

Kawartha Lakes Paramedic Service

2022-2031 Master Plan

Committee of the Whole Briefing

March 9th, 2021



Master Plan Briefing

1. **Master Plan Drivers to Consider**
2. **How is KLPS Doing?**
3. **What Does KLPS Need to Do?**



Master Plan Drivers

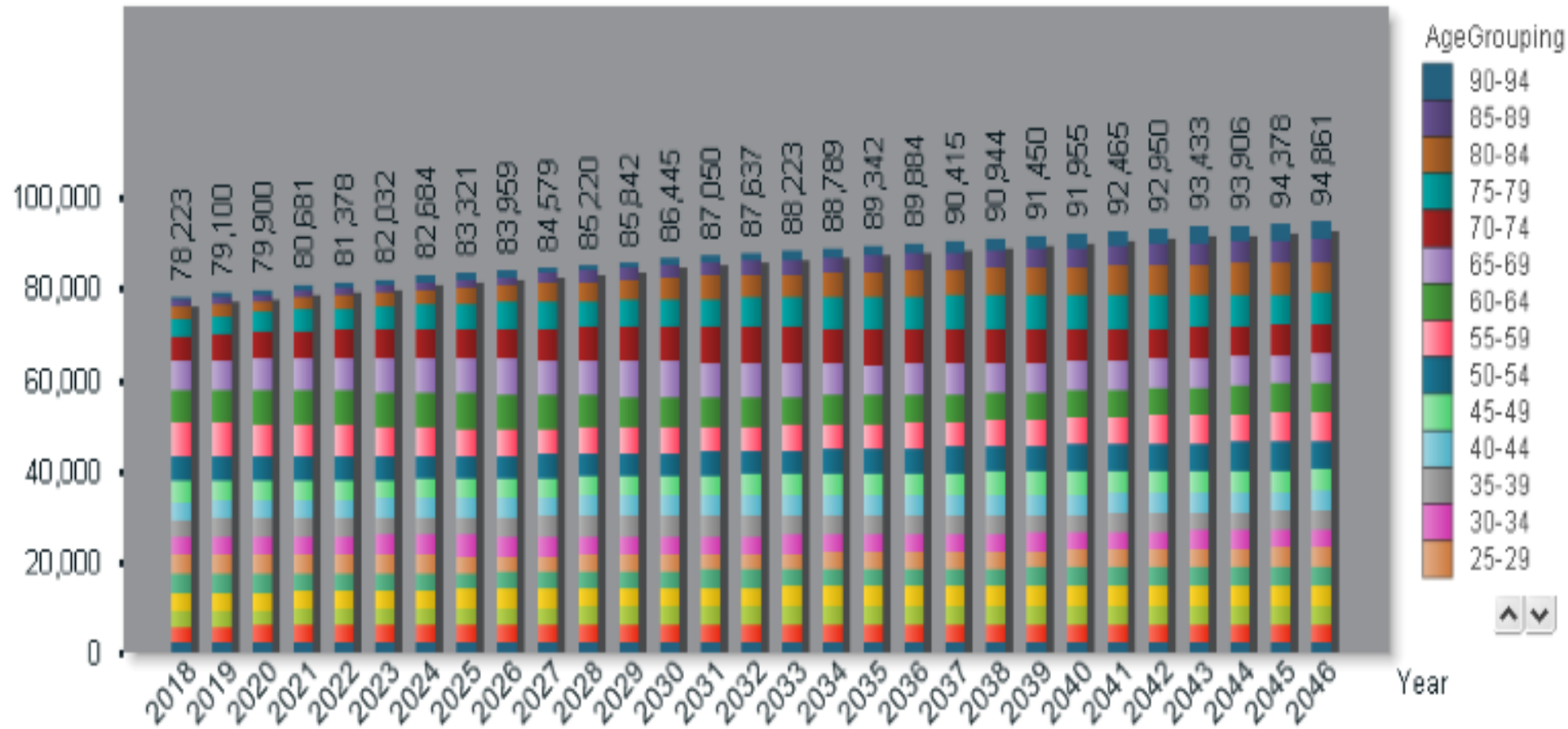
The COVID-19 New Abnormal: Crushing Senior Government DEBT Loads

- The Province forecast a 2020-21 deficit of \$21 BILLION in March
 - The Fraser Institute predicted the deficit will be \$29 BILLION (April 2020)
 - The Province's independent Financial Accountability Officer has predicted a \$41 BILLION deficit (May 2020)
 - Province has confirmed \$38.5B for 2020-2021 (August 2020)
- Provincial-Municipal financial arrangements are likely to be negatively impacted in the short/medium term
 - Key Question: Is Kawartha Lakes ready to embrace significant change to buffer upcoming fiscal turbulence?

An Additional Pressure: O. Reg. 588/17 ASSET MANAGEMENT

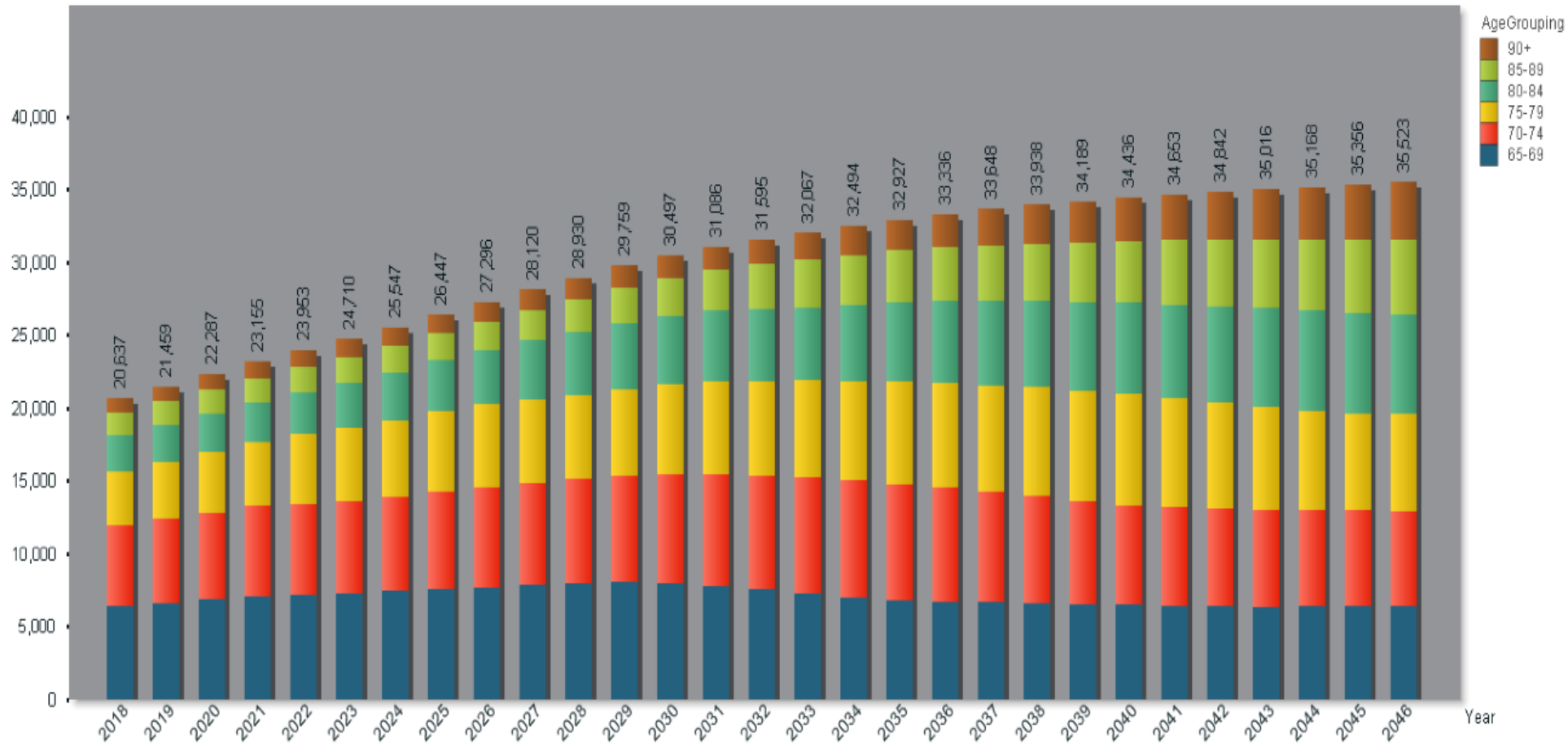
- By 2023 the Province has mandated ALL municipalities as follows:
 1. Establish asset inventories + condition ratings
 2. A life cycle/service level assessment needs to be completed for each facility/asset class
 3. Municipalities will have to budget for timely replacement of assets according to their life cycles
- Decisions over municipal sector asset/facility replacement can no longer be deferred (Including EMS bases)
- Decisions are imminent (by 2023)

Growth/Demography Profile



Steady long term
population growth

Growth/Demography Profile

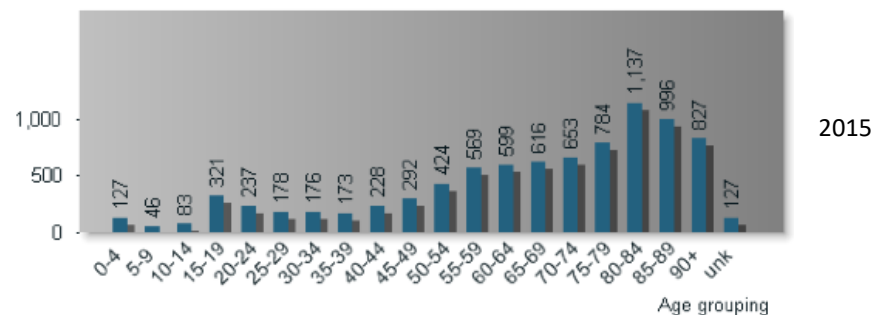


Aging Tsunami fueling call volume growth!

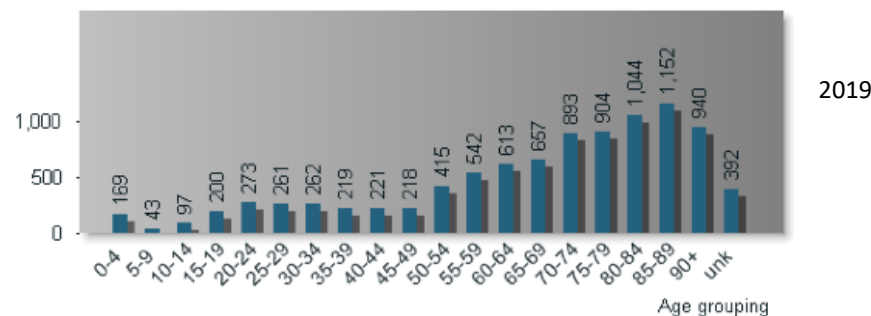
Aging Tsunami Already Happening

Calls by Population Age Cohort

Calls by age group

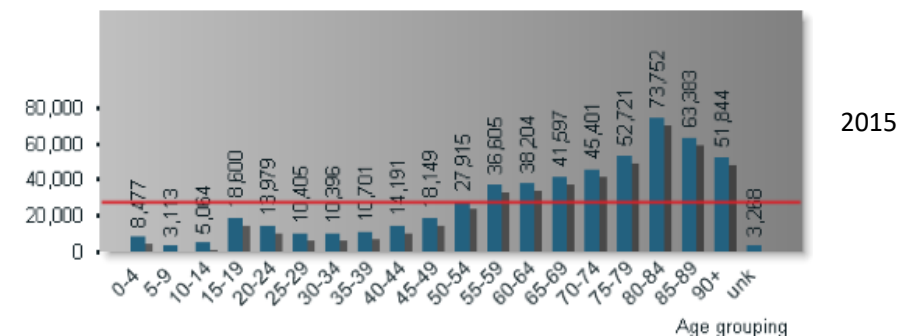


Calls by age group

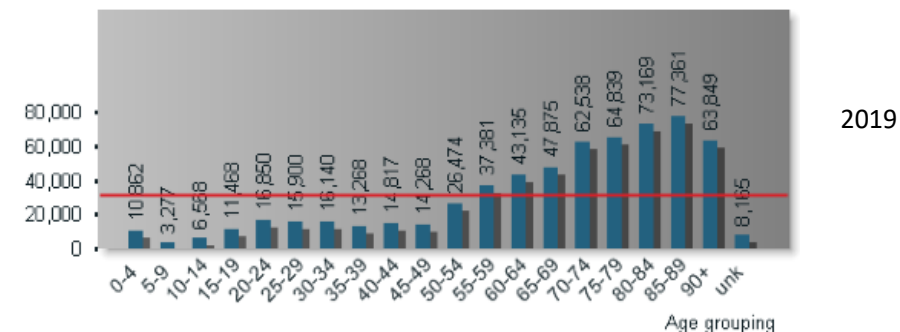


Total In-Service Time by Age Cohort

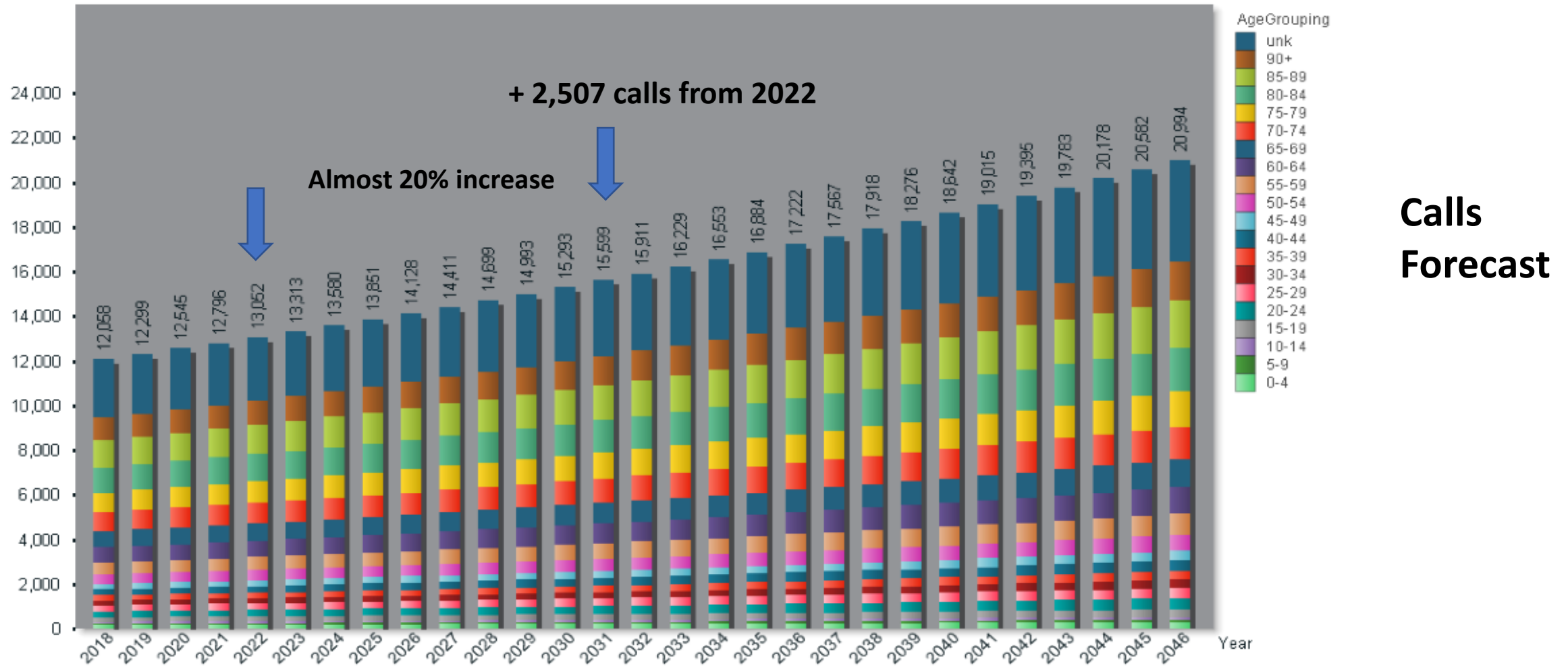
In Service Time (Minutes)



In Service Time (Minutes)



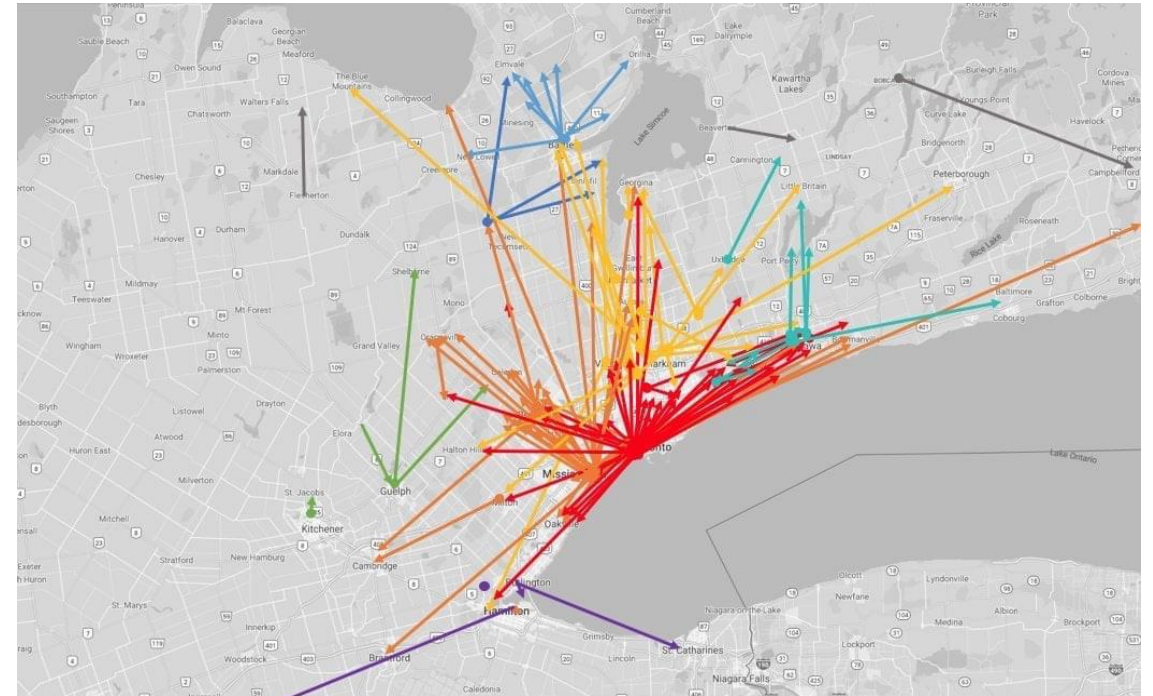
“Base Case” Demand Forecast: Growth + Aging Tsunami + Likelihood to Call 9-1-1



Upcoming Lindsay Growth

- **Flight from density in GTA** will deliver baby boomer driven housing demand to K. Lakes
- A new Post-Covid work/live commuter-shed will impact buyer demographics of upcoming northwest Lindsay sub-division development

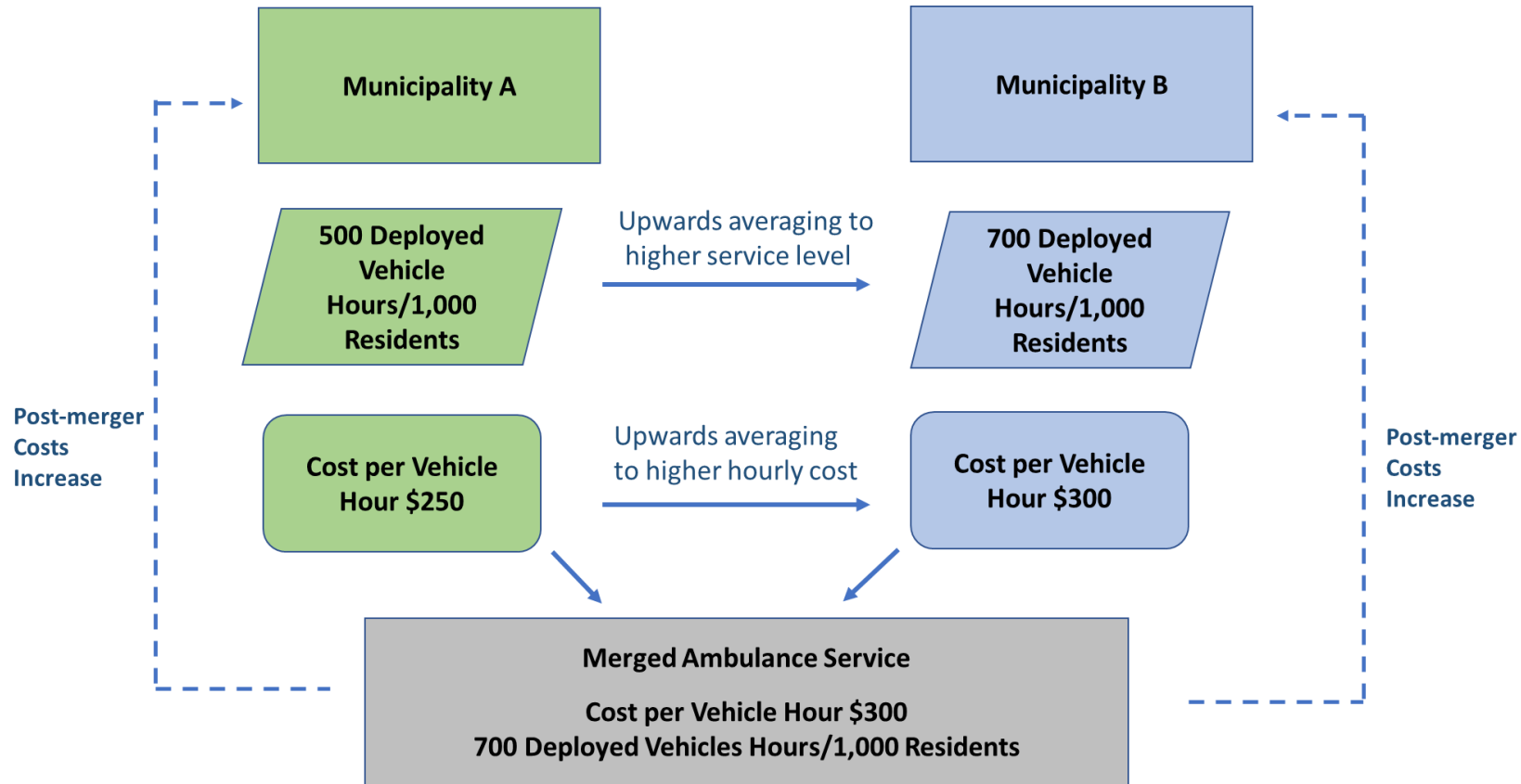
Toronto home sales out-migration on a single day



	When 50-60 Years Old	When 60-70 Years Old	When 70-80 Years Old
Per Capita Calls Factor	0.075	0.093	0.193
12,500 New Residents	Arrive	Age In Place	Age In Place
Forecast Calls	941	1159	2418
	By 2031	Beyond 2031	Beyond 2031

Lindsay growth (5,000 units) will generate growing multi-decade call volume pressure

Beware Provincial Mergers: The Upwards Averaging Dilemma



If Properly
Applied, AMPDS
Can Be a Game
Changer...
But Only at Mid-
Point of Master
Plan

The call volume projections in the 2022-2031 Master Plan reflect the Province's current approach to managing risk at the point of dispatch. ***Approximately 75% of calls are Dispatched as Code 4 emergencies - the highest risk category for patients. Therefore, Kawartha Lakes and other ambulance services across Ontario must resource themselves to deliver timely on-scene responses for an excessively large share of total calls. But the majority of Code 4 Dispatched 9-1-1 emergency calls end up not being emergencies at all. Once paramedics actually put eyes on these Code 4 emergency patients, only 10-15% are triaged as "lights and siren" transports to the hospital.***

Provincial over-triaging of patient risk drives response time driven resourcing/budget decisions by Councils across Ontario.

The AMPDS triage algorithm can transform demand forecasting, resourcing requirements and municipal budgeting on a go-forward basis. ***Once the current 75% of dispatched ambulance calls classified as Code 4 "emergencies" are re-classified by AMPDS into three risk-based subsets (Echo/Delta/Charlie), differing response time standards and service types can be assigned. Visits by Community Paramedics, Assess, Treat & Release, and Assess & Refer protocols will all play an important role in redefining the paramedic service. Resourcing decisions can then be revisited as different response choices will be available beyond simply Code 4 ambulance response.***

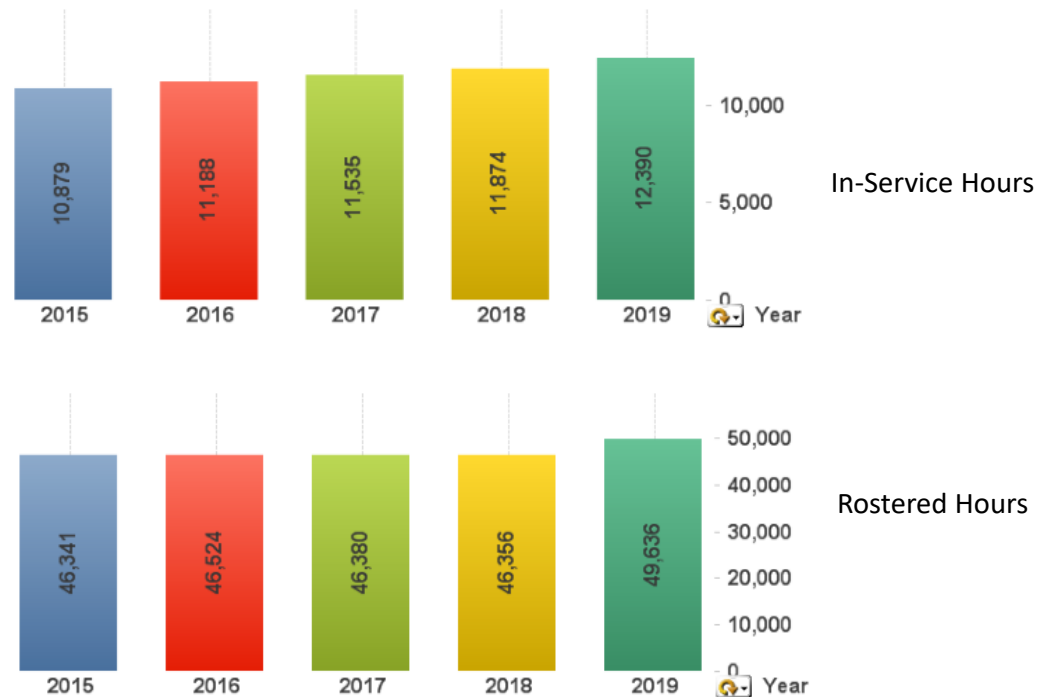
*AMPDS - Advanced Medical Priority Dispatch System



How is KLPS Doing?

Performance Analytics - Busyness

In Service Time + Rostered Time

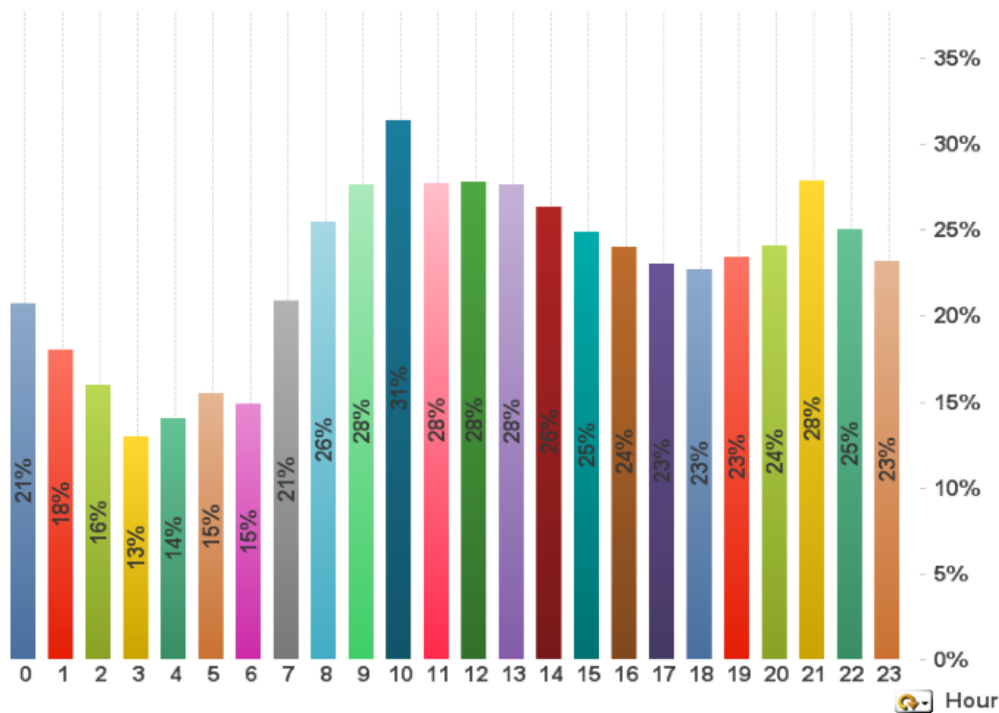


System Busyness (UHA) by Year (2015-19)

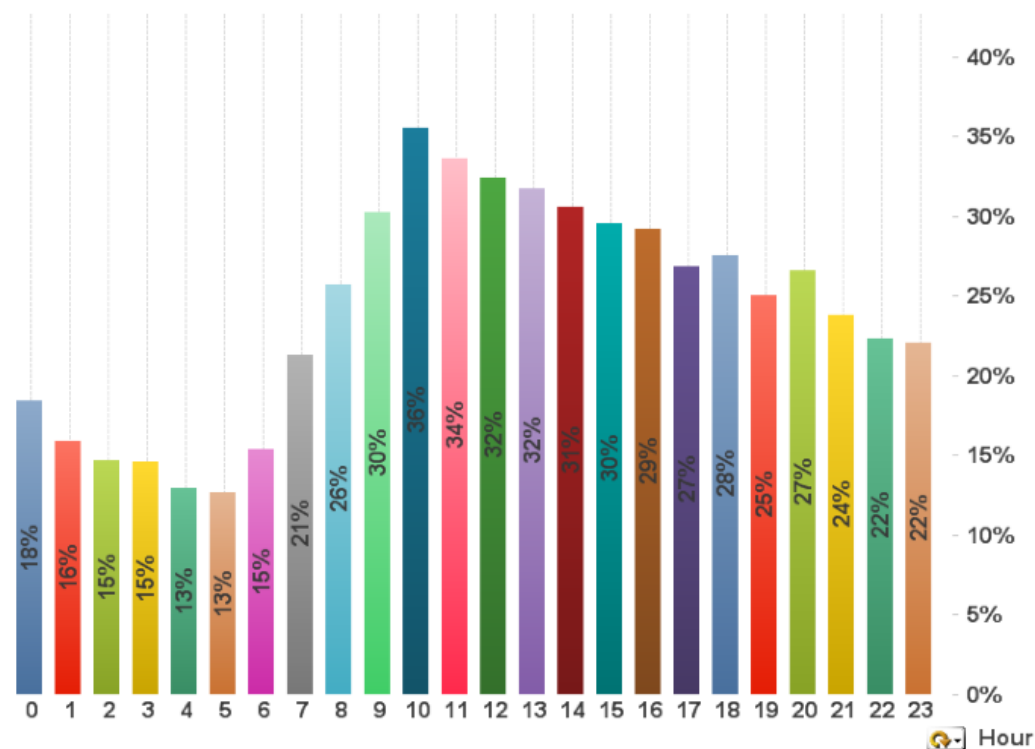


Performance Analytics - Busyness

UHA by Hour of Day (2015)



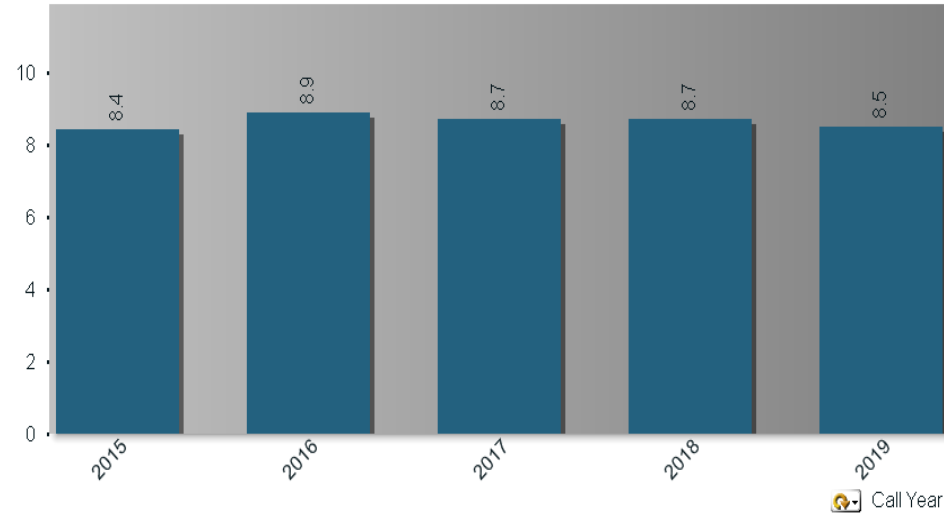
UHA by Hour of Day (2019)



Performance Analytics - Timeliness

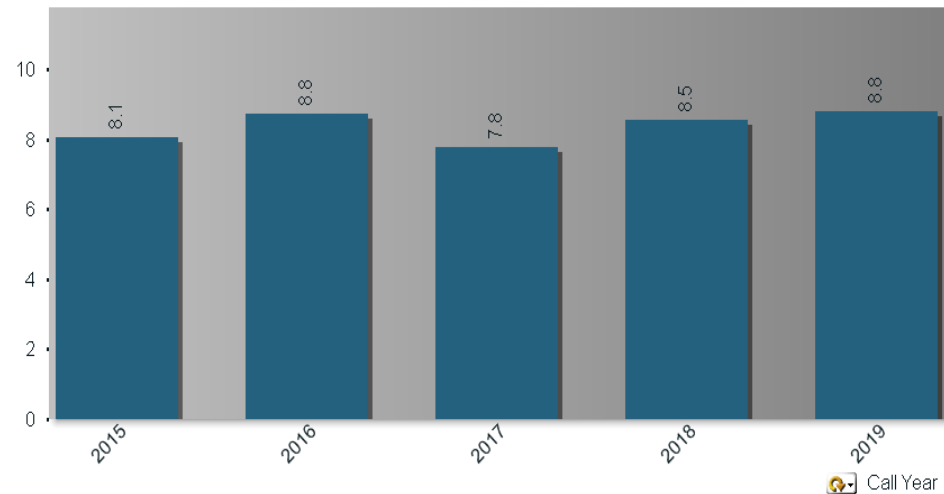
Code 4 Average Response Times (2015-19)

Response Time



Dispatched
Code 4

Response Time

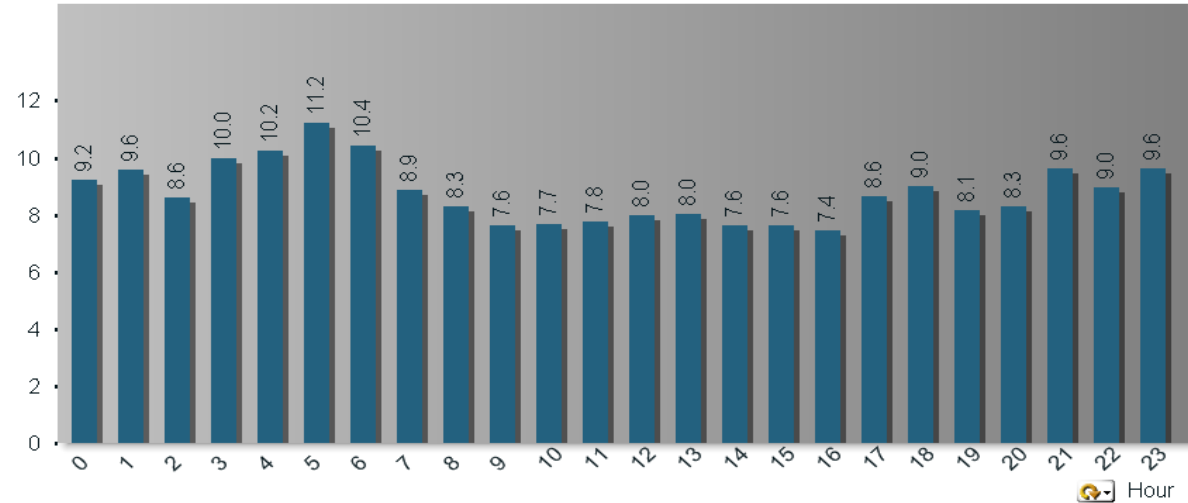


Code 4 Returns to
Hospital

Performance Analytics - Timeliness

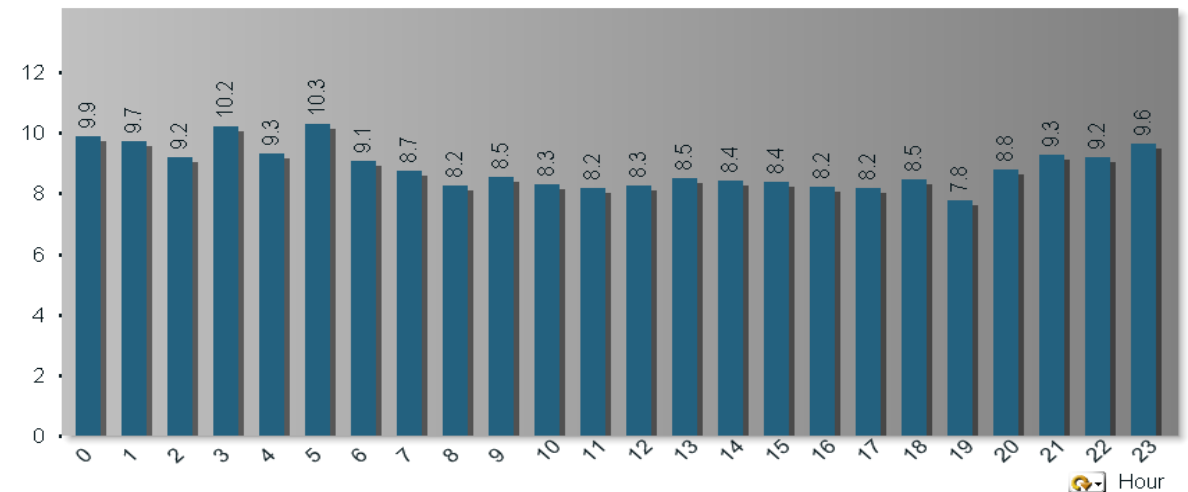
Dispatched Code 4 Average Response Time by Hour of Day

Response Time



2015

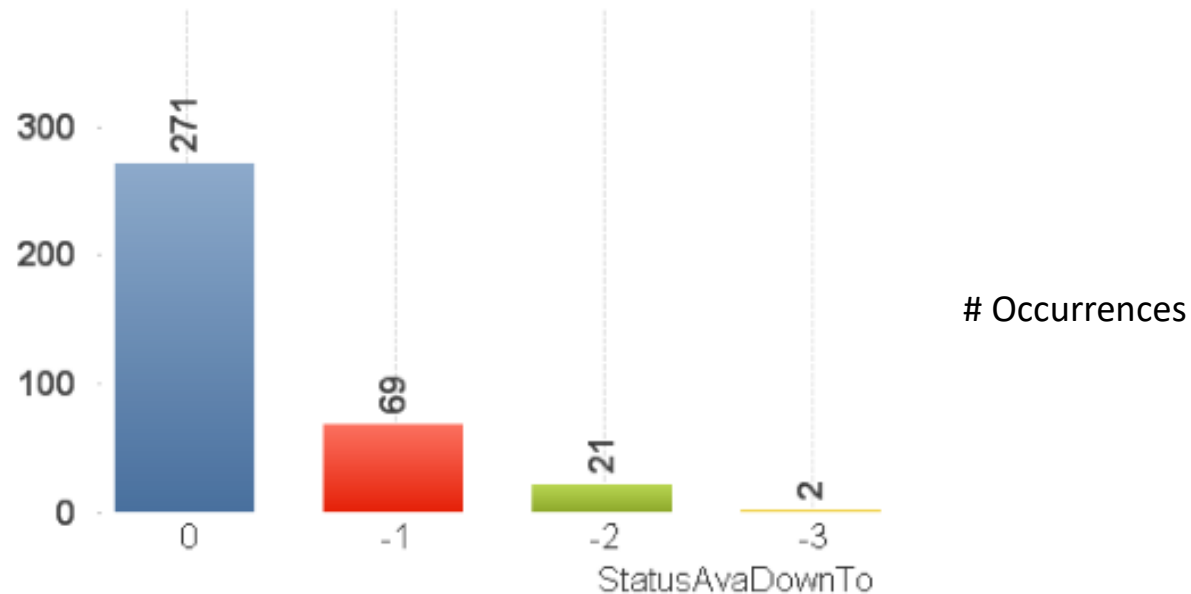
Response Time



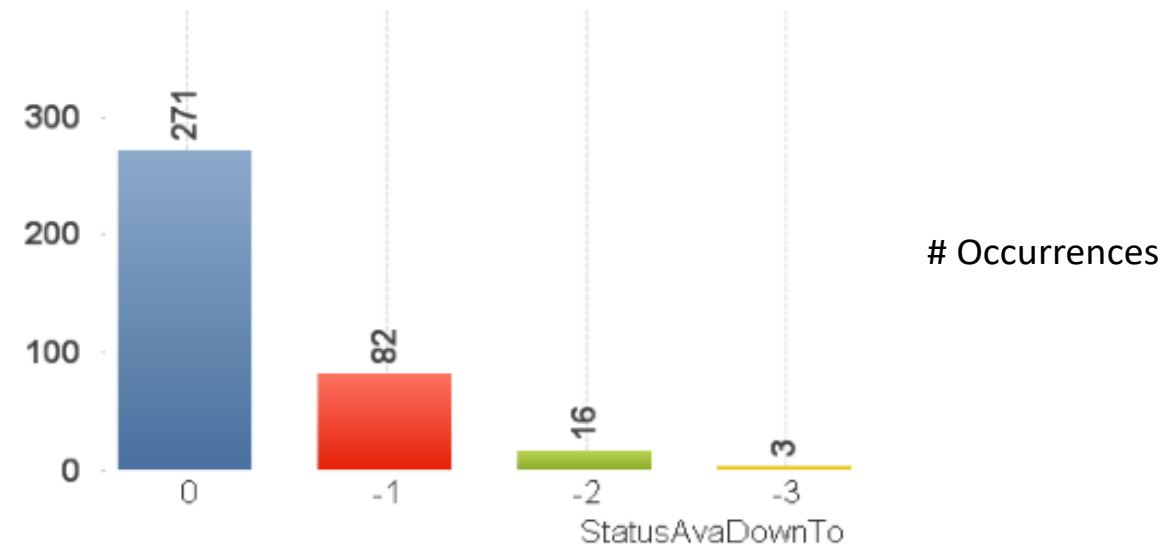
2019

Performance Analytics – Availability of Units

Code Black – Zero Availability (2015)
Zero Unit Occurrences

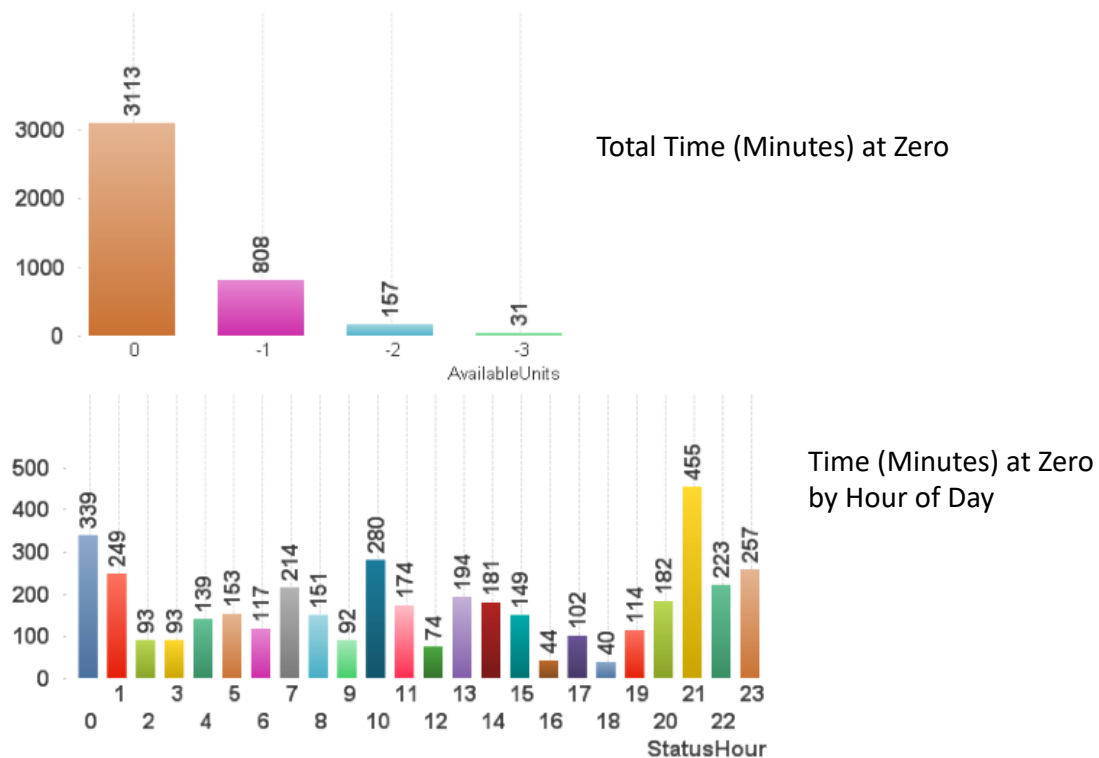


Code Black – Zero Availability (2019)
Zero Unit Occurrences

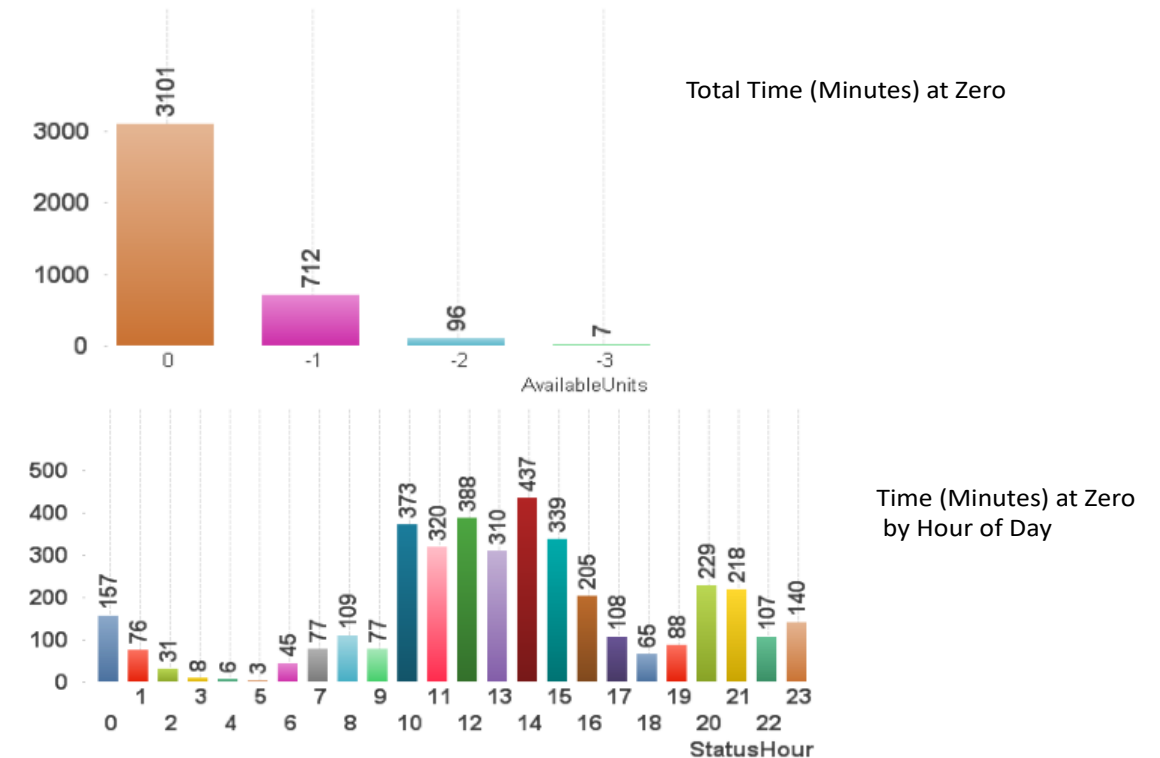


Performance Analytics – Availability of Units

Code Black – Zero Availability (2015)
Time Spent at Zero Units



Code Black – Zero Availability (2019)
Time Spent at Zero Units



System-wide Performance Observations

- UHA (system busyness) has remained stable between 2015-2019
- Average Dispatched Code 4 response times are acceptable/stable across 2015-2019
- Code Black (Zero) system performance risk impacts have occasionally peaked as follows:
 - *In 2017 when the Average Response Time for a grouping of 11 Code 4 calls **eroded to 21 minutes***
 - *In 2018 when the Average Response Time for a grouping of 23 Code 4 calls **eroded to 14 minutes***
 - *In 2018 when the Average Response Time for a grouping of 6 Code 4 calls **eroded to 18 minutes***
- Code Black risk is manageable/below levels encountered across busy Ontario ambulance services

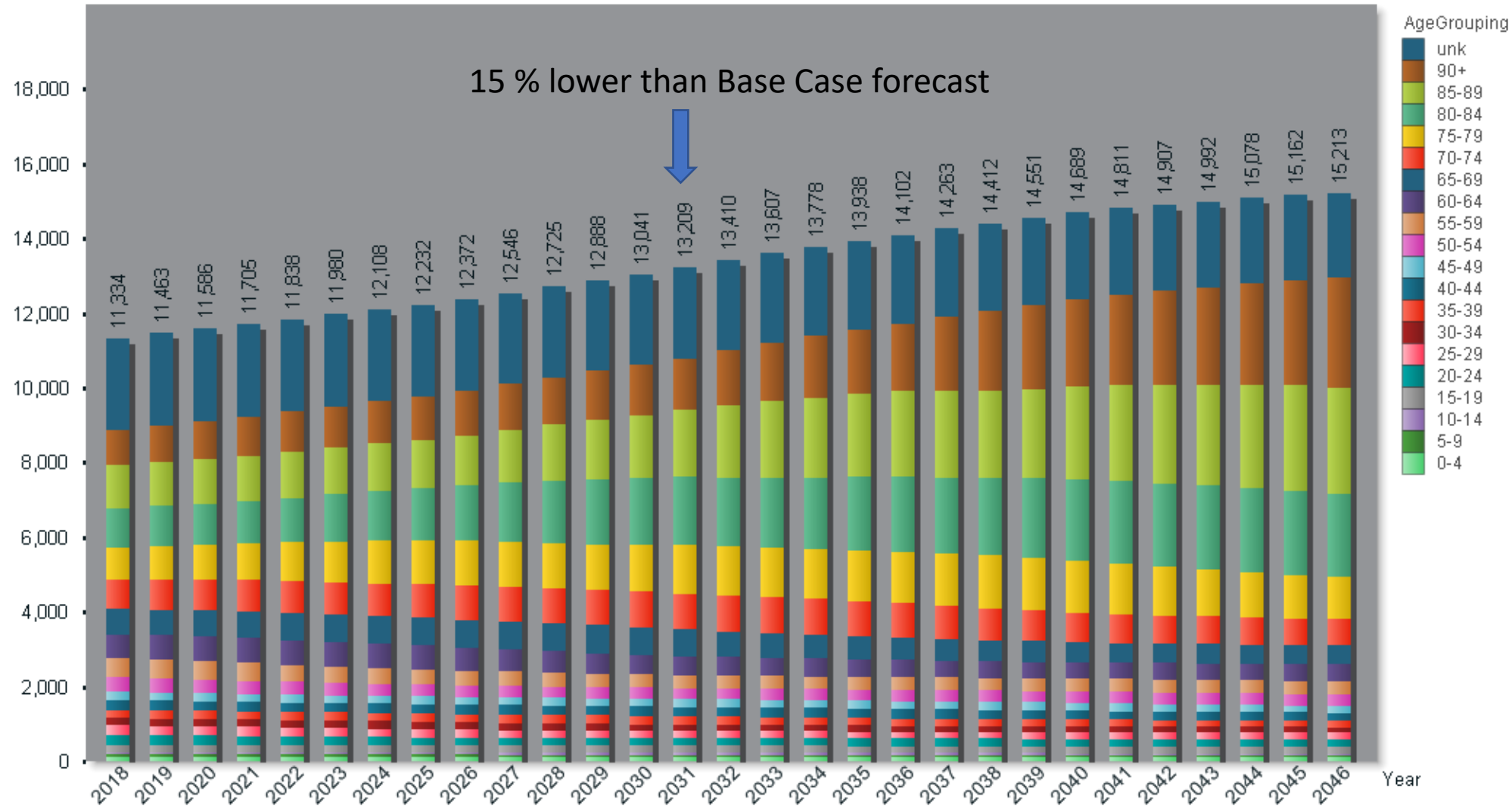


System-wide Code 4
Average Response
Times for 2017 and
2018 were 8.7
minutes



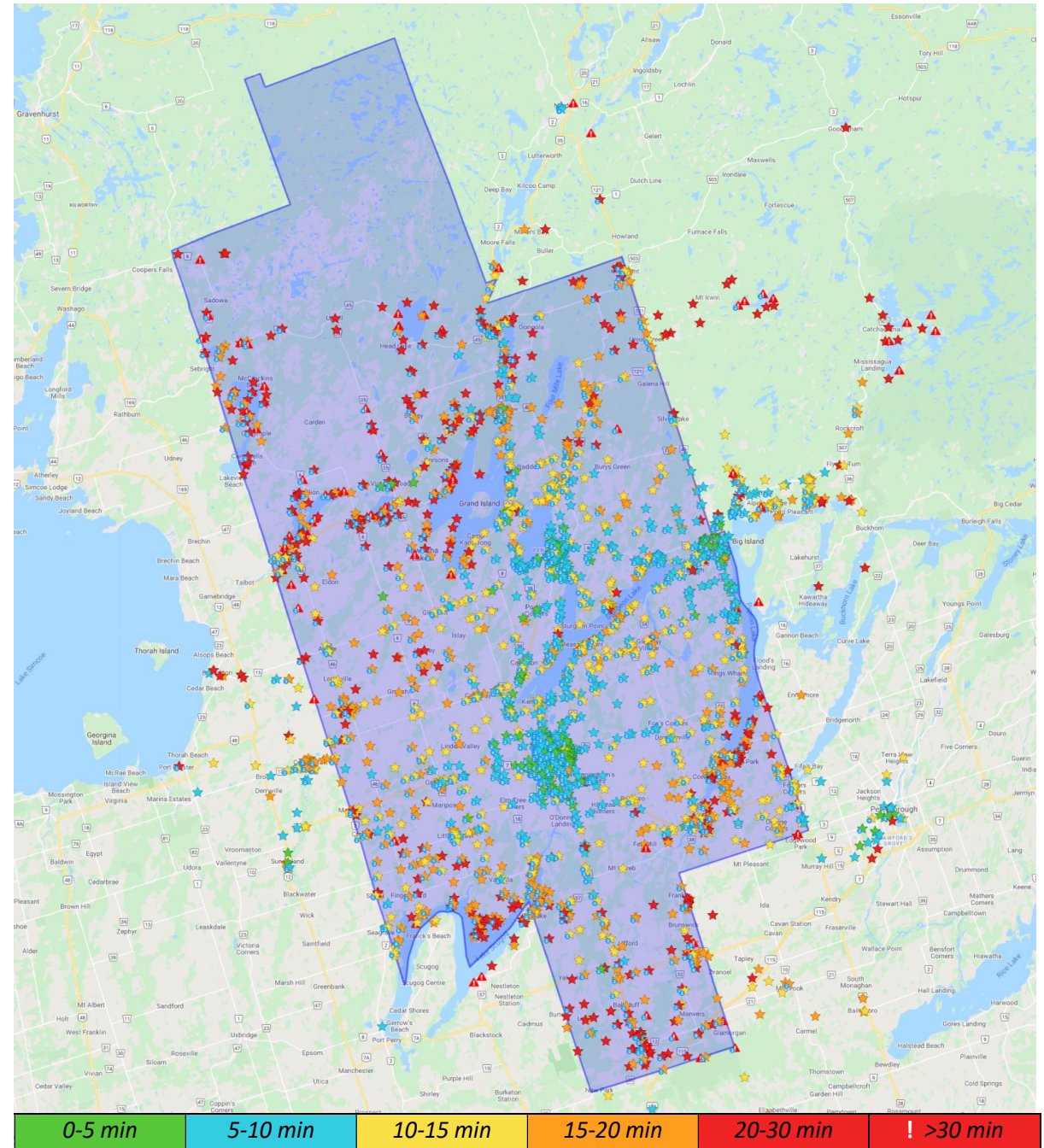
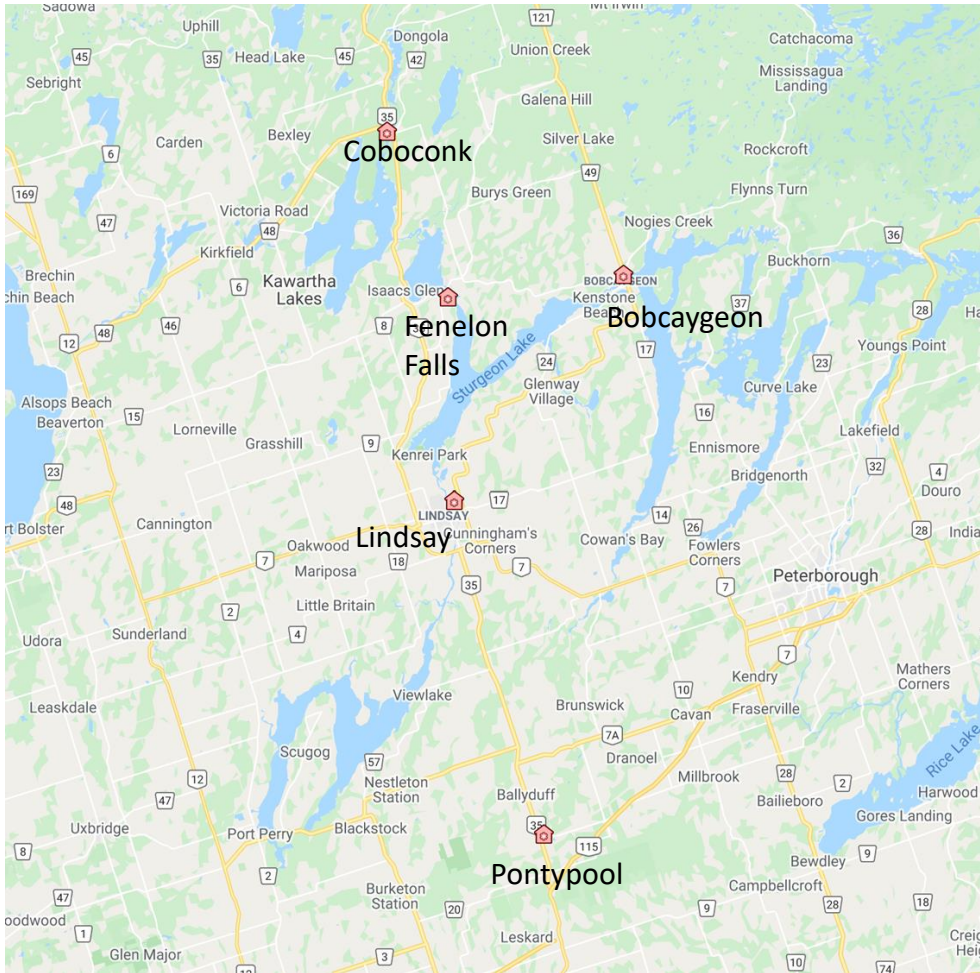
What Does KLPS Need to Do?

Bending the Demand Curve – Call Volumes



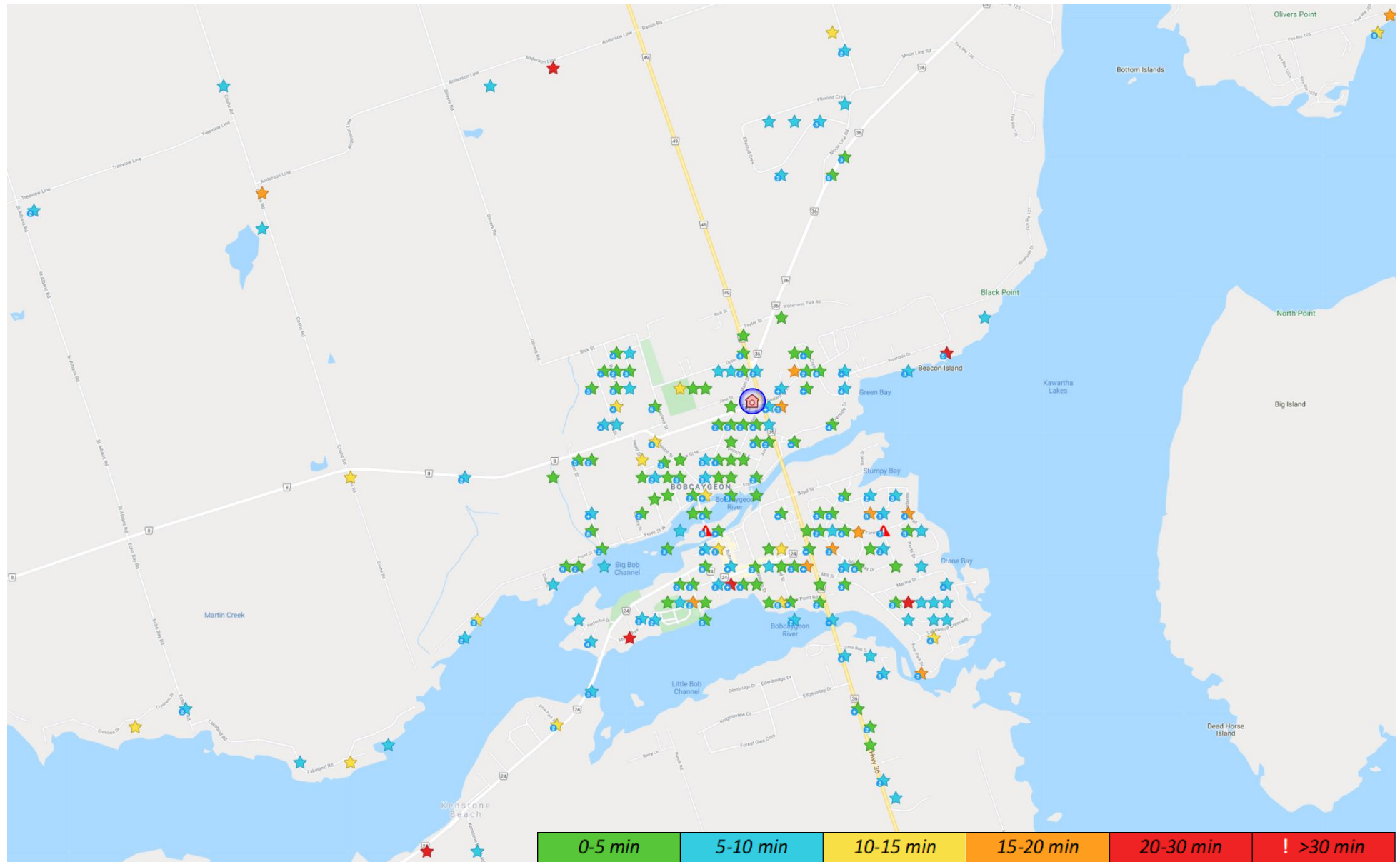
Address Response Time Soft Spots

Map of Bases/Posts



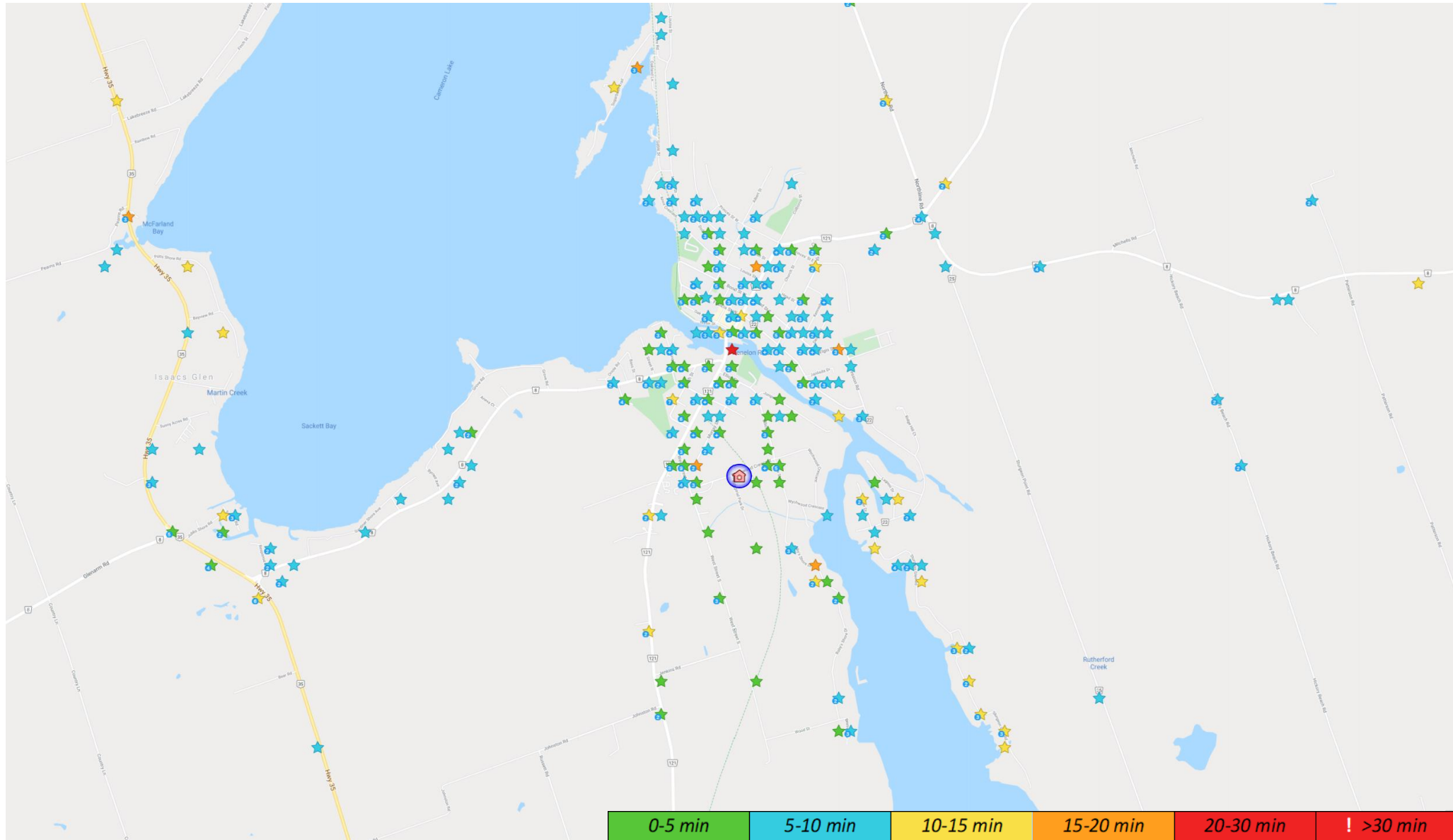
Ensure Quality Stations Are in the Right Places

Bobcaygeon



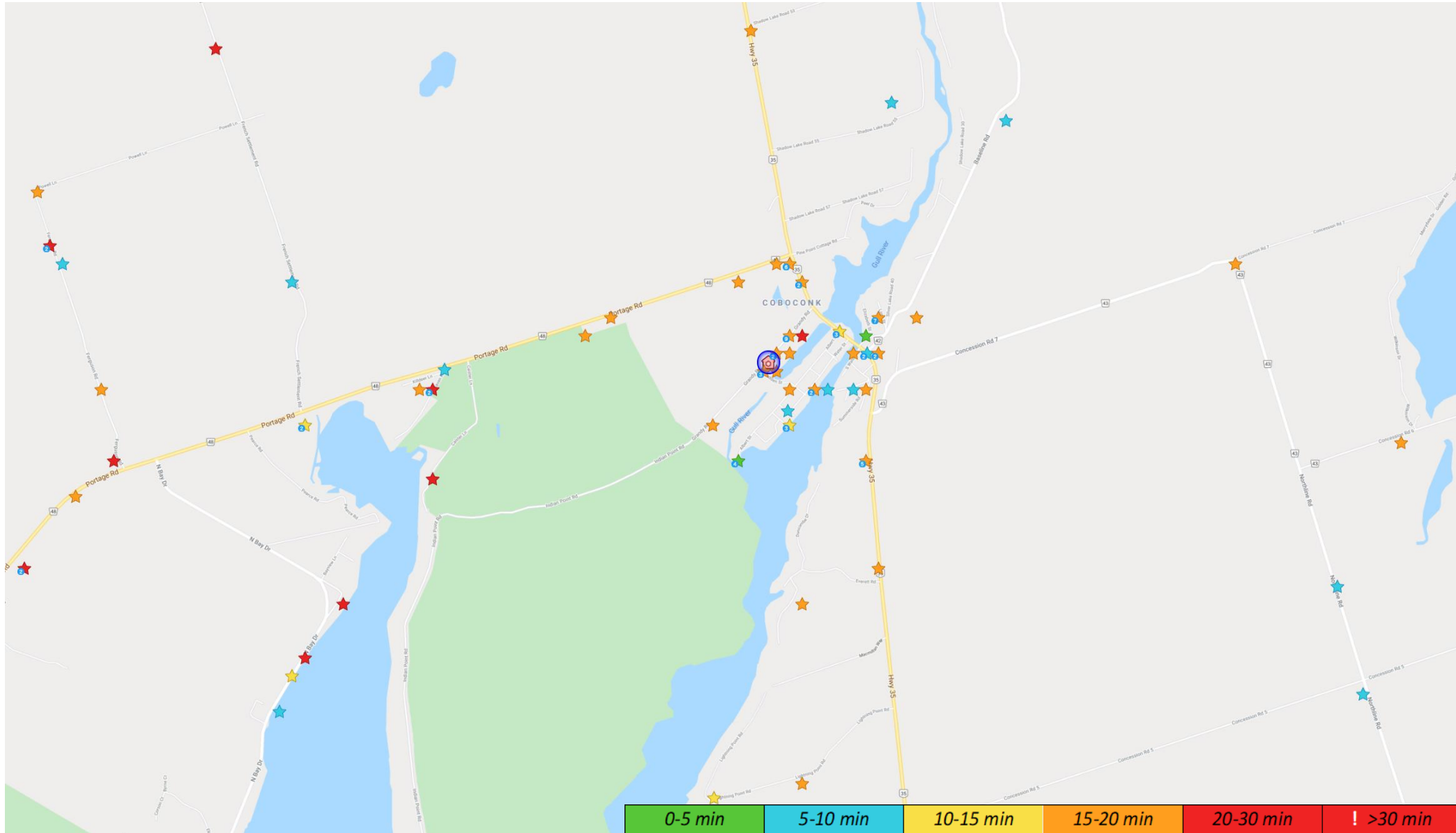
Ensure Quality Stations Are in the Right Places

Fenelon Falls



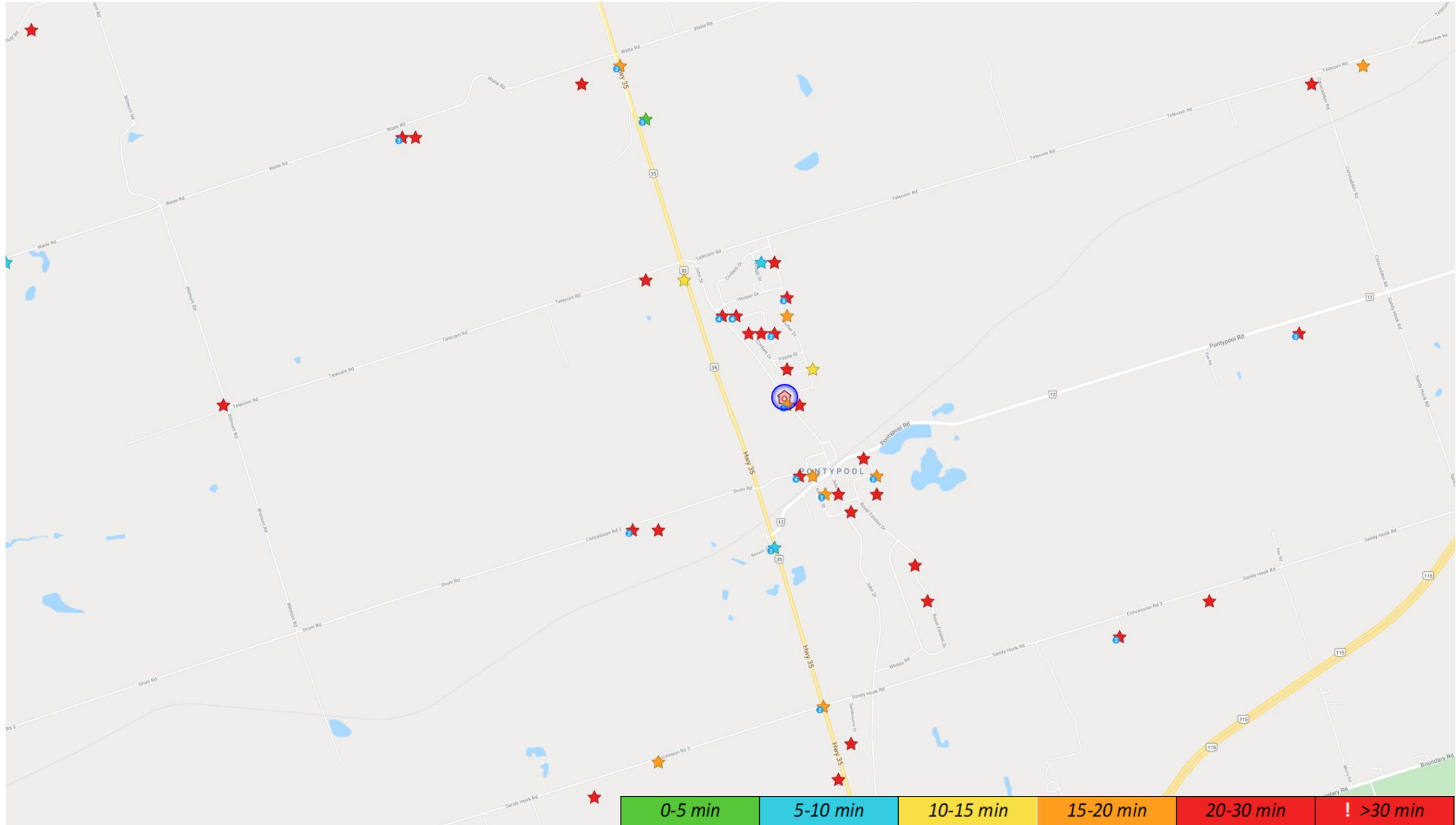
Ensure Quality Stations Are in the Right Places

Coboconk

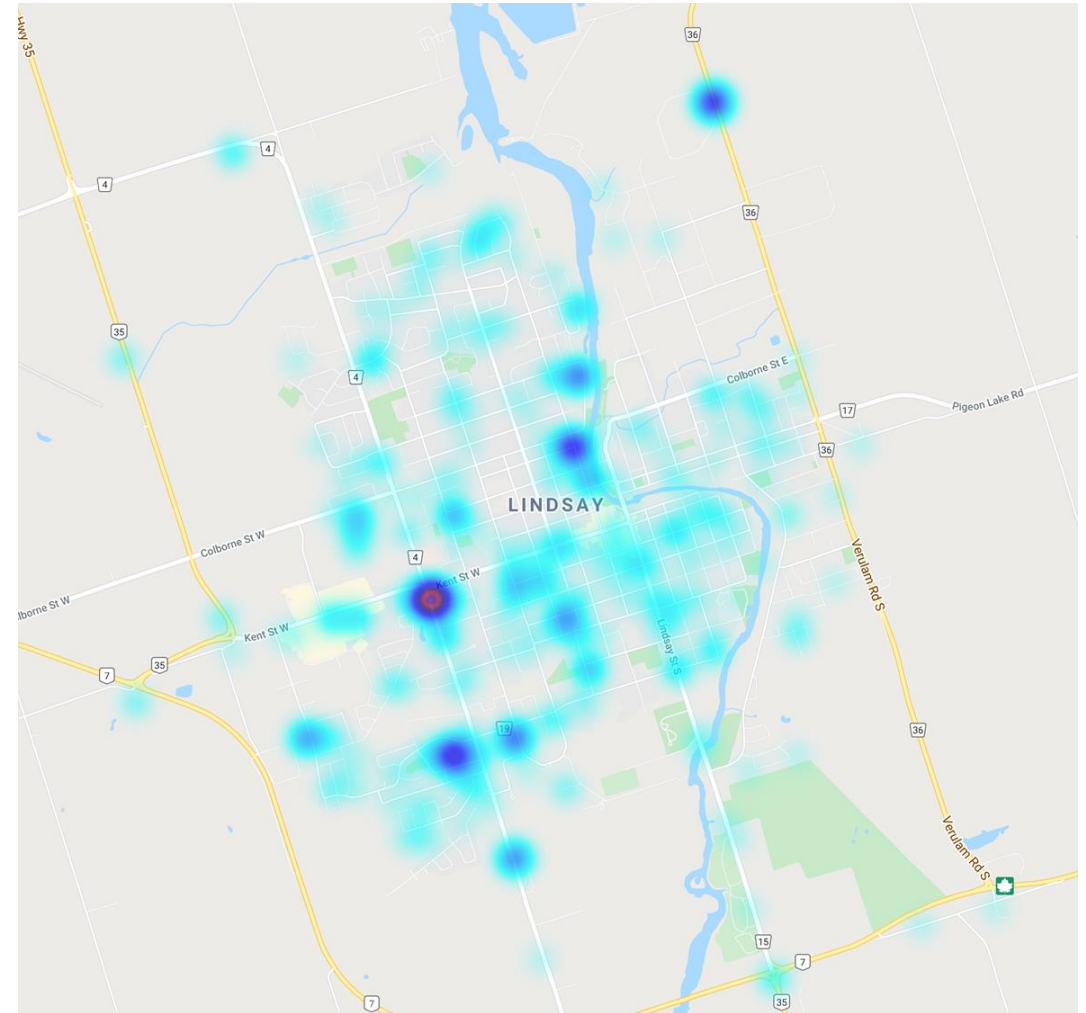
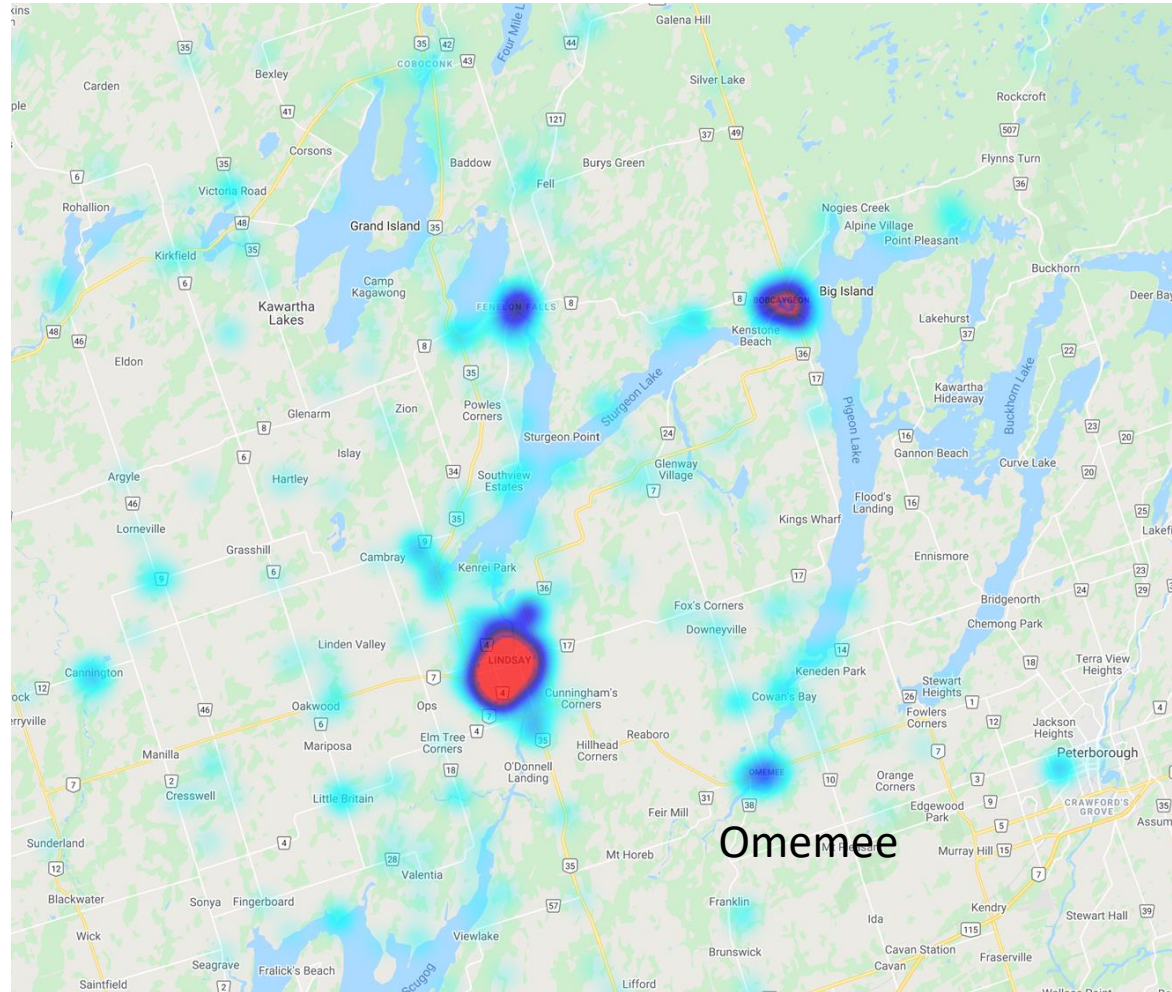


Ensure Quality Stations Are in the Right Places

Pontypool



Call Volume Clusters

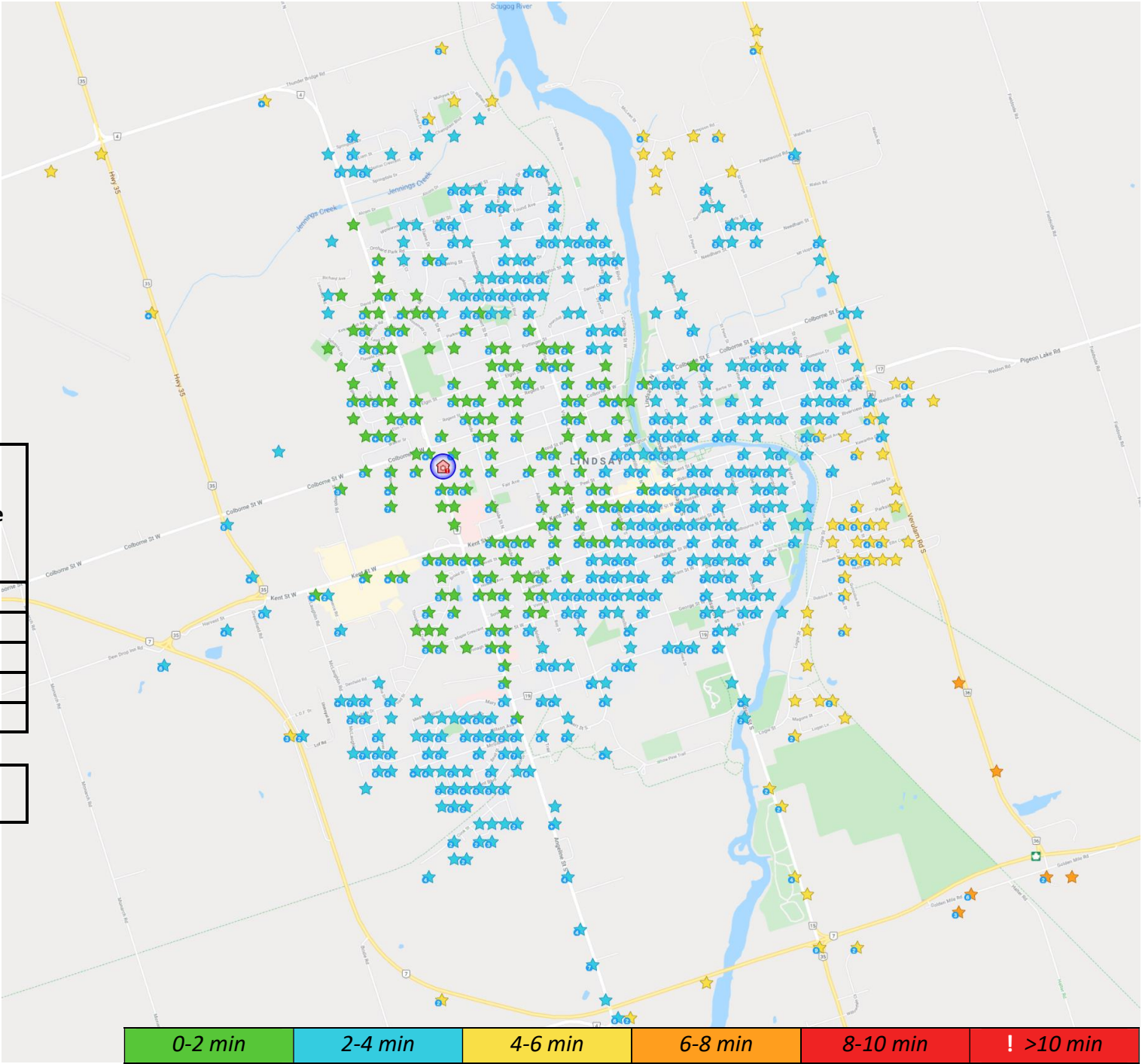


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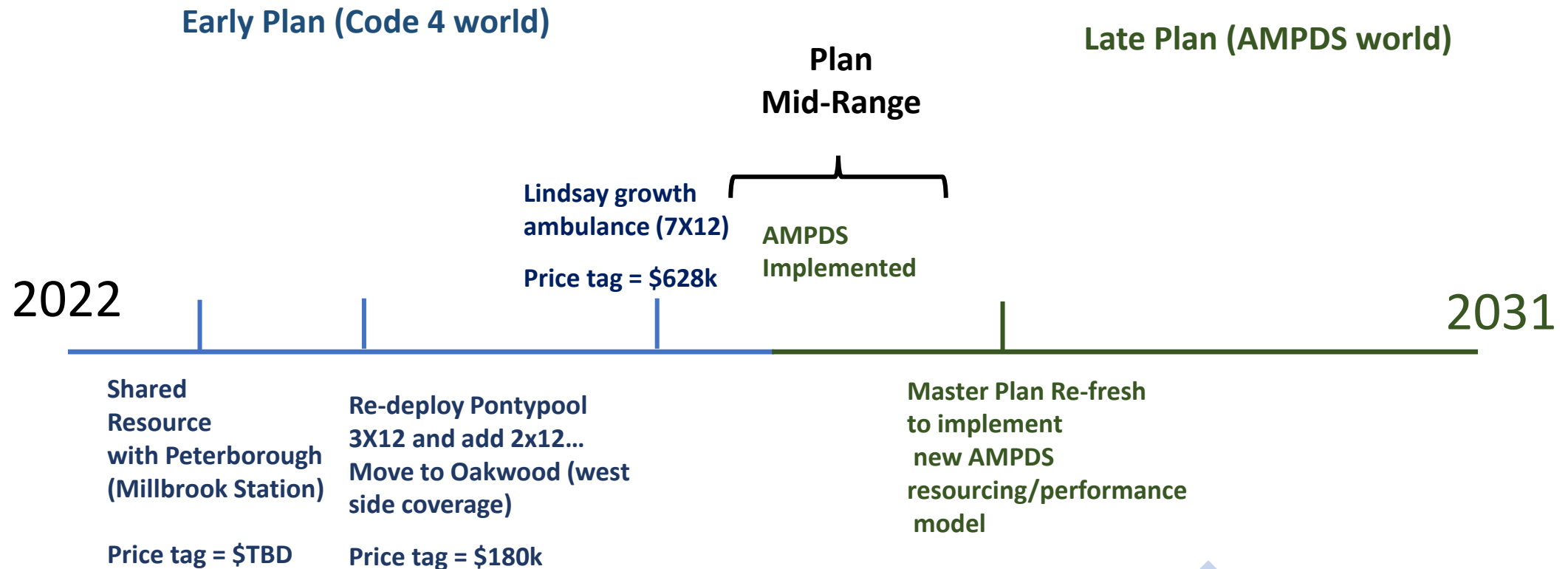
Lindsay Consolidated Facility – modeled scenario

Scenario	% of Travel Times under 6 minutes	Total 2019 Travel Time (hours)	Average Travel Time per call (mm:ss)	Total 2019 Driving Distance One-way (km)	Average Driving Distance (km)
Angeline St. N.	99%	149	02:27	7,247	2.0
Angeline St. S.	96%	177	02:54	8,962	2.5
Greenfield Ave.	90%	274	04:30	11,850	3.2
Airport	77%	329	05:25	17,237	4.7
Ops Arena	59%	363	05:58	22,325	6.1

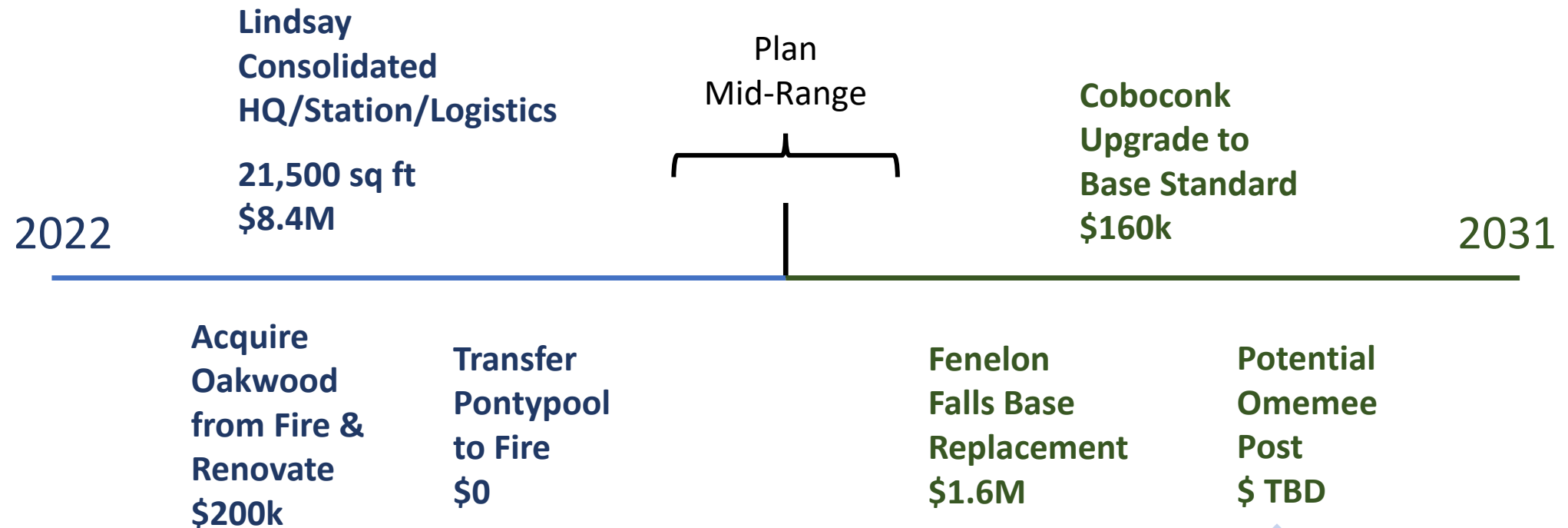
St. David St. (status quo)	94%	233	03:50	11,403	3.1
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Coverage Restructuring Timeline



Facilities “Change” Timeline



Other Master Plan Components:

- Stakeholder Consultation Findings
- Paramedic Survey Results
- Peer Benchmarking Insights
- Additional Analytics
- Facilities Functional Review
- Service Sharing Interim Report
- Bending the Curve
 - Community Paramedicine
 - Alternate Pathways
 - AMPDS
 - 9-1-1 Public Education Campaign
- Organization Design Advice

Next Steps

