



Report To: Program Planning Committee
From: Robert Smith, Chief of Paramedic Services
Date: June 21, 2017
Re: Paramedic Services Strategic Staffing Plan

Background

In June 2011, a [5-Year Staffing Plan](#) was approved in principle by the Board, directing staffing enhancements designed to provide a more appropriate service response in areas where such enhancements were deemed necessary. That enhancement model provided for increased on-site Paramedic coverage at 7 of 8 stations where on-call coverage existed. The plan was designed to be implemented over the course of 5 years, thus the designation as a five-year plan.

Phase One of the plan, was implemented in 2011, and saw the enhancement of the Mindemoya Station to 24/7 on-site coverage. In 2012, it was determined that the fiscal impact of phase two was problematic, thus the plan underwent a revision.

In 2013 an [Updated 5-Year Staffing Plan](#) report was approved in principle by the Board. The 2013 plan included a variety of deployment options, and allowed the Board a significant latitude to determine the most desired service enhancements, while allowing a focus on efficacy and efficiency to be maintained. Over the course of the next 2 years several enhancements were implemented based upon the 2013 revised strategic plan. Many of the steps within the 2013 plan were completed by the 2015 budget year.

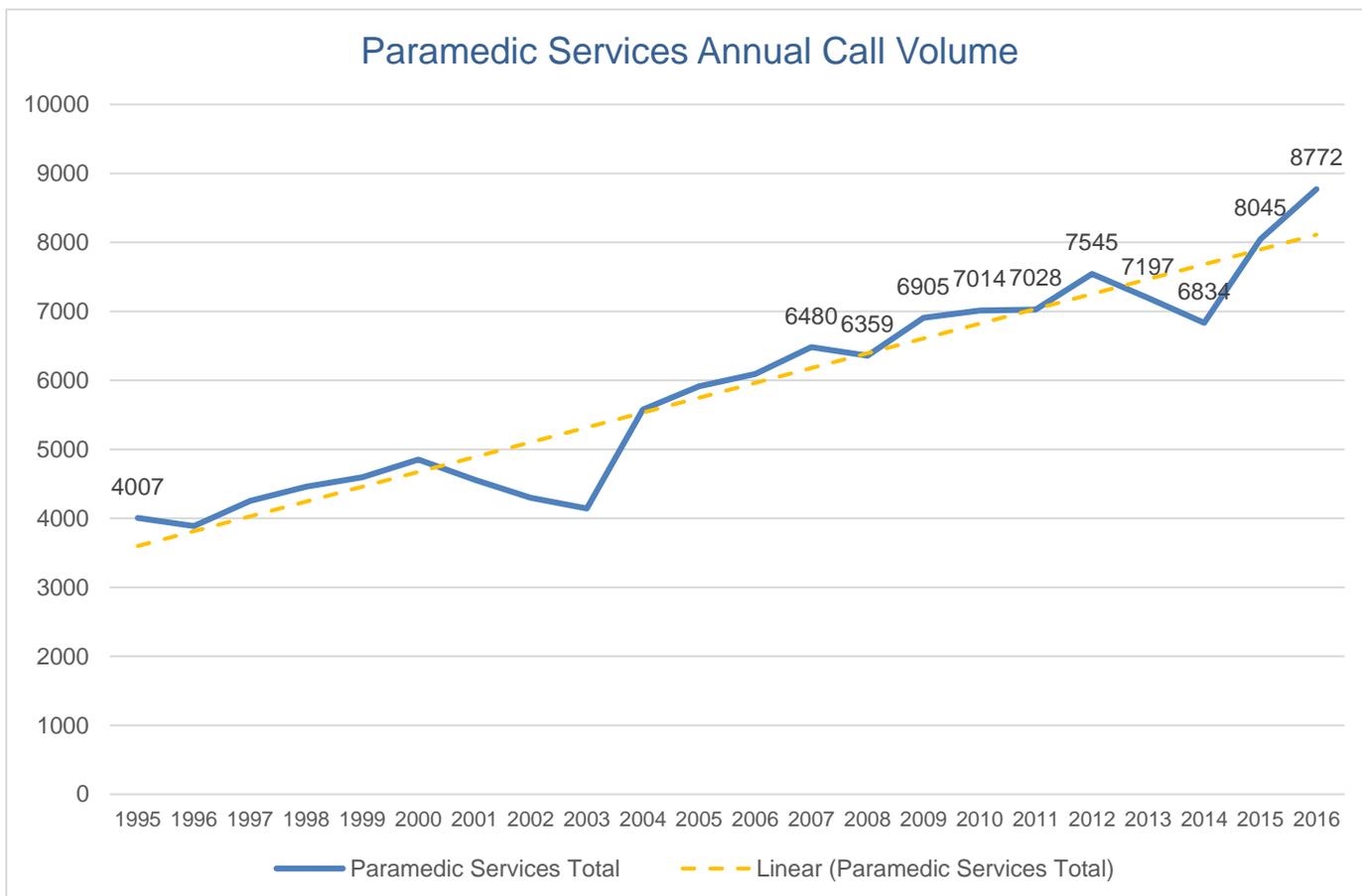
The 2015 new [5-Year Staffing Plan](#) was submitted that included the addition of Paramedic Response Units (PRUs) to mitigate the impact of deployment loss related to non-urgent transportation. The PRU options were implemented in 2016 and 2017.

Current State of Paramedic Services in Manitoulin-Sudbury DSB

All evidence confirms that the provision of health care in Ontario is the single largest consumer of tax dollars, and that health care costs will continue to rise over the next decades. The aging population, coined the aging tsunami, is the main causal factor in health care increases. Ontario is experiencing an upward trend in access to the health care system, and such access is primarily by the elderly demographic. It has been reported that in 2013 18.8% of the population of Northeastern Ontario were senior citizens, and that by 2041, seniors will represent 35% of Manitoulin-Sudbury DSB population.

Reviews of patient age demographics within the District mirrors the rest of the Province. The highest users of Paramedic Services are older adults. In 2016, 46% of requests for service involved patients who were 60 years of age or over.

From a historical perspective, this service has experienced an overall increase of 57% in call volumes since municipal download, despite the introduction of a Non-Urgent Patient Transfer Service (PTS) in the LaCloche/Manitoulin service areas. Had there been no PTS system, the volume increase would have been almost 75%.



Since 2013, several mitigation strategies have been implemented, both in Paramedic Services and in the broader health care system, intended to reduce hospital admissions and Emergency Department visits. Legislation including the Patients First Act, the Ontario Seniors Strategy and others are designed to help deinstitutionalize patients. These strategies have resulted in an increased dependence on Paramedic Services, but have allowed for introduction of programs such as Community Paramedicine to evolve. Rationalized and regionalized health care strategies also impact on Paramedic Services directly. The introduction of Non-Urgent Patient Transfer Services (PTS) as part of the North East LHIN pilot program has reduced 4,057 calls from Paramedic Services since March of 2013. A termination of the pilot PTS program by the North East LHIN would result in a significant increase in Paramedic Service activities. While the North East LHIN has stated that a permanent PTS model is necessary as an alternative to ambulance utilization, the program remains in pilot status, however a 3 year RFP is reportedly

imminent. It is important to recognize that proposed deployment changes rely on a successful Non-Urgent Patient Transfer System.

As detailed in a previous [2017 Response Time Standard Issue Report](#), the Manitoulin-Sudbury DSB response time performance, as defined by the Ministry of Health & Long Term Care (MOHLTC) is challenged. Population density remains and on-call reaction times are a significant causative factor in this performance. While there is no realistic mitigation strategy to address population density within the DSB, strategic deployment models that shift from on-call to on-site directly impacts on response times through chute time improvement by 8 minutes (the normally mandated 2-minute response to be mobile to a call increases to 10 minutes).

On-Call Deployment

The current deployment model utilizes on-call staffing during periods of each day where service requests are historically lower. While a negative impact on response times is known, the acceptance of a reduced response ability is deemed acceptable. The issue of on-call is of such concern that previous staffing plans dealt exclusively with changes to on-call stations. Seven of the twelve stations have on-call associated with their normal scheduling. The following table details the 2 different on-call designs within the stations.

	Massey & Noëlville	Killarney, Foleyet & Gogama
Daily On-Call Hours	4	14
Hours of the Day	03:00 – 07:00	18:00 – 08:00

The 2017 budgetary impact for on-call deployment is defined below, and must be considered when assessing overall costs for the proposed service enhancements. Such calculated dollars would be backed out from proposed costing.

	Massey & Noëlville	Killarney, Foleyet & Gogama
On-Call Hours	4	14
Annual On-Call & Call Out Budget	\$75,823	\$216,387

Proposed Strategic Deployment Plan

The proposed plan for both staffing and deployment changes are premised on the concept of service effectiveness and efficiency. The methodology surrounds a move to a standardized process of platooning staff and Superintendent personnel to achieve an integrated management model. The moves being proposed would allow for all Paramedics to move to a single schedule with a standardized work year of 2,184 hours (42-hour work week). This amended process will ensure each Paramedic has a Superintendent to whom they report. Unless on an approved leave, the Paramedics and Superintendents on a defined shift would always work together, allowing for a more collaborative interaction and solidifying the employee employer relationship.

Currently 5 of the 12 Paramedic stations are operating on a 24/7 on-site scheduling cycle with no on-call. There are two stations operating on-site 20 hours each day and 4 hours on-call, 2 stations operating on-site for 12 hours daily with 12 hours on-call, and finally, 3 stations operating 10 hours each day on-site, with 14 hours on-call. The proposed plan would see the Massey and Noëlville Stations move to 24/7 on-site coverage, mirroring Hagar, Espanola, Little Current, Wikwemikong and Mindemoya, while the Killarney, Gogama and Foleyet Stations would move to 12 hours of on-site and 12 hours of on-call coverage each day, mirroring Gore bay and Chapleau.

The enhancements as described above would result in a deployment increase of 14 hours each day, or 28 hours of daily staffing enhancement. The budgetary impact is assessed at \$378,140 in total. This strategic plan would offset much of this enhancement by eliminating the budget approved LaCloche PRU (12 staffing hours daily) at a savings of \$162,060. The 2017 approved budget eliminated a “Day 8” ambulance, subject to a permanent North East LHIN Non-Urgent Patient Transfer System, and replaced that resource with a Mindemoya 8 hour PRU. The elimination of the “Day 8” ambulance and eliminating the proposed Mindemoya PRU would result in a savings of \$100,000. In total 18 of the 28 daily staffing hours, or \$262,060.00 would be offset. The remaining shortfall would be \$116,080.

The elimination of on-call staffing hours and callout costs in Noëlville and Massey creates an annual savings of \$75,823. After deducting the \$75,823 the remaining shortfall would be reduced to \$40,257.

It must be noted that costs associated with shift extension overtime in Massey and Noëlville, and call out costs between 6:00 p.m. and 8:00 p.m. in Killarney, Gogama and Foleyet were not calculated for this report. Each of these minimal dollar amounts would reduce the impact to the budget. It is estimated that these lines could result in close to \$10,000 more savings, leading to a budgetary shortfall of approximately \$30,257 to implement the entire proposal.

Benefit

The Paramedic Service is proposing a strategic deployment model that will standardize scheduling, platoon all staff with a Superintendent, ensure all full-time personnel are on an identical annual year, and will address response time challenges while addressing work-life balance issues brought forward by staff and the union. The design will simplify many factors.

By setting all shifts at 12 hours, and eliminating both 8 and 10 hour shifts, there is the opportunity to alter shift start times in a manner that could result in a significant benefit. This design would allow for pairing of like stations. Setting a reasonable gap in actual start times could allow for more effective assignment of resources, thus reducing the likelihood of shift extension overtime. This single action would have a positive fiscal impact.

Engagement of personnel in a number of ways, including this proposed strategic deployment change is something that would lead to increase employee satisfaction. As such, one might expect to see key performance indicator improvements surrounding attendance and labour management challenges.

The DSB has examined work-life balance as a measure for changes historically. Sections of this proposal continue on that path.

Risk

The implementation of the proposed strategic deployment model is premised on a reduced incidence of long distance non-urgent patient transfers. Such a reduction would see an increased level of service coverage within each deployment community and as such a reduced need for the deployment of Paramedic Response Units for backfill community coverage. The approval of PRUs in 2015 involved mitigation of stacked calls and capacity to maintain community coverage in an effective manner. For this proposal, the Wikwemikong PRU would remain in deployment to assist challenges on Manitoulin Island. If the efficiency of the non-urgent transfer program were to diminish, there could be a return to impact on communities. It must be noted that the interest in establishing a permanent Non-Urgent Patient Transfer System for the areas served by Manitoulin-Sudbury DSB is extensive across all the health care sector.

Options to Proposed Strategic Deployment Plan

Option 1

While the greatest benefit involves full implementation of the proposed deployment model, as it standardizes schedules rotations and results in a platooning of staff, it also addresses ongoing work-life balance issues that have been raised by staff over the past number of years. Option 1 if fully implemented would result in a municipal budget increase of \$30,257, or 0.29%.

Despite these factors, it is incumbent on the Paramedic Service to introduce alternative options that present a 2018 budget without enhancements.

Option 2

Option 2 would see the enhancement of Massey Station to 24/7, enhancement of Noëlville Station to 24/7, enhancement of Gogama Station to 12 hours on-site with 12 hours on-call, enhancement of Killarney Station to 12 hours on-site with 12 hours on-call, elimination of the "Day 8" ambulance, inclusive of the proposed Mindemoya 8-hour PRU and elimination of the LaCloche 12-hour PRU.

This option delays the introduction of the Foleyet enhancement and would not result in a 2018 budget increase related to Paramedic Services enhancements.

The final enhancement of Foleyet to 12 hours on-site and 12 hours on-call would have held off for consideration in the 2019 budget deliberation.

Conclusion

Since 2010, Paramedic Services has brought forward strategic deployment plans utilizing a single guiding principle with respect to enhancements. That principle was adopted by the Board and was designed to allow for the necessary growth related to increased demand while containing costs by ensuring enhancements would account for no more than a 1% municipal impact. Option 1 recognizes the fiscal impact on member municipalities, and with this fact strongly held true, is looking for what would be \$30,257 or 0.29% municipal budgetary impact for Paramedic Service enhancements.

It is stated that this deployment and staffing change serves a number of purposes, and as such, and cautiously stated, should be the last strategic change for the foreseeable future. Enhancing staffing under Option 1 listed above will provide for better response times.

The above recommendations are contingent on the North East LHIN implementation of an effective permanent Non-Urgent Patient Transfer System to reduce dependence on Paramedic Services. The current understanding is that a 3 year RFP for a permanent service will be issued imminently. The options proposed would not be operationalized until the North East LHIN Non-Urgent Patient Transfer System is in place and proven successful.

Recommendation

Staff are recommending that the Program Planning Committee and the Board approve this Paramedic Service Strategic Plan to amend the current deployment and staffing pattern by adopting Option 2 which excludes the Foleyet enhancement in 2018, as this option has no budget impact. Once the North East LHIN Non-Urgent Patient Transfer System is fully operational, staff will advise the Board of the intent to implement the changes set out in Option 2.

Additionally, staff are recommending that the Program Planning Committee and the Board recommend that the Finance Committee consider Option 1, which contains a \$30,257 or 0.29% municipal budgetary increase, during the 2018 budget deliberation.