

Toronto Emergency Medical Service



Divisional Operating Budget
Presentation
February 2001

Toronto Emergency Medical Service

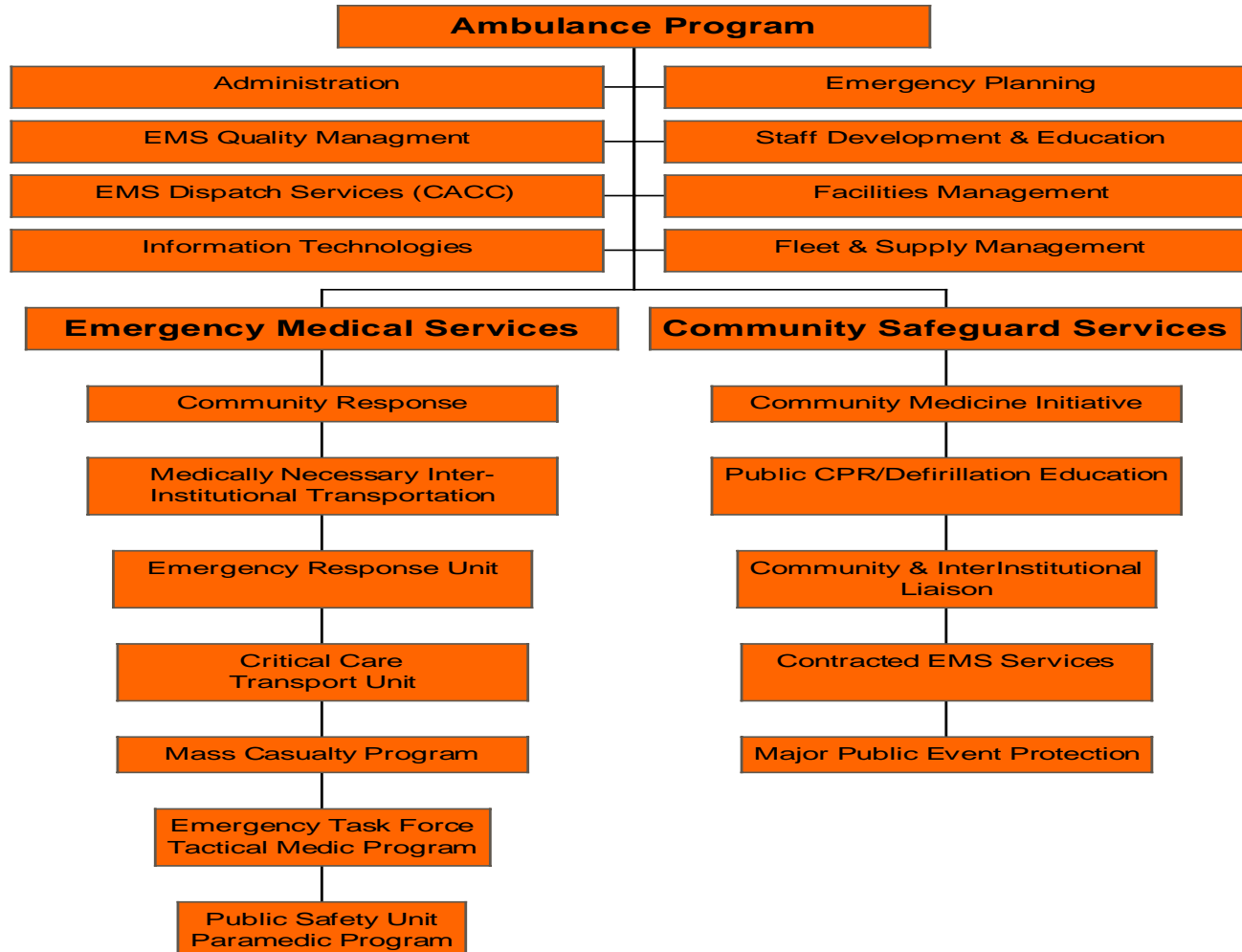


Programs and Functions



- Emergency Medical Services
 - Emergency Support Services
 - Community Safeguard Services
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- Note: Toronto EMS has introduced program budgeting in 2001

Programs and Functions



Programs and Services



- Primary community EMS
- Inter-institutional medically essential transfers
- Emergency Medical Dispatch and hospital co-ordination
- Community medicine and public intervention

Funding Mechanism

Operating Budget



- Toronto CACC and related I.T and communications infrastructure 100% funded - provincial
- Special programs related to community medicine and health restructuring 100% funded - provincial
- Land ambulance and other programs 50% funded - shared provincial and municipal

Status of Funding Negotiations



- Joint AMO - MOHLTC committee developed a funding template for 2000 operating budget
- Toronto EMS has submitted the 2000 budget for revenue reconciliation
- 2001 funding and revenue estimates have been submitted for approval

Funding Pressures

Provincial Subsidy



- Labour market wage adjustments within the GTA - still under negotiation
- Subsidy shortfall 2000 included in the funding submission - still under negotiation
- Funding support for owned properties not previously subsidized through capital grants - to be negotiated
- Recognition of corporate charges

Time Table for Subsidy Approvals



- 2000 operating budget expected to be finalized prior to March 31, 2001
- 2001 operating budget template to be completed in March 2001
- 2001 operating budget approval and determination of subsidy to be determined in April - process depends on Provincial budget cycle and approval process

Funding and Other Pressures



- Maintenance of service - transfer of care times increasing
- Negotiating 100% funding to address issues
- Timetable for completion of health restructuring
- Nursing shortages and addition of LTC and ALC beds in Toronto

Other Pressures



- Paramedic shortage - expansion of other EMS services and OMERS retirement
- Inquest recommendations - acceleration of advanced care training and additional coverage
- Timing of AMO negotiations on total redesign and funding options for EMS systems in Ontario

Efficiencies



- Introduction of real time management and co-ordination of emergency department demand
- Acknowledgement of MOHLTC to examine the definition of EMS system and related funding options
- Implementation of a common province wide funding template
- Scheduling system audit

Efficiencies



- Materials Management audit
- Balancing of shift schedules in conjunction with local 416
- Increased staffing approvals for Toronto CACC

Efficiencies



- Implementation of a full range of performance management tools
- Funding discussions with AMO/MOHLTC
- Implementation of hospital destination policies
- Development of alternatives to current diversion policies

Efficiencies



- Decentralization of management functions and implementation of performance targets
- Linkages with other community health programs, hospitals and associations
- Identification of opportunities for increasing capacity through call reduction initiatives

Benchmarking




- Several initiatives underway through AMO and the CAO's benchmarking initiative
- EMS industry advancing the development of common methods of measurement and efficiency
- Other municipalities recently assumed responsibility for EMS making it difficult to measure at this time

Efficiency Measures



- Cost per resident has declined since 1998 due to provincial funding agreements
- 2000 and 2001 cost per resident an estimate only and may change as a result of subsidy negotiations
- Cost per resident for 2001 - \$16.40

Efficiency and Performance



- AMO/MOHLTC will establish and legislate standards for efficiency, performance and accreditation
- Toronto EMS has established specific measurements reflecting:
 - workload and utilization
 - response time compliance by priority
 - clinical outcome

Program Issues and Costs



- Ensuring staffing levels are maintained
- Managing within recommended 2001 budget will not impact service levels
- Addressing transfer of care in hospitals will avoid service level impacts
- Community medicine initiatives reduced as part of new program reductions which will impact future opportunities for increased capacity and efficiency

2001 Operating Budget Outlook



Requested

Gross

2001 request \$99.8m

2000 budget \$90.9m

Change \$ 8.9m

Net

2001 request \$40.8m

2000 budget \$37.9m

Change \$ 2.9m

Recommended

Gross

2001 request \$95.2m

2000 budget \$90.9m

Change \$ 4.3m

Net

2001 request \$39.1m

2000 budget \$37.9m

Change \$ 1.2m

2001 Operating Budget Program Area



<u>Service</u>	<u>Gross</u>	<u>Net</u>
EMS S/S	27,933.3	8,223.7
EMS	66,584.9	30,691.0
CSS	<u>679.0</u>	<u>169.9</u>
Total Budget	95,197.2	39,084.6

Summary of Program Area Reductions



<u>Category</u>	<u>Request</u>	<u>Recommended</u>
Base Budget	\$5,896.0	\$3,372.1
Service Changes	\$2,050.2	\$ 525.7
New Services	<u>\$1,013.3</u>	<u>\$ 430.0</u>
Total	\$8,959.5	\$4,327.8

Summary of Program Area Reductions



- **Base budget** reductions not critical and include:
 - Reduction of WES interdepartmental charges
 - Deferral of contribution to medical equipment reserve
 - OMERS retirement plan to be funded by personnel reserve
 - General reductions in utilities, supplies and service costs
 - Reduction of mechanic position
 - **Reductions will have no impact on existing core services**

Program Area Reductions



- **New Service Change** reductions will have a marginal effect on administrative and support service areas.

Reductions include:

- Medical records and FIPA coordinator
- Equipment and vehicle technicians for decentralized districts
- Education and development support staff for Eastern Ave.
- Improvements in station maintenance and cleaning
- Various community initiatives and recruitment outreach
- Enhancements to Critical Care Training (Pediatric module)
- Replacement equipment for fleet maintenance
- **Reductions will have no impact on existing core services**

Program Area Reductions



- **New service** reductions will have no impact on current service however reductions in community medicine program will result in minimal participation in primary health care reform.
- Reductions include:
 - Elimination of project manager for World Youth and Papal visit
 - Elimination of project management staffing for community medicine initiative. Impacts include:
 - Deferral of Tele-health call screening linkage
 - Reduction of program development for elderly and the hard to reach and hard to serve populations
 - Deferral of development of Public Health and Community health linkages

Impact of Community Medicine Reductions



- Restricts Toronto EMS from pursuing new initiatives that will improve the capacity of the existing resource base
- Targets evolving areas of health care reform ensuring Toronto EMS is involved on the ground floor
- Initiatives involving community medicine is designed to develop alternatives to traditional and costly resource increases
- Identifies efficiencies through improved coordination of services

2001 - 2005 Capital Works Program



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Capital Overview



- Current asset value \$111.3 million
- New project requirements are valued at \$34.0 million with a cash flow of \$17.9 million in 2001
- Project costs and approvals dependent on provincial funding subsidies ranging from 50 to 100%

Project Approval Criteria



- Project selection and priorities were established based on the following criteria:
 - Operational efficiencies and effectiveness
 - Health and Safety
 - State of Good Repair
 - Service gaps

Recommendations



- Total cash flow (gross) \$34.0 million
- State of good repair account for 40% of expenditures
- Growth and service improvements account for 60% of expenditures
- Project spending is within funding targets established by the City provided that funding agreements and subsidies are realized from the Province

Project Summary




<u>Project</u>	<u>Cost</u>	<u>%</u>
1. Portable radio system	\$ 1,100.0	3 %
2. Mobile data system	\$ 2,300.0	7 %
3. Medical equipment	\$ 1,580.0	5 %
4. I.T. projects	\$ 7,800.0	23 %
5. Vehicles	\$ 1,515.0	4 %
6. AVTEC/BACC	\$ 4,000.0	12 %
7. Asset management	\$ 2,050.0	6 %
8. Station replacement	\$11,317.0	33 %
9. New Stations	<u>\$ 2,359.0</u>	<u>7%</u>
Total	\$34,021.0	100%

Portable Radio System



- Recommendation of the Fleuelling Inquest
- Required to ensure safety and reliable on scene communications
- Will integrate with Police/Fire system to provide for a Public Safety radio system
- Potentially eligible for 100% Provincial funding

Information Technology Projects



- 13 projects in total enabling total integration of all information data bases and systems. Projects include:
 - Station linkage to email and internal systems
 - Automated card swipe and security systems for stations
 - Upgrading existing computer aided dispatch systems (CAD)
 - Electronic patient charting systems
 - Linkages with all hospital data base systems
 - CAD integration with Regional EMS, TFS and Police
 - Data network implementation
 - Real time vehicle monitoring systems
 - Trunk radio maintenance and replacement of components
 - Eligible for 50% Provincial subsidy and possibly Federal funding

Medical Equipment



- Medical diagnostic equipment related to conversion to full advanced care (paramedic) service
- Equipment includes:
 - Heart monitor/defibrillators
 - 12 lead ECG monitors
 - Diagnostic modules for patient vital sign management
 - Eligible for up to 50% Provincial subsidy

Mobile Data Systems



- On board data terminals for all primary response vehicles
- Transmission of patient information to hospital emergency departments
- Integrated with hospital patient tracking systems
- Reduces reliance on voice to transmit patient status and information
- Provides for instantaneous address locating and computerized mapping in all primary response vehicles
- Eligible for 50% Provincial and possibly Federal funding

Vehicles




- Provides for 13 ambulances over 5 years
 - Replacement of existing fleet through operating budget
- Meets vehicle requirements needed as a result of staffing adjustments from prior years
- Eligible for 50% Provincial funding and perhaps 100% depending on outcome of AMO/MOHLTC negotiations

AVTEC and BACC



- Replacement of computerized telephone and radio system interface (AVTEC)
- Current system has reached its life expectancy and is no longer expandable
- Current system can be salvaged and used in the back up Communications Center at 703 Don Mills
- Back up communications center (BACC) requires software licences, computers and work stations
- MOHLTC to fund 100%
- BACC may become Provincial dispatch training center

Asset Management and Preservation



- Provides for general repair and refurbishment of existing station assets
- Program includes:
 - Replacement of furnishings
 - Stores renovation related to accommodation of TFS at 4330 Dufferin St.
 - HVAC upgrade
 - Roof replacement
 - Paving
 - Overhead door replacement
 - General improvements in state of repair
 - Eligible for 50% Provincial funding

Station Replacement



- 21 station - Sunnybrook Health Sciences Center (joint)
- 34 station - Bathurst and Bloor St. (complete renovation)
- 43 station - Pape and Queen St. (complete renovation)
- 18 station - Bathurst and Eglinton (relocation - joint)
- 26 station - Port Union and Lawrence (relocation - joint)
- 19 station - Keele and Eglinton (replacement and relocation)
- 17 station - Bathurst and Wilson (complete replacement)
- 14 station - Rexdale and 27 (relocation - joint)

New Station Construction



- 30 station - Royal York and Queensway (joint)
- 25 station - Morningside and Sheppard (approved in 2000 - joint)
- All station construction, renovation, replacement and new construction eligible for 50% Provincial funding

Station Replacement Post 2005



- 41 station - Pape and O'Conner (complete replacement)
- 29 station - McCowan and Sheppard (new)
- 47 station - Midland and St. Clair (relocation - joint)
- 00 station - Commissioner St. (new - joint)

Summary



- No issues concerning recommended capital program
- Submissions have been made to MOHLTC for program/project funding
- Toronto EMS will report on Provincial funding for each project as approvals and funding is secured