



Administrative Report

Office of the Chief, Essex-Windsor EMS

To: Warden Tom Bain and Members of County Council

From: Bruce Krauter
Chief, Essex-Windsor Emergency Medical Services

Date: December 6, 2017

Subject: 2018 Budget - EWEMS

Report #: 2017-R009-EMS-1206-BK

Purpose

To provide the Warden and County Council with a report regarding the proposed Essex Windsor EMS budget for 2018. The 2018 Budget is attached as Appendix I.

Background

The total gross projected operating expenditures for Essex Windsor EMS in 2017 are \$38,921,810. These costs are 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% is funded by the City of Windsor, the County of Essex and the Township of Pelee. In 2010, the MOHLTC amended the 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 2018 is projected to be 44%.

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The portion of the EWEMS 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. The shift in weighted assessment has consistently increased the requirement to the County of Essex. As such, the following percentages have been applied to apportion the costs associated with the 2018 EWEMS budget:

| Municipal Share % Allocation | Actual 2017 Weighted Assessment | Estimated 2018 Weighted Assessment |
|-------------------------------------|--|---|
| City of Windsor | 51.153% | 50.753% |
| Township of Pelee | 0.286% | 0.286% |
| Total recovery-service partners | 51.439 % | 51.039% |
| County Responsibility | 48.561% | 48.961% |

The 2016 to 2017 (projected) overall call volume (Code 1-4 and Code 8) increased by 8.4%. Code 3 and Code 4 volumes increased by 4.5% while transfers (Code 1 & Code 2) increased 2% and coverage standby requests, (Code 8) increased 11%. In 2017, Essex Windsor EMS is projected to respond to an approximate 60,000 patient contact responses and provide another 52,000 standby or coverage requests within the region and travelling in excess of 2.5 million kilometers.

The five (5) year Code 1-4 average call volume increase is 3%, compared to the ten (10) year average of 2.3%. With the aging population and aging in home health care strategies, the demand upon EMS resources continually increases, resulting in the anticipated 3% call volume increase to remain into the future. In consideration of historical data, population projections and community/regional initiatives, it is suggested that EMS responses will continue to steadily increase into the future.

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Response times are affected by system pressures, including call volumes and hospital off load delays. In 2017, EWEMS continued practices and processes to address the hospital off load delays and continued the Vulnerable Patient Navigator (VPN) program. Even though new processes and practices are in practice, the 2017 off load delay experience continues to increase. Combined with increased call volume, the increase in home health care initiatives, aging population, and internal system pressures at the local emergency departments continue to be the main service delivery impediments, impacting EWEMS's ability to maintain satisfactory response times. EWEMS continues to strive, in collaboration with the local hospitals and community partners, to develop initiatives to address these ever growing issues.

The continued off load delays, coupled with the high call volume affect response times. In 2017, the Response Time Standard Targets were impacted in the following manner:

- 1) CTAS Sudden Cardiac Arrest (SCA) - Met the target of 6 minutes 55% percent of the time at 59%. Three (3) year historical analysis indicates a modest improvement in SCA response times.
- 2) CTAS 1- Met the target of 8 minutes 75% of the time at 77%. Three (3) year historical analysis reflects that the target is being met, although any further system pressure could result in less favourable CTAS 1 performance.
- 3) CTAS 2 and 3- Did not meet the target of 10 and 12 minutes respectively, 90% of the time with CTAS 2 at 85% and CTAS 3 at 87%. Three (3) year historical analysis reflects that the CTAS 2 and 3 targets have not been achieved; however response times have fallen short of targeted times only minimally.
- 4) CTAS 4 and 5- Met the target of 14 minutes 90% of the time at 91% and 90% respectively. Historical analysis indicates these targets have been met throughout the three (3) year study period.

Essex Windsor EMS continually monitors response times, call volumes and off load delays allowing resources to be adjusted to provide the best level of service possible.

Discussion

The budget for 2018 represents a total expenditure level of \$43,272,850, with significant recoveries including: \$19,180,330 from the Province; and \$12,109,780 from the City of Windsor and the Township of Pelee. The estimated net levy allocation for the County is \$11,940,100 (19.88%).

The 2018 proposed Essex Windsor Emergency Medical Services budget submission supports the projected costs of operating a public service based on the actual experience of 2017 while addressing the continued and future pressures that impact service delivery. As discussed at the Essex County Council meeting of November 1, 2017, under Administrative Report 2017-R007-EMS-1018-BK, an increase in service level is being recommended, totaling 34,420 staffing hours, which equates to 23 Full Time Equivalent (FTE) staff. The staffing hours will be phased-in, in a strategic and scheduled approach to maintain continuity of operations and continuing to be fiscally responsible. The objective of the enhancement is to meet the demand of call volume, increase the availability of resources and thus reduce response times. Administration will continue to improve response times through operational efficiencies, amended deployment strategies and collaboration with health care partners.

A ten (10) year EMS Master Plan was discussed in Administrative Report 2017-R007-EMS-1018-BK. The 2018 proposed budget includes a \$150,000 allocation for the completion of a service delivery master plan. The plan would become the guiding principle and document for the future of EWEMS. The plan will consider future staffing, staff scheduling, station locations, resource deployment, program development and other EMS indicators.

With the proposed budget, Essex Windsor EMS will be able to maintain the effective, efficient and reliable service to the residents and visitors of the County of Essex, the City of Windsor and the Township of Pelee.

Recommendation

That Report Number 2017-R009-EMS-1206-BK be received and further that the 2018 Departmental Budget Estimates for Essex-Windsor EMS Services be approved.

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Respectfully Submitted

Bruce Krauter

Originally Signed by

Bruce Krauter, Chief, Essex-Windsor Emergency Medical Services

Concurred With,

Robert Maisonville

Originally Signed by

Robert Maisonville, Chief Administrative Officer

| Appendix No. | Title of Appendix |
|--------------|---------------------|
| Appendix A | 2018 Budget - EWEMS |