



COUNTY OF PERTH

Perth County Paramedic Services

2022-2024 Business Plan

December 2021

This document is formatted for double-sided printing. The contents are premised for an internal, corporate audience to use as a basis on which to gauge the Perth County Paramedic Services Department.

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Questions can be forwarded to the Chief of Paramedic Services.

Preamble

Perth County Paramedic Services (PCPS) is a system partner to the local health system within the County of Perth, Municipality of North Perth, Municipality of West Perth, Township of Perth East, Township of Perth South, the City of Stratford and the Town of St. Mary's. According to Ontario Population Projections during 2021 there were 85,395 persons residing within these areas¹. It is noteworthy to mention that "the largest population of Perth County, ON is the age group between 55 and 59 years old, and the least populated age group is between 80 and 84 years old"².

In providing paramedic services, in harmony with the County Strategic Plan and goals, PCPS strives to:

- Improve **Community and patient health** by providing high-quality patient care through caring individuals.
- Provide **Excellence in patient care** through a patient centered approach.
- Ensure our employees are cared for through a best practice **Employee wellness program**.
- **Deliver a best in class** paramedic service through excellence, quality, and system responsiveness that exceeds the needs of the community.

PCPS is the largest department in the Perth County structure and has the only unionized workforce. CUPE Local 4514, covers paramedics and Teamsters Local 879 covers paramedic supervisors defined as Commanders. PCPS collaborates with staff in Human Resources, Finance, Information Technology, Emergency Management, Facilities and Roads Divisions and occasionally with Planning and Accessibility Divisions. During 2020 Medavie Health Services entered into an agreement to support the administrative function of operating PCPS to help lead the organization by overseeing day-to-day operations.

The provision of paramedic services is mandated by legislation and regulated through the Province of Ontario. During 2020-2021, PCPS provided emergency response, responded to the needs of the community under the context of a pandemic, and supported at-risk populations in the community through a Mobile Integrated Health program focusing on patients not getting the care physical or psychological care they need. This program parallels the provincial approach to emergency health services modernization and the response to the COVID-19 pandemic. Each of these categories are briefly explained in the next section of this plan.

¹ Ontario Population Projection <https://www.ontario.ca/page/ontario-population-projections>

² Perth County Economic Development Team <https://townfolio.co/on/perth-county/demographics>

Service Strategy

Emergency Response: In Perth County we are often the gateway to the health system by responding to 911 calls. In doing so, PCPS strives to balance the capacity to respond to both rural and urban settings. Our staffing model also reflects surge capacity for situations when several calls are generated at the same time, such as during a car accident. Our current level of staffing includes seven 24/7 primary care ambulance transport units, one 7 day a week peak-hours primary care ambulance transport unit, a supervisory command unit and our community paramedics who may respond to urgent calls as required.

Pandemic Response: In response to the pandemic, Perth County Paramedic Service (PCPS) continues to provide exceptional service to the community during this ongoing health crisis and under extremely difficult situations. Paramedics and the staff are courageous, resilient, and continue to support the community and our system partners each day. The investments that PCPS have made in our system such as providing special training to our peer support team and access to psychological services means that we have a stronger more flexible system that will help to meet the health needs of employees and patients for years to come. The psychological, physical, and financial pressures of the pandemic are very real. Our paramedics, their professionalism, resilience, and ongoing commitment to the community is to be commended.

Paramedic Service Modernization: According to the provincial government “The EHS system went through a significant transformation in the late 1990s when municipal land ambulance services were transferred to municipalities. Since that time, additional changes have been made to improve services, and legislative amendments in 2017 provided some needed updates to the Ambulance Act. However, some key challenges remain. The Auditor General, the Dispatch Working Group, the Association of Municipalities of Ontario and the Ontario Association of Paramedic Chiefs, among others, have identified challenges that affect delivery of critical EHS services, including:

- Outdated dispatch technologies;
- Lengthy ambulance offload times and delays in transporting medically-stable patients;
- Lack of coordination among EHS system partners;
- Need for innovative models that improve care; and
- Health equity, or access to services across regions and communities”³

³ Ontario Health

http://health.gov.on.ca/en/pro/programs/phehs_consultations/docs/dp_emergency_health_services_modernization.pdf

PCPS continues to work with local and provincial system partners to improve the health of our citizens which is in alignment with Perth County goal *Regionalization & Service Effectiveness*, and *Customer Service Excellence*. Examples of this include building on existing or creating new relationships to ensure our patients receive the care they need from the most appropriate resource in time and place. PCPS continues to work with partners such as Ontario Health, Huron Perth Health Alliance (HPHA), Stratford Social Services, The Huron-Perth Ontario Health Team, and Huron Perth Public Health (HPPH) in developing ways to best serve our patients through health programming. Beyond these processes an example of a formal program launched during 2020-2021 include the Mobile Integrated Health (MIH) program. During 2021 PCPS trained all staff in how to better support patients at the end of their life helping to stay home with their loved ones.

Mobile Integrated Health:

MIH is an innovative concept that is emerging across Canada and the world. Such programs have proven to provide safe, timely, mobile medical care in the community setting. Community Paramedics are specially trained to provide short-term treatment under the direction of a Physician. Through the collaboration with health system partners the role of these programs enhance the delivery of community and health care services to patients by the way of a Mobile Integrated Health Program. During 2020 PCPS implemented MIH as part of the local strategy to support the municipal and health needs to fight the current COVID-19 pandemic. PCPS continues to work under the scope of the pandemic with and intent to improve the wellbeing of patients, identify vulnerable or at-risk persons, and to address physical or psychological health needs of our persons residing in our community.⁴ Ontario Health, Stratford Social Services continue to support these efforts. Most recently on November 5, 2021 the Ministry of Long-Term Care announced 5 million dollars of funding available to Perth County Paramedic Services to support MIH activities for patients who are waiting for or may be requiring Long-Term Care support.

Palliative Response: One of the needs of our community is to help persons who are at the end of their life, to respect their wishes to stay at home. Several local ambulance services such as Oxford and Huron are implementing a palliative care program that will enable residents of our local communities to remain in their home or be directly admitted to hospice without the direct involvement of the emergency department.

Key Customers

Patients, Ratepayers and Visitors:

Paramedic services provides direct services to persons within our geographic service area. Additionally, as mandated by the province, PCPS will respond to emergencies originating outside of our catchment area when we are the closest available unit. During 2020-2021, PCPS also provided services increasing the capacity of the local response to the pandemic. While we can measure some of this impact, it is difficult to fully quantify

⁴ Report to Council September 3, 3030 – Paramedic Services

the positive impact that we have had on the community. An example would be conducting COVID-19 testing or supporting those unable to get to a vaccination centre that increase the capacity of the health system and avoid unnecessary closures. Turning to other customers PCPS has a series of system partners that we support that are mentioned below.

Governance:

PCPS direct governance model is to Perth County Council. PCPS also is part of the Municipal Shared Services Committee and is governed by the Ministry of Health through the Ambulance Act.

System partners:

System partners include, and are not limited to:

- Citizens
- Visitors and neighbours
- Municipalities of North Perth, West Perth and Townships of Perth East, and Perth South,
- City of Stratford
- Town of St Mary's
- Ministry of Health and Long-Term Care (MIHLOT)
- London Central Ambulance Communication Centre (CACC)
- Southwestern Ontario Regional Base Hospital
- Area Hospitals
- Huron Perth Health Alliance (HPHA)
- Long Term Care Facilities (LTC)
- County of Perth Public Works, Human Resources, Corporate Services
- Local Integrated Health Network (LIHNS)
- Ontario Health (OH)
- Stratford Airport
- Ontario Fire Marshal and Emergency Management (OFMEM)
- County Emergency Manager (CEMC)
- Neighboring Paramedic Services
- Huron Perth Public Health (HPPH)
- Local Fire Departments
- Stratford Police Department
- OPP

Core Businesses/Services

A summary of core business services is provided here in bullet point. More information can be reviewed in the program map section of this report.

- Patient Care
- Emergency Patient Transportation

- Pandemic preparedness
- Pandemic response
- Infectious disease repose
- Population health
- Management of Resource Deployment (paramedics, ambulances, emergency response trailer, sled, Central Ambulance Communications Centre)
- Multi Casualty Response
- Public Access Defibrillator (PAD) program
- Community Care
- Mobile Integrated Health
- Human Resources: Staff (assessment, training, development, safety and welfare)
- Human Resources: Administration (payroll, records, scheduling, collective agreement management)
- Human Resources: Work Accommodation and Safe and
- Incident Investigation and Assessment
- Inventory procurement and management
- Asset management
- Policy and procedure development
- Stakeholder relations
- Public Education

Legislated Standards

The following list includes legislative requirements not limited to: The regulatory and establishing legislation in the provision and operation of paramedic services.

- Ambulance Services Collective Bargaining Act 2001
- Ambulance Act
 - O.Reg 129/99-Apportionment of Costs
 - O.Reg 257/00
 - Vehicle Equipment Standards
 - Communicable Disease Standards
 - Certification Standards
 - Basic Life Support Standards
 - Advanced Life Support Patient Care Standards

The following list is not limited to regulation that impacts the provision of paramedic services in Ontario:

- Occupational Health and Safety Act
- Ministry of Transportation Regulations
- Highway Traffic Act
- Coroners Act
- NIOSH guidelines

- PHIPA (Patient Healthcare Information Privacy Act)
- Ministry of Health Documentation Standards
- Mental Health Act
- Municipal Act
- Accessibility for Ontarians with Disabilities Act
- Regulated Health Profession Act
- Municipal Act
- Substitute Decisions Act
- Health Care Consent Act
- Child and Family Services Act
- Occupational Health and Safety Act
- Controlled Substances Act (Federal)
- Criminal Code (Federal)
 - Add Regulatory bodies – and related policies
 - Hospital act

Program Maps

Emergency Patient Care

- Response time performance plan
- Deployment planning
- Provision of patient care
- Patient satisfaction

Patient Transportation – Hospitals

- Non-urgent and urgent transfers
- Right patient to the right resource
- Hospital destination protocols

Mobile Integrated Health & Population Health

- Vaccination programs
- Vulnerable populations
- Healthcare in the home
- Emergency department avoidance
- Mental wellness in the community
- Palliative and end of life community care
- High intensity patient care needs / Ontario Health West partnership
- Automatic External Defibrillator program

Pandemic Response

- Personal Protective Equipment (PPE) supplies available (COVID-19 related)

- Employee COVID-19 wellness
- Pandemic related training
- Treat and release
- Vaccination
- Local health emergencies
 - Retirement Homes
 - Long-term Care
 - Schools
 - Community
 - Vulnerable populations
- Swab testing
- Huron Perth Health Alliance Partnerships
- Huron Perth Public Health Partnerships
- Infectious disease response team (future)

Logistics and Support

- Purchasing
- Consumable purchases
- Cost effectiveness / savings
- Capital purchases
- Equipment and parts
- Occupational health and safety
- Asset management
- Preventative maintenance programs
- Vehicles

System Performance

- Key performance indicators and monitoring
- Epidemiological surveillance
- Client satisfaction

Communications

- Social media accounts
- Internal newsletter
- Press release / media relations

System Partners and Collaboration

- Offload delay
- System partner relationships
- Ontario Health Team involvement

- Hospitals
- Police / Fire / Emergency Management
- Innovation to enhance performance

Quality Assurance and Education

- Chart audits and clinical feedback
- Customized learning plans
- Learning Management System – on line
- In class courses
- Skill and knowledge retention

Leadership

- Succession planning
- Strong and effective frontline and senior leadership team
- Leadership education and training
- Values, culture and diversity

Labour Relations

- CUPE
- Teamsters
- Negotiations
- LR committee

Regulatory Compliance

- Ambulance Service Review
- Adherence to regulations
- Internal investigations
- Complaints / Compliments
- Licensing and Reporting

Administrative Support

- Scheduling
- Records management
- Privacy PHIPA
- Electronic Records Management System
- Data utilization

Employee Wellness

- Return to work process and planning
- Accommodation
- Peer support team / Psychological support
- Physical / Psychological wellness
- Post-traumatic stress disorder plan
- Inclusive harassment free safe workplace

Key Linkages with Strategic Plan

In this section of the report PCPS connects the County’s strategic goals with PCPS. Specific connections are indicated below in the major initiative table.

GOAL 1: Growth and Economic Development

PCPS operations and programs impacts resident access to health care within the community served. PCPS supports growth efforts by ensuring services to those who choose to live or work in the community. As an example, paramedic services continue to support COVID-19 testing efforts helping to keep persons in the workplace or school system.

GOAL 2: Regionalization and Service Effectiveness

PCPS provides a regional service to our community. During 2022 PCPS will continue to assess service levels and efficiencies of operating a paramedic service. Many of PCPS major initiatives focus on service effectiveness.

GOAL 3: Customer Service Excellence

Customer service excellence as a goal is a staple for providing health services within a community. Clinical excellence and customer satisfaction are connected to many of PCPS’s 2022 major initiatives.

GOAL 4: Community Development and Planning

One of the priorities of this goal is “Perth County residents enjoy an exceptional quality of life”. The promotion of programs and series that enhance quality of life and wellbeing for residents is in alignment with PCPS emerging partnerships and current service delivery models.

GOAL 5: Corporate Sustainability

During 2022 PCPS will continue to develop employees to ensure they are capable in their roles both as paramedics and leaders. Goal 5 also is aligned with efforts that PCPS will be taking to review the management of assets.

Achievement of 2021 Program

During May of 2019 a confidential report titled PCPS Operational Review was completed. This report became the foundation for the approved budget for 2020 and informed the budget for 2021. A formatted business plan was not produced during 2019 but subsequently was for 2021. The following goals achieved during 2021 include, and are not limited to:

- Mobile Integrated Health (MIH) recruitment of community paramedics
- MIH training program implemented
- MIH Health orientation
- MIH adaption of quadruple aim including patient satisfaction survey launch
- Medical director hired for MIH
- Worked with Ministry and obtained \$35,000 or more per month to deliver MIH program within the County
- Developed and implemented swabbing / vaccine administration education and programming
- Directive 6 implementation ensuring safety of personnel in the workplace
- Renovation of PCPS Headquarters – COVID-19 compliant and space allocation for department
- Responded to COVID-19 community emergencies at LTC/RH
- Participated in Provincial COVID-19 patient transfers
- Updated standard operating procedures
- Failing stair chair equipment replaced
- Powered Air Purifying Respirator implemented for special circumstances
- Powerload Styrker stretcher fleet expanded by two units
- Modernization funding application and approval for \$89,000 applied to Cadlink and MIH programming
- Initiated Cadlink vehicle and computer connections to dispatch (ongoing into 2022)
- Modernization joint deployment review application and approval led by and in partnership with Oxford county for \$150,000
- iMedic Radius MIH software implementation and improvements
- Developed educational planning cycle
- Recruitment and training of Field Training Paramedics
- Ministry of Health Service review submitted four-year certification submitted to the Ministry of Health (pending follow up from the Ministry)
- CPR program designed and approved by the Ministry during 2020 implemented
- IV certification course developed and implemented to ‘catch-up’ delays in certification due to COVID-19
- Peer Support Team training designed and delivered in partnership with Breakwater. Peer support app trial initiated.
- Implemented PCPS budget advisory committee
- Return to work program revised based on recommendations of the committee
- All patient-facing employees fit tested to N95 masks
- Patient chart and incident report audit process revised and reviewed with Commanders to improve quality improvement processes
- PCPS successfully worked with Ministry to fix underfunded hours from 2019
- Communication templates/planning updated
- On-line learning platform dashboard developed and improved compliancy of course completion
- Key performance indicators reviewed at senior team meetings

- Social media Twitter and Facebook PCPS sites launched
- MIH/Pandemic standard operating procedures developed and implemented
- Monitored violence against paramedics with health and safety committee
- Occupational Health and Safety training for supervisors completed
- Hiring new Acting Commanders
- Designated Officer – infectious disease training
- CUPE – notice of negotiations issued
- CUPE – letter of understanding developed for MIH
- Fleet efficiency review completed and council updated
- Two ambulances ordered to be delivered in 2022
- Ministry of Health memo and enforcement related to paramedics in Ontario for eight items.

Major Initiatives for 2022, 2023, 2024

This program delivery section of the report outlines the proposed business plan activities for 2021. A brief highlight of the major initiative for each year is further listed below listed here.

Major Initiatives for 2022

| Projects | County Goal Alignment | Comments |
|------------------------|----------------------------|--|
| Response to COVID-19 | Goal 2 Goal 3 Goal 4 | <ul style="list-style-type: none"> • Major focus for 2022 and as such will impact the capacity to complete other objectives outlined in this report. • Personal protective equipment (PPE) readiness • Adaptive system/technologies to ensure safety is addressed during the pandemic (renovation / training equipment) • Swabbing / Vaccination • Community response • Cost tracking and recovery • Partnerships with hospital and public health • Maintaining response ready status and capabilities • Monitor staffing levels |
| Recovery from COVID-19 | | <ul style="list-style-type: none"> • Review and capture recommendations regarding pandemic planning for the future • Work with Emergency Management to develop a recovery plan for Paramedic Services |

| | | |
|---------------------------------------|--------------------------------------|--|
| Mobile Integrated Health | Goal 2 Goal 3 Goal 4 | <ul style="list-style-type: none"> • Apply to and receive up to 5 million dollars from the Long-Term Care Community Paramedic Program • Hire health human resources required to support the MIH program (LTC funded for 2.5 years) • <i>Develop a business plan for 2022-2024 considers specific MIH principles.</i> |
| Customer Satisfaction Feedback | Goal 3 | <ul style="list-style-type: none"> • Paramedic services user survey launched (ongoing from 2021) • Develop new bi-annual reporting for paramedic statistics to be presented at council |
| Deployment and Resource Planning | Goal 2 Goal 3 Goal 4 Goal 5 | <ul style="list-style-type: none"> • Review recommendations from the Modernization Funded joint service deployment review. • Make recommendations and implement changes as required. • Review and update Tiered Response Agreements with local fire services. |
| Paramedic Services Procurement Review | Goal 2 Goal 5 | <ul style="list-style-type: none"> • Review opportunities for savings leveraging Medavie pricing on consumable and capital purchases (ongoing from 2021) • Implement savings leveraging Medavie pricing on consumable and capital purchases (ongoing) |
| Fleet Services Review and Purchases | Goal 2 Goal 5 | <ul style="list-style-type: none"> • Replacement of two (2) ambulances <i>pre-approved by council during 2021</i> • Replacement of two (2) pick up command vehicles (explore LTC funds for 2.5 year vehicle life) • Purchase an additional sports utility vehicle to support operations, MIH and Command staff • Maintain holding back one (1) ambulance for MIH |
| AED Program Review and Purchase | Goal 2 Goal 3 Goal 4 | <ul style="list-style-type: none"> • Conduct review of AED program and contracts (ongoing from 2021) • Purchase replacement AEDs as required (carry over from 2021) |
| Paramedic Wellness | Goal 3 Goal 5 | <ul style="list-style-type: none"> • Peer support ongoing training and operations |

| | | |
|--|----------------------------|---|
| Information Technology Refresh | Goal 3 Goal 4 Goal 5 | <ul style="list-style-type: none"> • Mobile connectivity – connecting ambulances to dispatch to provide live-data feeds for call information and mapping (ongoing from modernization funding approval 2021) • Report back on modernization funding September 2022 |
| Training | Goal 3 Goal 4 | <ul style="list-style-type: none"> • Leadership development commanders • Leadership development – frontline opportunities • Cadlink training for mobile connectivity • Succession planning |
| Labour Relations | Goal 3 Goal 5 | <ul style="list-style-type: none"> • CUPE collective agreement • Inclusive workplace – ongoing • Publish workplace survey initiated by Commander and participate in follow further inquiry as needed • Employee recognition program renewal |
| Ambulance Service Review | Goal 3 Goal 5 | <ul style="list-style-type: none"> • Follow up on any recommendations and remain ready for 2024 |
| Standard Operating Procedure (SOP) and Processes | Goal 2 Goal 3 Goal 4 | <ul style="list-style-type: none"> • Review SOP manual and develop a new ongoing review cycle • Identify and review processes as required • Implement KPI dashboard |

Major Initiatives forecasted for 2023-2024

| Projects | County Goal Alignment | Comments |
|---------------------------------------|--------------------------------------|--|
| Response and recovery COVID-19 | Goal 2 Goal 3 Goal 4 | <ul style="list-style-type: none"> • COVID-19 ongoing planning cycle as required • Cost tracking • Formalizing relationships with system partners • Maintaining response ready status and capabilities • Revise pandemic plan |
| Mobile Integrated Health | Goal 2 Goal 3 Goal 4 | <ul style="list-style-type: none"> • Revise MIH plan annually • Formalize external funding where possible • Measure outcomes of program • Remain nimble to react to community needs and focus on longer-term funding opportunities |
| Customer Satisfaction Feedback | Goal 3 | <ul style="list-style-type: none"> • Report ongoing outcomes and develop |
| Deployment and Resource Planning | Goal 2 Goal 3 Goal 4 Goal 5 | <ul style="list-style-type: none"> • Review plan annually and make adjustments as required • Tiered response review during council term • Plan to perform a comprehensive deployment plan review in 2025 |
| Paramedic Services Procurement Review | Goal 2 Goal 5 | <ul style="list-style-type: none"> • Implement savings leveraging Medavie pricing on consumable and capital purchases (ongoing) |
| Fleet Services Review and Purchases | Goal 2 Goal 5 | <ul style="list-style-type: none"> • Replacement of ambulances (2 in 2023), (1 in 2024). • Replacement of two (2) command vehicles • Maintain hold back one (1) ambulance for MIH if required |
| AED Program Review and Purchase | Goal 2 Goal 3 Goal 4 | <ul style="list-style-type: none"> • Implement updated version of the AED program |

| | | |
|--|----------------------------|---|
| Information Technology Refresh | Goal 3 Goal 5 | <ul style="list-style-type: none"> • Environmental scan of IT requirements impacting ambulance services on an annual basis • Mobile connectivity – connecting ambulances to dispatch to provide live-data feeds – ongoing |
| Training | Goal 3 Goal 4 | <ul style="list-style-type: none"> • COVID related training • Paramedic practice • Leadership development • Succession planning • Technology as required |
| Ambulance Service Review | Goal 3 Goal 5 | <ul style="list-style-type: none"> • Ambulance Service Review 2024 |
| Standard Operating Procedure (SOP) and Processes | Goal 2 Goal 3 Goal 4 | <ul style="list-style-type: none"> • Review SOP manual and develop a new ongoing review cycle • Identify and review processes as required • Revise KPI dashboard • QA program document refresh |

Program Delivery Plan

Staffing and Deployment Planning

PCPS recommends maintaining previously approved service and staffing levels for 2021. This budget proposal reflects an adjustment to part-time staffing hours required to support operations. (Please refer to the variance section of the report for more details on part-time staffing hours).

| Current 2020 Status | Proposed 2022 Status |
|---|---|
| <ul style="list-style-type: none"> • 1 Chief Paramedic Services (Medavie Employee) | <ul style="list-style-type: none"> • No change |
| <ul style="list-style-type: none"> • 1 Deputy Chief, Operations | <ul style="list-style-type: none"> • No change |
| <ul style="list-style-type: none"> • 1 Deputy Chief, Program Development | <ul style="list-style-type: none"> • No Change |
| <ul style="list-style-type: none"> • 1 Administrative Clerk | <ul style="list-style-type: none"> • No Change |

| | |
|---|--|
| | |
| <ul style="list-style-type: none"> • 1 Assistant Deputy Chief | <ul style="list-style-type: none"> • No Change |
| <ul style="list-style-type: none"> • 4 Commanders | <ul style="list-style-type: none"> • No Change |
| <ul style="list-style-type: none"> • 6 Acting / Part-time commanders (backfill commanders when off work) | <ul style="list-style-type: none"> • Personnel may vary based on new collective |
| <ul style="list-style-type: none"> • 1 Logistics Coordinator | <ul style="list-style-type: none"> • New position carried over from 2019 planning. Filled partly during 2020-2021 as part of a modified duty. |
| <ul style="list-style-type: none"> • 1 MIH/Community Programs Supervisor / Manager | <ul style="list-style-type: none"> • Temporary Full Time (TFT) New position proposed, concept carried over from 2019 planning. Funding from LTC application upon approval. |
| <ul style="list-style-type: none"> • 1 MIH/Community Programs Program Assistant | <ul style="list-style-type: none"> • TFT New Position, supporting MIH activities. Funding from LTC application upon approval. |
| <ul style="list-style-type: none"> • 67,392 Service Hours (Frontline ambulance) | <ul style="list-style-type: none"> • No change |
| <ul style="list-style-type: none"> • 58 FTE Paramedics + 1 FTE MIH Paramedic | <ul style="list-style-type: none"> • No change Total 59 FTE paramedics. |
| <ul style="list-style-type: none"> • 5 Temporary Full Time MIH community paramedics (contingent on LTC funding) | <ul style="list-style-type: none"> • TFT New Positions, to provide 24/7 care as part of the MIH program |
| <ul style="list-style-type: none"> • 17.5 FTE Part-time hours to backfill fulltime paramedics to 18.4 FTE part-time paramedic hours. • 1 FTE Field Training Paramedic hours | <ul style="list-style-type: none"> • 0.9 FTE increase to 18.4 FTE part-time hours • No Change |

Deployment Planning

During 2021 the current deployment plan underwent a review process as part of the Modernization Program. The review is ongoing and a report is expected in early 2022.

This comprehensive evaluation will include analyzing PCPS call demands with staffing patterns and subsequently making changes with a focus on serving our communities through focusing on demonstrating service and system effectiveness, community and patient health, and excellence in customer service. Future changes may result in the recommendation to operate with a peak time ambulance. This would result in the need to invest in capital infrastructure such as an ambulance and equipment in order to do this. Note: Future implications from the performance review to be determined. Should it be recommended to split a 24/7 paramedic patient transport unit into two peak hour units, PCPS will advance a request for equipment and a vehicle to support the model.

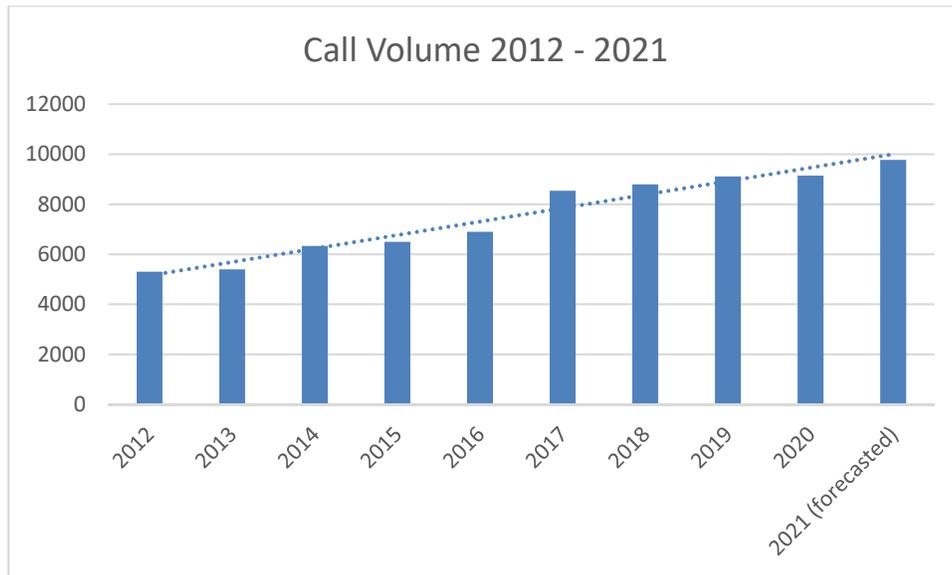
Current ambulance transport units are located as follows:

- Stratford 3 X 24/7 transport units
- St. Mary's 1 X 24/7 transport unit
- Milverton 1 X 24/7 transport unit, and one 9/4, 8/3 peak hours transport unit (Monday – Sunday unit)
- Mitchell 1 X 24/7 transport unit
- Listowel 1 X 24/7 transport unit

Deployment Performance

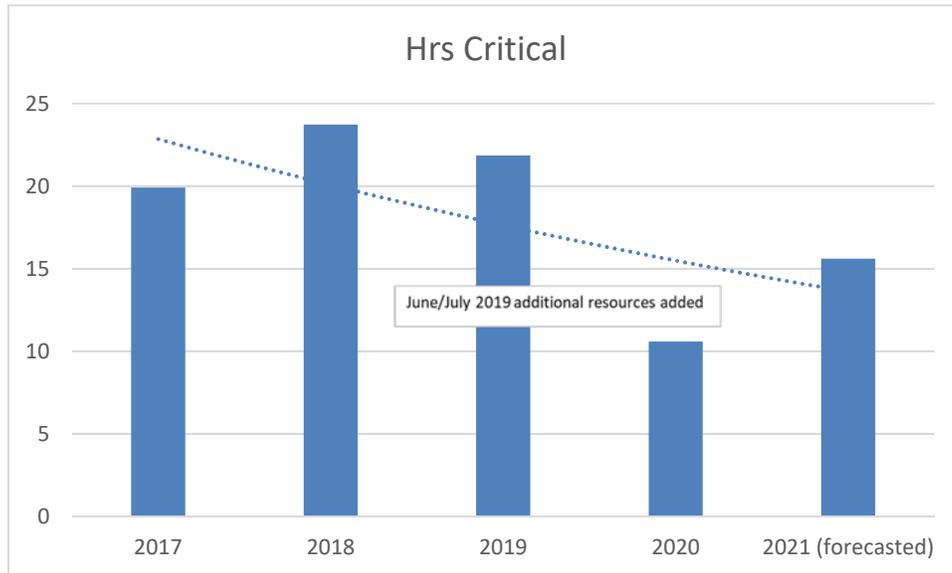
This section of the business plan outlines some current trends that impact PCPS deployment. A brief description accompanies each graph or table.

Call Volume



This bar graph shows the call volume trends since 2012. PCPS has projected the 2021 call volume to be similar to increase from 2020. PCPS expects the call volume trend to continue increasing with the needs of the aging community along with population growth.

Code Critical



PCPS monitors the amount of time where ambulance resources are limited in availability to effectively respond within our community with three or less ambulance transport units. This chart illustrates how the additional resources that were added during 2019 have had a significant positive impact on capacity of the PCPS response system. During 2021 we are forecasting an increase. Increasing call volumes and patients entering the emergency system have an impact on this metric.

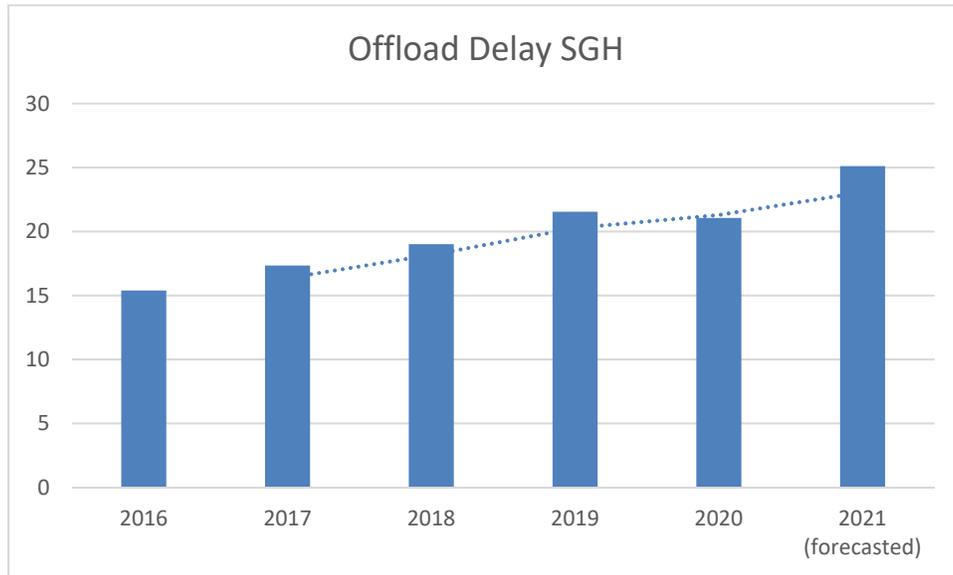
Response Time Performance Plan

| Category | Performance Standard/Target | PCPS Performance | | | | | | | Aug 31 2021 |
|----------|-----------------------------|------------------|------|------|------|------|------|------|-------------|
| | | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | |
| SCA | 6 min 51% | 63 | 50 | 40.4 | 60.4 | 43 | 38.9 | 56.6 | 48.4 |
| CTAS 1 | 8 min 70% | 74.1 | 68.8 | 61.3 | 70.8 | 68 | 73.7 | 71.9 | 61.8 |
| CTAS 2 | 16min 75% | 95.7 | 94.1 | 93.4 | 94.3 | 94.6 | 94.6 | 94.7 | 94.9 |
| CTAS 3 | 16min 75% | 94.1 | 92.2 | 93 | 94.1 | 93.1 | 93.3 | 95.9 | 95.7 |
| CTAS 4 | 16min 75% | 93.4 | 93.2 | 93.6 | 92.4 | 92.7 | 93.4 | 93.9 | 93.2 |
| CTAS 5 | 30min 75% | 99.6 | 100 | 100 | 99.7 | 99.7 | 99.7 | 100 | 100 |

This table outlines the actual performance for previous years and the projected performance for 2021. PCPS is on target for meeting the response times set by council. You will note that in areas of SCA and CTAS 1 PCPS is not meeting the response time performance plan. Contributing factors include lack of first responder data under the SCA, small sample size of 31 calls for SCA and 55 calls for CTAS 1. In addition to this longer response times in a rural area will impact the response times. PCPS will continue to monitor this matrix and consider it as part of the ongoing deployment plan review.

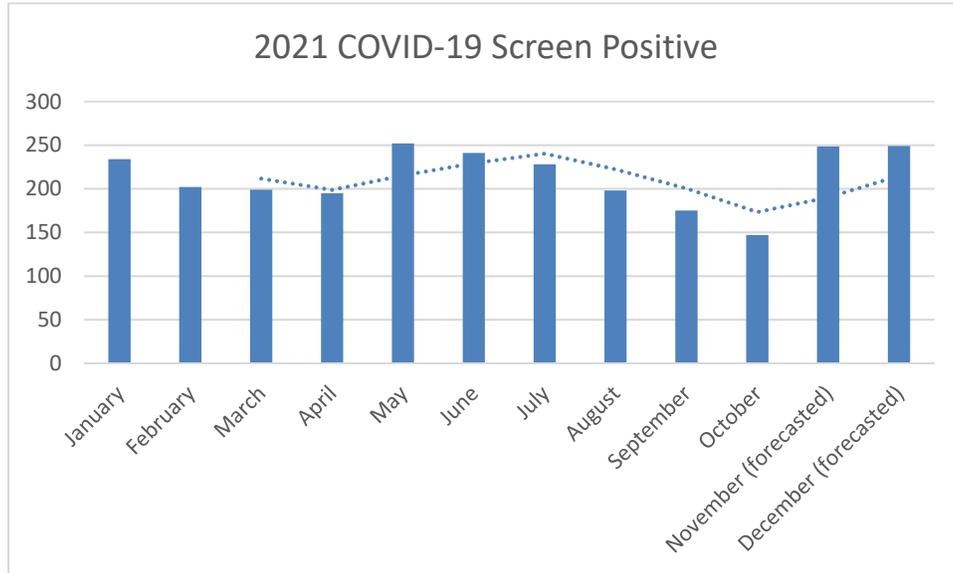
Submission of Response Time Standard Performance Plans for paramedic services occurs in accordance to provincial regulation. According to the Ministry of Health all Upper Tier Municipalities and Designated Delivery Agents (UTMs/DDAs) under the Ambulance Act, Regulation 257/00 are responsible for the establishment, monitoring, reporting and evaluation of response time performance plans and performance achieved for patients categorized as the Canadian Triage Acuity Scale (CTAS) 1 to 5 and Sudden Cardiac Arrest (SCA) patients, which are submitted to the ministry on an annual basis.

Hospital Offload Delay Monitoring



Hospital offload delays occur when paramedics are waiting to transfer patient care in the hospital. This bar graph indicates the average time in minutes from when an ambulance arrives at the hospital until they are triaged and allocated a space within the emergency department. As in many areas of health it is believed that changes may be impacted by the pandemic. The slight increase is reflective of the increased call volume that PCPS is experiencing. PCPS participates in advisory meetings that monitor the emergency departments performance.

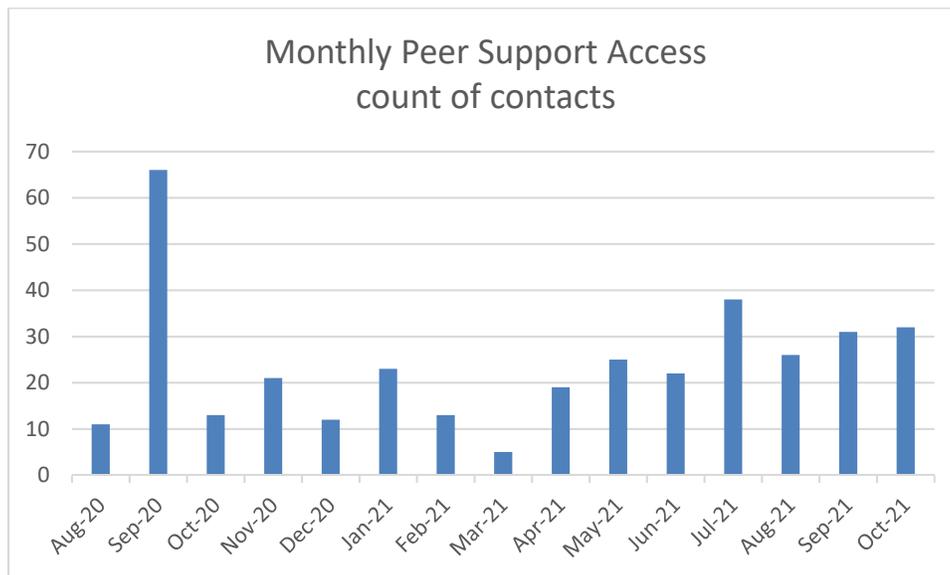
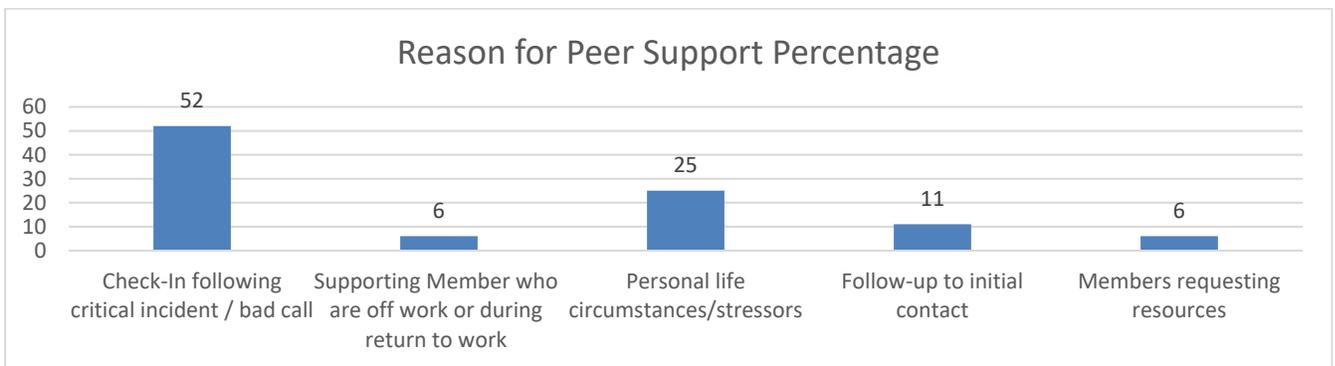
COVID-19 Screening



This graph illustrates times where paramedics encounter a patient who screens as a COVID-19 risk, and subsequently are required to take full PPE precautions. The peak and values are similar to the provincial and local trends in COVID-19 cases.

Peer Support Team Statistics

In this plan PCPS highlights the importance of and continuation in investing in our peer support team. The following statistics highlight the usage of the team and the even flow that occurs when particular incidents occur that may trigger a higher demand than normal for support. In addition to these statistics we also continue to provide psychological support to employees that require assistance. Over the past 14 months the total number of staff who interacted with peer support was 338. Of this number a total of 328 interactions were 1:1 and the number of group sessions were 10. Peer support helps to promote a learning organization and environment that is both preventative and responsive. Our team volunteers their time on-call and operates 24/7. The non-judgment and attention to health and wellness fosters a positive environment in the workplace. Our team members are leaders within the organization.



Note: Sept 2020 resulted in two significant incidents where several staff accessed peer support.

Pandemic Response

The provincial and local context of response to COVID-19 suggests that PCPS will be focusing our efforts in supporting our community under the context of operating in or recovering from a pandemic for the duration of 2021. We expect that this will continue to place pressure that we can plan for but also may result in unexpected variances to our budget.

All COVID-19 related expenses will continue to be tracked and where possible we will submit invoices to the province. We have already submitted over \$450,000 of expense to the province specific to COVID-19. We expect similar COVID-19 related expenses during 2022 as experienced this year.

Operational:

- Provincial or federal legislation and policy such as COVID-19 pay, changes to regulation, changes to PPE requirements, or other mandates as they emerge.
- Public health policy. Such policies may impact changes to how we select or use PPE, respond to local outbreaks such as assisted living centers, or when and how staff are required to isolate away from work.
- Directive 6 – Public Health workplace policy as mandated by the provincial government
- Capacity, resources, or expertise of local system partners to respond to COVID-19 related health emergencies in the community.
- Letter of Agreement providing sick-time carry over to be used during 2021 as part of a strategy to support staff working during a pandemic (expired for 2022).
- Fluctuation in market pricing and availability of supplies. Vendors have been changing prices of supplies based on current market status and demands.
- Diligent and appropriate use of sick time. Policies require paramedics to stay at home if they have any one of a broad range of symptoms. While we always encourage employees to stay home if not feeling well, employees are very alert to risk and are using their time as required.
- Irregular patterns of vacation and sick time due to pressures of the pandemic on both full-time and part-time staff.
- PPE purchases. Part of our strategy includes a one-year supply of PPE to support paramedic services operations. Standardizing supplies and having a back up of PPE supplies will continue to have an impact on PCPS PPE spending into 2022.
- Changes to process. Ongoing changes to special response equipment, decontamination processes such as requiring on-site laundry machines, purchasing reusable gowns, and increasing laundry costs, are among examples that have impacted and created variances in the PCPS budget in multiple areas.
- Training and psychological support of responders. Supporting our employees who are working through a pandemic remains a priority to PCPS. Specialized

training for our peer support team occurred during 2021 and will continue into 2022.

Supporting the community by providing swabbing or vaccination health human resources.

Capital:

- It is difficult to estimate future pandemic expenses, however as we learn from COVID-19 PCPS will have a better picture of the future adjustments and investments required to respond to this health emergency.

Mobile Integrated Health

Currently, the Perth County Paramedic Service (PCPS), Mobile Integrated Health (MIH) program is staffed by 2 Primary Care Paramedics (PCP) operating in a dedicated vehicle, 12 hrs a day 7 days a week from 0730 to 1930. These are temporary full-time positions made possible through High Intensity Supports Funding. Under a new Long-Term Care proposal, the existing program would be continued and augmented to provide two (2) MIH Paramedics in dedicated units running 12 hours per day, seven (7) days per week and one MIH Paramedic overnight 7 days a week giving 24/7 access for clients. During 2022 PCPS will employ a business plan specific to MIH that will consider the following principles:

- Serving the needs of the community while reducing 911 calls.
- Reducing avoidable emergency department visits and hospital stays through preventative and responsive care.
- Mitigating the illness or disease trajectory thereby supporting increased quality of life.
- Providing individuals, families and caregivers peace of mind while waiting for a long-term care bed or in choosing to delay the option for long-term care.
- Working with system partners to address mental health needs of the community.
- Minimizing the waitlist growth and duration by providing alternative options for some individuals who wish to stay home longer with appropriate care. Equitable – delivering care that does not differ in quality regardless of geographic location, age, gender, culture, religion, or language.
- While avoiding duplication, improve the accessibility to health care for all residents and visitors of Perth County by providing Community based Paramedicine services for non-emergency procedures in their own home as well as health system navigation support.
- Responsive – Prompt, flexible, proactive, and patient-centered response to changing circumstances or medical conditions and if necessary, connection to the right healthcare provider at the right time to avoid escalation and crisis.
- Proactive – Systematic, routine-based remote or home monitoring to prevent emergency incidents or escalation in medical conditions.

- Safe – Certain diagnostic procedures and treatments can be provided at home and if required, under appropriate medical oversight.

Operational:

- PCPS continues to seek funding related to MIH activities in our community.
- Community Paramedic Funding. PCPS has submitted to Ontario Health South expenses for the Mobile Integrated Health Program (MIH) at a minimum of \$35,000/month.
- On November 5, 2021 the Ministry of Long-Term Care further announced up to \$5,000,000 in funding for Perth County to allocate toward our MIH program for over 2.5 years. Should PCPS receive LTC funding it will need to be used within the program requirements and is funded at 100% from the province.
- PCPS anticipates that staffing this program will result in 5 temporary full-time (TFT) community paramedics, and one permanent full-time (PFT) paramedic. In addition to this a TFT manager and TFT program assistant. The budget will be adjusted by finance to support the current status of revenue in accordance to provincial funding approvals.

Capital:

- As we build an expanding MIH plan there may be some capital purchases associated with the MIH program during 2022 that would be funded through the province at 100%. We expect to purchase 2-3 vehicles to support this program and in addition medical equipment. At the time this report was drafted PCPS has developed a MIH capital and operations budget that will be put forward to the Ministry of Long-Term Care for consideration.

2023-2024

- PCPS is committed toward working within the funding that has been allocated by County Council or through the application of grant or other funding sources. PCPS will continue to make immediate and meaningful contributions to our local community.

Vehicles and Stretchers

During 2021, County Council approved the purchase of two ambulances. The US dollar with a single vendor supplying ambulances to Ontario impacts the overall cost of these units. On average, PCPS has two ambulances scheduled to be replaced each year, with a seven-year replacement cycle. PCPS requires a vehicle to support the MIH program and command operations. The vehicle must be response capable to meet the criteria of the MIH paramedic to respond to calls, and in the future PCPS will request the purchase of such vehicle. In the meantime, due to budgetary considerations, PCPS will continue to

keep one of the ambulances that has been replaced to support this program for 2022 until a future budgetary proposal be approved by Council.

Operational:

- PCPS expects there to be associated maintenance costs related the operation of a vehicle in our fleet. The annual costs are estimated by historically to be \$17,000 per year inclusive of fuel, insurance, and all maintenance costs. PCPS expects that these costs will be lower due to less demand on the vehicle. This expense is billed to the department through overhead fleet costs.

Capital:

- PCPS is requesting one additional response unit sports utility vehicle. This vehicle will be response capable and serve as a back-up for either the Commanders or MIH team when required. It will also be used to increase the capacity for the leadership team to visit our operational areas of the County and to respond directly to and support emergencies by on-call command personnel. This vehicle with conversion into a response vehicle that meets all regulations is estimated to cost \$75,000. In addition to this PCPS will be advancing a request to add two defibrillators up to \$25,000 and computer with licensing to outfit the vehicle.
- The Stryker stretcher and loading system continues to have positive phycological and physical impacts to our paramedics. During 2022 PCPS is scheduled to add three stretchers to our fleet. By 2024 the final of the spare stretchers will be purchased.

2023-2024

- Power load stretcher loading system to be replaced in each year of 2023 and the final stretcher's purchased during 2024.
- During 2023 and 2024 each year there is are two (2) ambulances scheduled to be replaced as a part of a vehicle replacement cycle of seven years.

AED Program & Paramedic Defibrillators

Perth County has agreements with partner municipalities surrounding the replacement of the Automatic External Defibrillators (AEDs). An assessment is scheduled regarding which of these would be replaced by the County, and which replaced by system partners. While the current focus remains that of COVID-19 over this program, once completed any purchases for the AED program will be determined by PCPS and are funded through a reserve fund in place and has been carried forward from the 2021 into the 2022 business plan.

Operational:

- This program is operated within the resources allocated to PCPS. The logistics and support position along with a Commander of operations will conduct this work under the direction of a Deputy Chief.
- In 2024 the current PCPS defibrillators and CPR equipment is scheduled to be replaced as part of a five-year cycle. This is important to plan for as medical technology is rapidly changing and this is one of the most frequently used and impactful tools that a paramedic uses.

Capital:

- Capital funds are allocated to replace the AED units. During 2020-2021 the capital replacement project was placed on hold to focus on the response to the pandemic. During 2022 PCPS will connect with community partners and review contracts, subsequently replacing required devices through the capital reserves. The cost will be determined on our analysis and is expected to come within \$68,300.
- During 2022 PCPS plans to add one additional defibrillator to their fleet with the purchase of a new vehicle and has budgeted \$25,000 for the purchase.

2023-2024:

- Minor replacements of any broken AEDs may be considered.
- Replacement of all defibrillators scheduled for 2024. PCPS will need to consider trials and generating a request for purchase during 2023 to plan for a 2024 delivery of the devices. This is a significant investment into patient care.
- Replacement of all defibrillator accessories including stretcher poles scheduled during 2024.
- Replacement of CPR devices scheduled during 2024.

Medical Equipment and Supplies

Specific reusable equipment required for ambulances are required to be replaced on a scheduled basis. Purchases come from the reserve fund and will be made as required. Medical supplies are considered to be operational expenses as they are consumables. PCPS has made an adjustment to meet the current demands of supplies. During 2022, PCPS will work with Medavie Health Services to ensure best pricing for these consumable products.

Operational:

PCPS has averaged this fund to reflect at \$17,935 each year. Any unspent funds will remain in the reserve for equipment.

Capital:

During 2022 the capital budget for medical equipment is reserved for unexpected equipment failure and replacement of items such as suction, equipment bags, stretcher parts and so on.

2023-2024:

PCPS will continue to monitor how the pandemic will impact operations and make recommendations or changes in the future years to come. With respect to capital replacement plans include replacement of bariatric equipment, small equipment such as suction units, backboards, oxygen regulators, equipment bags during future years. These purchases come from the reserve funds. In addition to this we expect that we will need to assess the medical supply requirements as practice changes in paramedic services as a result of the global pandemic. This may have an impact on future purchases.

Training and Wellness

PCPS will continue its focus on professional development for staff and continued high-quality patient care. Core training with an emphasis on the pandemic will continue at PCPS in both clinical education and leadership development. In addition to the core learning activities, PCPS is in a position to participate in a palliative care program. Oxford and Huron Counties have committed to a palliative care program that enables paramedics to support those at the end of their life in home, or to support transport to hospice. During COVID-19 and beyond, this will make a significant difference to the community we service by improving the capacity to support persons who are being cared for in their homes. PCPS will continue to fund the training program in the areas of leadership development, emergency care, and MIH patient care to provide learning and growth opportunities for employees.

Operational:

Staffing hours where paramedics are required to attend training remain unchanged for 2021. It is possible that during 2022 specialized training will occur to support COVID-19 operations. Where possible this will be included in the base training budget.

The training operations budget is reflected in the professional development budget line. Items such as consumable replacement parts for mannequins, educational applications, leadership development tools and subscriptions are included in this line. In-person learning a conferences such as the Ontario Association of Paramedic Chiefs is unlikely to occur in 2022, however is a possibility. This annual meeting enables learning, leadership development and collaboration with other paramedic services across Ontario. Specific learning plans for leadership are expected and supported as part of our organization learning strategy. In addition to this during 2022 PCPS plans to provide ongoing Palliative care LEAP training as outlined in the MIH section of this report.

In addition to this PCPS has budgeted funds for Breakwater to support PCPS by conducting annual training under health benefits at \$20,000 annually. Labour for this is addressed in the FTE calculation outlined above.

Capital:

Capital budget requests for 2022 include the replacement of simulation equipment totaling \$30,000. PCPS continues to assess how we will operate under the environment of the pandemic. One option is to continue to bolster effective remote learning. The acquisition of equipment such as training tablets are a possibility in 2022.

2023-2024:

Future training opportunities will be influenced by the global pandemic, ministry of health requirements, health and safety needs, leadership development and succession planning, clinical performance, or conferences.

Technology

Records Management

The PCPS currently uses iMedic as our main source of records management as related to the provision of patient care and meets privacy legislation standards. In addition to this the program has a robust quality assurance capabilities and enables PCPS to run reports for statistical analysis and business decision support. The vendor was sold in 2020 and PCPS will monitor to see if there are pricing model changes.

Mobile Connectivity for Mapping and Real-time Data

Mobile connectivity enables PCPS to access a system status dashboard, along with in the future paramedics to access mapping and call information directly through dispatch. Such technology can help to enhance our operations in an exceptional way. As an example, we can reduce human error from the equation and improve efficiency by having immediate access to mapping and locations of calls, pre-populated patient information from the Ambulance Communications Centre, enhances quality assurance monitoring of response times and reaction times from when a paramedic receives a call to the time they start traveling to the call. Continuing to leverage technology and to keep up with emerging industry standard will require future investments in technology. This program will be implemented during 2022 and PCPS has received Modernization funding at 65% reimbursement of expenses put toward this implementation.

Operational:

Capital:

Capital items are addressed within the IT capital budget and include replacement of computers or other infrastructure related to technology.

2023-2024

Paramedic services frontline computers are scheduled to be replaced in 2023. These computers are funded from the capital reserve fund.

Collective Agreements and Labour Relations

CUPE is scheduled to start negotiations in 2021 and will carry into 2022. PCPS expects legal fees to remain higher than in the past due to the bargaining and operating with two unions. In addition to this the budget during 2022 may be impacted based on the changes to the collective agreement.

What changes will impact program delivery in the future? (risks uncertainties)

- Pandemic related operations
- Increasing WSIB costs including psychological care and diagnosis to support paramedics
- A workforce that is changing resulting in shifting priorities resulting in the value of flexibility in time off work
- Collective agreements and policy that do not address the needs of multi-generational workers
- Aging Population resulting in increased requests for service and longer response times
- Increase in emergency call volume
- Provincial Health Care budget cuts
- Paramedic services modernization
- Mobile Integrated Health funding or grants
- Hospital pressures & realignment of health services out of our communities
- Increasing and lengthy service hours lost due to hospital off load delays
- County Council / Policy Decisions
- Evolving Hazards (Opioid Crisis, Influenza, Pandemic, Terrorism)
- Aging workforce, succession planning for PCPS
- Service levels of neighbouring municipalities
- Presumptive legislation
- Expanding medical protocols, treatment options for paramedics
- Proposed MOH changes to the Ambulance Act (revised treat and released program)

Financial Allocation

| Paramedic Services | FTE Requirements by Year | | | |
|-------------------------------|--------------------------|--------------|--------------|--------------|
| | 2021 | 2022 | 2023 | 2024 |
| Total FTE Requirements | 86.7 | 98.56 | 98.56 | 91.12 |

Total FTE Requirements with MIH LTC Funding

9+ 9+ 1.5+

**** Note projected FTE requirement forecasted to be adjusted following deployment review through future recommendations brought forward to Council.**

Significant Variances

Total costs directly related to COVID-19 have already exceeded \$450,000 at PCPS. These costs are seen in variances within the PCPS budget for 2021 in both staffing and operational lines. Examples of necessary spending are not limited to staff working to provide vaccines or conduct swabbing, PPE purchases, medical supplies, information technology (for records keeping), facilities to make changes supportive of decontamination and intensive cleaning. The province continues to request that we track and submit these costs. PCPS continues to follow through with this request, and where possible submit any pandemic related costs to the province for reimbursement. PCPS remains hopeful that 100% of these expenses are funded by the province.

Both pandemic related expenses and Mobile Integrated Health (MIH) have impacted the 2021 budget. In the case of MIH, all expenses continue to be offset by provincial or grant funding. In the case of the pandemic, historically most expenses have also been offset by provincial or system-partner funding streams.

Issues that have and will continue to impact PCPS include but are not limited to:

- Provincial or federal legislation and policy such as COVID-19 pay, changes to regulation, changes to PPE requirements, or other mandates as they emerge.
- Public health policy. Such policies may impact changes to how we select or use PPE, respond to local outbreaks such as assisted living centers, or when and how staff are required to isolate away from work.
- Directive 6 – Public Health workplace policy as mandated by the provincial government
- Capacity, resources, or expertise of local system partners to respond to COVID-19 related health emergencies in the community.
- Letter of Agreement providing sick-time carry over to be used during 2021 as part of a strategy to support staff working during a pandemic (expired for 2022).
- Fluctuation in market pricing and availability of supplies. Vendors have been changing prices of supplies based on current market status and demands.
- Diligent and appropriate use of sick time. Policies require paramedics to stay at home if they have any one of a broad range of symptoms. While we always encourage employees to stay home if not feeling well, employees are very alert to risk and are using their time as required.
- Irregular patterns of vacation and sick time due to pressures of the pandemic on both full-time and part-time staff.
- PPE purchases. Part of our strategy includes a one-year supply of PPE to support paramedic services operations. Standardizing supplies and having a

back up of PPE supplies will continue to have an impact on PCPS PPE spending into 2022.

- Changes to process. Ongoing changes to special response equipment, decontamination processes such as requiring on-site laundry machines, purchasing reusable gowns, and increasing laundry costs, are among examples that have impacted and created variances in the PCPS budget in multiple areas.
- Training and psychological support of responders. Supporting our employees who are working through a pandemic remains a priority to PCPS. Specialized training for our peer support team occurred during 2021 and will continue into 2022.
- Supporting the community by providing swabbing or vaccination health human resources.

Examples of funding that will offset COVID, MIH, or project costs include:

- COVID-19 funding of \$247,000 to offset expenses directly related to the pandemic by the Province.
- Cost recovery through partnerships and invoicing system partners for labour hours related to vaccine clinics and swabbing.
- The Ministry of Health continues to fund paramedic COVID-19 operations. We are tracking and reporting these expenses as requested by the Ministry.
- Community Paramedic Funding. PCPS has submitted to Ontario Health South expenses for the Mobile Integrated Health Program (MIH) at a minimum of \$35,000/month. In addition to this the City of Stratford has also provided \$65,000 of funding to be put toward persons who are homeless or at risk of being homeless within our MIH program.
- Modernization funding of \$74,000 will help to offset our mobile connectivity and will be applied to upgrade ambulance software and infrastructure to enable the ambulances to connect directly with dispatch.
- Shared Modernization funding of \$150,000 led by the County of Oxford to review Elgin, Oxford and Perth County deployment strategies.
- Modernization funding of \$14,000 to augment the MIH program.