

Emergency Medical Services Department



2012 Budget Overview

Emergency Medical Services



	2011 Budget	2011 Actual	2012 Budget
Expenditures	\$30,386,490	\$29,799,010	\$32,240,980
Recoveries	(22,858,680)	(23,240,990)	(24,577,550)
Net Operations	\$7,527,810	\$6,558,020	\$7,663,430
Contributions from (to) Reserves	(994,540)	207,620	(211,370)
County Responsibility	\$6,533,270	\$6,765,640	\$7,452,060

Emergency Medical Services

2011 Performance



- 2011 net departmental operations \$232,000 over budget (County of Essex share)
 - One-time spending funded by EMS reserves.
 - Arbitrated wage increase resulted in a cumulative 5.5% increase in paramedic wages, which was significantly higher than budgeted.
 - Full time wages near budget due to deferral of implementing coverage enhancements (9 FTEs, included in the 2011 budget)

Emergency Medical Services

2011 Performance



- Hospital Off load delays increased significantly
 - more overtime hours
 - increased up staffing of vehicles
- The budgeted staffing hours for Pelee Island were underestimated.
 - Lack of qualified volunteer personnel
 - changes in operational practices of the Clinic
 - Primary Care Paramedics deployed to Pelee Island at an increased cost.
- Modified work assignments (for WSIB / Pregnancy / injury) increased significantly at the end of the year.

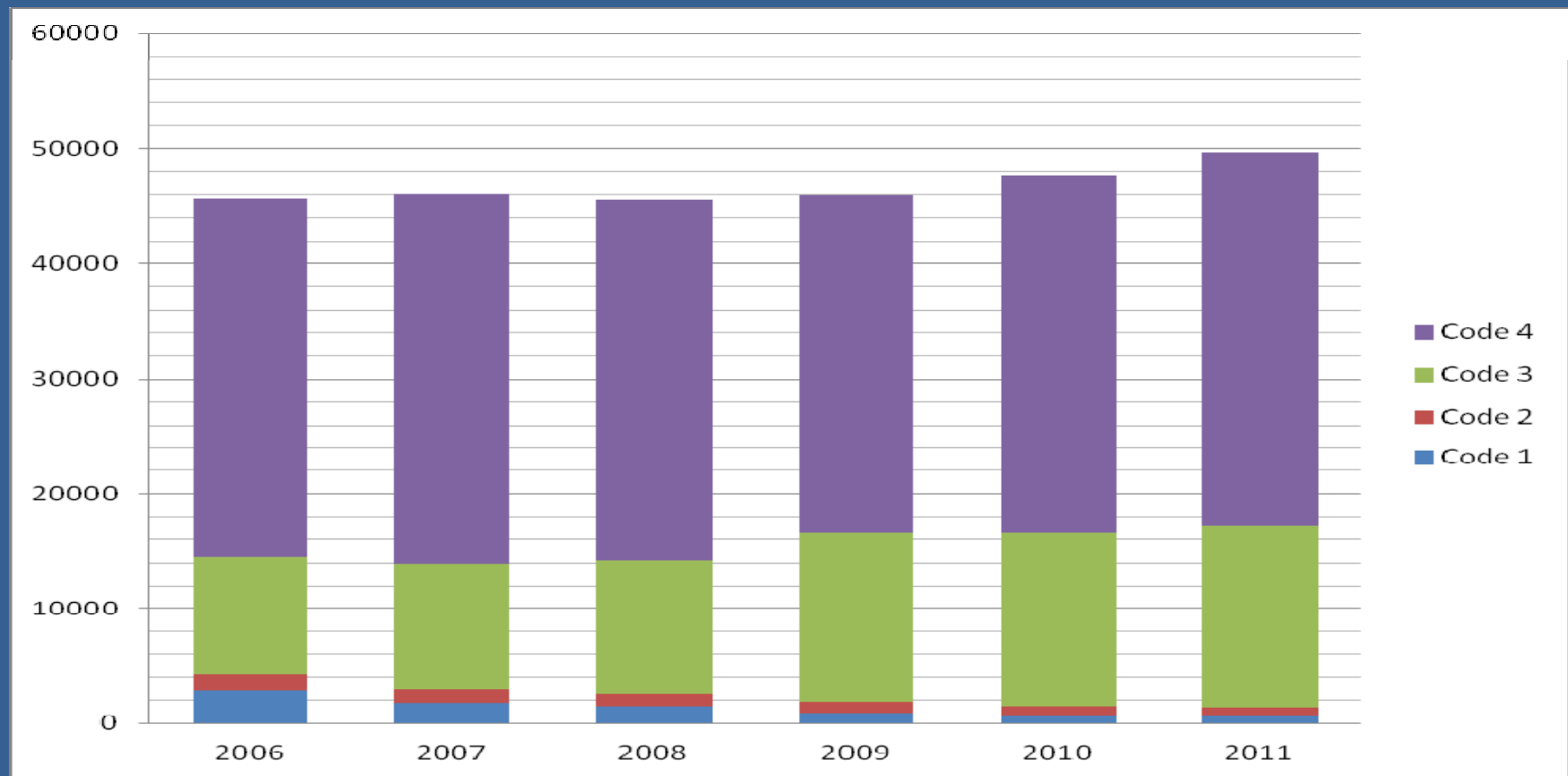
Emergency Medical Services

2011 Performance



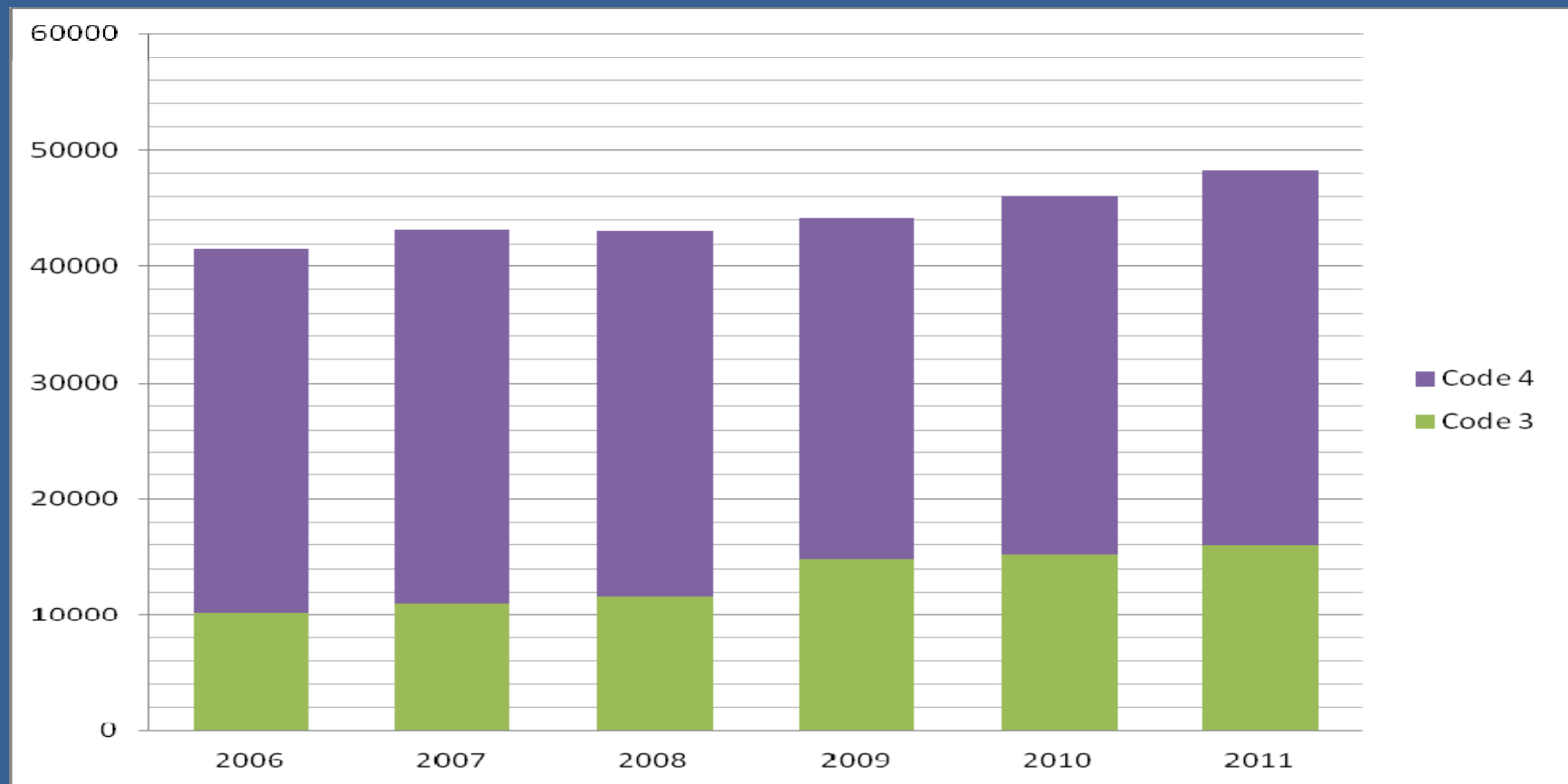
- Vehicle fuel, repair and maintenance were overspent
 - increased fuel price
 - increase in kilometres travelled (2.2 million km – 2011)
- Legal expenses were significantly higher than budget
 - cost of interest arbitration
 - disposition of number of labour relation issues
- Medical supplies & equipment was overspent
 - increased call volumes
 - introduction of new patient care technologies / procedures.

Emergency Medical Services 2011 Performance



Overall rise in call volume

Emergency Medical Services 2011 Performance

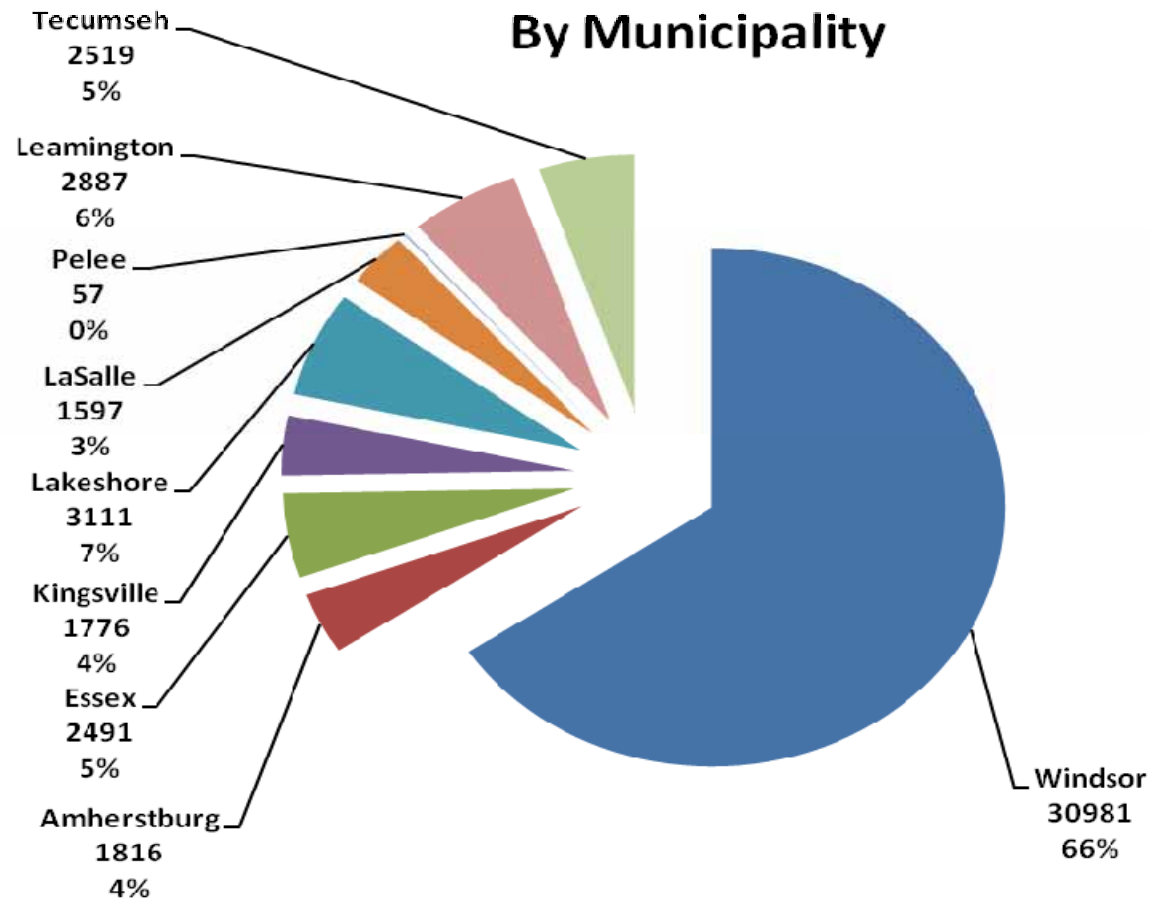


Increasing urgent / emergent responses

Emergency Medical Services 2011 Performance



**2011 Projected Call Volume Code 1 - 4
By Municipality**



Emergency Medical Services

Ontario Municipal Benchmarking Initiative (OMBI)



- In 2011 EMS Service continued to participate in OMBI with 15 other EMS services in Ontario
- The Essex / Windsor Area, continues to experience one of the highest rates of EMS response per population in the province of Ontario at 119 calls per 1,000 population. (OMBI 2010)

Emergency Medical Services 2011 Performance



Lakeshore EMS Station was completed
(funded by ISF & reserve)



Emergency Medical Services

2012 Proposed Budget



Priorities:

- Continuity of service
- Address future capital needs
- Anticipated call volume growth
- Keep abreast of technology
- Investing in patient and paramedic safety

Emergency Medical Services

2012 Proposed Budget



The department continues to foster fiscally responsible quality pre-hospital care through:

- Mutually supportive relationships:
 - other emergency services
 - health care agencies in the community
- Public education - prevention and awareness
- Continuous Quality Improvement to ensure the highest standards are achieved
- Supporting employees by providing them with the tools and methods to accomplish quality care

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2012 Proposed Budget - Funding



- MOHLTC amended funding formula in 2010
- Current year funding would be based on the 50% of prior year budget adjusted for inflation.
- 2012 estimated provincial funding will be 48.5%, not 50%.
- Estimated impact in additional costs:
 - County of Essex \$204,000
 - City of Windsor \$233,000

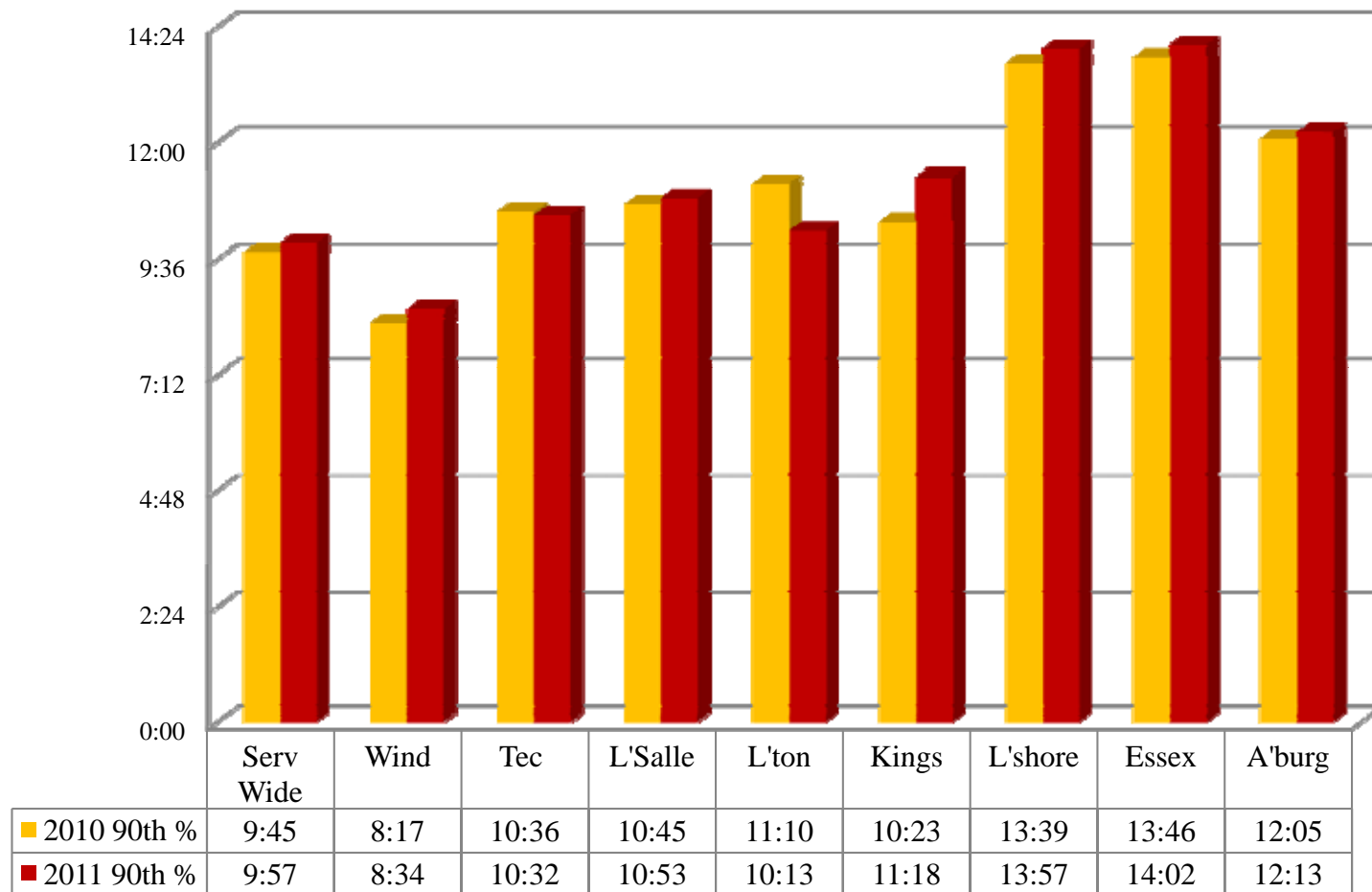
Emergency Medical Services 2012 Proposed Budget



Cost Shift due to Change in Weighted Assessment:

Municipal Share	2011	2012
% Allocation	Wgt Assess	Wgt Assess
City of Windsor	53.92%	53.71%
Township of Pelee	0.32%	0.33%
Total recovery-service partners	54.24%	54.04%
County Responsibility	45.76%	45.96%

2010/2011 – 90th% Response Times



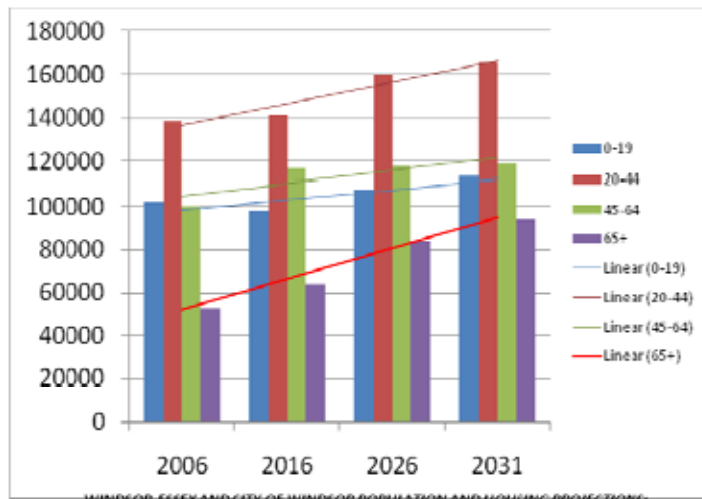
Source - ADDAS (Dispatch Data)

Emergency Medical Services 2012 Proposed Budget

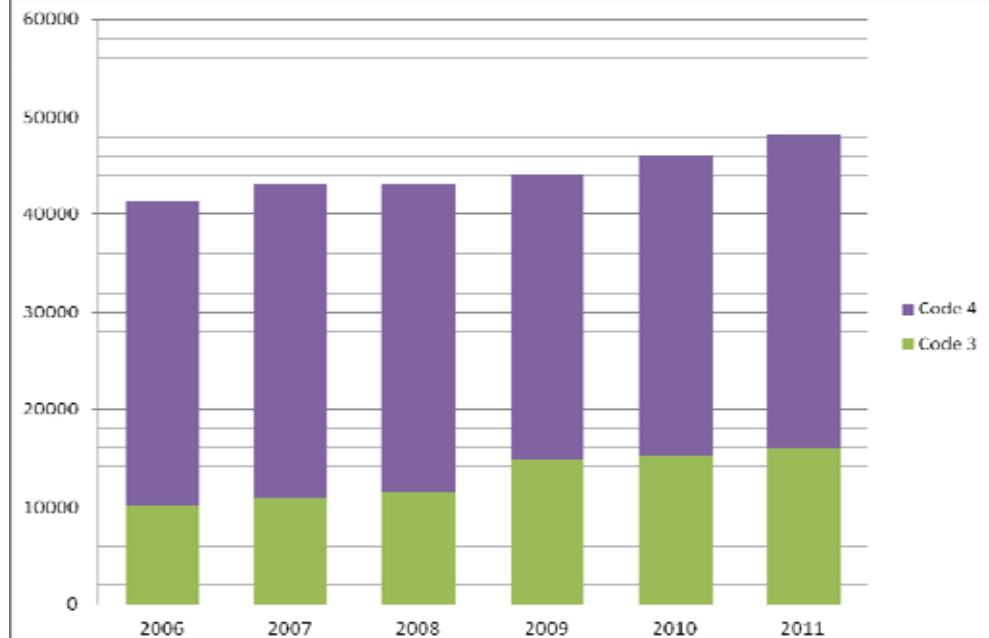


- Essex Windsor EMS has one of the highest call volumes per 1,000 population in the Province

**Population Growth Projection
Essex-Windsor Region – 2006 to 2031**



UNION OF MUNICIPALITIES OF WINDSOR POPULATION AND HOUSING PROJECTIONS:
2006-2031 AND APPROPRIATE BUDGET TABLES
Landscape Council Meeting, January 10, 2008



Emergency Medical Services

2012 Proposed Budget



- System pressures such as offload delays, call volumes and response times continue to increase

Therefore:

- The 2012 budget includes increased staffing hours that had been anticipated but deferred in 2011 (to be fully annualized in 2013)

Emergency Medical Services Challenging Issues for 2012



Outside Influences with no EMS control:

- Lack of Physicians, Lack of Specialists
- Lack of Hospital Beds
- Lack of Long Term Care Beds
- Impacts the daily operation of an EMS system and adds cost to the EMS system

Emergency Medical Services Challenging Issues for 2012



Offload Delays at Windsor Hospital Emergency Departments:

- Increasing concern regarding the issue of the inability to unload patients in the Emergency Departments
- Despite MOHLTC funding for the Dedicated Nurse in the ER there has been no reduction in Response Times for EMS
- Offload delay times increased in 2011

Emergency Medical Services Challenging Issues for 2012



Offload Delays at Windsor Hospital
Emergency Departments



Off Load Delays

2009 to 2011



	2009	2010	2011
Total OLD	4,251.0	6,902.0	9,478.0
Total OLD Hours	2,653.6	5,389.5	9,557.6
OLD/Day	11.6	18.9	25.9
AVG Length (Min)	37.5	46.9	60.5
Normal Status	44.9%	25.3%	13.5%
Time Consideration	49.3%	73.1%	86.2%

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Challenging Issues for 2012

Aging Population



- The Essex / Windsor area demographics indicate a higher ratio of population that is in their senior years
- MOHLTC funding increases for in-home services = increased demand for EMS services
- Patients transported to the Emergency Departments for services such as blood work and dehydration
- EMS call volumes will continue to increase

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Challenging Issues for 2012

Long Distance Transfers



- Lack of specialists in the Essex / Windsor area
 - patients transported to London and Detroit for treatment
 - average 5 patients per week
- Each time a patient is transported, vehicles are out of Essex / Windsor area:
 - London 5.5 hours (minimum)
 - Detroit 1.2 hours (minimum)

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Challenging Issues in 2012

Technology



Paramedic Safety/Injury Prevention

- Power lift cots

Paramedic Safety/Patient Outcome

- Automated CPR Device

Vehicle Tracking and Efficiency

- Electronic Vehicle Control – AVL/GPS
- ECORUN

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Challenging Issues in 2012

Legislated Response Time Plan



- MOHLTC - Response Time Standard Working Group under the joint provincial-municipal Land Ambulance Committee recommendations to amend legislation to introduce new response time standards and targets.
- No later than October 1 of each year, every upper-tier municipality shall establish a performance plan for the next calendar year respecting response times.

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Challenging Issues in 2012



Legislated Response Time Plan

- Response time plans based on patient acuity
- Evidence based
- Involve all defibrillator equipped responders and community programs.
- The EWEMS team will be challenged in 2012 to design and establish a Response Time Plan that is operationally cost effective while meeting the needs of the community at large.

