impact

By adding additional staffing resources, Paramedics will be strengthening its capacity to provide excellent out of hospital care in an environment of increasing emergency call demand, and simultaneously mitigate system pressures. Expected outcomes include having sufficient resources (paramedic service hours) to strategically position ambulances ready to provide coverage in the community and respond to Peel's growing service demand, meet response time targets per the framework, better manage paramedic offload delay, and balance workload among paramedics in an equitable manner. Other expected outcomes include a reduction of end-of-shift overruns and improved management of meal breaks, thus contributing to improved mental health and well-being.

Budget Request #: 12

Proposed Initiative	Department	Division	Service Area
Advancing to a Sizable Fifth Paramedic Station- Dockstader	Health Services	Paramedics	Paramedics

Description of Budget Request

Paramedics requires additional funding of \$23.2 million to meet the forecasted costing to complete the construction of the fifth divisional reporting station- Dockstader. Completion of the fifth reporting station will be constructed to meet the Region's Net Zero Emissions standard for new construction and provide capacity and support the rising future demand on Paramedics as indicated in the report "Paramedics Long Term Facilities Capital Plan, Key Supporting Analyses".

Required Annual Operating Investment

Impacts	2024 \$	2025 \$	2026 \$	2027 \$
Gross Expenditures	-	-	-	-
Less: Internal and Capital Recovery	-	-	-	-
Total Expense	-	-	1,817,849	45,446
Rate Stabilization Reserve	-	-	908,925	(886,201)
External Funding	-	-	-	908,925
Other Revenue	-	-	-	-
Total Revenue	-	-	908,925	22,723
Net Impact -Tax	-	-	908,925	22,723
Net Impact - Utility Rate	-	-	-	-
FTEs	-	-	12.0	-

Required Capital Investment

	2024 \$
Total Expenditures	23,200,000
Capital Reserve	19,340,697
Development Charges	3,859,303
External Funding	-
Debt	-
Total Funding	23,200,000

Why Staff Recommend this Initiative

Land for the fifth reporting station was purchased in 2022. However, the projected growth of fleet over the next seven years, balancing fleet from the current overcrowded stations, creating efficiencies through centralized warehousing and vehicle readying are drivers for creating a larger reporting station. To address these factors and house additional resources (i.e., ambulances, equipment, etc.) Paramedics requires a larger reporting station to meet the growing demands in Peel.

Details of Service Change

Since the land for the fifth reporting station was approved, there have been unanticipated changes. The first, is a projected call volume increase of 78 percent between 2022 and 2036. This predicted call volume grows parallel with ambulance predictions. As previously reported, a total fleet of 201 ambulances will be required to meet growing service demands by 2030. Therefore, a larger facility will be needed to house more resources (i.e., ambulances, equipment, etc.) now and into the future. Unlike previous reporting stations- which are beyond capacity- the fifth reporting station will have increased facility capacity to house 65 vehicles in the bay area, a centralized area for logistics warehousing and vehicle and equipment processing. The second change is cost and inflation, which has increased due to the construction cost for a larger reporting station, which still meets the Region's Net Zero Emissions new construction standard, and inflationary increases to construction materials supply and demand. To increase the housing capacity of the fifth reporting station an additional funding of \$23.2 million is needed. This additional funding will also support the anticipated completion of a larger fifth reporting station by 2026 and support the anticipated growing service demands in Peel while balancing resources from our existing overcrowded reporting stations.

Service Impact

Current reporting stations have the capacity to accommodate 25 ambulances. As identified in the approved Paramedics Long Term Facilities Capital Plan, Key Supporting Analyses, it was projected that three reporting stations would have a capacity for a total of 75 vehicles are to be completed between the years 2023-2030. However, through investing additional funds to build two (fifth and sixth) larger reporting stations, that will accommodate 130 vehicles combined. These larger stations will delay the need for building the seventh reporting station beyond 2030 resulting in capital cost avoidance for several years. The overall impact to service delivery means that there will be facility capacity available to support the additional ambulances fleet size and equipment needed to meet the Ministry standards and the expectations set by council through the response time framework in addition to supporting staff in providing out of hospital care.

Budget Request #: 13

Proposed Initiative	Department	Division	Service Area
Designing Future Paramedic Stations	Health Services	Paramedics	Paramedics

Description of Budget Request

Land for the sixth reporting station was approved in 2023. To anticipate when land acquisition is confirmed, \$5 million is needed for the design phase of the sixth reporting station, including design provisions to meet the Region's Net Zero Emissions new construction standard. This request is in line with the council approved Paramedics Long Term Facilities Capital Plan, Key Supporting Analyses" report.

Required Annual Operating Investment

Impacts	2024 \$	2025 \$	2026 \$	2027 \$
Gross Expenditures	-	-	-	-
Less: Internal and Capital Recovery	-	-	-	-
Total Expense	-	-	-	-
Rate Stabilization Reserve	-	-	-	-
External Funding	-	-	-	-
Other Revenue	-	-	-	-
Total Revenue	-	-	-	-
Net Impact -Tax	-	-	-	-
Net Impact - Utility Rate	-	-	-	-
FTEs	-	-	-	-

Required Capital Investment

	2024 \$
Total Expenditures	5,000,000
Capital Reserve	5,000,000
Development Charges	-
External Funding	-
Debt	-
Total Funding	5,000,000

Why Staff Recommend this Initiative

Ambulance predictions grow parallel with anticipated call volume. There is a projected increase of 78 per cent in call volume between 2022 and 2036 and a total fleet of 201 ambulances are required by 2030. When the fifth reporting station becomes operational in 2026, it will reach capacity quickly. Therefore, designing the approved sixth reporting station within the next three-five years will prepare Paramedics to respond to the increased demands on the service.

Details of Service Change

Given past facility construction experiences, reporting stations typically require approximately three years to be built. Land approval for the sixth reporting station was obtained in the 2023 budget, once this land is acquired, funds totaling \$5 million are needed for the initial design of the facility, including design provisions to meet the Region's Net Zero Emissions standard for new construction. In the facility design phase, considerations and strategies that identify several options that may effectively mitigate capital costs and introduce system efficiencies will be considered. The sixth reporting station will apply learnings from previous design builds to mitigate costs and to increase efficiencies for future planning. One of the efficiencies is creating a larger sized reporting station. A larger station will support the resources needed to meet the current and future Paramedics demands while alleviating the current pressure and capacity at the operational stations.

To help mitigate the need for additional reporting stations in the near future, the funds obtained, will allow for the design of a larger reporting station to house a greater number of resources (i.e., ambulances, equipment) to manage growing demands and resourcing needs.

Service Impact

Once the land is acquired through the Real Property and Facility Acquisitions team, the next phase of this project will have funds available and allocated for the design of the reporting station. Similar to the fifth reporting station, the sixth reporting station will be a larger facility to house additional resources. The sixth reporting station will create a streamlined program delivery through creating further efficiencies needed to continue to deliver excellent out of hospital care. Ensuring the design funds are available will potentially expediate the construction of the infrastructure required to manage the predicted demand for Paramedics. The funds will enable Paramedics to take a readiness and flexible approach for the sixth additional reporting station while also adapting to the operational and community needs.

Budget Request #: 108

Proposed Initiative	Department	Division	Service Area
Training to support the physical and psychological health & safety for Paramedics under the External Violence Against Paramedic program.	Health Services	Paramedics	Paramedics

Description of Budget Request

Training is required to reduce the risk of physical and psychological harm associated with external workplace violence for Peel Paramedics. Enhanced training and knowledge are needed for paramedics to understand the skills and strategies associated with conflict awareness and avoidance. A total of \$1.25 million is needed to implement this training to support the council approved Violence Prevention in Paramedics report.

Required Annual Operating Investment

Impacts	2024 \$	2025 \$	2026 \$	2027 \$
Gross Expenditures	1,253,315	-	-	-
Less: Internal and Capital Recovery	-	-	-	-
Total Expense	1,253,315	-	-	-
Rate Stabilization Reserve	1,253,315	-	-	-
External Funding	-	-	-	-
Other Revenue	-	-	-	-
Total Revenue	1,253,315	-	-	-
Net Impact -Tax	-	-	-	-
Net Impact - Utility Rate	-	-	-	-
FTEs	-	-	-	-

Required Capital Investment

	2024 \$
Total Expenditures	-
Capital Reserve	-
Development Charges	-
External Funding	-
Debt	-
Total Funding	-

Why Staff Recommend this Initiative

Paramedics continue to experience workplace violence at alarmingly high rates. Between February 2021- January 2023, 971 reports have been documented by active paramedics (48%) in the External Violence Incident Report (EVIR). Of the reports, 40% documented some form of physical (38%) or sexual (2%) assault. Additionally, 18% of paramedics reported being physically injured from violence. This corresponds to a paramedic being assaulted every 36 hours and being physically injured every 11 days.

Details of Service Change

Post incident reviews, documentation and data analysis have provided new information about the circumstances surrounding violent incidents. EVIR reports have provided a better understanding of a paramedic's thoughts, decisions, and choice of action (or inaction) prior to, during and following incidents. Through documenting violent incidents in EVIR significant gaps in paramedic knowledge and skills in the areas of threat awareness, assessment, and management have been identified. Additionally, paramedics lack the knowledge and understanding of the Canadian Criminal Code, self-defense, legal liabilities, and best documentation practices which can support them in addressing and understanding violence towards them. The requested training will focus on addressing all identified gaps in knowledge and skill to support paramedics when faced with a violent event. This training will integrate Peel Regional Paramedics policy, practice, and procedure specific to risk, safety and external violence while advancing both psychological and occupational health and safety strategies in the workplace.

Service Impact

This training component of the External Violence Against Paramedic program will enable paramedics to be more equipped to identify, assess and manage risk situations. This will enable paramedics to be able to avoid situations and incidents which can cause psychological or physical harm. Additionally, paramedics will have increased knowledge and understanding of the Canadian Criminal Code, self-defense, liability, and best documentation practices which will decrease the risk associated with legal liabilities in violent incidences. Through investing in this training program, early recognition of risk combined with planned appropriate responses will allow paramedics to continue to provide excellent emergency medical care. Additionally, this training program will prepare paramedics with the skills and tools needed to respond to risk situations which will reduce the prevalence of workplace safety insurance board (WSIB) paramedic claims. Ultimately, providing the resources and training needed to improve the mental and physical health of paramedics will improve operational safety while addressing a first responder culture that normalizes external workplace violence.