

Paramedic Services

2025–2028 Business Plan
and 2025 Budget

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Executive Summary

Mission: Elevating emergency and community health care, together.

Services We Provide

- Quality out-of-hospital, emergency, and community care – including health prevention and promotion – within the Region of Peel.
- Specialized rapid response and tactical teams.
- Innovative community paramedicine programming aimed at decreasing 9-1-1 call volumes through upstream approaches and filling system gaps for vulnerable populations.

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

Interesting Facts About This Service

- To date in 2024, 43 per cent of patients who received services are 65 years of age or older.
- In 2023, the average number of unfilled shifts increased from 11 per cent to 15 per cent over 2022 – the equivalent of 17 ambulances off the road each day.
- In 2023, 4,392 appointments were made through the Community Paramedicine program.
- The Low Acuity Diversion Program has saved 2,984 hours in the emergency health system in 2023 and 1,131 hours between January 1 and May 31, 2024.

Highlights of the Business Plan

- Paramedic Services continues to evolve to meet the needs of a rapidly growing population.
- The Medical Priority Dispatch System (MPDS) is allowing for better triaging of calls and faster response to high acuity calls.
- Health system partnerships have played a critical role in addressing pressures.
- Employee wellbeing is central to delivering high-quality care, and continues to be a focus.

Table 1. Budget Summary

	2025	2026	2027	2028
Operating Net Investment (in \$ thousands)	100,188	106,779	115,152	120,548
Capital Net Investment (in \$ thousands)	22,804	13,070	75,987	7,155
Full Time Equivalents	799.1	852.8	894.1	922.8

Core Services

Vision, Mission, Goals of Service and Service Delivery Model

Vision

Elevating emergency and community health care, together.

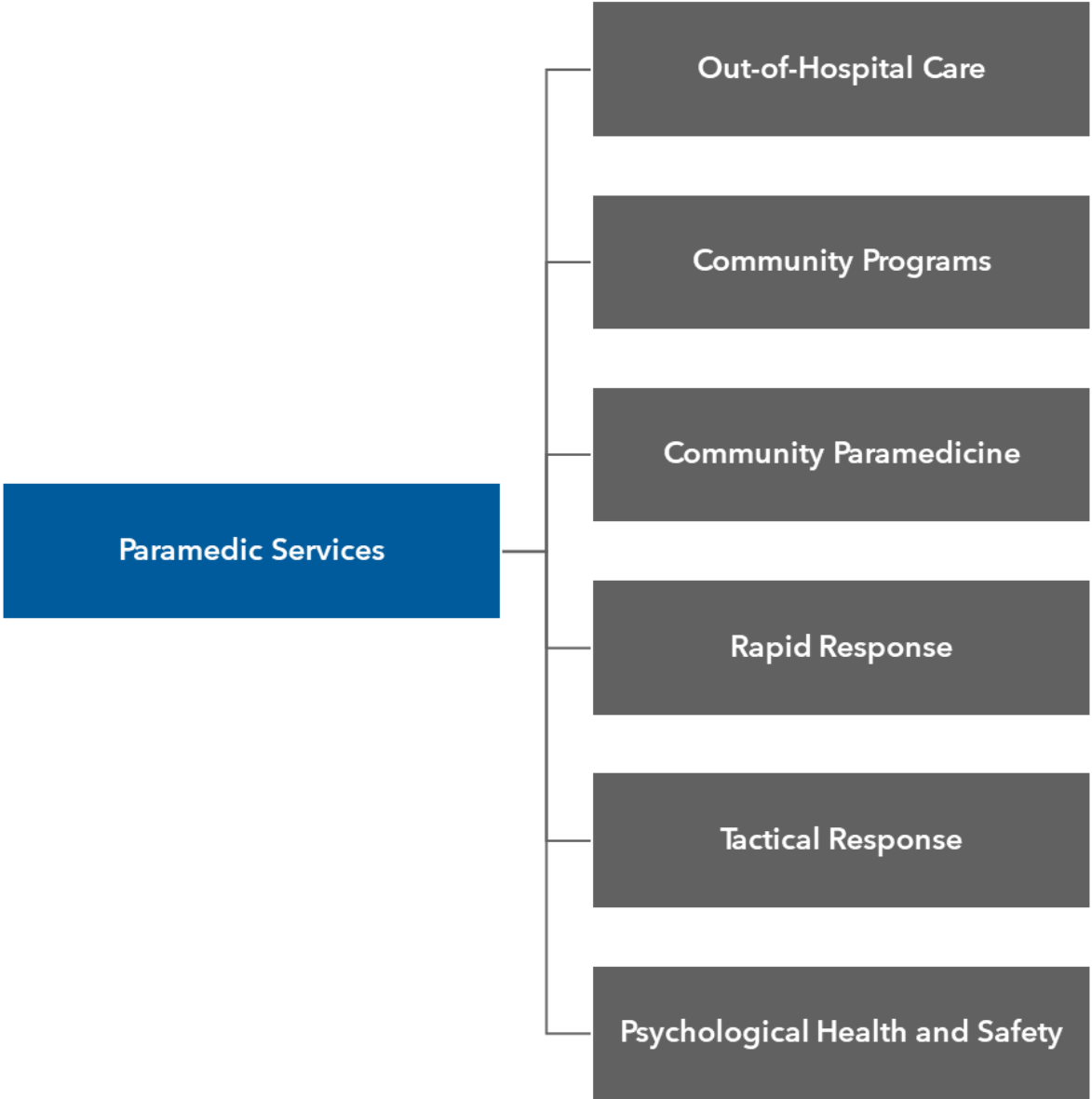
Mission

To meet the diverse needs of the community through reliable, innovative, quality care that prioritizes people, culture, and safety.

Goals of Service

1. Cultivate a supportive, psychologically healthy and safe workplace culture fostering employee success and well-being.
2. Deliver unparalleled patient care, experience and outcomes.
3. Advance health system partnerships and community collaboration, and co-design innovative solutions to meet the growing and evolving needs of Peel region.

Service Delivery Model



Service Levels and Trends

Service Levels

Paramedic Services operates four reporting stations and 22 satellite stations. These stations are strategically placed throughout Peel region to provide emergency coverage for Peel's 1.5 million residents and visitors to the region. By the year 2041, one in five Peel residents are expected to be over the age of 65; the complex care needs of this age group create additional pressure on the system. To date in 2024, 43 per cent of patients who received services are 65 years of age or older. The top five common reasons for calls are related to feeling unwell, trauma, abdominal pain, musculoskeletal issues, and difficulty breathing; 54 per cent of these calls required a 'lights and sirens' response.

Paramedic Services' performance is measured against target response times across the five Canadian Triage Acuity Scale (CTAS) patient acuity levels. CTAS 1 represents the emergent and life-threatening calls requiring immediate response, and CTAS 5 represents calls that are non-urgent with no immediate threat to life which may be deferred without detriment to patient outcome, especially when the system is under strain. Response time is a measure of the time between paramedics being assigned to a call and when they arrive on-scene at the location of the patient. Performance is also assessed on the response time for Sudden Cardiac Arrest (SCA); SCA response time is the time between notification of a call and when a bystander, emergency responder, or paramedic applies a defibrillator to the patient.

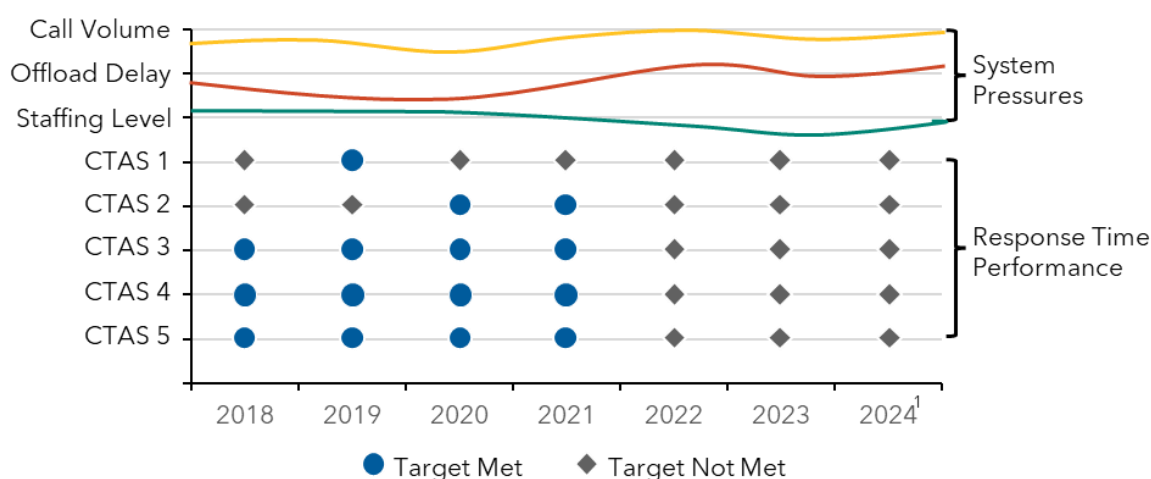
Current funding formulae do not accurately account for the increasing seniors population and population growth – both of which lead to an increased need for emergency services. As Peel continues to support the province's efforts to build more homes faster, as well as the influx of refugees and asylum seekers, demand continues to surge in Paramedic Services and in the overall health system. This mismatch between funding and demands on the service exacerbates pressures, resulting in staffing challenges and slower response times.

Figure 1 illustrates service level pressures (increasing call volumes, longer offload delays, and reduced staffing levels) and their resulting effects on response times with comparisons over time (2018–2024). Data related to each system pressure over the period 2018 to 2024 is represented by corresponding lines in Figure 2; call volumes were stable in 2018 and 2019, decreased in 2020, and then increased from 2021–2024 with a slight decrease in 2023, offload delay decreased from 2018 to 2020, and then increased from 2021–2024 with a slight decrease in 2023, and staffing levels were high and stable from 2018 to 2020, declined from 2021–2023, and increased in 2024. Whether CTAS response time targets were met in the corresponding years is illustrated using green circles (target met) and red triangles (target not met) in Figure 1. Since 2018, the Service was able to meet

CTAS 1 response time target in 2019, CTAS 2 target in 2020 and 2021, and CTAS 3 to 5 targets from 2018 to 2021. Meeting the CTAS 1 response time target has been a challenge since 2020, coincident with the global COVID-19 pandemic and staffing pressures, but all other CTAS targets were met that year. Since 2022, meeting all CTAS targets became a challenge due to the combined effect of all three system pressures.

The Medical Priority Dispatch System (MPDS) was implemented in December 2022; this allowed for improved call triaging and the ability to appropriately hold low acuity calls when the system is under strain. In these instances, CTAS 3, 4, and 5 calls may encounter longer response times due to their less urgent nature, contributing to not meeting the targets. CTAS response time targets were set prior to the implementation of MPDS. The last two years have allowed the Service to monitor MPDS performance and make operational adjustments. The Service and the Province are now reviewing all CTAS response time targets to propose revisions that are more appropriate, bearing in mind quality of care and resource requirements.

Figure 1. System Pressures and Response Time Targets Over Time



In 2023 and 2024, Peel Paramedics did not meet the response time targets for all CTAS acuity levels; the Sudden Cardiac Arrest (SCA) target was met. The response time for CTAS 1 calls improved in 2024, but CTAS 2-5 response times have increased (Figure 1). Challenges in meeting response times may affect the health outcomes for the residents of Peel.

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 when care is transferred. The average time on task in 2023 was 160 minutes per call. In 2024, the average time on task has increased to 166 minutes per call; the six-minute increase was due to additional time required to transfer patient care to hospitals. Time on task is impacted by several

¹ Call volume, offload delay, and staffing level totals are estimated to the end of 2024.

factors including traffic congestion, densification, the complexity of the patients served, and delays during care transfer to hospitals.

Ambulance Call Volume

Call volumes have recovered since the COVID-19 pandemic and continue to increase. The 2024 call volume is estimated to increase by almost 5.4 per cent above the 2023 volume. See Table 2. Total 9-1-1 Call Volumes from 2016–2025 for details.

Other key highlights of service level trends include:

- Paramedic Services responded to an average of 378 calls per day in 2023 and an average of 398 calls per day in 2024.
- Peel paramedics continue to respond to over 97 per cent of Peel’s emergency calls and the remaining 3 per cent of calls are responded to by neighbouring service providers due to the close proximity of their vehicles. In 2023, Peel paramedics responded to 4,608 calls in neighbouring municipalities to provide seamless service.

Table 2. Total 9-1-1 Call Volumes from 2016–2025

2016	2017	2018	2019	2020
115,367	125,378	136,799	137,669	122,817
2021	2022	2023	2024 ¹	2025 ¹
142,531	149,591	137,993	142,899	147,805

Offload Delay

The industry standard time for paramedics to transfer patient care to hospital staff, complete paperwork, and return to the road is 30 minutes; if this process exceeds 30 minutes, it is considered “offload delay”. Paramedic Services has seen a marked increase in offload delay time; the total paramedic hours lost to offload delay across all three Peel hospital sites in 2023 was 48,903 hours that equates to 11 ambulances off the road each day. 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 and return to the road.

Staffing

Staffing shortages continue to challenge Paramedic Services. In 2023, the average number of unfilled shifts increased from 11 per cent to 15 per cent over 2022, which is the equivalent of 17 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. Paramedic Services is actively focusing on strategies to attract, engage, and retain this critical workforce as insufficient staffing levels impact employee wellbeing and increase risk for burnout. As shifts can

¹ 2024 and 2025 are predicted call volumes.

be both mentally and physically taxing, it is crucial that staff are able to take time off to recover, rest, and protect their mental health.

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

Community Paramedicine

In an effort to continue developing upstream approaches to care, Paramedic Services has enhanced 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. Paramedic Services is working to advocate for and secure sustainable funding and additional support from the Province to continue this critical work.

Key system partners in this program include Ontario Health atHome organizations (formerly Home and Community Care Support Services), 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, and the Paramedics Community Paramedic Senior Medical Director.

- **Community Referrals by Emergency Medical Services professionals (CREMS).** There were 1,439 referrals in 2023. From January 1 to May 31, 2024, there have been 648 referrals.
- In 2023, 4,392 appointments were made through the Community Paramedicine program:
 - **High Intensity Supports at Home (HISH).** 364 clients were registered in the program and community paramedics conducted 1,048 appointments.
 - **Community Paramedics for Long-Term Care.** 1,176 visits to Peel residents through this program.
 - **Community Paramedicine at Clinic (CP@Clinic).** in 2023, 2,168 clinic appointments were made through the Community Paramedicine at Clinic program; from January 1 to May 31, 2024, a total of 916 clinic appointments were made.

Trends

There are a number of trends within emergency health services that are shifting how services are provided and creating challenges.

Workforce and Service Pressures



Code events reflect system-level pressures that result in fewer ambulances available to provide patient care. In 2023, Paramedic Services experienced no Region Capacity events (four or fewer ambulances available to answer calls in the entire region) and 107 Region Critical events (eight or fewer ambulances are available to answer calls in the entire region). Under the new MPDS system, calls that can safely wait will do so when the system is in a surge; this approach allows resource availability for more critical patients. While the additional supports from 2024's approved FTE requests have allowed better management of MPDS on the ground, Paramedic Services is continuing to contend with service pressures.

The corporate "How Are You Doing" survey from September 2023 found that 81 per cent of respondents from Paramedic Services intend to be working at Peel Region a year from the time of the survey. Opportunities exist to improve meaningful recognition and appreciation, flexibility to meet work-life balance, and opportunities for growth and development for all Paramedic Services staff. Paramedic Services is actively seeking enhanced opportunities to create an inclusive and safe workplace culture and promote employee well-being; this includes a focus on leadership capacity building, as well as opportunities for career growth and skill development for all employees.

Health System Partnerships

Paramedic Services has pursued local health system partnerships and developed innovative service models that focus on prevention, such as partnering with Peel Region's Seniors Services 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 consultations.
- 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.
- A partnership with Halton Region and the regional base hospital to capture Diversity, Equity and Inclusion demographic data of patients to help ensure equitable health service delivery.
- A partnership with Housing Services to support needs at shelters and encampments.
- Several partnerships with Peel Police - including interoperability, a joint situation table, and supports around seniors and elder abuse.
- A partnership with Peel Public Health for naloxone kit distribution.

Securing and Growing Assets

Paramedic Services currently responds to service demands by increasing its ambulance fleet and staffing complement. In addition, the service 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 new facilities. These new facilities will increase capacity to meet future demands in a timely manner.

Alternative Models of Care

Paramedic Services continues to transform and expand how services are provided to patients to ensure appropriate care in the right place at the right time. The Ministry of Health (MOH) has introduced models of care to support this transformation - including new options for treatment and transport of patients. This includes 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, treating and discharging patients on-scene, and referring select low-acuity patients to appropriate care in the community.

The Low Acuity Diversion program was implemented by the service as a way to address system pressures and consists of two components – Fit2Sit and the Urgent Care Centre (UCC). Fit2Sit began as a pilot project between Paramedic 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 hospital staff. The program has been implemented at all three hospitals in Peel and has saved 2,984 hours in the emergency health system in 2023 and 1,131 hours between January 1–May 31, 2024.

In addition, low-acuity patients are assessed for eligibility for transfer to the UCC as an alternate destination. This further contributes to reducing patient volume at hospitals, as well as reducing offload delay. In 2023, Peel Paramedics transported 939 patients to the UCC.

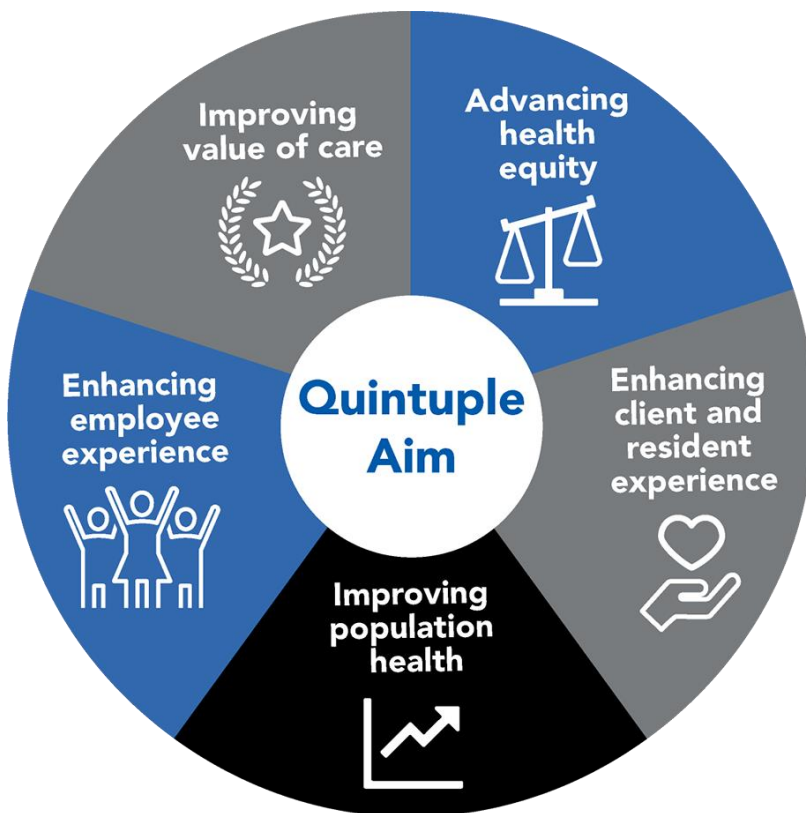
Performance Measures and Results

The Quintuple Aim is a framework for addressing system-level challenges. It is grounded in the belief that the simultaneous pursuit of these five aims is necessary for optimal health system functioning:

- Improving population health.
- Enhancing client and resident experience.
- Enhancing employee experience.
- Improving value of care.
- Advancing health equity.

The Quintuple Aim expands on the previous Quadruple Aim framework with the addition of a fifth aim for health equity. 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. In line with the Quadruple Aim, Paramedic Services strives towards the simultaneous pursuit of all five aims (as shown in Exhibit 1).

Exhibit 1. Quintuple Aim



Improving Population Health

Diverting low acuity patients from emergency departments to 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 as opposed to emergency departments. In 2023, 938 patients were diverted from the emergency department and transported to Peel Memorial UCC. Between January–May 2024, 410 patients were diverted. In 2023, 58 per cent of patients were transported to emergency departments, while the remaining patients were treated in home; this number remains unchanged during between January 1–May 31, 2024.

Enhancing Client and Resident Experience

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

Response time reflects a key indicator of the patient experience for those seeking emergency health services. Response times for CTAS 1 patients decreased by 37 seconds in 2023 (Table 3); this means that the most critically ill patients are being appropriately triaged through MPDS, and these patients are not waiting as long for a medical response. CTAS 4 and 5 levels are also indicative of a system that is working, as those less critical patients who can wait safely are doing so during surge periods to allow prioritization of those who need medical attention most. MPDS – along with the regional deployment plan – are enabling Paramedic Services to respond to patients with the right care at the right time.

Table 3. Targets and Response Times for 2021 to 2023 (minutes:seconds)

Level of Acuity	Target Time (Minutes)	Target Percentage	Response Time (Minutes, Seconds)		
			2021	2022	2023
Sudden Cardiac Arrest (Patient has no vital signs)	6:00	70%	5:51	5:59	N/A
CTAS 1 (Critically ill or have potential for rapid deterioration)	8:00	75%	8:41	9:26	8:49
CTAS 2 (Potential to life, limb or function, requiring rapid medical intervention, controlled acts)	10:00	80%	9:54	10:39	10:49

Level of Acuity	Target Time (Minutes)	Target Percentage	Response Time (Minutes, Seconds)		
			2021	2022	2023
CTAS 3 (May progress to serious problem. Associated with significant discomfort or affecting ability to function)	13:00	90%	12:48	13:34	15:56
CTAS 4 (Conditions that would benefit from intervention or reassurance)	14:00	90%	12:36	14:06	16:38
CTAS 5 (Non-urgent, chronic, without evidence of deterioration)	14:00	90%	13:19	14:51	17:53

Enhancing Employee Experience

Employee well-being and a positive workplace culture are central to delivering high-quality care. Challenging workloads and cumulative exposure to stressful events impact the psychological health and well-being of employees and leaders. Paramedic Services monitors a number of key indicators that reflect employee well-being and are aligned to the Quintuple Aim, including staffing levels, absenteeism, overtime hours, and end-of-shift overrun hours. Exposure to traumatic and hazardous incidents and WSIB claims are also included in metrics related to psychological health and safety.

- **Staffing and absenteeism.** In 2023, staffing levels dropped to 85 per cent (15 percent absenteeism) which is 4 percent worse than levels in 2022. Overtime hours: in 2023, 745 employees reported 117,900 hours of overtime at a cost of \$7.6 million.
- **End of shift overrun in 2023.** There were 5,900 end of shift overrun hours.
- **Reported traumatic and hazardous events.** In 2023, there were a reported 482 traumatic events, 81 stress events, and 445 violent encounters. In addition, 194 WSIB claims were made in 2023 based on overexertion, exposure to harmful substances or environment, violence/assault, and harassment.

Training and access to psychological supports are also tracked to ensure that leaders and employees understand how to protect their wellbeing and access the services they need. Recent employee surveys indicated that although a range of wellbeing supports are used, more options would be appreciated.

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, including metrics associated with Workplace Safety Insurance Board claims, Community Referrals by EMS (CREMS), and the Medical Priority Dispatch System (MPDS) triage tool to ensure optimal use of resources.

Workplace Safety Insurance Board (WSIB) claims represent a critical metric related to cost that leadership regularly monitors. Paramedic Services 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 were a total of 248 WSIB claims in 2023 and a total of 1,499 Regional Accident Incident Disability Report (RAIDR) submissions overall (up from 1,232 in 2022).

Addressing Health Equity

Paramedic Services, in partnership with other divisions across Health Services, is exploring avenues to incorporate health equity in the performance measurement framework. Capturing and reviewing data that illustrates the sociodemographic characteristics of the community and those accessing services will help bring to light groups that may be experiencing inequities; this will be essential to designing targeted interventions and improving how we are providing community and out-of-hospital care to Peel's diverse population. Within Paramedic Services specifically, avenues are being explored to incorporate health equity into all areas of work – beginning with a focus on building understanding and capacity. Health equity awareness and competence building has been incorporated into annual paramedic training sessions. Facilitated indigenous cultural training has also been implemented in collaboration with the Office of Culture and Inclusion. This work will inform a comprehensive strategic and measurement approach for health equity within Paramedic Services.

Awards and Achievements

Awards

Peel Celebrates - Innovate Award

The Mobile Computer-Aided Dispatch (MCAD) team was presented with the Peel Celebrates Innovate Award at Regional Council in June 2024. This 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 innovation improves operational efficiency, provides accurate information, and timely safety alerts with the intended benefits to paramedic safety, dispatching processes, and response times.

Governor General Exemplary Service Medals and Bars

At January 8's regional council, seven Peel paramedics were recognized for their achievements in having received the Governor General Exemplary Service Medals and Bars. These accolades recognize emergency services personnel for their dedication to preserving public safety through long and outstanding service.

Paramedic Association of Canada Award of Excellence for Research and Innovation

The Paramedic Association of Canada awards program recognizes exceptional Canadian paramedics and paramedic supporters at the national level. Advanced Care Paramedic Justin Mausz was the recipient of the 2024 Paramedic Association of Canada Award of Excellence for Research and Innovation.

Achievements

Paramedic Services Strategic Plan

Paramedic Services has developed its first divisional strategic plan in line with Health Services and organizational goals. The strategic plan will allow for better prioritization of work and workload capacity management across the division. Communication, change management, and implementation plans were developed as part of the launch strategy, and metrics have been identified to monitor progress.

Fit to Sit ('Fit2Sit')

Offload delays have presented a significant challenge for Paramedic Services and the broader healthcare system. Paramedic Services 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 Paramedic 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. In 2023, 8.6 per cent of all low acuity patients (CTAS 3, 4, or 5) transported to hospital were determined to be Fit2Sit.

Dispatch Reform

An important achievement for Paramedic Services 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. MPDS has 2,072 determinant codes, where the previous system had only 250. This higher number of determinant codes has allowed for greater triaging precision, resulting in fewer calls overprioritized as urgent. Through this implementation, Paramedic Services is seeing response times decrease for the most critical patients.

Community Responder Program

The Community Responder Program was implemented in July 2022. This program enables volunteers to initiate life-saving interventions in advance of paramedics arriving on the scene. To-date, Community Responders have carried out 24 critical interventions, including the administration of Naloxone for opioid overdoses, Epi-Pen usage, and the application of AED and CPR.

Transporting Low-Acuity Patients to Alternate Destinations

In 2022, Paramedic Services introduced transports to the Peel Memorial 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 939 patients were transported and diverted from hospital emergency departments in 2023. The UCC transport initiative positively impacts system pressure by reducing overcrowding in the emergency department and reducing offload delay.

The 2025–2028 Business Plan Outlook

Planning for the Future

Supporting Our Workforce

Psychological Health and Safety

To foster a safe and healthy workforce, sustain Paramedic Services, and ensure quality of care to patients, a multi-stage staff psychological health and safety strategy is being advanced. An action plan for psychological health and safety has been developed to guide supports across the spectrum of prevention, protection, intervention, and post-incident supports. The development of this plan was 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, ALERT training to educate staff on improving situational awareness to reduce risk and improve paramedic safety, increased access to mental health and wellbeing supports and resources for employees and decreasing violence, and harassment against paramedics working in the community.

Capacity building for leaders will continue to be required to address ongoing and emerging needs related to employee wellbeing, develop an inclusive and diverse workforce, and create opportunities for growth and development; additional supports for the Culture and Wellbeing team will support this area. In line with the Health Services departmental goal to “create the conditions for a Learning Organization and inclusive culture to flourish”, Paramedic Services continues to seek opportunities to show appreciation and recognition to staff.

Enhanced Workforce

The intravenous (IV) training program supports paramedics in bringing advanced treatments to patients’ bedsides and homes. In 2024, 103 paramedics were trained in PCP Autonomous IV certification to provide this critical intervention. Critical, timely trainings such as this allow our service to best equip our frontline staff to serve the community. Investing in paramedic education and research ensures that trainers are available to provide training to our paramedics.

As the population in Peel Region continues to grow and evolve, it is crucial that Paramedic Services is positioned to respond in a timely manner. In order to meet demands, resources are required to bolster our service. Additional paramedic resources will ensure that our service is ready and available to

provide the right care at the right time. Further, additional scheduling supports will aid in ensuring ample emergency services coverage at all times.

Service Innovations

As Paramedic Services looks ahead to future developments, planning is underway for the new reporting station that is set to open in 2026. This new station will better position the service to respond to calls more efficiently in line with the regional deployment plan. Resources for this station will be required ahead of the launch date to ensure that staff are well trained and prepared for when the station becomes operable.

Paramedic Services manages the storage and distribution of many medical supplies – including narcotics. As the service looks at how best to govern the handling of controlled substances, new opportunities are being considered that would lead to better oversight and ensured adherence to regulations. The addition of an in-house pharmacist would add this needed oversight, along with the ability to seek cost-saving opportunities for medical supplies across Health Services.

Finding Efficiencies

Continuous Improvement

Health Services is strongly committed to finding efficiencies through improvement initiatives across programs and services. Not only do improvements lead to efficiencies, but they also contribute to the achievement of each domain across the Quintuple aim (i.e., population health, health equity, value of care or client and employee experience).

Paramedic Services is strongly committed to finding efficiencies through improvement initiatives, including:

Corporate Logistics Integration

The integration of Corporate Logistics into Paramedic Services centralizes procurement, quality control, monitoring, compliance, distribution, and reporting of Personal Protective Equipment (PPE) and Infection Prevention and Control (IPAC) supplies for all departments in Peel Region to support better health outcomes, lower costs, and improve end-user experience. Centralizing the distribution of PPE, IPAC, and healthcare supplies will lead to enhanced efficiency and cost savings through economies of scale. A dedicated centralized department bolsters emergency preparedness with rapid response capabilities and real-time inventory data, while ensuring consistent product quality and improved risk management. Additionally, it offers better budget control and aligns strategically with health programs, supporting more effective and reliable service delivery.

Modular Project

The Modular Project has improved efficiency and cut costs by centralizing production and adopting a modular approach. By reducing vehicle turnaround time from 2–8 hours to under 1 hour through task splitting and offsite module rebuilding, ambulances are deployed faster and fewer vehicles are needed, slowing the need for future stations. This approach boosts expertise, efficiency, and flexibility, enhancing Peel Paramedic Services' performance and scalability.

Remounts

To address the 70 per cent increase in vehicle costs since COVID, Peel Regional Paramedic Services has been piloting ambulance remounts. This approach saves \$60,000 per vehicle by installing new chassis while recycling existing compartments. Remounts have been completed for 14 ambulances with savings of \$840,000; orders have been placed from the 2023 and 2024 budgets to receive 12 more remounts in 2025, and 20 more remounts in 2026. Although patient care and staff experience, quality and safety remain

unchanged, remounting improves turnaround time for new trucks and significantly reduces costs compared to purchasing new vehicles.

System Transformation

Central Ambulance Communications Centre (CACC) Supervisors

In September 2024, four Communication Superintendents were onboarded to support the Central Ambulance Communication Centre (CACC), 24 hours a day, 7 days a week to work directly with dispatchers to optimize paramedic coverage. This enhancement allows for real-time feedback to senior staff, the opportunity for rapid improvement and helps avoid employee overtime and end-of-shift overruns.

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

The Health Intelligence and Analytics team, in collaboration with Paramedic Services, is conducting a comprehensive review of key system and process elements to plan for the new Dockstader reporting station, expected to be operational in 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, Paramedic Services 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. Paramedic Services 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 Paramedic Services. It is a common thread in all aspects of Paramedic Services 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 Paramedic Services staff. Staff can utilize technology to access supports through Homewood Health, Trillium Health Partners, and the Canadian Institute for Public Safety Research and Treatment (CIPSRT).

CPR - Resuscitative Quality Improvement

Paramedic Services has previously faced challenges while trying to meet the Ministry of Health requirement to have all paramedics certified yearly in CPR. All paramedics now have access to online and in-person artificial intelligence (AI) supported CPR training at each division 24/7. This flexibility allows paramedics on shift to complete their training in a timely manner.

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 allows direct data transfer between the Central Ambulance Communication Centre (CACC) and the paramedic on the road to complete electronic ambulance call reports (eACR). This improves the accuracy, flow of information, protection of medical records and efficiency in completing patient documentation.

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.

Maintaining Our Infrastructure

Paramedic Services 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 and satellite stations. The following Capital investments will allow Paramedic Services to respond to service demands and plan for the future of our growing community.

New Reporting Stations

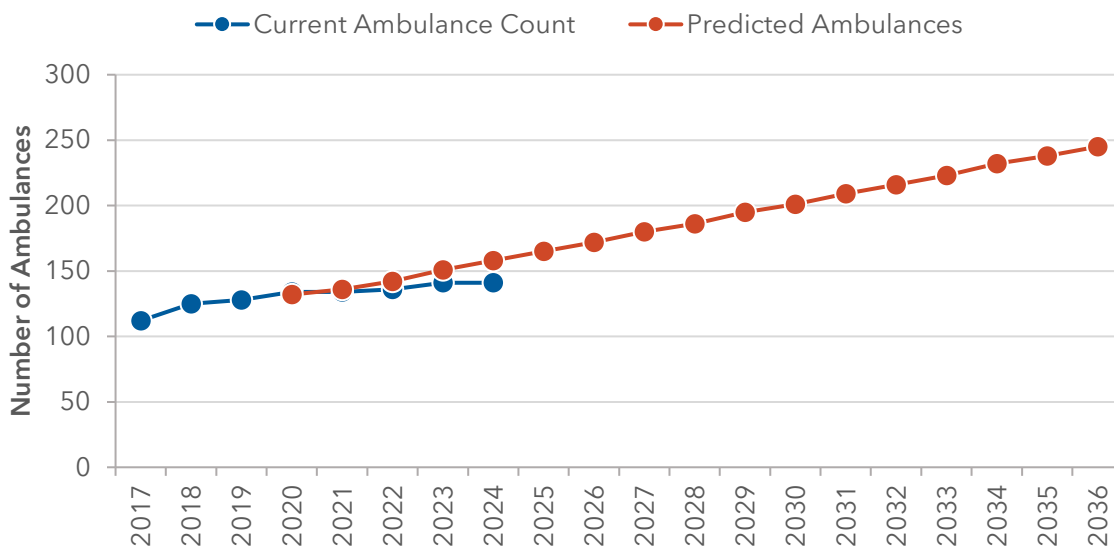
A new reporting station is in the planning stages and expected to be in operation in 2026. The search for a location for an additional station in South Mississauga is ongoing. Future reporting stations will be designed to best meet future capacity and service demands.

New Satellite Stations

Two satellite stations, Inspire (located at Bramalea Road and Mayfield Road) and Bovaird West (at Bovaird and Chinguacousy) have been added to support coverage across Peel region.

Predicted Growth of Ambulance Fleet Over Time

Figure 2. Number of Current and Predicted Ambulances Over Time as Presented in the 2020 Report, 2017–2036



Region of Peel: Appendix I – Paramedic Services Long Term Facilities Capital Plan Update from Paramedics System Pressures. Retrieved on July 30, 2024.

Proposed Operating Budget

This section provides a summary of the financial resources including total expenditures and revenues required to deliver the proposed 2025–2028 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 2024 was \$93.1 million and the proposed budget for 2025 is \$100.2 million.

Net Expenditures: \$100.2 million (**Total Expenditures:** \$184.4 million)

Description (in \$ thousands)	2023 Actuals	2024 Approved Budget	2025 Proposed Budget	\$ Change Over 2024	% Change Over 2024
Operating Costs	13,428	18,190	17,057	(1,133)	(6.2)%
Labour Costs	104,183	113,435	127,168	13,733	12.1%
Reserve Contributions	15,947	23,340	23,340	–	–
Debt Charges	–	–	–	–	–
Grant Payments	1,443	1,443	1,729	286	19.8%
Facility, IT, HR and Other Support Costs	15,365	16,335	18,170	1,835	11.2%
Recoveries	(2,807)	(2,894)	(3,095)	(20)	7.0%
Total Expenditures	147,558	169,849	184,368	14,519	8.5%
Grants and Subsidies	(66,925)	(70,731)	(78,594)	(7,863)	11.1%
Supplementary Taxes	–	–	–	–	–
Fees and Services Charges	(189)	(108)	(112)	(4)	3.6%
Transfer from Development Charges	–	–	–	–	–
Contributions from Reserves	(3,641)	(5,905)	(5,474)	431	(7.3)%
Total Revenues	(70,754)	(76,744)	(84,180)	(7,436)	9.7%
Total Net Expenditure	\$76,805	\$93,105	\$100,188	\$7,083	7.6%

Note: May not add up due to rounding.

2025 Operating Budget Pressures

Service (in \$ thousands)	Total Expenditures	Total Revenue	Net Cost 2025 vs 2024	
2024 Revised Cost of Service	\$169,849	\$76,744	\$93,105	%
Cost of Living Inflation				
Labour Costs	5,694	—	5,694	
Goods and Services	2,176	4	2,172	
Annualization				
Updated costs for phased-in starting date for the resources approved in 2024 budget	2,117	1,001	1,116	
Other Pressures				
Staffing backfill expense for existing paramedics, superintendents and logistic technicians including time for meeting training requirements	689	—	689	
Removal of one-time initiative from 2024 related to External Violence Against Paramedics Training	(1,253)	(1,254)	—	
Base Subsidy/Recoveries				
Increase in Ministry of Health 50 per cent funding share through Land Ambulance Services Grant	—	6,862	(6,862)	
Removal of reserve draws for 2024 staffing additions with one-year funding lag	—	(2,151)	2,151	
Cost Containment¹				
Cost savings from Drug contract	(300)	—	(300)	
Base Budget Changes Subtotal	9,123	4,462	4,661	
Service Level Demand²				
Growth – BR # 30. Additional Paramedics to Support a Growing Demand 22 permanent staff (50 per cent provincial funding with one-year lag funded from internal reserves)	2,952	1,476	1,476	
BR # 28 – Staffing to Operationalize a New Paramedic Reporting Station in Brampton 9 permanent staff (50 per cent provincial funding with one-year lag funded from internal reserves)	1,041	521	520	

Service (in \$ thousands)	Total Expenditures	Total Revenue	Net Cost 2025 vs 2024	
BR # 29 – Enhanced Efficiency in Paramedic Scheduling 5 temporary staffing	553	553	—	
BR # 34 – Supporting a Psychologically Healthy and Safe Workplace 3 Permanent staff (50 per cent provincial funding with one-year lag funded from internal reserves for 2 staff)	393	150	243	
BR # 32 – Supporting Education to Improve Patient Care 4 permanent staff (50 per cent provincial funding with one-year lag funded from internal reserves)	368	185	183	
BR # 35 – Optimizing Pharmaceutical Oversight across Health Services 1 permanent staff (50 per cent provincial funding with one-year lag funded from internal reserves)	89	89	—	
Service Level Changes Subtotal	5,396	2,974	2,422	
Total 2025 Budget Change	14,519	7,436	7,083	
2025 Proposed Budget	\$184,368	\$84,180	\$100,188	7.6%

Note: may not add up due to rounding.

Operating Budget Pressure Notes

¹Cost Containment

- Savings of \$300,000 resulting from contract negotiation with a new vendor to supply drugs with no impact on the service levels.

²Service Level Demand

- **Budget Request # 28.** Operationalizing Dockstader, the 5th reporting station in north Brampton. Additional 9 permanent staff are required to support the 24/7 function of the division at a cost of \$1,041,000. Provincial funding is estimated at \$521,000 with one year lag which is proposed to be filled by regional internal reserves.
- **Budget Request # 29.** Resources to enhance the operational efficiency of the scheduling process. Additional staffing (5 temporary FTE) is required to address Paramedic staffing growth and complexities, funded by a \$553,000 reserve draw.
- **Budget Request # 30.** Based on projections, call volumes are expected to grow. Additional staffing (22 permanent staff) is required to address the increase at a cost of \$2,952,000. Provincial funding is

estimated at \$1,476,000 with one year lag hence the funding gap in 2025 is proposed to be filled by regional internal reserves.

- **Budget Request # 32.** Investment of resources to support a strong Education and Research program. Additional staffing (4 permanent staff) is required at a cost of \$368,000. Provincial funding is estimated at \$185,000 with one year lag. The 2025 funding gap from the lag is proposed to be filled by regional internal reserves.
- **Budget Request # 34.** Resources to support the advancement of culture, wellbeing, and health equity. Additional staffing (3 permanent staff) is required to provide support at a cost of \$393,000. Provincial funding is estimated at \$150,000 with one year lag. The 2025 funding gap from the lag is proposed to be filled by regional internal reserves.
- **Budget Request # 35.** A pharmacist to support narcotics and pharmaceutical management. One permanent staff and supplies are required at a cost of \$179,000. One half of this required budget is funded by reductions to the drug budget while the remaining 50 per cent is funded by a \$89,000 reserve draw which represents the one-year lag in funding from the Ministry of Health.

Staffing Resources

Table 4 provides a summary of the staffing resources by Sub-Service (as identified in the Core Services) for the budget year, forecast years and the prior year. The prior year reflects FTE changes approved by Council during the prior year.

Table 4. Staffing Resources to Achieve Level of Service

Sub-Service	2024	2025	2026	2027	2028
Out-of-Hospital Care	709.6	747.6	801.3	842.6	86.3
Community Programs	2.0	2.0	2.0	2.0	4.0
Community Paramedicine	22.0	22.0	22.0	22.0	22.0
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	3.5	3.5	3.5	3.5
Total	760.1	799.1	852.8	894.1	922.8

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

2025 Total Expenditures and Funding Source

Figure 3. 2025 Total Expenditures (in \$ millions)

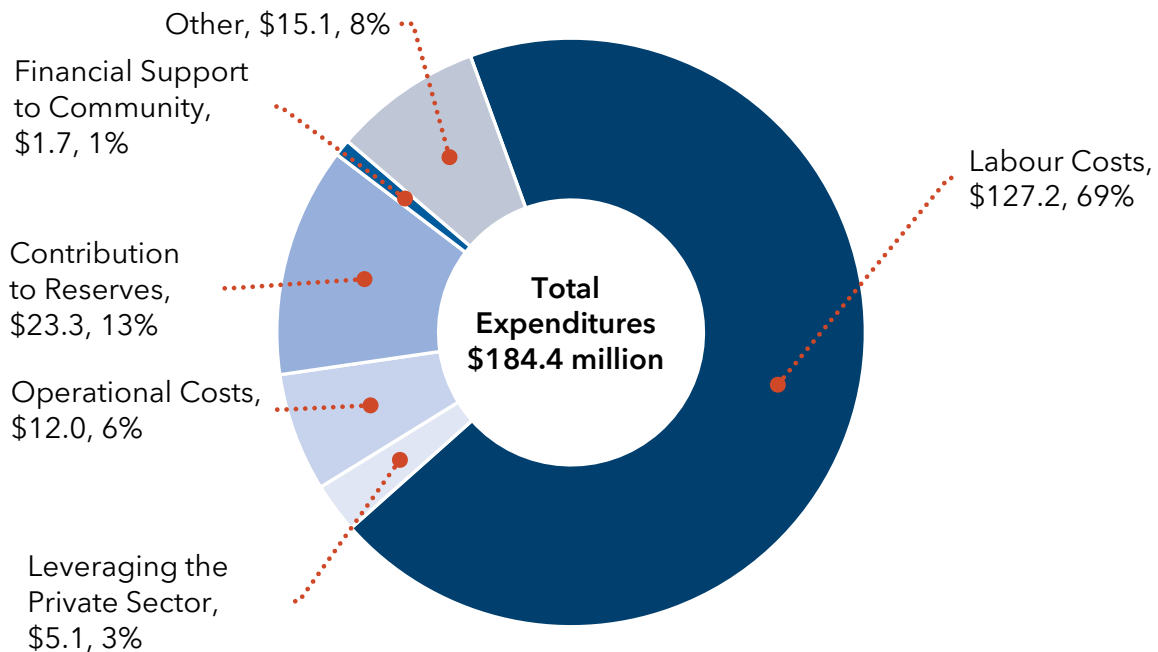
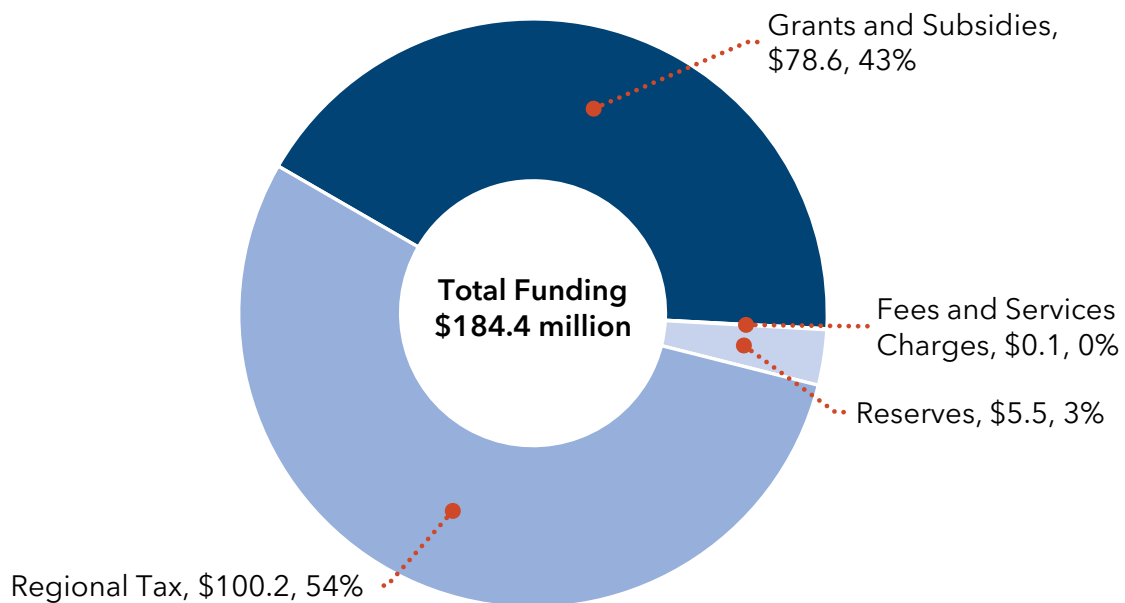


Figure 4. 2025 Total Funding Sources (in \$ millions)



2025 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 Paramedic Services may require additional resources based on ongoing post-pandemic reviews and operational readiness.
- Call volume changes (i.e. variance to model projections vs actual) requiring a change to required resources and timing.

2026–2028 Operating Forecast

Table 5. Budget (in \$ thousands)

	2024	2025	
Total Expenditure	169,849	184,368	8.5%
Total Revenue	(76,744)	(84,180)	9.7%
Net Expenditure	93,105	100,188	7.6%

Table 6. Forecast (in \$ thousands)

	2026		2027		2028	
Total Expenditure	197,062	6.9%	210,994	7.1%	222,695	5.5%
Total Revenue	(90,283)	7.2%	(95,843)	6.2%	(102,147)	6.6%
Net Expenditure	106,779	6.6%	115,152	7.8%	120,548	4.7%

Note: May not add up due to rounding.

- Forecast years' increases are related to maintaining base service levels.
- 2026 forecast increase is for two 24x7 Ambulances with a staffing requirement of 20 Paramedic permanent staff and 20.3 support staff to address call volume increases; 8 permanent staff to related to the integration of Corporate Logistics into Paramedic Services and 8 permanent staff to complete the operationalization of Dockstader reporting station.
- 2027 forecast increase is for four 24x7 Ambulances with a staffing requirement of 40 Paramedic permanent staff and 1.3 permanent support staff to address call volume increases.
- 2028 forecast increase is for three 24x7 Ambulances with a staffing requirement of 30 Paramedic permanent staff address call volume increases.

Proposed Capital Budget

Capital Budget: \$22.8 million (**Ten Year Plan:** \$233.6 million)

2025 Capital Budget Overview

Table 7 provides a summary of Paramedic Services planned capital project activity for 2025, including funding sources for both new capital project requests in 2025 and projects carried forward to 2025.

Table 7. Capital Plan by Funding Source (in \$ thousands)

	Carry-forward from Prior Years (WIP)	2025 Capital Budget	Total Capital in 2025
DC Growth	11,916	1,336	13,252
Externally Funded	352	–	352
Non-DC Internal	106,392	21,468	127,860
Total Expenditures	\$118,660	\$22,804	\$141,464
# of Projects	41	6	47

Existing Capital Projects – \$118.7 million

Key Highlights:

- \$68.6 million for design and construction of the fifth reporting station and two satellite stations.
- \$23.0 million for land acquisition for sixth reporting station and one additional satellite station.
- \$13.1 million for state of good repair and enhancement purchases of ambulances and other fleet delayed by supply chain challenges.
- \$8.0 million for state of good repair and other purchases of equipment including power loads, power stretchers and defibrillators.
- \$3.7 million for facility maintenance and other capital work on existing reporting and satellite stations.
- \$2.3 million for IT Initiatives including State of Good Repair for ambulance devices.

2025 Capital Budget – \$22.8 million

Key Highlights:

- \$17.3 million for enhancement and state of good repair for ambulance and other fleet.
- \$3.6 million for enhancement and state of good repair for equipment.

- \$1.0 million for strategic technology projects.
- \$0.5 million for enhancement and state of good repair for ambulance computers.
- \$0.3 million for facility maintenance including state of good repair and other work on in-service reporting and satellite stations.

See Appendix I for details.

2025 Budget Risks

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

Operating Impact of 2025 Capital Budget

- There is no operating impact of the 2025 Capital Budget.

Proposed Capital Plan

2025–2034 10-Year Capital Plan: \$233.6 million

By Project Classification

State of Good Repair \$111.9 million	DC Funded Growth \$8.6 million	Non-DC Funded Growth and Other \$113.0 million
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Key Highlights

- \$99.0 million for new ambulances for growth and replacement of vehicles reaching the end of their useful life.
- \$72.9 million for growth-related satellite and reporting stations.
- \$38.6 million for equipment replacements in line with safety standards and regulations, as well as new equipment tied to growth.
- \$14.3 million for major facility maintenance for existing in-service reporting and satellite stations.
- \$5.5 million for various IT initiatives including replacement of ambulance computers.
- \$3.0 million for advancement of strategic technology roadmap.

See Appendix II for details.

Budget Requests

This table presents the costs by Budget Request for proposed new initiatives. Each budget request is numbered. Detailed descriptions of the budget requests can be found in the pages following Table 8.

Table 8. Budget Request Listing

Proposed Initiative	Division	Budget Req #	FTEs Req	Contract FTE Req	Net Operating Impact	Capital
Operationalizing the New Paramedic Reporting Station in Brampton	Paramedic Services	28	9.00	–	516,814	–
Enhanced Efficiency in Paramedic Scheduling	Paramedic Services	29	–	5.0	–	–
Additional Paramedics to Support a Growing Demand	Paramedic Services	30	22.00	–	1,476,080	–
Supporting Education to Improve Patient Care	Paramedic Services	32	4.00	–	183,325	–
Supporting a Psychologically Healthy and Safe Workplace	Paramedic Services	34	3.00	–	242,751	–
Optimizing Pharmaceutical Oversight across Health Services	Paramedic Services	35	1.00	–	–	–
Total			39.00	5.0	\$2,421,970	–

Budget Request #: 28

Proposed Initiative	Department	Division	Service Area
Operationalizing the New Paramedic Reporting Station in Brampton	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

To meet the current and future needs in the community Paramedic Services will operationalize the 5th Divisional Reporting Station (Dockstader) located in north Brampton. The station will require the following operational staff to support the 24/7 function of the division: 6 Superintendents, 1 Commander, 1 Admin Assistant and 1 Building Operations Technician (9 total new FTEs).

Required Annual Operating Investment

Impacts	2025	2026	2027	2028
Gross Expenditures	1,038,190	333,563	–	–
Less: Internal and Capital Recovery	–	–	–	–
Total Expense	1,038,190	333,563	–	–
Rate Stabilization Reserve	521,376	(521,376)	–	–
External Funding	–	521,376	–	–
Other Revenue	–	–	–	–
Total Revenue	521,376	–	–	–
Net Impact – Tax	516,814	333,563	–	–
Net Impact – Utility Rate	–	–	–	–
FTEs	9.0	–	–	–

Required Capital Investment

	2025
Total Expenditures	–
Capital Reserve	–
Development Charges	–
External Funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

Growth continues to place pressure on Paramedic Services. To meet the demands, Paramedic Services will be opening the Council-approved 5th Divisional Reporting Station – Dockstader located in north Brampton. To fully operationalize and support the 24/7 function of the Division, it will require 6 Superintendents, 1 Divisional Commander, 1 Administrative Assistant and 1 Building Operations Technician.

Details of Service Change

The Health Services departmental north star speaks to "building a healthier community together". The addition of a new reporting station in Brampton will allow us to better service the community. The addition of 6 Superintendents, a Commander and support roles will significantly elevate service levels through direct oversight and provide capacity to support paramedics. This will reduce workload, build capacity, promote quality, create further system efficiencies and improve psychological health and safety. Adequate supervision will ensure better adherence to legislation, policy and regulation. The roles will create a stable platform for Paramedic response in the community. The Dockstader Commander underscores a commitment to strategic planning and readiness to meet evolving service demand and staffing expansion, ensuring the division opens with well-defined policies and systems. These changes will manifest in enhanced operational responsiveness, improved staff morale and resiliency, supporting a service-oriented workplace, and evolving organizational demand.

Service Impact

To achieve enhanced service levels, the strategy focuses on strategic staffing. 6 superintendents will improve staffing ratios and assist with managing workload, decreasing burnout, improving capacity, increasing oversight, and front-line support for staff. This structure supports staff resiliency, better psychological health, and operational efficiency. The Dockstader Commander ensures operational readiness prior to day one of opening. Roles are designed to fill base required positions to operate a Divisional Reporting Station. With targeted recruitment, immediate training, and integration, these positions will directly impact service delivery. Monitoring and evaluation metrics will be established to assess improvements in operational efficiency, cost savings, and staff well-being, ensuring these new service levels are maintained and optimized over time.

Budget Request #: 29

Proposed Initiative	Department	Division	Service Area
Enhanced Efficiency in Paramedic Scheduling	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

The request aims to enhance operational efficiency and staff well-being with 5 FTE Scheduling Coordinators. These FTEs will address rising overtime costs and scheduling complexities. Results will optimize workforce management, improving employee support, and maintaining high service standards amidst increasing staff numbers (approximately 200 staff between 2018 and 2023). Four scheduling coordinators have been in long term contracts for greater than 4 years.

Required Annual Operating Investment

Impacts	2025	2026	2027	2028
Gross Expenditures	553,333	–	–	–
Less: Internal and Capital Recovery	–	–	–	–
Total Expense	553,333	–	–	–
Rate Stabilization Reserve	553,333	(553,333)	–	–
External Funding	–	276,667	–	–
Other Revenue	–	–	–	–
Total Revenue	553,333	(276,667)	–	–
Net Impact – Tax	–	276,667	–	–
Net Impact – Utility Rate	–	–	–	–
FTEs	–	5.0	–	–

Required Capital Investment

	2025
Total Expenditures	–
Capital Reserve	–
Development Charges	–
External Funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

This proposal adds 5 Coordinators for operational efficiency, employee support, and service delivery. This ask will reduce overtime costs and help manage existing and growth pressures. Scheduling within Paramedic Services is complex and complicated. Thousands of unique adjustments and entries require coordinator intervention. To ensure accuracy in the scheduling and payroll entries for over 900 staff requires adequate scheduling staffing.

Details of Service Change

By adding 5 new Scheduling Coordinators, the service can address under-resourcing and meet evolving demand. This enhancement is focused on addressing the growing complexities of scheduling. 4 of the 5 requested FTE are currently in long term contracts for greater than 4 years. The extension of contracts will stabilize the scheduling workforce and add an additional role to keep pace with demands. Elevated work volumes challenge our ability to maintain workload at manageable levels, impacting quality of life for our paramedics and support staff. These contracts will improve capacity for meeting critical deadlines, which will enable compliance with collective agreements and aid in operational efficiency. A more streamlined scheduling process will significantly reduce overtime costs. Addressing workload challenges will also help reduce staff absenteeism and burnout, as well as support our commitment to the strategic priority of psychological health.

Service Impact

By adding 5 Scheduling Coordinators, we directly address the overtime costs, enhance compliance with collective agreements, and the challenge of increasing staffing levels. With additional staff, scheduling becomes more efficient. Coordinators will have the bandwidth to plan shifts, reducing overtime by ensuring optimal coverage during regular hours. Planning extends to managing leave, vacation bids, part time compliance, daily coverage and Collective Agreement compliance. As staffing numbers grow, capacity to manage day to day staffing decreases. Additional coordinators mean that this increased workload can be managed effectively, preventing scheduling errors, meeting deadlines, and enabling greater capacity to manage front line coverage – including paramedics, logistics technicians, modified staff, trainers, and superintendents. While awaiting technological solutions, the coordinators can ensure that current systems are used to their maximum efficiency. Once technology is implemented, they can play a role in the transition, ensuring that the benefits of the new system are realized immediately.

Budget Request #: 30

Proposed Initiative	Department	Division	Service Area
Additional Paramedics to Support a Growing Demand	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

To continue to provide excellent out-of-hospital care to residents and visitors of Peel, Paramedic Services is requesting 20 permanent paramedic staff and 2 permanent fleet mechanics staff to support the two 24/7 ambulance enhancements. The additional paramedics are required to support the growing need in the community. The addition of 2 dedicated mechanics will improve control over schedules, reduce ambulance downtime, ensure quality, and save on external costs.

Required Annual Operating Investment

Impacts	2025	2026	2027	2028
Gross Expenditures	2,952,160	801,734	–	–
Less: Internal and Capital Recovery	–	–	–	–
Total Expense	2,952,160	801,734	–	–
Rate Stabilization Reserve	1,476,080	(1,476,080)	–	–
External Funding	–	1,476,080	–	–
Other Revenue	–	–	–	–
Total Revenue	1,476,080	–	–	–
Net Impact – Tax	1,476,080	801,734	–	–
Net Impact – Utility Rate	–	–	–	–
FTEs	22.0	–	–	–

Required Capital Investment

	2025
Total Expenditures	–
Capital Reserve	–
Development Charges	–
External Funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

Population growth and population aging are contributing to increasing call demand; rising patient acuity and health system pressures are additional challenges. These drivers put pressure on 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 system strain.

Details of Service Change

The 2024 call volume is estimated to increase by almost 5.4 per cent above the 2023 volume. Paramedic Services was not able to meet any of the Canadian Triage Acuity Scale (CTAS) response time targets in 2023, which includes the most critical patients. The total number of paramedic hours lost to offload delay across all three Peel hospital sites in 2023 was 48,903 hours. In 2023, the average paramedic time-on-task was 160 minutes per call (2 paramedics per ambulance). Time-on-task is affected by traffic congestion en-route, densification, the complexity of patients served, and delays during care transitions. To manage these pressures and meet Council-approved response time targets, an additional 20 FTEs for two 24/7 ambulance enhancements are requested.

In-house fleet mechanics will provide enhanced control and oversight over maintenance schedules, timely servicing and repairs essential for emergency vehicles like ambulances. This control will also extend to ensuring the quality of workmanship, as in-house mechanics will be familiar with our unique needs. Timely turnaround is imperative to ensure operational fleet availability. This ask will result in cost savings by eliminating outsourcing markups.

Service Impact

By adding additional resources, Paramedic Services will be strengthening its capacity to provide excellent out-of-hospital care and mitigate system pressures. Expected outcomes include having sufficient resources to strategically position ambulances to provide coverage in the community and respond to Peel's growing service demand, meeting response time targets, better managing offload delay, and balancing workload demands.

In-house mechanics will ensure control over maintenance schedules and timely servicing for vehicles. Quality workmanship and operational efficiency is assured as in-house mechanics are familiar with fleet specifics. This ask yields long-term cost savings by eliminating outsourcing markups and preventing costly breakdowns. On-site diagnostics and sourcing materials at lower costs further contribute to savings.

Budget Request #: 32

Proposed Initiative	Department	Division	Service Area
Supporting Education to Improve Patient Care	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

Staff are recommending investment to support the evolution and modernization of a strong and innovative Paramedic Education and Research program as recommended through a third-party review and in support of the Paramedic Services Strategic Plan. The recommended approaches will help to improve program delivery to meet the demands of a growing and diverse population and to ensure that continuous education and research is sustainably structured to support Paramedic Services, Base Hospitals, stakeholders and community.

Required Annual Operating Investment

Impacts	2025	2026	2027	2028
Gross Expenditures	368,259	120,046	–	–
Less: Internal and Capital Recovery	–	–	–	–
Total Expense	368,259	120,046	–	–
Rate Stabilization Reserve	184,934	(184,934)	–	–
External Funding	–	184,934	–	–
Other Revenue	–	–	–	–
Total Revenue	184,934	–	–	–
Net Impact – Tax	183,325	120,046	–	–
Net Impact – Utility Rate	–	–	–	–
FTEs	4.0	–	–	–

Required Capital Investment

	2025
Total Expenditures	–
Capital Reserve	–
Development Charges	–
External Funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

In 2023, a third-party review of the Education and Research program was commissioned to evaluate the current state of the program to identify opportunities to strengthen it in a rapidly growing, post-COVID service, and to glean a clear understanding of the resourcing/staffing requirements needed to effectively deliver the program. The review made recommendations to bolster the program to help ensure that staff are trained in a timely manner and are up to date on divisional endeavours.

Details of Service Change

The external review projected a substantial increase in the amount of paramedics required to support the community year over year. Education is currently required to recruit, train, and provide ongoing educational support to ensure that medics are meeting Ministry of Health standards. The return to practice program, which supports paramedics returning from leaves (such as maternity and sick) requires investment to build a sustainable program that can operate year-round to ensure that returning medics are provided with the appropriate level of training and education to enable a return to service. The Education team is also required to provide remedial corrective training, where it is recommended for staff as part of a Culture of Safety analysis, to ensure that due diligence is provided in attempting to remediate future infractions. Examples of remedial corrective training can include driver training to reduce incidents of vehicle accidents. As the number of paramedics supporting our service increases each year due to demands, so too does the imbalance of our educators to medics ratio which, at the time of the Education and Research review, stood at 1:200 – a staggering number compared to other GTA services; decreasing this ratio is essential to ensuring that the individual needs of paramedics can be accommodated through training, and ensuring that all paramedics are up-to-date on critical life-saving learnings.

Service Impact

In efforts to foster a supportive, service-oriented workplace culture that enables our people to deliver excellent patient care and service, service level change will be realized through the investment of 4 FTEs to develop and implement formalized processes and controls to ensure the work of Education aligns with the team mandate and delivers impactful programming and outcomes. Outcomes include the establishment of a yearly workplan, strategic planning and identified outcomes, establishment of a cross-functional Education Committee to feed into yearly workplan and to review any requests coming into Education and Research team, standardized scoping/vetting of requests, prioritization criteria to evaluate all new requests, and development and implementation of KPI's to measure efficacy and outcomes of increased staffing model.

Budget Request #: 34

Proposed Initiative	Department	Division	Service Area
Supporting a Psychologically Healthy and Safe Workplace	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

In support of advancing culture, wellbeing, and health equity within Peel Regional Paramedic Services, staff are recommending the addition of two Supervisor positions and one Analyst. The Supervisor of Culture and Wellbeing will be responsible for providing leadership, direction and oversight for ongoing program activities, while the Supervisor of Workforce Transition will support staff stay-at-work/return-to-practice. The converted contract Analyst FTE will provide stability in the role.

Required Annual Operating Investment

Impacts	2025	2026	2027	2028
Gross Expenditures	392,551	127,250	–	–
Less: Internal and Capital Recovery	–	–	–	–
Total Expense	392,551	127,250	–	–
Rate Stabilization Reserve	149,800	(149,800)	–	–
External Funding	–	149,800	–	–
Other Revenue	–	–	–	–
Total Revenue	149,800	–	–	–
Net Impact – Tax	242,751	127,250	–	–
Net Impact – Utility Rate	–	–	–	–
FTEs	3.0	–	–	–

Required Capital Investment

	2025
Total Expenditures	–
Capital Reserve	–
Development Charges	–
External Funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

According to 2021 Stats Canada, 69 per cent of people in Peel identify as part of a racialized group and 18 per cent of Ontario's immigrant population reside in Peel. This initiative will support and enable organizational culture advancement and a focused wellbeing strategy development and implementation in line with the growth of Paramedic Services and the community.

Details of Service Change

The Supervisor of Culture and Wellbeing will be responsible for providing leadership, direction and oversight for ongoing program activities, including the development, implementation and continuous evolution of the program, and will set forth an annual workplan and provide specialized support by leading and managing specific program initiatives to ensure that culture, wellbeing and psychological health and safety plan initiatives are delivered in accordance with the Paramedic Services strategic plan and aligns with Health Services Leadership and Corporate priorities. This Supervisor will work with Health Services partners to ensure alignment to the delivery and focus of health equity strategies for both community and staff. The Supervisor of Workforce Transition aims to reduce absenteeism and burnout through targeted stay at work and return to work support. The changes drive overtime savings, as well as improve capacity, psychological health, employee satisfaction, and overall service quality. Since 2021, redeployed and contract staff have been supporting this portfolio and experiencing high turnover i.e. 6 analysts to date. Permanent, highly trained staff will support the sustainability of this priority across with the service, with the goal to contribute to a healthy, engaged and thriving workforce.

Service Impact

A supportive and safe workplace culture will be achieved through the development and implementation of psychological health, wellbeing and culture tactics in support of the Peel Regional Paramedic Services strategic plan. The C&W Supervisor will ensure staff meet program goals and objectives and provide strategic input and recommendations to leadership and program teams. Data driven program design methodology will be utilized to ensure relevance and reflectiveness of culture and wellbeing programs. The Culture and Wellbeing Supervisor will support Employee Resource Groups and the delivery of Council priorities. The Supervisor will collaborate with the Office of Culture and Inclusion to provide resources and tools, identify and advocate for targeted initiatives, and champion psychological health and safety and a positive workplace culture in Paramedic Services and across Health Services. The Workforce Transition Supervisor will provide workload capacity to improve the paramedic experience in workforce transition and targeted stakeholder engagement.

Budget Request #: 35

Proposed Initiative	Department	Division	Service Area
Optimizing Pharmaceutical Oversight across Health Services	Health Services	Paramedic Services	Paramedic Services

Description of Budget Request

Paramedic Services proposes support for the narcotics and pharmaceutical management by adding a pharmacist, alongside additional budget allocation, for exploring consolidated distribution through Corporate logistics, facilitated by a Pharmacy Consultant. Focus on regulatory compliance, inventory optimization, cost reduction and elevated patient care. The integration of external consultant will support the registration and regulatory compliance with the Ontario College of Pharmacists.

Required Annual Operating Investment

Impacts	2025	2026	2027	2028
Gross Expenditures	89,324	36,053	–	–
Less: Internal and Capital Recovery	–	–	–	–
Total Expense	89,324	36,053	–	–
Rate Stabilization Reserve	89,324	(89,324)	–	–
External Funding	–	89,324	–	–
Other Revenue	–	–	–	–
Total Revenue	89,324	–	–	–
Net Impact – Tax	–	36,053	–	–
Net Impact – Utility Rate	–	–	–	–
FTEs	1.0	–	–	–

Required Capital Investment

	2025
Total Expenditures	–
Capital Reserve	–
Development Charges	–
External Funding	–
Debt	–
Total Funding	–

Why Staff Recommend this Initiative

The current staffing structure for narcotic distribution entails significant workload, including inventory management and quality assurance. There is potential for inefficiencies due to task allocation and complexity.

A pharmacist would enhance oversight and sustainability, optimizing processes and ensuring compliance. Their expertise would streamline operations, improve program performance and integrity, and help ensure legislative compliance.

Details of Service Change

A pharmacist will lead to significant improvements in service levels, efficiency, and safety. Pharmacist involvement offers several advantages, including specialized knowledge of medication management, regulatory compliance, and quality assurance. Pharmacists bring expertise in medication management systems and processes, which can lead to streamlined operations and improved efficiency. Pharmacists are trained in inventory management, drug distribution systems, and quality assurance practices, allowing them to optimize medication supply chains, minimize waste, and ensure timely access to essential medications. Integrating a pharmacist into the program will enhance control over medication procurement, storage, and distribution, leading to cost savings and reduced risk. Logistics technicians are trained in supply chain management principles, inventory control, and logistics operations, making them well-suited to manage distribution and supply chain processes within a paramedic program. By leveraging the expertise of logistics technicians, paramedic agencies can ensure efficient and effective management of medication inventories, enhance supply chain visibility, and optimize resource allocation.

Service Impact

This role creates numerous efficiencies through functional realignment and process improvement, resulting in direct reduction of 29k hours from front line Management. The inclusion of a pharmacist is expected to significantly enhance productivity and efficiency. Functional realignment and process optimization will ensure that narcotics inventory management is aligned with the rest of the paramedic modular make-ready inventory management processes and systems, further enhancing operational effectiveness. The pharmacist will contribute to increased safety, ensuring compliance with regulatory requirements; this is crucial considering the findings by Enterprise Audit and Risk in 2021, which identified several control gaps. Issues such as the lack of formalized procedures for user management and unauthorized access to narcotics underscore the urgent need for intervention. This role will enable the establishment of robust control functions within the narcotics inventory management system, mitigating risks associated with loss, theft, and misuse.

Appendix I

Table 9. 2025 Financing Sources and Funding Status (in \$ thousands)

Project	Name	Description	Total Expense	Development Charges	Reserve Funds	External Funding	Debt Funding
257801	Defibrillators and medical equipment	Purchase of defibrillators and medical equipment for replacement and growth	3,695	136	3,559	—	—
257803	Ambulance fleet and support vehicles	Purchase of ambulances and administration vehicles for Peel Regional Paramedic Services program	17,323	1,200	16,123	—	—
257806	Digital Services Team – Technology Projects	Resources to support sustaining and enhancing digital solutions	990	—	990	—	—
257807	IT initiatives	IT related capital projects	479	—	479	—	—
257810	Major facility maintenance	Based on improvements for refined 10-year plan for existing ambulance facilities	317	—	317	—	—
Paramedic Services Total			\$22,804	\$1,336	\$21,468	—	—

Appendix II

Table 10. 2025 10-Year Combined Capital Program (in \$ thousands)

Project	Name	Description	2025	2026	2027	2028	2029	Yrs 6-10	Gross
257801	Defibrillators and medical equipment	Purchase of defibrillators and medical equipment for replacement and growth	3,695	1,255	2,318	1,603	7,361	22,366	38,598
257803	Ambulance fleet and support vehicles	Purchase of ambulances and administration vehicles for Peel Regional Paramedic Services program	17,323	3,545	5,232	4,850	5,842	62,258	99,049
257806	Digital Services Team – Technology Projects	Resources to support sustaining and enhancing digital solutions	990	990	990	—	—	—	2,970
257807	IT initiatives	IT related capital projects	479	651	474	383	613	3,173	5,773
257809	Reporting Station	New stations to address growth	—	6,396	66,500	—	—	—	72,896
257810	Major facility maintenance	Based on improvements for refined 10-year plan for existing ambulance facilities	317	234	473	319	3104	9,819	14,265
Paramedic Services Total			\$22,804	\$13,070	\$75,987	\$7,155	\$16,920	\$97,614	\$233,551