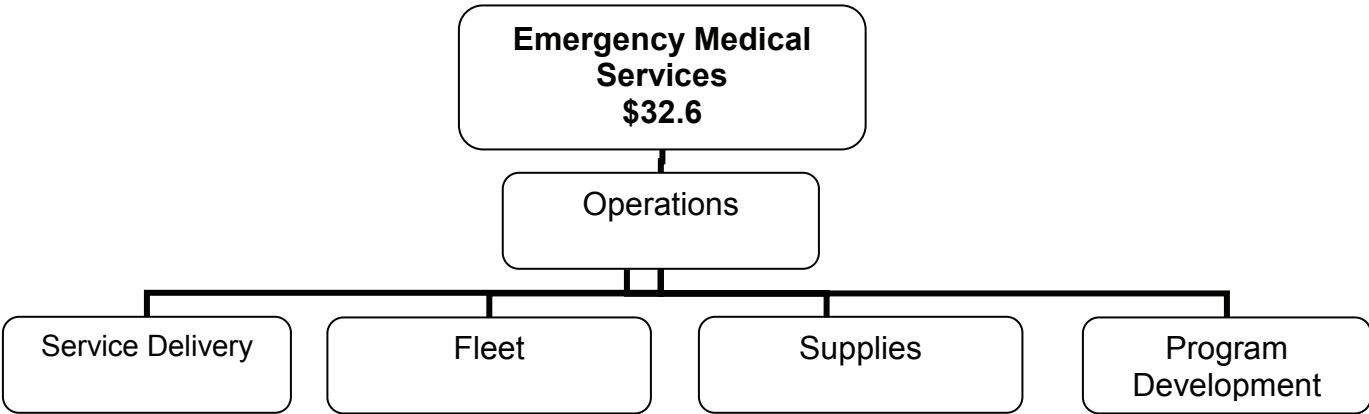


Emergency Medical Services

Services That We Provide



- Continually strive for excellence in Emergency Medical Services (EMS) through innovation, education and advocacy.
- Monitor and continually strive to improve on the benchmarks of a performance based EMS service that includes response time reliability, clinical excellence, economic efficiency and customer satisfaction.
- Provide emergency and non-emergency (low priority) response to patients, performance of patient assessment, life saving treatment and monitoring, including skills and procedures which require medical control, and the provision of safe and timely transport.
- Provide diversified customer service and response options, including Mountain Bike and Marine Paramedic programs to provide specialized dedicated and non-dedicated EMS coverage.
- Participate, in co-operation with various agencies and partners, in the on-going development and evaluation of regional, municipal and institutional contingency plans to establish and ensure integration and consistency in emergency or disaster response.
- Contribute to the overall health and welfare of all residents of York Region through public education initiatives, which increase awareness and provide learning opportunities to the public and paramedic staff.

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2005 Objectives and Key Work Initiatives

1. Service Delivery Strategy:

York Region EMS requires 6 additional Paramedics to continue to provide balanced emergency ambulance coverage, respond to increased call volumes, minimize the impact of hospital system pressures on emergency response times, reduce paramedic workload and respond to unanticipated demand for ambulance service. In addition the current bifurcated EMS business structure that separates regional fleet from provincial dispatch operations necessitates the need for additional fleet resources.

Integrate a vehicle enhancement of 1 ambulance vehicle into the operational deployment plan in 2005.

- 6.0 FTE paramedics are required to staff the equivalent of 1 ambulance during peak periods of call activity. The 2004 call data analysis demonstrates that the additional ambulance resources will be required to assist with maintaining balanced emergency coverage and to decrease the effects of health care system pressures.
- Continue to dialogue with Regional health care stakeholders to address ongoing health care system pressures affecting EMS performance.

2. Integrate a Continuous Quality Improvement (CQI) and Risk Management Program that supports operational efficiency and the effectiveness of EMS service delivery.

- Ambulance Call Report (ACR) Audit Process - Continue to develop and streamline the manual auditing process, data collection and analysis of audit results.

CQI Training Program

- Continue to develop and deliver training materials and to provide staff with skills through training and education to implement and support the CQI process.

Fully Integrated Quality Operating System (QOS)

- Data analysis, process mapping, and team oriented action planning and regular evaluation of QOS business indicators. The process will be fully integrated into the business operating activities to support data-driven decision making.
- Link performance measures to Regional, Departmental, Branch and staff goals and objectives. This will provide consistent focus on key continuous improvement initiatives.

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3. Phase II - Development of EMS Community Programs.

- Broaden the participation and development of the Heart Alive Program, requiring approximately 7 hours a week for managing the program.
 - Continue to train and re-certify 13 paramedic instructors, approximately 290 targeted responders, and engage an additional 100 Regional employees in the Heart Alive Program.
 - Assist and support York Regional Police and local municipalities in their initiative to implement a Public Access Defibrillator (PAD) program.
 - Implement and integrate quality assurance program including data management and equipment maintenance.
- Provide program planning, implementation and training related to The Community Safety Village of York Region (approximately 14 hours a week).
- Respond to issues management needs/customer service initiatives and develop a communication and marketing plan for the EMS Branch in consultation with the Community Development Branch and the Corporate Communication Services Division (approximately 14 hours a week).
- Conversion of the current temporary management position to a permanent manager 1.0 FTE position in 2005 is required. No additional resources are required to convert this position from a temporary FTE to a permanent FTE. All costs will be absorbed within the current base budget.

4. To retain the services of a consultant to review EMS program and service delivery.

- Complete a Request for Proposal (RFP) to identify a consultant to review EMS program and services, identify potential internal efficiencies and provide options to address potential cost avoidance.
- To continue to draw to the attention of the Ministry of Health and Long-Term Care (MOHLTC) the inefficiencies of the current dispatch model as well as the potential impacts of a regionally operated York Region EMS dispatch centre.

5. To recruit and retain qualified staff and to continue to support quality out-of-hospital patient care in concurrence with the growth of York Region.

- Recruit and provide training for qualified Paramedic staff:
 - Continue to participate at community college programs and actively recruit students.

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- Support Paramedic students through the Student ride-out and certification program.
 - Provide service orientation program for new Paramedics.
- Continue to provide Advanced Care Paramedic training, and explore alternative training delivery options.
 - Continue to improve the CQI / QOS process to guide and direct continuing medical education (CME) and training material and objectives, including CME delivery through enhanced use of technology.
 - Continue to enhance the provision of emergency driver training to all paramedics.
 - Provide opportunities for staff to take Regional sponsored training programs.
- 6. To improve the efficiency and effectiveness of day to day operations, long-range planning, and risk management through enhanced technology.**
- Research the feasibility of an electronic Patient Care Record system (ePCR) to generate additional financial and operational benefits by redirecting human resources to more appropriate activities and to perform compliance real-time processing.
 - Develop the Terms of Reference for a Steering Committee
 - Develop a Business Case for approval, with a projected three-year roll out plan for implementation.
 - Further integrate and develop reporting features for the electronic tachograph / automated vehicle location (AVL) monitoring system and Geographic Information System (GIS) locator system.
- 7. Continue to lobby the MOHLTC to address funding shortfalls.**
- The 2005 budget has been prepared on the basis that the Ontario Ministry of Health and Long-Term Care (MOHLTC) will continue to contribute funding at the current level.
 - Staff will continue to lobby MOHLTC to address current funding shortfalls that relate to increased service levels from 2000 to-date and provide adequate funding levels.

2006 / 2007 Objectives

- Prepare and plan to effectively respond to anticipated and unforeseen Health Care system pressures.
- Increase the level of resources to address issues that are related to population growth, increasing call volumes and health care system pressures. It is anticipated that additional peak loaded ambulances and associated paramedics and support staff will be required in 2006 and 2007.

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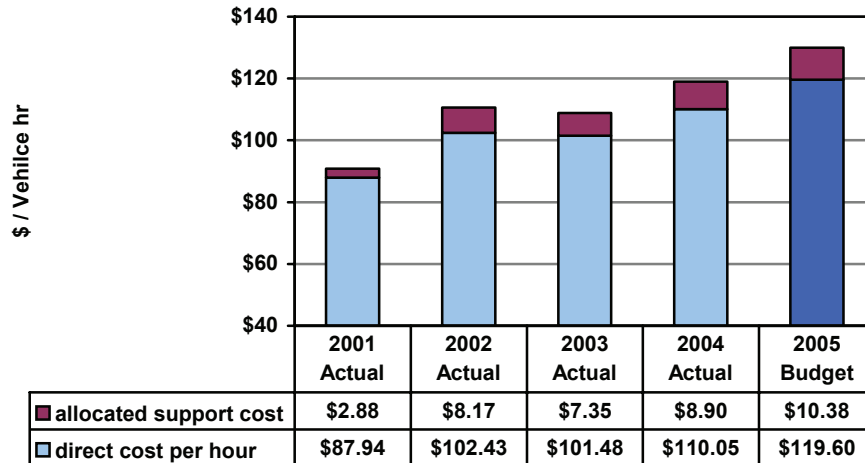
- Continue to lobby the MOHLTC for appropriate funding.
- Address the need to respond to large-scale incidents through the upgrade of resources such as the Emergency Support Unit (ESU)

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Performance Measures and Benchmarks

Key Performance Indicators

Total Gross Operating Cost/Vehicle Hours Staffed - 2005

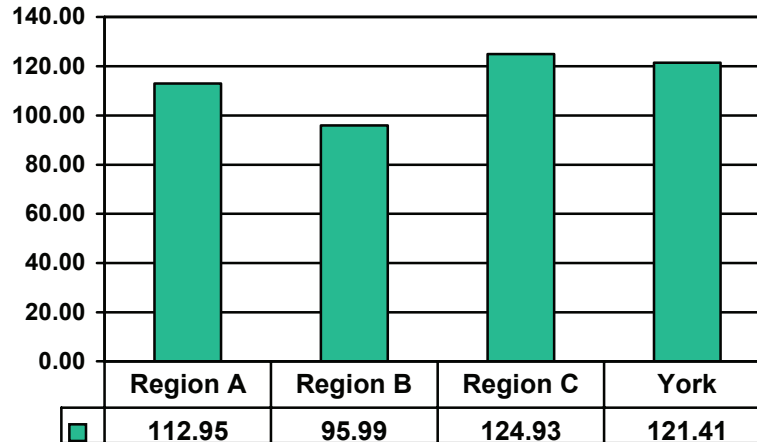


Gross Budget Data	2001 Actual	2002 Actual	2003 Actual	2004 Actual	2005 Budget
Dept Costs	\$16,617,244	\$21,149,656	\$22,730,051	\$25,615,181	\$28,878,762
Allocated Costs	\$544,640	\$1,687,443	\$1,646,765	\$2,072,189	2,506,908
Vehicle hrs	188,955	206,474	223,993	232,753	241,512

(Excludes Heart Alive Expenditures & Contribution to Reserves)

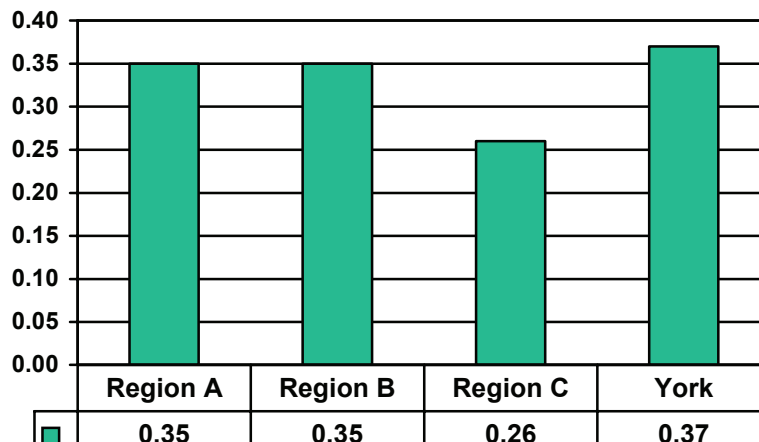
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Benchmark Information 2003
Gross Cost Comparison per EMS Weighted
Vehicle Hour *



- *Methodology as per Ontario Municipal CAO's Benchmarking Initiative (OMBI). □
- Weighted vehicle hours includes the total number of "in service" EMS vehicle hours of deployment by ambulances, 50% of First Response Units and 50% of Supervisory Units.
 - Costs exclude debt/financing charges and Heart Alive costs.

Benchmark Information 2003
Total Calls (1-4+8) per Household Comparison*



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Operating Impact of Capital

The net operating impact related to new capital projects for 2005 is \$737,000. This consists of \$490,000 in Salaries & Benefits, \$29,000 in Lease, Repairs & Maintenance costs, and \$218,000 tax levy impact for the EMS Vehicle Capital costs.

Staffing Resources

	2003 Budget	2004 Budget	2005 Budget	2006 Outlook	2007 Outlook
Permanent FTE's	239.0	251.0	258.0	272.0	280.0
Net Change	8.0	12.0	7.0	14.0	8.0

2005 Permanent Staff Justifications

Paramedics (6.0 FTE)

6.0 FTE paramedics are required to staff the equivalent of 1 ambulance during peak periods of call activity. The 2004 call data analysis demonstrates that the additional ambulance resources will be required to assist with maintaining balanced emergency coverage and reduce the impact of Health Care system pressures.

Program Manager, Community Programs EMS (1.0 FTE)

It is proposed that the current temporary management position be converted to a permanent manager 1.0 FTE position in 2005. The Program Manager, Community Programs is responsible for the management of designated EMS community programs such as Heart Alive and the Community Safety Village. Additional responsibilities include customer service initiatives and development of strategies to increase internal and external communication with our customers.

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Operating Financial Summary

\$000's	2003 Actual	2004 Estimated	2004 Budget	2005 Budget	2006 Outlook	2007 Outlook
Gross Expenditures:						
Staff Related Costs	18,851.6	21,504.9	22,278.9	23,660.3	24,748.3	25,409.3
Program Costs	2,564.9	2,287.0	2,287.0	2,426.4	2,487.1	2,549.2
Occupancy/R & M Costs	1,425.5	1,102.2	1,102.2	1,127.3	1,155.5	1,184.4
Minor Capital	1,678.8	608.0	608.0	608.0	623.2	638.8
Contributions to Reserves	0.0	0.0	0.0	0.0	0.0	0.0
Financial Items	224.1	790.2	790.2	1,388.2	2,348.2	2,648.2
Inter Charges/Recoveries	57.8	113.1	113.1	155.6	155.6	155.6
Total Expenditures	24,802.7	26,405.4	27,179.4	29,365.8	31,517.8	32,585.5
Revenues:						
Municipal Revenues	0.0	0.0	0.0	0.0	0.0	0.0
Provincial Funding	(8,090.2)	(7,670.1)	(7,670.1)	(7,823.5)	(8,019.1)	(8,219.6)
Federal Grants	0.0	0.0	0.0	0.0	0.0	0.0
Fees and Charges	(8.9)	0.0	0.0	0.0	0.0	0.0
Development Charges	0.0	0.0	0.0	(103.0)	(139.0)	(201.0)
Contribution from Reserves	0.0	(116.3)	(116.3)	(116.3)	(110.5)	(105.0)
Other Revenue	0.0	(50.0)	(50.0)	0.0	0.0	0.0
SARS	(791.0)	0.0	0.0	0.0	0.0	0.0
Total Revenues	(8,890.1)	(7,836.4)	(7,836.4)	(8,042.8)	(8,268.6)	(8,525.6)
Tax Levy Impact	15,912.6	18,569.0	19,343.0	21,323.0	23,249.3	24,059.9
Interdepartmental Allocations	1,836.8	2,147.8	2,147.8	2,506.9	2,582.1	2,659.6
Business Plan excl Cont. to Cap.	17,749.3	20,716.8	21,490.8	23,829.9	25,831.4	26,719.5
Contribution to Capital	-	-	-	725.00	1,065.00	1,065.00
Business Plan Total	17,749.3	20,716.8	21,490.8	24,554.9	26,896.4	27,784.5

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Financial Explanations

	Gross		Net	
	\$	%	\$	%
2004 Operating Budget	27,179.4		19,343.0	
2004 Tax levy contribution to Capital	1,065.0		1065.0	
Base				
Salary & Wage Increases	892.4	3.3%	686.0	3.5%
Staff Training	16.1	0.1%	16.1	0.1%
Repairs/Maintenance	124.7	0.5%	124.7	0.6%
Gas/Oil	24.3	0.1%	24.3	0.1%
Insurance/Other	82.1	0.3%	82.1	0.4%
Subtotal Base	1139.6	4.2%	933.2	4.8%
Efficiencies/Program Reductions				
Program reductions (Supplies / uniforms/promotion)	(23.9)	(0.1%)	(23.9)	(0.1%)
Reduction to tax levy contribution to Capital	(340.0)	(1.3%)	(340.0)	(1.8%)
Total Efficiencies/Program Reductions	(363.9)	(1.3%)	(363.9)	(1.9%)
Total Base	775.7	2.9%	569.3	2.9%
Mandatory/Legislated				
Total Mandatory/Legislated	0.0	0.0%	0.0	0.0%
Annualization				
Debt charges on 2004 issued debentures (Increased costs for new 2004 commitments Cane Parkway, Richmond Hill, Markham, Vaughan)	452.8	1.7%	452.8	2.3%
Total Annualization	452.8	1.7%	452.8	2.3%
Growth				
6.0 FTE Paramedics (Jan 1st)				
- Salaries & Benefits	489.0	1.8%	489.0	2.5%
- Uniforms / cleaning	7.4	0.03%	7.4	0.04%
- Supplies	12.5	0.05%	12.5	0.06%
- Repairs & Maintenance / Gas - vehicles (8,760 staffing hours, peak loaded 12 x 7)	9.0	0.03%	9.0	0.05%
Consultant Fees for efficiency review	100.0	0.4%	100.0	0.5%
Total Growth	617.9	2.3%	617.9	3.2%
Enhancements				
Total Enhancements	0.0	0.0%	0.0	0.0%
Total 2005 Budget Pressures	1,846.4	6.8%	1,640.0	8.5%
Total 2005 Operating Budget	30,090.8		22,048.0	