



County of Essex

Administrative Report

Office of the Chief, Essex-Windsor Emergency Medical Services

To: Warden Tom Bain and Members of County Council

From: Randy Mellow
Chief, Essex-Windsor Emergency Medical Services

Date: February 5, 2014

Subject: Essex Windsor EMS Budget 2014

Report #: 2014-R002-EMS-0205-RM

Purpose

To provide the Warden and the County Council with a report regarding the proposed Essex Windsor EMS Budget for 2014.

Background

The total gross budgeted operating expenditures for the Emergency Medical Services Department in 2013 were \$34,665,860. This budget is cost-shared with the Province of Ontario through a 50% cost-sharing grant in accordance with the Land Ambulance Approved Cost Funding Template. The remaining 50% of the cost is funded by the City of Windsor, the County of Essex and the Township of Pelee. However, in 2010 the MOHLTC amended its funding formula, such that current year funding would be based on 50% of the prior year budget, adjusted for inflation. Accordingly, the estimated provincial funding for EMS is projected to be 48%.

The portion of the EMS budget funded collectively by the City of Windsor, the County of Essex, and the Township of Pelee is shared based on regional weighted assessment, as prescribed by legislation. As such, the following

percentages have been applied to apportion the costs associated with the 2014 EMS budget: City of Windsor 52.523%, the County of Essex 47.177%, and the Township of Pelee .0300%.

In 2013, the EMS system for the Essex-Windsor area continued to respond to significant system pressures including increasing call volumes and hospital off-load delays that remain significant despite a reduction in total hours.

In 2012, Code 1 to 4 call volume increased disproportionately by approximately 5.12% followed by an approximate 1% increase in 2013 during which EMS resources responded to 51,213 patient responses and an additional 42,323 stand-by assignments. The EMS Fleet travelled 2.2 million kilometers.

Analysis indicates that between 2001 and 2013 Code 1 to 4 call volumes have grown on average by 4.5% annually. With the aging population and its disproportionate use of EMS services, it is anticipated that the annual increase of code 1 to 4 calls will be in the 4% to 8% range.

The Essex-Windsor Area continues to experience one of the highest rates of EMS response per population in the province of Ontario at approximately 133 calls per 1,000 population as compared to a 119 per 1,000 median rate of the comparator group (OMBI 2012). Historical data and population projections suggest that the call volumes will continue to increase as challenging economic and demographic conditions in Windsor and Essex County continue.

Related to the significant system pressures including increasing call volumes and hospital off-load delays, the 90th EMS response time within the Essex-Windsor region increased in 2012 to 10:27 minutes. That response time exceeded the mandated 90th benchmark of 10:25 as established by the MOH-LTC for the region. In 2013 however, the service witnessed a significant reduction in response time to 10:11 minutes at the 90th percentile. This reduction can be attributed to the impact of:

- Service enhancements annualize in 2013
- Deployment Strategy adjustments
- Reduction in severity of ambulance offload delay

Discussion

The budget for 2014 represents a total expenditure level of \$36,373,980, with significant recoveries including: \$16,503,360 from the Province ("50%" grant funding); \$992,790 from the Provincial Government for the Ambulance Off-Load Nurse Program, and \$9,288,390 from the City of Windsor and the

Township of Pelee. The estimated net levy allocation for the County is \$8,561,240.

The 2014 Emergency Medical Services budget reflects the projected costs of operating a public service based on the actual experience of 2013 and maintaining current service delivery levels.

Some challenges that the department will face in the proposed 2014 budget are:

- Increasing shortfall in Provincial Funding - amended formula
- Ambulance Offload Delay pressures at Windsor Hospital Emergency Rooms
- Increasing call volume and associated costs
- Increasing WSIB NEER costs
- Evolving population demographics resulting in increasing EMS resource demands
- Systemic Ontario Health Care issues concerning lack of Physicians, Specialists, Community Care Services, Lack of Long-Term Care Beds and Lack of Hospital Beds
- Evolving technologies associated with provision of patient care and paramedic safety

In addition, the introduction of O. Reg. 267/08 in 2012 mandated that each municipality involved in the provision of Land Ambulance Services must develop a Response Time Plan based on patient acuity as opposed to the historical 90th% Response Time Benchmark issued by the MOHLTC. Accordingly, the EMS management team established a Response Time Plan that was considered to be operationally cost effective while maintaining current service levels to meet the needs of the community at large. This 2014 proposed budget submission supports continued service delivery to meet those targets as approved by Council in October of 2013.

Recommendation

For the consideration of Council.

Respectfully Submitted

Randy Mellow

Originally Signed by Randy Mellow
Chief, Essex-Windsor Emergency
Medical Services

Concurred With,

Brian Gregg

Originally Signed by Brian Gregg
Chief Administrative Officer

Appendix No.	Title of Appendix
Appendix A	Essex Windsor EMS – 2014 Budget

EMERGENCY MEDICAL SERVICES

The Service Statement of Purpose

The County of Essex, Essex-Windsor Emergency Medical Services is committed to providing the highest quality Emergency Medical Services to the citizens of the County of Essex, the City of Windsor and the Township of Pelee.

Our purpose is to foster fiscally responsible quality care through:

- Maintaining mutually supportive relationships with other emergency services and health care agencies in the community
- Participation in public education for prevention and awareness
- Programs of Continuous Quality Improvement to ensure the highest standards are achieved
- Supporting employees by providing them with the tools and methods to accomplish quality care

The department adheres to the five principles that were mandated by the Province of Ontario at the time of the transfer of Emergency Medical Services to the County of Essex which are to provide the community with an EMS system that is:

- Accessible
- Accountable
- Responsive
- Seamless
- Integrated

Service Description

The Emergency Medical Services Department is responsible for the operation of the public ambulance service for the City of Windsor, the County of Essex and the Township of Pelee. Essex Windsor EMS serves a population base of approximately 390,000 and 1,852 square miles of area to cover. At maximum staffing, there are 25 vehicles on the road and the annual on-the-road staffing hours for one year is approximately 174,200 for paramedics alone, not including Chief, Deputy Chiefs or District Chiefs hours on-the-road and available to respond to ambulance calls.

The EMS department has a fleet of 38 front line ambulances, 12 Emergency Response Vehicles, 1 Logistics Vehicle, 1 Administration Vehicle, a Special Operations Trailer, Hazmat Trailer and an Off Road transport vehicle.

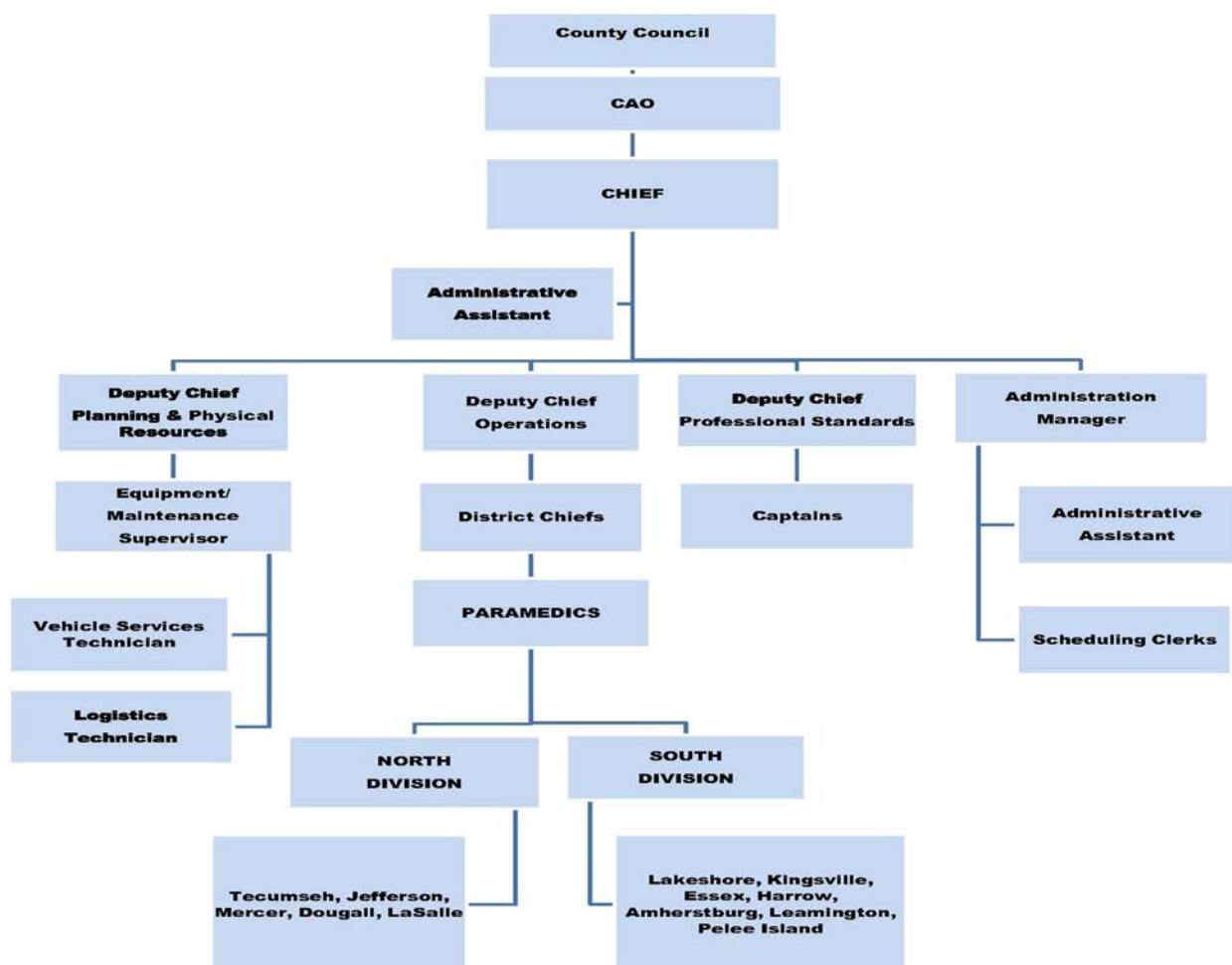
There are 12 ambulance stations located throughout the County of Essex, the City of Windsor and the Township of Pelee.

EMERGENCY MEDICAL SERVICES

Departmental Staffing

Staffing	2011	2012	2013	2014	2011 Actual (\$000)	2012 Actual (\$000)	2013 Budget (\$000)	2013 Actual (\$000)	2014 Budget (\$000)
Full-time paramedics	155	164	164	164	11,088	11,778	13,751	12,139	13,914
Part-time paramedics	93	85	102	102	4,842	5,331	4,023	5,700	4,160
Full-time Management & Administration	28	27	27	28	2,446	2,645	2,550	2,486	2,697
Total	276	276	293	294	18,376	19,754	20,324	20,325	20,771

Organizational Chart



EMERGENCY MEDICAL SERVICES

Mandatory Programs

The County of Essex Emergency Medical Services Department as mandated by legislation must:

- Obtain and continue to maintain a certificate from the Province of Ontario licensing the County to operate a Land Ambulance Service;
- Develop a Deployment Plan outlining station locations, staffing patterns, emergency coverage patterns and plan;
- Respond to requests for emergency medical assistance in the community by sending the closest available resource;
- Provide emergency medical care to those in need and transport to the most appropriate medical facility;
- Develop and administer mandatory paramedic documentation and performance auditing processes to ensure quality of care and compliance with legislated patient care and documentation standards;
- Provide continuing education programs for paramedics to ensure compliance with legislation;
- Develop and administer strict ambulance vehicle maintenance schedule;
- Develop and administer strict medical and conveyance equipment maintenance schedule;
- Develop and administer mandatory medical supply inventory management;
- Develop an annual response time performance plan. Ensure that this plan is continually maintained, enforced and where necessary, updated. Provide each plan and each update to the ministry and report to ministry on the response time performance achieved under the previous year's plan.
- Participate in triennial audit and review (Service Review) in order to demonstrate compliance with all mandatory programs necessary for renewal of Provincial Certification.

Discretionary Programs

- Develop and administer a public relations program to provide education related to public safety initiatives, use of EMS and 911 and to promote the EMS Department;
- Provision and coordination of a regional Public Access Defibrillation Program including oversight of training and program quality assurance;
- Coordinate the MOH-LTC funded Dedicated Ambulance Offload Nurse program in conjunction with area hospital emergency departments;
- Participation and cooperation in patient referral programs such as Community Referral by EMS (CREMS), Community Outreach and Support Team (COAST) and Mental Health Response Unit (MHRU)

EMERGENCY MEDICAL SERVICES

Prior Year Performance

In 2013, net departmental operations are anticipated to end the year at \$222,820 over budget (County of Essex share).

The significant factors leading to the budget variance included wage, benefit and operational costs as follows:

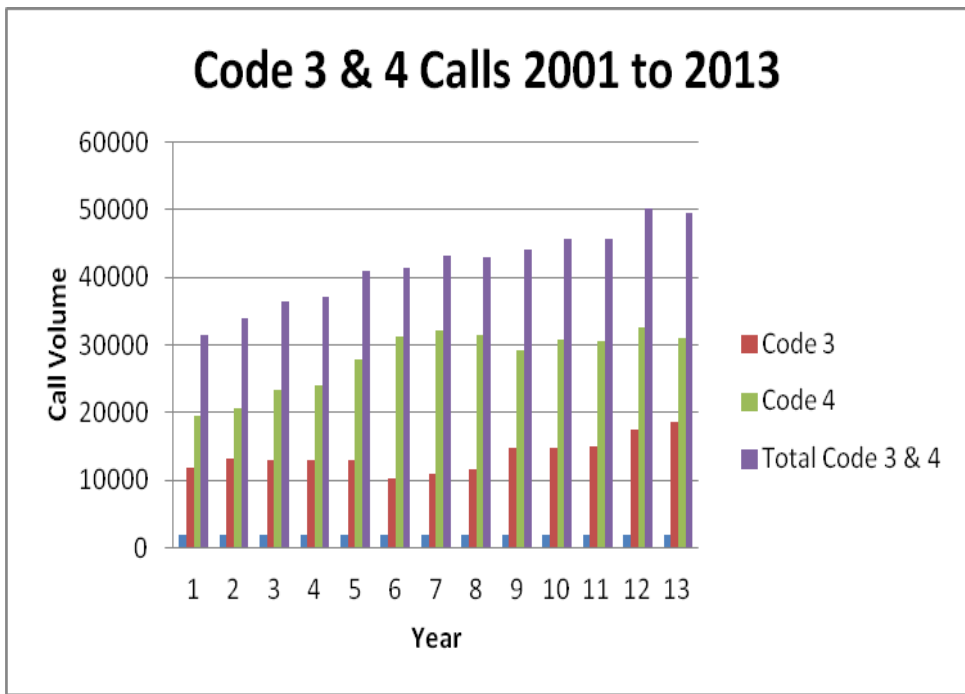
- Modified work assignments (for WSIB / Pregnancy / injury)
- WSIB NEER costs of \$360,000 for 2012 and an accrual of \$400,000 for 2013
- Increased legal costs including costs associated with Interest and Grievance Arbitrations
- Rising costs of vehicle repairs and maintenance largely associated with aging fleet.

Performance Metrics

Between 2001 and 2013 Code 1 to 4 call volumes grew on average by 4.5% annually. In 2012, Code 1 to 4 call volumes increased disproportionately by approximately 5.12% followed by an approximate 1% increase in 2013. With the aging population and its disproportionate use of EMS services, it is anticipated that the annual increase of code 1 to 4 calls will be in the 4% to 8% range.

2006-2013 Call Volumes

*(Code 1 & 2 are non-urgent patient transfers. Code 3 is urgent response, Code 4 is emergent response)

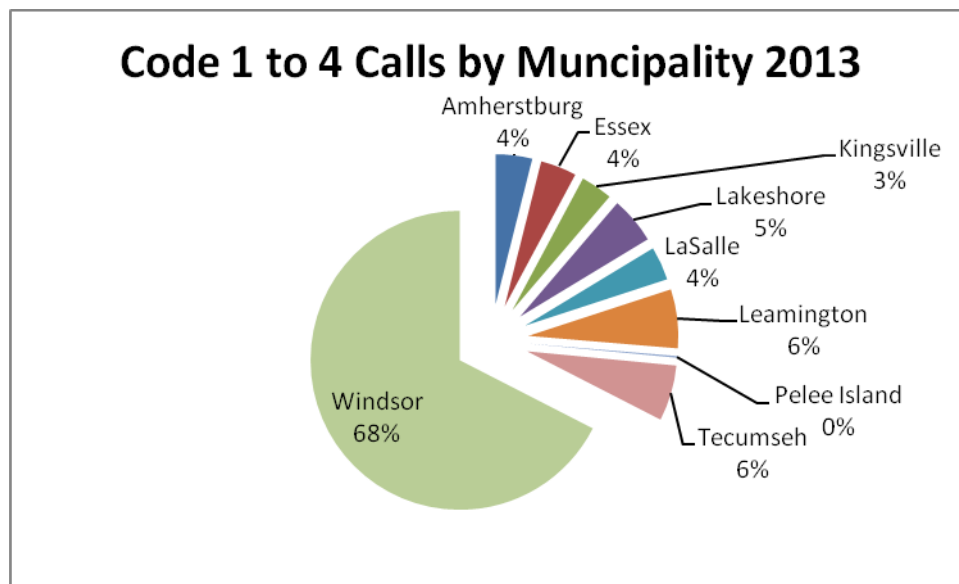
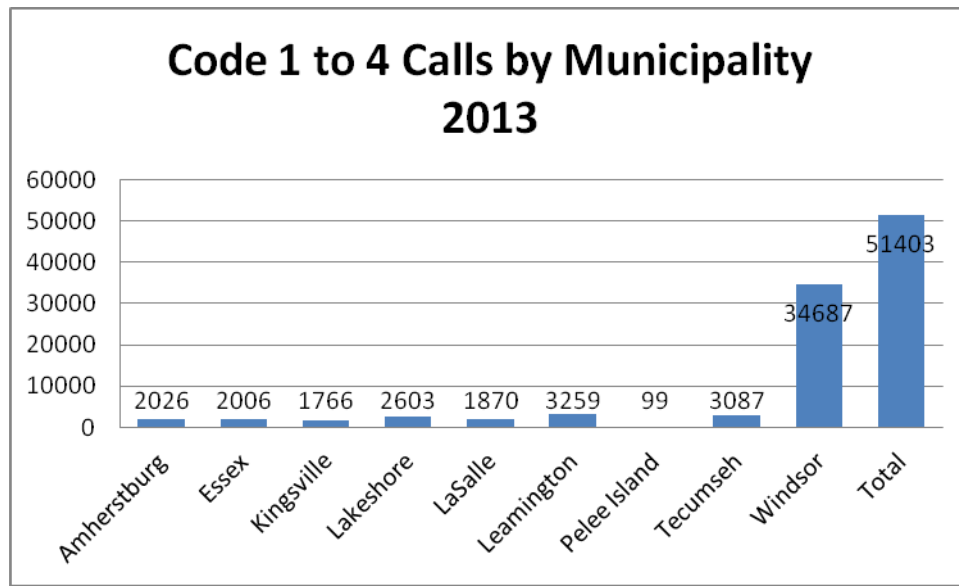


EMERGENCY MEDICAL SERVICES

Prior Year Performance (cont'd)

Municipal Call Volumes

For reference purposes, the charts below highlight projected call volumes for 2013 (Codes 1 to 4) by origin of call.

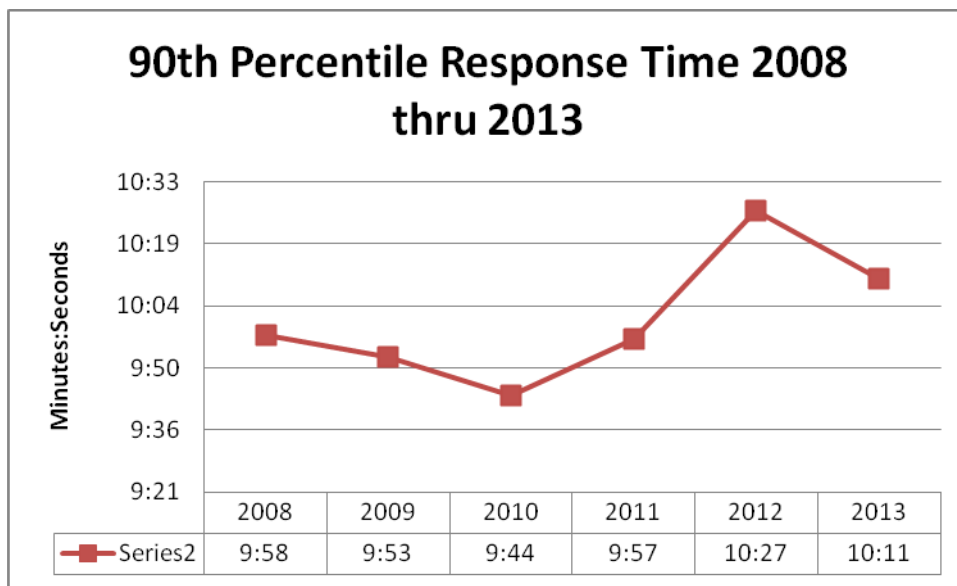


EMERGENCY MEDICAL SERVICES

Prior Year Performance (cont'd)

Response Times

Steady increase in call volumes and off load delays has impacted response times over the past 10 years. Essex Windsor EMS has reviewed and modified deployment plans, monitored and changed staffing hours, but response times continue to fall behind. It was for that reason, Essex Windsor EMS requested an additional 14,960 staffing hours during the 2012 budget discussions. This enhancement was approved and fully annualized in 2013. Data now indicates that our 2013 90th Percentile Response Time has been reduced in part to the 2012/2013 staffing enhancements.



OMBI - Ontario Municipal Benchmarking

The County of Essex Emergency Medical Service continues to participate in the Ontario Municipal Benchmarking Initiative (OMBI) program along with 15 other EMS services across Ontario. Through OMBI and other initiatives, EMS services provide comparable data to allow municipalities to assess best practices and make informed decisions on service quality, quantity and cost. In reviewing statistical data, such as OMBI, care must be exercised to recognize the unique characteristics related to each community's socio-demographics, geographic location, population density, and other influencing factors. The benefits of comparisons are to provide enhanced information for decision making, identification of innovative ideas for service improvement and ultimately better service to the citizens served.

According to the 2012 OMBI results, the Essex/Windsor Area continues to experience one of the highest rates of EMS response per population in the province of Ontario at 133 calls per 1,000 population as compared to the median rate of 119 calls per 1,000 for the OMBI comparator group.

EMERGENCY MEDICAL SERVICES

Prior Year Performance (cont'd)

EMS Stations

In 2013, Essex-Windsor EMS moved into three (3) new stations. These included shared facilities with Essex Fire Station # 1 and the LaSalle Fire Department, as well as a new stand alone station in Tecumseh. Discussions are ongoing with the Province for the purchase of the EMS Station located at 2620 Dougall in Windsor.

Special Events

The department continues to staff for Special Events that occur throughout the City and the County having need of the presence of EMS resources. In 2013, Essex Windsor EMS attended over 50 Special Events, with these events requiring EMS staff and vehicles at a cost to the system. To the extent possible, the events were managed by utilizing the support of the Volunteer Windsor Paramedic Bike Patrol and the volunteers of the Safety Village Paramedic Partnership. However, most of the larger events require up-staffing of vehicles and personnel, placing a financial burden on the Essex Windsor EMS system. A few of the events included Corn Fest, Fairs, Sun Splash, Summerfest Fireworks and various marathons and other events. The largest event covered during 2013 was the International Children's Games, for which service was provided on a cost recovery basis.

In 2014, the County has authorized changes to the Fees By-Law which will assist the EMS Department in mitigating the costs associated with providing coverage at many of these events.

Proposed Budget - Current Year

The budget for 2014 represents a total expenditure level of \$36,373,980, with significant recoveries including: \$16,503,360 from the province (48% funding); \$992,790 from the Provincial government for the Off Load Nursing initiative, and \$9,288,390 from the City of Windsor and the Township of Pelee Island. The estimated net levy allocation for the County is \$8,561,240

The 2014 Emergency Medical Services budget reflects the projected costs of operating a public service based on the actual experience of 2013.

Senior EMS Management continues to review statistical information specific to a number of service delivery metrics. A review of response times in specific hours of the week and locations previously identified a need to increase staffing in order to maintain a Response Time that would be acceptable to the community at large, which was fully implemented in 2013.

While call volumes continue to rise, the service has also witnessed a 30% reduction in offload delays in 2013. As a result, response times have improved over the department's 2012 performance.

Essex Windsor EMS remains committed to continual analysis of performance and seeks system improvement opportunities; however, operating conditions and trends suggest that the current response time targets are both reasonable and attainable with current deployment plans and resources. As such, the department has not proposed any staffing changes within the 2014 budget.

EMERGENCY MEDICAL SERVICES

Proposed Budget - Current Year (cont'd)

While the benefits of economies of scale continue to be realized in many operational areas, a number of uncontrollable costs have contributed to an increase in County Responsibility to \$8,561,240. These costs are mainly associated with;

- Less than 50% funding from the Province
- Rising WSIB-NEER Costs
- Inflationary increases
- Administration / Information Technology / Human Resource Support – due to a substantial increase in the amount of IT support required for electronic scheduling, fleet management, and implementation of electronic Ambulance Call Reporting in 2011
- Increase to legal expenses

The chart provided below highlights a shift in the regional weighted assessment realized in 2013 along with the shift in municipal cost allocation. Cost allocation for 2014 budget planning has been based on preliminary 2014 regional weighted assessment.

Municipal Share % Allocation	<i>ACTUAL 2013 Wgt Assess</i>	<i>EST 2014 Wgt Assess</i>
City of Windsor	52.911%	52.523%
Pelee Island	0.304%	0.300%
Total recovery-service partners	53.215%	52.823%
County Responsibility	46.785%	47.177%

The 2014 budget includes a draw from reserves (\$2,436,000) for vehicles, equipment and stations. Amortization of vehicles, equipment and stations is included in the annual expenditures (transferred to reserve) and the cost of replacement assets is drawn from these reserves.

Challenging Issues 2014

The cost of operating an EMS system is directly correlated to factors that are systemic MOHLTC issues which are beyond the control or influence of the Essex Windsor EMS Service. Staffing and funding challenges for Hospitals, Long Term Care Facilities, Community Services, and the Community Care Access Centres coupled with the lack of general practitioners and specialists in the Essex/Windsor area place an increased burden on the municipal share of providing Emergency Medical Services. This circumstance is demonstrated by current and potential future increase in cost of provision of Ambulance Services on Pelee Island associated with the change in service provided to the community by the MOHLTC funded clinic.

EMERGENCY MEDICAL SERVICES

Proposed Budget – Current Year - Challenging Issues (cont'd)

Inability to Unload Patients in the Emergency Room-Offload Delay-Dedicated Emergency Room Nurses

The service continues to deal with the inability to unload patients in the emergency rooms (Code 7). Commencing in 2008, the Ministry of Health and Long Term Care (MOHLTC) provided temporary funding for Dedicated Emergency Room Nurses to be put in place in the local hospitals to receive and off-load ambulance patients. Essex Windsor EMS was instrumental in advancing this initiative and, as a result, the MOHLTC provided \$250,000 to the County to implement the Dedicated Emergency Room Nurse program. The program continues to date with a funding level of \$992,790 for the 2013/14 MOHLTC fiscal year. This increased funding will allow for continued Dedicated Emergency Room Nurse coverage 24 hrs/day, 7 days/week in both city hospitals.

As noted previously, Off Load Delay hours decreased by nearly 40% in 2013. This was due in part to the increase of Off Load Nursing Hours to 24 hrs/day in both city hospitals and also due to the lack of a traditional surge of flu related patients during the late winter and spring.

OFF LOAD DELAY (OLD) Comparison 2011/2012 Projected

	2013	2012	% Increase/Decrease
Total OLD	6,902	8,357	-17.4%
Total OLD Hours	5,389	8,875	-39.0%
OLD/Day	18.9	24.3	-22.2%
AVG Length (Min)	46.9	56.5	-17.0%

Given the excessively high occupancy rates for the Windsor Regional Hospital Met and Ouellette Campuses, Off Load Delays will continue to be an ongoing issue. As these occupancy rates can be tied directly to the high number of Alternate Level of Care (ALC) patients occupying Acute Care Beds, this problem will not resolve until such time as all the 400 additional Long Term Care beds promised by the Province in 2007 are open. This is not expected to occur until late 2014. While the Offload Nurse Program has provided some relief, funding for the program for 2014/15 and beyond remains an ongoing concern. This program was introduced as a temporary measure until such time as permanent solutions are fully investigated through Ontario's ER Wait Time Strategy. In the interim, Essex-Windsor EMS must submit an annual business case requesting continued funding of the Offload Nurse Program. Emergency Departments will continue to be backed up, leading to occurrences of "ER Time Consideration" status, and resulting in Off Load Delays when the dedicated nurse has reached the 5 patient maximum at any given time.

EMERGENCY MEDICAL SERVICES

Proposed Budget – Current Year - Challenging Issues (cont'd)

Call Volume

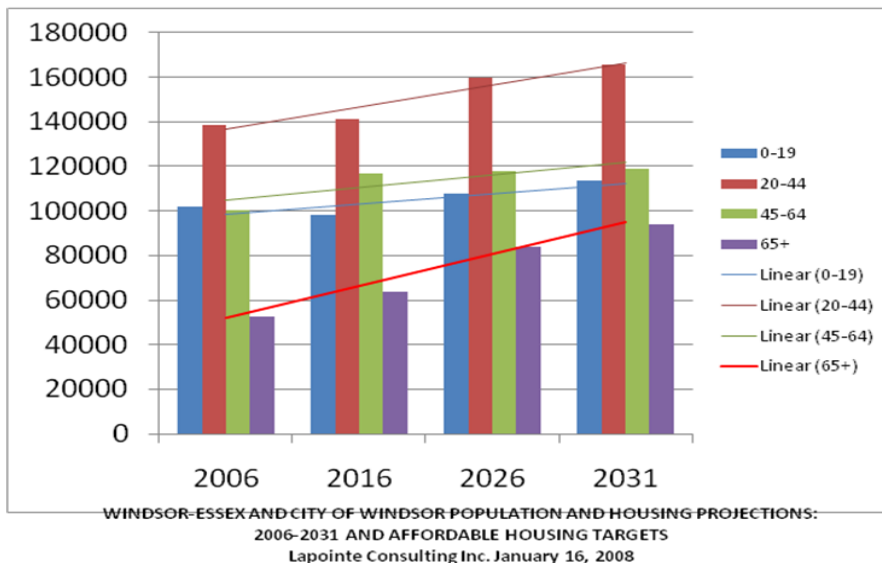
Aging Population

The effects of an aging population and Provincial initiatives to have people age in place rather than placement in a Long Term Care facility are placing increased demand on the services of EMS in the Essex/Windsor area. Although the MOHLTC is providing more funding for in-home services, there is a direct impact on the demand for services of EMS as patients are being transported to the Emergency Departments for services such as blood work and dehydration; therefore, call volumes increase each year.

In addition to the current Provincial initiatives, recent reports such as the Drummond Report, the Ontario Seniors Care Strategy and Living Longer, Living Well have led MOHLTC to support the development and expansion of Community Paramedicine programs across Ontario as a support to the aging at home strategies.

An aging population has an impact on the Health Care system which has an impact on the EMS system. For example, an initiative is underway marketing the area as a retirement destination. While the benefits to the local economy are recognized, over time, an increase of aging retirees in the area will have a direct impact on demand for EMS services as described above.

Population Growth Projection
Essex-Windsor Region – 2006 to 2031



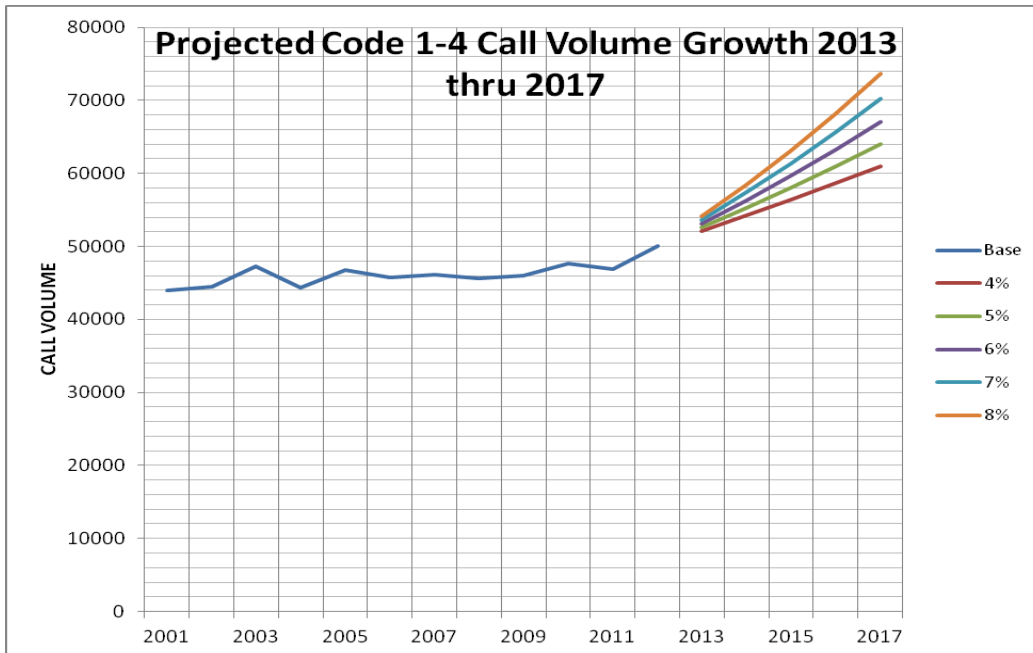
Emergency Calls per Population

The Essex/Windsor Area continues to experience one of the highest rates of EMS response per population in the province of Ontario at 133 calls per 1,000 population (OMBI 2012) as compared to the median rate of 119 calls per 1,000 for the provincial comparator group. Further, Essex/Windsor's call volume per vehicle or per unit hour of service continues to be one of the highest in the Province.

EMERGENCY MEDICAL SERVICES

Proposed Budget – Current Year - Challenging Issues (cont'd)

Historical data and population projections suggest that the call volumes will continue to increase as challenging economic and demographic conditions in Windsor and Essex County continue. Between 2001 and 2013 Code 1 to 4 call volumes grew on average by 4.5% annually. In 2012, Code 1 to 4 call volume increased disproportionately by approximately 5.12% followed by an approximate 1% increase in 2013. With the aging population and its disproportionate use of EMS services, it is anticipated that the annual increase of code 1 to 4 calls will be in the 4% to 8% range. This means that by 2021, there could be as high as 80,000 to 100,000 requests for ambulance service.



Long Distance Transfers

The EMS system continues to regularly transport patients from the Essex/Windsor area to hospitals in London and Detroit. Trips to London place Essex/Windsor ambulances out of service for a minimum of 5.5 hours, while Detroit trips place ambulances out of service in excess of 1 hour per trip. Many patients are required to go to London to receive medical treatment for services unavailable in Essex/Windsor (such as Cardiac By-Pass Surgery).

The current Health Care system in Ontario relies heavily on the ability of MOHLTC to guide the patient to the right hospital for the most appropriate care in the quickest manner. The MOHLTC utilizes Criticall to ensure that patients in Ontario are directed to the most appropriate facility for care. Therefore, every Hospital must contact Criticall if the care needs of a patient in their facility cannot be sufficiently met. In these instances, the patient must be transferred a distance to another facility. Criticall will make all the arrangements, but in many cases the local EMS provider is not notified until a team from another area arrives in the local jurisdiction, requiring EMS transport to the receiving facility. In the Essex/ Windsor area, the service is transporting sick paediatric patients to London/Toronto on very short notice and usually at hours when vehicle staffing is limited. This creates a strain on the system and, in many cases, Essex Windsor EMS is required to up-staff to accommodate the needs of local citizens. This creates a significant burden on the department's budget.

EMERGENCY MEDICAL SERVICES

Proposed Budget – Current Year - Challenging Issues (cont'd)

Recent discussions between Windsor Regional Hospital and Cancer Care Ontario, in regards to the continuation of cancer related thoracic surgery serves to highlight the impact of location of specialized services. If cancer related thoracic surgery had been eliminated in Windsor, a resultant significant increase in long distance transfer volumes would have resulted.

Special Events

As highlighted under Prior Year Performance, Special Events consume a significant amount of time, managing both the event coverage and paramedics performing their duties. Attendance at local festivals, fireworks and fairs has always been considered an element of EMS's civic responsibility. In recent years, a number of events have brought in provincial and sponsorship funding. Essex Windsor EMS is not generally reimbursed for the staffing hours provided for events. As municipalities endeavour to attract more events into the region, consideration must be given to the impact event coverage has on the operations of the EMS system and the cost to provide this service.

Central Ambulance Communications Centre (CACC)

It is important to note that the County does not control how vehicles are dispatched; this is controlled by the Province of Ontario through the Central Ambulance Communications Centre. Administration is responsible for developing deployment plans but how the deployment plans are implemented is based on how the CACC dispatches the vehicles. Administration is accountable for EMS service delivery, but has no control or authority over vehicle dispatch.

The Ontario Association of Paramedic Chiefs (OAPC) continues to raise a number of shortcomings of CACC's with the MOHLTC, but there has been little movement on the Ministry's part to consider alternative dispatch systems. In 2011, the MOHLTC concluded a review of the Niagara and Ottawa Dispatch Centers which are currently being operated on a pilot basis by the local EMS system utilizing an alternate Medical Priority Dispatch System. Following up on this analysis, MOHLTC is expected to recommend the preferred delivery model for CACC's. While the analysis of the effectiveness of the pilot project has been concluded, the MOHLTC has yet to publicly release the results and recommendations.

Technology Advances

Essex Windsor EMS implemented an Electronic Ambulance Call Report system in 2011, becoming fully operational in 2012. In order to support this technology a number of hardware and software installations have been required to ensure connectivity, security and transfers of electronic data.

The Lucas II Automated CPR Device was also introduced in 2011 and has shown significant potential to enhance both paramedic safety and positive patient outcomes. Additional Lucas devices were added in 2012 and 2013 in order to equip the entire EMS fleet.

In 2012, Essex Windsor EMS expanded the use of the ECORUN system on a number of its vehicles. This advanced technology provides increased fuel efficiency and decreased carbon emissions through a vehicle monitoring and control system that automatically operates the engine to avoid idling. This program was completed in 2013.

EMERGENCY MEDICAL SERVICES

Proposed Budget – Current Year - Challenging Issues (cont'd)

These technological advancements continue to place an increasing burden on the Information and Technology Department and the cost of providing additional support is addressed in this budget.

Legislated Response Time Standard

Prior to the downloading of land ambulance services to the UTM/DDA, the Ministry of Health and Long-Term Care (MOHLTC) funded and operated ambulance services based on approved staffing levels and a management fee. There were no legislated response time standards in place until after the MOHLTC downloaded the land ambulance services in 1996. At that time, the Ministry introduced a standard that required the UTM/DDA to maintain the 1996 90th percentile response time to urgent and emergency calls for the entire service area.

Since that time, there has been a growing concern voiced by the UTMs and DDAs that the 90th percentile response time set in 1996 is not a true standard as it was different for every UTM and DDA and that it is not based on any medical evidence. In response, the MOHLTC struck a Response Time Standard Working Group under the joint provincial-municipal Land Ambulance Committee to review this issue and based on the committee's recommendations amended the legislation to introduce new response time standards and targets.

The new legislated response time standards mandates that: No later than October 1 in each year after 2011, every upper-tier municipality and every delivery agent responsible for provision of land ambulance services shall establish a performance plan for the next calendar year respecting response times. O. Reg. 267/08, s. 1 (2). The performance plan must include:

1. The percentage of times that a person equipped to provide any type of defibrillation has arrived on-scene to provide defibrillation to sudden cardiac arrest patients within six minutes of the time notice is received.
2. The percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to sudden cardiac arrest patients or other patients categorized as CTAS 1 within eight minutes of the time notice is received respecting such services.
3. The percentage of times that an ambulance crew has arrived on-scene to provide ambulance services to patients categorized as CTAS 2, 3, 4 and 5 within the response time targets set by the upper-tier municipality or delivery agent under its plan established under subsection (2). O. Reg. 267/08, s. 1 (2).

The following chart provides details of 2013 Response Time Plan and actual 2012 and 2013 response time data within the County of Essex and City of Windsor for each CTAS category.

Level of Acuity	Time (min:sec)	2013 Response Time Plan Target	2012 Actual Percentile	2013 Actual Percentile (estimated)
Sudden Cardiac Arrest	6:00	55%	57.82%	54.00%
CTAS 1	8:00	75%	74.77%	79.32%
CTAS 2	10:00	90%	86.80%	87.37%
CTAS 3	12:00	90%	88.47%	87.27%

EMERGENCY MEDICAL SERVICES

Proposed Budget – Current Year - Challenging Issues (cont'd)

Level of Acuity	Time (min:sec)	2013 Response Time Plan Target	2012 Actual Percentile	2013 Actual Percentile (to date)
CTAS 4	14:00	90%	93.01%	90.92%
CTAS 5	14:00	90%	92.37%	90.33%

2014 Response Time Plan:

Following review of past performance metrics and subsequent to Council approval, Essex Windsor EMS has filed the following Response Time Performance Plan for the calendar year of 2014;

Level of Acuity	Time (min:sec)	Percentile %
Sudden Cardiac Arrest	6:00	55%
CTAS 1	8:00	75%
CTAS 2	10:00	90%
CTAS 3	12:00	90%
CTAS 4	14:00	90%
CTAS 5	14:00	90%

These targets remain unchanged from the previous Response Time Plan and have been determined with consideration of the following:

- A review of historic response time performance in comparison to patient acuity;
- Consideration of call volume trends;
- Impact of significant and persistent Ambulance Offload Delay pressures;
- An evaluation of current performance related to cardiac arrest save rates;
- Sets achievable standards that build on Essex-Windsor EMS' strong overall performance.

Essex Windsor EMS remains committed to continual analysis of performance and seeks system improvement opportunities, however, current operating conditions and trends suggest that the proposed response time targets are both reasonable and attainable.

EMERGENCY MEDICAL SERVICES	2013 BUDGET (restated)	2013 ACTUAL (unaudited)	2014 BUDGET
<u>Expenditures</u>			
Salaries and Wages	20,324,100	20,325,700	20,770,600
Benefits	6,140,900	6,744,390	6,662,200
Staff Expense	81,700	78,580	87,600
Office Expense	95,400	89,710	92,590
Equipment Lease / Maintenance	215,880	175,730	131,450
Purchased Service	1,170,310	1,268,690	1,220,090
Occupancy Expense	1,420,560	1,360,770	1,573,390
Operating Expense	3,196,810	3,331,970	3,394,510
Capital Expenditures	2,020,200	1,707,340	2,441,550
	34,665,860	35,082,880	36,373,980
<u>Recoveries</u>			
Cross Border Revenue	0	36,800	0
Recovery - Dedicated ER Nurse	973,100	1,055,200	992,790
Recovery - Province	15,652,180	15,652,180	16,503,360
Recovery - Service Partners	8,984,070	9,339,940	9,288,390
Special Events Revenue	0	22,200	0
Staff Recovery - CUPE	50,000	61,500	50,000
Miscellaneous Revenue	20,000	92,700	20,000
TOTAL - Emergency Medical Services Recoveries	25,679,350	26,260,520	26,854,540
Net Operations	8,986,510	8,822,360	9,519,440
<u>Contributions to Reserves</u>			
Equipment Reserve - EMS	602,800	670,660	782,100
Vehicle Reserve - EMS	695,800	656,770	695,700
	1,298,600	1,327,430	1,477,800
<u>Contribution from Reserves</u>			
Equipment Reserve - EMS	(783,500)	(291,720)	(1,241,000)
Vehicle Reserve - EMS	(1,272,000)	(1,405,640)	(1,195,000)
	(2,055,500)	(1,697,360)	(2,436,000)
County Responsibility	8,229,610	8,452,430	8,561,240

EMERGENCY MEDICAL SERVICES		2013 BUDGET	2013 ACTUAL	2014 BUDGET
		<i>(restated)</i>	<i>(unaudited)</i>	
<u>Salaries and Wages</u>				
1101	Management / Supervision	2,549,600	2,485,600	2,697,000
1103	Full Time	13,751,000	12,139,290	13,913,500
1104	Part Time	4,023,500	5,700,810	4,160,100
		20,324,100	20,325,700	20,770,600
<u>Benefits</u>				
1201	Employment Insurance	320,900	321,800	336,100
1202	Canada Pension Plan	651,000	651,800	676,000
1203	O.M.E.R.S.	1,998,600	1,786,360	1,918,000
1204	Employer Health Tax	403,200	396,650	413,000
1205	Health Insurance	1,169,900	1,185,430	1,277,300
1206	Group Insurance	121,000	124,840	148,600
1207	Disability Insurance	272,500	310,650	314,100
1208	W.S.I.B.	1,203,800	1,206,800	1,229,100
1208	W.S.I.B. NEER (surcharge/(recovery))	0	760,060	350,000
		6,140,900	6,744,390	6,662,200
<u>Staff Expense</u>				
3001	Mileage	3,000	2,000	3,000
3002	Training	41,000	39,000	46,000
3003	Workshops / Seminars	9,500	9,470	9,500
3004	Out of Town Meetings	12,500	11,540	12,500
3005	Membership Fees	3,600	3,870	4,000
3096	Overtime Meal Allowance	10,000	10,000	10,000
3098	Other	2,100	2,700	2,600
		81,700	78,580	87,600
<u>Office Expense</u>				
3101	Telephone	43,070	40,400	38,870
3102	Postage	1,000	300	1,000
3103	Office Supplies	18,000	17,000	18,000
3104	Computer Supplies	5,200	5,000	5,200
3105	Subscriptions	1,200	1,270	1,200
3108	Advertising	1,500	0	1,500
3109	Courier	1,500	1,400	1,500
3110	Printing - Internal	2,000	1,500	2,000
3111	Printing - External	5,500	7,160	5,500
3130	Communication Services	15,630	15,630	17,020
3198	Other	800	50	800
		95,400	89,710	92,590
<u>Equipment Expenses</u>				
3201	Office Equipment Maintenance	2,000	30	2,000
3203	Copier Lease & Maintenance	10,000	10,000	10,000
3204	Computer System Maintenance	203,880	165,700	119,450
		215,880	175,730	131,450
<u>Purchased Service</u>				
3301	Legal Expenses	90,000	130,000	120,000
3303	Consultant Fees	25,000	13,920	25,000
3345	ER Nursing	973,110	1,055,200	992,790
3350	Transportation - Pelee Island	6,500	8,000	9,000
3390	Employee Assistance Program	50,000	34,800	40,000
3391	Public Relations (Media)	9,000	8,270	15,000
3506	Payroll Services / Bank Services	16,700	18,500	18,300
		1,170,310	1,268,690	1,220,090

EMERGENCY MEDICAL SERVICES	2013 BUDGET <i>(restated)</i>	2013 ACTUAL <i>(unaudited)</i>	2014 BUDGET
<u>Occupancy Expenses</u>			
3401 Insurance	309,350	293,090	347,300
3403 Utilities	126,500	128,600	133,250
3404 Relocation of Facilities	3,000	0	0
3405 Janitorial Services	34,050	34,050	34,050
3406 Repairs & Maintenance - Stations	130,000	170,000	160,000
3407 Facility Lease/Office Rental	767,660	702,510	863,790
3420 Medical Waste Disposal	5,000	6,020	5,000
3490 Insurance Deductibles	45,000	26,500	30,000
	1,420,560	1,360,770	1,573,390
<u>Operating Expense</u>			
3601 Vehicle Licenses/Permits	10,900	12,000	12,110
3602 Equipment Lease & Maintenance	115,110	159,970	151,590
3611 Vehicle Fuel	510,000	490,000	510,000
3612 Vehicle Repairs & Maintenance	540,000	620,000	540,000
3622 Cleaning Supplies	37,000	37,000	37,000
3630 Medical Supplies & Equipment	485,000	515,900	500,000
3633 Transportation	3,000	3,800	3,000
3640 Bedding	126,000	126,000	126,000
3651 Laundry - Uniforms	50,000	55,000	55,000
3652 Laundry - Linen	22,200	24,200	22,200
3654 Oxygen	90,000	81,000	90,000
3655 Uniforms	130,000	129,500	150,000
3656 Heart & Stroke PAD Program	37,000	37,000	37,000
3696 Administration fees	381,200	381,200	314,010
3698 IT Mtce / Support / HR	659,400	659,400	846,600
	3,196,810	3,331,970	3,394,510
<u>Capital Expenditures</u>			
3801 Equipment	748,200	301,700	1,246,550
3805 Vehicles	1,272,000	1,405,640	1,195,000
	2,020,200	1,707,340	2,441,550
TOTAL - Emergency Medical Services Expenditures	34,665,860	35,082,880	36,373,980
<u>Recoveries</u>			
6510 Cross Border Revenue	0	36,800	0
6302 Recovery - Dedicated ER Nurse	973,100	1,055,200	992,790
6370 Recovery - Province	15,652,180	15,652,180	16,503,360
6503 Recovery - Service Partners	8,984,070	9,339,940	9,288,390
6640 Special Events Revenue	0	22,200	0
6784 Staff Recovery - CUPE	50,000	61,500	50,000
6798 Miscellaneous Revenue	20,000	92,700	20,000
TOTAL - Emergency Medical Services Recoveries	25,679,350	26,260,520	26,854,540
Net Operations	8,986,510	8,822,360	9,519,440

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