



Introduction

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, is the age group between 55 and 59 years old, and the least populated age group is between 80 and 84 years old”² which will impact our call volume over the years to come.

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 both full and part-time paramedics and Teamsters Local 879 covers paramedic supervisors identified as Commanders. PCPS collaborates with staff in Human Resources, Finance, Information Technology, Emergency Management, Facilities and Roads Divisions and occasionally with Planning and Clerks 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 2022 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 physical or psychological care they need. This program parallels the provincial approach to emergency health services modernization and the ongoing response and transition activities related to the COVID-19 pandemic.

A primary focus of Paramedic Services is twofold; to focus on executing projects started during 2022 and to focus on operational efficiencies and programs that were delayed due to COVID-19 responses.

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

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>



Paramedic Services Division

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 pressures of being a paramedic during the pandemic is real. Our paramedics, their professionalism, resilience, and ongoing commitment to the community are to be commended.

Paramedic Service Modernization: According to the provincial government “the [Emergency Health Services] (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 the 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

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*. During 2022 PCPS implemented an upgrade in communications with the dispatch centre. CadLink software allows us to receive information directly from the communications centre. This information helps paramedics to navigate more effectively to calls and provides call details in real time. PCPS continues to build existing and 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 programing.

Mobile Integrated Health (MIH): 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 enhances the delivery of community and health care services to patients by the way of a MIH 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

³ Ontario Health

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



to work under the scope of the pandemic with an intent to improve the wellbeing of patients, identify vulnerable or at-risk persons, and address the physical or psychological health needs of our persons residing in our community.⁴ Our primary funder is the Ministry of Long-Term Care. Other supporters include Ontario Health and Stratford Social Services continues to support these efforts.

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 homes or be directly admitted to hospice without the direct involvement of the emergency department. During December of 2022 PCPS implemented the first phase of this program that allows paramedics to directly transport persons to a hospice instead of the emergency department. A future phase will include exploring how our MIH team can support persons in home in urgent situations avoiding an emergency department visit.

Key Customers and Stakeholders

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 2020-2022, 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 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:

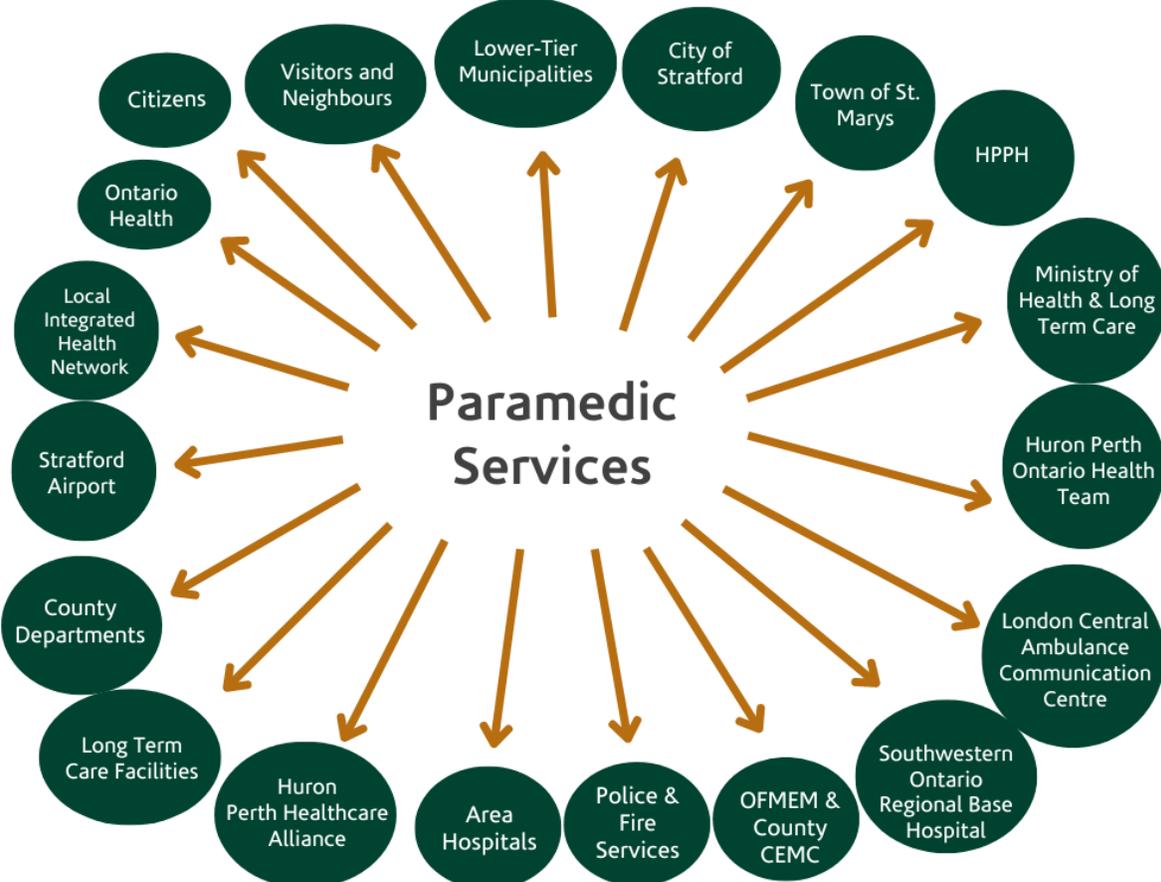
- Citizens
- Visitors and neighbours
- Municipalities of North Perth, West Perth and Townships of Perth East, and Perth South,
- City of Stratford
- Town of St Mary's
- Ministry of Health and Long-Term Care (MIHLOTC)
- Huron Perth Ontario Health Team (OHT)
- London Central Ambulance Communication Centre (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

⁴ Report to Council September 3, 3030 – Paramedic Services



Paramedic Services Division

- 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 and Ontario Provincial Police



Core Business 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 response
- Population health
- Management of Resource Deployment (paramedics, ambulances, emergency response trailer, sled, Central Ambulance Communications Centre)



Paramedic Services Division

- Multi Casualty Response
- Public Access Defibrillator (PAD)
- 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
- 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
- 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



Key Linkages with Strategic Plan and Achievements of the 2022 Program

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

GOAL 1: Growth and Economic Development

PCPS operations and programs impact 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.

GOAL 2: Regionalization and Service Effectiveness

PCPS provides a regional service to our community. During 2022 PCPS continued 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 the 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 continued 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 2022 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. The following goals achieved during 2022 include, and are not limited to:

- CadLink Implementation & reported back to Ministry
- Recruitment of Paramedics during COVID-19
- Recruitment of Commander – Ian Brown
- Recruitment of Logistics and support personnel – Mike Grosz
- Recruitment of 3 FT MIH paramedics
- Annual re-certification of paramedics with Base Hospital
- MIH Manager hired to move our program forward – Debbie Hunter
- MIH program coordinator hired – Jana-Lee Jones
- Point of Care Testing introduced to the MIH team
- ID Now (Molecular testing strategy implemented) to keep paramedics at work, but also used by MIH
- Peer support team training continues with Breakwater
- Peer support application – purchased for staff to have easier connection to mental health resourcing or help if required



- Peer support collaboration – attended meetings with other like-services to strategize how to improve mental health of paramedics across Ontario
- PPE changes managed during COVID-19
- Omnicom strategy developed and implemented
- Alternate Destination Program Implementation (Dec 1st)
- Audit and Pt. Care Documentation refresh for staff and supervisors (improving feedback loops to staff)
- Ministry of Health review service certification completed – license renewed
- Key Performance Indicators refreshed and applied to review/council updates
- CUPE Collective bargaining and agreement
- Project Plan Process implemented Q4
- Response Time Performance Plan Renew – and Investigation completed
- Commanders Harvard Biz Review Program
- Ministry of Health LTC (5 million) & Ontario Health (.5 million) Funding streams extended for MIH at 100% cost recovery
- Directive 6 implementation ensuring safety of personnel in the workplace repealed
- Powerload Styrker stretcher fleet expanded by two units
- 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
- Communication templates/planning updated
- Key performance indicators reviewed at senior team meetings
- Social media Twitter and Facebook PCPS sites continued
- MIH/Pandemic standard operating procedures developed and implemented
- Monitored violence against paramedics with the health and safety committee
- Two ambulances ordered to be delivered in 2023
- Worked with fire services to develop a new version of a tired response agreement
- Reviewed purchasing in collaboration with Medavie Health. Awaiting finalization of an RFP in order to bring recommendations forward.

Major Initiatives for 2023

Response to COVID-19

- Major focus for 2023 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 and open-shifts

Recovery from COVID-19

- Review and capture recommendations regarding pandemic planning for the future
 - Work with Emergency Management to develop a transition plan for Paramedic Services. Carryover from 2022 due to ongoing COVID-19 response.

Mobile Integrated Health

- Manage MIH program and administrative funds related to the Long-Term Care Community Paramedic and OH MIH Programs
- Report on annual activities at MSSC
- Refresh business plan for 2023-2025 that considers specific MIH principles

Customer Satisfaction Feedback

- Paramedic services user survey developed for operations. While MIH has a survey, PCPS will continue on developing new ways to receive feedback from users during 2023.
- Continue bi-annual reporting for paramedic statistics to be presented at council. Annual report from 2022, and mid-year report for 2023.

Deployment and Resource Planning

- Implement a formal working group from the Modernization Funded joint service deployment review.
- Make recommendations and implement changes as required.
- Finalize the Tiered Response Agreements with local fire services.
- Commence pre-work to review scope of Care & Master Planning

Paramedic Services Procurement Review

- Implement savings leveraging Medavie pricing on consumable and capital purchases (ongoing)

Fleet Services Review and Purchases

- Replacement of two (2) ambulances *pre-approved by Council during 2022*
- Receive (1) pick up command vehicle
- Maintain holding back one (1) ambulance for operational support (4) spares in total

AED Program Review and Purchase

- Conduct review of AED program and contracts carry over from 2022 – with new logistics personnel in place
- Purchase replacement AEDs as required (carry over from 2021)



Paramedic Wellness

- Peer support ongoing training and operations
- Peer support app – renew or replace
- Review and recommendations of the employee return to work program.

Information Technology Refresh

- Report back on modernization funding September 2023 with annual dataset.
- Debrief issues with vendor incident and review efficacy of patient care records program
- First Watch – data analytics
- Additional resources as required

Training, Leadership and Engagement

- Leadership development commanders ongoing (year 2)
- Leadership development – frontline opportunities, create learning opportunities as they become available
- Succession planning through learning pathways (ongoing)
- Implement a new Paramedic Advisory Committee to inform decision making at the Chief level
- Additional hours for paramedic wellness and toolbox training

Labour Relations

- Teamsters collective agreement negotiations
- Employee recognition program renewal

Standard Operating Procedure (SOP) and Processes

- Finish the review of the SOP manual and implement ongoing review cycle
- Identify and review processes as required
- Update KPI dashboard

Major Initiatives forecasted for 2024-2025

Response and recovery COVID-19

- 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

- Revise MIH plan annually
- Formalize external funding where possible
- Measure outcomes of the program
- Remain nimble to react to community needs and focus on longer-term funding opportunities



Customer Satisfaction Feedback

- Report ongoing outcomes

Deployment and Resource Planning

- Review plan annually and adjust as required
- Tiered response review during council term
- Scope review
- Master plan
- Plan to perform a comprehensive deployment plan review in 2025

Paramedic Services Procurement Review

- Savings leveraging Medavie pricing on consumable and capital purchases as applicable

AED Program Review and Purchase

- Maintain updated version of the AED program

Information Technology Refresh

- Environmental scan of IT requirements impacting ambulance services on an annual basis
- Firstwatch data
- Review electronic patient care records contract

Training

- Paramedic wellness
- Paramedic practice
- Leadership development
- Succession planning
- Technology as required

Ambulance Service Review

- Ambulance Service Review 2024

Standard Operating Procedure (SOP) and Processes

- Review SOP manual and develop a new ongoing review cycle
- Identify and review processes as required
- Revise KPI dashboard
- QA program document refresh

Major Initiatives for 2023

This section of the report highlights new areas of consideration that will translate into strategic investments helping us to work toward future goals as a paramedic service.



Deployment Planning

Area of Focus: Managing forecasted call volume growth during 2023 and over the next several years. In accordance to the [Joint Municipal Paramedic Service Deployment Review \(JS DR\)](#) over the next ten years to increase from 10,000 to over 17,000 calls to patients (page 49). The same report predicted there to be 9,929 calls during 2022. PCPS forecasts over 10,000 call this year ahead of schedule. Over the next several years PCPS will need to make investments into the system that include both capital and operational expansions. The forecast considers population growth projections, age of patients, additional long-term care beds, among other similar factors.

Strategy/Action:

During 2023 the proposed strategy is to add 24 weekly hours ambulance hours to increase capacity during peak utilization hours. This recommendation is reflected on [page 142 of the Joint Municipal Service Review](#) as recommendation #6. The intent is to stay ahead of the curve and will help to provide capacity in the event of surge activity, manage hospital closures or other system pressures such as last-minute sick time use.

Future changes may result in the recommendation to operate with a peak-time ambulance. This would result in the need to invest in capital infrastructures 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.

Monitoring system performance is captured during each year. Reports that highlight current deployment information include the [Ministry of Health Response Time Performance Plan Annual](#) and PCPS's mid-year bi-annual update [Municipal Shared Services Committee – Perth Paramedic Services September 2022](#).

Current ambulance transport units are located as follows:

- **Stratford** 3 X 24/7 transport units
- **St. Marys** 1 X 24/7 transport unit
- **Milverton**
 - **Current:** 1 X 24/7 transport unit, and one 9/4, 8/3 peak hours transport unit (Monday – Sunday unit)
 - **Proposed:** 1X 24/7 transport unit, and 1X 12/7 (Listowel)
- **Mitchell** 1 X 24/7 transport unit
- **Listowel** 1 X 24/7 transport unit

Scope of Paramedic Practice

Area of Focus: *Customer Excellence and Scope of Practice.* During 2022 the Province announced that it will require paramedic services to carry an additional series of new medications. The core medications include Dexamethasone (steroid-breathing), Oxytocin (Post birth hemorrhage) and Ondansetron (anti-nausea).

Strategy/Action: These new required medications are within the scope of primary care paramedics as deployed in the County. This mandatory addition of medications requires training of paramedics and purchasing medications as required.



Currently the County deploys Primary Care and Community Paramedics. Other regions of the province deploy Advanced Care Paramedics. A review of the scope of care available within the County would be worth undertaking in the future in order to explore where maximizing patient care could ensure service excellence.

Employee Engagement and Mental Health Strategies

Area of Focus: *Employee engagement and mental health.* Supported employees help us to deliver the best care we can in the community. The pandemic has been stressful in addition to a stressful job. Our paramedics are exposed to a lot of trauma every year. Having the tools to maintain mental wellness help to keep our responders happy. In addition to this actively seeking input into the work environment can improve employee satisfaction. During 2023 PCPS proposes to work toward providing more tools and also engaging the workforce in new ways.

Strategy/Action: Seek out and implement a program that will be funded through our benefits budget line. Employees will be provided education up to 4 hours to build their resiliency skills. Our peer support team will continue with their annual training through Breakwater. Based on previous successes we will add an additional day of training. A paramedic advisory committee will help to bring the frontline paramedics voice to decision making through the Chief's office.

What changes will impact program delivery in the future? (risks and 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 offload delays
- County Council / Policy Decisions
- Evolving Hazards (Opioid Crisis, Influenza, Pandemic, Terrorism)
- Aging workforce, succession planning for PCPS
- Service levels of neighboring municipalities
- Presumptive legislation
 - Expanding medical protocols, treatment options for paramedics
- Proposed MOH changes to the Ambulance Act (revised treat and released program)



Program Delivery Plan

Staffing and Deployment Planning

Current 2022 Status	Proposed 2023 Status
1 Chief Paramedic Services (Medavie Employee)	No change
1 Deputy Chief, Operations	No change
1 Deputy Chief, Program Development	No Change
1 Administrative Clerk	No Change
1 Assistant Deputy Chief	No Change
4 Commanders	No Change
6-9 Acting / Part-time commanders (backfill commanders when off work)	Personnel may vary based on operational demand
1 Logistics Coordinator	No change
1 MIH/Community Programs Supervisor / Manager	No change
1 MIH/Community Programs Program Assistant	No change
67,392 Service Hours (Frontline ambulance)	Increased by 24 weekly hours. This is equivalent to 1,248 hrs to 68,640 Service Hours (frontline ambulance) annually
58 FTE Paramedics + 1 FTE MIH Paramedic Additional 2.0 FTE increasing our staffing hours from 8 or 9 hours 7/days a week to 12 hrs each day.	Increase of 2 FTE to a total 61 FTE paramedics.
6 Temporary Full-Time MIH community paramedics (contingent on LTC funding)	No change
18.4 FTE part-time paramedic hours to 19.63 FTE Part-time hours to backfill full-time paramedics to 1 FTE Field Training Paramedic hours	Increase from 18.4 to 19.63 FTE part-time hours No Change

Financial Allocation:

1. Additional Resource Hours 8/9hrs to 12 hours daily. PCPS will invest 2 FT personnel (see financials).
2. Addition of medications. PCPS has added \$7,500 annually to the budget in order to fund the new medications required by the Ministry. In addition to this we will be conducting training for all of our paramedics and is included in the FTE budget line.



3. FTE hour adjustment from 18.39 in 2022 to 19.63 in 2023 (see financials). The investment will address the following:
 - Mental health training for paramedics up to 4 hours.
 - Peer support training from 3 to 4 days per team member.
 - Monthly Commander meetings.
 - Adjustment of backfill / vacation hours based on annual forecasting.
 - Overtime, shift overrun, upstaffing or other similar operational events.
4. WSIB Costs. The WSIB reserve will help to fund the forecasted deficit in 2022 of approximately \$280,000.
5. Collective Bargaining Costs as discussed previously have created an increase in the budget for 2023.
6. Capital purchases will require the purchase of 2 ambulances which due to inflation have increased by \$60,000 annually. The December 1, 2022 Council report addresses this increase.