



REPORT:

# GREY BRUCE PARAMEDIC SERVICE REVIEW / ANALYSIS

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APEXPRO CONSULTING INC.

OCTOBER 26, 2016

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October 26, 2016

Messrs. Mike Muir, Director, Grey County Paramedic Services, and  
Raymond Lux, A/Director, Bruce County Paramedic Services

c/o Grey County  
595 9<sup>th</sup> Avenue East  
Owen Sound, ON N4K 3E3

Dear Sirs:

## GREY BRUCE PARAMEDIC SERVICE REVIEW / ANALYSIS

It is with great pleasure that we submit our final report on the above project. The report contains our assessment and response to 9 questions posed by the project terms-of-reference, including the following: Are there efficiencies to be gained by sharing service delivery.

In reply to this question our report offers the following. Grey and Bruce Counties operate similar Paramedic Services delivery models; albeit the Grey County service is larger in terms of the geographic area served, resident population, annual call volume, and vehicle and paramedic resourcing.

Despite the difference in size, both Paramedic Services operate with relatively lean administrative structures, and at cost-efficiency and response time performance levels that are comparable to one-another, and to standards supported by industry leading (best) practices.

Also, Grey and Bruce Paramedic Services already recognize that financial savings and efficiencies can be gained by sharing service delivery. To such ends, they have for many years collaborated on multiple aspects of ambulance services delivery, including cross-border standby emergency coverage, and joint tendering for equipment, medical supplies and oxygen.

Our report identifies several additional areas where, by means of collaboration, Grey and Bruce Paramedic Services may potentially realize additional efficiencies. These pertain to the following areas: fleet management and in-service training.

Thank you for giving us the opportunity to work on this most interesting assignment.

APEXPRO CONSULTING INC.



Marvin Rubinstein  
President

Enc.

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## EXECUTIVE SUMMARY

### CONTEXT AND OBJECTIVE

In January 2016, Grey and Bruce County Councils directed their respective staffs to jointly undertake a Paramedic Services comparison to determine whether there is opportunity for the two counties to realize efficiencies and economies of scale through a shared service arrangement and if so, the governance model which would best support this.

By July 2016, the staff had completed their initial assessments and in August 2016, APEXPRO Consulting Inc., a professional services firm with expertise in Paramedic Services, was retained to carry out a peer review of the work, to ensure that the findings are accurate and complete.

Project oversight was provided by a Working Group comprised of: Grey and Bruce County CAO's, and senior management of both the Grey and Bruce County Paramedic Services.

Our peer review focused primarily on the following assessments that had been completed by the Clients:

- Service Comparison Analysis, and
- Collective Agreement Comparison and Financial Implications.

We found the Clients' initial assessments to be incisive, thorough and representative of the salient issues. Also, their financial analyses followed appropriate process, and analyzed most salient cost implications.

This notwithstanding, the Clients' initial assessments did not produce a summary of findings or recommendations.

The findings presented below are those of APEXPRO Consulting Inc., based on a peer review of the work carried out by the Clients. Our analysis was informed by evidentiary and qualitative data provided by the Clients. In addition, we drew on previous experience, comparisons to other EMS peers, industry leading (best) practices, and relevant legislation.

### SERVICE COMPARISON ANALYSIS

The Counties of Grey and Bruce operate similar Paramedic Services delivery models; albeit the Grey County service is larger in terms of the geographic area served, the resident population, annual call volume, and vehicle and paramedic resourcing.

Both Paramedic Services operate with paramedics trained to the Primary Care level (PCP). Both operate from ambulance stations that are situated in major settlement areas of their respective Counties. Both services utilize 12-hour shifts, which is common to the industry. Both are dispatched by the MOHLTC-operated, London-based CACC. Both are served by the South West Ontario Regional Base Hospital Program (SWORBHP). Paramedics of both services are represented by OPSEU Local 250.

Both services are experiencing similar trends in demand growth, as well as similar challenges in providing coverage for on-call services and shifts during peak activity seasons.

Both services operate at response time performance levels that are comparable to one-another and to paramedic services of similar size and larger; each County reflecting their respective population densities (i.e., Grey County being 27% higher with a relatively large proportion of its population residing in the Owen Sound settlement area).

Both services operate with relatively lean administrative and reporting structures that are consistent with that of peers. Each one consists of: Director / Chief of Paramedic Services; 2 Deputies; one that manages the Operations and one that manages Quality Assurance; 4 Supervisors who rotate on 12-hour shifts (24/7) in tandem with the paramedics; and 1-2 Administrative Supports who, in addition to administrative assistance, also are responsible for scheduling shifts.

Both services employ full-time paramedics for shift coverage 24/7, and part-time paramedics who are scheduled as needed to backfill for vacation, sick leave, and other absences as may occasionally arise. This also is common to the industry.

Since Grey and Bruce Paramedic Services consistently perform at levels close to (or above) their targeted response time standards, one may safely conclude that their respective levels of paramedic resourcing (and ambulance hours of coverage) are not at issue; albeit, paramedic staffing increases will be needed over time as the population continues to grow and age, driving EMS demands higher.

The number of Supervisors employed by each Service is comparable to industry leading (best) practices, which support a paramedics-to-Supervisor ratio of about 25:1. The number of schedulers employed by each Service is also comparable to industry leading (best) practices. Stakeholders of both Services advise that the workload for Supervisors and Schedulers is challenging but manageable.

Both services employ a Manager of Quality Assurance who, working on a full-time basis, is responsible for carrying out Training and Quality Assurance functions. To deliver on these responsibilities, the incumbents periodically enlist the aid of others, including Supervisors, paramedics and external resources. This approach and level of resourcing is consistent with that of peer EMS services.

Both Paramedic Services have instituted Public Access Defibrillation (PAD) programs that equip public venues, including community centers, arenas and schools, with Automated External Defibrillators (AEDs).

Both services provide Community Paramedic Referral, and PERIL (Paramedics assessing Elders at Risk of Independence Loss) Community Paramedicine programs. In addition, Grey County Paramedic Services participates in organized Community Wellness Clinics, and in EPIC (Enhancing Paramedicine in the Community) and Remote Patient Monitoring trial programs.

Bruce County Paramedic Services' budget for 2016 is \$10,231,000. Grey County's budget, at \$13,818,000, is 35% larger, reflecting the relative scales of the two paramedics services (i.e., Grey's paramedic resourcing being about 30% larger, as is the annual number of staffed ambulance hours).

Although the budgets differ in size, the breakdown by major cost component is similar, with over 80% of the totals going to salary, wages and benefits; 6-8% to administrative expenses; about 8% to vehicles; 2% to buildings; and the rest to medical equipment and supplies.

Bruce and Grey County expend about \$150 per resident on paramedic services, whereas for EMS peers, the expenditure varies between \$100 and \$200. It costs Bruce and Grey counties between \$180 and \$190 to operate a fully-staffed ambulance for one hour. The median value among EMS peers is about \$190.<sup>1</sup>

## **COLLECTIVE AGREEMENT COMPARISON**

Grey and Bruce County paramedics are both represented by OPSEU local 250; albeit the Services operate with different collective agreements, which differ in negotiated provisions, language and format.

The collective agreement used by Bruce County Paramedic Services expired on March 31, 2016. The agreement used by Grey County Paramedic Services will expire December 31, 2017.

The provisions of the two collective agreements differ substantially, with Grey County's being more generous in most respects.

Our Clients have carried out a preliminary analysis of the financial implications were the provisions of the two collective agreements to be aligned. In carrying out this analysis, our Clients assumed that Bruce County would have to adjust to match the Grey County provisions (which are more generous in most respects), and this will result in additional costs to Bruce County. This assumption is based on the results of a similar review undertaken by the Counties of Huron and Perth in 2015.

According to the Clients' financial analysis, the additional costs to Bruce County will be about \$328,000 a year (based on 2015/2016 costs).

In our opinion, the Clients' assumptions are reasonable; however, the additional cost to Bruce County may be underestimated, principally because their analysis does not include an adjustment of Bruce County paramedic wages to match those of Grey County.

Adjusting for the differences in paramedic wages, we estimate that the additional cost to Bruce County will be about \$450,000 a year, or more.

Again, the above noted financial implication is based on an analysis that assumes that the more generous terms of the existing Grey EMS collective agreement would apply to a merged service. While this is a reasonable assumption, it is also reasonable to assume that Grey County would have to adjust to match more generous terms contained in the existing Bruce County collective agreement (e.g., terms pertaining to vacation, paramedic deactivation, overtime, and premium pay for transition to daylight savings time).

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<sup>1</sup> Peer comparators include the following municipalities ranging from 45,000 to 115,000 population: Chatham-Kent; Dufferin; Elgin; Haldimand; Huron; Kawartha Lakes; Leeds & Grenville; Muskoka, Norfolk, Oxford; Perth; Renfrew; and Stormont, Dundas, Glengarry.

In this alternative scenario, Grey County will also incur an additional cost, which we estimate to be about \$70,000 a year; while the additional cost to Bruce County will be about \$450,000 a year, or more.

In the context of the above noted financial implications, the following questions are of particular relevance.

*What purpose would be served by aligning the provisions of the two collective agreements during future contract negotiations? Will the benefits justify the anticipated increase in costs to Bruce County, as well as to Grey County?*

Our response to these questions, and others posed by the RFP document, are set out in Section 5 under the heading “Summary of Findings and Recommendations”.



# 1 INTRODUCTION

## 1.1 Context

In January 2016, Grey and Bruce County Councils directed their respective staffs to jointly undertake a Paramedic Services comparison to determine whether there is opportunity for the two counties to realize efficiencies and economies of scale through a shared service arrangement and if so, the governance model which would best support this.

This decision was based in part on a similar review that the Counties of Huron and Perth jointly undertook in 2015; albeit, the focus of that study was on combining the two services, whereas the focus of this study by Grey and Bruce Counties, is to investigate opportunities to realize efficiencies and economies of scale through a sharing of their respective services (not consolidation).<sup>2</sup>

This decision by Grey and Bruce County Councils was also based on the knowledge that their Paramedic Services have historically collaborated on multiple aspects of ambulance services delivery, and that they continue to do so. Below are several examples to illustrate Grey and Bruce Paramedic Services' long-standing tradition of collaboration:

- Cross-border standby to ensure emergency coverage when needed
- Vehicle sharing in the event that a spare ambulance is unavailable
- Similar medical equipment on board ambulances, e.g.: defibrillators (Zoll), cardiac monitors (Zoll), power cots (Stryker), etc.
- Joint tendering for equipment, medical supplies and oxygen; and for servicing (e.g., Georgian Bay for fire extinguishers)
- Management and supervisors having access to one-another's Base Hospital training sessions; this also applies to paramedics when needed.

The Grey-Bruce assessment commenced in January 2016. It was carried out as an in-house exercise, by staff of the two Counties working under the direction of a Steering Committee consisting of: Warden of each County; Chair of Bruce County Corporate Services Committee; Chair of Grey County Transportation and Public Safety Committee; and the Chief Administrative Officers (CAOs) of each County.

By July 2016, the staff had completed their initial assessments, and a decision was taken to retain professional services with expertise in Paramedic Services, to carry out a peer review of the work, to ensure that the findings are accurate and complete.

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<sup>2</sup> The Huron-Perth study has been concluded, and the decision arising from that review is not to combine the two paramedic services. We are advised that this decision was based predominantly on their financial assessment, which indicated that contrary to initial expectations, the cost to each County is likely to increase if the services are combined.

On July 20, 2016 Grey County (acting on behalf of the two Counties), issued a Request-for-Proposals (RFP) seeking the requisite professional services. APEXPRO Consulting Inc.'s involvement in this project is the direct result of this competitive RFP process.

Our proposal was submitted on August 11, 2016. We were awarded the project on August 23, 2016, and the review officially commenced by way of an initial meeting with the Project Working Group on August 30, 2016.

## 1.2 Project Objectives

Paraphrasing from the RFP document, the project objectives are as follows:

1. The Counties of Grey and Bruce have completed the following initial assessments of potential efficiencies that may be gained through a shared service arrangement for Paramedic Services delivery. The consultant (APEXPRO) will carry out a peer review of the work, to ensure that the findings are accurate and complete:
  - Service Comparison Analysis, and
  - Collective Agreement Comparison and Financial Implications.
2. The consultant (APEXPRO) will also investigate the following aspects of service delivery that could result in improvements in overall service provision:
  - Fleet Management
  - Scheduling
  - Training
  - Quality Assurance, and
  - Collective Agreement Alignment.

## 1.3 Project Scope

Specifically, our assessment under this project is intended to answer the following questions posed by the RFP document:

1. Are there efficiencies to be gained by sharing service delivery?
2. Are there best practices to guide the potential sharing of services?
3. Is there an opportunity to reduce duplication by sharing services?
4. Is there an opportunity to reduce liabilities by sharing services?
5. Is there an opportunity to increase service levels or improve access to services?
6. Is there an opportunity to improve our ability to leverage grants by sharing services?
7. Would the sharing of services equalize service delivery or provide for a more consistent delivery of services?
8. Is there an opportunity for overall cost savings for each County?
9. How can the collective agreements be better aligned during future negotiations?

## 1.4 Approach

Our approach was informed by leading (best) practices, industry standards, and relevant legislation for Ontario paramedic services operations.

Project oversight was provided by a Working Group consisting of the following senior management:

- Kelley Coulter, Chief Administrative Officer, Bruce County
- Kim Wingrove, Chief Administrative Officer, Grey County
- Mike Muir, Director Paramedic Services, Grey County
- Raymond Lux, A/Director Paramedic Services, Bruce County [Quality Assurance Manager / Deputy Chief]
- Steve Schaus, Operations Manager / Deputy Chief, Paramedic Services, Bruce County
- Kevin McNab, Operations Manager / Deputy Chief, Paramedic Services, Grey County
- Wendy Bieman, Quality Assurance Manager / Deputy Chief, Paramedic Services, Grey County

The analysis was based on evidentiary documentation, data and analyses provided by the Clients, as well as qualitative considerations. Input was received from all members of the Project Working Group.

Additional relevant information was drawn from peer comparisons and from our previous experience managing numerous paramedic services studies.

## 2 PEER REVIEW: SERVICE COMPARISON ANALYSIS

### 2.1 Features in Common

The Counties of Grey and Bruce operate similar Paramedic Services delivery models.

- Both operate with paramedics trained to the Primary Care level (PCP)
- Both operate station-based deployment models (not roaming, or central deployment)
- Both fleets consist solely of ambulances; no paramedic-operated Emergency Response Units (ERU).
- Both utilize 12-hour shifts, which is common to the industry
- Both are dispatched by MOHLTC-operated, London-based Central Ambulance Communications Centre
- Both are supported by the South West Ontario Regional Base Hospital Program (SWORBHP)
- Paramedics of both services are represented by OPSEU Local 250
- Both services have introduced Public Access Defibrillator (PAD) and Community Referral Paramedicine programs
- Both services are experiencing similar trends in demand growth, as well as similar challenges in providing coverage for on-call services and shifts during peak activity seasons.

The two services operate with similar administrative and reporting structures, each consisting of:

- Director / Chief of Paramedic Services
- 2 Deputies; one that manages the Operations and one that manages Quality Assurance
- 4 Supervisors who collectively provide on-duty paramedic supervision 24/7.
- 1-2 Administrative Supports who, in addition to administrative assistance, also are responsible for scheduling (i.e., staffing) shifts.
- Full-time paramedics for shift coverage 24/7; and part-time paramedics who are scheduled as needed to backfill for vacation, sick leave, and other absences as may occasionally arise.

	BRUCE	GREY
FULL-TIME PARAMEDICS	50	69
PART-TIME PARAMEDICS	42	52
TOTAL PARAMEDICS	92	121

About 14 paramedics are employed by both Bruce and Grey counties, as below. These staff are familiar with the scheduling software, operating protocols, and equipment used in both services.

- 6 to 7 are employed full-time by Bruce and work part-time for Grey
- 3 are employed part-time by Bruce and work full-time for Grey
- 4 to 5 work part-time for both Bruce and Grey

## 2.2 Relative Scale

While the Counties of Grey and Bruce operate similar Paramedic Services delivery models, Grey County's service is about 10% larger in area served, and 40% larger in population served.

Grey County's demand for ambulance services, as measured by the volume of Pr 1-4 calls, is 50% higher. The total call volume (including Pr 8) is 80% higher.

In terms of vehicle resources, Grey County's service is equipped with 10% more front line ambulances, and 25% more ambulances overall (including spares). Its paramedic resourcing is about 30% larger, as is the annual number of staffed ambulance hours.

EXHIBIT 2.1: RELATIVE SCALE

	BRUCE	GREY	GREY REL. TO BRUCE
POPULATION (MOF 2013)	67,800	95,000	+ 40%
AREA (SQ. KM.)	4,088	4,513	+ 10%
PERSONS PER SQ. KM.	17	21	+ 27%
CALLS - PR 1-4 (2015)	6,433	9,690	+ 51%
CALLS - PR 8 (2015)	4,143	9,459	+ 228%
CALLS - PR 1-4 & 8 (2015)	10,576	19,149	+ 81%
# OF PARAMEDICS (CURRENT)	92	121	+ 32%
STAFFED AMBULANCE HOURS (2016)	56,316	72,418	+ 29%
FRONT LINE AMBULANCES	9	10	+ 11%
TOTAL AMBULANCES (INC. SPARES)	12	15	+ 25%
SUPERVISORY VEHICLES	3	MAX. OF 4	+ 33%

## 2.3 Station Coverage

A consolidated map of the study area is shown in Exhibit 2.2. The two Counties share a common north-south border in Bruce Line 10 which runs from Hepworth south to the Wellington County community of Clifford.

Bruce County, at an area of 4,088 sq. km., is served by 6 stations. This works out to an average of about 680 sq. km. per station. Grey County, at an area of 4,513 sq. km., is served by 7 stations. This works out to an average of about 645 sq. km. per station.

All stations are situated in major settlement areas of their respective Counties. Bruce County stations are located at Tobermory, Wiarton, Port Elgin, Chesley, Kincardine and Walkerton. Tobermory station is owned by the County; Wiarton and Chesley are hospital owned; the rest are leased from private entities.

Grey County stations are situated at Owen Sound, Meaford, Craigeleith, Markdale, Hanover, Durham and Dundalk. Owen Sound and Craigeleith stations are County owned; Meaford and Durham are hospital-based; and the rest are situated in municipal buildings.

Construction of an 8<sup>th</sup> Grey County station at Chatsworth, is scheduled for 2017 budget considerations.

EXHIBIT 2.2: CONSOLIDATED MAP OF STUDY AREA



## 2.4 Response Time Performance

MOHLTC requires that land ambulance delivery agents provide the Ministry with a Response Time Performance Plan (RTPP) setting out ambulance response time targets by Canadian Triage Acuity Scale (CTAS). Performance relative to RTPP targets is to be assessed annually, and updated as appropriate.

Bruce and Grey Counties' response time targets for 2016 are shown in Exhibit 2.3. Bruce County's targets for 2016 are the same as those used in 2015. Grey County's targets for 2016 are slightly higher than those which they used previously in 2015.

The two RTPPs (shown in Exhibit 2.3) are relatively similar, and in our opinion, comparable to paramedic services of similar size and larger.

That said, Grey County's performance targets are slightly higher than those submitted by Bruce, particularly for calls of highest urgency (SCA and CTAS 1). For SCA calls, Grey's target is to have a defibrillator on scene in 6 minutes or less, 40% of the time. This compares to 35% for Bruce. For CTAS 1, Grey's target is to respond to 60% of such calls in 8 minutes or less. This compares to 50% for Bruce.

EXHIBIT 2.3: BRUCE AND GREY RESPONSE TIME TARGETS FOR 2016

	BRUCE		GREY	
	MINUTES	PERCENT	MINUTES	PERCENT
SCA	6	35%	6	40%
CTAS 1	8	50%	8	60%
CTAS 2	10	55%	15	90%
CTAS 3	15	70%	20	90%
CTAS 4	20	85%	20	90%
CTAS 5	25	90%	20	90%

We briefly reviewed each County's actual performance relative to their established standards, for prior years 2014 and 2015.

Our findings indicate that in 2014 and 2015, Bruce County consistently performed at levels close to the target standards. In some instances, the reported actuals are slightly below target, and in others they are slightly above. We anticipate that the findings for 2016 will be comparable.

Grey County consistently performed better than their targeted 2014 and 2015 standards. Accordingly, despite the slight increase in standards for 2016, it is anticipated that Grey County will perform at levels close to the 2016 targets (or better, as in previous years).

## 2.5 Staffing Levels

### Paramedic Resources

Since both Grey and Bruce Paramedic Services consistently perform at levels close to (or above) their targeted response time standards, one may safely conclude that their respective levels of paramedic resourcing (and ambulance hours of coverage) are not at issue; albeit, staffing increases will be needed over time as the population continues to grow and age, driving EMS demands higher.

### Senior Management

Both Grey and Bruce Paramedic Services are similarly structured, employing a Director/ Chief; Operations Manager; and Quality Assurance Manager. In addition to being responsible for their respective areas (Operations and Quality Assurance), the two Managers also serve as Deputy Chiefs of the organization. This structure is consistent with that of comparably-sized EMS services.

### Supervisory Resources

Both Bruce and Grey Counties employ 4 shift Supervisors. The Supervisors rotate on 12-hour shifts (24/7) in tandem with the paramedics. One Supervisor is on duty on each shift. Their responsibilities include:

- Maintain shift schedule as arranged by the Scheduler, taking necessary steps at night and on weekends, to fill short-notice vacancies.
- Ensure that personnel assigned to a shift report on time, fit for duty, properly attired, and aware of the safe, normal or special requirements of each work assignment.
- Ensure operational readiness of fleet and stations through random inspections.
- Oversee operations during an assigned shift, including both paramedics and vehicles.
- Patrol area. Monitor and evaluate individual paramedic performance, providing guidance and assistance as needed.

Bruce County Paramedic Services operates at a paramedics-to-Supervisor ratio of 23:1. Grey County Paramedic Services operates at a ratio of 30:1. These values are comparable to industry leading (best) practices, which support a ratio of about 25:1.

From this, one may conclude that both services employ sufficient numbers of supervisors to carry out the duties expected of the position.

Best practices notwithstanding, several stakeholders from both Bruce and Grey Counties have suggested that Supervisors spend too much time at night and on weekends, filling unscheduled shift vacancies.



## **Scheduling Function**

The Scheduling function is responsible for ensuring that shifts are appropriately staffed by coordinating and applying schedules to staff in accordance with collective agreements, policies and procedures. The function also audits attendance, to ensure accurate and timely processing of employee pay.

In Bruce County, the scheduling function is carried out by the Service's Administrative Coordinator, who also is responsible for administrative support. The incumbent works 35 hours a week, daytime Monday to Friday.

Grey County Paramedic Service employs an individual on a part-time basis who is dedicated to scheduling and payroll. This Scheduler works 4 days a week, at an overall full-time equivalence of 0.8 FTE. The Service also employs a full-time Administrative Assistant who, when occasionally required, will provide scheduling assistance.

The shift Supervisors of both Services help out by addressing short-notice vacancies that arise during night time shifts, and on weekends.

We estimate that Bruce's Paramedic Service operates at paramedics-to-Scheduler ratio of about 115:1. For Grey the figure is about 120:1. These ratios are comparable to the maximum standard that would otherwise be suggested by industry leading (best) practices.

Stakeholders of both Services advise that the workload for the Schedulers is challenging but manageable; albeit, as mentioned above, stakeholders from both Bruce and Grey Counties have suggested that Supervisors spend too much time at night and on weekends, filling unscheduled shift vacancies.

## **Training and Quality Assurance**

This function is responsible for:

- Developing, coordinating and delivering paramedic training and educational programs that comply with legislation and certification requirements
- Designing and maintaining internal investigative and quality management programs, to ensure consistency of delivered services, and individual paramedic staff performance (competency relative to legislation and service expectations)
- Performs internal investigations, engaging stakeholders and MOHLTC as appropriate
- Coordinating PAD and Community Paramedicine programs, community education and stakeholder engagement.

Both Bruce and Grey Paramedic Services respectively employ a Manager of Quality Assurance who, working on a full-time basis, is responsible for carrying out these functions. This approach and level of resourcing is consistent with that of peer EMS services.

To deliver on these responsibilities, the incumbents periodically enlist the aid of others, including Supervisors, paramedics and external resources. Again, this approach is consistent with that of peers.

Stakeholders of both Services advise that the workload pertaining to training and quality assurance, is challenging but manageable.

## 2.6 Supporting Functions

Fleet Management, Scheduling, Training and Quality Assurance, are discussed individually in Section 4 of this report.

## 2.7 Community Paramedicine

Community Paramedicine is an organized system of “non-emergency” community-based services determined by local needs, which are provided by paramedics in collaboration with others, generally to fill existing gaps between hospital and outpatient primary care.

The services may include paramedics supplementing healthcare services in underserved rural and remote areas (e.g., wellness clinics, home visits, checking vital signs, etc); paramedics collaborating with healthcare and social services providers to connect patients (often EMS high volume users) to appropriate community-based resources; and paramedics routinely performing treatments in assisted living facilities in lieu of patient transport.

Many of the programs include a patient referral component focusing on “high risk” callers i.e., individuals with mental health issues or chronic medical conditions who repeatedly call for EMS services multiple times a year. For this relatively small sector of the population, the benefits can be substantial with significant reductions in ambulance transports being reported.

Bruce County’s Community Paramedicine program focuses on PERIL (Paramedics assessing Elders at Risk of Independence Loss) whereby, depending on call circumstances, a patient over the age of 65 may be referred to the Community Care Access Center (CCAC) for additional and appropriate in-home support.

Grey County Paramedics also provide PERIL Community Paramedicine services. In addition, the County’s Paramedic Services participates in organized Community Wellness Clinics, and in EPIC (Enhancing Paramedicine in the Community) and Remote Patient Monitoring trial programs.

EPIC is a clinical trial to study the effectiveness of community paramedicine in reducing emergency room visits by chronic disease patients (specifically patients suffering from congestive heart failure, diabetes or chronic obstructive pulmonary disorder). The study involves two highly trained Grey County Paramedics and is being conducted in partnership with the Owen Sound Family Health Team and St. Michael’s Hospital. The clinical trial is being funded 100% by MOHLTC.

Remote Patient Monitoring is a demonstration project whereby wireless technology is used to monitor residents with chronic heart failure or chronic obstructive pulmonary disease remotely from the comfort of their own homes. The technology notifies a paramedic when warning signs arise, who in turn makes patient contact and refers the patient to a medical provider for treatment before the onset of an emergency. The project is being funded by Canada Health Infoway, an organization working with partners to accelerate the development, adoption and effective use of digital health solutions across Canada. The demonstration project will be evaluated by Queen’s University.

## 2.8 Public Access Defibrillation (PAD)

Working with the Heart and Stroke Foundation of Ontario, in association with other public organizations, both Paramedic Services have instituted Public Access Defibrillation (PAD) programs that equip public venues, including community centers, arenas and schools, with Automated External Defibrillators (AEDs).

The Bruce PAD program has about 170 AED located throughout the County. Grey's has about 145 AED.

Both programs are similar in that AEDs are donated to the participating organization, and supplies and replacement costs are the responsibility of the participating organization. Beyond this, there are unique differences.

In Bruce County the PAD program is overseen by the Operations Manager, and Paramedic Services Supervisors routinely check AED's in arenas, to make sure that they are working properly. AED's located in other public venues are the responsibility of the host organization.

In Grey County, the program is overseen and coordinated by the Quality Assurance Manager who, at the request of a public organization, will provide public education in respect to the purchase of an AED, and training. AED's located in public and private venues are the responsibility of the host organization. Sustainability of the program is both financially and operationally challenging, as has been identified in annual reports.

## 2.9 Emergency Management

In Bruce County, the Community Emergency Management Coordinator (CEMC) duties reside with the Director Paramedic Services. In Grey County, the CEMC role is situated in the Clerk's department.

## 2.10 Annual Expenditures

Bruce County Paramedic Services' budget for 2016 is \$10,231,000. Grey County's budget, at \$13,818,000, is 35% larger, reflecting the relative scales of the two paramedics services (i.e., Grey's paramedic resourcing being about 30% larger, as is the annual number of staffed ambulance hours).

Although the budgets differ in size, the breakdown by major cost component is similar, with over 80% of the totals going to salary, wages and benefits; 6-8% to administrative expenses; and the rest apportioned as shown in Exhibit 2.4 (next page).

EXHIBIT 2.4: PARAMEDIC SERVICES BUDGETS FOR 2016

	BRUCE	GREY
<b>2016 BUDGET</b>	<b>\$10,231,000</b>	<b>\$13,818,000</b>
OPERATIONS: SALARY, WAGES & BENEFITS	71%	70%
ADMINISTRATION: SALARY, WAGES & BENEFITS	12%	11%
ADMINISTRATIVE EXPENSES	6%	8%
VEHICLE CAPITAL	4%	4%
VEHICLE EXPENSES	4%	4%
BUILDING EXPENSES	2%	2%
MEDICAL EQP'T, SUPPLIES & OXYGEN	1%	1%
EMERGENCY MANAGEMENT	LT 1%	--

## 2.11 Peer Cost Comparison

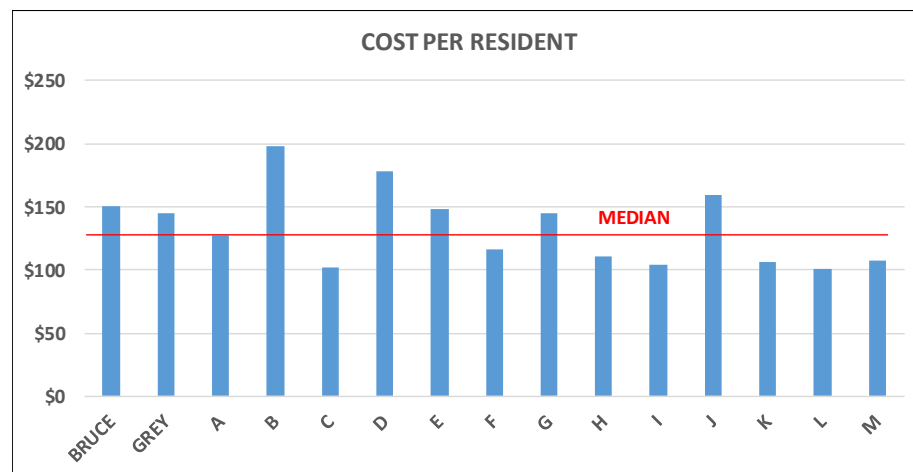
With the Client's assistance, we conducted a survey of other Ontario jurisdictions, to determine the relative levels of annual expenditures on Paramedic Services. The survey sample was augmented by peer EMS information that we maintain on file.

The peer comparison included the following municipalities ranging from 45,000 to 115,000 population: Chatham-Kent; Dufferin; Elgin; Haldimand; Huron; Kawartha Lakes; Leeds & Grenville; Muskoka, Norfolk, Oxford; Perth; Renfrew; and Stormont, Dundas, Glengarry. The peer comparison results are summarized below.

### Cost Per Resident

Bruce and Grey County expend about \$150 per resident on paramedic services. The median expenditure among EMS peers is about \$130, with variance ranging between \$100 and \$200.

EXHIBIT 2.5: COST PER RESIDENT



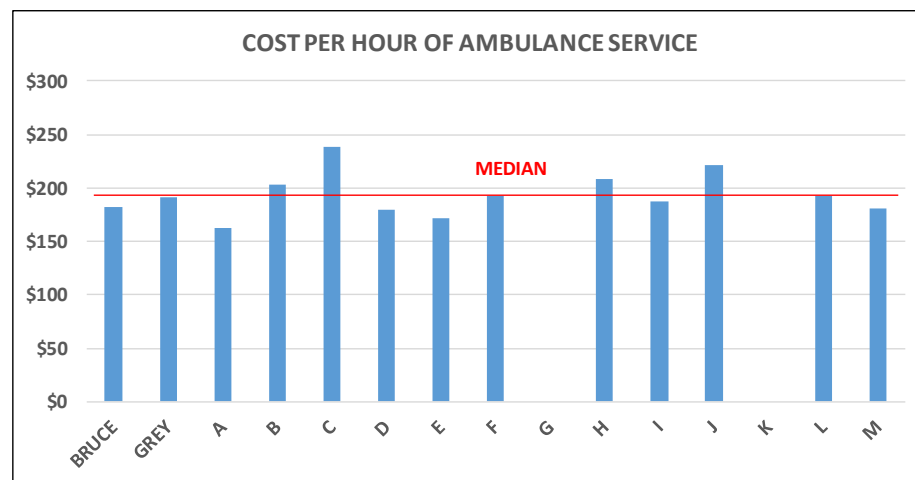
Values are derived using 2016 budget estimates and population estimates for 2013 by MOF

### Cost Per Hour of Ambulance Staffing

It costs Bruce and Grey counties between \$180 and \$190 to operate a fully-staffed ambulance for one hour. The median value among EMS peers is about \$190, with variance ranging between \$160 and \$240.

These costs per hour were derived by dividing budgeted ambulance hours of coverage into the 2016 budget estimates. Since paramedic wages account for approximately 70% of operating costs, the cost per hour estimates are greatly influenced by the status of wage negotiations in the EMS services surveyed. Also of note, EMS services may use different practices for down staffing or up staffing of ambulances. While such differences may impact the cost per hour, they are not reflected in the calculations.

EXHIBIT 2.6: COST PER HOUR OF AMBULANCE STAFFING



Values are derived using 2016 budget estimates and reported ambulance hours of coverage.  
Coverage hours were not available for Peers G and K.

### 3 PEER REVIEW: COLLECTIVE AGREEMENT COMPARISON

Grey and Bruce County paramedics are both represented by OPSEU local 250; albeit the Services operate with different collective agreements, which differ in negotiated provisions, language and format.

The collective agreement used by Bruce County Paramedic Services expired on March 31, 2016. The agreement used by Grey County Paramedic Services will expire December 31, 2017.

The Clients provided us with a comparative assessment of the provisions contained in the two collective agreements, as well as their initial analysis of the financial implications should the provisions be aligned (i.e., if they were made common to both services).

Listed below are the areas that Grey and Bruce Counties focused on in the course of their work:

- Recognition
- Management Rights
- Definitions
- Job Postings
- Hours of Work and Overtime
- Overtime and Premium Pay
- Leaves of Absence
- Paid Holidays
- Vacations
- Health Insurance
- Uniforms
- Expenses and Allowances
- Health and Safety
- Wages

We reviewed the Clients work, focusing primarily on whether their findings are accurate and complete. In this regard, we also briefly examined the two collective agreements documents.

The Clients' initial assessment was found to be incisive, thorough and representative of the salient issues. Their financial analysis followed appropriate process, and analyzed most salient cost implications.

#### 3.1 Financial Implications for Aligning Provisions

The provisions of the two collective agreements differ substantially, with Grey County's being more generous in most respects.

In carrying out their analysis of the financial implications should the provisions of the two collective agreements be aligned, the Clients assumed that Bruce County would have to adjust to match the Grey County provisions (which are more generous in most respects), and this will

result in additional costs to Bruce County. These assumptions are based on the results of a similar review undertaken by the Counties of Huron and Perth in 2015.

The Clients' financial analysis includes assumptions with respect to maternity/paternity leave. It also includes assumptions with respect to health benefits costing, some of which was provided by a third-party benefits consultant (Mosey and Mosey). In these matters, we defer to the Clients' experience and that of the third-party consultant.<sup>3</sup>

According to the Clients' financial analysis, the additional costs to Bruce County will be about \$328,000 a year (based on 2015/2016 costs).

In our opinion, the Clients' assumptions (including that of Bruce County adjusting to match the Grey County provisions) are reasonable; however, the additional cost to Bruce County may be underestimated, principally because the analysis does not include an adjustment of Bruce County paramedic wages to match those of Grey County.

Adjusting for the differences in wages, we estimate that the additional cost to Bruce County will be about \$450,000 a year, or more.<sup>4</sup>

The Clients' financial analysis also excludes: one-time legal costs for establishing a collective agreement with common provisions; legal costs to resolve grievances relating to the newly formed provisions; and what we consider to be relatively low cost items (i.e., differences in labour-management committee representation).<sup>5</sup> However, in our view, such items, were they to be costed, will not materially change the Clients' overall estimate of the financial implications (nor ours).

Again, the above noted financial implication is based on an analysis that assumes that the more generous terms of the existing Grey EMS collective agreement would apply to a merged service. While this is a reasonable assumption, it is also reasonable to assume that Grey County would have to adjust to match more generous terms contained in the existing Bruce County collective agreement (e.g., terms pertaining to vacation, paramedic deactivation, overtime, and premium pay for transition to daylight savings time).<sup>6</sup>

In this alternative scenario, Grey County will also incur an additional cost, which we estimate to be about \$70,000 a year; while the additional cost to Bruce County will be about \$450,000 a year, or more.

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<sup>3</sup> As they would have more intimate knowledge of appropriate assumptions (e.g., number of paramedics that would have single's coverage versus family coverage).

<sup>4</sup> Our estimate is based on Grey County wage rates for 2015. We used 2015 wage rates because the Bruce County collective agreement expired in March 2016, and at present there is no available information on how the wage gap between Bruce and Grey will be changed in a successor agreement.

<sup>5</sup> The Grey collective agreement provides for 2 additional representatives, and union representation on the negotiating committee (1 part-time).

<sup>6</sup> E.g.: Bruce County paramedics receive 4 weeks' vacation after 5 years of service, whereas in Grey County, paramedics must work 7 years to attain 4 weeks' vacation. Bruce County pays time and a half for the transition to daylight savings time whereas Grey County pays straight time.

### 3.2 Commentary on Aligning Provisions

In the context of the above noted financial implications, the following questions are of particular relevance.

*What purpose would be served by aligning the provisions of the two collective agreements during future contract negotiations? Will the benefits justify the anticipated increase in costs to Bruce County, as well as to Grey County?*

In response to these questions we offer the following commentary.

As discussed in Section 2 previously, both services operate at response time performance levels that are comparable to paramedic services of similar size and larger. Aligning the provisions of the two collective agreements is not going to improve service levels, but it will increase the costs to Bruce and Grey Counties (as identified in Section 3.1 above).

Since both services consistently perform at levels close to their targeted response time standards, one may safely conclude that their respective levels of paramedic resourcing (and ambulance hours of coverage) are not at issue. Aligning the provisions of the two collective agreements is not going to change the Counties' paramedic resourcing requirements. To the contrary, additional paramedic resources will be needed over time as the population continues to grow and age, driving EMS demands higher (whether the provisions are aligned or not).

The services collaboratively provide one-another with cross-border standby to ensure emergency coverage when needed. They also participate in joint tendering for equipment, medical supplies and oxygen; and in other forms of service delivery collaboration. Aligning the provisions of the two collective agreements is not going to change their historical approach to service delivery collaboration; nor will it contribute to material changes in field infrastructure (i.e., number and location of stations).

Both services operate with relatively lean administrative and reporting structures that are not only consistent with that of peers, but also are comparable to standards that would otherwise be suggested by industry leading (best) practices (based on the number of full-time and part-time paramedics that each service employs). Aligning the provisions of the two collective agreements is not going to change the present management, supervisory and administrative support requirements.

Some would suggest that aligning the provisions of the two collective agreements may eventually lead to a merging of the two services, which by extension may lead to reductions in staffing (particularly at the management level), and to greater efficiencies in the delivery of the services. Drawing from both the available evidentiary information and our previous experience, we strongly disagree with any suggestion to merge the services.

In our opinion, both services already operate relatively efficiently. As demonstrated by the peer cost comparison (in Section 2.11 previously):

- Bruce and Grey counties expend about \$150 per resident on paramedic services. For EMS peers, the expenditure varies between \$100 and \$200.



- It costs Bruce and Grey counties between \$180 and \$190 to operate a fully-staffed ambulance for one hour. For EMS peers, the median value is about \$190.

Clearly, the two collective agreements differ in negotiated provisions, language and format. This notwithstanding, neither agreement appears to contain any major provisions that would materially impede Bruce and Grey Paramedic Services from implementing collaborative arrangements in EMS delivery (regardless whether the provisions are aligned or not). Case in point, the two Paramedic Services already collaborate on multiple aspects of ambulance services delivery, and they plan to continue in this practice.

As an additional consideration, union representatives may ask for significant concessions before agreeing to align the provisions of the two collective agreements.

In summary, it is our opinion that no major purpose would be served by aligning the provisions of the two collective agreements during future contract negotiations; and the costs to Bruce County will increase, as may the costs to Grey County.

Our opinion notwithstanding, should Bruce and Grey choose to align the provisions of the collective agreements then we suggest focusing initially on non-monetary articles within the agreements (as in the chart below). If there is difficulty in achieving alignment of non-monetary articles, it is doubtful that the effort and costs to achieve broader alignment would be justified.

SUBJECT	PRINCIPLE
FORMAT	A similar format will reduce misunderstandings among those paramedics that work for both Grey and Bruce EMS
RECOGNITION	Management needs to retain the flexibility to establish new non-union management positions without seeking approval from the union. The Bruce agreement provides flexibility in this regard.
MANAGEMENT RIGHTS	Management needs to have the flexibility to implement new initiatives. These are easier to implement with a comprehensive listing of management rights.

### 3.3 Commentary on Merging Services

As noted above, some would suggest that aligning the provisions of the two collective agreements may eventually lead to a merging of the two services, which by extension may lead to reductions in staffing (particularly at the management level), and to greater efficiencies in the delivery of the services.

We strongly disagree with any suggestion to merge the services. In this regard, we offer the following commentary.

- Both services already operate efficiently relative to peers (as shown by the peer cost comparison in Section 2.11).

- Bruce and Grey Councils have approved Response Time Performance Plans that are comparable to peer EMS services. Since both Bruce and Grey Paramedic Services consistently perform at levels close to their targeted response time standards, one may safely conclude that their respective levels of paramedic resourcing (and ambulance hours of coverage) are appropriate to the targets set out in the plans approved by Councils. Merging the services will not reduce paramedic resourcing, unless the respective Councils approve a reduction in response time plan performance.
- To the contrary, additional paramedic resources will be needed over time as the population continues to grow and age, driving EMS demands higher (whether the services are merged or not).
- Both services operate with relatively lean administrative and reporting structures that are not only consistent with that of peers, but also are comparable to standards that would otherwise be suggested by industry leading (best) practices (based on the number of full-time and part-time paramedics that each service employs). Merging the two services is not going to change the present management, supervisory and administrative support requirements.
- Clearly, a merged service will not require two Directors/Chiefs. That said, merging the two services will not reduce the overall workload that the two Directors/Chiefs presently perform. All it means is that the one incumbent (Director/Chief) will have to report to two Councils, and deal with two budgeting processes, two sets of financial reporting, two sets of compliance reporting, etc. More than likely, others will have to assume part of the work, and depending on how this is approached, it may necessitate a realignment of the organizational structure and employment of additional FTE at the management level.
- Merging of the two services may also present additional staffing pressures and costs to departments other than Paramedic Services, in both Bruce and Grey Counties, i.e.: HR Services, Financial Services, Information Technology, Legal, etc.
- Merging of the two services may also have cost impacts to benefits and insurance for the balance of each County's operations.
- Additional, potential financial implications associated with a merging of the two services, include:
  - One time legal costs for establishing a shared services agreement (in addition to a collective agreement with common provisions).
  - Legal costs to resolve potential grievances relating to the newly formed arrangements.
  - Successor provisions of both the Labour Relations Act and Employment Standards Act which would apply to a merged service. This is a complex legal question that would have financial and collective agreement implications depending on the governance model for a merged service.

### 3.4 Paramedic Fatigue - a Question Raised by Clients

On commencement of the study the Clients expressed concern with respect to some paramedics working excessive numbers of hours; this attributed primarily, to serving either full-time or part-time for multiple ambulance services.

It was suggested that for reasons of due diligence, there needs to be a way to ensure that paramedics report to duty sufficiently rested to provide proper patient care, safely operate equipment and vehicles, and that they do not make themselves vulnerable to injury due to fatigue.

There are many activities that can result in a paramedic reporting to work without sufficient rest to safely execute their duties. Working for another employer, self employment, recreational activities, social activities, and family problems can all have a similar impact as working for another ambulance service.

Employees reporting for work impaired by fatigue or substance abuse is a common concern to many employers.

This issue is particularly important to EMS services as management is usually not on site when paramedics report to work, and they also are not present for the majority of paramedic shift and patient contacts.

In response to the Client's concerns, we briefly scanned several other collective agreements that were readily available, for language pertaining to the management of this issue. Unfortunately, we did not find any such articles.

Our opinion is that, fundamentally it is the responsibility of the paramedic to report to work sufficiently rested. To such ends, one option to consider is that when next preparing for future collective agreement negotiations, the Clients may wish to consult with a labour relations specialist, to develop appropriate language to respond to this concern.

Another option to consider is to enlist appropriate subject matter expertise to help investigate the issue. The Public Services Health and Safety Association (PSHSA) provides such expertise, and is presently assisting various public sector clientele, including William Osler Health System and Ontario Nurses' Association (ONA) with similar issues.

## 4 ANALYSIS OF SUPPORTING FUNCTIONS

APEXPRO was also asked to investigate the following aspects of service delivery that could result in improvements in overall service provision: Fleet Management; Scheduling; Training; Quality Assurance; and Collective Agreement Alignment.

Collective agreement alignment was discussed in Section 3 above. The other items are discussed below.

### 4.1 Fleet Management

In the context of this review Fleet Management refers to all functions pertaining to the management of fleet and on-board equipment (stretchers, stair chairs, defibrillators, oxygen and suction equipment) on a consistent basis, including: regularly scheduled preventative vehicle maintenance, unscheduled repairs, and maintaining all related documents in accordance with legislative requirements.<sup>7</sup>

In Bruce and Grey Counties, the Managers of Paramedic Services Operations / Deputy Chiefs are responsible for coordinating these functions. Bruce County outsources vehicle maintenance and repairs to an external contractor who was selected via competitive tendering. In Grey County, vehicle maintenance and repairs are performed in-house by Corporate Fleet Services staff.

Presented below is the assembled information relevant to the fleet management practices for both services.

BRUCE COUNTY	GREY COUNTY
<p>Operates with 12 ambulances (4 Crestline and 8 Demers), and 3 supervisory vehicles (minivan and 2 pickup trucks with cover).</p> <p>Nine (9) ambulances are front line, and 3 are spares. Compared to peers, this ratio is relatively low.</p> <p>Six (6) ambulances presently operate on gas and 6 on diesel. Staff advise that the cost of a diesel ambulance is higher and they are more expensive to service. A decision has been taken to convert the entire fleet to gas. At the current 8-year replacement cycle, this should be accomplished by 2019.</p> <p>Operates with an 8-year replacement cycle which, compared to peers, is relatively long. Issues include: high mileage; more downtime and higher costs to service older/high mileage vehicles; and</p>	<p>Operates with 15 ambulances (Demers), and 2 to 4 supervisory vehicles.</p> <p>Ten (10) ambulances are front line, and 5 are spares. This ratio is comparable to peer services.</p> <p>Six (6) ambulances presently operate on gas and 9 on diesel. The entire fleet is being changed to gas; this, for the same reasons articulated by Bruce County.</p> <p>Drawing from information provided by Corporate Fleet Services, the staff suggest that diesels also are less fuel efficient (18 kms per 100 litres of fuel vs 21 kms per 100 litres for gas).</p> <p>By year-end 2016, Grey will have 8 gas-operated ambulances; 11 in 2017; 13 in 2018; and all 15 will be converted to gas by 2019.</p>

<sup>7</sup> With the exception of on-board radio communications equipment. Management of this equipment is MOHLTC's responsibility.

BRUCE COUNTY	GREY COUNTY
<p>low residual value upon retirement). A proposal to change to a 5 to 6-year replacement cycle will soon be considered by County Council.</p> <p>A 6-year replacement cycle would mean budgeting on a going forward basis, for the replacement of 2 ambulances each year; also, one supervisory vehicle every 2 years.</p> <p>Ambulances are equipped with power cots but not power load. Staff have prepared a proposal to outfit the fleet with power load on an incremental basis taking vehicle age and replacement schedules into account. It is expected that Council will consider this proposal in 2017.</p> <p>Vehicle maintenance and repairs are provided by an external contractor who was selected via competitive tendering. The contractor is based in Walkerton.</p> <p>Contractor employs a technician who is specifically trained/certified to perform maintenance and repairs to emergency services vehicles.</p> <p>Regularly scheduled preventative maintenance is performed at intervals of about 8,000 and 16,000; with transmission oil changes at about 100,000 km.</p> <p>The service expends slightly less than \$200,000 a year on vehicle maintenance and repairs (including on-board equipment).</p> <p>Bruce County Paramedic Service is pleased with the services provided by the external contractor i.e., described as responsive and thorough.</p> <p>The above notwithstanding the Paramedic Service will consider lower cost alternatives, as long as the quality of the service is the same (or better).</p>	<p>Operates with a 6-year replacement cycle, which is comparable to many peers. Typically, 4 years as a front line vehicle and 2 as a spare.</p> <p>Budget on an alternating basis, for the replacement of 3 ambulances one year and 2 the next.</p> <p>Replacement cycle for supervisory vehicles is 5 years.</p> <p>Ambulances are equipped with power cots. Six (6) are also equipped with power load. By 2019 the fleet will be fully outfitted with power load.</p> <p>Vehicle maintenance and repairs are performed in-house by Corporate Fleet Services staff, from fleet facilities based at Chatsworth and Clarksburg.</p> <p>A third fleet centre is located at Ayton. This centre is not presently set up for ambulances.</p> <p>Fleet Services is staffed with a Manager and 3 mechanics.</p> <p>In addition to servicing the vehicles, Fleet Services also maintains lift devices, stair chairs; and they pressure test oxygen hoses and suction equipment.</p> <p>Oxygen refills are outsourced to VitalAire Canada (same company used by Simcoe and Bruce Counties).</p> <p>Regularly scheduled preventative maintenance is performed at intervals of about 10,000 and 20,000; with differential oil changes at about 120,000 km.</p> <p>The service expends about \$220,000 a year on vehicle maintenance and repairs (including on-board equipment).</p> <p>Grey County Paramedic Service is very pleased with the services they receive from Corporate Fleet Services.</p>

### Summary of Observations

Both Bruce and Grey County Paramedic Services are conscientious in their respective approach to Fleet Management; this for several reasons including service performance, cost-efficiency, and to ensure Service compliance with all legislative requirements.

Bruce County Paramedic Services outsources vehicle maintenance and repairs to an external contractor, whereas Grey County Paramedic Services assigns the work in-house to Corporate Fleet Services staff. Both Bruce and Grey are pleased with the services they receive.

Based on the information assembled above, we estimate that vehicle maintenance and repairs costs Bruce County an average of \$16,500 a year per ambulance, whereas Grey County, at \$14,500 a year per ambulance, is about 10% cheaper.

We suggest that Fleet Management may be an additional area where Bruce and Grey Counties may potentially share services delivery (with Bruce County utilizing Grey County's in-house vehicle servicing capabilities); this, primarily to reasons of potential savings in costs to both parties.

Should Bruce and Grey Counties decide to pursue this direction further, then the areas that will need to be addressed include:

- Affirm potential cost savings and whether the savings justify the effort to enter into a collaborative arrangement
- Affirm whether Grey County's Corporate Fleet Services has the infrastructure and resource capacity to take on Bruce's requirements
- Investigate the logistical implications (i.e., for transporting vehicles to/from fleet centres).

## 4.2 Scheduling

The Scheduling function is responsible for ensuring that shifts are appropriately staffed by coordinating and applying schedules to staff in accordance with collective agreements, policies and procedures. The function also audits attendance, to ensure accurate and timely processing of employee pay.

Presented below is the assembled information relevant to Scheduling practices for both services.

BRUCE COUNTY	GREY COUNTY
<p>Scheduling function is carried out by the Service's Administrative Coordinator, who also is responsible for administrative support. The incumbent works 35 hours a week, daytime Monday to Friday.</p> <p>Shift Supervisors help out by addressing short-notice vacancies that arise during night time shifts, and on weekends.</p> <p>Paramedics-to-Scheduler ratio of about 115:1, which is comparable to the maximum standard suggested by industry leading (best) practices.</p>	<p>Employs an individual on a part-time basis who is dedicated to scheduling and payroll.</p> <p>The Scheduler works 4 days a week, at an overall full-time equivalence of 0.8 FTE.</p> <p>The Service also employs a full-time Administrative Assistant who, when occasionally required, will provide scheduling assistance.</p> <p>Shift Supervisors help out by addressing short-notice vacancies that arise during night time shifts, and on weekends.</p> <p>Paramedics-to-Scheduler ratio of about 120:1, which is comparable to the maximum standard suggested by industry leading (best) practices.</p>

BRUCE COUNTY	GREY COUNTY
<p>Scheduling process looks 20 weeks ahead on an ongoing basis, and schedules for 16 weeks at a time.</p> <p>Major factors influencing the Scheduling process include: provisions of the collective agreement; numbers of full-time and part-time paramedic staffing; seniority; station postings; vacations; staff turnover; and new hires. Same applies to Grey County.</p> <p>Software system is “Avanti”. This software is used County-wide to generate payroll.</p> <p>Staff’s opinion of Avanti is that it is designed for an 8 hour a day weekday service. In that setting it works well. However, for a 24/7 working environment, it is difficult to navigate / not user friendly.</p>	<p>Scheduling process looks 8 to 12 weeks ahead on an ongoing basis, and schedules for 4 weeks at a time.</p> <p>Software system is “Staff Schedule Care”. This software is used County-wide to generate payroll.</p> <p>Staff’s opinion of Staff Schedule Care is similar to that expressed by Bruce in respect of Avanti. The system is difficult to navigate / not user friendly, so much so, that out of necessity, users may occasionally resort to paper-based records.</p>

### Summary of Observations

Both Services commended the work of their respective Schedulers. Both indicate that the workload is challenging; however, their Schedulers manage the work well.

Stakeholders from both Bruce and Grey Counties have suggested that Supervisors spend too much time at night and on weekends, filling unscheduled shift vacancies.

Schedulers of both services follow similar processes overall; albeit with unique differences that are influenced by different negotiated provisions (collective agreements); different numbers of full-time and part-time paramedic staffing; seniority; staff turnover; and new hires.

Schedulers and paramedics of both services were accustomed to using Jacobs Business System software for scheduling, and found this software to be appropriate to their needs. Current software systems are described as difficult to navigate and not user friendly.

Despite the overall similarities, the Scheduling function is an area that many would characterize as being of relatively “higher risk”, and liability with respect to provincial legislation. For reasons below, it is not an area that many would consider suitable for shared services / collaboration. We generally concur with these opinions:

- General complexity of the function, and
- Added complexities of having to work with different collective agreements (differing in negotiated provisions, language and format); and with different scheduling and payroll software systems.

## 4.3 Training and Quality Assurance

Both Bruce and Grey Paramedic Services respectively employ a Manager of Quality Assurance who, working on a full-time basis, is responsible for developing, overseeing, coordinating and /

or directly carrying out Training and Quality Assurance functions. This level of resourcing is consistent with that of peer EMS services.

Their responsibilities include:

- Developing coordinating and delivering paramedic training and educational programs that comply with legislation and certification requirements.
- Designing and maintaining internal investigative and quality management programs, to ensure consistency of delivered services, and individual paramedic staff performance (competency relative to legislation and service expectations).
- Performing internal investigations, engaging stakeholders and MOHLTC as appropriate.
- Coordinating PAD and Community Paramedicine programs, community education and stakeholder engagement.

To deliver on these responsibilities, the incumbents regularly enlist the aid of others, including Supervisors, paramedics and external subject matter expertise. Again, this approach is consistent with that of peers.

Stakeholders of both Services advise that the workload pertaining to training and quality assurance, is challenging but manageable.

## TRAINING

Training programs for both Counties are similar, and are driven primarily by the MOHLTC regulations and standards - as described below, with differences noted where they apply.

New staff orientation and training is completed upon hire - in spring, covering protocols, vehicles, equipment, ACR software, etc. May include ride along orientation (per Grey County).

In-service training (8 hours annually / in spring) is driven by MOHLTC regulations and standards; and suggestions brought forward by staff and Base Hospital.

- Syllabus typically includes: review protocols and standards, including updates; review new equipment (i.e., new defibrillators and charting software); address issues arising from audit process.
- External subject matter expertise has in past included: vehicle extrication, obstetrical emergencies, and mental health.
- Usually held at central locations (i.e., for Bruce – Walkerton / for Grey - Markdale).
- This year Bruce County held the in-service training in Tobermory, focusing on functions related to rural / remote areas. Parks Canada and Coast Guard participated.
- The focus in 2017 (for both Counties) will be on MOHLTC's new BLS standards (i.e., as relate to such items as oxygen delivery and use of backboards).

Base Hospital recertification training (8 hours annually) is held in the fall at central locations. Typically covers ALS, drugs and medically delegated acts, new standards / protocols, and skills



review / testing. May include CPR recertification (per Grey County). Participants are required to review on-line material in advance.

New / evolving issues (common to both services) include: critical incident stress management; basic emergency management; and mental health awareness.

Remuneration for attendance at training sessions: Bruce County pays both full-time and part time paramedics at straight time. Grey County pays full-time paramedics at time and a half (for attending on their days' off); and part time paramedics at straight time.

### **Summary of Observations**

Historically, in-service training was designed to address each county's unique requirements. Today, the situation is different in that course contents are driven primarily by MOHLTC regulations and standards, which apply equally to each county.

By extension, Bruce and Grey Counties approach to in-service training is similar, and in many respects so also is their course contents. Case in point, the in-service training focus in 2017 for both Counties, will be on MOHLTC's new BLS standards.

In this context, we offer the following suggestion - that the two Paramedic Services consider jointly collaborating in the development of a common course syllabus each year. The focus of the common syllabus would be on patient care or equipment (where similar). It would not include items specific to each County (i.e., scheduling, H&S, etc).

Potential benefits would include:

- Opportunity to reduce individual workload (i.e., increased efficiency)
- Opportunity to eliminate duplication of effort
- Opportunity to make joint use of all of the training equipment available to both counties (i.e., mannequins)
- Opportunity to jointly share in the cost of external resources.

Despite the overall similarities in their approach to this function, both Services have suggested that training sessions should continue to be delivered separately; this for a variety of reasons, as below:

- Day-to-day business is done differently, under different protocols and with different equipment
- Large geography / long distance for paramedics to travel
- If differences in policies are not fully understood, then joint training can result in paramedics being taught inappropriate procedures, and by extension increase the potential for liability (or non-compliance with respect to provincial legislation)
- Potential labour relations implications, as some of the staff participating in a joint training session will not be direct employees of the Service leading the session.

While we understand the above concerns, we hasten to point out that about 14 paramedics are employed either full-time or part-time at both the Bruce and Grey Paramedic Services, and they already receive training specific to both services; albeit, by way of separate training sessions delivered by their respective employers. In addition, several other paramedics work at other neighbouring services, and they also receive training specific to these other services from the respective employers.

Further, both Services are already collaborating in joint tendering for common equipment (including power cots, ACRs, etc), and differences in equipment are gradually being phased out.

With this in mind, we offer the following suggestion – that in addition to the development of a common course syllabus, the two Paramedic Services should consider delivering in-service training sessions on a collaborative / shared services basis; this as a pilot study, to more clearly ascertain the practicality for sharing future delivery of in-service training (where one Paramedic Service may provide in-service training on behalf of both), and to address any related labour relations implications.

Value-added benefits would include: paramedics gaining broader exposure (beyond the confines of their service), and increased flexibility for attending make-up sessions.

As a further consideration, Grey and Bruce Paramedic Services may also wish to consider delivering in-service training for speciality services, on a collaborative basis with others (i.e., Wellington, Huron and other Neighbouring EMS services); this, as means for attaining cost-efficiency through critical mass.

The same approach can be taken to cost-effectively develop “e-learning” programs to address areas/issues in common (e.g., changes in legislation, sexual harassment, WHMIS, personal protective equipment, etc). This also is an area where the Public Services Health and Safety Association (PSHSA) provides considerable expertise.

## QUALITY ASSURANCE

Quality Assurance programs for both Counties also are similar, and are driven primarily by the MOHLTC regulations and standards – generally, as described below.

- Shift Supervisors audit 100% Code 4 BLS return, and 50% of Code 3 BLS return calls. They also perform on scene call evaluations.
- Base Hospital audits all calls involving symptom relief, IV or defibrillation.
- D/C QA audits compliance overrides, random Code 4 ALS return calls along with follow up from what Base Hospital identifies as possible issues.
- Audit process includes: review, inform, feedback, further investigation, follow up, and remediation where warranted.
- Incident reports are prepared as follows; for VSA calls; for calls involving 3 or more ambulances at scene; if the ambulance is in a traffic accident; if the equipment malfunctions and impacts a patient; if a bystander is harmed (or potentially harmed); if the call involves unusual circumstances; and at management’s request.

- Counties send a copy of all incident reports to MOHLTC.
- Bi-annual electronic ACR compliance reports are prepared and e-mailed to staff.
- Annual review / audit of employee files for certification relative to MOHLTC requirements.
- Worker safety programs (i.e., Ebola training, WHMIS certificates, etc) is coordinated with County HR.

### **Summary of Observations**

Quality Assurance programs for both Counties are similar, and are driven primarily by the MOHLTC regulations and standards.

This notwithstanding, both Services have suggested that Quality Assurance should continue to be delivered separately; this for a variety of reasons, as below. We generally concur with these opinions:

- Unique differences in their approach (which in our view relate more so to levels of involvement in PAD and Community Paramedicine aspects of the function).
- As a shared service, the complexity of the function increases i.e., having to oversee service quality (and certifications) for groups of paramedics working under different SOPs, and for this purpose using different records management systems.
- Delivering this function as a shared service will not reduce liability with respect to provincial legislation; more than likely, it will increase liability if problems prevail.

## 5 SUMMARY OF FINDINGS AND RECOMMENDATIONS

### 5.1 Are There Efficiencies to be Gained by Sharing Service Delivery?

Bruce and Grey County Paramedic Services recognize the efficiencies to be gained by sharing service delivery. For such purposes, the two services have collaborated for many years on multiple aspects of ambulance services delivery, and they continue to do so today, e.g.: They provide one-another with cross-border standby to ensure emergency coverage; they participate in joint tendering for equipment, medical supplies and oxygen; and their EMS management jointly participate in Base Hospital training sessions.

Bruce and Grey Counties' Paramedic Services already operate efficiently relative to peers. The two Counties expend about \$150 per resident on paramedic services, whereas for EMS peers, the expenditure varies between \$100 and \$200. It costs Bruce and Grey counties between \$180 and \$190 to operate a fully-staffed ambulance for one hour. The median value among EMS peers is about \$190.<sup>8</sup>

Both services operate at response time performance levels that are comparable to one-another, and to paramedic services of similar size and larger.

Since both Bruce and Grey Paramedic Services consistently perform at levels close to their targeted response time standards, one may safely conclude that their respective levels of paramedic resourcing (and ambulance hours of coverage) are appropriate to the targets set out in the Response Time Performance Plans approved by Councils. Sharing services delivery will not reduce paramedic resourcing, unless the respective Councils approve a reduction in response time plan performance.

To the contrary, additional paramedic resources will be needed over time as the population continues to grow and age, driving EMS demands higher (whether the services are shared or not).

Both services operate with relatively lean administrative and reporting structures that are not only consistent with that of peers, but also are comparable to standards that would otherwise be suggested by industry leading (best) practices (based on the number of full-time and part-time paramedics that each service employs). Sharing delivery of the services is not going to change the present management, supervisory and administrative support requirements.

We have identified several additional areas where Bruce and Grey Counties may potentially realize additional efficiencies by sharing/collaborating on services delivery. They are:

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<sup>8</sup> Peer comparators include the following municipalities ranging from 45,000 to 115,000 population: Chatham-Kent; Dufferin; Elgin; Haldimand; Huron; Kawartha Lakes; Leeds & Grenville; Muskoka, Norfolk, Oxford; Perth; Renfrew; and Stormont, Dundas, Glengarry.

- Fleet management: with Bruce County potentially utilizing Grey County's Corporate Fleet services for regularly scheduled preventative vehicle maintenance and unscheduled repairs.
- In-Service Training:
  - First, that the two Paramedic Services should consider jointly collaborating in the development of a common course syllabus for in-service training. The focus of the common syllabus would be on patient care or equipment (where similar). It would not include items specific to each County (i.e., scheduling, H&S, etc).
  - Second, that in addition to the development of a common course syllabus, the two Services should consider delivering in-service training sessions on a collaborative / shared services basis; this as a pilot study, to more clearly ascertain the practicality for sharing future delivery of in-service training (where one Paramedic Service may provide in-service training on behalf of both), and to address any related labour relations implications.

These suggestions, and value-added benefits, are discussed in Section 4 of the report.

## 5.2 Are There Best Practices to Guide the Potential Sharing of Services?

If this question is intended to relate directly to EMS service delivery, then four (4) Ontario-based scenarios immediately come to mind; albeit, best practices as they relate to service delivery and governance structures vary widely based on local circumstances.

- Scenario 1: An upper tier municipality serving as the provincially designated delivery agent for a separated municipality, e.g.: Middlesex County on behalf of the City of London, Simcoe County on behalf of the cities of Barrie and Orillia, and Frontenac County on behalf of the City of Kingston.
- Scenario 2: An upper tier municipality serving as the provincially designated delivery agent for another upper tier municipality, e.g.: Hastings County on behalf of Prince Edward County.
- Scenario 3: A lower tier municipality serving as the provincially designated delivery agent for an upper tier municipality, e.g.: City of Cornwall on behalf of Stormont, Dundas and Glengarry, and the Town of Parry Sound on behalf of the District of Parry Sound.
- Scenario 4: Former Eastern Ontario Municipal Cooperative which, for a period of a few years, managed EMS services for a group of upper tier municipalities, including: Hastings, Prince Edward County, Lennox and Addington, and Frontenac County.

In addition, there are numerous examples of paramedic services formally and informally entering into collaborative shared services arrangements to attain financial savings and efficiencies on a smaller scale (as in the case of Grey and Bruce Counties), i.e.: for cross-border standby services, and joint tendering for equipment, medical supplies and oxygen.

These collaborative shared services arrangements may often involve multiple municipalities acting together, as in the case of Grey and Bruce participating with Peel Region and others in joint tendering for medical supplies. Another such example is the large-scale ambulance services review which was undertaken jointly by 10 upper tier municipalities in Southwest Ontario, in 1999 (to jointly and efficiently address the provincial transition of EMS accountability).

### 5.3 Is There an Opportunity to Reduce Duplication by Sharing Services?

From an 'operational' perspective we offer the following response to this question.

- Both Bruce and Grey Counties deliver paramedic services from ambulance stations situated in major settlement areas of their respective Counties. Although the two Counties share a common north-south border in Bruce Line 10 which runs from Hepworth south to the Wellington County community of Clifford, there is relatively little overlap in primary coverage areas – with one potential exception, that being the coverage areas of Walkerton and Hanover stations, which are situated relatively close together.
- Investigating the extent of service overlap by stations situated in these two communities, as well as any opportunity to reduce duplication attributed to station overlap, is beyond the scope of this review; albeit, Bruce and Grey Counties may wish to jointly investigate this potential opportunity at a later date.

From an 'administrative' perspective our comments are as follows.

- The two services operate with relatively similar administrative structures, each consisting of: Director / Chief of Paramedic Services; 2 Deputies; one that manages the Operations and one that manages Quality Assurance; 4 Supervisors who rotate on 12-hour shifts (24/7) in tandem with the paramedics; and 1-2 Administrative Supports.
- That said, in our opinion, there is no duplication of administrative services. To the contrary, both services operate with relatively lean administrative structures that are not only consistent with that of peers, but also are comparable to standards that would otherwise be suggested by industry leading (best) practices (based on the number of paramedics that each service employs).
- Merging services may result in the elimination of one Directors/Chief; albeit, the workload presently performed by two Directors/Chiefs will remain the same. This means that under a merged services arrangement, the one incumbent (Director/Chief) will have to report to two Councils, and deal with two budgeting processes, two sets of financial reporting, two sets of compliance reporting, etc.
- More than likely, others will have to assume part of the workload, and depending on how this is approached, it may necessitate a realignment of the organizational structure and employment of additional FTE at the management level.

- Merging services may also present additional staffing pressures and costs to departments other than Paramedic Services, in both Bruce and Grey Counties, i.e.: HR Services, Financial Services, Information Technology, Legal, etc.

## 5.4 Is There an Opportunity to Reduce Liabilities by Sharing Services?

In our opinion, sharing service delivery, either by way of one County managing the service for another, or by way of collaborative arrangement for specific functions (whether formal or informal), does not relieve either party of their obligations under the Ambulance Act.

Each County is a provincially designated ‘ambulance delivery agent’ for their respective jurisdiction. This does not change when entering into a shared services arrangement with another municipality – unless both Councils specifically request such a change of the province, and the province approves the request.

As it relates to a shared services arrangement, what this means is that regardless of the arrangement, both parties remain accountable to the residents of the community, and to the province, for service quality and compliance to standards.

In the context of “low-risk” collaborative arrangements such as tendering for equipment, medical supplies and oxygen, this is generally a non-issue; whereas, when dealing with functions of potentially “higher risk” and liability, this needs to be given due consideration.

Both Services have suggested that Scheduling, In-Service Training and Quality Assurance fall within the latter category, and should continue to be delivered separately.

With respect to In-Service Training, we don’t necessarily agree with all of the views that have been expressed, and our shared delivery suggestions are set out in Question #1 above.

In respect to Scheduling and Quality Assurance, we generally concur with the views expressed, and suggest that these functions continue to be delivered separately.

- Scheduling: Because, as a shared service, the complexity of the function increases i.e., working with different collective agreements (differing in negotiated provisions, language and format); and with different scheduling and payroll software systems.
- Quality Assurance: Because, as a shared service, the complexity of the function increases i.e., having to oversee service quality (and certifications) for groups of paramedics working under different SOPs, and for this purpose using different records management systems. Also, because, delivering this function as a shared service, will not reduce liability with respect to provincial legislation; more than likely, it will increase liability if problems prevail.

## 5.5 Is There an Opportunity to Increase Service Levels or Improve Access to Services?

As noted above, Bruce and Grey County Paramedic Services have collaborated for many years on multiple aspects of ambulance services delivery, and they continue to do so today; this for a

variety of reasons including cost savings, increased efficiency, increased service levels, and improved access to services.

Areas in which they already collaborate include: cross-border standby emergency coverage; joint tendering for equipment, medical supplies and oxygen; and management's joint participation in Base Hospital training sessions.

As identified in Question #1 above, two additional potential areas for collaboration (i.e., areas where service levels may be increased or access to services may be improved) include:

- Fleet management: with Bruce County potentially utilizing Grey County's Corporate Fleet services for regularly scheduled preventative vehicle maintenance and unscheduled repairs.
- In-Service Training: with the two Paramedic Services potentially collaborating in the development of a common course syllabus each year; and delivery of in-service training sessions on a collaborative / shared services basis; this as a pilot study, to more clearly ascertain the practicality for sharing future delivery of in-service training, and to address any related labour relations implications.

## 5.6 Is There an Opportunity to Improve Our Ability to Leverage Grants by Sharing Services?

Municipalities such as Bruce and Grey County, enter into shared services/collaborative arrangements for a variety of reasons including: cost savings, increase efficiency, increase service levels, and improve access to services.

Seeking opportunity to leverage additional grants (i.e., provincial grants) is typically not one of the reasons for sharing service delivery. For the following reason, it is our opinion that in this regard, there is relatively little opportunity.

MOHLTC provides a grant that covers 50% of a municipality's approved ambulance expenditures. MOHLTC determines and approves the eligible ambulance expenditures.

If total ambulance expenditures are reduced due to a sharing / collaboration of services, then so also will eligible ambulance expenditures likely be reduced, and by extension the provincial grant at 50%, will be reduced.

## 5.7 Would the Sharing of Services Equalize Service Delivery or Provide for a More Consistent Delivery of Services?

Since both services consistently perform at levels close to their targeted response time standards, their respective levels of paramedic resourcing (and ambulance hours of coverage) are appropriate to the targets set out in the Response Time Performance Plans approved by Councils.

Sharing services delivery will neither equalize service delivery nor provide for a more consistent delivery of services, unless otherwise directed by the respective Councils.



Both services operate at response time performance levels that are comparable to one-another and to paramedic services of similar size and larger; each County reflecting their respective population densities (i.e., Grey County being 27% higher with a relatively large proportion of its population residing in the Owen Sound settlement area).

In this context, one may conclude that service delivery levels, albeit different from one-another, are appropriate to the respective needs of each County.

## 5.8 Is There an Opportunity for Overall Cost Savings for Each County?

For the reasons set out below, it is our opinion that there is relatively little opportunity for Bruce and Grey Counties to attain additional *meaningful* cost savings by sharing service delivery. To the contrary, we estimate that Bruce County's annual cost will likely increase.

Bruce and Grey Paramedic Services operate efficiently relative to peers. The two Counties expend about \$150 per resident on paramedic services, whereas for EMS peers, the expenditure varies between \$100 and \$200. It costs Bruce and Grey counties between \$180 and \$190 to operate a fully-staffed ambulance for one hour. The median value among EMS peers is about \$190.

Grey County's Paramedic Services budget, at \$13,818,000, is 35% larger than that of the Bruce County Paramedic Services (at \$10,231,000). The variance in the size of the budget is not attributed to discretionary spending. It simply reflects the relative scale in resourcing, with Grey's paramedic resourcing being about 30% larger, as is the annual number of staffed ambulance hours. Their respective levels of paramedic resourcing are appropriate to the targets set out in the Response Time Performance Plans approved by Councils.

Although the budgets differ in size, the breakdown by major cost component is similar, with over 80% of the totals going to salary, wages and benefits; and 12-14% to vehicles, buildings, medical equipment and supplies. Only 6-8% of the totals go to administrative expenses.

What this means is that, unless the respective Councils approve a change in service performance, paramedic resourcing must remain at current levels, and by extension 92-94% of the total annual expenditures are fixed.

Bruce and Grey Counties have expressed interest in aligning the provisions of the two collective agreements governing their respective paramedic services operations. It is our opinion that were the provisions to be aligned, then Bruce County would likely have to adjust to match the Grey County provisions (which are more generous in most respects), and this will result in additional costs to Bruce County. It also is reasonable to assume that Grey County would have to adjust to match more generous terms contained in the existing Bruce County collective agreement, and this will result in additional costs to Grey County.

We estimate that for Bruce County, the additional cost may be about \$450,000 a year, representing an increase of about 5% a year; and for Grey County, the additional cost may be about \$70,000 a year.

In Question #1 above, we identified two additional potential areas for collaboration. One deals with fleet management; the other with in-service training. In our opinion, if these functions are delivered by way of a shared services arrangement, cost savings are likely to be realized by both parties; albeit, individually, the savings may not be large.

## 5.9 How Can the Collective Agreements be Better Aligned During Future Negotiations?

In the context of the above noted financial implications, we raised the following questions: *What purpose would be served by aligning the provisions of the two collective agreements during future contract negotiations? Will the benefits justify the anticipated increase in costs to Bruce County, as well as to Grey County?*

These questions are particularly relevant to the exercise at hand since, it is our opinion that aligning the provisions of the two collective agreements:

- Is not going to improve service levels, but it will increase the costs to Bruce and Grey Counties.
- Is not going to change the Counties' paramedic resourcing requirements, unless Councils reduce their response time levels of performance.
- Is not going to change the Counties' historical approach to service delivery collaboration.
- Is not going to contribute to material changes in field infrastructure (i.e., number and location of stations).
- Is not going to change the present management, supervisory and administrative support requirements.
- Both services already operate relatively cost-efficiently.

Moreover, Bruce and Grey Paramedic Services already collaborate in multiple arrangements, and in our opinion, neither collective agreement appears to contain any major provisions that would materially impede them from implementing additional collaborative arrangements (regardless whether the provisions are aligned or not).

As an additional consideration, union representatives may ask for significant concessions before agreeing to align the provisions of the two collective agreements.

For these reasons, it is our opinion that no major purpose would be served by aligning the provisions of the two collective agreements during future contract negotiations.

Our opinion notwithstanding, should Bruce and Grey choose to align the provisions of the collective agreements then we suggest focusing initially on non-monetary articles within the agreements (as suggested in Section 3.2 of the report). If there is difficulty in achieving alignment of non-monetary articles, it is doubtful that the effort and costs to achieve broader alignment would be justified.