

Changes made to the Peel Paramedics Divisional Model explained

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This is the third and final article in a three-part investigative series exploring the adoption of a different version of the original 10-Year-plan proposed in the Health Analytics report from 2007, the recommendations of which advised that Caledon remain as-was with its Stand-Alone stations.

Part 1 of the series explored the introduction of the Hybrid Model in Peel Region in 2007, providing an overview of the serviced rendered by Health Analytics. It was designed to cover the present and future needs for Paramedic Services. Over the course of eight years, and through various motions and amendments, the original proposed plan changed.

Part 2 of the series explored those changes through an assessment made in 2013. For Caledon, two Satellite Stations were removed from the plan and five stations were deferred into future budget years based on service demand.

Part 3 looks into the revisions of the plan, the consequences of that and delves into data of a projected increase in call volumes which dispute the alleged changes.

Why were these changes made?

Peter Dundas, chief of Peel Paramedic Services replied to an email inquiry sent by citizen Mira Budd that asked why changes were made to include Caledon in the Peel Divisional Model on Oct. 2, 2018. In his response, Dundas stated:

?In 2008, management started the move to a divisional model for Peel because call volumes across the region were increasing faster than original projections. This was an operational decision made by staff, supported by all subsequent 10-year capital reports to Council.

Operational decisions about how programs and services are delivered are the responsibility of staff. In our paramedic service, these decisions ensure appropriate, day-to-day medical coverage for the community. The decisions also support the municipal requirement to provide 'proper provision of land ambulance services in the municipality' contained in the Ontario Land Ambulance Act.

Management did return to Council several times for direction on construction changes and joint agreements with local Fire Services on co-location of our stations with theirs. All of these reports (from 2008 to today) described the Caledon stations as satellite stations, just like the 2013 report that you referenced. You will see a description of the 25 stations required to deliver service across Peel in that 2013 report. This includes four satellite stations in Caledon.

Council's endorsement of the subsequent reports supported the management decision. Most recently, Regional Council reinforced the decision on September 13, 2018.?

Dundas' assertion that the Hybrid Model was abandoned because of higher than projected call volumes are refuted by Paramedic Union Executive Michael Speers, who maintains that, 'using the Health Analytics report data as well as the Paramedic Service annual reports to Regional Council, we have been able to determine that during 2007 there was a statistical blip. Our records indicate this was caused by a change in reporting methodology and not an actual increase in calls. This is supported by 2007 being a one-off event during the overall historical average of 5.7%. Of interest is the fact that the 2008 numbers show a sharp drop in calls.?'

In this chart, constructed by Speers, the Health Analytics data estimating the projected call volumes is represented in blue, and the actual call volume numbers, as gathered from 'Paramedic Services 2008 Budget Document' and 'Health Services-2014 Budget Document', both published by the Region of Peel, are in orange. It's evident from the graph that the call volume increase follows a steady curve, with no dramatic spike until 2007, where there was an 8% increase. The Union asserts this spike was in reality due to

the changes that were made with how paramedics reported calls, as well as the way events were tracked, accounting for the extra 3% in call volume.

?To say that an eight per cent increase was an unexpected rise is at odds with a recorded increase two years before (in 2005) of 11%,? said Speers. ?This does not appear to be validated by their own documentation, There was a blip- but it was just a blip. Call volumes over six years averaged out to a 5.7% increase per year, which seems to be a very consistent pattern.?

It is of particular interest that if indeed call volumes were rising, as Dundas claims, why did his proposed changes deal with this issue by building fewer facilities as a cost saving measure? The changes to the original Hybrid Model plan of 2007 that began in 2008 at Dundas' behest were meant, according to him, to reflect the increase in demand of EMS (based on the 2007 data) and accommodate it. If this was indeed the case, why then in 2013 do they claim to have reassessed the data and require fewer facilities, despite a steady almost 6% increase in calls per year? As Speers concludes, ?Those two statements aren't compatible.? An interesting contradiction indeed, a Catch-22 created by Dundas and his team at the Region of Peel.

Why has Dundas and Council insisted on implementing a revised plan against the recommendations of experts they themselves hired, and made cost-cutting decisions that contradict the official reasons for revising that plan in the first place?

When asked, Speers and Carol Murray, vice-president of the Local 277 Peel Paramedic Union look at each other, unable to provide an answer. ?That's one of the questions I can't answer,? said Murray. ?Working in a Stand-Alone system for 27 years, I do not know. To date, they've gone so far into this plan that I think they're refusing to go backwards.?

?The net result,? added Speers, ?is that citizens of Caledon will have to wait much longer for ambulance services, and relying on adjacent municipalities is a problem.?

These statements, made by Superintendents on the Union Executive who have both served for 28 years in the field, one in Caledon specifically, are in direct opposition to Peel Region's assertion that response times and the number of paramedics in Caledon will not be affected in any way by the shift to the Divisional Model.

On the Peel Region official website, under the FAQ heading ?Will fewer paramedics and ambulance services serve Caledon in the Divisional Model??. the Region assures citizens that, ?No. The same number of paramedics and ambulances will be assigned to serve Caledon each day as are assigned today. That number will increase as call volume increases over time.?

To this statement, the Union representatives responded with, ?The statement that non-divisional paramedics are kept off the road while they clean and stock their ambulances is again a false statement. Stand-Alone station paramedics [were] available for lights and siren code responses as soon as they arrive at the stations in Bolton and Caledon Village. That was typically 15 to 30 min prior to shift start. It did not matter if the paramedic was having a coffee or checking their ambulance for stock. They were available and responded. The same cannot be said for the divisional model, which loses approximately 47 min per shift, plus travel time. It is unknown why the Region continues to state this point of inaccuracy.?

Dundas said ambulances constantly move by the Ministry of Health and Long-Term Care dispatch centre to cover all of Peel, regardless of where they begin.

?Before the Divisional Model was implemented, ambulances that began a shift in Caledon may have been called into other parts of Peel, at which point another vehicle would be assigned to cover Caledon,? said Dundas in a follow up interview. ?The same is true today, the only difference is where the paramedics begin a shift. Peel Regional Paramedic Services' first priority is ensuring timely and responsive ambulance service. That said, work is also underway to mitigate our environmental impact through various initiatives including participation in the Region of Peel's upcoming Green Fleet Strategy.

Paramedics coming to Caledon may be unfamiliar with the area, however Dundas believes that won't be a problem as they rely on directions from their dispatcher and navigational technology.

'No-one - not even someone local - can keep up with minute-by-minute congestion, construction and weather updates without technological help,' said Dundas.

Dundas said the change to the pilot project resulted from direction from the Ministry of Health and Long-Term Care.

'The change was to use the term 'out of deployment,' which would allow the first two ambulances leaving the reporting station off Fernforest Drive in Brampton at 5:30 a.m. to go directly to Caledon,' said Dundas. 'Those ambulances can only be diverted by an urgent (code 4) call. This measure is aimed at ensuring the confidence of the community during this time of transition and will be evaluated to determine its utility.'

'Ambulance coverage in Caledon has always been prioritized in our deployment model because of its large geographic size, and will continue to be prioritized. The same number of paramedics and ambulances will be assigned to serve Caledon as were assigned before the implementation of the divisional model. That number will increase as call volume increases over time.'

When asked what the Union would like to see happen, Speers responded, 'there were six reporting stations in the original plan. Two were cancelled. Right now, the trucks will have to drive 26 to 27 kilometers in a rural setting.' 'We believe we will need two reporting stations and a division in Caledon similar to the OPP.' 'Our first priority is to follow the 2007 plan.'

'Caledon's residents can be assured that when they call 911, an ambulance will arrive, and we have never stated otherwise,' affirms Murray. 'Our concern is that changes were made contrary to the original direction of Council, and that as a result the four 24-hour ambulances that should have been in place become two.'

'In addition, we are concerned that the changes made risk increasing the frequency of reduced periods of coverage, while directly increasing costs and reliance on adjacent municipalities. We simply wish to ensure that the residents have all the facts to make an informed decision consistent with Peel Region's promise of transparent accountable government.'

Dundas states they have not been provided with a commissioned expert recommendation by union representatives.

'We work actively with the union through our deployment working group, labour management group and other means to ensure their voice is considered,' said Dundas.

Murray, however, disputes this, along with colleague Michael Speers. 'The Union executive advised Peter [Dundas] at the April 2018 UMCC (Union Management meeting) of a lengthy list of our concerns regarding the change to a divisional model for The Town of Caledon. There was no response to our concerns. These concerns had been raised at our Union Management meetings prior [to April 2018] as well. These concerns had also been raised numerous times in the past few years before by Murray, and the response was 'we will agree to disagree.' No documentation has been brought forth to support the statement regarding ongoing dialogue or direction from the EPSC to support this change.'