

From: Doug Glass
To: Elizabeth Roy; Granville Anderson; Oshawa Mayor; Joanne Dies; Michael Jubb; John Neal; Chair; Maurice Brenner; Clerks
Cc: Sterling Lee
Subject: April 2026 – Health and Social Service Meeting
Date: April 5, 2026 1:17 PM

Good day. I am writing because I believe the Paramedic Services Update on this April 2026 agenda warrants a deeper review. Clerk, please add this to the agenda for discussion during the presentation.

To properly assess performance, I reviewed not only the current presentation, but also the April 2025 and June 2024 updates. This provides a 3 year view (2023–2025), which is necessary to understand trends, costs, and outcomes.

1. Call volume and demand – missing data limits oversight, but pressure is clearly rising

The current presentation does not provide full-year 2025 call volume in a format that is comparable to prior years. Instead, the data is split across different systems and partial-year views (2026 presentation, slides 2–3)

This matters because without consistent, full-year data, Council cannot determine whether demand is improving, stabilizing, or worsening. That is a basic requirement for oversight.

That said, even with the available data:

- 2023 Code 4 (highest priority calls): 76,198 (2024 presentation, slide 2)
- 2024 Code 4: 81,008 (2025 presentation, slide 2)

This is a clear increase in the most serious and resource-intensive calls.

The 2026 presentation then shows **31,960 Code 4 calls over roughly five months** in 2025 (2026 presentation, slide 2) If annualized, that would suggest roughly:

- 6,392 Code 4 calls per month or
- 76,700 Code 4 calls for the year

If that estimate is directionally accurate, it may suggest Code 4 calls declined from 2024 and returned closer to 2023 levels.

If so, that matters and should be stated clearly. If not, then the current presentation is not providing a complete or understandable picture.

Either way, the Committee should ask plainly:

- Why is full-year 2025 call volume not being shown in a comparable format?
- Is the five-month 2025 Code 4 data representative of the full year?

- Did Code 4 call demand actually decline in 2025?

The 2025 picture may be better, but it is not being presented clearly enough for Council or the public to know.

2. Offload delays (ambulances waiting at hospitals) – worsened sharply, then improved with no clear explanation

Offload delays are one of the most important service metrics because they directly affect how long ambulances are stuck waiting at hospitals instead of getting back on the road.

The 3 year trend in time and money presented is:

- 2023: 9,847 hours | \$1.95M (2024 presentation, slide 7)
- 2024: 14,971 hours | \$2.96M (2025 presentation, slide 5)
- 2025: 5,350 hours | \$1.1M (2026 presentation, slide 7)

That means:

- offload hours rose by about **50%** from 2023 to 2024
- costs also rose by about **50%**
- then both dropped sharply in 2025

That 2025 improvement is encouraging. It should absolutely be noted. But it also raises obvious questions.

If Code 4 calls may have declined in 2025 based on the partial-year data above, did lower demand help reduce offload delays? Or are the offload results being shown on a different basis than the call data? And if the offload improvement is real and full-year, what specifically drove it?

At present, the presentation does not make that clear.

It also does not present a clear plan, measurable target, or service strategy to continue reducing wait times and costs. Given the scale of the increase into 2024 and the sharp reported improvement in 2025, that should be clearly explained.

The Committee should be asking:

- Is the 2025 offload data full-year and directly comparable to 2023 and 2024?
- How much of the improvement is due to lower call pressure, if any?
- What operational or hospital-side changes drove the improvement?
- What is the plan to sustain it?

3. Spending is increasing – outcomes need to be clearly demonstrated

The 2026 budget includes a proposed **\$49.3M** for paramedic services, an **8.0% increase** over 2025 (Budget presentation, slide 9) The budget also highlights:

- 15 new paramedics providing 36 additional response hours daily
- debt servicing for the new South Whitby paramedic station
- state of good repair work at existing stations
- construction for Bowmanville and North Durham stations
- expansion of the Primary Care Outreach Program (Budget presentation, slide 9)

This is real and substantial investment. At the same time, the Region's budget materials show Public Health and Paramedic Services account for 11.6% of the regional property tax bill on the average home (Budget presentation, slide 4) and tax levy funding for Paramedic Services has grown from \$26.9M in 2019 to \$49.3M in 2026 (Budget presentation, slide 8)

That is a major increase. Which leads to the obvious accountability question:

If spending has increased materially, where is the clear evidence that results are improving at the same pace?

The Committee should not be asked to simply approve expansion and accept activity updates. It should expect a clear line between budget growth and measurable service improvement.

4. Program expansion – more activity is clear, outcomes are not

The Primary Care Outreach Program appears to be growing significantly:

- 2023 to 2024:
 - active clients: 218 to 416
 - client interactions: 799 to 1,817 (2025 presentation, slide 10)

The 2026 budget then projects for 2025:

- 552 active clients
- 2,852 client interactions (Budget presentation, slide 10)

That growth should be acknowledged. But what is still missing is the part that matters most:

- Did it reduce 911 calls?
- Did it reduce repeat calls for the same individuals?
- Did it reduce ER visits?

- Did it lower pressure on the broader paramedic system?
- What is the cost per client and what savings, if any, are being achieved elsewhere?

In plain language, we can see that the program is busier. We still cannot clearly see whether it is reducing demand on the emergency system or improving outcomes enough to justify continued expansion.

5. Response performance – still difficult to assess in plain language

The presentations include technical response measures, but they are not presented in a way that is easy for most residents to understand. If the goal is accountability, reporting should say clearly:

- how often ambulances got there on time
- whether that is improving or worsening
- what the target was
- whether the service met it

Residents should not need to decode internal terminology to understand whether performance is getting better.

6. Reporting consistency has weakened

Across the 3 years, there is a noticeable decline in reporting consistency in my view. Earlier presentations at least allow for clearer year-over-year comparison. The most recent one introduces:

- different call classification systems
- partial-year views
- missing full-year call comparables
- major shifts in results without full explanation

That weakens oversight. A Committee cannot effectively govern a major and growing service if the data is not presented consistently enough to track performance over time.

Request to Committee

I would encourage the Committee to require all future paramedic reporting to include:

1. Full-year data presented consistently across years using the same definitions
2. Plain-language explanation of any changes in methodology or classification
3. Clear explanation for major changes in results, especially the reported drop in 2025 offload delays

4. Service measures tied directly to budget growth and staffing expansion
5. Outcome reporting for outreach programs, not just activity counts
6. Clear plain-language reporting on whether response targets are being met

If outcomes are improving, that should be easy to show. If they are not, that should shape future spending and expansion decisions.

This is a critical service, and residents should be able to clearly understand whether increased investment is producing results.

Thank you for your consideration.

D Glass