

# Toronto 2017 BUDGET



## OPERATING BUDGET NOTES



## Toronto Paramedic Services

### 2017 OPERATING BUDGET OVERVIEW

Toronto Paramedic Services is the sole provider of emergency medical response for the City of Toronto: a service area encompassing 650 square kilometres with a daytime population of 3.5 million people. This makes Toronto Paramedic Services the largest municipal paramedic service in Canada.

### 2017 Operating Budget Highlights

The total cost to deliver these services to Toronto residents is \$210.484 million gross and \$78.189 million net as shown below:

(in \$000's)	2016 Budget	2017 Preliminary Budget	Change	
			\$	%
Gross Expenditures	204,912.7	210,483.6	5,570.9	2.7%
Revenues	125,991.2	132,294.5	6,303.3	5.0%
<b>Net Expenditures</b>	<b>78,921.5</b>	<b>78,189.1</b>	<b>(732.4)</b>	<b>(0.9%)</b>

Through operational efficiencies and increased provincial funding, the Program was able to fully offset its base budget pressures arising mainly from annualized impacts and increases in salary and benefits costs while meeting its current service levels.

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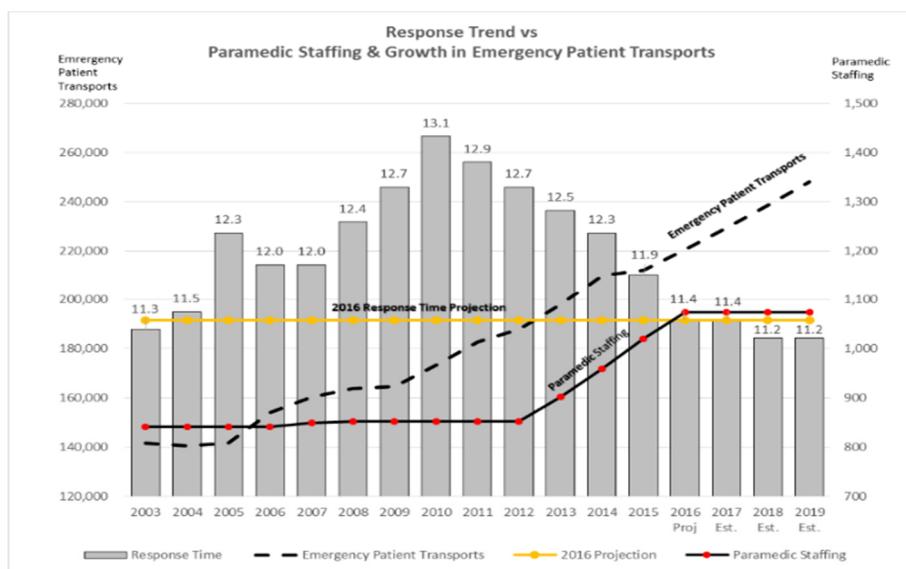
## Fast Facts

- Toronto Paramedic Services is the largest municipal paramedic ambulance service in Canada.
- 193 ambulances and response vehicles will transport 220,667 patients to hospital in 2016, a 4.0% increase from 2015.
- 2016 estimated response time is 11.4 minutes, which is the lowest since 2003.

## Trends

- Since 2005, the number of emergency patient transports provided by Paramedic Services annually has increased by 79,268 patients (56%) from 141,409 transports in 2005 to an estimated 220,677 transports in 2016 due to a growing and aging population.
- In 2016 alone, this translates to approximately 8,500 additional emergency transports over 2015.
- In spite of the increasing service demands, PS staffing relatively unchanged from 2002 to 2012. During the 2013 to 2016 period, City Council approved funding to increase staffing by 220 paramedic positions.
- As a result, PS has been able to improve its service levels during this period and achieved a projected response time of 11.4 minutes in 2016, which is the lowest it has been since 2004 by implementing several initiatives that have resulted in operating efficiencies.

## Response Trends vs Paramedic Staffing & Growth



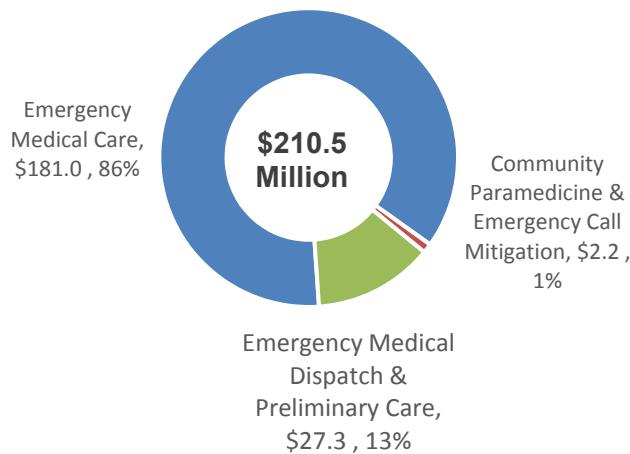
## Key Service Deliverables for 2017

Toronto Paramedic Services (PS) is the sole provider of emergency medical response for the City of Toronto and has established strategic directions with the following 2017 deliverables.

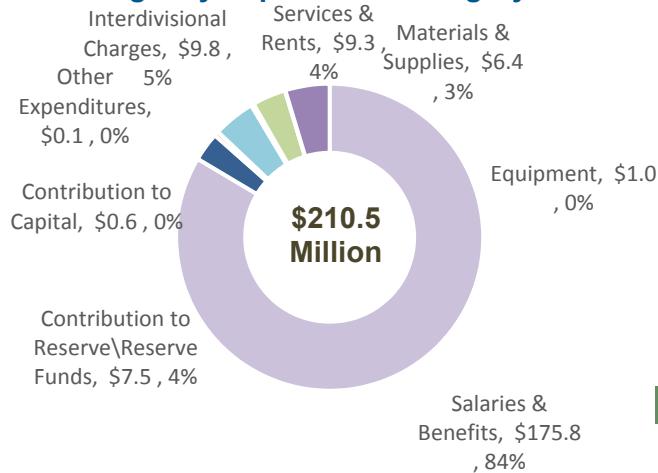
- 24-hour emergency medical response for the City of Toronto from 45 ambulance stations located across the City.
- Target response times to life-threatening emergency calls within 11.4 minutes 90% of the time.
- Provision of an estimated 229,500 emergency patient transports in 2017, an estimated increase of 4% over the projected 220,677 transports in 2016.
- Maintenance and oversight for approximately 1,550 Automatic External Defibrillators in 2017.
- Phase 1 of the transition to Multi-Function Stations to improve efficiencies in managing staff and resources will occur with the opening of the new 1300 Wilson Station

## 2017 Operating Budget

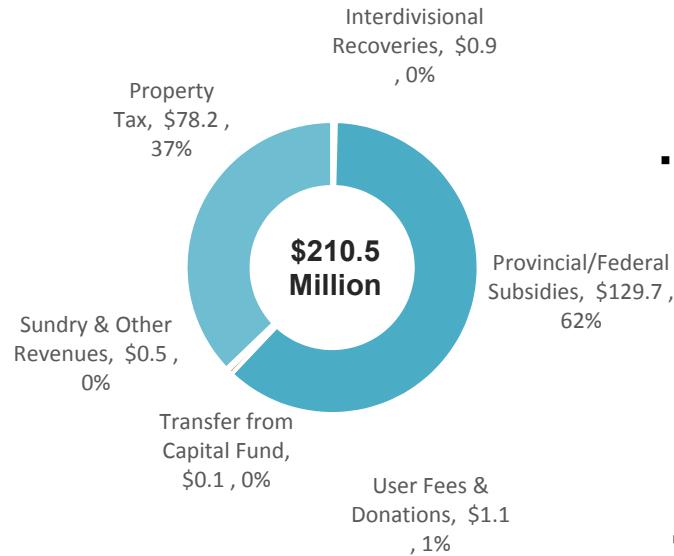
### Where the money goes: 2017 Budget by Service



### 2017 Budget by Expenditure Category



### Where the money comes from:



## Toronto Paramedic Services

### Our Key Issues & Priority Actions

- Increase in emergency call volumes with a projected annual increase of 4% to 5% due to a growing and aging population continues to be a challenge for Toronto Paramedic Services.
- ✓ Efforts continue to focus on technological improvements such as a unit-assignment software program to improve deployment and response time.
- ✓ Implementing Call diversion strategies including emergency patient transport protocol that have reduced the number of emergency transfers from community hospitals to specialty hospitals thereby improving ambulance availability.
- Provincial Subsidy Shortfall for the Central Ambulance Communications Centre (CACC) as the annual provincial funding envelope is not adjusted for cost of living adjustments.
  - ✓ PS continues to institute cost containment policies including delayed hiring to manage within Program envelope.
  - ✓ Negotiations are continuing with MOHLTC to increase funding to cover cost of living increases.

### 2017 Operating Budget Highlights

- The 2017 Preliminary Operating Budget for Toronto Paramedic Services of \$210.484 million in gross expenditures and \$78.189 million net provides funding for 3 services: Community Paramedicine & Emergency Call Mitigation, Emergency Medical Care and Emergency Medical Dispatch & Preliminary Care.
- This represents a decrease of 0.9% to the 2016 Approved Net Budget through measures taken based on the following:
  - Service efficiency through deletion of a temporary position and reallocation of staff (\$0.135 million).
  - Service Adjustments through discontinuation of Public Awareness Campaign (\$0.075 million).
- Staff complement decrease of 4 from 2016 to 2017.

## Actions for Consideration

Approval of the 2017 Preliminary Budget as presented in these notes requires that:

1. City Council approve the 2017 Preliminary Operating Budget for Toronto Paramedic Services of \$210.484 million gross, \$78.189 million net for the following services:

<b>Service</b>	<b>Gross (\$000s)</b>	<b>Net (\$000s)</b>
Community Paramedicine & Emergency Call Mitigation	2,153.9	418.6
Emergency Medical Care	181,041.9	77,127.7
Emergency Medical Dispatch & Preliminary Care	27,287.8	642.7
<b>Total Program Budget</b>	<b>210,483.6</b>	<b>78,189.0</b>

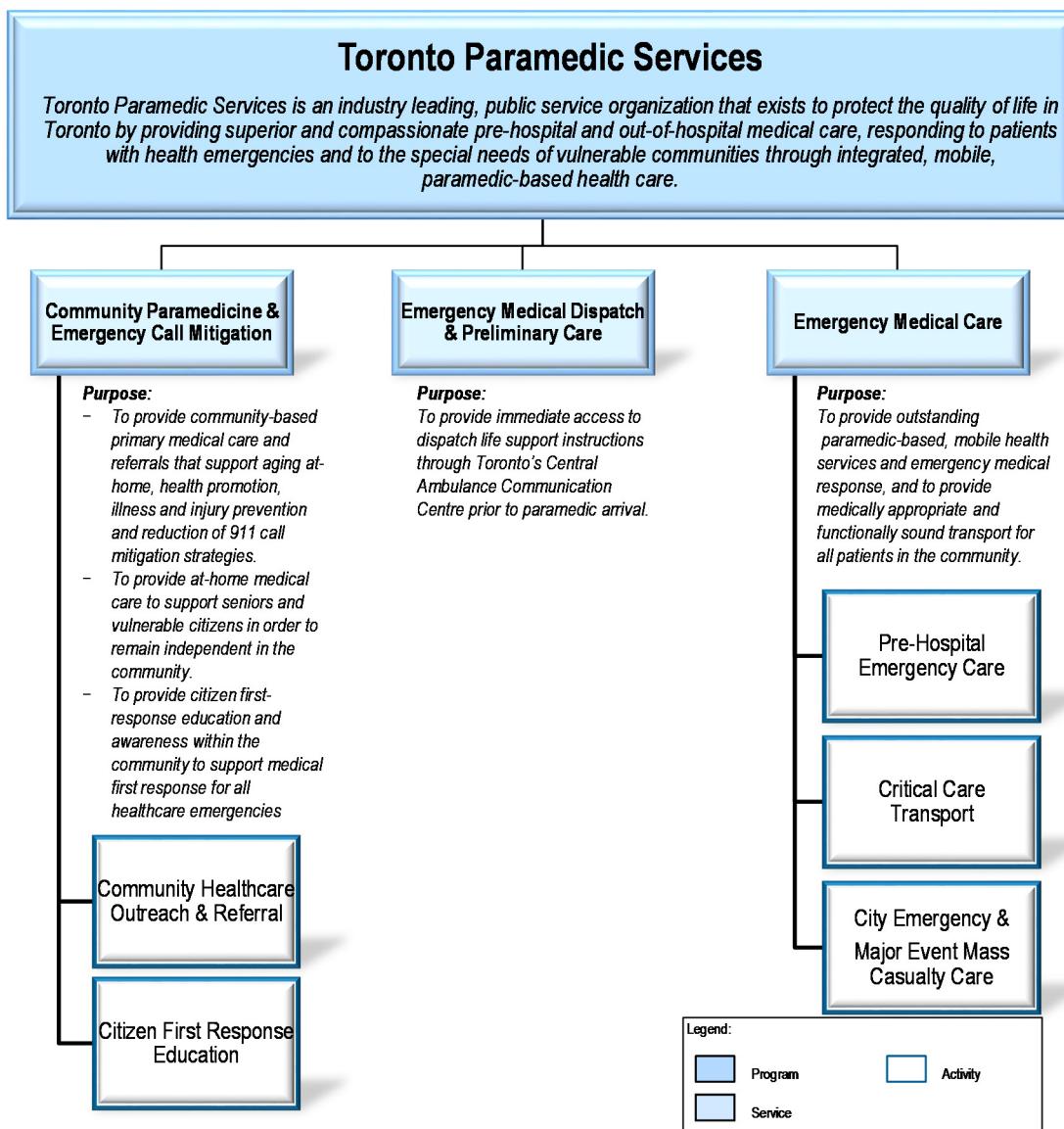
2. City Council approve the 2017 service levels for Toronto Paramedic Services as outlined on pages 15, 18, and 21 of this report, and associated staff complement of 1,446.3 positions.
3. City Council approve the 2017 other fee changes above the inflationary adjusted rate for Toronto Paramedic Services identified in Appendix 7, for inclusion in the Municipal Code Chapter 441 "Fees and Charges".



## Part 1:

### 2017-2019 Service Overview and Plan

## Program Map



### Service Customer

#### Community Paramedicine & Emergency Call Mitigation

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

#### Indirect (Beneficial)

- Residents
- Visitors

#### Emergency Medical Dispatch & Preliminary Care

- 911 Callers
- Incident Victims
- Hospitals

#### Indirect (Beneficial)

- Residents
- Visitors

#### Emergency Medical Care

- Patient
- Hospitals
- Health Care Providers

#### Indirect (Beneficial)

- Residents
- Visitors

**Table 1**  
**2017 Preliminary Operating Budget and Plan by Service**

(In \$000s)	2016		2017 Preliminary Operating Budget			2017 Preliminary vs. 2016 Budget Change	Incremental Change		
	Budget	Projected Actual	Base	New/ Enhanced	Total Budget		2018 Plan	2019 Plan	
	\$	\$	\$	\$	\$		\$	%	
<b>By Service</b>									
<b>Community Paramedicine &amp; Emergency Call Mitigation</b>									
Gross Expenditures	2,624.5	2,281.2	2,153.9		2,153.9	(470.6)	(17.9%)	(52.5)	(2.4%)
Revenue	2,141.4	1,884.4	1,735.3		1,735.3	(406.1)	(19.0%)	(114.8)	(6.6%)
<b>Net Expenditures</b>	<b>483.1</b>	<b>396.8</b>	<b>418.6</b>		<b>418.6</b>	<b>(64.5)</b>	<b>(13.3%)</b>	<b>62.4</b>	<b>14.9%</b>
<b>Emergency Medical Care</b>									
Gross Expenditures	175,733.8	175,534.0	181,041.9		181,041.9	5,308.1	3.0%	3,111.1	1.7%
Revenue	97,716.2	98,301.7	103,914.1		103,914.1	6,197.9	6.3%	1,651.5	1.6%
<b>Net Expenditures</b>	<b>78,017.6</b>	<b>77,232.3</b>	<b>77,127.7</b>		<b>77,127.7</b>	<b>(889.9)</b>	<b>(1.1%)</b>	<b>1,459.6</b>	<b>1.9%</b>
<b>Emergency Medical Dispatch &amp; Preliminary Care</b>									
Gross Expenditures	26,554.4	25,868.4	27,287.8		27,287.8	733.4	2.8%	568.3	2.1%
Revenue	26,133.6	25,880.4	26,645.1		26,645.1	511.6	2.0%	1.4	0.0%
<b>Net Expenditures</b>	<b>420.8</b>	<b>(12.0)</b>	<b>642.7</b>		<b>642.7</b>	<b>221.8</b>	<b>52.7%</b>	<b>566.9</b>	<b>88.2%</b>
<b>Total</b>									
<b>Gross Expenditures</b>	<b>204,912.7</b>	<b>203,683.6</b>	<b>210,483.6</b>		<b>210,483.6</b>	<b>5,570.9</b>	<b>2.7%</b>	<b>3,626.9</b>	<b>1.7%</b>
Revenue	125,991.2	126,066.5	132,294.5		132,294.5	6,303.4	5.0%		40.7
<b>Total Net Expenditures</b>	<b>78,921.5</b>	<b>77,617.1</b>	<b>78,189.0</b>		<b>78,189.0</b>	<b>(732.5)</b>	<b>(0.9%)</b>	<b>3,626.9</b>	<b>4.6%</b>
<b>Approved Positions</b>	<b>1,450.4</b>	<b>1,425.0</b>	<b>1,446.3</b>		<b>1,446.3</b>	<b>(4.0)</b>	<b>(0.3%)</b>	<b>(2.0)</b>	<b>(0.1%)</b>

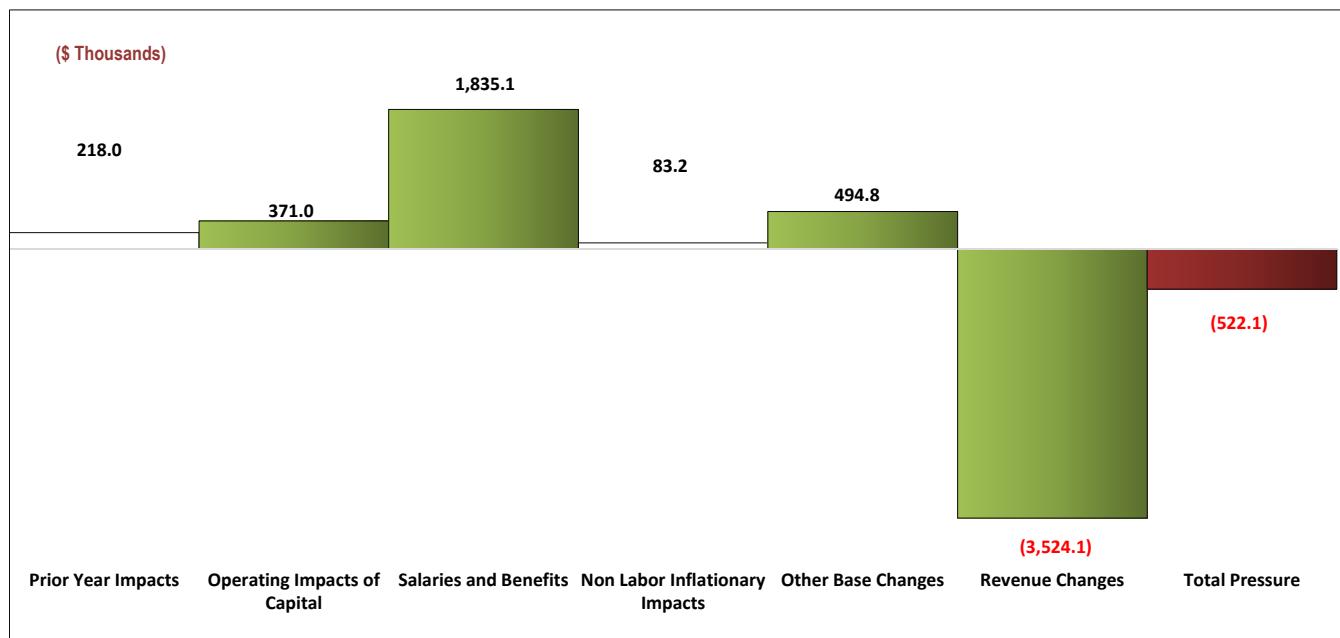
The Toronto Paramedic Services' 2017 Preliminary Operating Budget is \$210.5 million gross and \$78.2 million net, representing a 0.9% decrease to the 2016 Approved Net Operating Budget and is below the reduction target as set out in the 2017 Operating Budget Directions approved by Council by \$1.319 million or 1.7%.

Base pressures are mainly attributable to inflationary increases in salaries and benefits changes, increased funding requirements for the Workplace Safety Insurance Board (WSIB) claim payments and operating impact of capital projects.

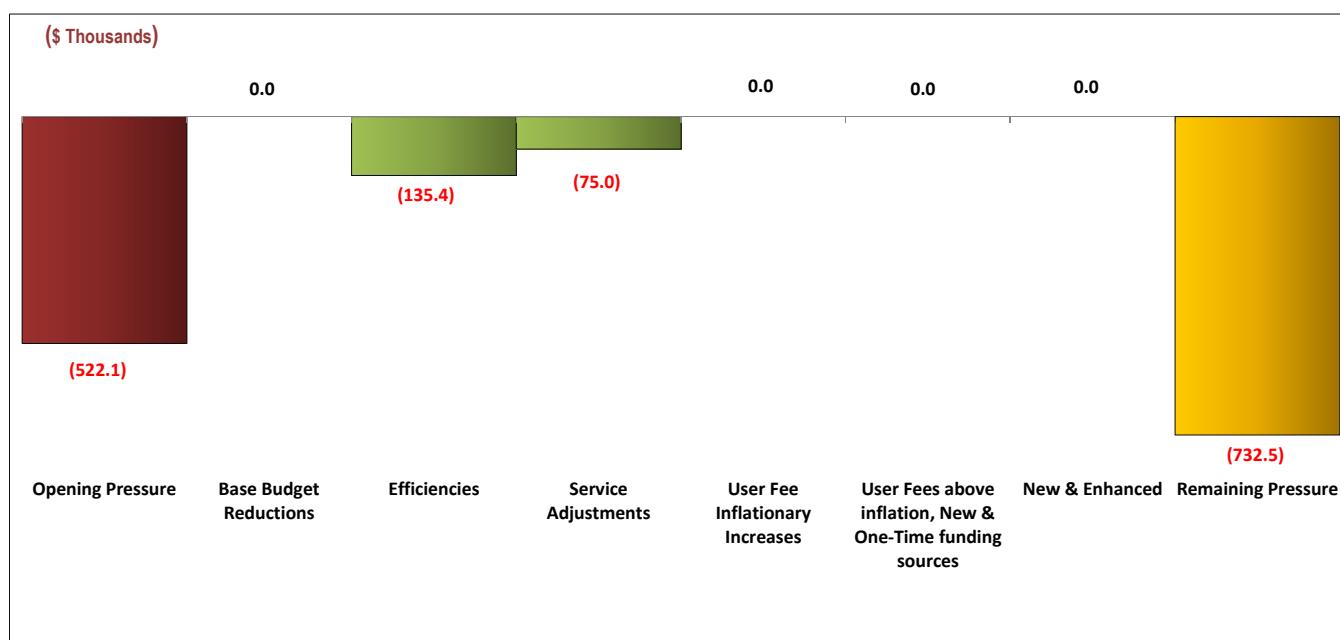
- To help mitigate the above pressures, the Program was able to achieve service efficiency savings by deleting vacant temporary Deputy Chief position, reallocating Safe City Program staff from a Corporate facility to a Paramedic Services property and discontinuing the Public Awareness campaign established in 2014. In addition, higher Land Ambulance Grant funding from the Province has helped mitigate 2017 pressures.
  - Any further service adjustments would severely impact Toronto Paramedic Services' service levels, such as response time.
- Approval of the 2017 Preliminary Operating Budget will result in Toronto Paramedic Services reducing its total staff complement by 4 positions from 1,450.4 to 1,446.3.
- The 2018 and 2019 Plan increases are attributable to salary and benefits partially offset by an increase in provincial subsidies for salaries and benefits increases.

The following graphs summarize the operating budget pressures for this Program and the actions taken that offset these pressures.

### Key Cost Drivers



### Actions to Achieve Budget Reduction Target



**Table 2**  
**Key Cost Drivers**

(In \$000s)	2017 Base Operating Budget							
	Community Paramedicine & Emergency Call Mitigation		Emergency Medical Care		Emergency Medical Dispatch & Preliminary Care			
	\$	Position	\$	Position	\$	Position		
<b>Gross Expenditure Changes</b>								
<b>Prior Year Impacts</b>								
Reversal of One-Time COLA Allocation	(9.4)		(120.9)		(4.6)		(134.8)	
Annualization of Superintendents/ Paramedic additions			55.2				55.2	
Reversal of Community Paramedicine		(3.0)					(3.0)	
Minor Position Reorganization	(0.0)		(2.3)		(0.1)		(2.4)	
Primary Care Paramedic Program			300.0				300.0	
<b>Operating Impacts of Capital</b>								
Various Projects			371.0				371.0	
<b>Salaries and Benefits</b>								
COLA, Progression Pay, Step Increases and Realignments	24.8	1.0	1,231.4	7.7	578.9	(1.4)	1,835.1	
<b>Economic Factors</b>								
Corporate EC	0.6		77.9		4.7		83.2	
<b>Zero Based Expenditures</b>								
IDC/IDR	241.8		(279.8)		156.3		118.3	
Furniture Replacement			5.5		(5.5)			
<b>Other Base Changes</b>								
Realignment of Expenditures	(144.0)		(12.9)		139.5		(17.4)	
Fuel Reduction	(0.1)		(6.0)		(0.1)		(6.2)	
WSIB Increase			337.1		62.9		400.0	
<b>Total Gross Expenditure Changes</b>	<b>113.7</b>	<b>(2.0)</b>	<b>1,956.2</b>	<b>7.7</b>	<b>932.0</b>	<b>(1.4)</b>	<b>3,001.9</b>	
<b>Revenue Changes</b>								
User Fee	(180.6)		(90.6)		(8.5)		(279.7)	
Provincial Funding (Land Ambulance Grant)	269.9		2,823.7		710.3		3,803.9	
<b>Total Revenue Changes</b>	<b>89.3</b>		<b>2,733.0</b>		<b>701.8</b>		<b>3,524.1</b>	
<b>Net Expenditure Changes</b>	<b>24.3</b>	<b>(2.0)</b>	<b>(776.8)</b>	<b>7.7</b>	<b>230.2</b>	<b>(1.4)</b>	<b>(522.2)</b>	
							<b>(3.0)</b>	

Key cost drivers for Toronto Paramedic Services are discussed below:

- Prior Year Impacts:
  - Reversal of one-time funding in 2016 for the Community Paramedicine Initiative results in the deletion of 3 temporary positions that are no longer required and \$0.135 million.
  - The continuation of Primary Care Paramedic Training Program for underprivileged students will require \$0.300 million and will be fully funded by Toronto Employment and Social Services (TESS).
- Operating Impact of Capital:
  - An increase in contribution to the Equipment Reserve and the Vehicle Reserve to ensure adequate funding for the replacement of power stretchers and ambulance vehicles; the maintenance costs for new ambulances and additional costs for the new station at 1300 Wilson Avenue partially offset by provincial funding result in a pressure of \$0.371 million.

#### Salaries and Benefits

- The major cost driver impacting all services and driving the costs for this Program are the inflationary labour costs of \$1.835 million that include COLA, step and progression payments.

- Zero Based Expenditures:

- The interdivisional charge increase of \$0.118 million is mainly attributable to increase in fuel cost and ongoing maintenance costs for the Radio Infrastructure whereby costs are shared equally between Toronto Fire Services, Toronto Police Service and Toronto Paramedic Services. This was offset by IDC from TESS of \$0.300 million for the Primary Care Paramedic (PCP) Training Program.

- Other Base Changes:
  - Increase in Workplace Safety Insurance Board (WSIB) claim payments which reflects 2015 actual expenditure of \$0.400 million.
- Revenue Changes:
  - A decline in Safe City for CPR Training and International Trauma Life Support training in the Education unit will result in the loss of user fee revenues of \$0.280 million.

In order to achieve the budget reduction target, the 2017 service changes for Toronto Paramedic Services consists of service efficiency savings of \$0.135 million net and service adjustments within the Program's current service levels of \$0.075 million net, for a total of \$0.210 million net as detailed below.

**Table 3**  
**Actions to Achieve Budget Reduction Target**  
**2017 Preliminary Service Change Summary**

Description (\$000s)	Service Changes						Total Service Changes			Incremental Change			
	Community Paramedicine & Emergency Call Mitigation		Emergency Medical Care		Emergency Medical Dispatch & Preliminary Care		\$	\$	#	2018 Plan		2019 Plan	
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Pos.	Net	Pos.	Net	Pos.
<b>Service Efficiencies</b>													
Deletion of Temporary Deputy Chief Position	(68.8)	(68.8)	(153.5)	(38.1)	(8.5)	(8.5)	(230.8)	(115.4)	(1.0)	(5.1)	(1.0)	(4.8)	
Reallocation of Safe City Staff to Paramedic Services Property	(40.0)	(20.0)					(40.0)	(20.0)					
<b>Sub-Total</b>	(108.8)	(88.8)	(153.5)	(38.1)	(8.5)	(8.5)	(270.8)	(135.4)	(1.0)	(5.1)	(1.0)	(4.8)	
<b>Service Adjustments</b>													
Discontinuation of the Paramedic Services Public Awareness Campaign			(150.0)	(75.0)			(150.0)	(75.0)					
<b>Sub-Total</b>			(150.0)	(75.0)			(150.0)	(75.0)					
<b>Total Changes</b>	(108.8)	(88.8)	(303.5)	(113.1)	(8.5)	(8.5)	(420.8)	(210.4)	(1.0)	(5.1)	(1.0)	(4.8)	

#### Service Efficiencies (Savings of \$0.271 million gross & \$0.135 million net)

##### *Deletion of Temporary Deputy Chief Position*

- Savings of \$0.231 million gross and \$0.115 million net will be realized with the deletion of a vacant temporary Deputy Chief position. This position was originally created to support succession planning purposes.

##### *Reallocation of Safe City Staff to Paramedic Services Site Office*

- Safe City Program staff will be transferred from the current corporate facility at 150 Markham Road to a Paramedic Services site office at 674 Markham Street, which is a more central location within the City. This move will result in rent savings of \$0.040 million gross and \$0.020 million net.

**Service Adjustments (Savings of \$0.150 million gross & \$0.075 million net)***Discontinue the Paramedic Services Public Awareness Campaign*

- The Paramedic Service Public Awareness Campaign was added with a budget of \$0.150 million gross and \$0.075 million net in 2015 to mitigate future call demand by helping the general public become more aware of when and where to access appropriate medical or health care resources.
- Paramedic Services will continue to educate the public through existing special events such as Paramedic Services web and social media sites and the annual Paramedic Services week.

Approval of the 2017 Preliminary Operating Budget for Toronto Paramedic Services will result in a 2018 incremental net cost of \$2.094 million and a 2019 incremental net cost of \$4.341 million to maintain 2017 service levels, as discussed in the following section.

**Table 5**  
**2018 and 2019 Plan by Program**

Description (\$000s)	2018 - Incremental Increase					2019 - Incremental Increase				
	Gross Expense	Revenue	Net Expense	% Change	Position	Gross Expense	Revenue	Net Expense	% Change	Position
<b>Known Impacts:</b>										
<b>Prior Year Impact</b>										
Annualization of PS-Community Paramedicine	(95.2)	(95.2)								
Annualization of Minor Position Reorg	13.7		13.7			15.0		15.0		
Annualization of Paramedic Positions		1,545.0	(1,545.0)							
Annualization of PCP Program	(300.0)		(300.0)		(2.0)	(50.0)		(50.0)		
Annualization of Operations Superintendents		68.2	(68.2)							
Conversion of 2 Temp Paramedics to Perm	3.6		3.6			4.2		4.2		
<b>Operating Impact of Capital</b>										
Various Programs	201.0	330.5	(129.5)			139.0	100.0	39.0		
<b>Salaries and Benefits</b>										
Salaries	510.4		510.4			7.2		7.2		
Progression Pay	658.6		658.6			681.4		681.4		
COLA and Fringe Benefits	2,463.9		2,463.9			2,757.6		2,757.6		
Stat Holiday Premiums						736.0		736.0		
<b>Other Base Changes (specify)</b>										
IDC / IDR	208.9	(323.6)	532.5			96.1	(23.6)	119.7		
Furnishing	(34.0)		(34.0)							
Fuel Adjustment	6.1		6.1							
<b>Sub-Total</b>	<b>3,637.0</b>	<b>1,524.9</b>	<b>2,112.1</b>		<b>(2.0)</b>	<b>4,386.5</b>	<b>26.4</b>	<b>4,360.0</b>		
<b>Anticipated Impacts:</b>										
<b>Other (specify)</b>										
User Fees		18.3	(18.3)				19.0	(19.0)		
<b>Sub-Total</b>	<b>18.3</b>	<b>(18.3)</b>					<b>19.0</b>	<b>(19.0)</b>		
<b>Total Incremental Impact</b>	<b>3,637.0</b>	<b>1,543.2</b>	<b>2,093.8</b>		<b>(2.0)</b>	<b>4,386.5</b>	<b>45.5</b>	<b>4,341.0</b>		

Future year incremental costs are primarily attributable to the following:

**Known Impacts:**

- Paramedic Services is projecting additional provincial funding of \$1.613 million in 2018 that reflects the Provincial share of 50% for the salaries and benefits for the 57 Paramedic positions and 2 Superintendent positions approved in 2016. The Province funds its 50% share in the 2<sup>nd</sup> year of operations.
- One-time funding for the Primary Care Paramedic (PCP) Training program will be reversed out including reduction of 2 positions no longer required.
- The operating impact increases of \$0.201 million in 2018 and \$0.139 million in 2019 are required for vehicle parts and increases to the Fleet Reserve to ensure that PS has the reserves in place to replace these vehicles at the end of their 5 year life span. This will be more than offset by Land Ambulance Grant funding to

be received beginning the year after the expenditures are realized. This will result in a net reduction of \$0.130 million in 2018 and a pressure of \$0.039 million in 2019.

- Salary and benefit increases of \$3.633 million for 2018 and \$4.182 million for 2019 are due to step increments, progression pay, associated benefits and COLA increases for Local 79 and 416. 2019 also includes statutory holiday premiums increases of \$0.736 million.
- Interdivisional charges increases are required for Kronos Software Maintenance Costs (TASS) and reduced revenue in 2018 due to the phasing out of the PCP program which is expected to end around March 2018.



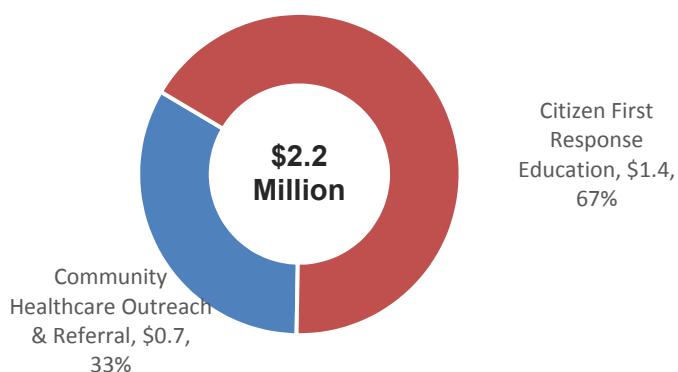
## Part 2:

### 2017 Preliminary Operating Budget by Service

## Community Paramedicine & Emergency Call Mitigation



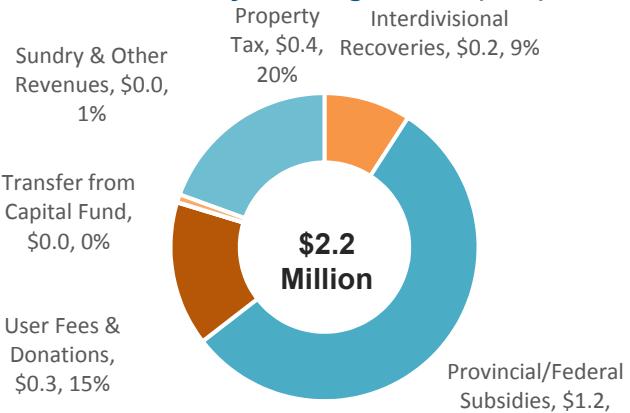
### 2017 Service Budget by Activity (\$Ms)



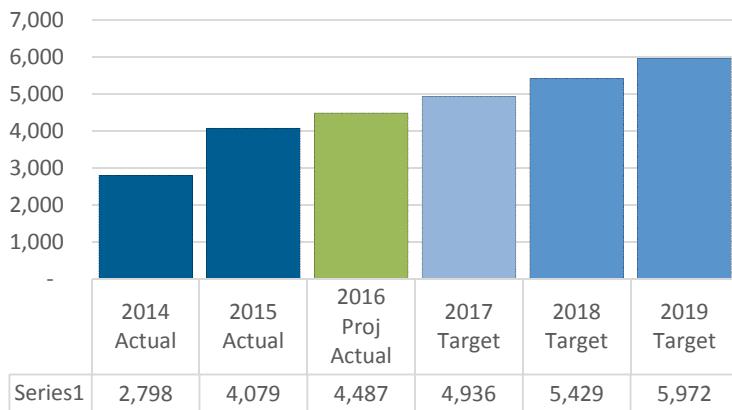
### What We Do

- Provide community-based primary medical care and referrals that support aging at home, health promotion, illness and injury prevention and reduction of 911 calls through emergency call mitigation strategies.
- Provide at-home medical care to support seniors and vulnerable citizens in order to remain independent in the community.
- Provide citizen first-response education and awareness within the community to support medical first response for all health care emergencies.

### Service by Funding Source (\$Ms)



### Number of Community Referrals by Paramedic Services (CREMS)



- Paramedics refer patients to community health agencies which allow independent and supportive aging at home and reduces emergency department visits.
- Due to an aging population, paramedic referrals are expected to increase. (81.9% of all CREMS in 2015 were for those 65 years and older).
- The paramedic's ability to refer patients electronically to Community Care Access Agencies was introduced in April 2013 leading to a significant increase in referrals.

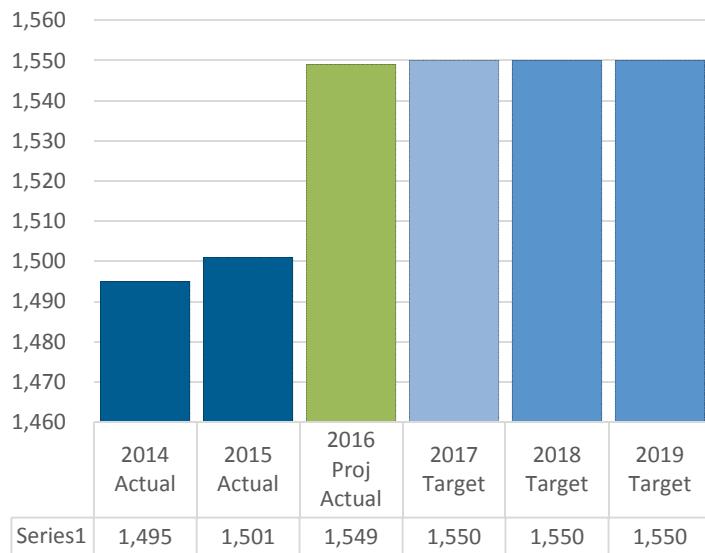
**2017 Service Levels**  
**Community Paramedicine & Emergency Call Mitigation**

<b>Sub-Activity/Type</b>		<b>Status</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Citizen First Response Education	Safe city - <b>Emergency Medical Training Courses Provided</b>	Approved	1000 courses are to be provided and over 13,000 participants certified in CPR/PAD and First Aid in 2014	1000 courses are to be provided and estimated 13,821 participants certified in CPR/PAD and First Aid in 2015	1000 courses are to be provided and estimated 13,900 participants certified in CPR/PAD and First Aid in 2016	<b>650</b> courses are to be provided and estimated <b>11,000</b> participants certified in CPR/PAD and First Aid in 2017
			1,000 Courses Provided with approximately 13,163 participants	782 Courses Provided with approximately 11,054 participants		
	Number of Registered (PAD) Public Access Defibrillators = <b>(AED)</b> <b>Automated External Defibrillators</b>	Approved	1,425 AED's registered throughout the city in 2014.	1,495 AED's registered throughout the city in 2015	1,523 AED's registered throughout the city in 2016	<b>1,550</b> AED's registered throughout the city in 2017
		Actual	1,495 AED's registered throughout the city in 2014	1,501 AED's registered throughout the city in 2015		

2017 Service Levels have been adjusted to reflect program changes realized in 2016. In particular the number of Safe City courses provided and students trained is expected to drop due to Council's decision to no longer require Taxi Drivers to obtain CPR/First Aid training.

## Service Performance Measures

### Number of Registered AEDs



- Medical studies confirm that survival rates for cardiac arrest patients increase significantly when early CPR is performed and there is quick access to a defibrillator.

**Table 6**  
**2017 Preliminary Service Budget by Activity**

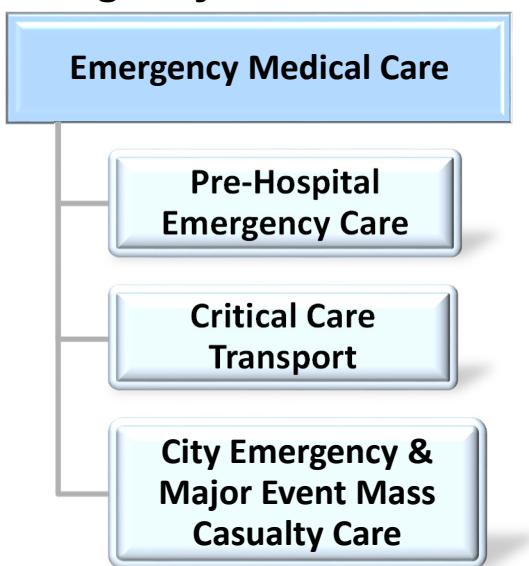
(\$000s)	2016		2017 Preliminary Operating Budget								Incremental Change			
	Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2016 Budget	% Change	New/ Enhanced	Prelim. Budget	2017 Prelim. Budget vs. 2016 Budget		2018 Plan		2019 Plan	
									\$	\$	%	\$	%	\$
<b>GROSS EXP.</b>														
Citizen First Response Education	1,624.8	1,497.3	(60.3)	1,437.0	(187.7)	(11.6%)		1,437.0	(187.7)	(11.6%)	26.1	1.8%	27.8	1.9%
Community Healthcare Outreach & Referral	999.7	765.3	(48.5)	716.9	(282.8)	(28.3%)		716.9	(282.8)	(28.3%)	(78.6)	-11.0%	22.4	3.5%
Total Gross Exp.	2,624.5	2,262.7	(108.8)	2,153.9	(470.6)	(17.9%)		2,153.9	(470.6)	(17.9%)	(52.5)	-2.4%	50.2	2.3%
<b>REVENUE</b>														
Citizen First Response Education	1,496.2	1,239.0	(20.0)	1,219.0	(277.1)	(18.5%)		1,219.0	(277.1)	(18.5%)	(19.6)		30.6	2.6%
Community Healthcare Outreach & Referral	645.2	516.3		516.3	(129.0)	(20.0%)		516.3	(129.0)	(20.0%)	(95.2)			
Total Revenues	2,141.4	1,755.3	(20.0)	1,735.3	(406.1)	(19.0%)		1,735.3	(406.1)	(19.0%)	(114.8)		30.6	1.9%
<b>NET EXP.</b>														
Citizen First Response Education	128.6	258.3	(40.3)	218.0	89.4	69.5%		218.0	89.4	69.5%	45.8	21.0%	(2.8)	(1.1%)
Community Healthcare Outreach & Referral	354.5	249.1	(48.5)	200.6	(153.9)	(43.4%)		200.6	(153.9)	(43.4%)	16.6	8.3%	22.4	10.3%
Total Net Exp.	483.1	507.4	(88.8)	418.6	(64.5)	(13.3%)		418.6	(64.5)	(13.3%)	62.4	14.9%	19.6	3.9%
Approved Positions	12.9	11.9	(0.3)	11.6	(1.3)	(10.1%)		11.6	(1.3)	(10.1%)		0.0%		

The **Community Paramedicine and Emergency Call Mitigation** is a non-emergency, community-based service with a focus on health promotion, system navigation and injury prevention. In this service, referrals are made by paramedics who respond to 911 calls based on a determination that a patient is in need of additional healthcare or support services.

The Community Paramedicine and Emergency Call Mitigation's 2017 Preliminary Operating Budget of \$2.154 million gross and \$0.419 million net is \$0.065 million or 13.3% under the 2016 Approved Net Budget.

- In addition to the base budget pressures common to all services, this service is experiencing a reduction in interdivisional recoveries of \$0.242 million mainly attributable to the Council's decision to remove the requirement for Taxi Drivers to be trained in CPR/First Aid and a reduction in user fees of \$0.181 million due to a decline in volume at Safe City for CPR/First Aid training.
- In order to partially offset these pressures, the 2017 Preliminary Operating Budget includes savings of \$0.144 million resulting from a line-by-line review and realignment of these non-payroll accounts to other services, an increase in Land Ambulance Grant from the Province totaling \$0.270 million and through service efficiency savings with the deletion of a temporary Deputy Chief position and the reallocation of Safe City Program staff to Paramedic Services property totaling \$0.089 million net.

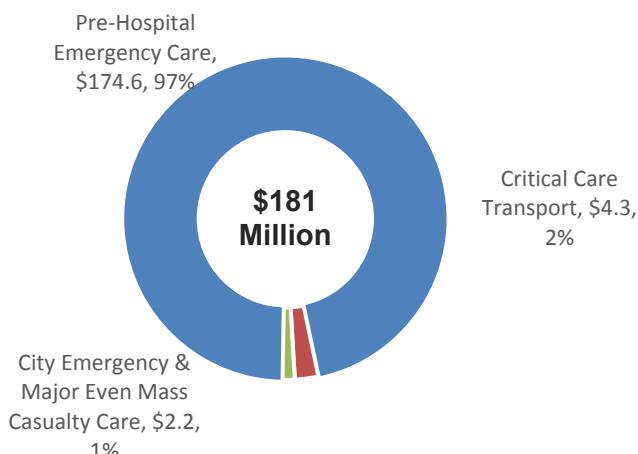
## Emergency Medical Care



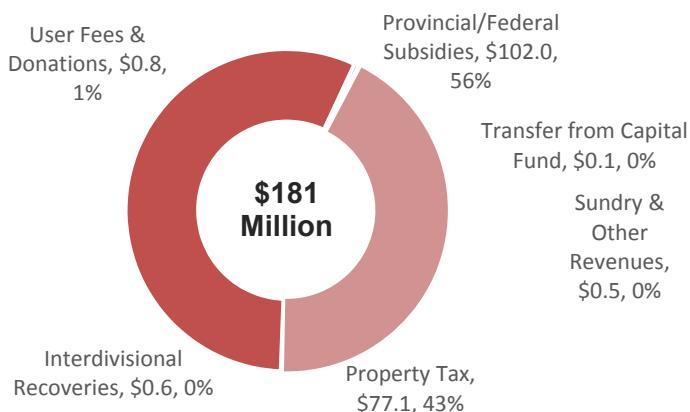
### What We Do

- Provide outstanding paramedic-based, mobile health services and emergency medical response, and provide medically appropriate transport for all patients in the community.
- Provide on-site, dedicated medical coverage for a variety of large-scale events and respond to emergencies involving mass casualty victims.

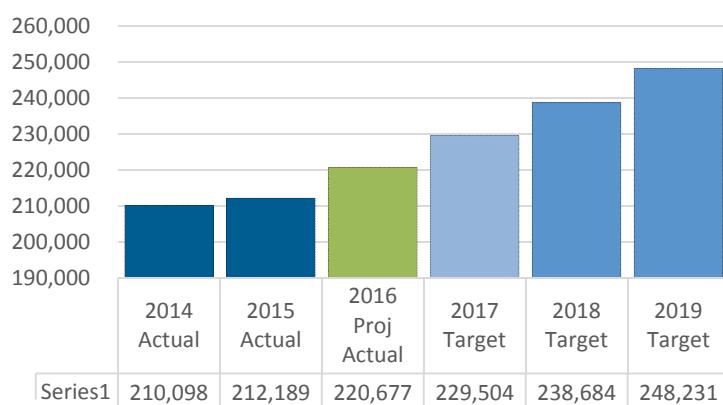
### 2017 Service Budget by Activity (\$Ms)



### Service by Funding Source (\$Ms)



### Number of Emergency Transports Provided



- The number of Emergency Patient Transports is projected to increase at a rate of 4% per year.
- Emergency Patient Transports are rising at a rate greater than Toronto's population growth.
- An aging population also contributes to the increased number of Emergency Patient Transports.

## 2017 Service Levels

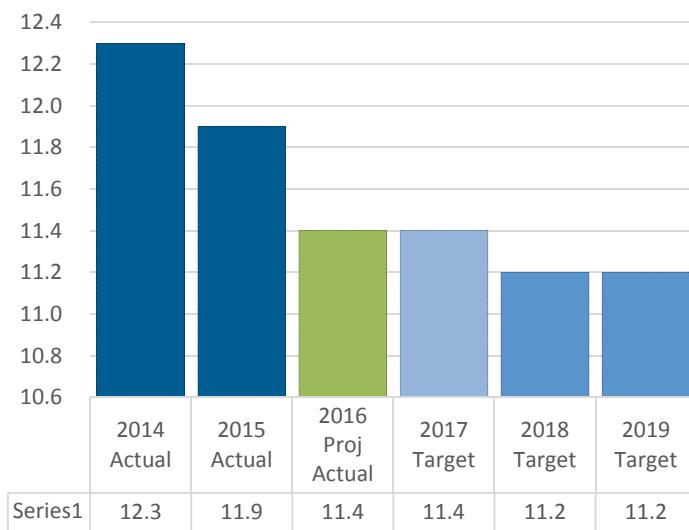
### Emergency Medical Care

Sub-Activity/Type		Status	2014	2015	2016	2017
Pre-Hospital Emergency Care	Number of Emergency Calls (Unique Incidents)	Approved	During 2014, Toronto EMS expects to respond to 272,165 unique incidents	During 2015, Toronto EMS expects to respond to 285,189 unique incidents	During 2016, Toronto EMS expects to respond to 296,597 unique incidents	During 2017, Toronto EMS expects to respond to <b>305,092</b> unique incidents
			274,200	282,075		
	Number of Patient Transports	Approved	During 2014, Toronto EMS expects to transport 206,778 patients	During 2015, Toronto EMS expects to transport 218,502 patients	During 2016, Toronto EMS expects to transport 227,242 patients	During 2017, Toronto EMS expects to transport <b>229,504</b> patients
	Length of time in minutes to arrive at life threatening calls 90% of the time	Approved	New in 2015	210,098	212,189	
				11.9		
		Actual				

Overall, the 2017 Service Levels are consistent with the approved 2016 Service Levels for Emergency Medical Care.

## Service Performance Measures

### Response Time



- Despite increased emergency call volumes, PS has been able to achieve an improvement in response time performance.
- Improved performance is attributed to: scheduling changes for frontline staff, (paramedics and dispatchers), use of part-time staff, new staff, use of improved dispatch technology, etc.
- The graph reflects the impact of continued growth in transports at a rate of 4% per year with no additional Paramedic positions in years 2017-2019.

**Table 6**  
**2017 Preliminary Service Budget by Activity**

(\$000s)	2016							2017 Preliminary Operating Budget					Incremental Change		
	Budget	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2016 Budget	% Change	New/ Enhanced	Prelim. Budget	2017 Prel. Budget vs. 2016 Budget	2018 Plan			2019 Plan		
		\$	\$	\$	\$	%	\$	\$	\$	%	\$	%	\$	%	
GROSS EXP.															
AM-City Emergency & Major Event Mass Casualty Care	1,901.7	2,207.7	(8.1)	2,199.6	297.9	15.7%		2,199.6	297.9	15.7%	48.0	2.2%	47.8	2.1%	
Critical Care Transport	1,660.0	4,270.1	(2.5)	4,267.6	2,607.6	157.1%		4,267.6	2,607.6	157.1%	75.9	1.8%	73.9	1.7%	
Pre-Hospital Emergency Care	172,172.1	174,867.6	(292.9)	174,574.7	2,402.6	1.4%		174,574.7	2,402.6	1.4%	2,987.2	1.7%	3,594.9	2.0%	
Total Gross Exp.	175,733.8	181,345.3	(303.5)	181,041.9	5,308.1	3.0%		181,041.9	5,308.1	3.0%	3,111.1	1.7%	3,716.7	2.0%	
REVENUE															
AM-City Emergency & Major Event Mass Casualty Care	1,680.8	1,825.5		1,825.5	144.6	8.6%		1,825.5	144.6	8.6%	9.5		9.6	0.5%	
Critical Care Transport	3,355.5	3,672.4		3,672.4	316.9	9.4%		3,672.4	316.9	9.4%	0.1		0.1	0.0%	
Pre-Hospital Emergency Care	92,679.8	98,606.6	(190.4)	98,416.2	5,736.4	6.2%		98,416.2	5,736.4	6.2%	1,641.9		(1.0)		
Total Revenues	97,716.2	104,104.5	(190.4)	103,914.1	6,197.9	6.3%		103,914.1	6,197.9	6.3%	1,651.5		8.6	0.0%	
NET EXP.															
AM-City Emergency & Major Event Mass Casualty Care	220.9	382.2	(8.1)	374.1	153.2	69.4%		374.1	153.2	69.4%	38.4	10.3%	38.3	9.3%	
Critical Care Transport	(1,695.6)	597.7	(2.5)	595.1	2,290.7	(135.1%)		595.1	2,290.7	(135.1%)	75.9	12.7%	73.8	11.0%	
Pre-Hospital Emergency Care	79,492.3	76,260.9	(102.5)	76,158.5	(3,333.8)	(4.2%)		76,158.5	(3,333.8)	(4.2%)	1,345.3	1.8%	3,596.0	4.6%	
Total Net Exp.	78,017.6	77,240.8	(113.1)	77,127.7	(889.9)	(1.1%)		77,127.7	(889.9)	(1.1%)	1,459.6	1.9%	3,708.1	4.5%	
Approved Positions	1,235.6	1,249.9	(0.7)	1,249.2	13.6	1.1%		1,249.2	13.6	1.1%	(2.0)	-0.2%			

The **Emergency Medical Care** services provide emergency and preventative care to the people of

Toronto through activities such as pre-hospital emergency care, inter-facility patient transport services and mass casualty care.

The Emergency Medical Care's 2017 Preliminary Operating Budget of \$181.042 million gross and \$77.128 million net is \$0.890 million or 1.1% under the 2016 Approved Net Budget.

- In addition to the base budget pressures common to all services, this service is experiencing pressures from adding new power stretchers and ambulance vehicles requiring an increase of \$0.371 million to the Equipment Reserve and the Vehicle Reserve to ensure adequate funding for the replacement of these added fleet and equipment.
- A pressure \$0.300 million to develop course materials for the Primary Care Paramedic Program for vulnerable students aimed at recruiting from diverse communities, funded by Toronto Employment and Social Services (TESS).
- The annualized impact of \$0.055 million for 59 positions (57 Paramedics and 2 Superintendent) approved in 2016.
- An increase in WSIB budget to align with actual experience of \$0.337 million.
- These pressures were more than offset by revenue changes from increased Land Ambulance Grant funding totaling \$2.823 million and service efficiency savings of \$0.113 million net as noted below:
  - Reduction of one temporary Deputy Chief position of \$0.154 million gross and \$0.038 million net; and
  - Discontinuation of the Paramedic Services Public Awareness Campaign of \$0.150 million gross and \$0.075 million net.

## Emergency Medical Dispatch & Preliminary Care

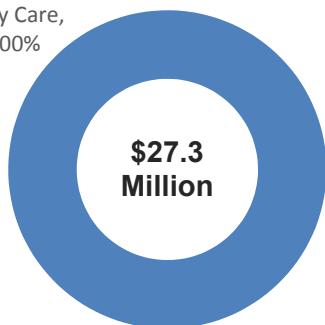
### What We Do

#### Emergency Medical Dispatch & Preliminary Care

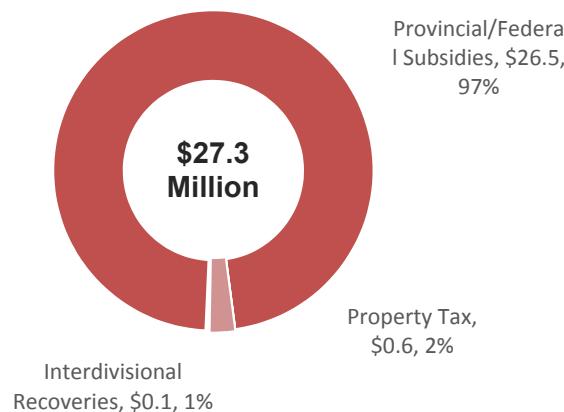
- Provide immediate access to dispatch life support instructions through Toronto's Central Ambulance Communications Centre prior to paramedic arrival.

### 2017 Service Budget by Activity (\$Ms)

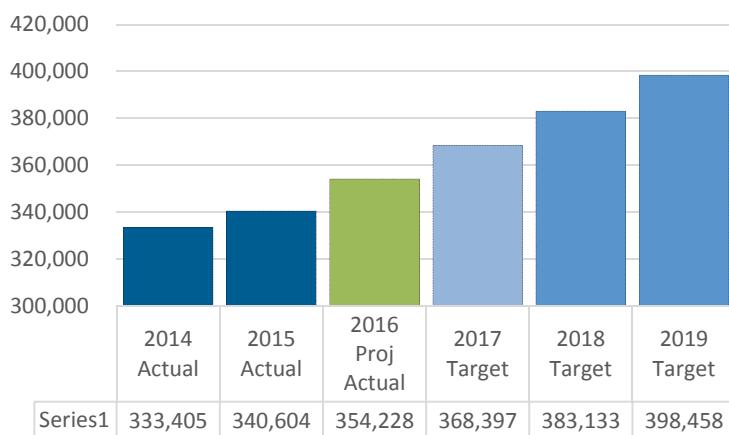
Emergency Medical Dispatch & Preliminary Care, \$27.3, 100%



### Service by Funding Source (\$Ms)



### Number of Calls Processed



- The number of emergency calls to be processed is projected to increase at a rate of 4% per year.
- Emergency Calls are rising at a rate greater than Toronto's population growth.
- An aging population also contributes to the increased number of Emergency Calls received.

## 2017 Service Levels

### Emergency Medical Dispatch & Preliminary Care

	<b>Sub-Activity/Type</b>	<b>Status</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Emergency Medical Dispatch & Preliminary Care	Length of time in minutes to process life threatening calls 90% of the time	Approved		New in 2016	During 2016, Toronto PS expects to process life threatening calls 90% of the time in 3.0 minutes	During 2017, Toronto PS expects to process life threatening calls 90% of the time in <b>2.47</b> minutes
		Actual	N/A	2.51 minutes		
	Number of Calls Processed	Approved		New in 2016	In 2016, Toronto PS expects to process 360,611 calls	In 2017, Toronto PS expects to process <b>368,397</b> calls
		Actual	333,405	340,604		

Overall, the 2017 Service Levels are consistent with the approved 2016 Service Levels for Emergency Medical Dispatch & Preliminary Care.

**Table 6**  
**2017 Preliminary Service Budget by Activity:**

(\$000s)	2017 Preliminary Operating Budget							2017 Prelim. Budget vs. 2016 Budget	Incremental Change		
	2016	Base Budget	Service Changes	Preliminary Base	Prelim. Base Budget vs. 2016 Budget	% Change	New/ Enhanced	Prelim. Budget	2018 Plan	2019 Plan	
	\$	\$	\$	\$	\$	%	\$	\$	\$	%	\$
<b>GROSS EXP.</b>											
Emergency Medical Dispatch & Preliminary Care	26,554.4	27,296.3	(8.5)	27,287.8	733.4	2.8%		27,287.8	733.4	2.8%	568.3
Total Gross Exp.	26,554.4	27,296.3	(8.5)	27,287.8	733.4	2.8%		27,287.8	733.4	2.8%	568.3
<b>REVENUE</b>											
Emergency Medical Dispatch & Preliminary Care	26,133.6	26,645.1		26,645.1	511.6	2.0%		26,645.1	511.6	2.0%	1.4
Total Revenues	26,133.6	26,645.1		26,645.1	511.6	2.0%		26,645.1	511.6	2.0%	1.4
<b>NET EXP.</b>											
Emergency Medical Dispatch & Preliminary Care	420.8	651.2	(8.5)	642.7	221.8	52.7%		642.7	221.8	52.7%	566.9
Total Net Exp.	420.8	651.2	(8.5)	642.7	221.8	52.7%		642.7	221.8	52.7%	566.9
Approved Positions	189.6	185.5	(0.0)	185.5	(4.1)	(2.2%)		185.5	(4.1)	(2.2%)	0.0%

The **Emergency Medical Dispatch & Preliminary Care** service is the initial access point to City of Toronto's Paramedic Services. This service responds to victims of illness or injury through its Central Ambulance Communication Centre (CACC). PS provides ambulance communication services that are seamless, integrated, accountable, accessible and responsive to the emergency requirements of the City of Toronto residents.

The Emergency Medical Dispatch & Preliminary Care's 2017 Preliminary Operating Budget of \$27.288 million gross and \$0.643 million net is \$0.222 million or 52.7% above the 2016 Approved Net Budget.

- In addition to the base budget pressures common to all services, this service is experiencing cost increase of \$0.156 million for increased maintenance costs to support Radio Infrastructure shared equally by Toronto Police Services, Toronto Fire Services and Toronto Paramedic Services; increase in WSIB budget to align with actual experience of \$0.063 million and the realignment of non-payroll accounts based on actual experience totaling \$0.140 million.
- The above pressures have been partially offset by increased Land Ambulance Grant funding from the Province totaling \$0.710 million.



## Part 3:

### Issues for Discussion

## Issues Impacting the 2017 Budget

### Budget Reduction Target

- At its meeting on July 12, 2016, the "2017 Budget Process: Budget Directions and Schedule" staff report (EX16.37) was submitted for consideration and adopted by City Council regarding the establishment of the 2017 Budget Process and the scheduling of the review and approval of the Tax and Rate Supported 2017 Operating Budget and 2017-2026 Capital Budget and Plan for the City of Toronto.  
(<http://www.toronto.ca/legdocs/mmis/2016/ex/bgrd/backgroundfile-94519.pdf>)
- City Council adopted an across the board budget reduction target of -2.6% net below the 2016 Approved Net Operating Budgets for all City Programs and Agencies utilizing strategies including but not limited to controlling expenditures through cost saving measures, and exploring all services for efficiency savings including opportunities from business process reengineering, streamlining, transformation and innovation to service delivery.
- The Toronto Paramedic Services' 2017 Preliminary Operating Budget is \$210.484 million gross and \$78.189 million net, representing a 0.9% decrease from the 2016 Approved Net Operating Budget. This reduction is \$1.319 million net or 1.7% below the budget reduction target of -2.6%, as set out in the 2017 Operating Budget Directions approved by Council for all City Programs, Agencies and Accountability Offices.
- PS applied the following strategies to move towards Council directed budget target:
  - Service efficiencies savings from deletion of temporary Deputy Chief Position and reallocation of Safe City staff to Paramedic site office resulted in savings of \$0.271 million gross and \$0.0135 million net.
  - Service adjustments from discontinuation of the Paramedic Services Public Awareness Campaign resulted in savings of \$0.150 million gross and \$0.075 million net.
- In order to meet City Council's budget reduction target of -2.6%, the Program submitted further service adjustments, as noted in the table below, which will provide additional savings of \$3.436 million gross and \$1.718 million net which would bring the 2017 Preliminary Operating Budget to \$207.047 gross, \$76.471 million net or -3.1% below the 2016 Approved Net Operating Budget.

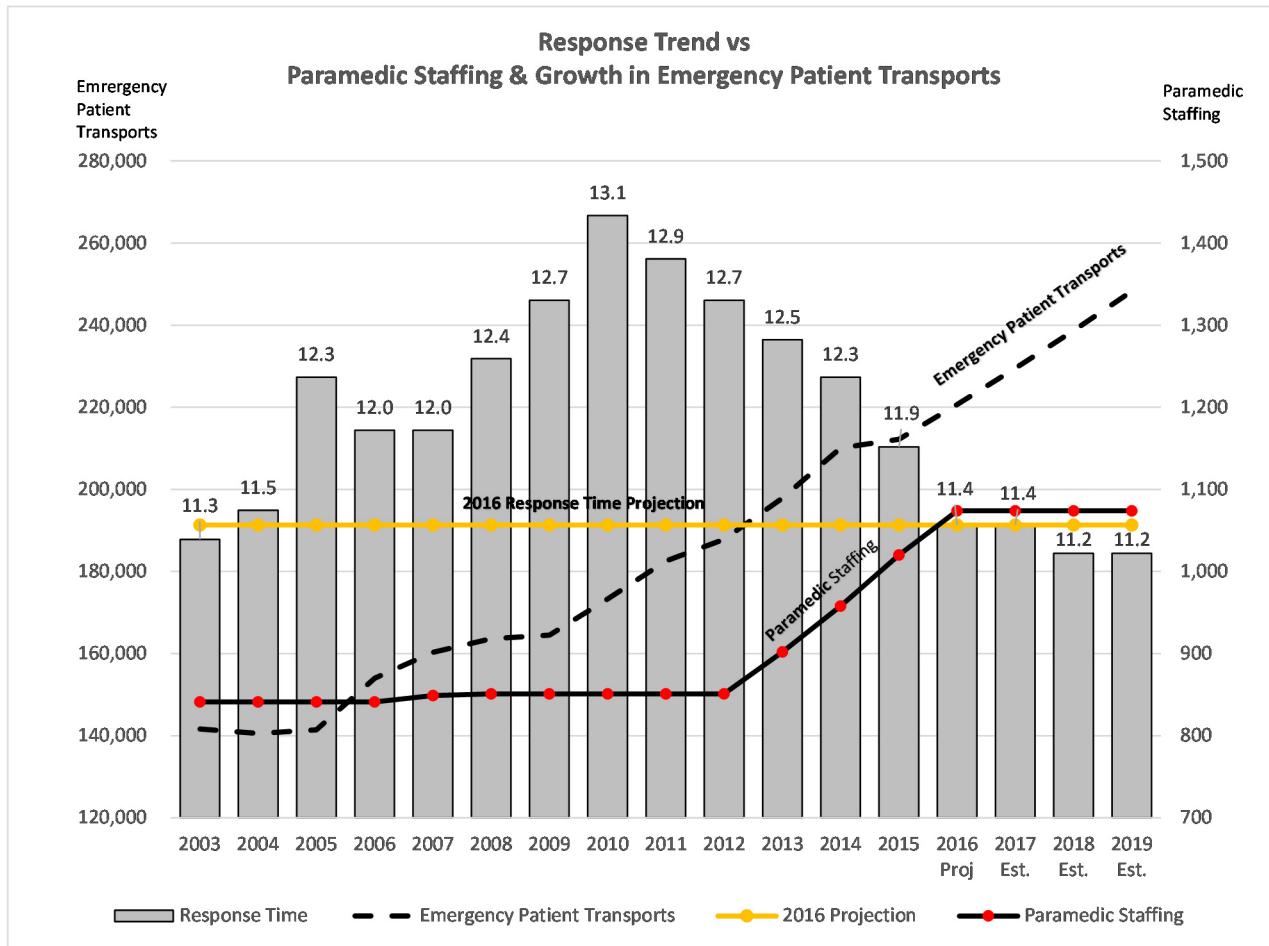
Description (\$000s)	Service Changes						Total Service Changes			Incremental Change			
	Community Paramedicine & Emergency Call Mitigation		Emergency Medical Care		Emergency Medical Dispatch & Preliminary Care		\$	\$	#	2018 Plan		2019 Plan	
	Gross	Net	Gross	Net	Gross	Net	Gross	Net	Pos.	Net	Pos.	Net	Pos.
<b>Not Included</b> Reduction of Paramedic Complement by 28 positions			(3,436.1)	(1,718.0)			(3,436.1)	(1,718.0)	(28.0)	(656.0)		(29.6)	
<b>Total Service Adjustment (Not Included)</b>			(3,436.1)	(1,718.0)			(3,436.1)	(1,718.0)	(28.0)	(656.0)		(29.6)	

- Between 2005 and 2015, Paramedic Services' emergency patient transports increased by 50.1% (or more than 70,780 patients per year) and growth is expected to continue at 4% to 5% annually, which increases at a rate greater than the city's population growth, due to an aging population.
- As part of the City Manager's 2012/2013 Service & Efficiency Review, resource modeling by a third-party consultant confirmed that Toronto Paramedic Services required enhanced paramedic resources over the subsequent four years to meet current increases in call demand for emergency medical response.
- As a result of these increased volumes, on July 19, 2013, City Council approved a four-year staffing plan for Paramedic Services and authorized the Chief of Paramedic Services to bring forward a business case through the 2014 and future years' budgets to add 169 paramedic positions over the subsequent three years, including 56 positions in 2014, 56 positions in 2015, and 57 positions in 2016. City Council has approved each of these staff increases as part of the Program's annual operating budgets in 2014, 2015 and 2016.

- A reduction of 28 paramedic positions will significantly reduce ambulance availability and impact response time reliability for life-threatening emergency calls, which will negatively affect the care, treatment and outcomes of patients.
- The above listed service adjustment is not included in the 2017 Preliminary Budget for Toronto Paramedic Services, however, it is included for Council's consideration as part of the list of Service Adjustments to be distributed for Budget Committee's consideration in the 2017 Budget process.

**PS Operating Efficiencies and its impact on PS Response Time and Service Levels**

- Toronto Paramedic Services'(PS) has been successful in implementing operating efficiencies to address increased service demand resulting from the increase in emergency patient transports experienced over the last 10 years.
- The drivers of PS increased emergency patient transports include and are not limited to:
  - Aging population:
    - After age 55, need for emergency transportation rises exponentially
    - PS treats 30% of all residents 75+ years of age at least once per year
  - Rising population:
    - In Toronto, PS is treating approximately 7% of the population per year
  - Polarized socio-economic status:
    - Compromised baseline health
    - Fragmented support systems
    - Reliance on PS and public services
  - No Family physician for significant portion of the population, resulting in PS as the first resort
- This increasing trend has impacted PS' response time to life threatening calls which reached its peak at 13.1 minutes in 2010 but has now improved to an average of 11.4 minutes projected in 2016, which is the lowest response time in the past decade.
  - ✓ Response time refers to the entire response time from answering the phone at the dispatch centre to arrival of the paramedics at the scene.

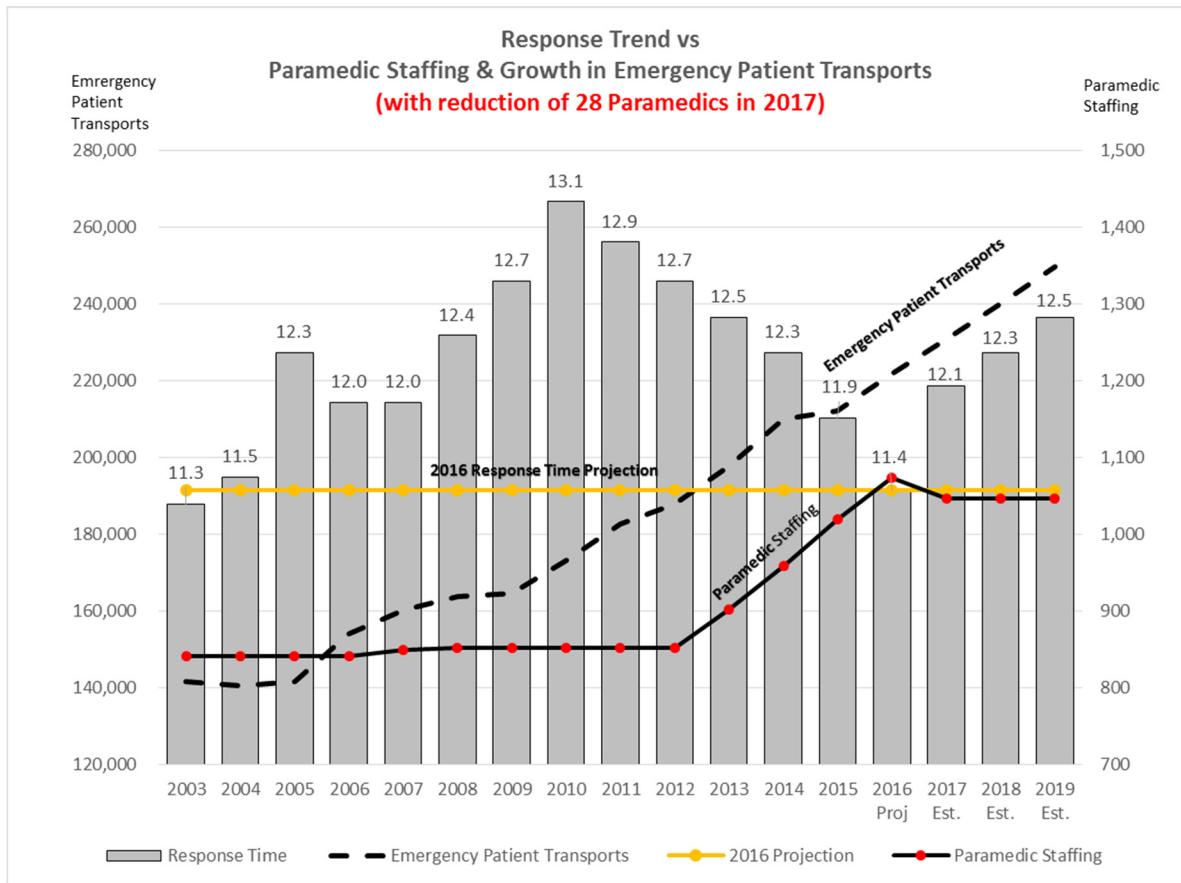
***Emergency Transport and Emergency Response Trends******Table 1a – Response Trends and Paramedic Staffing (at the current Staffing level)*****Response Trend vs Paramedic Staffing & Growth in Emergency Patient Transports**

As shown in the chart above:

- Since 2005, the number of emergency patient transports provided by Paramedic Services annually has increased by 79,268 patients (56%) from 141,409 transports in 2005 to an estimated 220,677 transports in 2016 due to a growing and aging population.
- In 2016 alone, this translates to approximately 8,500 additional emergency transports over 2015.
- In spite of the increasing service demands, PS staffing remained unchanged from 2005 to 2012. During the 2013 to 2016 period, City Council approved funding to increase staffing by 220 paramedic positions.
- As a result, PS has been able to improve its service levels during this period and achieved a projected response time of 11.4 minutes in 2016, which is the lowest it has been since 2004 by implementing several initiatives that have resulted in operating efficiencies described in the following sections.
- Note: If the 28 Paramedics will be reduced in 2017, the response trend will reverse course (see Table 1b below)

- In considering the 2017 reduction of 28 paramedic positions, Council should note that the PS system improvements demonstrated in the past five years will be negatively impacted in the following ways:
  - Increased response times to life-threatening emergency calls, which will negatively affect the care, treatment and outcomes of patients.
  - Increased overtime required to address demand
  - Emergency patients requiring transport outstripping available resources
  - Increased staff workload

**Table 1b – Response Trends and Paramedic Staffing (Excludes 28 Paramedics in 2017)**



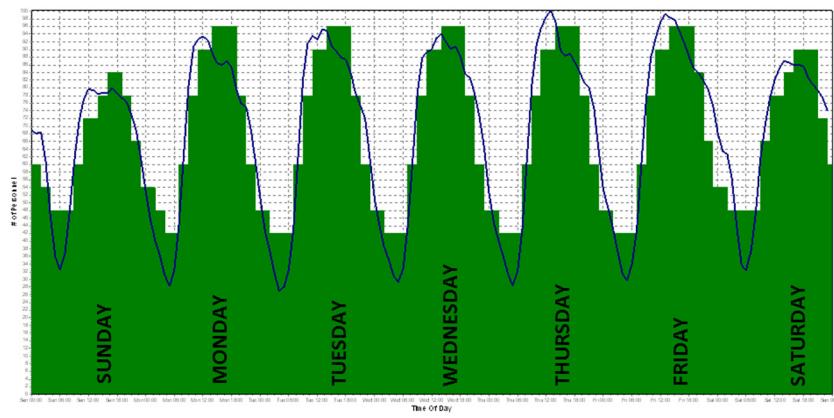
#### **Toronto Paramedic Services' (PS) Response Time to Life Threatening Calls**

- PS response time for life threatening calls in 2016 is projected at an average 11.4 minutes, reflecting an improvement of 1.7 minutes compared to the 13.1 minutes response time in 2010. In the provision of emergency medical services to life threatening calls, a shorter response time has been linked to improved health outcomes for patients.
- PS, over the last 10 years, has instituted high impact changes on the performance management of emergency response, both operational and dispatch, to bring about a real and sustained improvement in response time and patient care. These changes include implementation of program initiatives, improved dispatch technology, operating efficiencies as well as an increase in paramedic positions which have all contributed to the improvement of response time. Some of these changes are described below:

➤ **Revised Schedules for Paramedics, Dispatchers and Superintendents**

- As part of the 2012-2015 Local 416 collective agreement, the 35-year-old schedule for paramedics was replaced with a new and efficient schedule system that better matched paramedic staffing to call demand.
- With the assistance of a scheduling expert, a new schedule was implemented in January 2013 taking into account operational requirements, paramedic preferences and physiological issues. The effect of the new schedule significantly improved coverage on weekends and night shifts (See Table 2).
- In February 2014, a similar scheduling change was implemented in the communications centre for emergency medical dispatchers.
- In 2014, frontline management schedules were also adjusted to better align superintendents to assigned staff. The schedule change impacted break and peak shift-change periods that resulted in a reduction in costs for end-of-shift overtime and missed meal allowance.

Table 2: Staffing to Call Demand



➤ **Reduction in Non-Emergency Patient Transfers**

- In 2011, the KPMG Core Service Review Report for Paramedic Services identified the need for additional paramedic resources to respond to increased emergency call demand as opposed to responding to non-emergency inter-facility patient transports. It was recommended that the City consider outsourcing some or all of the non-emergency inter-facility transports.
- In 2013, the EMS/Fire Efficiency Study also identified the need to focus on maximizing resources in response to emergency medical calls.
- With PS re-allocating resources to meet the medical demands, private patient transfer service companies are utilized by hospitals to transfer non-emergency patients between facilities that do not require the presence of paramedics.
- Over the course of several years, the non-emergency call volume for Paramedic Services has dropped from about 40% of total call volume in the 1970s to approximately 1% in 2016 (unit responses, not patients transported).

➤ **Emergency Patient Transport Protocols**

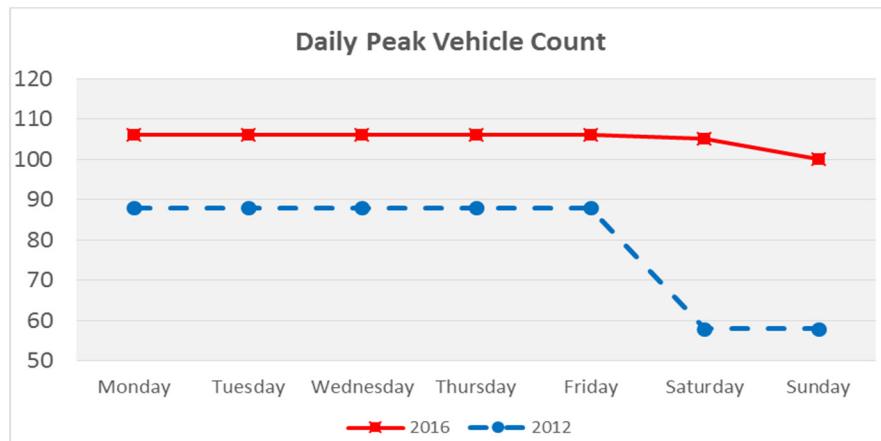
- Toronto Paramedic Services has implemented several emergency patient transport protocols that have demonstrated improved survival outcomes by transporting patients directly to specialty units within specific hospitals.

- These protocols have dramatically reduced the number of emergency transfers from community hospitals to specialty hospitals, thereby improving ambulance unit availability. Some of these patient transport protocols include trauma patients, STEMI Heart Attacks, Stroke patients, post cardiac arrest patients, pediatric patients, burn patients, etc.

➤ **2014 – Addition of Part-Time Paramedics**

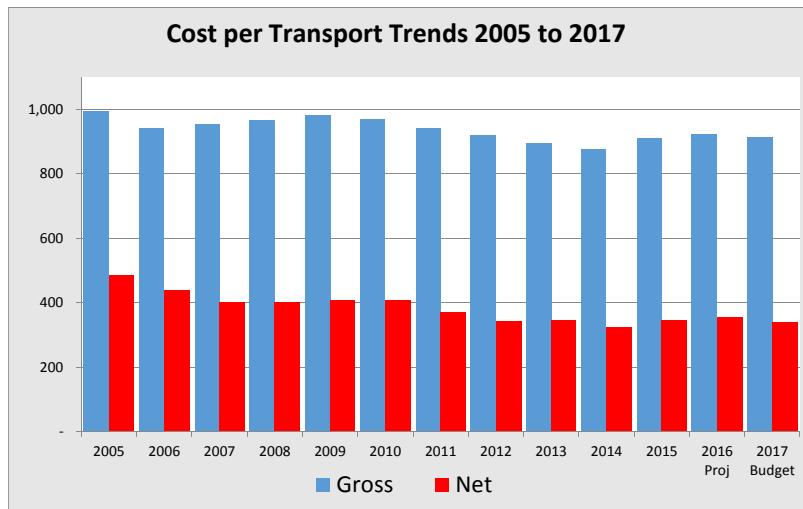
- As part of the 2012 Local 416 collective bargaining agreement, PS obtained authority to add part-time paramedics.
- In mid-2014, the first class of part-time paramedics was hired.
- Part-time staff are utilized to cover planned vacations, lieu time, legislated leaves of absence and training of permanent staff to ensure that ambulance counts are maintained at required levels resulting in a more efficient use of staff resources and reduced overtime for full-time staff.
- Table 3 below shows an increase in vehicle count during peak hours on a daily basis.

Table 3: Daily Peak Vehicle Count



➤ **Improved Dispatch Technology**

- In 2011, PS implemented a unit-assignment software program (provided within the OPTIMA software package) which increased the speed with which PS' Communications Centre dispatched ambulance vehicles, saving valuable seconds in the dispatch/response times for emergency calls.
- The software program uses historical data to predict where the next emergency calls will occur so performance analysts can adjust dynamic deployment plans for dispatchers to efficiently place ambulances in areas where calls are anticipated and thereby minimize response times.
- Dynamic deployment is a common term used in ambulance services to describe the practice of moving resources closer to the predicted source of the next call.
- Another benefit of this technology is that it recommends to the dispatcher the most appropriate paramedic resource to meet the immediate needs of the patient.
- The dispatch software also generates overtime savings as it automatically identifies paramedic crews who are 30 minutes away from completing their shift. This information is taken into consideration when dispatching an emergency vehicle thereby reducing end-of-shift overtime costs.
- With the implementation of above mentioned initiatives over the past few years, PS has been able to significantly reduce the cost per transport as indicated in Table 4 below.

**Table 4 – Gross & Net Cost per Transport Trends**

- Since 2005 the gross cost per transport has decreased by 7.9% while the net cost per transport has decreased by 30.1%
- Over this period the number of emergency patient transports provided by Paramedic Services annually has increased by 88,091 patients (62%) from 141,409 transports in 2005 to an estimated 229,500 transports in 2017 due to a growing and aging population.

➤ **Time and Attendance & Scheduling System (TASS)**

- Several new initiatives are currently being pursued by PS to support its critical needs while improving operations. One of these solutions is TASS.
- TASS is a new scheduling system to address the complex scheduling requirements that are required to support the critical operations of PS and the unique work scheduling needs of Parks, Forestry and Recreation (PF&R).
- TASS is a new and highly integrated IT platform, currently being implemented with Corporate IT which will eventually be expanded and used by other City Divisions. It requires a large volume of remote mobile access (i.e., from home) to staff, such that, staff might be readily scheduled and informed of work assignments.
- System development will be completed with go-live expected in December 2016. The 2017 experience with the new scheduling system is expected to identify any operating efficiencies that may result in time for the 2018 Budget process.

➤ **100% Provincially Funded Offload Nurses Program**

- In 2008, the Ministry of Health & Long Term Care (MOHLTC) implemented the Dedicated Offload Nurses Program (DON) which is 100% funded by the Province. The program provides funding to purchase nursing hours at hospitals to assist PS paramedics to offload patients in hospitals throughout the City of Toronto.
- PS works collaboratively with all its Toronto hospital partners providing detailed data of offload wait times identifying hospitals that have difficulty with offloading patients. All Toronto hospitals have integrated the DON resources into their daily operations in an ongoing effort to reduce ambulance wait times and increase ambulance availability.

**Provincial Grant Shortfall for Central Ambulance Communications Centre (CACC) (100% Provincially Funded)**

- The 2017 Preliminary Operating Budget for CACC assumes a provincial subsidy consistent with the established Provincial subsidy rate of 100% for CACC. The CACC program has experienced funding shortfalls since 2009 the table below (in millions) shows shortfalls for the last 5 years.
- The funding shortfall is due to yearly cost of living adjustments for the Program not currently funded by the Province.
- In 2015, PS included a reduction of \$1.200 million in salaries and benefits with a corresponding reduction in the Provincial grant to better reflect the expected Provincial subsidy.

	2012			2013			2014			2015			2016 Proj Act		
	Bud	Act	Var	Bud	Act	Var									
Gross Revenue	20.9	19.2	(1.7)	21.5	19.9	(1.6)	23.7	21.5	(2.2)	22.8	22.5	(0.3)	23.0	22.8	(0.2)
Net	20.9	19.0	(1.9)	21.5	19.4	(2.1)	23.7	21.3	(2.4)	22.8	22.2	(0.6)	23.0	22.7	(0.3)
% Shortfall	-	0.2	0.2	-	0.5	0.5	-	0.2	0.2	-	0.3	0.3	-	0.1	0.1
		1%			3%			1%			1%			0%	

- The 2016 year-end expenditure projection shows a slight funding shortfall despite Program instituted cost containment measures, primarily by implementing a hiring freeze to reduce expenditures.
- Negotiations are continuing with the Ministry of Health and Long Term Care to increase funding for the Central Ambulance Communications Centre to 100% of gross expenditures.



# Appendices

## Appendix 1

### 2016 Service Performance

#### **Key Service Accomplishments**

In 2016, Toronto Paramedic Services accomplished the following:

- **Emergency Medical Care**

- Projected to transport 220,677 emergency patients to hospital in 2016.
- Continued to expand lifesaving programs such as: STEMI (type of heart attack), stroke, trauma and post-cardiac arrest patient care programs to reduce pre-hospital mortality and significantly improve quality of life for patients and families.
- Continued to improve response times to life-threatening calls by: expanded use of Part-Time Paramedics and continued implementation of Council-approved staffing recommendations from the EMS/Fire Service & Organizational Review completed by an independent third party.

- **Emergency Medical Dispatch & Preliminary Care**

- Hired first-ever class of 9 part-time Call Takers to improve staffing flexibility in the Central Ambulance Communications Centre, and provide continued support to 911 operations.
- Continued to improve processing of emergency calls using decision-support software which allows EMDs to more accurately anticipate, monitor and assign the right paramedic resources throughout the city.
- Continued to employ, during peak periods of call activity, a Patient Safety Advocate (PSA) function as part of the Division's strategy to mitigate possible service delays.

- **Community Paramedicine & Emergency Call Mitigation**

- Continued to employ and investigate innovative emergency call diversion and mitigation strategies for low acuity calls to improve ambulance availability for high acuity calls.
- Continued to use the Community Paramedicine Program to re-direct specific patient groups to appropriate preventative, out-of-hospital medical care to minimize or eliminate their reliance on 911 and the hospital system.
- Continued to coordinate and expand the Public Access Defibrillation (PAD) Program to save more lives.

## Appendix 2

### 2017 Preliminary Operating Budget by Expenditure Category

#### Program Summary by Expenditure Category

Category of Expense (\$000's)	2014 Actual	2015 Actual	2016 Budget	2016 Projected Actual *	2017 Preliminary Budget	2017 Change from 2016 Budget		Plan	
	\$	\$	\$	\$	\$	\$	%	\$	\$
Salaries and Benefits	151,343.5	162,833.3	171,052.7	170,098.6	175,870.5	4,817.8	2.8%	179,180.5	183,324.0
Materials and Supplies	5,862.7	5,872.4	6,308.0	6,158.0	6,420.6	112.6	1.8%	6,374.8	6,381.0
Equipment	871.2	1,097.0	974.2	974.2	989.8	15.6	1.6%	955.8	955.8
Services & Rents	9,627.4	9,333.8	9,468.2	9,343.2	9,319.5	(148.8)	(1.6%)	9,318.2	9,318.2
Contributions to Capital	616.9	697.9	600.0	600.0	600.0			600.0	600.0
Contributions to Reserve/Res Funds	5,742.5	5,872.3	6,921.2	6,921.2	7,452.2	531.0	7.7%	7,635.2	7,766.2
Other Expenditures	18.5	23.6	8.9	8.9	10.3	1.4	15.1%	10.3	10.3
Interdivisional Charges	9,665.7	9,675.6	9,579.4	9,579.4	9,820.7	241.3	2.5%	10,035.8	10,131.9
<b>Total Gross Expenditures</b>	<b>183,748.4</b>	<b>195,405.9</b>	<b>204,912.6</b>	<b>203,683.5</b>	<b>210,483.5</b>	<b>5,570.9</b>	<b>2.7%</b>	<b>214,110.5</b>	<b>218,487.3</b>
Interdivisional Recoveries	666.0	1,409.1	760.7	603.7	889.8	129.2	17.0%	566.3	492.7
Provincial Subsidies	112,844.7	117,137.6	123,179.6	123,731.9	129,674.4	6,494.8	5.3%	131,517.8	131,613.0
Federal Subsidies							-		
Other Subsidies							-		
User Fees & Donations	1,444.0	1,245.1	1,416.9	1,216.9	1,137.1	(279.7)	(19.7%)	1,155.4	1,174.5
Transfers from Capital Fund	75.0	75.0	75.0	75.0	75.0			75.0	75.0
Contribution from Reserve/Reserve Funds		409.5					-		
Sundry Revenues	693.9	1,979.4	559.0	439.0	518.1	(40.9)	(7.3%)	518.1	518.1
<b>Total Revenues</b>	<b>115,723.5</b>	<b>122,255.7</b>	<b>125,991.2</b>	<b>126,066.5</b>	<b>132,294.5</b>	<b>6,303.4</b>	<b>5.0%</b>	<b>133,832.6</b>	<b>133,873.3</b>
<b>Total Net Expenditures</b>	<b>68,024.9</b>	<b>73,150.2</b>	<b>78,921.5</b>	<b>77,617.1</b>	<b>78,189.0</b>	<b>(732.5)</b>	<b>(0.9%)</b>	<b>80,277.9</b>	<b>84,614.1</b>
<b>Approved Positions</b>	<b>1,289.3</b>	<b>1,326.3</b>	<b>1,450.4</b>	<b>1,424.5</b>	<b>1,446.3</b>	<b>(4.0)</b>	<b>(0.3%)</b>	<b>1,444.3</b>	<b>1,444.3</b>

\* Based on the 2016 9-month Operating Variance Report

Year-end projection results in a favourable net variance mainly due to projected savings in salaries and benefits, education material and various other items and higher than expected cost of living increase for Land Ambulance Grant.

For additional information regarding the 2016 Q3 operating variances and year-end projections, please refer to the attached link for the report entitled "Operating Variance Report for the Nine-Month Period Ended September 30, 2016" considered by City Council at its meeting on December 13, 2016.

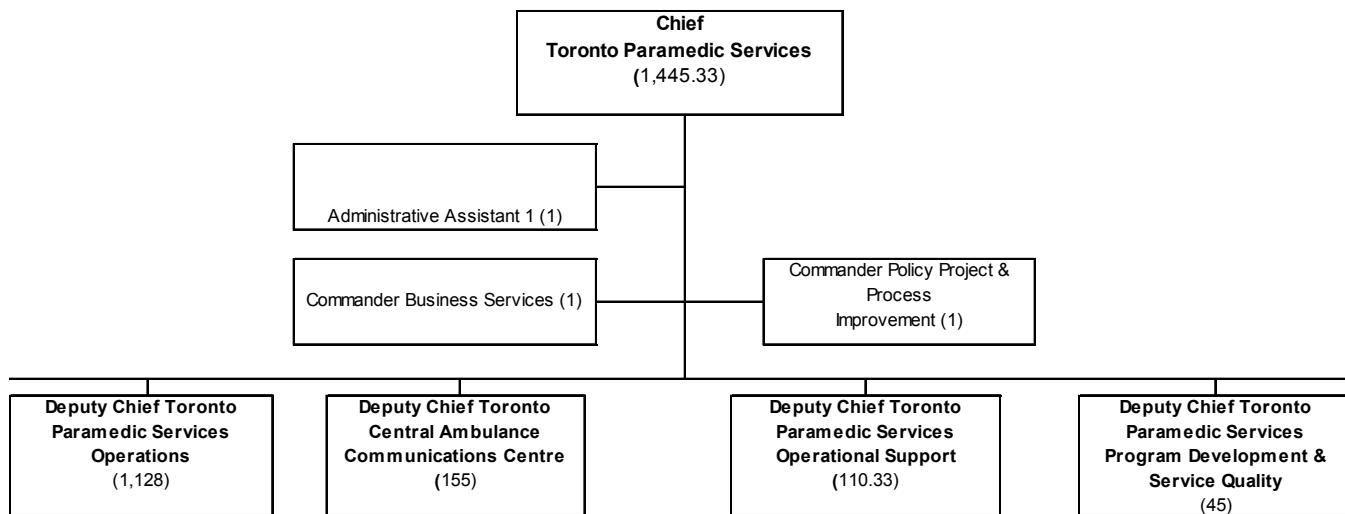
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2016.BU26.4>

#### Impact of 2016 Operating Variance on the 2017 Preliminary Operating Budget

- There is no impact of 2016 Operating Variance on the 2017 Budget as the under spending in salaries and benefits due to vacant positions are not expected to continue, as the positions will be filled by the end of 2016.

## Appendix 3

### 2017 Organization Chart



### 2017 Total Complement

Category	Senior Management	Management	Exempt Professional & Clerical	Union	Total
Permanent Position	1	86	52	1303	1442
Temporary Position			3	1.3	4.3
Total	1	86	55	1304.3	1446.3

## **Appendix 4**

### **Summary of 2017 Service Changes**

## Appendix 6

### Inflows/Outflows to/from Reserves & Reserve Funds

#### Program Specific Reserve / Reserve Funds

Reserve / Reserve Fund Name (\$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2016	Withdrawals (-) / Contribtuions (+)		
			\$	\$	\$
<b>Projected Beginning Balance</b>		<b>1,084.0</b>	<b>1,084.0</b>	<b>1,039.0</b>	<b>1,734.0</b>
Equipment Reserve	XQ1019				
<i>Proposed Withdrawals (-)</i>			(1,470.0)	(730.0)	(330.0)
<i>Contributions (+)</i>			1,425.0	1,425.0	1,425.0
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>1,084.0</b>	<b>1,039.0</b>	<b>1,734.0</b>	<b>2,829.0</b>
<b>Other Program / Agency Net Withdrawals &amp; Contributions</b>					
<b>Balance at Year-End</b>		<b>1,084.0</b>	<b>1,039.0</b>	<b>1,734.0</b>	<b>2,829.0</b>

Reserve / Reserve Fund Name (\$000s)	Reserve / Reserve Fund	Projected Balance as of	Withdrawals (-) / Contribtuions (+)		
			2017	2018	2019
\$	\$	\$	\$	\$	\$
<b>Projected Beginning Balance</b>		<b>1,604.0</b>	<b>1,604.0</b>	<b>1,973.0</b>	<b>2,307.0</b>
Vehicle Reserve	XQ1018				
<i>Proposed Withdrawals (-)</i>			(4,191.0)	(4,409.0)	(4,460.0)
<i>Contributions (+)</i>			4,560.0	4,743.0	4,874.0
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>1,604.0</b>	<b>1,973.0</b>	<b>2,307.0</b>	<b>2,721.0</b>
<b>Other Program / Agency Net Withdrawals &amp; Contributions</b>					
<b>Balance at Year-End</b>		<b>1,604.0</b>	<b>1,973.0</b>	<b>2,307.0</b>	<b>2,721.0</b>

## Corporate Reserve / Reserve Funds

Reserve / Reserve Fund Name (\$000s)	Reserve / Reserve Fund Number	Projected Balance as of Dec. 31, 2016	Withdrawals (-) / Contributions (+)		
			2017	2018	2019
	\$	\$	\$	\$	\$
<b>Projected Beginning Balance</b>		<b>36,287.6</b>	<b>36,287.6</b>	<b>36,567.6</b>	<b>36,847.6</b>
Sick Pay Reserve	XR1007				
<i>Contributions (+)</i>			280.0	280.0	280.0
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>36,287.6</b>	<b>36,567.6</b>	<b>36,847.6</b>	<b>37,127.6</b>
<b>Other Program / Agency Net Withdrawals &amp; Contributions</b>					
<b>Balance at Year-End</b>		<b>36,287.6</b>	<b>36,567.6</b>	<b>36,847.6</b>	<b>37,127.6</b>

Reserve / Reserve Fund Name (\$000s)	Reserve / Reserve Fund Number	Projected Balance as of	Withdrawals (-) / Contributions (+)		
			2017	2018	2019
	\$	\$	\$	\$	\$
<b>Projected Beginning Balance</b>		<b>19,645.5</b>	<b>19,645.5</b>	<b>20,832.7</b>	<b>22,019.9</b>
Insurance Reserve Fund	XR1010				
<i>Contributions (+)</i>			1,187.2	1,187.2	1,187.2
<b>Total Reserve / Reserve Fund Draws / Contributions</b>		<b>19,645.5</b>	<b>20,832.7</b>	<b>22,019.9</b>	<b>23,207.1</b>
<b>Other Program / Agency Net Withdrawals &amp; Contributions</b>					
<b>Balance at Year-End</b>		<b>19,645.5</b>	<b>20,832.7</b>	<b>22,019.9</b>	<b>23,207.1</b>

## Appendix 7a

### User Fees Adjusted for Inflation and Other

Rate Description	Service	Fee Category	Fee Basis	2016	2017			2018	2019
				Approved Rate	Inflationary Adjusted Rate	Other Adjustment	Budget Rate	Plan Rate	Plan Rate
Standby Fees - Basic Life Support/Primary Care Paramedics (P)	Toronto Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$210.00	\$0.00	\$0.00	\$210.00	\$214.00	\$218.00
Standby Fees - Advanced Life Support (ACP Unit)	Toronto Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$216.00	\$0.00	\$0.00	\$216.00	\$220.00	\$224.00
Standby Fees - EMS Supervisors	Toronto Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$155.00	\$0.00	\$0.00	\$155.00	\$158.00	\$161.00
Standby Fees - Mountain Bike Paramedic	Toronto Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$111.00	\$0.00	\$0.00	\$111.00	\$113.00	\$115.00
Standard First Aid Course & CPR Level C Training (External)	Toronto Paramedic Services	Market Based	Participant	\$109.00	\$0.00	\$0.00	\$109.00	\$111.00	\$113.00
Emergency First Aid & CPR Level A Training (External) - EFA+	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	\$0.00	\$67.00	\$68.00	\$69.00
CPR Level C Training (External) - CPR-C (EXTERNAL)	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	\$0.00	\$67.00	\$68.00	\$69.00
CPR Level A Training (External) - CPR-A (EXTERNAL)	Toronto Paramedic Services	Market Based	Participant	\$49.00	\$0.00	\$0.00	\$49.00	\$50.00	\$51.00
Emergency First Responder Training (External) - EFR (EXTERNA	Toronto Paramedic Services	Market Based	Participant	\$605.00	\$0.00	\$0.00	\$605.00	\$616.00	\$629.00
Targeted AED Site Responder Course With Standard First Aid C	Toronto Paramedic Services	Market Based	Participant	\$134.00	\$0.00	(\$9.00)	\$125.00	\$127.00	\$129.00
AED Site Responder Course with Level C CPR Training (Externa	Toronto Paramedic Services	Market Based	Participant	\$78.00	\$0.00	(\$11.00)	\$67.00	\$68.00	\$69.00
Renewal AED Site Responder Course with Level C CPR Training	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$4.00)	\$63.00	\$64.00	\$65.00
CPR Level C Renewal Training (External) - CPR-C RENEWAL (EXT	Toronto Paramedic Services	Market Based	Participant	\$49.00	\$0.00	\$0.00	\$49.00	\$50.00	\$51.00
Health Care Provider Training - HCP	Toronto Paramedic Services	Market Based	Participant	\$72.00	\$0.00	(\$7.00)	\$65.00	\$66.00	\$67.00
Health Care Provider Renewal Training - HCP RENEWAL	Toronto Paramedic Services	Market Based	Participant	\$61.00	\$0.00	\$0.00	\$61.00	\$62.00	\$63.00
Standard First Aid Course & Health Care Provider Training -	Toronto Paramedic Services	Market Based	Participant	\$137.00	\$0.00	(\$7.00)	\$130.00	\$132.00	\$134.00
Instructor Course (External)	Toronto Paramedic Services	Full Cost Recovery	Participant Hour - Minimum 4 Hours Plus Travel Time	\$663.00	\$0.00	(\$58.00)	\$605.00	\$616.00	\$629.00
Standby Fees - Emergency Response Unit (ERU) Paramedic	Toronto Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$111.00	\$0.00	\$0.00	\$111.00	\$113.00	\$115.00
Standby Fees - Gator Ambulance Crew	Toronto Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$221.00	\$0.00	\$0.00	\$221.00	\$225.00	\$230.00
Standby Fees - Marine Paramedic	Toronto Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$117.00	\$0.00	\$0.00	\$117.00	\$119.00	\$121.00
Standby Fees - Emergency Support Unit (ESU)	Toronto Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours Plus Travel Time	\$210.00	\$0.00	\$0.00	\$210.00	\$214.00	\$218.00

## 2017 Operating Budget

## Toronto Paramedic Services

Rate Description	Service	Fee Category	Fee Basis	2016	2017			2018	2019
				Approved Rate	Inflationary Adjusted Rate	Other Adjustment	Budget Rate	Plan Rate	Plan Rate
Standby Fees - Emergency Medical Dispatcher	Toronto Paramedic Services	Full Cost Recovery	Hour - Minimum 4 Hours	\$105.00	\$0.00	\$0.00	\$105.00	\$107.00	\$109.00
AED Site Responder Course with Level A CPR Training - CPR/A	Toronto Paramedic Services	Market Based	Participant	\$61.00	\$0.00	\$0.00	\$61.00	\$62.00	\$63.00
Standard First Aid Recertification Course - INTERNAL & EXTER	Toronto Paramedic Services	Market Based	Participant	\$79.00	\$0.00	\$0.00	\$79.00	\$80.00	\$81.00
ITLS - access	Toronto Paramedic Services	Full Cost Recovery	Participant	\$362.00	\$7.24	(\$0.24)	\$369.00	\$376.00	\$384.00
ITLS - advanced provider	Toronto Paramedic Services	Full Cost Recovery	Participant	\$413.00	\$8.26	(\$0.26)	\$421.00	\$429.00	\$438.00
ITLS - advanced recertification	Toronto Paramedic Services	Full Cost Recovery	Participant	\$321.00	\$6.42	(\$0.42)	\$327.00	\$333.00	\$340.00
ITLS - basic provider	Toronto Paramedic Services	Full Cost Recovery	Participant	\$413.00	\$8.26	(\$0.26)	\$421.00	\$429.00	\$438.00
ITLS - basic recertification	Toronto Paramedic Services	Full Cost Recovery	Participant	\$321.00	\$6.42	(\$0.42)	\$327.00	\$333.00	\$340.00
ITLS -instructor recertification	Toronto Paramedic Services	Full Cost Recovery	Participant	\$321.00	\$6.42	(\$0.42)	\$327.00	\$333.00	\$340.00
ITLS -instructor training	Toronto Paramedic Services	Full Cost Recovery	Participant	\$433.00	\$8.66	(\$0.66)	\$441.00	\$449.00	\$459.00
ITLS -pediatric	Toronto Paramedic Services	Full Cost Recovery	Participant	\$293.00	\$5.86	(\$0.86)	\$298.00	\$303.00	\$309.00
ITLS - re-test fee	Toronto Paramedic Services	Full Cost Recovery	Participant	\$56.00	\$1.12	(\$0.12)	\$57.00	\$58.00	\$59.00
Ambulance call report	Toronto Paramedic Services	Full Cost Recovery	Report	\$80.00	\$1.60	(\$0.60)	\$81.00	\$82.00	\$83.00
Audio recording	Toronto Paramedic Services	Full Cost Recovery	Recording	\$80.00	\$1.60	(\$0.60)	\$81.00	\$82.00	\$83.00
Dispatch record	Toronto Paramedic Services	Full Cost Recovery	Document	\$43.00	\$0.86	\$0.14	\$44.00	\$45.00	\$47.00
Paramedic interview	Toronto Paramedic Services	Full Cost Recovery	Hour - Minimum 3 Hours	\$107.00	\$2.14	(\$0.14)	\$109.00	\$111.00	\$113.00
Paramedic statement	Toronto Paramedic Services	Full Cost Recovery	Document	\$54.00	\$1.08	(\$0.08)	\$55.00	\$56.00	\$57.00
Statutory declaration	Toronto Paramedic Services	Full Cost Recovery	Document	\$80.00	\$1.60	(\$0.60)	\$81.00	\$82.00	\$83.00
Standby fee -after hours booking fee	Toronto Paramedic Services	Full Cost Recovery	Booking	\$77.00	\$0.00	\$0.00	\$77.00	\$78.00	\$79.00
ITLS - Tactical Medical Essentials	Toronto Paramedic Services	Full Cost Recovery	Person	\$455.00	\$9.10	(\$0.10)	\$464.00	\$473.00	\$483.00
WSIB-Emergency First Aid & Adult only A CPR training GP2-16	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$5.00)	\$62.00	\$63.00	\$64.00
WSIB-Emergency First Aid & Adult only A CPR training GP17-64	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$7.00)	\$60.00	\$61.00	\$62.00
WSIB-Emergency First Aid & Adult only A CPR training GP65+	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$11.00)	\$56.00	\$57.00	\$58.00
WSIB-Emergency First Aid & Adult,Child & Infant CPR	Toronto Paramedic Services	Market Based	Participant	\$79.00	\$0.00	\$0.00	\$79.00	\$80.00	\$81.00
WSIB-Emergency First Aid & Adult,Child & Infant CPR GP2-16	Toronto Paramedic Services	Market Based	Participant	\$79.00	\$0.00	(\$5.00)	\$74.00	\$75.00	\$76.00
WSIB-Emergency First Aid & Adult,Child & Infant CPR GP17-64	Toronto Paramedic Services	Market Based	Participant	\$79.00	\$0.00	(\$7.00)	\$72.00	\$73.00	\$74.00
WSIB-Emergency First Aid & Adult,Child & Infant CPR GP65+	Toronto Paramedic Services	Market Based	Participant	\$79.00	\$0.00	(\$11.00)	\$68.00	\$69.00	\$70.00
WSIB-Emergency First Aid & Adult & Child "B" CPR	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	\$0.00	\$67.00	\$68.00	\$69.00

## 2017 Operating Budget

## Toronto Paramedic Services

Rate Description	Service	Fee Category	Fee Basis	2016	2017			2018	2019
				Approved Rate	Inflationary Adjusted Rate	Other Adjustment	Budget Rate	Plan Rate	Plan Rate
WSIB-Emergency First Aid & Adult & Child B CPR GP2-16	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$5.00)	\$62.00	\$63.00	\$64.00
WSIB-Emergency First Aid & Adult & Child B CPR GP17-64	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$7.00)	\$60.00	\$61.00	\$62.00
WSIB-Emergency First Aid & Adult & Child B CPR GP65+	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$11.00)	\$56.00	\$57.00	\$58.00
WSIB-Emergency First Aid & Adult only A CPR AED training	Toronto Paramedic Services	Market Based	Participant	\$75.00	\$0.00	\$0.00	\$75.00	\$76.00	\$77.00
WSIB-Emergency First Aid & Adult only A CPR AED GP2-16	Toronto Paramedic Services	Market Based	Participant	\$75.00	\$0.00	(\$5.00)	\$70.00	\$71.00	\$72.00
WSIB-Emergency First Aid & Adult only A CPR AED GP17-64	Toronto Paramedic Services	Market Based	Participant	\$75.00	\$0.00	(\$7.00)	\$68.00	\$69.00	\$70.00
WSIB-Emergency First Aid & Adult only A CPR AED GP65+	Toronto Paramedic Services	Market Based	Participant	\$75.00	\$0.00	(\$11.00)	\$64.00	\$65.00	\$66.00
WSIB-Standard First Aid & Level C CPR training GP2-16	Toronto Paramedic Services	Market Based	Participant	\$109.00	\$0.00	(\$10.00)	\$99.00	\$100.00	\$102.00
WSIB-Standard First Aid & Level C CPR training GP17-64	Toronto Paramedic Services	Market Based	Participant	\$109.00	\$0.00	(\$14.00)	\$95.00	\$96.00	\$98.00
WSIB-Standard First Aid & Level C CPR training GP65+	Toronto Paramedic Services	Market Based	Participant	\$109.00	\$0.00	(\$22.00)	\$87.00	\$88.00	\$89.00
WSIB-STD First Aid & C CPR training + use of an AED GP2-16	Toronto Paramedic Services	Market Based	Participant	\$134.00	\$0.00	(\$19.00)	\$115.00	\$117.00	\$119.00
WSIB-STD First Aid & C CPR training + use of an AED GP17-64	Toronto Paramedic Services	Market Based	Participant	\$134.00	\$0.00	(\$23.00)	\$111.00	\$113.00	\$115.00
WSIB-STD First Aid & C CPR training + use of an AED GP65+	Toronto Paramedic Services	Market Based	Participant	\$134.00	\$0.00	(\$31.00)	\$103.00	\$105.00	\$107.00
WSIB approved Standard First Aid for HCP Group 2-16 persons	Toronto Paramedic Services	Market Based	Participant	\$137.00	\$0.00	(\$17.00)	\$120.00	\$122.00	\$124.00
WSIB approved Standard First Aid for HCP Group 17-64 persons	Toronto Paramedic Services	Market Based	Participant	\$137.00	\$0.00	(\$21.00)	\$116.00	\$118.00	\$120.00
WSIB approved Standard First Aid for HCP Group 65+ persons	Toronto Paramedic Services	Market Based	Participant	\$137.00	\$0.00	(\$29.00)	\$108.00	\$110.00	\$112.00
WSIB approved STD First Aid & Level C CPR GP2-16 (Recent)	Toronto Paramedic Services	Market Based	Participant	\$79.00	\$0.00	(\$5.00)	\$74.00	\$75.00	\$76.00
WSIB approved STD First Aid & Level C CPR GP17-64 (Recent)	Toronto Paramedic Services	Market Based	Participant	\$79.00	\$0.00	(\$7.00)	\$72.00	\$73.00	\$74.00
WSIB approved STD First Aid & Level C CPR GP65+ (Recent)	Toronto Paramedic Services	Market Based	Participant	\$79.00	\$0.00	(\$11.00)	\$68.00	\$69.00	\$70.00
Level A CPR for adult only+AED certification	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$12.00)	\$55.00	\$56.00	\$57.00
Level C CPR for adult, children & infants+AED certification	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$7.00)	\$60.00	\$61.00	\$62.00
Level C CPR for adult, children & infants+AED renewal	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$12.00)	\$55.00	\$56.00	\$57.00
CPR Level A Health Care Professionals treating adults only	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$7.00)	\$60.00	\$61.00	\$62.00
Level A CPR & AED certification - Group of 2-16 persons	Toronto Paramedic Services	Market Based	Participant	\$63.00	\$0.00	(\$5.00)	\$58.00	\$59.00	\$60.00
Level A CPR & AED certification - Group of 17-64 persons	Toronto Paramedic Services	Market Based	Participant	\$63.00	\$0.00	(\$7.00)	\$56.00	\$57.00	\$58.00
Level A CPR & AED certification - Group of 65+ persons	Toronto Paramedic Services	Market Based	Participant	\$63.00	\$0.00	(\$8.00)	\$55.00	\$56.00	\$57.00
Level C CPR & AED certification - Group of 2-16 persons	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$5.00)	\$62.00	\$63.00	\$64.00
Level C CPR & AED certification - Group of 17-64 persons	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$7.00)	\$60.00	\$61.00	\$62.00
Level C CPR & AED certification - Group of 65+ persons	Toronto Paramedic Services	Market Based	Participant	\$67.00	\$0.00	(\$8.00)	\$59.00	\$60.00	\$61.00
Renewal Level C CPR & AED certification - Gp 2-16 persons	Toronto Paramedic Services	Market Based	Participant	\$63.00	\$0.00	(\$5.00)	\$58.00	\$59.00	\$60.00
Renewal Level C CPR & AED certification - Gp 17-64 persons	Toronto Paramedic Services	Market Based	Participant	\$63.00	\$0.00	(\$7.00)	\$56.00	\$57.00	\$58.00
Renewal Level C CPR & AED certification - Gp 65+ persons	Toronto Paramedic Services	Market Based	Participant	\$63.00	\$0.00	(\$8.00)	\$55.00	\$56.00	\$57.00