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## City of Toronto 1998 budget information

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## Section A

### Program Purpose

The purpose of the program is the promotion and provision of emergency health care and patient transfer through out-of-hospital medical care. Service is provided from 36 ambulance stations, through a fleet of 190 ambulances and other vehicles.

### Full Time Equivalent (FTE) Summary

	1997 FTEs	1998 Approved FTEs
Program Administration and Other – Ambulance	66.0	66.0
Ambulance Training	16.0	16.0
Ambulance Communications	91.0	90.0
Emergency Medical Services	686.0	686.0
Ambulance Vehicle & Equipment Maintenance	19.0	19.0
<b>Total Ambulance Program</b>	<b>878.0</b>	<b>877.0</b>

### Structure

This program is comprised of the following sub-programs:

#### Program Admin. & Other - Ambulance

Lead, manage and direct the ambulance services program and provide administrative services and support.

#### Ambulance Training

Prepare and train ambulance staff in the areas of support care, certification and skills maintenance.

#### Ambulance Communications

Processing of calls for assistance and dispatch, management and deployment of ambulance field resources. Maintenance of ambulance

emergency radio network.

### **Emergency Medical Services**

Provision of pre-hospital service including ambulance response, on-site medical intervention and transportation of patients to and from institutions.

### **Vehicles & Equipment Maintenance**

Inspect and maintain ambulance vehicles and associated emergency medical equipment and apparatus.

### **Key Business Activities**

- The delivery of qualitative, consistent and reliable out-of-hospital emergency care and transportation to the residents of, and visitors to, the City of Toronto.
- The provision of non-emergency but medically required medical care and transportation (both inter-institutional and extra-institutional).
- The receiving, processing and disposition of calls for medical assistance.
- The scheduling, management and deployment of both fixed and mobile emergency medical staff and vehicle resources.
- The ongoing upgrade and medical maintenance training of all paramedic staff.
- The external and internal recruitment and selection of staff.
- The planning, preparation and response, as necessary, to all potential large-scale, multi-patient or disaster incidents.
- The maintenance and repair of all ambulance vehicles in accordance with legislated and procedural requirements.
- The provision of administrative and operational support services, including financial management, facilities management, materials management, quality service review, health records management, IT and technical support, planning and liaison, and medical oversight and psychological services.

## **Section B**

### **Key Service Level Indicators**

<b>Key Indicators</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>
Calls Received	419,000	425,745	420,000
Resources Dispatched (gross)	258,000	265,100	262,000
Emergency Calls Dispatched	191,000	202,000	200,000
Emergency Patients Transported	116,000	119,600	120,000
Non-Emergency Patients Transported	60,000	58,181	60,000
On Time Performance Life-Threatening Emergency (*1)	84.3	86.5	90.0
On Time Performance Non-Life Threatening Emergency	82.3	85.0	85.0
On Time Performance Scheduled Non-Emergency	< 15 min 80%	<15 min 85%	< 15 min 85%
On Time Performance Unscheduled Non-Emergency	< 1 hr 80%	< 1 hr 85%	< 1 hr 85%

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Service Unit Hour Utilization (*2)	.37	.37	.38
Service Unit Hour Cost (*3)	\$131.0	\$130.0	\$129.0
Cost Per Transported Patient(*4)	\$356.00	\$356.00	\$352.00
% Life Threatening Calls Receiving Advanced Life Support	50%	60%	70%
Cost Per Non-Emergency Patients	n/a	\$65.00	\$65.00

**Qualifiers and Explanations:**

(\*1) 'On Time Performance' is measured using fractiles (vs. 'averages'). This is consistent with North American Emergency Medical Service system standards, and is a more accurate measure of response time performance. Response time targets are .90, or a response which meets a designated time standard 90 percent of the time (or nine times out of ten).

Incoming calls are categorized into one of four levels of severity: Alpha, Bravo, Charlie and Delta, with Delta calls considered to be extremely life-threatening, while Alpha calls represent patients identified as stable. The response time standards for each category are determined accordingly:

Alpha: response time under 12 minutes, 90 % of the time  
 Bravo: response time under 10 minutes, 90 % of the time  
 Charlie: response time under 8 minutes, 90 % of the time  
 Delta: response time under 8 minutes, 90% of the time

(\*2) a 'Unit Hour' is defined as one hour of service by a fully equipped and staffed ambulance, assigned or available.

(\*3) 'Unit Hour Cost' is calculated by dividing the annual number of ambulance unit hours into the net operating budget.

(\*4) Includes cost of Toronto Communications Centre

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