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The Regional Municipality of Durham Report

To: Committee of the Whole
From: Commissioner & Medical Officer of Health and Commissioner of Finance
Report: #2023-COW-7
Date: February 15, 2023

Subject:

2023 – 2032 Region of Durham Paramedic Services (RDPS) Service and Financing Strategy

Recommendation:

That the Committee of the Whole recommends to Regional Council that:

- A) The 10-year implementation plan outlined in Attachment 1 for increased investment in Paramedic Services response be approved in principle subject to annual investment approvals through the Region's business planning and budget process;
 - B) Given the significant service level investments needed, that annual incremental increases for Paramedic Services be acknowledged in the range of half to three-quarters of a per cent per year on the overall Regional tax levy over the forecast period;
 - C) Staff monitors and reports every two years on the outcomes of the implementation plan and that the plan be updated as required to respond to changes impacting the forecast including, but not limited to, changes in service demands, provincial funding, offload delays and provincial policy decisions impacting the delivery of Paramedic Services; and,
 - D) Staff continues working with the Province and local hospitals to improve hospital offload delays, advance provincial legislative changes to improve paramedic service delivery and efficiency and advocate for additional funding to support the increased investment in paramedic services response.
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Report:**1. Purpose**

- 1.1 This report responds to Regional Council's October 27, 2021 direction to staff to report back on the status of the review of the recommendations in the Comprehensive Master Plan for Paramedic Services prior to presenting the proposed Public Health and Paramedic Services 2023 Business Plans and Budget.
- 1.2 This report provides a comprehensive 10-year service and financing plan for Region of Durham Paramedic Services (RDPS), including consideration of updated projected demand for service, employee health and wellness, operational service levels, external pressures impacting service (e.g., hospital offload delay), facility and asset management considerations, potential changes in provincial legislation/programs impacting paramedic service delivery and financial considerations.

2. Background

- 2.1 The Region engaged Operational Research in Health Limited (ORH) to conduct a review of RDPS and make recommendations for a comprehensive master plan for the ten-year period of 2021 to 2031, using research, best and leading practices and existing data and reports.
- 2.2 ORH's objectives were to project ambulance call volumes; recommend response time performance plans; recommend resources required to achieve response times; recommend a station facility model; and identify broader considerations for overall service efficiencies.
- 2.3 ORH's analysis and recommendations were informed by current and historical RDPS operations, extensive data analysis, modelling and input from a range of stakeholders including front-line staff.
- 2.4 The Comprehensive Master Plan for Paramedic Services prepared by ORH was presented to Health and Social Services Committee and Regional Council in October 2021. On October 27, 2021, Council referred the Plan to staff to be used as a guiding document, along with evolving growth projections and operational considerations for future Paramedic Services planning. Staff was also directed to report back on the status of the review of the recommendation prior to presenting the proposed 2023 Business Plans and Budget.
- 2.5 The 2022 RDPS Business Plans and Budget included new investments that advanced a number of the recommendations in the Master Plan including:
 - The construction of the new Seaton Paramedic Station;

- The addition of 12 new paramedics (6 Advanced Care Paramedics (ACPs) and 6 Primary Care Paramedics (PCPs)) to provide 24/7 ambulance services;
 - An increase in paramedic services resulting in four additional hours of paramedic service available in the Region per day;
 - Investments in the Region's Primary Care Outreach Program; and
 - Provincial investment in the Region's Community Paramedicine Program to address community need and assist in reducing the pressure on the 9-1-1 paramedic system.
- 2.6 Further, during 2022, RDPS transitioned three Superintendent positions to Commander level positions to support a more balanced management structure, with minimal financial impact and consistent with the recommendations included in the ORH report.
- 2.7 Since the initial analysis completed by ORH in 2021, there have been a number of changes to the assumptions underpinning the modelling including updated population growth projections through Envision Durham, updated employee metrics, as well as changes in the broader health care sector, offload delay and provincial initiatives impacting service delivery.
- 2.8 The Region engaged ORH in late 2022 to update its analysis to reflect these updated assumptions and model the projected impact of these changes and the proposed 2023 – 2032 RDPS Service and Financing Strategy, detailed in Attachment 1, on projected response time performance measures.

3. Previous Reports and Decisions

- 3.1 On October 27, 2021 through [Report 2021-MOH-5](#), Council referred the Comprehensive Master Plan for Paramedic Services prepared by ORH to staff to be used as a guiding document, along with evolving growth projections and operational considerations for future Paramedic Services planning. Staff was also directed to report back on the status of the review of the recommendation prior to presenting the proposed 2023 Health Business Plans and Budget. The ORH report is appended to Report 2021-MOH-5.
- 3.2 On May 6, 2022, [Information Report 2022-INFO-37](#), provided Council a status update of staff's review of the Comprehensive Master Plan for Paramedic Services prepared by ORH. The update highlighted that RDPS still has challenges meeting response time standards and the underlying variables that impact the response times remain. The report provided an update of recommendations implemented to date.

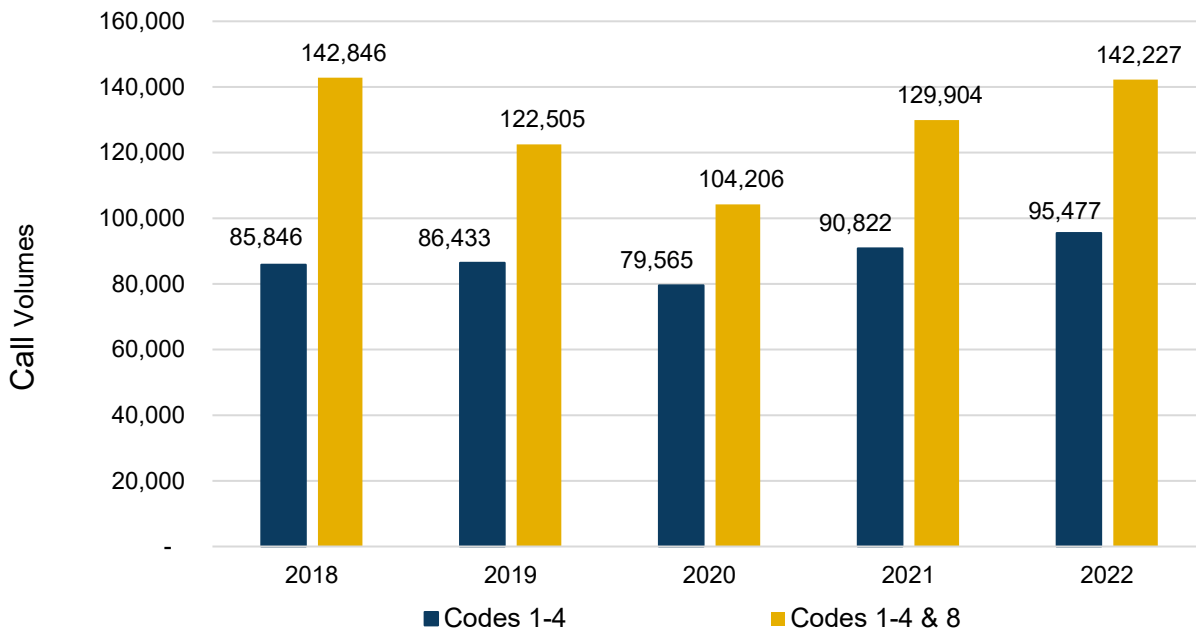
4. Current Context

4.1 This section provides an update on call volumes, offload delay and employee absence trends since the original ORH report.

Call Volumes and Population Growth Projections

4.2 Figure 1 illustrates annual call volumes from 2018 to 2022. The pandemic has impacted call volumes with calls declining slightly in 2020 at the beginning of the pandemic with exceeding pre-pandemic levels in 2021 and continuing to grow. Call volumes increased 5.1 per cent for Codes 1 to 4 responses (calls to a patient). Code 8 responses are calls to move an ambulance for emergency coverage when an area’s resources are depleted.

Figure 1: 2018 – 2022 Call Volumes



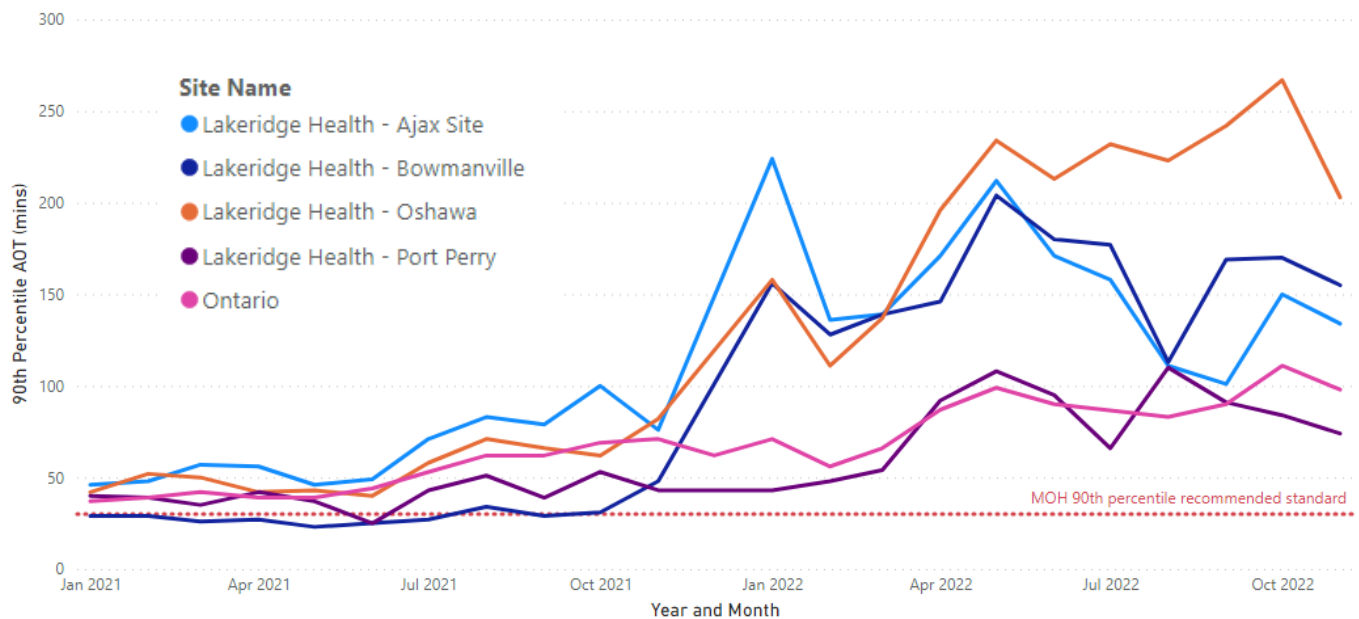
Source: Region of Durham Paramedic Services

4.3 ORH’s updated modelling on projected call volumes was informed by the ongoing work on Envision Durham, the Municipal Comprehensive Review of the Region’s Official Plan. The current population growth studies project slightly lower population growth than that used in ORH’s Comprehensive Master Plan for Paramedic Services. The original modelling used lower bound population projections of 800,000 by 2031 and upper bound population of 900,000 by 2031. Updated projections used a lower bound population of 796,000 and an upper bound population of 839,000. ORH updated its modelling with the new growth forecast and indicated that these slight changes in population projections did not have a material impact on projected call volumes and paramedic response times.

Offload Delays

4.4 Hospital Offload Delays measures the time in excess of 30 minutes it takes from paramedics arriving at the hospital to transferring care of the patient to hospital staff. The Ontario Ministry of Health’s recommended standard is an ambulance offload time (AOT) of 30 minutes or less 90 per cent of the time. Figure 2 illustrates the 90th percentile of the AOT in minutes at each of the Region’s hospital sites compared to the Ontario average from January 2021 to October 2022.

Figure 2: 90th Percentile AOT (minutes) by Hospital Site – Jan. 2021 to Oct. 2022



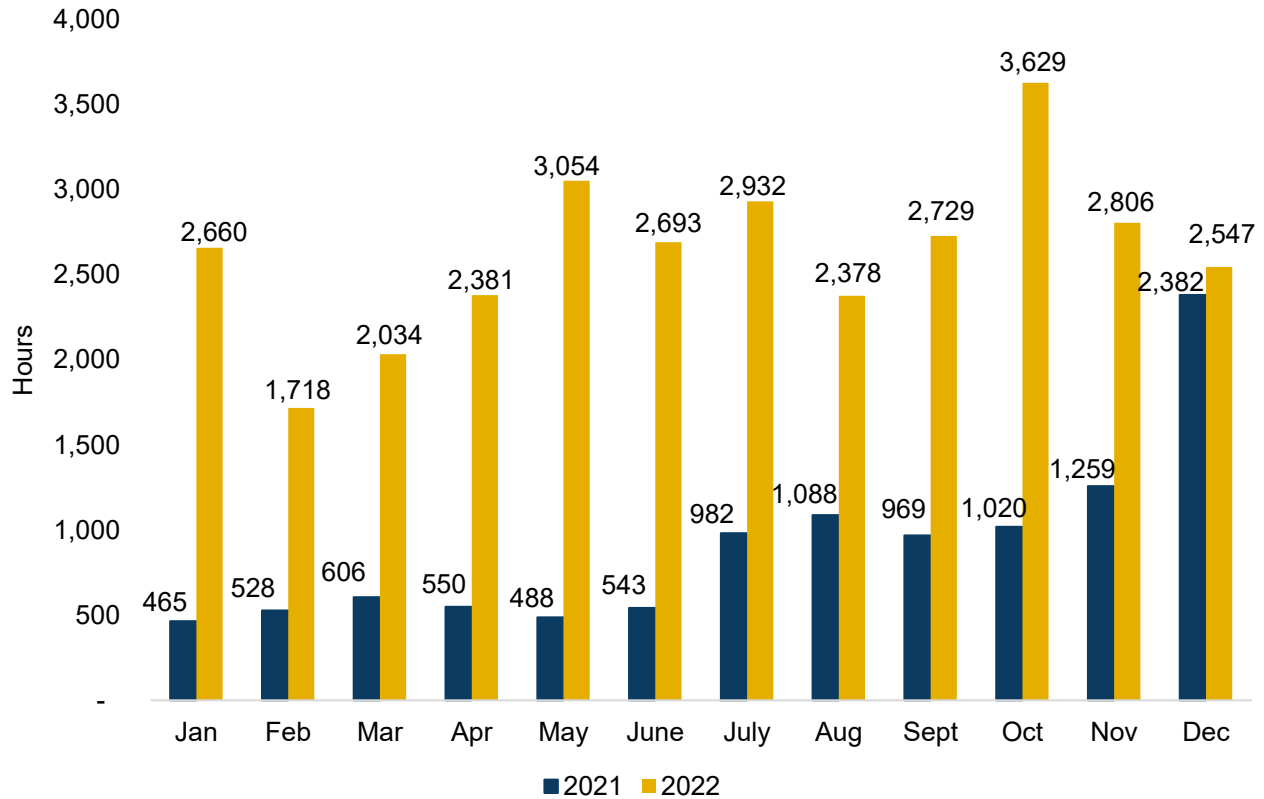
Source: Province of Ontario

4.5 As illustrated in Figure 2 the hospital offload times in Durham are significantly higher than both the provincial recommended standard and the Ontario average. Based on provincial metrics, in 2022, a number of Durham hospitals continued to be in the top 10 for the longest offload delays in the Province. Offload delay challenges are not unique to Durham with similar services including Hamilton, Niagara Region, Waterloo Region and Halton Region facing similar challenges. Offload delays are caused by a number of factors including staffing issues being experienced across the health care field.

4.6 Figure 3 provides a comparison of the total time per month RDPS spent in offload delay in 2022 compared to 2021. In 2022, on average 172.9 hours of paramedic staff time per day was spent in offload delay. This is the equivalent of having 3.6 24-hour ambulances being consistently at the hospital in offload delay and represents a 190 per cent increase over 2021.

4.7 RDPS continues to monitor and report offload delay data to the Province. In 2022 RDPS experienced 31,561 hours of offload delay at local hospitals with the 90th percentile of time spent per call in offload delay being 2 hours 53 minutes in 2022.

Figure 3: RDPS Time Spent in Hospital Offload Delays (2021 and 2022)



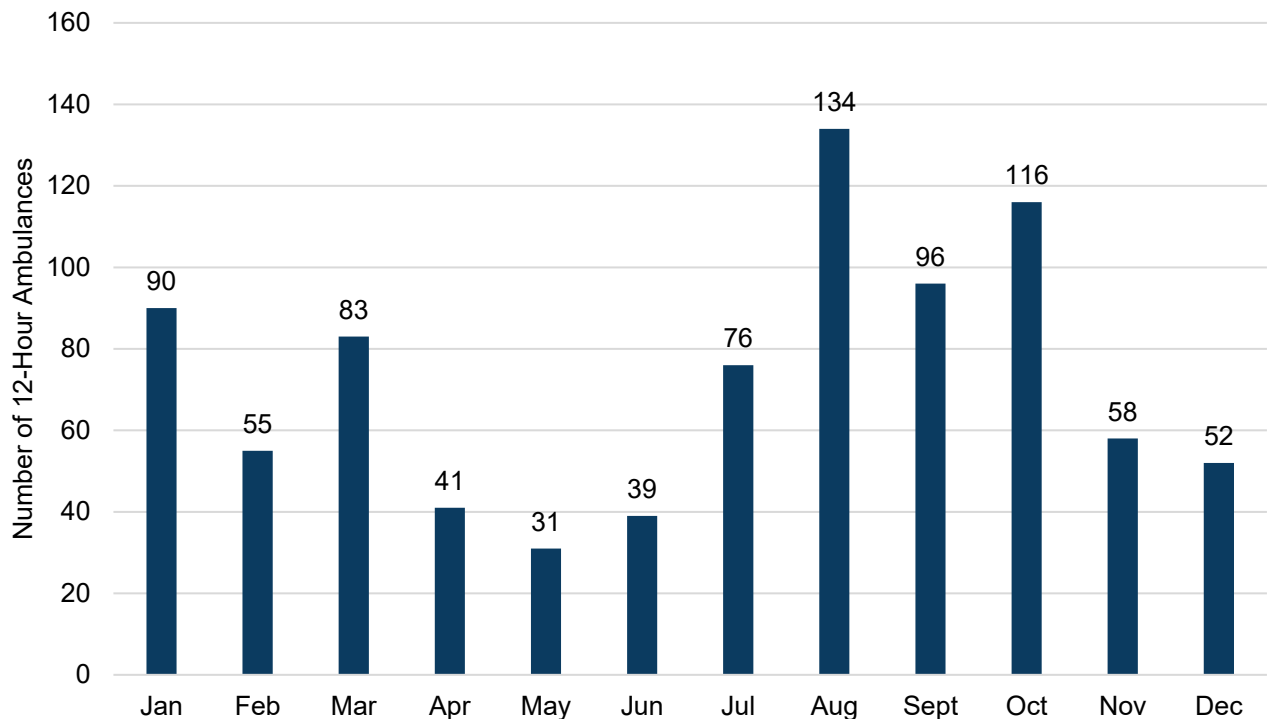
Source: Region of Durham Paramedic Services

- 4.8 Addressing the hospital offload delay times is critical to free up paramedics to respond to calls and achieve the response time performance goals of the RDPS Service and Financing Strategy.
- 4.9 The Province currently provides funding to Paramedic Services to fund dedicated nurses at hospitals to assist with the offload of patients. Modest increases in this funding have not provided any immediate relief as hospitals are challenged to recruit additional nursing staff.
- 4.10 Region staff meets regularly with local hospitals to discuss these challenges and advocate for potential solutions however healthcare human resource challenges are also impacting the hospital’s ability to implement strategies to improve offload delays.

RDPS Staffing Metrics

- 4.11 The pandemic has placed significant continual strain on health care resources across the Province for nearly three years. These pressures impact morale and lead to increased absenteeism across the sector including paramedic services.
- 4.12 RDPS is experiencing similar impacts with the average hours absent per full-time paramedic growing from 270 hours in 2019 to 456 hours in 2022, an increase of 69 per cent.
- 4.13 Prior to the pandemic, RDPS was able to continue at planned levels with absences covered through the existing staffing complement, part-time paramedics and where required, overtime. With the significant increase in absenteeism this has become more challenging and as a result a number of ambulances have had to be down staffed (taken out of service for the shift).
- 4.14 Figure 4 reflects the number of 12-hour ambulances that had to be down staffed in 2022. Down staffed ambulances were not tracked prior to 2022 as they were a very rare occurrence.
- 4.15 In 2022, on average 1.2 24-hour ambulances per day were down staffed as a result of staff absenteeism.

Figure 4: 2022 12-Hour Down Staffed Ambulances



Source: Region of Durham Paramedic Services

4.16 The hiring of additional paramedics and improvements in hospital offload delay are anticipated to improve employee absenteeism. In addition, the proposed 10-year plan includes the hiring of a dedicated Disability Management Specialist in 2023 to focus on employee wellness and sustained resilience to reduce employee absenteeism.

5. Proposed 2023 – 2032 RDPS Service and Financing Strategy

5.1 Table 1 presents a summary of the 10-year financial forecast for RDPS from 2023 to 2032. A more detailed schedule is provided in Attachment 1.

5.2 In response to the projected demand for service, the forecast provides for 300 hours daily of increased emergency paramedic response over the next ten years with the majority of these hours provided for in the first five years of the plan. To support this increase in service hours the financial forecast provides for additional paramedic, management and support staff, operational supports and the capital infrastructure required.

5.3 As part of the development of this plan ORH has advised on deployment of these additional paramedic resources to ensure service response is optimized based on updated growth projections and current levels of hospital offload delay being experienced in the Region.

Table 1 – RDPS Expense and Financial Forecast (2023 – 2032)

	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	Total 2023-2032
# of New Paramedics	24	16	14	18	16	16	14	8	4	0	130
# of New Support/Management Staff	6	3	2	0	1	1	0	1	1	0	15
Total # of New Permanent Positions	30	19	16	18	17	17	14	9	5	0	145
# of New 12 Hour Shifts	4	3	3	3	3	3	3	2	1	0	25
# of Additional Daily Paramedic Response Hours	48	36	36	36	36	36	36	24	12	0	300
Projected Total Budget Increase (\$,000's)	\$11,458	\$10,895	\$12,147	(\$7,210)	\$14,689	\$280	\$3,684	\$5,983	\$7,324	\$2,094	
% Increase in Total Budget	19.30%	15.38%	17.15%	(8.82%)	15.65%	0.32%	3.64%	5.89%	6.95%	1.88%	
Projected Increase in Paramedic's Levy (\$,000's)	\$3,257	\$4,221	\$4,099	\$6,791	\$4,545	\$5,330	\$4,439	\$3,946	\$3,277	\$3,094	
% Increase in Paramedic's Levy	10.10%	11.89%	10.32%	15.50%	8.98%	9.66%	7.34%	6.08%	4.76%	4.29%	
Projected Overall Regional Tax Levy Impact	0.43%	0.53%	0.49%	0.77%	0.49%	0.55%	0.44%	0.37%	0.29%	0.26%	

Amounts do not include Community Paramedicine Program

Staffing Investments

- 5.4 To achieve the additional 300 hours daily of emergency paramedic response over the 10-year plan, an additional 130 paramedics are required (65 ACPs and 65 PCPs). This is in addition to 12 new paramedics (6 ACPs and 6 PCPs) approved in the 2022 Business Plans and Budget. To optimize service response, the proposed 10-year plan heavily weighs the new positions in the early years of the plan with 88 paramedics (68 per cent) planned for the first five years of the plan (2023 – 2027). This investment in staffing is aligned with the recommendations of the 2021 ORH Comprehensive Master Plan for Paramedic Services.
- 5.5 The Region aims to staff each ambulance with one ACP and one PCP. This can be a challenge as recruitment of ACPs is often difficult as a result of the high cost of the ACP training program with few paramedics opting to enroll. Due to low enrolment, colleges have not been running the program consistently. While the Region provides for 50 per cent of complement increases to be ACPs, these positions are not always able to be filled with ACPs.
- 5.6 RDPS is working with Durham College to run a program jointly to train existing PCPs and increase the complement within the service. Running this training places additional pressure on staff resources as each group that is enrolled in the training reduces the number of full-time paramedics available for operations. The Region employs temporary staffing to fill this gap as well as provide coverage for absences, vacations, etc. With current recruitment challenges, it is becoming more challenging to have a consistent pool of temporary staff available for shifts. The proposed 10-year plan provides for both the cost of ACP training and the cost of temporary staffing to backfill during the training throughout the forecast.
- 5.7 In addition to the 130 new paramedic positions, and aligned with ORH's recommendations, the 10-year plan provides for the hiring of 15 management and support staff. This includes seven new supervisors to achieve the ORH recommended ratio of 22 paramedics per supervisor.
- 5.8 The ORH study recommended the addition of four Commander positions in the management structure. These new positions would provide additional support for the Chief and Deputy Chiefs as well as increase support for front-line staff with each position being focused on either operations, operational support, education or community programs and emergency management. In 2022, RDPS has transitioned three Superintendent positions to Commander level positions with two supporting emergency response and the third providing support for the Community Paramedicine Program. The 10-year plan provides for the hiring of two additional Commander positions.

- 5.9 Included in the 10-year plan is the addition of a dedicated Disability Management Specialist position in 2023. This position will support RDPS in its efforts to improve employee wellness and sustained resilience through the development of strategies and programs to reduce employee absences and create a responsive return to work program which balances employee wellness and an integrated work program.
- 5.10 Also included in the plan are two new Logistic Coordinators, a new Professional Standards Investigator and two new Scheduling Clerks to ensure sufficient supports for the projected growth in RDPS's service levels.

Capital Investments

- 5.11 Additional investments in facilities, vehicles and equipment are required to support the proposed increases in paramedic response hours as well as ensure existing assets are properly maintained and renewed consistent with the Region's Asset Management Plan.
- 5.12 The ORH Comprehensive Master Plan indicated that the Region's existing Paramedic Response Stations are all close to the optimal locations identified in the modelling performed. The ORH Plan identified an opportunity over the 10-year plan to improve coverage by adding three new stations, one in Seaton (Concession Road 5 and Sideline 16), one in Whitby South (632 Dundas Street West), and one in North Oshawa (Simcoe Street North and Winchester Road East).
- The new Seaton Paramedic Station is currently under construction and anticipated to be operational in late 2023.
 - The South Whitby location was identified as the next highest priority due to the distance from the existing stations and the volume of calls for that area. The proposed 10-year plan includes funding for preliminary studies in 2023 followed by design and construction in 2024-2025.
 - The proposed North Oshawa facility is currently planned for design in 2026 with construction starting in 2027 to address the projected growth in North Oshawa.
- 5.13 In addition, the 10-year plan includes a provision for potential additional facility needs in north Durham. Staff is reviewing various options for deployment in the Uxbridge/Port Perry area and will report back as part of the updates to this 10-year plan.
- 5.14 The Region's Asset Management Plan and building condition assessments on the Region's existing paramedic stations inform future facility renewal and maintenance. Funding has been provided through previous business plans and budgets for the replacement of the current Bowmanville station with a new Clarington facility to provide more balanced coverage in that area of the Region.

- 5.15 Provisions have been made in the 10-year plan for facility renewal and the proposed new stations. These estimates will continue to be reviewed and updated as additional information becomes available.
- 5.16 The 10-year plan also provides for 14 new ambulances and associated equipment to support the proposed increase in service hours as well as regular replacement of the Region's existing vehicles and equipment in alignment with the Region's Asset Management Plan.

Other Cost Pressures

- 5.17 RDPS continues to face increasing cost pressures in delivering current service levels. Key impacts include inflationary pressures on fuel, utilities, program material and equipment costs as well as annual labour increases. In 2023, fuel costs are expected to increase by approximately \$0.4 million compared to the 2022 budgeted costs. With the current supply chain challenges for new vehicles, there is a longer lead time for the delivery of ambulances and support vehicles resulting in higher acquisition costs and increased repairs and maintenance on the existing fleet.

Proposed Financing Plan

- 5.18 As outlined in Table 1 and Attachment 1, operating expenditures are projected to increase by \$59.56 million (104.7 per cent) from \$56.88 million in 2022 to \$116.44 million in 2032 with total capital expenditures over this time estimated at \$89.47 million.
- 5.19 Proposed financing includes significant draws on reserves and reserve funds of \$12.26 million for capital purchases and \$35.46 million debenture financing for major facility projects. Annual debt servicing costs increase to \$3.5 million annually during the forecast period. As part of the annual business planning and budget process staff will review available reserves and reserve funds to reduce the amount of debenture financing required and the debt servicing cost impacts on the operating budget.
- 5.20 The financial plan includes the use of \$3.78 million in Development Charges over the 10-year plan. As detailed in Section 8, the availability of development charges will be impacted by the changes to the *Development Charges Act, 1997* resulting from Bill 23, the *More Homes Built Faster Act, 2022* requiring additional property taxes to fund the shortfall. As part of the annual business planning and budget process staff will review available and projected development charge receipts and adjust the financing accordingly.
- 5.21 The Province provides annual funding for paramedic services based on 50 per cent of the eligible net operating costs, including amortization, budgeted in the previous year. In addition, the Province fully funds the Region's Community Paramedicine Program and provides funding for dedicated nursing staff at the hospitals to assist with offload delay. The Region's Primary Care Outreach Program (PCOP) is not eligible for provincial funding and is fully funded by the Region. The proposed

financing plan assumes annual increases in the provincial funding for paramedic services to maintain the 50 per cent share arrangement. Should the provincial subsidy not increase proportionally with the increasing costs outlined in the Region's plan, additional property tax levy funding will be required.

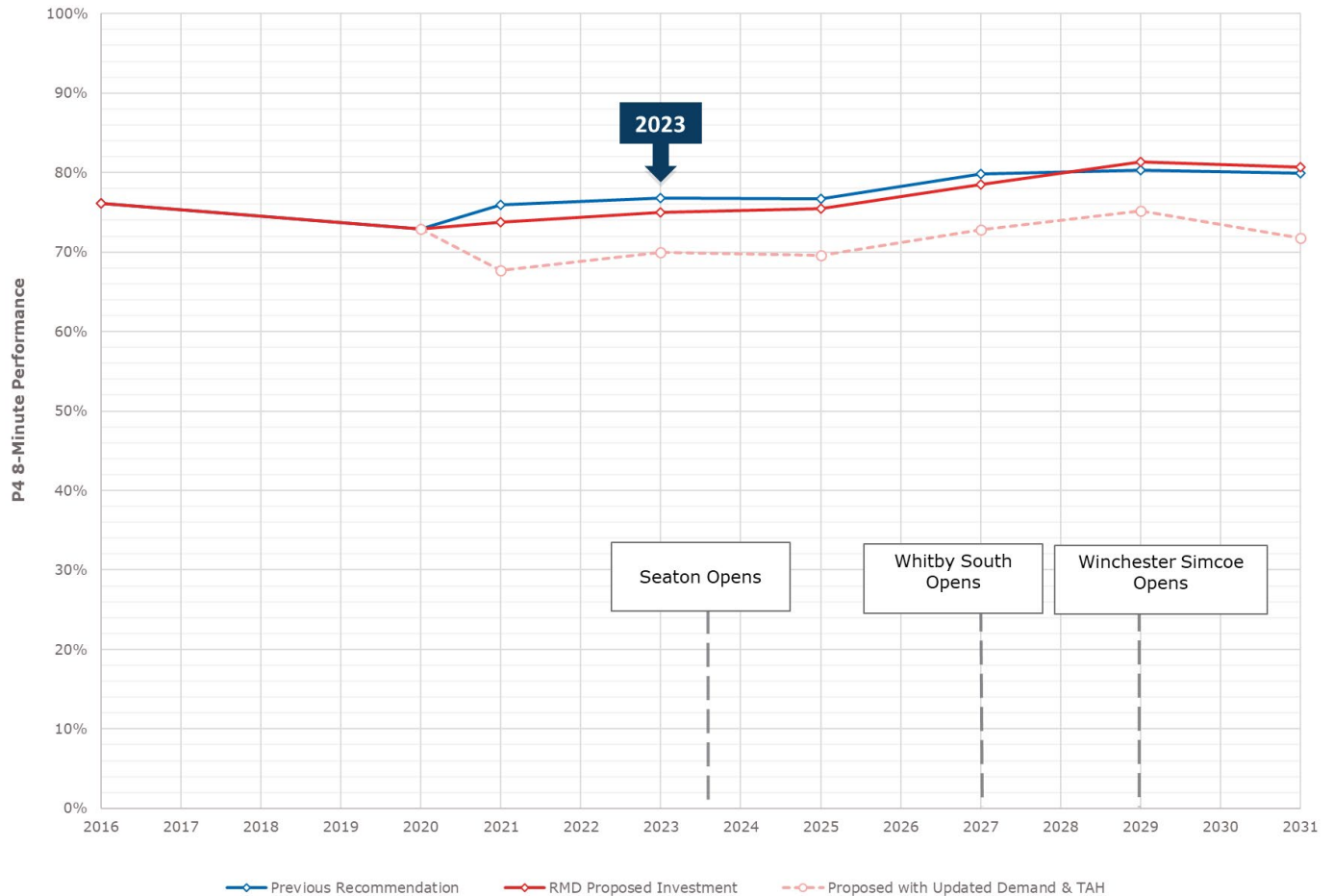
- 5.22 RDPS receives approximately \$0.27 million in revenue each year for providing paramedic coverage for special events and other small program fees. Staff reviews the fees annually as part of the annual business planning and budget process to ensure fees are set to recover the costs for services provided.
- 5.23 After leveraging anticipated provincial funding, reserve and reserve fund contributions and debenture financing, incremental annual property tax increases are required averaging approximately 0.5 per cent to 0.75 per cent per year on the overall Regional tax levy.

6. Impacts of Proposed Investments on Response Times

- 6.1 Figure 5 illustrates ORH's modelling of the projected impacts on the Region's P4 8-minute response performance with the increased service levels proposed in the RDPS Service and Financing Strategy (red solid line) compared with ORH's initial modelling (blue solid line). ORH also modeled the impacts on the Region's P4 8-minute response performance based on the increased service levels proposed in the RDPS Servicing and Financing Strategy assuming current hospital offload delay times continue and updated demand projections (red dotted line). ORH has indicated that approximately 83 per cent of the variance between the red solid line and the red dotted line is the result of hospital offload delay times with the balance being attributed to updated demand projections. The significant proposed increased investment by the Region is intended to bring RDPS response times to more acceptable levels recognizing the Province has an obligation to address the current hospital offload delay challenges.
- 6.2 P4 8-minute response performance is measured by the percentage of time the Region responds to a priority 4 (life threatening) call in 8 minutes or less. The Region's goal is 80 per cent.
- 6.3 As illustrated in Figure 5 the Region's projected P4 8-minute response performance with the proposed increased service levels proposed in the RDPS Service and Financing Strategy will increase annually from approximately 67.7 per cent of the time in 2021 and exceed the original ORH projection and achieve P4 8-minutes response performance 80.7 per of the time in 2032 based on hospital offload delays at 2019 levels.
- 6.4 ORH's modelling projects that should hospital offload delay times continue at the current levels P4 8-minute response performance is projected to increase from 67.7 per cent of the time in 2021 to 71.8 per cent of the time in 2032 with the increased service levels proposed in the RDPS Servicing and Financing Strategy. ORH's modelling highlights the importance of the Region's continued work with the Province and local hospitals to improve hospital offload delays.

6.5 The Province is also advancing a number of potential provincial legislative changes to improve paramedic service delivery and efficiency (Section 7) that are anticipated to improve the Region’s P4 8-minute response performance, with time.

Figure 5: Phased P4 8-Minute Response Performance



Source: ORH

7. Potential Provincial Changes Impacting Paramedic Services

7.1 There are a number of opportunities that the Province is both implementing and exploring that have the potential to positively impact paramedic service delivery across the province. These opportunities include continued investment in the Community Paramedicine Program, improvements to the provincial Central Ambulance Communications Centre technology and call taking/dispatch algorithms, expanding dispositions options for paramedic services, and a new facility for mental health supports.

- 7.2 The Community Paramedicine Program was launched in late 2021 and further expanded in 2022 with additional provincial funding. This program is designed to support a group of patients with complex medical needs by working with their physicians to provide assessments and care outside of an emergency department. As the population continues to age and the desire of residents to remain in their own residence rises, the need for this program and the supports it provides increases. The residents served under this program were previously high users of emergency paramedic services. Once residents are enrolled in the Community Paramedicine Program, the Region has seen a significant decrease in their demand of emergency paramedic services.
- 7.3 The Province is currently making improvements to the provincial Central Ambulance Communications Centre technology with implementation of the MPDS call-taking/dispatch algorithms in Durham planned for late 2023 or early 2024. While these improvements will not change the volume of calls to RDPS, they will more accurately assess the priority by which the service responds. These improvements are expected to provide for better management of end of shift overtime and meal breaks.
- 7.4 Call diversion is another improvement the Province is currently reviewing. This program would embed a regulated health professional in the ambulance dispatch center to provide direction to callers for alternate treatment options. This program is currently being piloted and it is anticipated it will be a few years before sufficient data is available to determine the feasibility of implementing this program permanently across the Province.
- 7.5 The Province is also evaluating opportunities for provincial legislation amendments for new/amended provincial models of care that intend to support expanding disposition options for paramedic services including alternative transport destination options, treat and release and treat and refer pathways that will have an impact on the delivery of paramedic services in the Province. Treat and discharge directives have been released from the Province and will be implemented on a small scale for a trial period with a focus on three groups of patients. Training will start this spring for RDPS and will impact a small subset of patients. These programs are already in place within the UK and Australia with good success.
- 7.6 These provincial initiatives are positive advancements but will take time to implement and normalize as RDPS adapts its processes and policies to align before overall improvements are seen. Regional staff will continue to meet and work with Provincial staff to advance the implementation of these initiatives in Durham Region and explore further opportunities to address the current challenges facing RDPS.

8. Risks and Uncertainties

- 8.1 Offload delays continue to pose significant challenges for RDPS and a number of paramedic services across the Province. Staff continue to work with the Province and local hospital staff to reduce hospital offload delays. Improvements will take time but are needed to achieve the projected outcomes of this 10-year plan. Staff will continue to closely monitor hospital offload delays and will update the plan in future years as needed.
- 8.2 Staff retention and attraction of qualified paramedics remain as risks for Durham and other paramedic services across the province. The proposed investment plan for RDPS includes the hiring of 130 paramedics between 2023 and 2032 with 72 being hired within the next four years. Many other services are also looking to grow their paramedic services. This coupled with the current pressures on the broader health care system and a desire for a more balanced work life schedule contributes to recruitment challenges. In addition, enrollment in the paramedic programs at community colleges is also decreasing in part due to the limited spacing and current semester guidelines. The Province has recognized these challenges and initiatives are being reviewed to stimulate growth for these programs which may include opportunities for fall and spring sessions. Currently northern Ontario is experiencing the biggest challenge for recruitment and in response the Province is offering a tuition-free program for students who commit to a minimum of 2 years in a northern service post-graduation. To date no such program is in place for southern Ontario. In response to these challenges, this plan provides for ACP training for paramedic staff to facilitate a rapid progression to full time positions early in a paramedic's career which is one incentive to attract paramedics to work for RDPS.
- 8.3 The Province has identified a number of opportunities for potential provincial legislative amendments (see Section 7.0) that are expected to have an impact on the delivery of paramedic services in the province. The successful implementation of these initiatives will be critical to addressing a number of the challenges facing paramedic services and improve their performance outcomes.
- 8.4 The proposed plan includes annual increases in the provincial subsidy for paramedic services. The projected increases assume the Province's continued commitment to fund approximately 50 per cent of the Region's cost of paramedic services. Should the provincial subsidy not increase proportionally with the increasing costs outlined in the Region's plan, additional property tax levy funding will be required.
- 8.5 The proposed service and financial forecast includes \$3.78 million in development charge funding to support the growth related capital costs of new facilities, vehicles and equipment. The availability of the full amount of these funds is uncertain with Bill 23, the *More Homes Built Fast Act, 2022* receiving Royal Assent on November 28, 2022. Bill 23 will have a significant impact on the Region's capital forecast and associated financing including the amount of development charges available to fund the growth-related capital costs of new and expanded paramedic facilities, vehicles

and equipment. Any shortfalls in development charge receipts will need to be financed from property taxes. Report [2022-COW-33](#) provided Regional Council with an overview of Bill 23 and summarized the anticipated impacts of Bill 23 to the Region and the Region of Durham taxpayers. The Region will continue to advocate for provincial funding to mitigate the negative financial impact of the *More Homes Built Faster Act, 2022* to property taxpayers in the Region.

8.6 Additional risks and uncertainties over the 10-year forecast period include:

- Ongoing supply chain and labour shortages that may continue to impact paramedic services including the supply of equipment, supplies and vehicles,
- Effects of inflation on capital expenditures, particularly related to facility construction and vehicle costs;
- Continued uncertainty and volatility over the forecast period related to fuel pricing; and
- Impact of rising interest rates and debt financing requirements on RDPS's operating budget.

8.7 Given the number of assumptions underpinning both the service modelling completed by ORH and the financial modelling as well as the significant number of external factors potentially impacting paramedic service delivery over the short-term, it is recommended that staff monitors and reports every two years on the outcomes of the implementation plan and that the plan be updated as required to respond to changes impacting the forecast.

9. Relationship to Strategic Plan

9.1 This report aligns with/addresses the following strategic goals and priorities in the Durham Region Strategic Plan:

- Goal 2.4 Community Vitality – to support a high quality of life for all through human services delivery by providing responsive and effective paramedic services that meet the needs of our diverse and growing community.
- Goal 5.1 Service Excellence – to provide exceptional value to Durham taxpayers through responsive, effective and financially sustainable service delivery.
- Goal 5.3 Service Excellence – to demonstrate commitment to continuous quality improvement and communicating results through ongoing monitoring of outcomes of this plan and reporting back to Council on program and updates needed to achieve objectives.

10. Conclusion

- 10.1 As outlined in the Comprehensive Master Plan for Paramedic Services prepared by ORH, this report, and supported by ORH's recent updated modelling, significant investment in paramedic services is needed in response to projected population growth, increased calls for service, significant hospital offload delays, supporting employee wellness and sustained resiliency to ensure improvement to current paramedic response times.
- 10.2 The proposed 10-year RDPS Service and Financing Strategy provides for the hiring of 130 paramedics and 15 management and support staff between 2023 and 2032 (142 paramedics including the 12 new paramedic positions approved in the 2022 budget), ACP training, critical supports to support employee wellness and sustained resiliency, capital investments for new facilities, vehicles and equipment to support the growing community and paramedic services and investments to maintain our existing capital assets.
- 10.3 The investments proposed in this 10-year plan alone are not sufficient to address service levels. Continued work with provincial and hospital partners is required to improve hospital offload delays, to advance provincial legislative changes to improve paramedic service delivery and efficiency, and to advocate for additional funding to support the increased investment in paramedic services response.
- 10.4 The 10-year RDPS Service and Financing Strategy is a starting point. The plan will be subject to annual investment approvals through the Region's business planning and budget process and will be reviewed every two years to ensure it is meeting projected service performance objectives. The plan will be updated based on changes in service demands, provincial funding, offload delays and provincial policy decisions impacting the delivery of Paramedic Services. Given the significant service level investments needed, annual incremental increases for Paramedic Services will be required in the range of half to three quarters of a per cent per year on the overall Regional tax levy in the coming years.

11. Attachments:

Attachment #1: 2023 to 2032 Durham Region Paramedic Services Financial Forecast

Respectfully submitted,

Original Signed By

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Original Signed By

Nancy Taylor, BBA, CPA, CA
Commissioner of Finance

Recommended for Presentation to Committee

Original Signed By

Elaine C. Baxter-Trahair
Chief Administrative Officer

Attachment #1: 2023 – 2032 Durham Region Paramedic Services Financial Forecast

# of New Paramedics	24	16	14	18	16	16	14	8	4	0	130
# of New Support/Management Staff	6	3	2	0	1	1	0	1	1	0	15
Total # of New Permanent Positions	30	19	16	18	17	17	14	9	5	0	145
# of New 12 Hour Shifts	4	3	3	3	3	3	3	2	1	0	25
# of Additional Daily Paramedic Response Hours	48	36	36	36	36	36	36	24	12	0	300

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\$,000's	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
Operating Expenses										
Base Expenditures	58,942	60,511	62,569	64,769	66,987	69,216	71,546	73,915	76,380	78,929
1) Additional Paramedic Resources	2,180	4,984	7,956	10,885	14,427	18,045	21,940	25,348	27,752	29,244
2) Additional Superintendents	182	486	603	627	772	1,036	1,191	1,370	1,686	1,879
3) Additional Logistics Staff	48	146	206	215	223	232	242	251	261	272
4) Scheduling Staff	46	143	200	208	217	225	234	244	253	263
5) Professional Standards	66	138	143	149	155	161	168	175	182	189
6) Disability Management Specialist	55	115	120	125	130	135	140	146	152	158
7) Introduction of Commander Positions	-	-	206	428	445	463	481	500	520	541
8) ACP Training	440	631	553	905	1,043	1,184	1,101	893	785	785
9) Impact of New Facilities:										
New Operating Costs	-	-	-	170	510	510	680	680	680	680
Debt Servicing Requirements	-	-	802	2,493	2,582	3,502	3,502	3,502	3,502	3,502
Total Operating Expenses	61,959	67,153	73,360	80,973	87,490	94,710	101,225	107,024	112,153	116,444
Capital Expenses										
Fleet Replacement	2,320	2,660	2,320	3,030	2,990	3,090	3,200	3,260	3,080	3,260
Equipment Replacement	2,240	2,332	-	-	-	2,240	6	-	2,332	-
Facility Renewal	87	500	530	562	596	631	669	709	752	797
Fleet & Equipment Expansion	1,310	745	328	983	745	745	-	90	90	-
Facility Expansion:										
Bowmanville - Replacement	-	8,120	-	-	-	-	-	-	-	-
South Whitby	800	-	8,670	-	-	-	-	-	-	-
North Oshawa	-	-	-	900	9,315	-	-	-	-	-
Beaverton - Replacement	-	-	-	-	-	-	-	-	-	-
Uxbridge/Port Perry - Replacement	1,900	-	8,450	-	-	-	-	-	-	-
Other	209	209	209	209	209	209	209	209	209	209
Total Capital Expenses	8,866	14,566	20,507	5,683	13,855	6,915	4,084	4,268	6,463	4,266
Total Expenditures	70,825	81,719	93,866	86,656	101,345	101,625	105,309	111,292	118,616	120,710
Financing										
General Levy	(35,496)	(39,717)	(43,816)	(50,607)	(55,152)	(60,482)	(64,921)	(68,867)	(72,144)	(75,238)
Provincial Subsidy	(28,355)	(29,063)	(30,572)	(32,385)	(34,058)	(35,919)	(38,024)	(40,059)	(42,152)	(43,867)
Estimated Subsidy Increase	(709)	(1,508)	(1,813)	(1,673)	(1,861)	(2,105)	(2,035)	(2,093)	(1,715)	(1,332)
Other - Operating	(273)	(273)	(273)	(273)	(273)	(273)	(273)	(273)	(273)	(273)
Development Charges	(1,052)	(546)	(273)	(818)	(546)	(546)	-	-	-	-
Reserve Fund Financing	(4,940)	(2,492)	-	-	(140)	(2,300)	(56)	-	(2,332)	-
Debt	-	(8,120)	(17,120)	(900)	(9,315)	-	-	-	-	-
Total Financing	(70,825)	(81,719)	(93,866)	(86,656)	(101,345)	(101,625)	(105,309)	(111,292)	(118,616)	(120,710)

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	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
Projected Total Budget Increase (\$,000's)	11,458	10,895	12,147	(7,210)	14,689	280	3,684	5,983	7,324	2,094
% Increase in Total Budget	19.30%	15.38%	17.15%	-8.82%	15.65%	0.32%	3.64%	5.89%	6.95%	1.88%
Projected Increase in Paramedic's Levy (\$,000's)	3,257	4,221	4,099	6,791	4,545	5,330	4,439	3,946	3,277	3,094
% Increase in Paramedic Levy	10.10%	11.89%	10.32%	15.50%	8.98%	9.66%	7.34%	6.08%	4.76%	4.29%
Projected Overall Regional Tax Levy Impact	0.43%	0.53%	0.49%	0.77%	0.49%	0.55%	0.44%	0.37%	0.29%	0.26%