Under Pressure:

A Statistical Report on Paramedic Services in Ontario

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ABOUT CUPE

The Canadian Union of Public Employees is Canada's largest union, with 700,000 members. CUPE workers take great pride in delivering quality public services in communities across Canada through their work in municipalities, health care, social services, schools, universities, and many other sectors. Nearly 10,000 CUPE members are in the emergency medical services sector, including 5,500 paramedics in Ontario.

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EXECUTIVE SUMMARY

Paramedic services in Ontario are under serious pressure. Demand for land ambulances is rising and there are growing delays caused by the inability to offload patients at hospitals. As a result, too often, ambulance coverage in Ontario is critically low, putting the health and safety of Ontario residents at risk. Because of funding pressures, municipalities have not responded by increasing scheduled hours for ambulances. Instead, workers are being called upon to miss breaks and work increasing rates of overtime in order to provide desperately needed services.

In 2019, the Canadian Union of Public Employees submitted requests under the Municipal Freedom of Information and Protection of Privacy Act to all 22 local governments in municipalities or regions where CUPE represents ambulance workers. We also submitted a Freedom of Information request to the Ministry of Health and Long-Term Care and looked at publicly available data from the Ministry and from the Ontario Association of Paramedic Chiefs.

The resulting statistical portrait is cause for deep concern. The total volume of emergency calls in Ontario is rising, with the highest rate of growth taking place in the category of calls that demand the most urgent response. The number of times that services are being called on to help each other is also increasing. The number of scheduled hours for ambulances, meanwhile, is not keeping pace with the increasing call volume.

Paramedics are also experiencing increasing delays when it comes to transferring patients to the care of hospitals. Both the number of incidents of offload delay and the amount of time that ambulances are waiting is increasing.

As a result of these two pressures, there are far too many occasions where very few ambulances – or even no ambulances – are available within a service region to respond to emergency calls.

The twin pressures of increasing call volume and offload delays are also having a major impact on the workload of paramedics. The amount of overtime required of paramedics is rising annually. Paramedics are also increasingly being expected to miss breaks in order to provide service.

While paramedics continue to do an amazing job of providing care to Ontarians in challenging circumstances, the situation is clearly taking a toll. There are nearly 2,700 claims for workplace illnesses or injuries annually, and the cost of Workplace Safety and Insurance Board claims is skyrocketing.

It is time for the Ontario government and municipal governments to take this crisis seriously and take immediate steps to ensure that emergency medical services are there when people need them, without making our paramedics ill or injured through overwork. We recommend four actions:

1. The provincial government should increase funding for emergency medical services.
2. The provincial government should increase funding for hospitals and public health programs.
3. Municipal governments should take a strategic approach to planning emergency medical services.
4. The provincial government should require municipalities to collect and provide regular disclosure of information on emergency medical services.

INTRODUCTION

Paramedic services in Ontario are under serious pressure. Demand for land ambulances is rising and there are growing delays caused by the inability to offload patients at hospitals. The result is that too often, ambulance coverage in Ontario is critically low, putting the health and safety of Ontario residents at risk. Because of funding pressures, municipalities have not responded by increasing scheduled hours for ambulances. Instead, workers are being called upon to miss breaks and work increasing rates of overtime in order to provide desperately needed services. The toll on workers can clearly be seen in rates of workplace illness and injuries.

Emergency medical services in Ontario are a system in crisis. But this crisis is not occurring alone. It reflects government cuts throughout the health care system, including cuts to hospitals and public health programs. The provincial government and municipal governments need to step up and provide the funding and the leadership that are required to ensure that Ontarians get the level of health care they need and deserve.

The Canadian Union of Public Employees (CUPE) represents paramedics at 22 of the 59 land ambulance services in Ontario, representing more than two-thirds of Ontario paramedics.[1] CUPE paramedics have been raising red flags for years that the system is under enormous pressure. To provide a comprehensive statistical portrait of what is happening in this sector, CUPE submitted requests under the Municipal Freedom of Information and Protection of Privacy Act to all 22 local governments where CUPE represents ambulance workers. We also submitted a Freedom of Information request to the Ministry of Health and Long-Term Care and looked at publicly available data on Key Performance Indicators relating to land ambulances on the Ministry website and Service Area Profiles available through the Ontario Association of Paramedic Chiefs.

Our Freedom of Information requests asked for data on a variety of indicators over a three-year period from 2016 to 2018. Only one service – Kenora – denied our request. Another service, Cochrane, partially denied our request. Appeals have been filed with the Information and Privacy Commissioner of Ontario regarding both requests. Other services had gaps in the data that they were able to provide, based on which statistics they actually track.[2]

This report looks at the statistics globally, across the services. For most issues, only services that could provide three full years of data are included for the sake of providing a fair comparison over time.

The picture painted by these statistics is deeply concerning. A growing demand for services that is not being met with additional resources is leading to worrisome trends, including a growing number of occasions when emergency medical services are simply not available. The Ontario government cannot manage its way out of this problem simply by merging services. Emergency medical services need adequate funding or the pressure on the system will increase until it reaches a breaking point.

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1 For more information on the services represented by CUPE, see Appendix A. Note that for reasons of space, throughout the report we refer to each service by its location rather than using the service's full title.

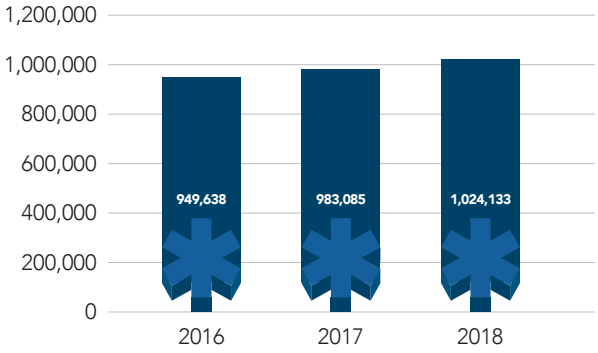
2 For more information on the questions asked and the data provided in response by each service, see Appendices B and C.

1. CALL VOLUME

Demand for emergency services is steadily increasing. In the local service regions we examined, the demand is increasing at a rate faster than the growth of population. From 2016 to 2017, the volume of calls increased 3.5%, compared to population growth of 1.4%. From 2017 to 2018, meanwhile, the volume of calls increased 4.2% compared to population growth of 1.2%.[3]

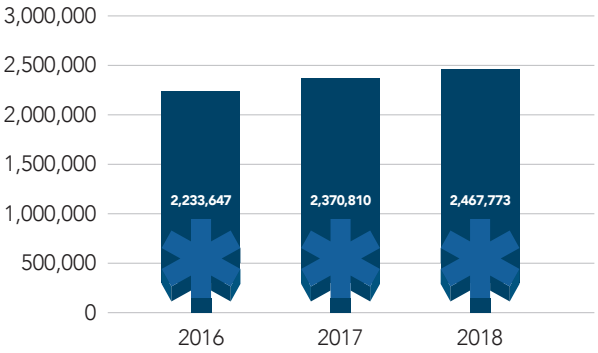
This trend is not unique to these local service regions. Data from the Ministry of Health and Long-Term Care demonstrate that across Ontario, demand is surging faster than the growth in population. From 2016 to 2017, the total volume of calls in Ontario grew 6.1% compared to population growth of 1.4%. From 2017 to 2018, the volume of calls in Ontario increased 4.1% compared to population growth of 1.8%.[5]

Figure 1: Total Call Volume in Regions Represented by CUPE, 2016-2018



Source: Data received through Freedom of Information requests.[4]

Figure 2: Total Call Volume in Ontario, 2016-2018



Source: Data received through Freedom of Information requests.[6]

3 Data received through Freedom of Information requests from Algoma, Cochrane, Cornwall Stormont-Dundas-Glengarry, Durham, Essex-Windsor, Haliburton, Hastings-Quinte, Huron, Lanark, Leeds Grenville, Niagara, Ottawa, Perth, Peterborough, Prescott-Russell, Renfrew, Sudbury, Toronto, Waterloo, and York; and Ontario Ministry of Health and Long-Term Care, "Emergency Health Services: Land Ambulance Key Performance Indicators," http://www.health.gov.on.ca/en/pro/programs/emergency_health/land/default.aspx.

4 Data included from: Algoma, Cochrane, Cornwall Stormont-Dundas-Glengarry, Durham, Essex-Windsor, Haliburton, Hastings-Quinte, Huron, Leeds Grenville, Lanark, Niagara, Ottawa, Perth, Peterborough, Prescott-Russell, Renfrew, Sudbury, Toronto, Waterloo, and York.

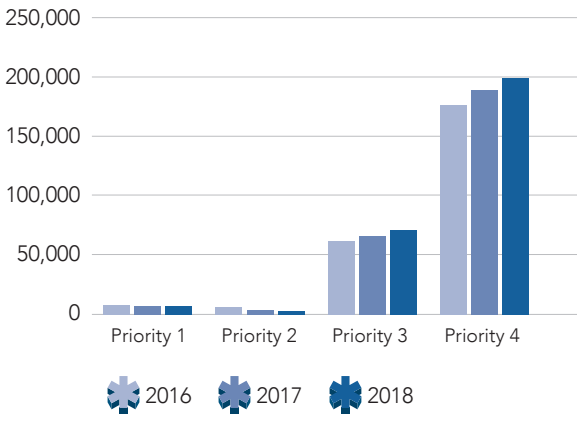
5 Data received through a Freedom of Information request to the Ministry of Health and Long-Term Care; Statistics Canada, "Table 17-10-0005-01, Population Estimates on July 1st, by Age and Sex," https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1710000501.

6 Data included from: Ministry of Health and Long-Term Care.

When calls for emergency services come in, they are assigned a priority level by dispatchers. Priority 4 calls are the most urgent – the kinds of calls that require lights and sirens as an ambulance rushes a patient to the nearest hospital. As the Ministry of Health and Long-Term Care manual says, "The patient is life, limb or function threatened, in immediate danger and time is crucial."[7] Priority 1 calls are considered "deferrable calls": calls that may receive a delayed response without endangering the patient.

When looking at call volume by priority level, we see a clear trend. The increase in calls is occurring in the most urgent categories of Priority 3 and Priority 4, while call volume is actually declining in the less urgent categories of Priority 1 and Priority 2. In fact, call volume for Priority 3 calls increased 6.5% from 2016 to 2017 and another 7.2% from 2017 to 2018, while call volume for Priority 4 calls increased 7.2% in 2017 and another 5.3% in 2018. Excluding calls for an ambulance to stand by (not all services provided information on these calls), Priority 4 calls made up 72% of calls for emergency medical services in 2018.

Figure 3: Call Volume by Priority Level in Regions Represented by CUPE, 2016-2018



Source: Data received through Freedom of Information requests.[8]

Once paramedics have had an opportunity to assess the patient, calls are also assigned a Prehospital Canadian Triage & Acuity Scale code, or CTAS code. These codes designate what type of medical emergency has occurred. For instance, the code SCA refers to Sudden Cardiac Arrest. When a patient is assessed as an SCA, ambulance services are expected to respond very quickly, generally within 6 minutes or less. CTAS Level 1 covers situations where a patient needs resuscitation, or rapid and aggressive intervention, and also requires an urgent response. On the other hand, CTAS Level 5 represents non-urgent calls, such as patients with chronic conditions or patients with minor physical trauma, and services generally have a much longer expected response time, such as 25 minutes, to respond.

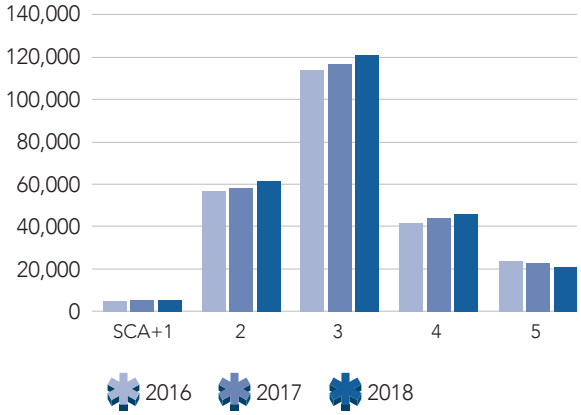
Looking at calls by CTAS codes, we see a very similar pattern: the greatest increase in calls is occurring in the categories that require the most urgent response.

In the local service regions represented by CUPE, calls for Sudden Cardiac Arrests and for CTAS Level 1s increased by 5.9% in 2017, and then increased again by another 2.5% in 2018. Calls for CTAS Level 2s increased by 2.2% in 2017 and by 5.6% in 2018. On the other hand, calls for CTAS Level 5s – the least urgent calls – are actually declining annually.

7 Emergency Health Services Branch, Ministry of Health and Long-Term Care, Ambulance Call Report Completion Manual, Version 3.0, entered into force on April 1, 2017, http://www.health.gov.on.ca/en/pro/programs/emergency_health/docs/ehs_acr_completion_man_v3_en.pdf.

8 Data included from: Cochrane, Cornwall Stormont-Dundas-Glengarry, Durham, Haliburton, Huron, Lanark, Leeds Grenville, Perth, Peterborough, Renfrew, and York.

Figure 4: Call Volume by CTAS Code in Regions Represented by CUPE, 2016-2018

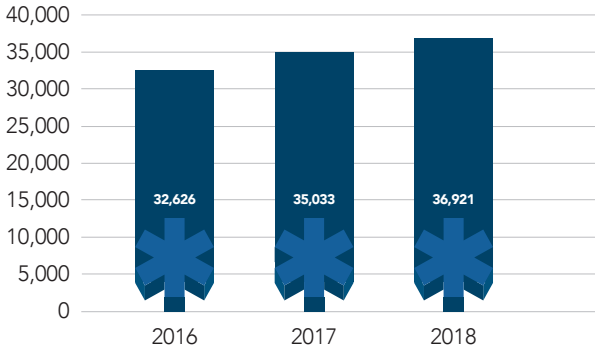


Source: Data received through Freedom of Information requests.[9]

Occasions when services are being called on to help each other are also increasing. The number of times an ambulance from a service CUPE represents was dispatched to a neighbouring service region increased 7.4% from 2016 to 2017 and another 5.4% from 2017 to 2018.

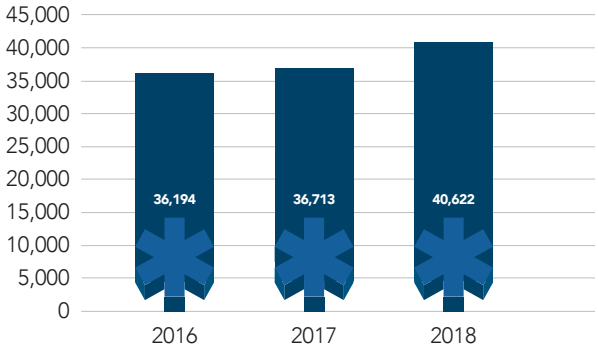
Meanwhile, the number of times that an ambulance had to be dispatched from a neighbouring service region to respond to a call within a CUPE-represented service region increased by 1.4% in 2017 and another 10.7% in 2018.

Figure 5: Ambulances Dispatched from Regions Represented by CUPE to Calls from Other Services, 2016-2018



Source: Data received through Freedom of Information requests.[10]

Figure 6: Ambulances Dispatched from Neighbouring Services to Regions Represented by CUPE, 2016-2018



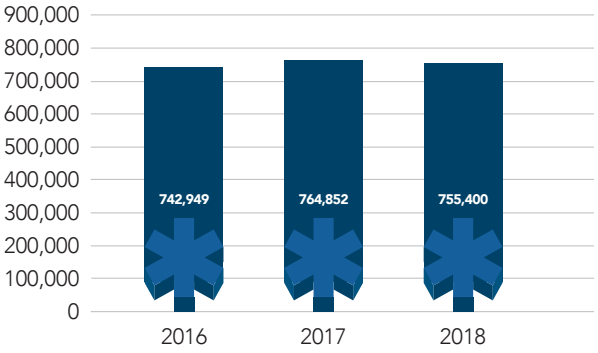
Source: Data received through Freedom of Information requests.[11]

9 Data included from: Algoma, Cochrane, Cornwall Stormont-Dundas-Glengarry, Essex-Windsor, Haliburton, Huron, Leeds Grenville, Ottawa, Prescott-Russell, Rainy River, Sudbury, and Waterloo.
10 Data received from the Ministry of Health and Long-Term care. Data includes all CUPE-represented services.
11 Data received from the Ministry of Health and Long-Term care. Data includes all CUPE-represented services.

2. SCHEDULED HOURS

The number of scheduled hours for ambulances, meanwhile, is not keeping pace with the increasing call volume. Among those services for whom three years of data was available, scheduled hours remained roughly the same, despite the significant increase in calls.

Figure 7: Total Scheduled Hours for Emergency Response Vehicles in Regions Represented by CUPE, 2016-2018



Source: Data received through Freedom of Information requests; Ontario Association of Paramedic Chiefs.[12]

12 Data from Freedom of Information requests included from: Durham, Ottawa, and Waterloo. Data for Leeds Grenville from Ontario Association of Paramedic Chiefs, "Service Area Profile," https://www.oapc.ca/service-profile/.

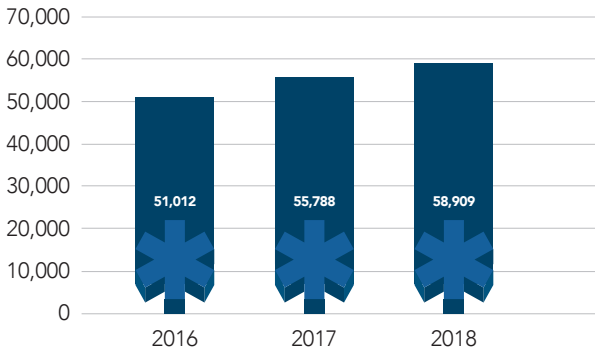
3. OFFLOAD DELAYS

The pressure on emergency medical services is not just coming from an increased volume in calls; it is also coming from an increase in offload delays. An ambulance offload delay occurs when paramedics are unable to hand over care of a patient to hospital staff, usually because hospital staff are busy dealing with an overcrowded Emergency Department.

Four services reported statistics on the number of offload incidents between 2016 and 2018. Between 2016 and 2017, the number of incidents increased 9.3%; between 2017 and 2018, they increased another 5.6%.

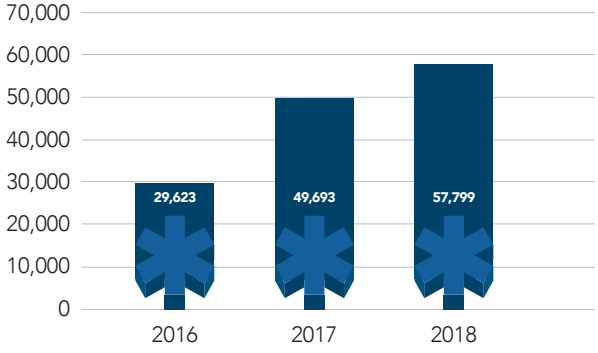
Seven services reported the total amount of time lost by ambulances and paramedics to offload delays – calculated as the amount of time spent waiting at a hospital after 30 minutes had passed. The amount of time lost to such incidents has increased dramatically: a 67.8% increase from 2016 to 2017 and another 16.3% increase from 2017 to 2018. At just these seven services, nearly 58,000 hours are being lost annually because ambulances can't transfer patients into hospital care.

Figure 8: Total Offload Delay Incidents in Regions Represented by CUPE, 2016-2018



Source: Data received through Freedom of Information requests.[13]

Figure 9: Total Time Lost (Hours) to Offload Delays in Regions Represented by CUPE, 2016-2018



Source: Data received through Freedom of Information requests.[14]

13 Data included from: Essex-Windsor, Leeds Grenville, Perth, and Waterloo.
14 Data included from: Algoma, Essex-Windsor, Haliburton, Niagara, Perth, Peterborough, and Waterloo.

4. AMBULANCE COVERAGE

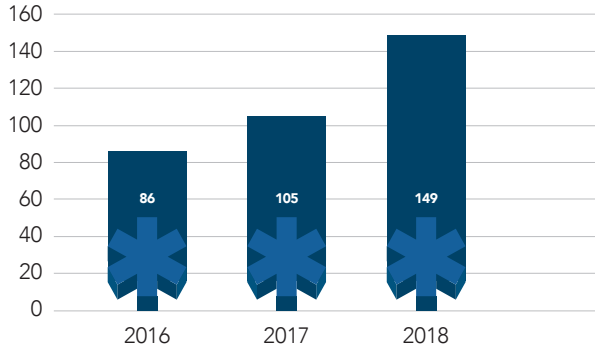
Between the competing pressures of a rising volume of calls and the increase in offload delays at hospitals, ambulance coverage is becoming a serious concern.

Instances when ambulance availability reaches critically low levels are known by different terms across the sector. Sometimes they are called Code Yellow (for significantly reduced availability) and Code Red or Code Black (depending on the service, no ambulance or one ambulance available). Other times they are known as Code Zero or Level Zero (no ambulances available). But what is clear is that by any name, there are far too many instances to fully ensure the health and safety of Ontarians.

In 2018, among the six services that provided information, there were 2,409 reported occasions when ambulance coverage was critical. Of these, 1,062 were instances of highly critical levels of coverage – with one or no ambulances available in a service region. However, this figure underestimates the total number of incidents, as two services only reported on part of the year and one service only reported on ambulance coverage at night.[15]

The amount of time with highly critical levels of coverage is increasing. Among the four services that provided data over three years, the total number of hours of highly critical coverage increased 21.7% from 2016 to 2017 and another 42% from 2017 to 2018.

Figure 10: Total Time (Hours) with Highly Critical Levels of Ambulance Coverage in Regions Represented by CUPE, 2016-2018



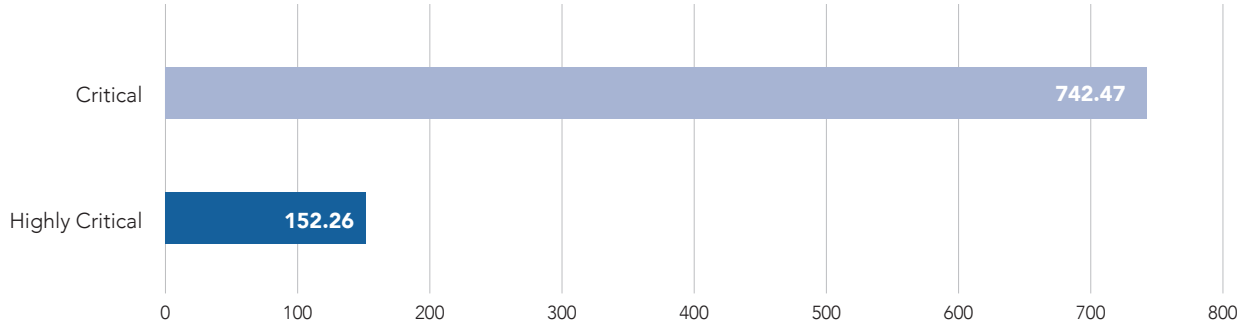
Source: Data received through Freedom of Information requests.[16]

Overall, among the five services that provided us data on the amount of time when a Code relating to critical levels of coverage was in place in 2018, there was a total of 742 hours and 47 minutes when coverage was critical, which is the equivalent of 30 days and 22 hours in total.

15 Data included from: Haliburton, Huron, Lanark, Perth, Sudbury, and Waterloo.
16 Data included from: Algoma, Huron, Peterborough, and Waterloo.

Of this, there were 152 hours and 26 minutes where coverage was highly critical, with only one or, in some cases, no ambulances available in a service region. That works out to more than 6 days in total that some part of Ontario had extremely critical levels of ambulance coverage. And this is just for five services out of 59. The real total is likely much higher, based on media coverage of Code Zeros in other service regions.

Figure 11: Total Time (Hours) with Critical Levels of Ambulance Coverage in Regions Represented by CUPE, 2018



Source: Data received through Freedom of Information requests.[17]

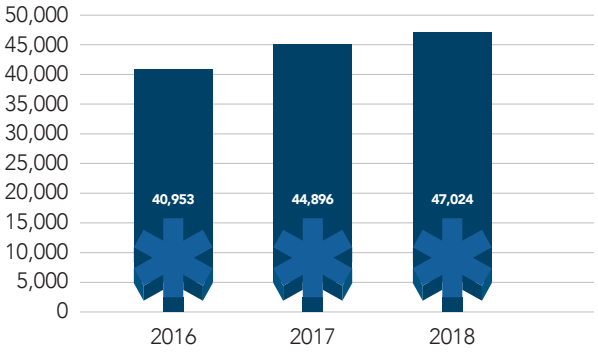
17 Data included from: Algoma, Huron, Peterborough, Waterloo, and Sudbury.

5. WORKLOAD

The twin pressures of increasing call volume and offload delays are also having a major impact on the workload of paramedics.

The amount of overtime required of paramedics is increasing. From 2016 to 2017, the number of overtime hours worked by paramedics at just five services increased 9.6%. From 2017 to 2018, it increased another 4.7%.

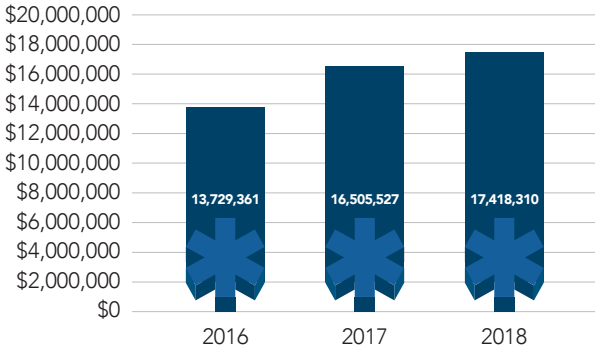
Figure 12: Total Overtime (Hours) in Regions Represented by CUPE, 2016-2018



Source: Data received through Freedom of Information requests.[18]

Overall, the increase in overtime can be seen in the cost of overtime to the local ambulance services, which was $17.4 million in 2018. This was an increase of 5.5% compared to 2017. Between 2016 and 2017, the cost of overtime increased 20.2%.

Figure 13: Total Overtime Cost in Regions Represented by CUPE, 2016-2018

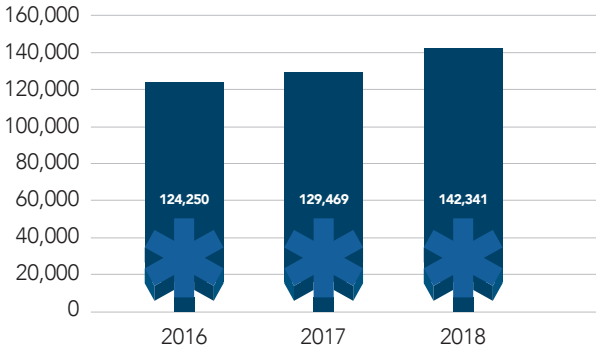


Source: Data received through Freedom of Information requests.[19]

18 Data included from: Perth, Rainy River, Renfrew, Sudbury, and Waterloo.
19 Data included from: Algoma, Cochrane, Cornwall Stormont-Dundas-Glengarry, Durham, Essex-Windsor, Haliburton, Hastings-Quinte, Huron, Lanark, Leeds Grenville, Niagara, Ottawa, Peterborough, Prescott-Russell, Rainy River, Sudbury, Toronto, Waterloo, and York.

Paramedics are also increasingly being expected to miss breaks in order to provide service, whether it's waiting at a hospital to offload a patient or rushing off to respond to another call immediately after finishing one. At just ten services, there were nearly 143,000 instances of missed breaks in 2018, an increase of 9.9% compared to 2017.

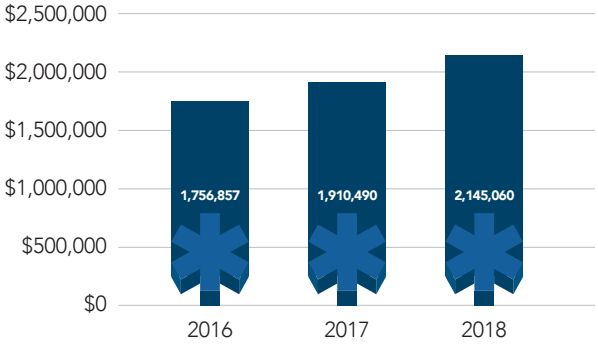
Figure 14: Total Missed Meal Breaks (Occurrences) in Regions Represented by CUPE, 2016-2018



Source: Data received through Freedom of Information requests.[20]

The growing number of missed breaks can also be seen in the cost to services, which end up reimbursing paramedics for the missed break. The cost of missed meal breaks increased by 8.7% from 2016 to 2017 and by 12.3% between 2017 and 2018, reaching more than $2.1 million at 12 services.

Figure 15: Total Cost of Missed Meal Breaks in Regions Represented by CUPE, 2016-2018



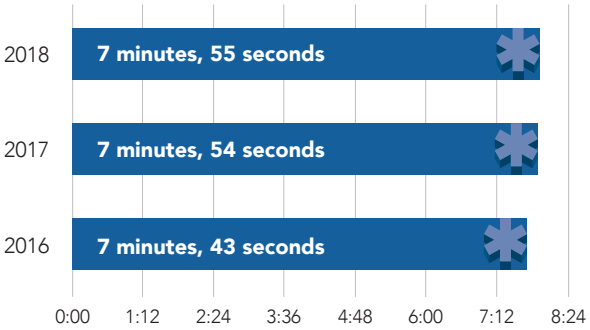
Source: Data received through Freedom of Information requests.[21]

20 Data included from: Algoma, Essex-Windsor, Haliburton, Leeds Grenville, Niagara, Renfrew, Sudbury, Toronto, Waterloo, and York.
21 Data included from: Algoma, Cornwall Stormont-Dundas-Glengarry, Essex-Windsor, Haliburton, Lanark, Leeds Grenville, Niagara, Renfrew, Sudbury, Toronto, Waterloo, and York.

6. THE IMPACT ON WORKERS

In very difficult circumstances, paramedics continue to do an amazing job of providing care to Ontarians. Despite the increase in call volume and the increase in incidents of critical coverage, the average response time to emergency calls has only increased by 12 seconds over the past three years. Meanwhile, the number of instances where performance targets have been missed remains low and has actually declined since 2016.[22]

Figure 16: Average Call Response Time in Regions Represented by CUPE, 2016-2018



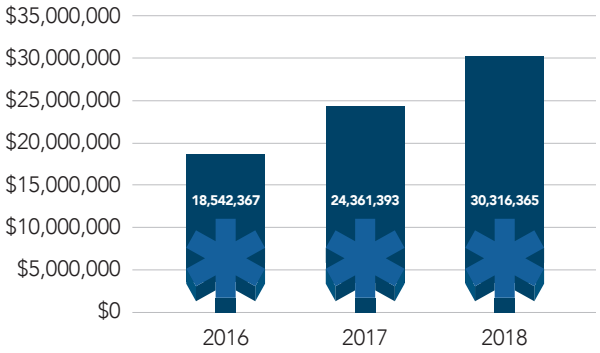
Source: Ministry of Health and Long Term Care, Key Performance Indicators for Ambulances.[23]

But the impact on workers of meeting these targets and responding to this volume of calls, while dealing with an increase in the urgency of calls and a rise in the number of offload delays, and also working a growing number of overtime hours while missing work breaks is very clear.

The number of Workplace Safety and Insurance Board claims, addressing workplace accidents and work-related injuries and illnesses, is very high among paramedics. At just 16 services, there are nearly 2,700 WSIB claims annually.[24] The toll can be clearly seen in the amount services are paying for WSIB (claims and administration), which is skyrocketing, increasing 31.4% in 2017 and another 24.4% in 2018. The total cost for WSIB in 2018 for just 16 services was more than $30.3 million.

22 Ontario Ministry of Health and Long-Term Care, "Emergency Health Services: Land Ambulance Key Performance Indicators," http://www.health.gov.on.ca/en/pro/programs/emergency_health/land/default.aspx. Data includes all CUPE-represented services.
23 Ontario Ministry of Health and Long-Term Care, "Emergency Health Services: Land Ambulance Key Performance Indicators," http://www.health.gov.on.ca/en/pro/programs/emergency_health/land/default.aspx. Data includes all CUPE-represented services.
24 Data included from; Algoma, Cornwall Stormont-Dundas-Glengarry, Durham, Essex-Windsor, Haliburton, Hastings-Quinte, Huron, Lanark, Leeds Grenville, Niagara, Ottawa, Peterborough, Rainy River, Renfrew, Toronto, and Waterloo.
25 Data included from: Algoma, Cornwall Stormont-Dundas-Glengarry, Durham, Essex-Windsor, Hastings-Quinte, Huron, Leeds Grenville, Niagara, Ottawa, Peterborough, Prescott-Russell, Rainy River, Sudbury, Toronto, Waterloo, and York.

Figure 17: Annual WSIB Cost in Regions Represented by CUPE, 2016-2018



Source: Data received through Freedom of Information requests.[25]

Paramedics describe situations where they are forced to rush to provide patient care, causing strain or physical injury, as well as the toll taken on mental health by long hours and difficult scenarios. For instance, paramedics in Ottawa told CBC News of a recent incident where it took three hours to be able to free up an ambulance to respond to a call from a cancer patient who had spiked a fever. By the time paramedics arrived, the patient was septic and "barely lucid." They still don't know whether the delay cost the patient his life.[26]

26 Laura Osman, "'People are dying: Life and death at level zero," CBC News, October 21, 2019, https://www.cbc.ca/news/canada/ottawa/level-zero-paramedic-1.5316802.

CONCLUSION

It is clear that the situation cannot continue. Emergency medical services in Ontario are under enormous pressure, putting public safety at risk, and compromising the health and safety of paramedics. The system is strained to the breaking point.

The Ontario government and municipal governments need to take this crisis seriously and take immediate steps to ensure that emergency medical services are there when people need them, without making our paramedics ill or injured through overwork.

The population of Ontario is growing and it is aging. The number of emergency calls is increasing every year, and it is the most urgent calls that are rising the fastest. It is unreasonable to think that the same number of ambulances, the same number of paramedics, and the same level of funding, even if it is adjusted for inflation, is going to provide adequate service year after year.

The provincial government has backed down on their initial threat to freeze paramedic budgets this year, but a 4% increase is still not enough to deal with a system in crisis. Simply amalgamating paramedic services, as was hinted at in the provincial budget, will do nothing to address the real problem of inadequate resources and won't take the pressure off a system that is strained to the breaking point.

Provincial cuts in other areas are also having an impact on emergency services and will continue to drive the system deeper into crisis. One of the reasons for the growth in critically low levels of ambulance coverage is the inability to offload patients at hospitals. But the delay in offloading patients is increasing because Emergency Departments are packed and Emergency Departments are packed because hospitals are packed. Failure to adequately fund one part of the health care system has a downstream effect on other parts of the health care system. And without appropriate levels of hospital funding, paramedics will keep waiting to offload patients at hospitals, keeping ambulances that could be returning to service sitting and waiting.

The Ontario government is also cutting funding for public health and important programs like children's nutrition programs, vaccination programs, and water quality testing.[27] These cuts could lead to a situation where timely health care is not being provided before an illness or injury becomes an emergency, as well as increasing the risk that pandemics are not quickly identified and contained, thereby creating more situations where emergency medical services are required.

26 Mike Crawley, "Ford government to merge ambulance services across Ontario," CBC News, April 16, 2019, https://www.cbc.ca/news/canada/toronto/doug-ford-ambulance-paramedic-merger-emergency-health-1.5099773.

27 CBC News, "Critics call it 'shortsighted' and 'wrong', but Ontario government moving forward with municipal funding cuts," August 19, 2019, https://www.cbc.ca/news/canada/toronto/ont-municipal-funding-1.5251772.

Municipalities also need to take a leadership role in approaching emergency medical services strategically, rather than leaving paramedics racing from one emergency to the next. Municipalities should be working to expand community paramedicine to defer calls and address offload delay issues. They also need to fully assess the demand for services and ensure there are adequate vehicles and teams on the road to address the volume of emergencies.

These are important and necessary steps that should be taken immediately to improve services to Ontarians and ensure that the emergency medical care they need is available when they need it. But there remain significant gaps in what we know. Many of the services replied to our Freedom of Information requests by saying that they don't collect statistics in these areas. But when information isn't being collected and tracked, then how do we know when there is a problem and how can we identify what needs to change?

Among services who track instances of critically low coverage, do we know what the outcomes are for patients? For the remaining services, if they're not tracking levels of coverage, then how can they know if they are endangering lives with a lack of emergency medical services? If we don't know how long ambulances are waiting at hospitals to offload patients, then how can we know what the appropriate solution is to address low levels of coverage? If we don't know how often ambulances are being sent to calls outside of their service region, then how do we know what the real demands for a service are and what the real availability of ambulances is?

We need mandatory collection and disclosure of data so that Ontarians can truly understand what is happening with the system and hold their governments accountable.

RECOMMENDATIONS:

1. **The provincial government should increase funding for emergency medical services**. Funding needs to keep pace with the growing demand for emergency medical services and with the reality that the highest growth is taking place in the category of the most urgent calls.

2. **The provincial government should increase funding for hospitals and public health programs**. Funding cuts to other parts of the health care system are driving the need for emergency medical services and making it more difficult for paramedics to provide timely care. The provincial government should recognize our health care system as an interconnected system and adequately invest in all parts of the system to stop creating crises across the system.

3. **Municipal governments should take a strategic approach to planning emergency medical services.** Expecting paramedics to simply run from emergency to emergency as demand grows, public health programs are cut, and hospitals are overcrowded, is simply not realistic. Municipal governments should expand prevention services such as community paramedicine programs, address offload delays at local hospitals, and provide the resources required to meet growing demand for emergency medical services.

4. **The provincial government should require municipalities to collect and provide regular disclosure of information on emergency medical services, including call volume, calls from neighbouring services, scheduled hours of operation, actual hours of operation, offload delays, and critical levels of coverage.** Having accurate data is essential to ensuring that the system is providing the best possible care to Ontarians, while protecting the health and safety of workers in the sector. It would also allow local residents to hold governments accountable for the state of emergency medical services in their region.

APPENDIX A:

PARAMEDIC SERVICES IN ONTARIO REPRESENTED BY CUPE

CUPE Local	Employer	MFIPPA Request Respondent
3631	Algoma District Paramedic Services	Algoma District Services Administration Board
4705	City of Greater Sudbury Paramedic Services	City of Greater Sudbury
1484	Cochrane District Emergency Medical Services	Cochrane District Social Services Administration Board
5734	Cornwall Stormont-Dundas-Glengarry Paramedic Services	City of Cornwall
2974	Essex-Windsor Emergency Medical Services	County of Essex
4698	County of Renfrew Paramedic Service	County of Renfrew
4435	Haliburton County Paramedic Service	Haliburton County Paramedic Service
1842	Hastings-Quinte Paramedic Service	Hastings County
4513	Huron County Paramedic Services	Huron County
5911	Kenora District Services Board, North West Emergency Medical Services	Kenora District Services Board
4480	Lanark County Paramedic Services	Almonte General Hospital
4440	Leeds Grenville Paramedic Service	United Counties of Leeds and Grenville
911	Niagara Emergency Medical Services	Regional Municipality of Niagara
503	Ottawa Paramedic Service	City of Ottawa
4514	Perth County Paramedic Services	Perth County Department of Corporate Services
4911	Peterborough County-City Paramedics	Peterborough County-City Paramedics
7911	Prescott-Russell Paramedic Service	United Counties of Prescott & Russell
4807	Rainy River District Paramedic Services	Rainy River District Social Services Administration Board
1764	Region of Durham Paramedic Services	Regional Municipality of Durham
5191	Region of Waterloo Paramedic Services	Regional Municipality of Waterloo
416	Toronto Paramedic Services	City of Toronto
905	York Region Paramedic Services	Regional Municipality of York

APPENDIX B:

FREEDOM OF INFORMATION QUESTIONS

A request for data in the following areas was submitted using the *Municipal Freedom of Information Act* to all EMS services represented by CUPE in Ontario. All data was requested for the years 2016-2018.
1.a. Total call volume
1.b. Call volume disaggregated by severity (for example CTAS 1, CTAS 2, CTAS 3, and CTAS 4).
2.a. Total number of vehicles available.
2.b. Hours of use for available vehicles.
3. The maintenance schedule for vehicles.
4. Data on standby or offload delay to hospital.
5. Data on how often ambulances are not available for calls or the service is at a critical level.
6. Data on missed meal breaks, by number of incidents and by dollar amount the service has paid out for missed meals.
7. The annual costs of overtime.
8. The number of annual WSIB claims and related costs to the service.
9. Data on calls dispatched to neighbouring paramedic services.
10. Data on number of patients served by community paramedicine programs, the number of staff assigned, hours worked, and any available patient demographic and health data.
In addition the following data regarding Central Ambulance Communications Centres was requested from the Ministry of Health and Long-Term Care. The data was requested for the years 2016-2018.
1.a. Total call volume
1.b. Call volume disaggregated by severity (for example CTAS 1, CTAS 2, CTAS 3, and CTAS 4).
2. Data on standby or offload delay to hospital.
3. Data on how often ambulances are not available for calls or the service is at a critical level.
4. Data on calls dispatched to neighbouring paramedic services.
5. Data on number of patients served by community paramedicine programs, the number of staff assigned, hours worked, and any available patient demographic and health data.
6. Emergency Room National Ambulatory Reporting System Initiative (ERNI) data on emergency room wait times.

APPENDIX C:

DATA RECEIVED IN RESPONSE TO FREEDOM OF INFORMATION REQUESTS

Paramedic Service	Q1a	Q1b	Q2a	Q2b	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
Algoma	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cochrane	Yes	Yes	Yes	No	Yes	No	No	No	Yes	No	No	No
Cornwall Stormont-Dundas-Glengarry	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Durham	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No	n/a
Essex-Windsor	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Haliburton	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Hastings-Quinte	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Huron	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No
Kenora	No	No	No	No	No	No	No	No	No	No	No	No
Lanark	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Leeds Grenville	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Niagara	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes
Ottawa	Yes	Yes	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes
Perth	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	n/a
Peterborough	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n/a
Prescott-Russell	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Rainy River	No	Yes	Yes	No	Yes	No	No	No	Yes	Yes	No	Yes
Renfrew	Yes	No	Yes	No	Yes	No	No	Yes	Yes	Yes	No	Yes
Sudbury	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Toronto	Yes	No	Yes	No	No	No	No	Yes	Yes	Yes	No	No
Waterloo	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
York Region	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes

*Note: Services may have provided a response that was not usable for this project because it was not comparable to other services or because it did not cover the full time period requested. For more information on which data was analyzed on each topic, see Footnotes.

	Q1a	Q1b	Q2	Q3	Q4	Q5	Q6
Ministry of Health and Long-Term Care	Yes	Yes	Yes	No	Yes	No	No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