Media Release: Tuesday, December 10, 2019, 4:30 p.m.

Regional Municipality of Waterloo

Budget Public Input

* Addendum Agenda

Wednesday, December 11, 2019

6:00 p.m.

Regional Council Chamber

150 Frederick Street, Kitchener, Ontario

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1. **Declarations of Pecuniary Interest under the "Municipal Conflict of Interest Act"**

2. **Delegations**

   2.1. Rick Chambers, re: Transportation for Older Adults

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   2.2. Mary D'Alton, Director of Strategic Initiatives, Nutrition for Learning, re: Request for Funding

   2.3. Taylor Brynes, re: Public Transit Funding in the 2020 Budget

   2.4. Sara Casselman, Executive Director, Sexual Assault Support Centre of Waterloo Region, re: Regional Funding of Sexual Assault Support Services

   *** 2.5.** John Neufeld, Executive Director, House of Friendship re: Housing and Homelessness

Should you require an alternative format please contact the Regional Clerk at Tel.: 519-575-4400, TTY: 519-575-4605, or regionalclerk@regionofwaterloo.ca

* **2.6.** Kai Reimer-Watts, re: Public Transit Funding in the 2020 Budget

* **2.7.** Melissa Bowman, re: Transit Options for the 2020 budget

* **2.8.** Doug Craig, re: 2020 Budget

3. **Call for Delegations**

4. **Communications**

*** 4.1** Luke McCann, President, CUPE Local 5191, Re: Paramedic Services

5. **Other Business**

6. **Adjourn**

Age Friendly Committees of Cambridge, Kitchener, Waterloo, and the Solutions to Poverty Waterloo Region request of the Region of Waterloo:

a) Ride-a-Bus Days in 2020
b) Off-peak hours free ridership for older adults (+65 years old)

A. Ride-a-Bus Days:

Background:

- Cambridge, Kitchener and Waterloo in 2019 each had two Ride-a-Bus days for older adults in May and August.
- In each case, approximately 30 older adults attended a half-day session beginning with an information presentation by GRT staff, a tour on a GRT bus to relevant locations in their city, and finally had a debriefing of the event and lunch.
- Age Friendly Committee members and city staff facilitated each event.

Purpose:

- Acquaint, or re-acquaint older adults with the transit system.
- Familiarize older adults with the system to encourage independence and to reduce social isolation.
- Provide an opportunity for the GRT to publicize services and educate new riders.
- Promote environmental friendliness by reducing the number of cars on Regional roads.
- Adhere to World Health Organization Age Friendly Cities guidelines re: public transportation:
    - Make public transportation affordable for all people.
    - Ensure that public transportation enables older people to reach key destinations such as hospitals, health centres, public parks, shopping centres, banks, and seniors' centres.
    - Provide information to older people on how to use public transport and about the range of transport options available.

Results:

- Six successful outings with older adults in the three cities.
- Extremely positive feedback from participants anecdotally and in written evaluations.
- Waiting lists for future Ride-a-Bus events.
- Outstanding instruction from GRT staff – David Steffler and Rachel Micallef.

Request:

- Each city would like to offer two Ride-a-Bus events for older adults in 2020.
- The timing for the events would depend on the GRT's schedule. May and August worked well in 2019. Week-days were more convenient than weekend days.
- Two Ride-a-Bus days for older adults in each city per year could be regular events – outreach, education, encouraging "a sense of belonging", reducing social isolation, promoting environment friendliness. We would encourage the Ride-a-Bus events to be regular GRT outreach budget items.

B. Off-peak hours free ridership for older adults

Proposal:

- Offer free GRT ridership to older adults during week-day off-peak hours.

Background:

- Beginning in April 2020, the Limited Income Transit (LIT) fare will likely come into effect.
- The introduction of this fare, a worthy initiative on the part of the Region, will at the same time eliminate the Seniors' monthly transit fare of $75. All older adult riders will pay $90, the regular monthly fare.
- Research:
    - Keeping older people socially connected and active has become the number one emerging issue facing seniors in Canada (2012 Report from the International Federation on Aging).
    - Older Canadians are at increased risk for social isolation when living alone, lacking access to transportation, living with low income, or dealing with critical life transitions (National Seniors Council Report, 2014).
    - Reconnecting people with their communities can change lives by improving the health and well being of individuals and enriching the people around them…Access to transportation is a barrier many seniors encounter. (*Globe and Mail*, January 18, 2018)

Rationale:

- If GRT buses and the ION are not usually full during off-peak hours, there would appear to be no lost revenue by inviting older adults to fill the empty seats.
- Free ridership during the week during off-peak hours would help to reduce social isolation and improve older adults' mental and physical health by engaging in the community.
- Off-peak rides may result in more regular use of the transit system and encourage ridership at other times.
- Fewer cars on the road improves the Region's environmental friendliness.
- Older adults would use the EasyGo fare cards which have their ages embedded in them.
- Other southern Ontario communities already have similar programs:
    - In Burlington, Ontario, seniors 65+ can receive the Free65 Pass which allows them to travel free weekdays between 9 a.m. and 2:30 p.m.
    - In Oakville, seniors ride for free on Mondays.
    - In Ottawa, seniors ride for free on Wednesdays.
    - In Hamilton, senior residents 80+ can receive a free PRESTO Golden Age pass.
- Initiating the older adult free off-peak hours ridership at the same time that the LIT goes into effect would help to compensate for the loss of the Senior monthly discounted rate.

Request:

- Offer free GRT ridership to older adults during week-day off-peak hours.
- Begin with a one-year pilot project to evaluate the effectiveness in achieving the goals.
- Introduce the free off-peak ridership at the same time that the Limited Income Transit fare goes into effect.

To: All Regional Councillors

Re: December 11th, 2019 Public Input Budget Session

Prepared By: Luke McCann, President of CUPE Local 5191

Good Evening Honourable Chair Redman and fellow Regional Councillors.

Regrettably I am not able to speak to you all in person, as a family commitment has presented me from doing so. However I wanted to provide you all with some input from the perspective of the Paramedics and Logistics Support staff of the Region's Paramedic Service.

On September 17th, 2019 I provided a detailed document (which I have attached to this document for your reference) to respond to the Region of Waterloo Paramedic Services Performance Measurement Report brought forward to the Community Services Committee on Tuesday, September 10th 2019, by Chief Van Valkenburg.

The content of the report that I provided gave an in depth look at why we are urging Council to reconsider the "phased in approach" in regards to the 2020 resourcing recommendations that report on September 10th, 2019 had suggested.

We understand that there are some ongoing opportunities and strategies looking at better ways to provide service across all Regional services. However, Paramedic Services has always been run extremely lean, and there really is no more room to cut from a service that is so vital to the well being and safety of our community.

Continual analysis of data and reports that are completed on how our Paramedic Service is functioning has consistently shown that our service has less resources, performs worse, and that our overall health and mortality rates in our Region are poor when compared to our peers. The impact on the frontline workers takes an enormous toll, and operating in this negative performance environment is extremely inefficient and costly to the Employer.

A decision to <u>not</u> add the proper resources in 2020 does nothing to address the current situation we are in. Whether it be raising the Unit Utilization (UU) target temporarily to 37.5% (which quite honestly we cannot achieve anywhere near the existing 35% UU currently, so I am not exactly sure what the point of that is?) Or adopting a "phased in approach" that adds resources and anticipates adding resources in the future based on the low end of projections, will most certainly result in us continuing to have this same conversation each year we fall further behind. The time to stop playing catch up is now.

I have highlighted the recommendations from the report provided to you all on September 17th, 2019 at the conclusion of this document, to reiterate the approach we believe will significantly put our Paramedic Service on the right path.

We cannot continue to have consultant companies with data supported reports telling us that our service is failing, and then continue to ignore the recommendations.

We are not the only group who feels this way, as anytime the public is engaged to support increasing annual house hold taxes to provide a better funded Paramedic Service, it is usually the top rated issue with overwhelming support.

The approach to add small doses of resources over and over again have not helped the situation, and what we need now is an influx to bring the service to a level that it requires and deserves.

Thank you very much for your time as always, and I hope that you will consider the recommendations and make an informed and responsible decision during the final 2020 budget discussion and decisions.

Sincerely,

Luke McCann, President
Canadian Union of Public Employees (CUPE) Local 5191
Representing the Paramedics and Logistics Support Staff
Region of Waterloo Paramedic Service

RECOMMENDATIONS:

1.) Use the High Forecast of 5.9% for the 2020 budget process.

2.) Add an additional 8 - 12 hour Ambulances. Assuming the 50/50 cost share from the Province, the levy impact would be approximately $3 million dollars, and these costs would be realized over 2020-2021.

3.) Send a formal request to the MOHLTC requesting the base funding amount prior to the 2020 budget process.

4.) Actively involve the Union with the Lean Six Sigma consultations with the local hospitals regarding offload delay strategy.

Response to the ROWPS Performance Report

Date: September 17th, 2019

****For Immediate Release****

To: All Regional Councillors

Prepared By: Luke McCann, CUPE Local 5191

Good Afternoon Honourable Chair Redman and fellow Regional Councillors.

This report responds to the Region of Waterloo Paramedic Services Performance Measurement Report brought forward to the Community Services Committee on Tuesday, September 10th 2019, by Chief Van Valkenburg.

We are urging Council to reconsider the "phased in approach" in regards to the 2020 resourcing recommendations that the report on September 10th, 2019 suggested, brought forward to you by Chief Van Valkenburg.

We have provided to you our recommendations on page 7 of this report, and will provide some explanation to key areas of concern, as well as what we believe is the right approach to dealing with these complex issues.

CALL VOLUME:

As you are aware, call volume is 1.5 years to 2 years ahead of the Master Plan projections. We can suggest that the increased resources are "in-line with the Master Plan recommendations", however we know that since the inception of the 2017-2027 Master Plan, the projections have been missed in each of the first two years, and now the third consecutive year in 2019. That trend will only continue, and we will fall behind further each year these projections are missed.

The report that was brought forward by Chief VanValkenburg suggest that the 'high end' of the call volume projection is 5.9%, however the data suggests that the actual average annual rate of call volume increase from 2013 to 2018 is 6.9%. Therefore, we are unsure as to why we would ever want to use data that identifies the 'low end' estimated forecasts of 4.5%. We would only continue to fall behind, and have these same conversations and presentations of negative performance and expectations over and over again like we have.

The ‘high end’ of estimated forecasts of 5.9% would clearly be closer to reaching some sort of improvement, otherwise what is the point?

We believe that Council is continually being directed to lower targets and expectations. While these look good on paper, but when you compare the targets and performance levels to the other comparable municipalities, and the overall workforce environment, the optics are not so good anymore.

DRIVERS OF SERVICE DEMAND:

1.) Aging Population (>55 years of age, use of PSV increases dramatically)

2.) Rising Population (service demand is outpacing population growth)

3.) Increase in vulnerable socio-economic populations (primary use of care is PSV)

4.) Increase in patient care levels (heart attack, stroke, trauma)

RESPONSE TIMES:

We must be clear that the response times have improved for various reasons.

During the report presentation, Chief Van Valkenburg suggested that the improvement to the response times were in part due to “clock stopping strategies”.

Identifying one of those “clock stopping strategies”, Chief Van Valkenburg referred to the Emergency Response Units (ERU’s). He explained that the role of the ERU’s were to “quickly stop the response clock”.

This could not be any more true. In fact, there are three (3) ERU’s in the system between the hours of Noon and Midnight each day.

The problem is, that even though the “clock” is effectively stopped, the Paramedics on those first response units are unable to transport to definitive care, the emergency room at a hospital. This is a delay in the whole concept of Paramedic care and transport. Get to the patient, stabilize the patient, and move the patient to definite care. The wait for transporting Ambulances can

often exceed 30 minutes, not to mention the initial response to the incident. This is a contradiction to our goal, to always be thinking about moving the patient to the hospital, especially if the patient is unstable and/or critical. Most of our calls are extremely time sensitive as well, from heart attacks, to strokes, and various respiratory conditions.

Another factor that has reduced response times, also highlighted in the report is the nature of urban calls for service in the community. This means that the majority of Ambulances available are in the "core" urban areas, where the highest occurrence of calls happen, typically where the local hospitals are, the majority of Ambulance stations, and so on. So, it only makes sense that this would contribute to faster response times in this regard, which overall impacts the measure of response time based on the 80% percentile.

In addition, the Paramedic crews reaction time to going mobile on a call is extremely stringent and must be in compliance with Provincial standards. The Paramedics must ensure that they are mobile to high priority life threatening calls within two (2) minutes. These calls are the Code 4 (highest priority), Code 3 (second highest priority), and Code 8/Assigned to Post (moving to other stations for coverage only according to the deployment plan) responses, which represents the majority of calls our Paramedics respond to in the Region.

The Paramedic service also relies on the on-duty Supervisors to respond to calls throughout the Region, often two (2) Supervisors responding to various calls for service throughout each day, also effectively "stopping the clock", while an Ambulance responds sometime later.

OFFLOAD DELAY:

A phenomenon that has plagued not only our service two decades, but across the province. We have noted before that the significance is questionable. The data shows that we lose roughly one (1) twenty-four ambulance per year due to offload delays. While this is certainly impactful, the overall weight to offloads being a significant factor is minor at best. The Region's Paramedic service is no worse or no better than most services, as the provincial median is a total turnaround time of 21% of the ambulance in-service hours. This data includes all aspects of turnaround time at a local hospital, including any offload delays.

It could be argued that making any budget or operational resource decisions based on offload delay data, is a poor approach. It is static, and ever fluctuating throughout the months of each year, and cannot be relied upon for consistent data to make informed decisions.

There was a question I believe from Councillor Shantz on September 10th, that I could be wrong in saying was perhaps not answered correctly? I believe Councillor Shantz may have been asking about the offload delays when she asked “why the increase?”. The answer given at that time may have been mistaken to what she was asking, and she was given the same explanation of call volume increases, when in fact she was talking about the off load delay surge since 2016.

In regards to offload delays, I will try not to waste time on talking about what we already know about the issue. As Mr. Murray had stated this is a topic that has been here for decades, and we are not going to solve it overnight, however we recognize that we need to not only improve the offload delay situation with efforts in conjunction with the local hospitals, but we also must add resources to the system. I agree with Mr. Murray, that it will be only then that we will see an actual improvement.

Comparing to other municipalities in regards to offloads is somewhat helpful, but you have to keep in mind that each municipality and communities have their own unique set of challenges and circumstances. Whether that be socio-economic issues, or even just the number of hospitals available within the municipalities can be a huge factor, suggesting we should caution using the comparative approach.

One comparative that is surely to improve the offload situation is the lean six sigma approach that Mr. Murray referred to. This model was used in a few municipalities in the Province, with some positive results.

So, back to answering Councillor Shantz’s original question. I believe there is a reasonable explanation as to why we have seen a sudden surge in the offload delays. The sudden increase is possibly related to a change in practice that no one seems to have discussed yet to my knowledge.

An impact to this sudden realized increase in offload delays could be that when the twenty (20) minute Transfer of Care (TOC) came into effect in 2017, dispatch would place Paramedic crews on offload delays quicker and more frequently. The notification process now is more efficient with Paramedics taking an active role to advise dispatch of any triage or offload delays. Dispatch also plays a more active role now in the tracking of the triage and offload delays, an example being that after twenty (20) minutes have lapsed and a Paramedic crew has not confirmed any delay, the dispatcher will automatically timestamp the crew on a triage delay. Clearly this results in a more accurate tracking of the actual delay occurrences, and subsequently lost hours realized within the data.

Previously, the operational guidelines were not set for the defined TOC time, neither did the dispatch centre play an active role in tracking the triage and offload delays like they do today. Essentially, in the previous years, Paramedic crews could have been sitting on a "triage delay" for fifteen (15) to thirty (30) minutes before actually being updated to being on an offload delay. Therefore, I believe that the actual occurrences of offload may not have changed as much as the data suggests, although we would have to look at that closer. It appears that the triage delay data is a separate marker for data purposes, and the onus being on the local hospitals. The offload delay data however has been more accurately collected in our opinion over the last few years.

UNIT UTILIZATION (UU):

As most understand, the UU is a percentage representing a simple explanation that if the UU is at 35%, then the likelihood of an Ambulance being available to respond to the next emergency call for service would be 65%. Obviously these two percentages correlate with each other.

The target adopted by Council, and recognized as the industry best practice benchmark of 35%, has yet to be met.

The current UU is stated to be in the range of 41-42%. The data presented to you by the Chief suggests that this is even worse as experienced by those Paramedics staffing the Ambulances, at a UU rate of 45%. The blended UU rate of 41% is a figure based on the staffed Ambulances and the ERU's. It would not be an accurate depiction to use the blended UU rate of 41% to illustrate what the demand might be on the system and the Paramedics in general staffing those Ambulances.

There has been no progress on the UU rate target, and yet now the proposal is to raise it as an interim to 37.5%? We are not exactly sure of what the point of that is. By increasing the target, it does nothing to reduce the actual UU rate experienced in the system, nor is 37.5% achievable at this point anyway.

The reasons we are not seeing any improvement to the UU is due to the lack of resource enhancements to keep up with the population growth, growing demand from the seniors population, overall call volume increases, and the ongoing offload delays.
Dr. Wang brought up some very important points at the September 10th presentation. Understanding that the industry best practice standard is

recognized as 35% or lower, and anytime we are over that target and head towards a UU greater than 40%, our Paramedics are operating in an environment that has reached its maximum capacity. The strain and workload on staff becomes unmanageable. This results to increasing fatigue, stress, poor performance and burnout. The workload is extremely heavy, we are basically running call to call, the shift overtime costs soar, and the increases in workplace physical and stress related injuries climb to levels that become extremely costly to the Employer. This becomes unsustainable, and the staff cannot handle the pressure of this, resulting in poor workplace morale, difficulty maintaining the work/life balance, not to mention the exponential costs to the taxpayer.

Councillor Galloway also brought up two interesting discussion points at the September 10th presentation. He asked whether the system could model what the UU would look like without offload delay, as well as looking at response times with the model of operating our own dispatch centre. I would like to take a moment to try and answer those from my perspective.

Firstly, to answer the first question. I think there was some explanation already given at the September 10th meeting, but what it touched on was the impact of offload delays to the system. It becomes relatively easy to figure that out once you know what the impact is. Therefore, if the offload delays represent the loss of 5.2 (12- Hour Ambulances) per day as stated by Chief Van Valkenburg, and Dr. Wang added that presents a 16% loss of Ambulance shifts per day, then we can safely assume the impact to the UU using those numbers.

Secondly, Councillor Galloway asked if we could model the response time with the assumption we operate our own dispatch centre. Councillor Galloway had referred to the previous Master Plans suggesting there could be a realized dispatch processing time savings. The Chief had responded that those projections were based on the Niagara dispatch model, a technology called Medical Priority Dispatch System (MPDS), the closest they had to use for those projections at that time.

What becomes interesting about that, is that in Niagara, they actually have some of the longest 911 screening times in the Province, estimated at 2-3 minutes, whereas MOHLTC run dispatch centres typically report between 1-2 minutes.

The importance of this software program is not really viewed to save processing time, but to utilize a more complex medical algorithm to ensure the right resources are sent on the right response priority. Something brought up by Councillor Strickland on September 10th as well. You almost hit that bang on Councillor Strickland, and is exactly the kind of thing you were referring to…

send the right resources to the right call. But to view this as a 'response time savings tool' may not be the most appropriate approach.

RECOMMENDATIONS:

1.) Use the High Forecast of 5.9% for the 2020 budget process.

2.) Add an additional 8 - 12 hour Ambulances. Assuming the 50/50 cost share from the Province, the levy impact would be approximately $3 million dollars, and these costs would be realized over 2020-2021.

3.) Send a formal request to the MOHLTC requesting the base funding amount prior to the 2020 budget process.

4.) Actively involve the Union with the Lean Six Sigma consultations with the local hospitals regarding offload delay strategy.