
HALDIMAND COUNTY

Report EMS-02-2023 Community Paramedic Program Staffing For Consideration by Council in Committee on June 20, 2023



OBJECTIVE:

To obtain direction on Community Paramedic Program staffing, in reference to the multiple temporary full-time positions that are currently in place within the Paramedic Services Division.

RECOMMENDATIONS:

1. THAT Report EMS-02-2023 Community Paramedic Program Staffing be received;
2. AND THAT Option #2 as outlined in Report EMS-02-2023, be approved as a staffing model for the Community Paramedic Program;
3. AND THAT if funding for the Community Paramedic Program from the Ministry of Health & Long Term Care is terminated in the future, the Haldimand County Community Paramedic Program will cease, unless otherwise directed by Council.

Prepared by: Jason Gallagher, Manager of Emergency Services/Fire Chief

Respectfully submitted: Mike Evers, MCIP, RPP, BES, General Manager of Community & Development Services

Approved: Cathy Case, Interim Chief Administrative Officer

EXECUTIVE SUMMARY:

Staff is seeking approval to allow for all current temporary full-time Community Paramedic positions which includes 6 Community Paramedics, 1 Divisional Support, and 1 Community Paramedic Supervisor, to be transitioned to Permanent Full-Time. The Community Paramedic (CP) budget, including wages associated with staffing positions, is 100% funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC) and Ontario Health (West), previously communicated as the Local Health Integration Network (LHIN). These positions, if approved, would become permanent full-time with understanding that if funding was to cease, all positions would become redundant and management would follow the direction of the current Collective Agreements in regards to layoff language. The non-union supervisor role would no longer exist, which could result in severance payout. Should the information outlined in the report change significantly upon cancellation of funding, the Manager of Emergency Services would prepare a report to present options for Council's consideration relative to the potential continuation of the program, however if there are not significant changes and funding ceases, it is likely that the County program would also cease.

BACKGROUND:

Haldimand County Paramedic Services (HCPS) is one of many Paramedic Services in the province of Ontario that currently has a temporary Community Paramedicine Program, offering specific supports for vulnerable residents. Community Paramedicine is recognized internationally as a best practise to

help manage increased demands for paramedic services, as well as the demand on hospital visits and therefore, decreasing the need for “Hallway Medicine”. This is done through paramedic visits taking place at the source of the need, e.g. the patient’s home. This service approach has demonstrated benefits of reduced emergency calls; emergency department visits and hospitalizations; demand for long-term care beds; and, increase in overall patient well-being and satisfaction.

The program was introduced in Haldimand County in late 2020, in response to specific funding becoming available by the Province. Provincial funding has continued annually thereafter, covering 100% of the program costs, which has grown from 2 temporary FTE to 7 temporary FTE today.

Based on the known benefits and general communication from the Province to date, staff believed that a commitment to making these funds permanent was imminent. However, the most recent communication, received in spring, 2023, encouraged paramedic services to continue community paramedic programs until at least March 31, 2026, with the intent that funding will continue during this time. This extends the program for at least the next 3 years but does not, as of yet, represent a commitment to permanent funding. Although not confirmed, staff believe there is a strong possibility that funding will be continued beyond 2026 based on information shared by the Province at various meetings.

ANALYSIS:

County administration continues to support the paramedic program, but have found the temporary nature of such program to be problematic as it relates to the human resources required to deliver the service. The current program is provided by a total of 8 FTE’s, comprised of: one supervisor, 6 primary care paramedics and 1 division support (administrative). Each of these individuals are considered to be in a temporary role, since corresponding funding is temporary. One individual was hired externally, under temporary conditions of employment, while others are permanent full-time primary care paramedics who are reassigned to the temporary roles, and backfilled by other staff who are considered temporary in the backfilled role. In both cases, temporary assignments can impact access to certain benefits or employment conditions and in all cases causes uncertainty about the future, leading to additional stress for the impacted employees and higher turnover in the organization. Further, temporary assignments of this length may have legal and/or contractual implications through case law and/or collective agreements. Case law has shown that when temporary positions are continually extended beyond a reasonable timeframe, at some point they can no longer be classified as fixed term, requiring notice (and sometimes payment) for unilaterally changing employment conditions, such as transfer, demotion or termination. In the current OPSEU collective agreement, temporary positions are defined up to a total of eighteen (18) consecutive months, however the temporary community paramedics have continued to be extended as an exception to this language. Accordingly, it is not practical to keep these individuals in a temporary role for another three years or indefinitely.

Given these concerns, Haldimand County needs to weigh the benefits of the program, together with current impacts on staff and the likelihood that funding will continue beyond the committed 2026 year. In consideration, senior staff believe the program is beneficial to the community and should continue. This is evidenced, in part, in the increase in regular clients year over year (currently at 190+) and the increasing attendance at regular wellness clinics (currently over 150+ attend each clinic which are offered monthly). Given this, staff have reviewed three options to respond, with a recommendation being that Option 2 be adopted.

Option 1 – Continue Status Quo (not recommended)

Maintaining the status quo would entail keeping all positions within their current defined status of temporary to March 31, 2026 and subject to ongoing confirmation of funding. This option may be feasible but is very likely to come with significant challenge as it relates to the human resources required

to deliver the program. Currently, there is no language within the collective agreement to support a temporary assignment of this length, including both the union members performing the temporary community paramedic positions (combination of union and non-union), nor those backfilling behind as primary care paramedics. It is unlikely that the union would support such an extension.

In order to maintain the program, on a temporary basis, staff will have to negotiate appropriate terms and conditions with the union so it is difficult to say what the actual impact will be. However, based on existing language, it is likely to include the requirement to repost opportunities for transfer every 6-9 months, which would result in regular staff turnover and impact the success of the program – in particular, turnover would negatively impact the relationships that have been built with clients, which is a critical factor of success in the program. In addition to the practical implications, staff believe the uncertainty and lack of commitment caused by a temporary program will cause morale issues for staff and continued challenges for management in terms of recruiting and retaining staff into these important roles.

Option 2 – Support the program as permanent, conditional on continued funding (Preferred/Recommended)

To most effectively respond to the concerns as outlined, staff are recommending establishing the community paramedic program as permanent, subject to ongoing funding. Essentially this would transition staff into their current roles, including any related backfill, on a permanent basis, allowing a return to a predictable/stable complement. In turn, if funding were to end in the future, the program would also end with staffing being handled through the appropriate collective agreement provisions. Should the program funding end, the facts related to the program and costs change significantly from what is outlined in this report, staff would report back to Council to consider options related to continuing the program in some capacity. Otherwise, if this option is approved, staff will proceed on the direction that if provincial funding ends, so will the Haldimand County Community Paramedic Program.

Practically, this option would entail:

- Converting the existing Community Paramedics (6.0 FTE), from Temporary, Full-time to Permanent, Full-time status:
 - This will allow the six (6.0) FTE permanent Primary Care Paramedics to be filled on a permanent basis within the existing approved complement and operational budget.
 - Community Paramedics are assumed to be within the scope of the OPSEU union and have been treated as such to date. By virtue of converting these positions to permanent, staff would be required to confirm the terms and conditions of employment with the union, including access to the layoff provisions should they become necessary in the future.
- Converting the existing Division Support, Community Paramedic Program (1.0 FTE), from Temporary, Full-time to Permanent, Full-time status:
 - This individual was hired externally and therefore, no backfilling implications.
 - This position is assumed to be within the scope of the CUPE union and has been treated as such to date. By virtue of converting this position to permanent, staff would be required to confirm terms and conditions of employment in alignment with the CUPE collective agreement, including the formality of a job evaluation review to confirm wage rate and access to layoff provisions should it become necessary.
- Converting the existing Supervisor, Community Paramedic Program (1.0 FTE), from Temporary, Full-time to Permanent, Full-time status:
 - This will allow the respective permanent Primary Care Paramedic to be backfilled on a permanent basis within existing approved complement and operational budget.
 - This position is assumed to be outside of union jurisdiction (non-union) and has been treated as such to date. By virtue of converting this position to permanent, the individual,

if they accept the permanent supervisory position, would give up their rights and benefits under the OPSEU collective agreement and be governed by the non-union policy.

Each of these changes will maintain the currently approved FTE level, however it is anticipated to have a minor impact on the Community Paramedic Program (CPP) budget, since budget assumptions for permanent positions are different than assumptions for temporary positions. As noted in the financial section below, this cost is already being covered through the CPP which is 100% provincially funded.

Staff believe this option would be well received by affected staff, the union, as well as meet the needs for management in terms of effectively providing consistent, quality programming. For these reasons, this is the preferred option being recommended to Council.

Option 3 – Support the program as permanent, regardless of provincial funding (not recommended at this time)

Staff continue to believe that the benefits of the program, and continued support by the Province, strongly suggest that funding will continue into the future. However, some municipalities are making the commitment now to fully adopt the program regardless of provincial funding into the future.

Should Council feel strongly that the Community Paramedic Program (CPP) is a requirement for Haldimand County, regardless of the funding source, a motion could be passed to commit to the ongoing permanency of the program. Immediately, this would align with all steps outlined in Option 2, however in the case that provincial funding was to end in the future, there would be a commitment to continue the program and fund through the municipal tax levy.

While staff fully support the CPP, this option is not recommended at this time given the significant potential cost implications and uncertainty of future environment/needs. Through FIN-04-2023 *Budget Guidelines for Council Term 2022-2026*, staff projected an average residential tax increase of approximately 3% over the term of Council. This projection did not incorporate any impacts from potentially funding this program from the tax levy.

FINANCIAL/LEGAL IMPLICATIONS:

Current funding for the Community Paramedic Program is provided through 2 streams. One being Ontario Health (West) allocated funding of \$770,000 for 2022/2023 with \$585,000 towards wages. The MOHLTC has funded \$1,805,000 for 2023/2024 with \$1,290,400 towards wages. Other budgetary items include, but are not limited to, vehicle costs, medications, equipment, technology, training and administrative costs. In total, the annual cost of the program as currently structured is approximately \$1.76 million.

As noted above, staff are recommending proceeding with Option 2. Any minor expenditure impacts as the result of implementing this option and making these positions permanent will be absorbed within the existing funding envelope and would have no levy impact. There are a few positions that are currently funded out of the Ontario Health (West) funding, including the division support position, two paramedics, as well as 0.5 FTE in supervisory time allocation. It is anticipated that this funding will cease in 2023. Therefore, in order to ensure adequate funding for the permanency of this position, it is being recommended that these positions be funded by the MOHLTC funding envelope once the Ontario Health (West) funding expires. There is currently sufficient funding available for these positions to be reallocated to this funding stream. Staff have been working closely with its Ministry contacts to ensure compliance with the terms of the agreement, and will continue to do so as the program progresses.

Under option 2, if provincial funding were to cease, staff are committed to reporting back to Council with options – i.e. end the program, continue with full program or continue with scaled down version of the program. The financial impact, including recommended strategy, would be provided at that time, covering both the potential levy and capital impacts. It is important to note however, that if Council

decided to not fund or partially fund the current CP program, staff positions would be declared redundant and the Lay-off language would be initiated within each union's collective agreements, and as guided by the *Employment Standards Act* for any non-union position. Such actions could result in the requirement for severance payment(s), at a rate determined by years of service.

As noted above, in FIN-04-2023 *Budget Guidelines for Council Term 2022-2026*, staff projected an average residential tax increase of approximately 3% over the term of Council. This projection did not incorporate any impacts from potentially funding this program from the tax levy. Any future inclusion of levy funding of this program would negatively impact the projections previously reported to Council. It is strongly recommended that, if required, any potential levy impacts be reviewed and vetted along side all other corporate initiatives through the Tax Supported Operating Budget process.

In regards to continued Capital and Operating costs, Emergency Services staff are working with County divisions—including Fleet Operations and Innovation and Technology Services—to start to plan for the longer term implications of the program. While the County needs to start planning for replacements, we remain confident that future permanent program funding (should it be secured) will cover the costs of all resources (vehicles, laptops, etc.) as well as staff salaries. Staff will continue to plan and look at building these capital and operating costs into future budgets, once we develop the plan with Fleet Operations and Innovation and Technology Services.

STAKEHOLDER IMPACTS:

Not applicable.

REPORT IMPACTS:

Agreement: No

By-law: No

Budget Amendment: No

Policy: No

REFERENCES:

None.

ATTACHMENTS:

None.