
For Information

REPORT TITLE: Paramedic Services Long Term Facilities Capital Plan, Planning Considerations

FROM: Nancy Polsinelli, Commissioner of Health Services

OBJECTIVE

To outline the approach and considerations that will guide the planning and implementation of capital projects as part of the Paramedic Services Long Term Facilities Capital Plan, Planning Considerations .

REPORT HIGHLIGHTS

- The demand for Paramedic Services has and will continue to grow over the next 10 years, putting pressure on the system to provide timely high-quality pre-hospital care.
 - Currently, Paramedic Services does not have the capacity to house additional ambulances or accommodate additional staff at the four existing reporting stations.
 - Paramedic Services collaborated with regional partners and union to develop an approach for planning and building new paramedic facilities based on a set of strategies and considerations.
 - These strategies and considerations yield different results that will be further explored and compared to evaluate total capital costs versus savings as well as longer term financial impacts to the Region.
 - Upon Council approval Paramedic Services will proceed with the design and development of the fifth reporting station and will apply learnings from previous builds to mitigate costs and to increase efficiencies with future planning.
 - It is imperative that the planning approach be flexible and adaptable to operational and community needs and changes while ensuring service delivery.
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DISCUSSION

1. Background

The report from the Commissioner of Health Services titled “Paramedic Services Long Term Facilities Capital Plan, Key Supporting Analyses” listed on the December 10, 2020 Regional Council agenda as Item 10.2 (the “December 10, 2020 report listed as Item 10.2”) demonstrated that demand for Paramedic Services will continue to grow over the next 10 years. This increasing demand will challenge Paramedic Services to continue providing timely high-quality pre-hospital care within Peel communities. The subject report also identifies the resources needed (ambulances and paramedic stations) to manage the growing demand and effectively respond to community emergency needs over the next 10 years.

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As per Council direction, this report builds on the findings from the review of the Divisional Model (Resolution 2019-644) and the evidence presented in the December 10, 2020 report titled “Paramedic Services Long Term Facilities Capital Plan, Key Supporting Analyses” to outline an approach that will expand the Divisional Model through the acquisition of additional resources (e.g., ambulances, reporting stations and satellite stations).

The December 10, 2020 listed as Item 10.2 summarizes several key findings from the descriptive and predictive analyses to support the development of the Long Term Facilities Capital Plan. Demand for Paramedic Services, as measured by call volumes, was projected over the 10-year time frame, with an estimated 86,977 more calls by 2030 (an increase of 63.1 per cent from 2019). Future demand was also mapped within the Region to identify areas projected to experience high demand for Paramedic Services. The downtown city or town cores of Mississauga (area surrounding Square One Shopping Centre and Hurontario Street corridor), Brampton (Queen and Main Street corridor) and Caledon (Bolton) are anticipated to further intensify in call volume density by 2036. Other areas with moderate to high expected call volume densities by 2036 are found in the north west corners of Brampton and Mississauga, and Caledon East and Mayfield West in Caledon.

As decisions are made regarding acquisition and planning of additional resources (e.g. ambulances, reporting stations and satellite stations) all call volume projections will be reexamined annually to ensure the projected trends still hold into the future. The following sections will describe the planning approach developed specifically for the fifth reporting station but can also be applied to future capital projects.

2. Current Context

Currently, Paramedic Services does not have the capacity to house additional ambulances or accommodate additional staff at the four existing reporting stations. Given past facility construction experiences, reporting stations typically require approximately three years to be built. Thus, assuming construction begins in 2021, the earliest a fifth reporting station can be fully operational will be in 2024; one year later than the recommended year of operation. Without a new reporting station, there will be more strain on the current fleet and staff to deliver timely high-quality pre-hospital care.

3. Planning Strategies and Considerations

The planning approach considers a set of strategies to effectively mitigate costs and increase system efficiencies. These strategies and considerations yield different options related to land acquisition, reporting stations with attached satellite stations and facility design. All options will be explored and compared to evaluate total capital costs versus savings as well as longer term financial impacts to the Region.

a) Land Acquisition Considerations

As per Council direction, Paramedic Services explores all opportunities with its municipal partners to co-locate on alike facility projects or on regionally owned lands, if available and appropriate, prior to acquiring new lands or building facilities. A co-located station is defined as one that shares space with either an external partner, such as William Osler Health System, or a Region of Peel site like a water treatment facility or with our allied agencies in Police or Fire Services. The efficiencies found through co-locate agreements with municipal partners have recognized considerable capital savings.

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b) Reporting Stations with attached Satellite Stations

A strategy used at three existing reporting stations involves building a satellite station on-site, increasing the station-level functionality while reducing the total capital cost. The large apparatus floor in a reporting station is designed to accommodate the readying of the fleet which includes parking of ambulances, vehicle washing and inventory storage. The apparatus space is extremely busy and cannot accommodate in-service ambulances to deploy in a timely fashion in response to an emergency call. This type of dual station configuration provides all station-level functions at one location, resulting in system efficiencies.

c) Facility Design

The final consideration relates to the facility design of a reporting station. Facility design can explore options such as a larger apparatus floor which can accommodate more vehicles, underground or raised parking to reduce land need, varying design parameters for the storage of inventory and the working space for the operational needs of staff assigned to the building. Ambulances need to be readied and stored in environmental conditions that will not impact the integrity of the medications and other medical equipment which can be damaged by extreme heat or cold. Although anti-idle solutions are installed in each ambulance this requires the vehicles to be running outside which contributes to the carbon footprint. At present, reporting stations are designed with 30 interior parking spaces; the physical expansion of the reporting station to house a greater number of ambulances would result in fewer reporting stations being needed in the long term. The benefit of needing fewer reporting stations will be considered in the context of the increased upfront building costs associated with the larger facility.

4. Need for Flexibility

This report has summarized the capital planning strategies and options that will be considered in developing the next long term Capital Facilities Plan for Paramedic Services. It is imperative that the approach be flexible and adaptable to operational and community needs and changes while ensuring service delivery.

Operational changes may include program improvement initiatives that could see ambulances being readied sooner and turned around for paramedic use to respond efficiently in the community, thereby reducing the number of resources needed over the long term. Changing community needs, or demand for Paramedic Services, can also affect the number of resources needed over time. Furthermore, as mentioned in the *Paramedic Services Long Term Facilities Capital Plan, Key Supporting Analyses* report, the call volume projections rely on past trends (2005-2019) and do not account for future changes, whether beneficial or challenging to the system. It is recommended that call volume and resource projections are re-examined annually to ensure that the projected trends hold into the future.

As Paramedic Services embarks upon the next decade and expands its Divisional Model, a flexible and adaptable planning approach is paramount. Monitoring system changes and resulting effects as well as updating predictive modelling calculations will be critical to informing the capital requirements and responding to the needs of the community.

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FINANCIAL IMPLICATIONS

The 2021 capital budget will include a request for the first reporting station (in addition to the current four reporting stations) proposed under this plan. Where regional land or co-location is not available the estimated cost of each reporting station is up to \$38 million. Where regional land is available or co-location is possible, there would be significant cost savings.

Future facilities capital requests will be included in the 2021-2030 capital plan currently estimated at \$120M. As options and opportunities become available the estimates will be updated in future budgets.

CONCLUSION

Building on the main findings from *Paramedic Services Long Term Facilities Capital Plan, Key Supporting Analyses*, this report outlines an approach to guide the planning and implementation of capital projects as part of the *Long Term Facilities Capital Plan for Paramedic Services*. To begin, this approach will be applied to the planning and building of a fifth reporting station. It includes considerations and strategies that identify several options that may effectively mitigate capital costs and introduce system efficiencies while accounting for other factors that may impact service delivery. The planning approach must be flexible, and ready to adapt to operational and community needs while ensuring continuous service delivery. With Council's approval, Paramedic Services will continue to collaborate with regional partners and union to apply the planning approach to identify potential site locations for a fifth reporting station for Council to review in the Spring of 2021.

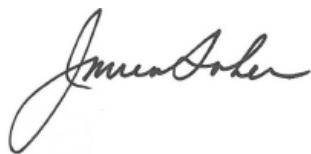
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Reviewed and/or approved in workflow by:

Department Commissioner, Division Director and Financial Support Unit.

Final approval is by the Chief Administrative Officer.



J. Baker, Chief Administrative Officer