



## Paramedic Services Committee Agenda

**Date:** Wednesday, March 26, 2025  
**Time:** 11:00 a.m.  
**Location:** Council Chambers  
7 Broadway Street West  
Paris, ON

Alternative formats and communication supports are available upon request. For more information, please contact the County of Brant Accessibility and Inclusion Coordinator at 519-442-7268 or by email [accessibility@brant.ca](mailto:accessibility@brant.ca)

---

### Pages

1. Attendance
2. Approval of Agenda  
Recommendation  
  
That the Paramedic Services Committee agenda for March 26, 2025, be approved
3. Declaration of Pecuniary Interests
4. Delegations / Petitions / Presentations
5. Adoption of Minutes from Previous Meetings
  - 5.1 Paramedic Services Committee Minutes of January 22, 2025 and March 5, 2025  
Recommendation  
  
That the Paramedic Services Committee minutes of January 22, 2025 and March 5, 2025, be approved.
6. Business Arising from the Minutes
7. Staff Reports

5 - 11

7.1	<u>RPT-0089-25 - Paramedic Services Statistical Package - R. King Recommendation</u>	11 - 22
	That report RPT-0089-25 Paramedic Services Statistical Package be received as information.	
7.2	<u>RPT-0088-25 - Community Paramedic Program Update - G. Cunnane Recommendation</u>	23 - 30
	That report RPT-088-25 be received by Committee for information.	
7.3	<u>RPT-0133-25 - Multi-Sector Service Accountability Agreement - C. Stevenson Recommendation</u>	31 - 36
	After making inquiries of the [Chief Russell King] and other appropriate officers of the Health Service Provider (HSP) and subject to any exceptions identified on Appendix 1 attached to this report, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "MSAA") in effect during the Applicable Period.	
	Without limiting the generality of the foregoing, the HSP has complied with:	
	(i) Article 4.8 of the MSAA concerning applicable procurement practices; and,	
	(ii) the Connecting Care Act, 2019.	
	And that the Mayor of the County of Brant sign the attached Declaration of Compliance on behalf of the Paramedic Services Committee, and that the Declaration of Compliance be forwarded to Ontario Health.	
7.4	<u>RPT-0129-25 - Construction Update 2 on Brant Brantford Paramedic Services - C. Stevenson Recommendation</u>	37 - 48
	That Paramedic Services Committee receive report RPT-0129-25 Construction Status Update 2 on Brant-Brantford Paramedic Services Headquarters, for information.	
7.5	<u>RPT - 0140 - 25 2024 Paramedic Services Budget to Actual at December 31st - Not Final - H. Mifflin Recommendation</u>	49 - 54
	That the unfinalized budget to actual variance report at December 31, 2024, as attached, be received as information.	

## 8. Communications

## 9. Other Business

10. **In Camera**
11. **Next Meeting and Adjournment**  
May 21st, 2025 at County of Brant Council Chambers.





## Paramedic Services Committee Minutes

**Date:** January 22, 2025  
**Time:** 11:00 a.m.  
**Location:** Council Chambers  
7 Broadway Street West  
Paris, ON

**Members of Council Present:** County of Brant Mayor Bailey, Councillor Miller, Councillor Peirce, and Martin

**Members of Council Absent:** City of Brantford Mayor Davis, Councillor Hunt

**Staff:** Newton, Stevenson, King, Mifflin, and Allison

**Alternative formats and communication supports are available upon request. For more information, please contact the County of Brant Accessibility and Inclusion Coordinator at 519-442-7268 or by email [accessibility@brant.ca](mailto:accessibility@brant.ca)**

---

### **1. Attendance**

Attendance was taken.

### **2. Election of Chair and Vice Chair**

Briar Allison, Deputy Clerk, opened the meeting and proceeded with the election of Chair and Vice-Chair.

Moved by Councillor Martin  
Seconded by Mayor Bailey

That Councillor Miller be elected Chair of the Paramedic Services Committee for the year 2025;

And that nominations for the role of Chair, be closed.

**Carried**

Moved by Councillor Miller  
Seconded by Councillor Peirce

That Councillor Martin be elected Chair of the Paramedic Services Committee for the year 2025;

And that nominations for the role of Chair, be closed.

**Carried**

Councillor Miller in the Chair.

**3. Approval of Agenda**

Moved by Mayor Bailey  
Seconded by Councillor Peirce

That the Paramedic Services Committee agenda for January 22, 2025, be approved.

**Carried**

**4. Declaration of Pecuniary Interests**

None.

**5. Delegations / Petitions / Presentations**

**5.1 Governor General's Emergency Medical Service Exemplary Service Medal Recipients**

Governor General's Emergency Medical Service Exemplary Service Medal recipients' were presented with the 30-year-bar and was awarded to Russell King, Vito Tuori, Michael Polgar, and Neil Vanderpost. David Dungey was awarded the 40-year-bar.

**6. Adoption of Minutes from Previous Meetings**

**6.1 Paramedic Services Committee Minutes of November 5, 2024**

Councillor Miller advised of an error.

That the Paramedic Services Committee minutes of November 5, 2024, be approved.

**Carried**

**7. Business Arising from the Minutes**

None.

## **8. Staff Reports**

### **8.1 RPT- 0032-25 Construction Update 1 Brant Brantford Paramedic Services Headquarters**

Cindy Stevenson, General Manager of Emergency and Protective Services, briefly outlined the report. Discussion commenced surrounding reducing the original project contingency from 20% to 10%, budgeting of the lease and provincial cost-sharing, and a ribbon cutting following the completion of the project.

Moved by Councillor Martin  
Seconded by Councillor Peirce

That Paramedic Services Committee receive report RPT-0032-25 Construction Status Update 1 on Brant-Brantford Paramedic Services Headquarters, for information.

**Carried**

### **8.2 RPT-0050-25 Funding for Paramedic Services share of Paving & Resurfacing of Brantford Fire Hall 4 (400 Colborne St W)**

Councillor Peirce requested the funding of the project be broken down per square footage.

Moved by Mayor Bailey  
Seconded by Councillor Peirce

That \$52,500 for the paving and resurfacing of the Paramedic Services leased space of the Brantford Fire Hall 4 (400 Colborne St W) be approved and funded from the Ambulance Station reserve.

**Carried**

### **8.3 RPT- 0051-25 Paramedic Services Statistical Package**

Russell King, Brantford-Brant Paramedic Services Chief, outlined the report. Discussion commenced surround the age of the ambulances on the current fleet and an annual communication campaign on what paramedic services are available to the public and when to use them.

Moved by Councillor Martin  
Seconded by Councillor Peirce

That report RPT- 0051-25 Paramedic Services Statistical Package be received as information.

**Carried**

**8.4 RPT-0053-25 2025 Paramedic Services Committee Meeting Schedule**

B. Allison presented the draft 2025 Paramedic Services Committee meeting schedule, as amended.

Moved by Councillor Peirce  
Seconded by Councillor Miller

That RPT-0053-25 2025 Paramedic Services Committee Meeting Schedule, be received as information;

And that the draft 2025 Paramedic Services Committee Meeting Schedule, be approved, as amended.

**Carried**

**9. Communications**

None.

**10. Other Business**

None.

**11. In Camera**

Moved by Mayor Bailey  
Seconded by Councillor Miller

That the Paramedic Services Committee convene In Camera to discuss S. 239 (2) (d) labour relations or employee negotiations (RPT-0031-25 Collective Bargaining Update) - C. Stevenson

**Carried**

Committee convened In Camera at 11:53 p.m. to discuss S. 239 (2) (d) labour relations or employee negotiations (RPT-0031-25 Collective Bargaining Update) - C. Stevenson . This portion of the meeting is recorded in the Confidential – In Camera minutes of January 22, 2025. Committee reconvened in Open Session at 12:15 p.m. on a motion of Mayor Bailey and Councillor Martin.

**12. Next Meeting and Adjournment**

Committee adjourned at 12:16 p.m. to meet again on March 26, 2025 at the County of Brant Council Chambers.

---

Secretary



## Paramedic Services Committee Minutes

**Date:** March 5, 2025  
**Time:** 3:30 p.m.  
**Location:** Council Chambers  
7 Broadway Street West  
Paris, ON

**Members of Council Present:** County of Brant Mayor Bailey, Councillor Miller, Councillor Peirce, City of Brantford Councillor Hunt, and Councillor Martin

**Members of Council Absent:** City of Brantford Mayor Davis

**Staff:** Stevenson, King, and Pluck

**Alternative formats and communication supports are available upon request. For more information, please contact the County of Brant Accessibility and Inclusion Coordinator at 519-442-7268 or by email [accessibility@brant.ca](mailto:accessibility@brant.ca)**

---

Councillor Miller in the Chair.

### **1. Attendance**

Attendance was taken.

### **2. Approval of Agenda**

Moved by Mayor Bailey  
Seconded by Councillor Peirce

That the Paramedic Services Committee - Special Meeting agenda of March 5, 2025, be approved.

**Carried**

### **3. Declaration of Pecuniary Interests**

None.

### **4. Delegations / Petitions / Presentations**

None.

---

**5. Adoption of Minutes from Previous Meetings**

None.

**6. Business Arising from the Minutes**

None.

**7. Staff Reports**

None.

**8. Communications**

None.

**9. Other Business**

None.

**10. In Camera**

Moved by Councillor Hunt  
Seconded by Mayor Bailey

That the Paramedic Services Committee convene In Camera to discuss S.239(2)(d) labour relations or employee negotiations (OPSEU Local 256 and County of Brant contract negotiations).

**Carried**

Committee convened In Camera at 3:33 p.m. to discuss S.239(2)(d) labour relations or employee negotiations (OPSEU Local 256 and County of Brant contract negotiations). This portion of the meeting is recorded in the Confidential – In Camera minutes of March 5, 2025. Committee reconvened in Open Session at 3:42 p.m. on a motion of Councillor Hunt and Mayor Bailey.

**11. Next Meeting and Adjournment**

Committee adjourned at 3:43 p.m. to meet again on Wednesday, March 26, 2025 at the County of Brant Council Chambers.

---

Secretary



## **Paramedic Services Committee Report**

---

**To:** The Chair and Members of the Paramedic Services Committee  
**From:** Russell King, Chief, Brant / Brantford Paramedic Services  
**Date:** March 26, 2025  
**Report #:** RPT-0089-25  
**Subject:** Paramedic Services Statistical Package  
**Purpose:** For Information

---

### **Recommendation**

---

That report RPT-0089-25 Paramedic Services Statistical Package be received as information.

### **Executive Summary**

---

This report provides an overview of service metrics from January – February 2025.

### **Strategic Plan Priority**

---

Strategic Priority 5 - Healthy, Safe, and Engaged Citizens

### **Impacts and Mitigation**

---

#### Social Impacts

Paramedic Services has a significant social impact as it is responsible for providing land ambulance service in the Brant-Brantford area. This report outlines data related to service metrics and identifies ongoing challenges faced by the Service as it interacts with the broader healthcare system primarily operated by the province, including significant offload delays at the local hospital.

#### Environmental Impacts

There are no environmental impacts associated with this report.

#### Economic Impacts

There are no economic impacts associated with this report.

### **Report**

---

#### Background

This report provides current year-to-date and historic service metrics for Brant / Brantford Paramedic Services (the Service) and outlines some of the challenges facing the Service including the significant strain on the Provincial healthcare system.

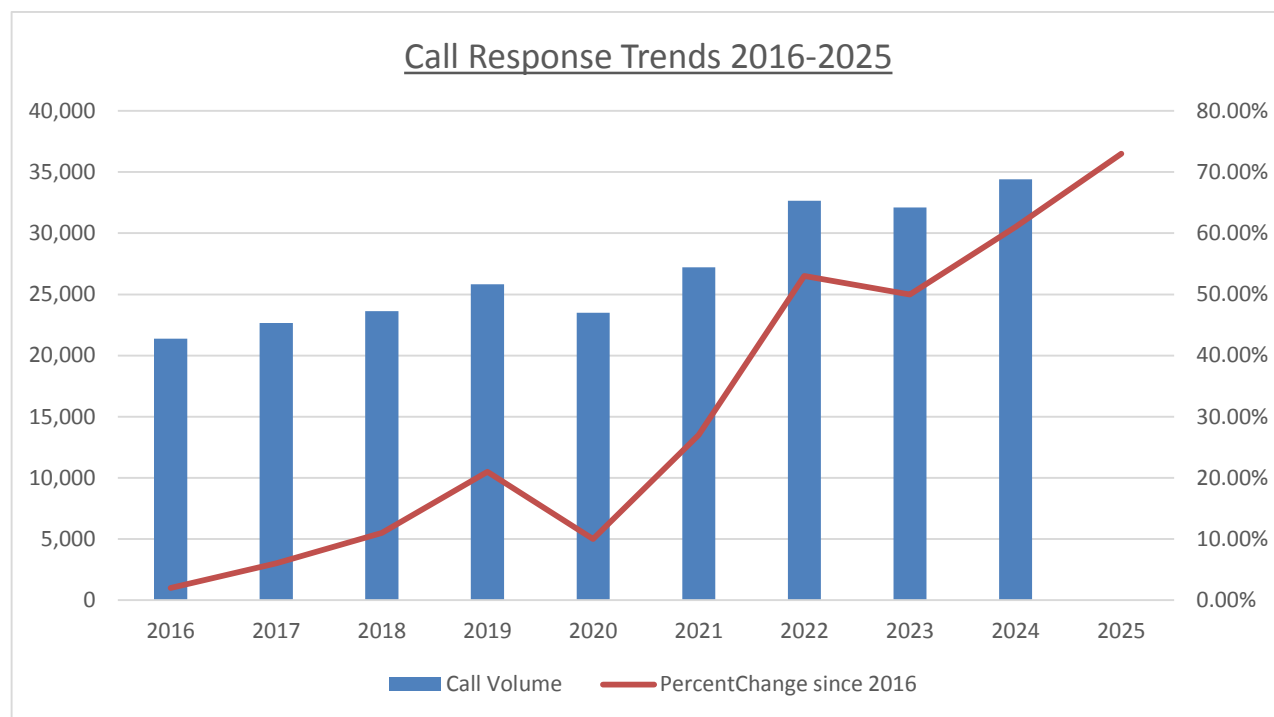
## Analysis

The statistics presented in this report provide updates on calls responded to by the Service from January – February 2025 as well as comparable information from previous years. The Ministry of Health (MOH) has also added a new data set which has resulted in some adjustments to the end-of-year figures as noted below. The new data set provides more accurate information.

### Call Response Trends 2016-2025

The charts below show that the number of calls has steadily increased across the 2016-2025 period. Across the ten-year period, the number of calls increased by 73% from 21,376 to a projected 36,989 in 2025.

Year	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025*
Number of Responses	21,376	22,657	23,623	25,818	23,491	27,219	32,651	32,114	34,406	36,989
Percentage Change Each Year	2%	6%	4%	9%	-9%	16%	20%	-2%	7%	7%
Percentage Change Since 2016	-	6%	11%	21%	10%	27%	53%	50%	61%	73%



As articulated in previous reports, several factors contribute to the rise in call volumes. Notable factors include the aging and growing population in the Brant-Brantford area.

As outlined in the 2016 Service Action Plan, the age cohort with the highest likelihood of calling an ambulance is 75 years of age and older has increased from 6.9% in 2001 to 8.2% in 2021 and is forecasted to increase to 11.2% of the population by 2031. An aging population is not a trend limited to the Brant-Brantford area, and as such, continued systemic pressure will be placed on the Provincial Healthcare System.

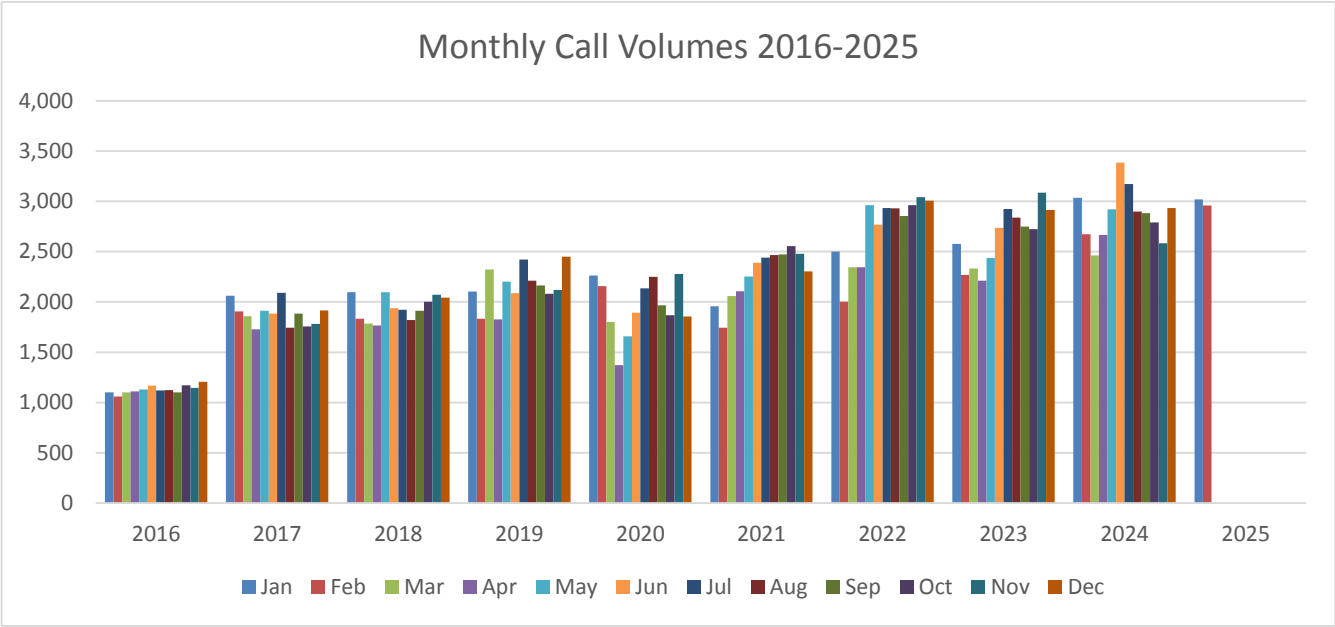
In addition to aging, the population continues to grow rapidly. Between 2016-2021 census data highlights that the population increased by 6.2% in the City of Brantford and 10.8% in the County of Brant. A higher population contributes to an increased demand for paramedic and emergency services.

To respond to heightened call volumes, the Service is exploring ways to support community health and wellbeing by adding resources to ensure coverage, as well as expansion of the Community Paramedic Program to reduce calls for service or transport to hospitals. However, it's important to note that the actions of the Service are limited as emergency medical services are heavily influenced by the Provincial Healthcare System and the systematic issues impacting it.

### Monthly Call Volumes

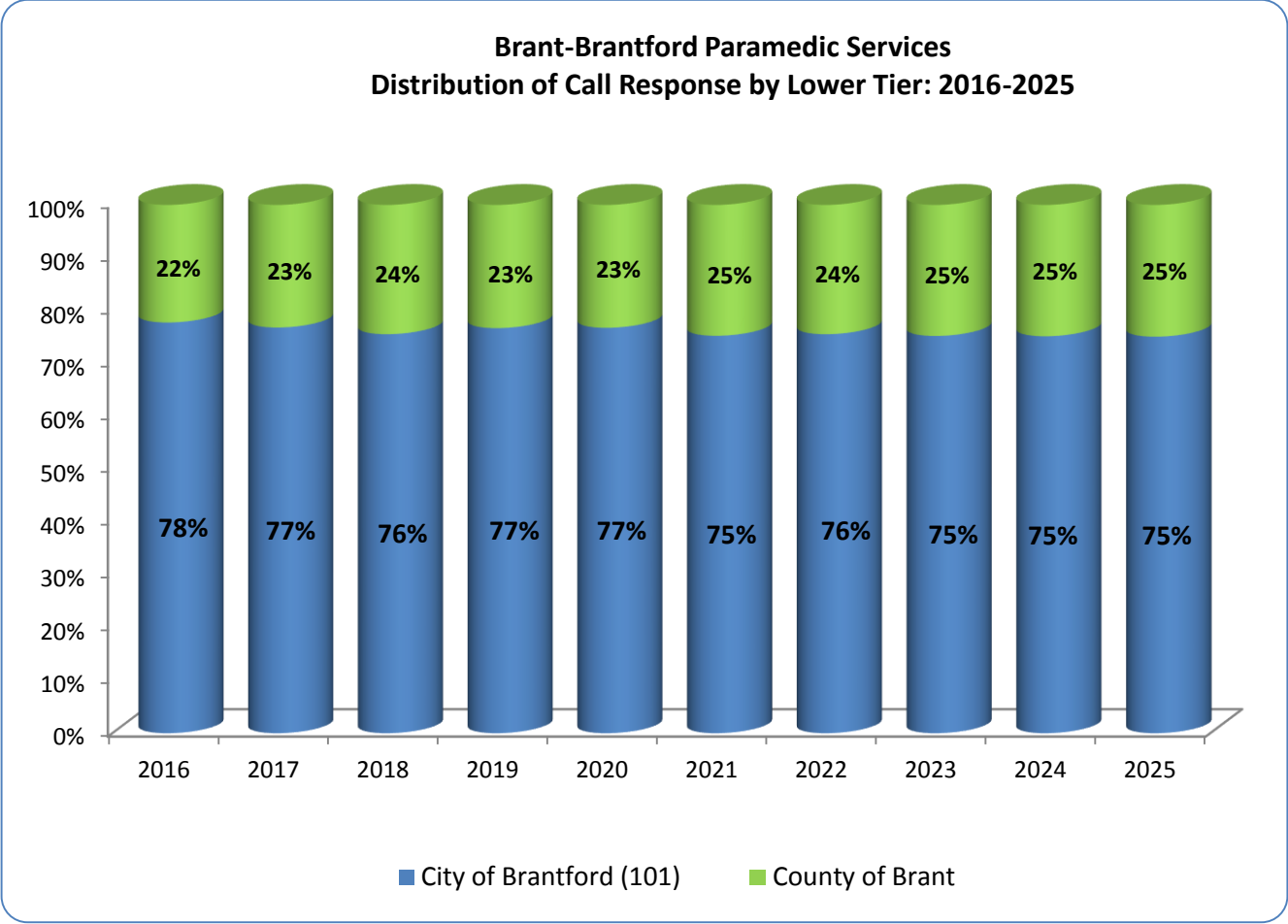
The graph below shows call volumes by month from 2016-2025. This data shows the increase in monthly call volumes for 2025

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>2016</b>	1,102	1,060	1,101	1,109	1,130	1,167	1,121	1,122	1,100	1,172	1,146	1,205
<b>2017</b>	2,062	1,905	1,859	1,729	1,911	1,883	2,091	1,745	1,883	1,756	1,781	1,917
<b>2018</b>	2,096	1,834	1,785	1,766	2,096	1,937	1,922	1,820	1,913	2,000	2,071	2,042
<b>2019</b>	2,103	1,833	2,323	1,828	2,202	2,088	2,421	2,213	2,165	2,081	2,118	2,449
<b>2020</b>	2,263	2,158	1,801	1,371	1,659	1,892	2,136	2,249	1,968	1,868	2,277	1,855
<b>2021</b>	1,956	1,744	2,059	2,106	2,252	2,391	2,441	2,467	2,471	2,555	2,480	2,303
<b>2022</b>	2,500	2,000	2,345	2,345	2,963	2,768	2,935	2,930	2,853	2,964	3,043	3,006
<b>2023</b>	2,576	2,269	2,331	2,210	2,439	2,736	2,923	2,840	2,748	2,724	3,087	2,914
<b>2024</b>	3,035	2,674	2,462	2,668	2,920	3,386	3,173	2,899	2,882	2,790	2,583	2,934
<b>2025</b>	3,020	2,959										



**Geographic Distribution of Call Responses**

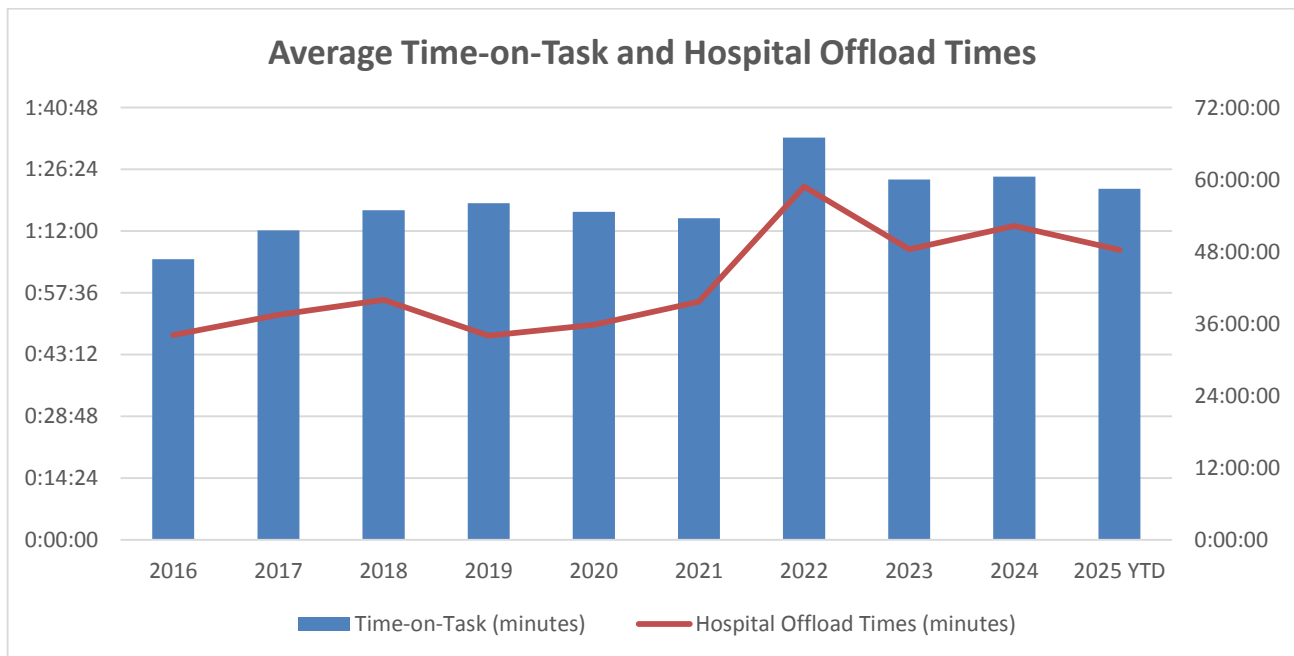
The chart below signifies the distribution of call responses within the County and City. Data shows that the distribution of call responses has remained stable over the past ten years with approximately 25% of calls coming from Brant and 75% from The City of Brantford.



## Call Time and Offload Delays

Each call requires a certain time for response, treatment, patient transport to hospital, offload at the hospital, and cleaning of the ambulance and equipment prior to the resumption of service. This total time from response to returning to service is called “time on task.” This measure is closely linked to the ability of the hospital to offload patients into care. The following table shows the average time on task and hospital offload times since 2016 and the relationship between these two measures.

Year	Time-on-Task (minutes)	Hospital Offload Times (minutes)
2015	1:04:33	33:35:00
2016	1:05:26	34:05:00
2017	1:12:10	37:28:00
2018	1:16:53	39:58:00
2019	1:18:28	34:01:00
2020	1:16:28	35:50:00
2021	1:14:59	39:40:00
2022	1:33:49	58:49:00
2023	1:23:59	48:22:00
2024	1:24:43	52:18:00
2025 YTD	1:21:51	48:16:00



In 2024, with continued provincial funding support, we have two dedicated offload nurses at the hospital, expanding on the project launched in February 2023. This initiative has shown positive results, temporarily reducing offload delays and code zeros. Additionally, offload times are trending downward, thanks to the added funding and assistance from the Ministry of Health and Long-Term Care (MOH-LTC) Special Advisory Group, which has been working closely with Brantford General Hospital.

We have recently received confirmation from the Ministry of Health for an additional one-time funding of \$628,234 for 2024-25 to further support the Dedicated Offload Nurse Program, securing its funding until March 31, 2025. We also anticipate the funding to continue in 2025-26. The Brantford General Hospital has now enhanced staffing within the Emergency Department, to increase offload nursing capacity in the coming months, aiming to sustain these improvements and further boost service efficiency.

Rising hospital offload times increase the amount of time an ambulance and its paramedics commit to a call and as a result diminish the Service's resources and capacity. Hospital offload times have increased significantly over the years while call volumes are reaching record levels. Combined with ongoing staffing shortages of physicians and nurses this has resulted in an inadequate hospital bed capacity. Rising offload times coupled with these increased calls for service have created a demand for paramedic and emergency services that has increased dramatically beyond the natural growth of the municipalities. The Ministry of Health, Emergency Health Services Division, continues to engage with the local healthcare system to facilitate improvements to offload delays experienced in the emergency room of the hospital. The Service and Brant Community Healthcare System (BCHS) senior staff meet regularly to discuss and enact mitigation strategies to minimize the impact to ambulance capacity.

The Service has explored additional options supported by temporary provincial funding, including Community Paramedic Programs and Long-Term Care initiatives. These efforts have helped manage over 5,000 calls annually while also diverting a significant number of patients from hospital emergency departments, reducing strain on the healthcare system.

### System Usage

A 24-hour staffed ambulance with a paramedic crew is estimated on average to be able to manage 3,832 calls annually, which has been adjusted to account for an increase in offload delays. As the Service approaches and exceeds 100% of its capacity, its ability to address service calls decreases and responses to emergencies and/or high periods of service demands are hindered. This results in increased occurrences of Code Zeros (when there are no ambulances in the community), increased response times due to ambulances responding from adjacent communities, and the potential that a critically ill citizen may not have an ambulance available when required.

The table below outlines the extent to which available Service resources are being utilized.

Year	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Vehicles Deployed (Average)	5.5	6	6.5	6.5	7	7	7.5	8	8.5	99
Annual Call Volume	21,376	22,657	23,623	25,818	23,491	27,219	32,651	32,114	34,406	36,989
Call Volume per Vehicle	3,887	3,776	3,634	3,972	3,356	3,888	4,353	4,014	4,048	4,110
Call Volume Capacity	99%	95%	96%	104%	89%	104%	116%	107%	106%	107%

As outlined in the table above, the Service is still exceeding maximum call volume per vehicle which leaves no buffer to respond to large-scale incidents. The Service's call volume continues to rise due to the growing and aging population which limits primary care resources in the community, urgent care options, and increases propensity to call an ambulance. Evaluating opportunities to enhance capacity across jurisdictions is required to meet the growing needs of the community. Call volume capacity is expected to decrease with the addition of a 12-hour ambulance on July 1, 2025, as approved by Committee and Council.

### Response Time Achievement

The Service's ability to provide lifesaving responses to citizens facing a medical emergency is based on the achievement of rapid response times to the most critical types of medical emergencies. The Service has set response time standards in accordance with guidelines from the Ministry of Health.

The 2025 Benchmark for Sudden Cardiac Arrest was adjusted to 60% by Council (RPT-0371-24 Response Time Targets and Performance Plan) and will begin to be measured against that standard in November 2024.

Response Time Standards	Benchmark	2025	2024	2023	2022	2021	2020
<b>Sudden Cardiac Arrest</b> Standard - Defibrillator on Scene within 6 minutes	<b>60%</b>	<b>39%</b>	<b>55%</b>	44%	31%	41%	52%
CTAS 1 patients – Resuscitation - <b>Threat of Life</b> Standard - less than 8 minutes response time	<b>65%</b>	<b>76%</b>	<b>71%</b>	65%	63%	66%	73%
CTAS 2 patients – Emergent – <b>Threat of Life or Limb</b> Standard - less than 10 minutes response time	<b>80%</b>	<b>79%</b>	81%	79%	91%	96%	96%
CTAS 3 patients – Urgent – <b>Potential for Life or Limb</b> Standard - less than 15 minutes response time	<b>90%</b>	<b>92%</b>	93%	91%	87%	94%	75%
CTAS 4 patients - Less Urgent Standard - less than 15 minutes response time	<b>90%</b>	<b>88%</b>	91%	91%	84%	93%	74%
CTAS 5 patients – Non-Urgent Standard - less than 15 minutes response time	<b>90%</b>	<b>91%</b>	91%	97%	86%	92%	95%

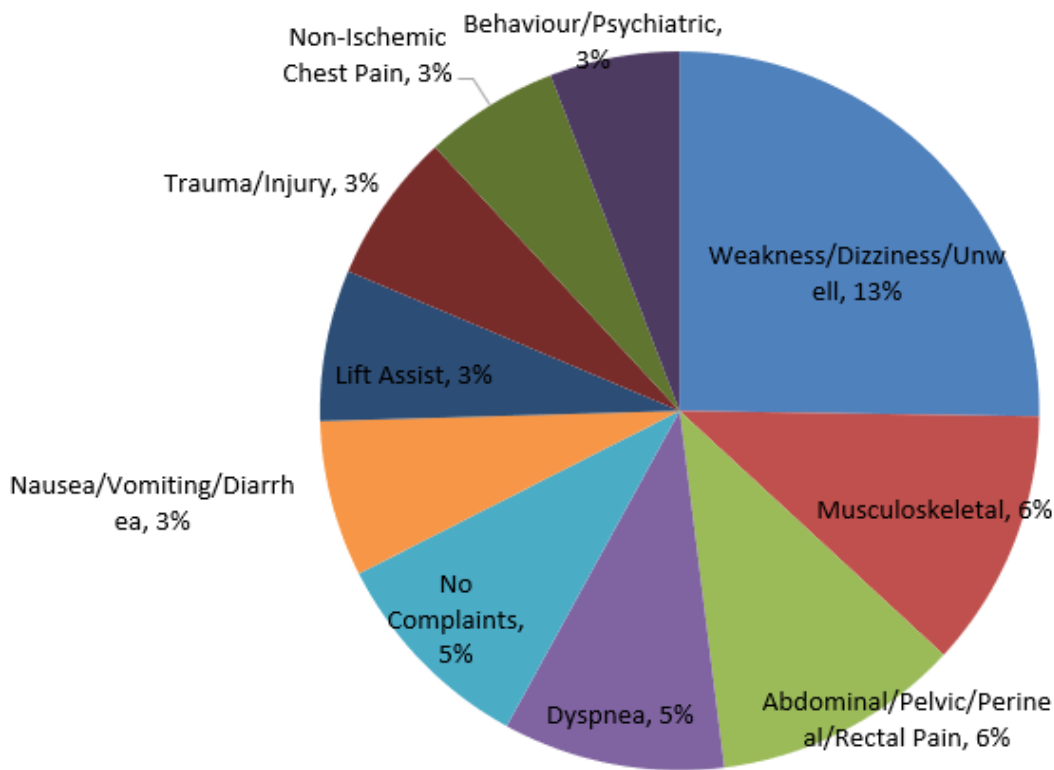
## Call Types

The table below outlines the distribution of the top ten types of calls for 2025. Calls are classified in 109 possible categories. Across all call categories, reports of feeling weak, dizzy, and unwell were the most common final problem reported to date in 2025.

Final Primary Problem	Percentage of Total Calls
Weakness/Dizziness/Unwell	13%
Musculoskeletal	6%
Abdominal/Pelvic/Perineal/Rectal Pain	6%
Dyspnea	5%
No Complaints	5%
Nausea/Vomiting/Diarrhea	3%
Lift Assist	3%
Trauma/Injury	3%
Non-Ischemic Chest Pain	3%
Behaviour/Psychiatric	3%

Other categories include 99 other possible categories of call types. Each other type represents less than 2%

Top 10 Final primary problems, 2025



Code Zero Events

The table below illustrates the number of code zeros experienced each year from 2019-2025. Code 0 usually results in an ambulance being dispatched from another jurisdiction, unless a Service ambulance can be cleared for response immediately following the call. Code 0 data from October 2023 onward is from a new and more accurate data set.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	71	62	102	45	74	57	76	70	55	56	53	70
2020	75	116	25	23	18	25	7	83	36	14	12	12
2021	14	15	27	29	23	24	33	40	49	48	77	22
2022	54	22	26	31	93	80	70	62	86	85	134	87
2023	53	43	36	29	30	51	38	33	46	159	225	165
2024	169	120	102	96	165	220	205	226	186	80	83	88
2025	117	110										

### Lost Vehicle Hours

The data in 2024 showed a decrease in lost vehicle hours due to The Ministry of Health, Emergency Health Services Division engaging with the Brant Community Healthcare System (BCHS) and BBPS senior staff regularly to discuss and enact mitigation strategies to minimize the impact to ambulance capacity.

This table below indicates “Lost Vehicle Hours” for 2025.

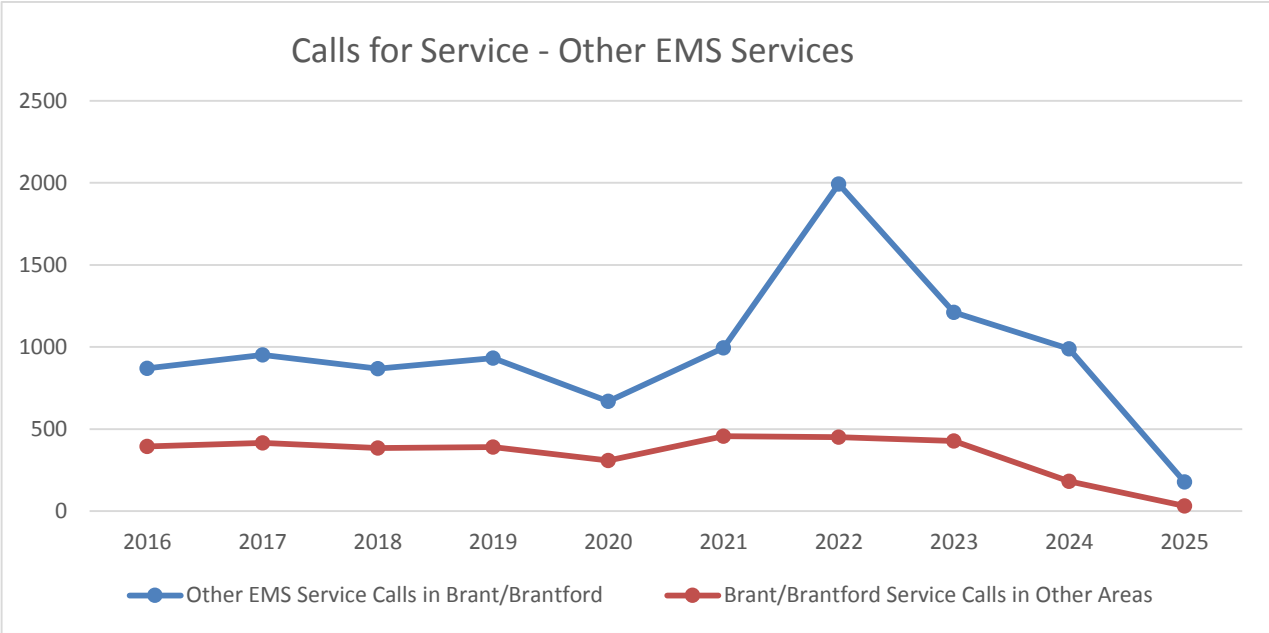
2025	TOTAL LOST HOURS in ED OFFLOAD	TOTAL CODE 0	LONGEST EPISODE (minutes)	AVERAGE TRANSPORTS PER DAY	AVERAGE TIME PER CALL in ED 90%
JAN	161:47:43	117	145	36.58	0:49:22
FEB	187:10:53	110	270	35:36:00	0:55:09
MAR					
APR					
MAY					
JUN					
JUL					
AUG					
SEP					
OCT					
NOV					
DEC					

### Call for Service – Other EMS Services

In instances where a Brant-Brantford paramedic cannot respond to a call, other EMS services in surrounding jurisdictions respond. Similarly, when other jurisdictions cannot respond to a call, Brant-Brantford Paramedics respond. The table below identifies the number of occurrences that happened from 2015-2024.

Data shows that the number of calls has declined in 2024 with the new 24/7 dedicated offload nurse program and adding additional paramedic vehicles.

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025 YTD
<b>Other EMS Service Calls in Brant / Brantford</b>	869	952	868	932	669	994	1,992	1210	989	177
<b>Brant / Brantford Service Calls in Other Areas</b>	393	415	385	390	309	456	451	427	182	31



**Summary and Recommendations**

While the Service continues to perform as efficiently as possible, systemic challenges continue to place limitations on its ability to effectively respond to call demand. Staff will continue to investigate efforts to mitigate issues within municipal authorities such as resource availability, but obstacles are generated by limited local healthcare capacity and will require significant funding and legislative changes by the province.

**Attachments**

N/A

**Reviewed By**

Cindy Stevenson, General Manager, Emergency & Protective Services

**Copied To**

Alison Newton, Chief Administrative Officer

**By-law and/or Agreement**

By-law Required	No
Agreement(s) or other documents to be signed by Mayor and /or Clerk	No





## Paramedic Services Committee Report

---

**To:** The Chair and Members of the Paramedic Services Committee  
**From:** Glen Cunnane, Deputy Chief, Community Paramedicine  
**Date:** March 26, 2025  
**Report #:** RPT – 0088 - 25  
**Subject:** Community Paramedic Program Update  
**Purpose:** For Information

---

### Recommendation

---

That report RPT-088-25 be received by Committee for information.

### Executive Summary

---

Community paramedicine (CP) has continued to evolve as a vital service within the healthcare and social services system, enhancing patient outcomes and improving the efficiency of 911 services. This report provides an overview of community paramedicine over the past year, highlighting key achievements, challenges, and growth trends. The analysis also includes long-term insights into its role within municipal paramedic services, illustrating the positive impact on patient care, system efficiency, and resource optimization.

### Strategic Plan Priority

---

Strategic Priority 5 - Healthy, Safe, and Engaged Citizens

### Impacts and Mitigation

---

#### Social Impacts

Despite its benefits, there is a general lack of awareness among the public regarding community paramedicine services. As a result, some eligible individuals may not access these services. Greater education and outreach efforts are needed to boost public awareness and ensure that clients understand the benefits of engaging with community paramedicine programs

#### Environmental Impacts

Not applicable.

#### Economic Impacts

All costs associated with this program are covered by the community paramedic grant funding.

## Report

---

### Background

Community paramedicine is an innovative model designed to bridge the gap in health and social systems. Paramedics operating within this model are trained to provide non-emergency medical services to clients, often in their homes or community settings. Community paramedics strive to enhance the healthcare and social services system while reducing barriers to accessing the appropriate care available to vulnerable citizens. The overarching goal is to improve overall health and wellbeing, reduce 911 utilization, alleviate pressure on emergency rooms, and provide appropriate care for individuals who might not require immediate, high-acuity interventions.

### Analysis

**Programs:** Our community paramedic services offer a variety of programs aimed at enhancing community health. Key programs include:

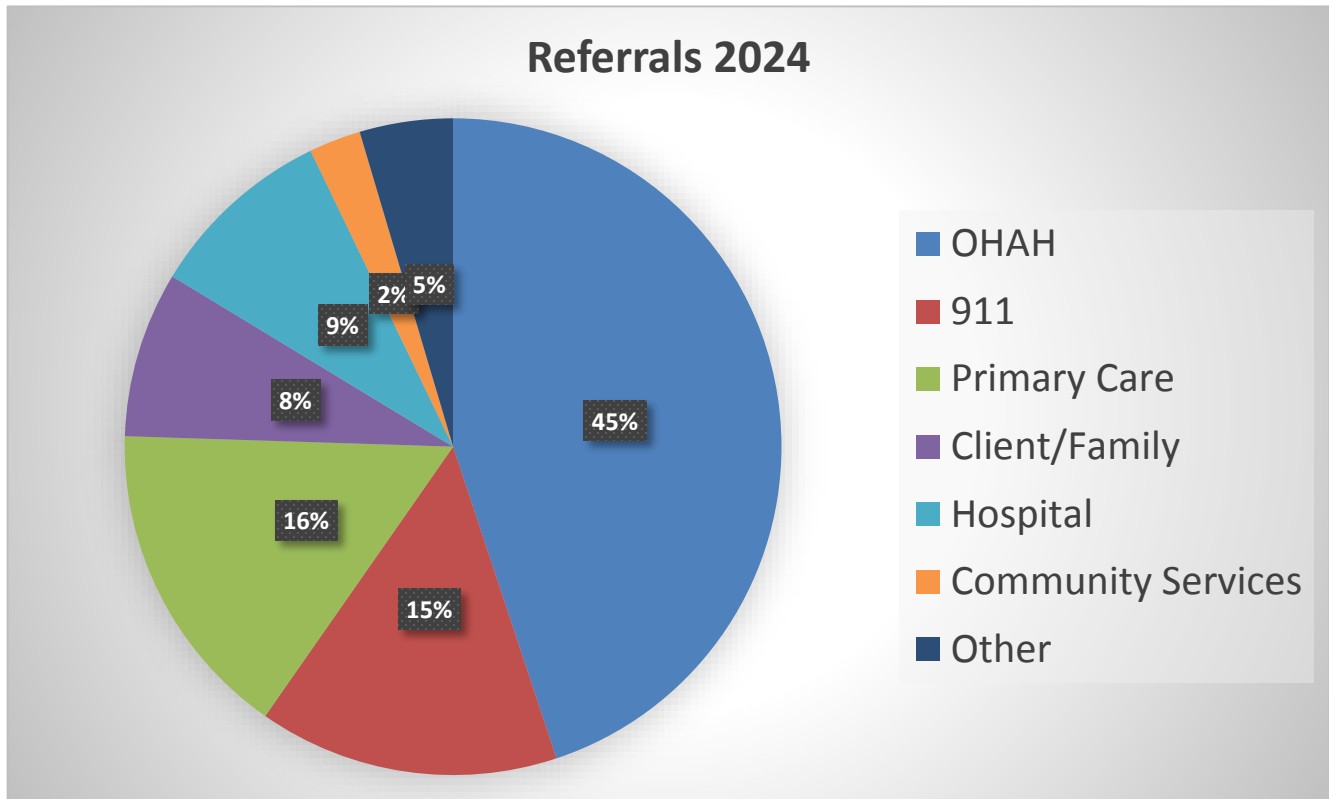
- **12 Clinics:** Covering a broad range of health services to meet community needs in congregate settings.
- **Core:** The foundational program for paramedic services providing in-home visits.
- **CPLTC (Community Paramedicine Long-Term Care):** Focuses on supporting those with advanced chronic diseases and requiring enhanced support.
- **OHW (Outreach):** Provides direct services to at-risk and vulnerable populations.
- **Functional Improvement Program (FIP):** A program utilizing a community paramedic who is a registered kinesiologist to improve strength, mobility, and balance. This unique program is believed to be the only one of its kind in Ontario.
- **Virtual Reality:** Now integrated into the WISH program, this initiative offers virtual experiences as part of our palliative care approach. This is also offered in our clinics addressing social isolation.
- **Lower Limb Preservation:** Focuses on preventing and managing lower limb health.
- **WISH:** A palliative care program integrating client requests.
- **Education:** Community engagement and education on health, wellness, and prevention.

### **Key Metrics for 2024:**

- **911 Calls and Emergency Room Visits:** A continued 40% decrease in calls and visits when comparing pre-enrollment and post-enrollment data.
- **Referrals:** A total of 386 referrals received.
- **Client Discharges:** 196 clients discharged from the program.
- **Client Interactions:** Approximately 9,000 client interactions, excluding outreach efforts.
- **Outreach and Educational Interactions:** 1,500 outreach interactions and over 3,000 educational interactions, totaling approximately 13,500 interactions.
- **Medical Orders:** 324 medical orders were processed, including:
  - 251 bloodwork procedures
  - 29 A1C/glucometer tests
  - 580 medication administrations
  - 74 urine tests

- 24 Dexcom sensor changes
- 16 Libre sensor changes
- 315 COVID-19 vaccinations
- 450 influenza vaccinations

In total, 1,739 medical procedures were carried out, that clients may have otherwise had difficulty accessing. The program continues to receive positive feedback from clients.



**Collaboration:** The success of our community paramedic program is heavily dependent on collaboration with numerous community partners, including but not limited to:

- OHAH (Ontario Health at Home)
- Housing Services
- SOAR (Support Opportunity Achieve Resilience)
- BCHSYS (Brant Community Healthcare System)
- GRCHC (Grand River Community Health Centre)
- Brant Native Housing
- Primary Care Providers
- Hankinson House
- BCHU (Brant County Health Unit)
- Point in Time Counts of Homeless Populations Committee
- My COPD (Chronic Obstructive Pulmonary Disease Program)
- Alzheimer's Society
- LifeLabs
- Grand Erie District School Board
- SPCA
- Community Resource Services Foodbank Brantford

These partnerships have enabled us to deliver comprehensive care to our communities.

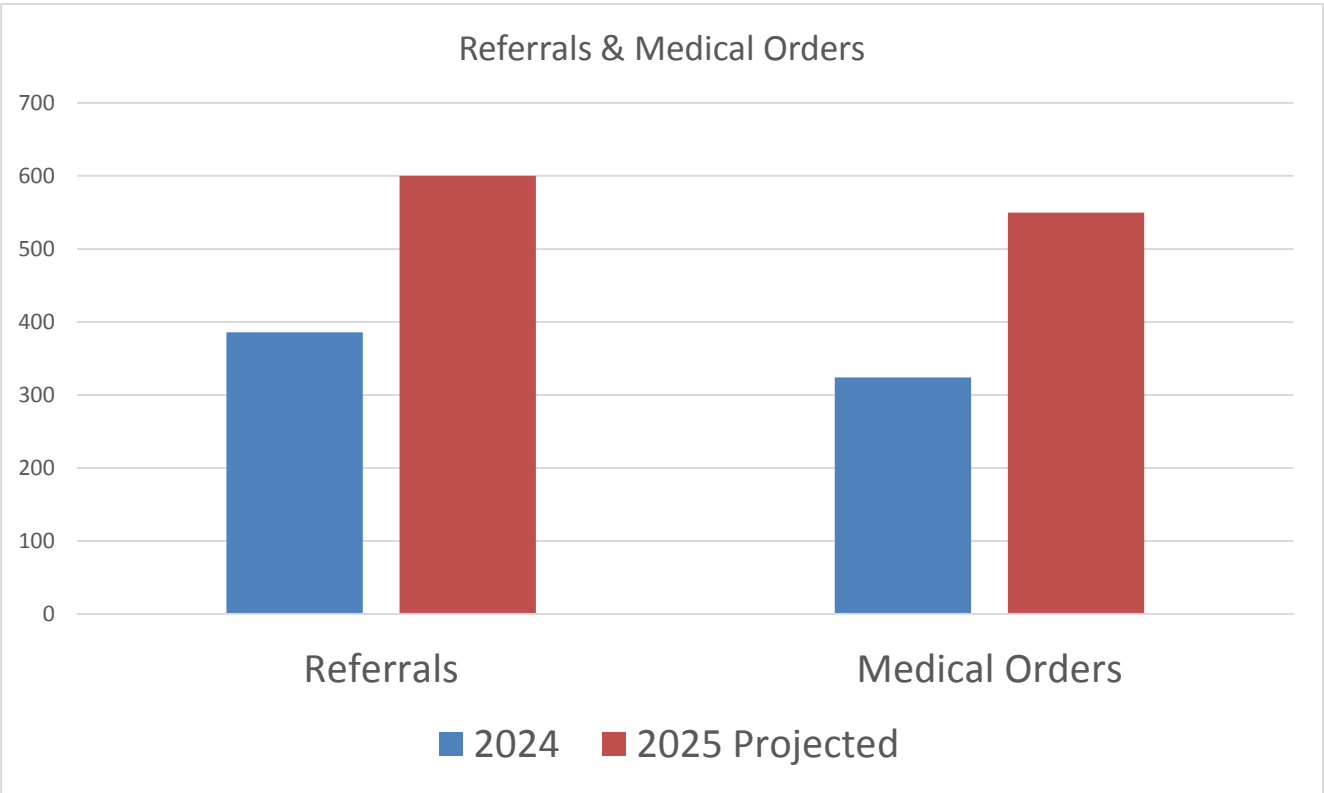
**Fleet and Equipment:** The community paramedic fleet now consists of 7 dedicated vehicles, and 1 shared resource:

- Two fully outfitted emergency response vehicles meeting Ministry of Health standards.
- Four Toyota Corolla Cross SUVs.
- One Dodge Caravan.
- A shared logistics/support vehicle used for outreach programs.

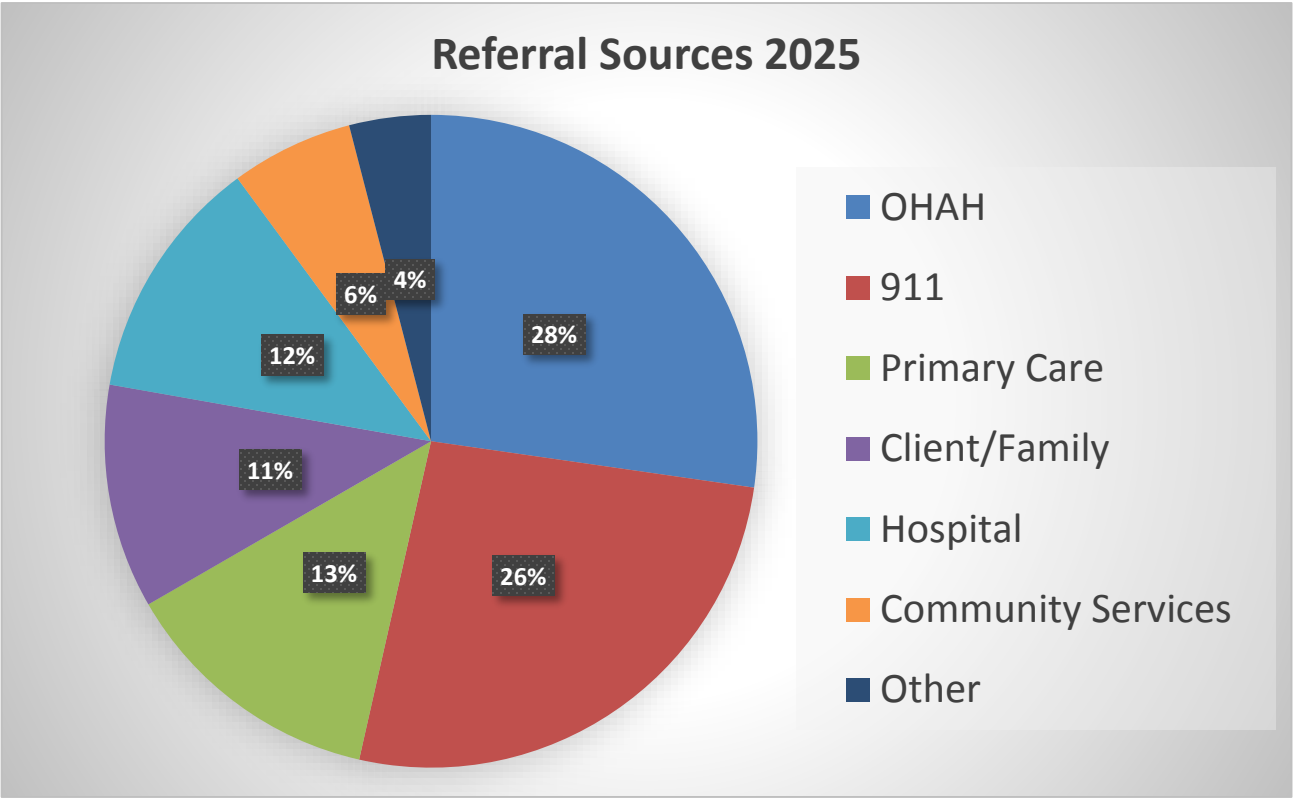
In addition, specialized medical equipment has been procured, including:

- Medical response bags
- Bloodwork kits
- Urinalysis point of care devices
- Cardiac monitors
- Visit bags and vital sign monitors (RAD 97) for blood pressure averaging
- 100 remote home monitoring kits (with an additional 20 purchased and 10 funded through OHT)

**Referrals and Medical Orders:** In the first two months of 2025, the Community Paramedic Services program has experienced a notable increase in both referrals and medical orders compared to previous years. The program has received a total of 99 referrals through the end of February 2025, placing it on track to reach approximately 600 referrals by the end of the year. To date, 85% of the referrals received have resulted in the implementation of services, demonstrating a strong response rate and the program’s capability to manage demand effectively. Additionally, the program has processed 92 medical orders, the majority of which consist of bloodwork. This rate is on track to exceed 550 medical orders by year-end, reflecting a significant increase over the previous year's figures.



2025 has demonstrated an increased volume of referrals coming from the front line 911 paramedics. This has been an ongoing effort to get front-line paramedics to complete these, it appears that the message is starting to be received. 26% of 2025 referrals vs 15% of 2024 referrals come from front-line 911 paramedics. A referral from a front-line 911 paramedic can have a significant impact on the future of that client's pathway.



These early indicators suggest a growing demand for community paramedic services, highlighting both the effectiveness of the program and its expanding role within the healthcare system, while also indicating the need for ongoing expansion.

**Medical Oversight and Medical Directives:**

Community paramedics in Brant/Brantford are not currently covered under the provincial Ambulance Act, which means they cannot be delegated tasks through the traditional base hospital system. As a result, the program has relied on establishing strong, collaborative relationships with community-based physicians to receive written medical orders. Building this system required significant time and effort, but it is now operating effectively.

In partnership with Dr. David Vincent, the Brant/Brantford community paramedic medical director, the program is working toward the implementation of medical directives under his delegation. These directives will encompass 15 sets of procedures, which will allow community paramedics to provide treatment for specific conditions that do not require emergency intervention but still necessitate medical attention.

Examples of conditions to be addressed under these directives include urinary tract infections, chest infections, wound care, diabetes management, and exacerbations of chronic respiratory diseases. Treatments under these directives may include antibiotic therapy,

insulin adjustments, the initiation of action plans, blood work, urinalysis, and urine cultures, among others.

This initiative is expected to enhance the scope of care provided by community paramedics, improving access to treatment for patients in need while supporting the overall healthcare system.

### **Training and Development:**

All new community paramedics undergo a comprehensive 42-hour classroom training program, designed to equip them with essential knowledge and skills. This foundational training covers a variety of critical areas, including procedural protocols, policies, equipment usage, chronic disease management, technology integration, and awareness of program modalities, among other vital topics. The training is facilitated by a collaborative team, including experienced community paramedic team members, key partners, and our medical director.

Following the classroom instruction, new paramedics are scheduled for precepting shifts with seasoned community paramedics. During these shifts, they gain hands-on experience, progressing through each program in a structured manner, with each phase building upon the knowledge and skills acquired in the previous one.

Additionally, new community paramedics are required to undergo specialized education in phlebotomy for blood collection and analysis. This ensures they are prepared to perform bloodwork as part of their duties.

Throughout the year, community paramedics are offered a range of ongoing education opportunities to further enhance their skills and stay current with evolving practices. These opportunities include training in areas such as wound care, frailty assessment, elder abuse awareness, and other relevant topics.

Looking ahead, 2025 will be a year of significant growth and development for our community paramedics. The planned curriculum for the year includes enhanced wound care education, the introduction of a new Electronic Medical Record (EMR) system, updates to medical directives, and the introduction of several new program modalities. These initiatives will further strengthen our community paramedics' ability to provide high-quality care and support to the populations they serve.

**Presentations, Media, and Recognition:** Our work has been recognized, and presented across various platforms:

- Selected as one of only 8 community paramedic services to present at the 2025 Community Paramedicine Expo in Toronto, showcasing our outreach and motel programs.
- Featured in three media articles covering WISH, FIP, and virtual reality.
- Community Paramedic Andrew Wood was honored at the Johnny's Gold Ribbon Gala for his dedication to palliative care and the virtual reality program.
- Highlighted in the Cloud Dx newsletter for innovative use of functional improvement and remote monitoring.

- Probus club
- MY COPD education day
- Adult Recreation Therapy Center
- Secondary Schools
- County of Brant all staff meeting Emergency and Protective Services
- Grand Erie Learning Alternatives
- Local churches
- 911 new hires
- Ontario Health West regarding motel program
- Ontario Health West mini-CP Expo panelist on mental health and addictions

**Community Engagement and Promotional Events:** Our team participated in several local events, including:

- Dairy Delite Superhero Day
- EPIC Jobs Fair
- Elementary School Outreach
- Tim Hortons Smile Cookie Launch
- Alzheimer's Park Event
- International Overdose Awareness Day
- Grand River Council On Aging The Grande Parade Walk
- Hankinson House Teddy Bear Picnic
- Vaccination Promotion with MPP Bouma, Mayor Bailey, and Mayor Davis
- Grand River Council on Aging Calendar Sponsorship

These efforts ensure ongoing community involvement and program awareness.

### **Funding and Financial Overview:**

The current combined budget from three funding sources totals \$2,365,350. Of this amount, 68% is provided by the Ministry of Long-Term Care, with funding set to expire on March 31, 2026. Confirmation of funding renewal is still pending.

If funding is renewed, a substantial increase in the budget will be necessary to support a growing number of referrals, medical orders, and the introduction of new programs. This increase will also require additional staffing to meet demand, with plans already in place to address ongoing staffing challenges. Currently, the program is funded for 11 full-time equivalent (FTE) active community paramedics. However, we anticipate the need to expand this to 20 FTEs and add a second community paramedic superintendent to oversee operations.

**Outlook for 2025:** Looking forward to 2025, we are excited about several key initiatives:

- Continued development of medical directives.
- Introduction of the RESCU app for enhanced safety.
- Early discussions regarding the integration of community paramedics into the emergency department.
- Planning for a mobile response unit for community paramedics.
- Launch of three new outreach-focused programs.

- New EMR
- Exploring new facility opportunities, including expanded training spaces and resources for those experiencing homelessness.

### Summary and Recommendations

It is recommended that this report be received as information regarding the ongoing development and implementation of community paramedic programming. Our community paramedic program continues to evolve and expand, driven by strong community partnerships, innovative programs, and a committed, creative, and passionate team. We are grateful for the ongoing support of the province of Ontario, the County of Brant, the City of Brantford, and Chief Russ King. The program looks forward to further growth and success in 2025.

### **Attachments**

---

None.

### **Reviewed By**

---

Cindy Stevenson, General Manager of Emergency and Protective Services  
 Russ King, Chief, Brant-Brantford Paramedic Services

### **Copied To**

---

Alison Newton, Chief Administrative Officer

### **By-law and/or Agreement**

---

By-law Required	No
Agreement(s) or other documents to be signed by Mayor and /or Clerk	No



## Paramedic Services Committee Report

---

**To:** The Chair and Members of the Paramedic Services Committee  
**From:** Cindy Stevenson, General Manager, Emergency & Protective Services  
**Date:** March 26, 2025  
**Report #:** RPT-0133-25  
**Subject:** Multi-Sector Service Accountability Agreement  
**Purpose:** For Approval

---

### Recommendation

---

After making inquiries of the [Chief Russell King] and other appropriate officers of the Health Service Provider (HSP) and subject to any exceptions identified on Appendix 1 attached to this report, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "MSAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the MSAA concerning applicable procurement practices; and,
- (ii) the *Connecting Care Act, 2019*.

And that the Mayor of the County of Brant sign the attached Declaration of Compliance on behalf of the Paramedic Services Committee, and that the Declaration of Compliance be forwarded to Ontario Health.

### Strategic Plan Priority

---

Strategic Priority 5 - Healthy, Safe, and Engaged Citizens

### Impacts and Mitigation

---

#### Social Impacts

Community paramedicine can integrate health care systems and engage health care practitioners, organizations, community-based services, and others with a shared commitment to improve health care access and outcomes and reduce disparities and costs.

#### Environmental Impacts

Not applicable.

## Economic Impacts

Ontario Health provided a grant of up to \$433,632 for the Home Care – Community Paramedicine program, 2023-2024.

## **Report**

---

### Background

The Corporation of the County of Brant entered into a Multi-Sector Service Accountability Agreement (MSAA) with Ontario Health for the funding year April 1, 2023 to March 31, 2024. Within this agreement, the County of Brant is referred to as the Health Service Provider (HSP) and Ontario Health is referred to as the Funder. This agreement outlines the terms and conditions of funding and service delivery for the Home Care – Community Paramedicine program, in which the HSP was eligible to receive up to \$433,632 in funding.

### Analysis

A Declaration of Compliance (Schedule F to the MSAA) must be completed and submitted to Ontario Health as part of the MSAA. The Declaration of Compliance refers to two specific items of compliance by the HSP, as follows:

#### 1. Section 4.8 of the MSAA states the following:

##### 4.8 Procurement of Goods and Services

(a) If the HSP is subject to the procurement provisions of the BPSAA, the HSP will abide by all directives and guidelines issued by the Management Board of Cabinet that are applicable to the HSP pursuant to the BPSAA.

(b) If the HSP is not subject to the procurement provisions of the BPSAA, the HSP will have a procurement policy in place that requires the acquisition of supplies, equipment or services valued at over \$25,000 through a competitive process that ensures the best value for funds expended. If the HSP acquires supplies, equipment or services with the Funding it will do so through a process that is consistent with this policy.

The County of Brant's Purchasing Policy is applicable to the procurement of goods for the funding referenced in the MSAA, 4.8 (b). Under the County's purchasing policy, goods valued over \$10,000 have a robust and competitive procurement process in place.

#### 2. The Connecting Care Act, 2019

The Connecting Care Act gives Ontario Health the responsibility to manage health services across the province. Under the Act, Ontario Health is responsible for supporting or providing supply chain management services to health service providers and implementing and promoting the integration of health services. The Act governs the provision and funding of home and community care service, establishing standards and requirements for these services.

Staff with oversight of the Home Care – Community Paramedicine program, including Chief Russell King and Deputy Chief of Community Paramedicine, Glen Cunnane, have reviewed and confirm compliance with section 4.8 of the MSAA and the Connecting Care Act, 2019.

Summary and Recommendations

That Paramedic Services Committee authorize the Mayor of the County of Brant to sign the 2023-2024 Declaration of Compliance, Schedule F, of the MSAA.

**Attachments**

---

2023-2024 MSAA Schedule F Declaration of Compliance

**Reviewed By**

---

Russell King, Director/Chief of Brant-Brantford Paramedic Services  
Glen Cunnane, Deputy Chief, Community Paramedicine

**Copied To**

---

Alison Newton, Chief Administrative Officer  
Heather Boyd, General Manager, Corporate Services

**By-law and/or Agreement**

---

By-law Required	No
Agreement(s) or other documents to be signed by Mayor and /or Clerk	Yes



# Multi-Sector Service Accountability Agreements

Ontario Health

Health Service Provider:

## 2023-2024 - Schedule F: Declaration of Compliance

### DECLARATION OF COMPLIANCE

Issued pursuant to the MSAA effective April 1, 2023

**To:**        **The Board of Directors** of Ontario Health West  
Attn: Board Chair.

**From:**    **The [Paramedic Services Committee]** (the “Board”) of the [Brant-Brantford Paramedic Services] (the “HSP”)

**Date:**       March 26, 2025

**Re:**         April 1, 2023 – March 31, 2024 (the “Applicable Period”)

---

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the MSAA between Ontario Health and the HSP effective April 1, 2023.

The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [Chief Russell King] and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the “MSAA”) in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i)        Article 4.8 of the MSAA concerning applicable procurement practices; and,
- (ii)       the *Connecting Care Act, 2019*.

---

David Bailey, Mayor

## Appendix 1 - Exceptions

[Please identify each obligation under the MSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]



## Paramedic Services Committee Report

---

**To:** The Chair and Members of the Paramedic Services Committee  
**From:** Cindy Stevenson, General Manager, Emergency & Protective Services  
**Date:** March 26, 2025  
**Report #:** RPT-0129-25  
**Subject:** Construction Status Update 2 on Brant-Brantford Paramedic Services Headquarters  
**Purpose:** For Information

---

### Recommendation

---

That Paramedic Services Committee receive report RPT-0129-25 Construction Status Update 2 on Brant-Brantford Paramedic Services Headquarters, for information.

### Strategic Plan Priority

---

Strategic Priority 5 - Healthy, Safe, and Engaged Citizens

### Impacts and Mitigation

---

#### Social Impacts

The Brant-Brantford Paramedic Service is a critical emergency service provider for the Brant-Brantford area. Providing appropriate accommodation to house the service is essential and will result in improved morale, communication, and increased efficiency with having all garage, core service, administration, and community paramedicine functions under one roof.

#### Environmental Impacts

The site includes a retrofit of an existing vacant office space near the border of Brantford and the County of Brant. Working with GrandBridge Energy will help ensure that energy efficiency is considered in the design of renovations and the new garage space construction.

#### Economic Impacts

The total annual leases, estimated at \$2,058,647, will be cost-shared between the Province, the City of Brantford, and the County of Brant, with contributions also from the City and County Development Charges. Budgeting for the Phase 1 of the lease, starting in August, is included in the 2025 budget.

## Report

---

### Background

In early 2023, staff brought forward details regarding a proposed build-to-suit lease of space at 150 Savannah Oaks Drive, with preliminary concept designs and construction estimates. Committee and the respective Councils approved entering into a lease, in principle, proceeding with the next steps and entering into an Intent to Lease / Memorandum of Understanding (MOU) document.

Following Paramedic Services Committee and Council's approval of report RPT-0281-24 Build to Suit Lease – Paramedic Services Headquarters in May 2024, the lease documents were finalized between the County of Brant and Grandbridge Energy officials. Lease documents were signed in August 2024.

The lease for Phase 1 is a 20-Year Build to Suit Lease with Grandbridge Energy for administrative space at an estimated annual cost of \$633,361, subject to adjustment for actual capital and operating expenses. Phase 1 includes the renovation of 27,448 sq. ft. of office space at 150 Savannah Oaks Drive. This space is being retro-fitted to suit the Paramedic Service's needs for Administrative, Crew, Training, Office, and Storage space.

The lease for Phase 2 is a 20-Year Build to Suit Lease with Grandbridge Solutions for garage facilities at 150 Savannah Oaks Drive at an estimated annual cost of \$1,425,285, subject to adjustment for actual capital and operating expenses. Phase 2 involves the construction of new garage space and an active ambulance base, at 28,524 sq. ft. This space will be brand new construction, designed to accommodate up to 35 vehicles to meet current and future needs of the Service.

One key element of both lease documents is that final lease amounts will be based on actual costs. The actual cost of construction and financing the construction will be amortized over a forty (40) year period, representing both the base term and the second optional term of the lease. These actual capital costs won't be finalized until the completion of the construction work. The actual cost of operating the County's portion of the facility will be calculated and settled on an annual basis.

The project team includes Colliers Project Leader as Project Manager, SRM Architects as Architect, Flat Iron Building Group as Construction Manager, and Grandbridge Energy and County of Brant officials. A series of regular meetings have been established and are underway, including bi-weekly Phase 1 construction status meetings lead by the Construction Manager, monthly project status update meetings lead by the Project Manager, and weekly check-in meetings between Grandbridge and the County of Brant. Other meetings are scheduled in between regularly scheduled meetings as required.

### Analysis

#### Project Financial Status

Phase 1 and Phase 2 construction prices have been finalized. The chart below details the difference between the estimate and actual costs for construction costs and annual lease amounts.

Annual Lease Amounts (Capital & Operating)	Admin Space	Garage	Total
Estimates at October 31, 2024	656,364	1,429,219	2,085,583
Updated Amounts at February 3, 2025	652,720	1,457,827	2,110,547
Difference	3,644	(28,608)	(24,964)

Capital Costs	Admin Space	Garage	Total
Estimates at October 31, 2024	6,631,918	17,497,357	24,129,275
Updated Amounts at February 3, 2025	6,585,692	17,860,291	24,445,982
Difference	46,226	(362,934)	(316,708)

Phase 1 contingency was set at 6% of the construction costs, included in the above capital costs. Contingency use is currently at 70% of overall contingency. The change orders received to date have been more rapid than expected. Changes are largely attributed to site conditions discovered by the trades as being different from the available as-built drawings, resulting in additional time or resources to rectify as a result. Any change orders approved are considered as critical need to have vs. nice to have. Prices for change orders are reviewed by the Project Manager, Construction Manager, Architect, Grandbridge and County officials prior to acceptance. Grandbridge Energy and the County have initiated discussions should the contingency for Phase 1 be fully utilized and there are additional construction costs incurred beyond the original budget.

Phase 2 contingency was set at 10% of the construction costs. The contingency use will be monitored closely throughout the project.

#### Project Schedule

Colliers Project Leaders have prepared a project milestone summary, updated each month. The following is the summary as of February, 2025:

Project Milestones	Start Date	Forecast End Date	Actual End Date	% Complete
Project Initiation	10-Jul-23	10-Jul-23	01-Feb-24	100%
Procurement of Construction Manager	05-Dec-23	18-Dec-23	18-Dec-23	100%
Phase 1 & 2 Jurisdictional Approval	28-Nov-24	28-Feb-25	04-Mar-25	100%
Design Phase 1 & 2	01-Jun-24	23-Dec-24	23-Dec-24	100%
Furniture Procurement	18-Jul-25	18-Jul-25		40%
Phase 1 – Tender Scope	18-Dec-23	15-Oct-24		100%

Phase 1 – Construction Scope	15-Oct-24	06-Aug-25		55%
Phase 2 – Tender Scope	22-Oct-24	25-Feb-25		100%
Phase 2 – Construction Scope	28-Apr-25	30-Jul-26		0%

The Construction Manager continues to report that the Phase 1 portion of the project is on schedule, with substantial completion expected in July 2025. A change order for a temporary power arrangement was required due to the extended delay in acquiring the permanent panel (estimated 44 weeks lead time).

The furniture consultant is confirmed. Discussions pertaining to the furniture scope for Phase 1 and 2 have been actively ongoing with Paramedic staff.

The Site Plan Application and Building Permit for Phase 2 has been signed and approved by the City of Brantford. A Master Schedule for Phase 2 is expected imminently, with July 2026 as the goal for construction completion. Mobilization will be ready once the ground is thawed.

The project's near-term upcoming tasks include breaking ground for Phase 2, starting with site works, foundations, and steel frame. The furniture plan will also be finalized.

#### Project Risks

As of March 4, 2025, the U.S. has imposed tariffs on Canada, prompting Canada to implement counter tariffs. These tariffs pose a risk to the project's budget, potentially increasing the cost of materials imported from the U.S. In relation to Phase 2, the tariffs could affect the prices of steel, insulated metal panels, the rooftop unit, and other construction materials, leading to higher overall project costs. Additionally, the tariffs may cause delays in the procurement process, as suppliers adjust to the new trade regulations. Colliers and Flat Iron are actively assessing alternative suppliers and sourcing strategies to mitigate these risks. Please find attached to this report a summary of the status of tariffs from Colliers.

#### Current Service Limitations

The Paramedic Service continues to operate with significant space limitations both administratively and operationally.

The lease arrangements for both Service locations on Henry St., will require lease extensions to the end of Phase 2 project completion. Staff have been in discussions with both landlords regarding expected project completion dates. Service partners are assisting the service with temporary accommodations for vehicle storage as capacity has already been exceeded.

#### Summary and Recommendations

The new Headquarters are designed to meet the needs of a modern Paramedic Service, with appropriate space for crew lounge, quiet room, peer support room, community paramedicine,

offices, locker rooms, gym, meeting space, storage, and multiple training spaces. The project is currently on schedule. There is a risk that the tariffs could impact project schedule, particularly for Phase 2, and project costs.

A grand opening will be planned for the new Headquarters once both Phase 1 and 2 are complete. Communications with the public and service partners will continue throughout the project as service locations change.

Paramedic Services Committee will receive future updates on continued progress at future meetings.

**Attachments**

---

- 1. 150 Savannah Oaks Drive Phase 1 Construction Photos taken March 18, 2025
- 2. Tariffs Background & Status – Colliers - as of March 17, 2025

**Reviewed By**

---

Russ King, Chief, Brant-Brantford Paramedic Services  
Neil Vanderpost, Deputy Chief, Operations & Logistics

**Copied To**

---

Alison Newton, Chief Administrative Officer  
Heather Boyd, General Manager, Corporate Services  
Ernie Vidovic, Vice-President Operations, Grandbridge Energy

**By-law and/or Agreement**

---

By-law Required	No
Agreement(s) or other documents to be signed by Mayor and /or Clerk	No



Appendix 1,  
150 Savannah Oaks Drive Phase 1 Construction  
Photos taken March 18, 2025



Appendix 1,

150 Savannah Oaks Drive Phase 1 Construction  
Photos taken March 18, 2025



Appendix 1,  
150 Savannah Oaks Drive Phase 1 Construction  
Photos taken March 18, 2025



Appendix 1,  
150 Savannah Oaks Drive Phase 1 Construction  
Photos taken March 18, 2025



## Attachment 2 (RPT-0129-25)

### Tariffs Background & Current Status, from Colliers as at March 17, 2025

The U.S. imposed tariffs on Canadian goods on February 1, prompting Canada to enact retaliatory tariffs. A temporary 30-day suspension was agreed upon on February 3. On March 4 both nations implemented tariffs with the U.S. then temporarily pausing tariffs on USMCA compliant goods.

Events continue to be fluid and further trade policy changes remain likely, particularly with the following upcoming key dates:

- March 12: Announced date that the U.S. may impose additional 25% tariffs on certain industries, including steel and aluminum.
- April 1: Deadline for the U.S. government's America First Trade Policy investigation, which may influence future measures.
- April 2: Potential U.S. implementation of tariffs on USMCA-compliant Canadian exports, and associated Canadian deadline for a [second round of tariffs on additional U.S. goods](#), if the U.S. does not remove tariffs on Canadian goods.

### Risks to the Construction Industry

Key risks include:

- **Material cost increases:** Tariffs have already been applied to certain U.S. products, such as lumber, lighting, interior finishes, and furniture. Other construction products are identified on the list of potential March 25 tariffs. We have asked the trades to highlight the most at-risk items on the project.
- **Supply chain disruptions:** Delays and shortages may arise as suppliers adjust pricing and logistics.
- **Labor and skilled trade shortages:** Rising costs and economic uncertainty may impact hiring and workforce availability.
- **Contractual and procurement risks:** Fixed-price contracts are particularly vulnerable, requiring careful review of cost-escalation provisions.

Under most contract forms, including standard consultant and CCDC contracts, the owner typically bears the risk of tariff cost increases unless contract provisions state otherwise. We did not include a specific tariffs clause, but have locked in the trade prices now.

## Mitigation Strategies

To minimize the impact of tariffs, the project team will proactively assess risks and seek to implement the following strategic mitigation measures, as needed:

### Procurement and Supply Chain Adjustments

- **Secure materials in advance** – Where possible, procure materials ahead of anticipated tariffs or shortages.
- **Diversify suppliers** – Identify alternative domestic or international sources to reduce dependency on tariffed goods.
- **Buy strategically and purchase in bulk** – Lock-in bulk orders or negotiate supplier agreements to hedge against further cost escalations.

### Financial and Project Feasibility Planning

- **Adjust Budget Contingencies** – Increase contingency allowances to account for unexpected cost increases.
- **Review Designs** – Assess whether alternative design solutions may be more appropriate in terms of product availability or cost.
- **Monitor Market Trends** – Stay informed on economic indicators and potential policy changes and possibly evaluate project cost forecasts and timelines accordingly.

### Communication and Advocacy

- **Engage key parties** – Maintain active discussions with suppliers, lenders and owners regarding cost impacts.
- **Regularly update teams** – Keep your project teams aligned on evolving risks.

### Ongoing Support

Given the uncertainty surrounding tariffs and trade negotiations, we are closely monitoring developments and will provide updates, as necessary. Colliers Professional Practice team continues to address specific inquiries and share market intelligence.



## Paramedic Services Committee Report

---

**To:** To the Chair and Members of the Paramedic Services Committee  
**From:** Heather Mifflin, Director of Finance, Treasurer  
**Date:** March 26, 2025  
**Report #:** RPT-140-25  
**Subject:** Paramedic Services Budget to Actual Variance at December 31, 2024 – Unfinalized  
**Purpose:** For Information

---

### Recommendation

---

That the unfinalized budget to actual variance report at December 31, 2024, as attached, be received as information.

### Strategic Plan Priority

---

Strategic Priority 6 - Stable and Responsive Governance

### Impacts and Mitigation

---

#### Social Impacts

Paramedics provide essential life-saving services to the community. Ensuring sufficient resource allocation is critical to ensuring the health and safety of our residents.

#### Environmental Impacts

N/A

#### Economic Impacts

Paramedic Services is projected to be in a deficit at the end of 2024 at approximately 12%.

### Report

---

#### Background

Budget Variance reporting is detailed in Section 4.7 of the Paramedic Services joint service agreement between the City of Brantford and the County of Brant.

*The Committee will, on a semi-annual basis, review the Approved Budget with year-to-date totals, and provide a variance report to the Councils, to be included in their Committee minutes. Such variance report, will minimally include the following information:*

- i. The estimated amount of the total variance;*
- ii. The reason for the variance;*

- iii. *Any measures that will be taken to reduce or eliminate that total annual variance; and*
- iv. *Any other information necessary for a comprehensive understanding by the Councils of the impact to their budgets or to the Paramedic Services.*

### Analysis

For Committee's review, please find attached the unfinalized budget to actual report for the Paramedic Services ending December 31<sup>st</sup>, 2024.

Staff continue to work through yearend entries. The Paramedic Service is projected to be in a deficit at the yearend, currently sitting with an overage of 12%. A final variance report will be brought to the May committee meeting.

### Variance Projection

Below please find the key drivers to the yearend variance.

	<b>Variance</b>	<b>Explanation</b>
Provincial Grants	(28,611)	The 50%/50% provincial funding for Land Ambulance for 2024 was budgeted at 50% of 2023 net budget, being \$7,534,000, with no inflationary increase. The province has provided funding of \$7,562,611 for 2024.
Ambulance Administration	(108,472)	In recent years fewer of the County's neighbouring municipalities participate in the payment or collection for crossborder calls. Staff have reviewed the amount currently setup as a payable for crossborder costs and evaluate the amount as sufficient; no additional funds will be added from 2024 resulting in the crossborder budget of \$103k not being expensed in 2024.  Legal costs are overbudget by \$40k relating to arbitration.
Ambulance Operations	343,165	Inflation and increases in call volume/number of patients has put pressure on most budget lines in Ambulance Operations.  Fuel costs are overbudget \$82k; Medical supplies and equipment are overbudget \$115.5k; Laundry is overbudget \$11.5k.  Vehicle maintenance is overbudget by \$40k from the replacement of two engines in vehicles that were at end of life waiting for delivery of new vehicles.  Oxygen costs were over budget by \$20k partially from call volume and partially from a supplier contract error that has been corrected for 2025.  Patient equipment maintenance was overbudget by \$40k from scheduled preventative maintenance required every three years.

Paramedics	940,986	As noted in previous variance reports, the 2024 paramedic staffing budget included an error in the wage calculation relating to the compounding of the wage increase as contract negotiations going over two budgets. Further the final increase negotiated in the new collective bargaining agreement is greater than the increase that was included in the 2023 budget. These two items represent a \$345k variance.  Parttime staff are used to cover fulltime staff off for training, sick time, vacation, and other fulltime leaves. Further in 2024 parttime staff were used to reduce the need for overtime. Use of parttime hours for 2024 were greater than budget. The Paramedic Service is working to address this.  Staff clothing was over budget by \$20k by supplier error in timing of shipment.
Other	(72,052)	Revenue was received for Paramedic staffing of Bulldog games, filming of movies, and other call for service, as well as, lawyer fees for reports.
<b>Variance</b>	<b>\$1,075,016</b>	

### Summary and Recommendations

Paramedic Services is in a deficit at the end of 2024 of approximately \$1.1mil or 12%. The final variance report will be brought to the May committee meeting.

### Attachments

1. Paramedic Services Budget to Actual Variance at December 31<sup>st</sup>, 2024

### Reviewed By

Cindy Stevenson, General Manager of Emergency & Protective Services  
Heather Boyd, General Manager of Corporate Services  
Russ King, Chief Brant-Brantford Paramedic Service

### Copied To

Alison Newton, Chief Administrative Officer

### By-law and/or Agreement

By-law Required	No
Agreement(s) or other documents to be signed by Mayor and /or Clerk	No



## Paramedic Services - 2024 Budget to Actual at December 31, 2024 - Unfinalized

	2024 Actuals January to December	2024 Budget January to December	Variance \$	Variance %
<b>REVENUES</b>				
Provincial Grants	7,562,611	7,534,000	28,611	0.38%
Fees & Service Charges	72,052		72,052	
<b>TOTAL REVENUES</b>	<b>7,634,663</b>	<b>7,534,000</b>	<b>100,663</b>	<b>1.34%</b>
<b>EXPENDITURES</b>				
Ambulance Administration	1,336,728	1,445,200	(108,472)	-7.51%
Ambulance Operations	2,578,138	2,234,973	343,165	15.35%
Paramedics	13,833,104	12,892,118	940,986	7.30%
<b>TOTAL EXPENDITURES</b>	<b>17,747,970</b>	<b>16,572,291</b>	<b>1,175,679</b>	<b>7.09%</b>
<b>NET LEVY</b>	<b>\$ 10,113,307</b>	<b>\$ 9,038,291</b>	<b>\$ 1,075,016</b>	<b>11.89%</b>

<b>Total Cost Sharing Amount</b>	<b>\$ 10,113,307</b>	<b>\$ 9,038,291</b>	<b>\$ 1,075,016</b>	
County Share - 27.7%	\$ 2,801,386	\$ 2,503,607	\$ 297,779	11.89%
City Share - 72.3%	\$ 7,311,921	\$ 6,534,684	\$ 777,236	11.89%