




CITY OF HAMILTON
HEALTHY AND SAFE COMMUNITIES DEPARTMENT
Hamilton Paramedic Service

TO:	Chair and Members Emergency and Community Services Committee
COMMITTEE DATE:	September 19, 2024
SUBJECT/REPORT NO:	Program Manager, Scheduling & Attendance Management – Paramedic Services (HSC24032) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Michael Sanderson (905) 546-2424 Ext. 7741
SUBMITTED BY:	Grace Mater General Manager Healthy and Safe Communities
SIGNATURE:	

RECOMMENDATION

- (a) That Council approve the in-year addition of the position of Program Manager, Scheduling & Attendance Management – Paramedic Services to the Hamilton Paramedic Service with one full-time equivalent complement addition at a maximum annual cost of \$177,660 inclusive of wages, benefits, and required ancillary equipment; and
- (b) That Council approve the funding of the 2024 partial year of this position first from any Provincially funded sources, then from any 2024 Paramedic Service surplus, then from any Healthy & Safe Communities Department surplus and lastly from any 2024 Corporate Surplus or any source deemed appropriate by the General Manager of Corporate Services; and
- (c) That Council approve this position and related costs be included in the 2025 Budget and funded as follows:
 - (i) In 2025, 50% from the Tax Stabilization reserve #110046, and 50% from the Tax Operating Levy; and

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- (ii) In subsequent years, (2026 and beyond) it will be funded 50% from Ministry of Health Paramedic Services funding and 50% from the levy; and
- (d) That Council approve the in-year addition of the position of Return to Work Specialist to the Human Resources Department with one full-time equivalent complement addition at a maximum annual cost of \$141,580 inclusive of wages, benefits, and required ancillary equipment to be charged to the Hamilton Paramedic Service;
- (e) That Council approve the funding of the 2024 partial year of this position first from any Provincially funded sources, then from any 2024 Paramedic Service surplus, then from any Healthy & Safe Communities Department surplus and lastly from any 2024 Corporate Surplus or any source deemed appropriate by the General Manager of Corporate Services; and
- (f) That Council approve this position and related costs be included in the 2025 Budget and funded as follows:
 - (i) In 2025, 50% from the Tax Stabilization Reserve #110046, and 50% from the Tax Operating Levy; and
 - (ii) In subsequent years, (2026 and beyond) it will be funded 50% from Ministry of Health Paramedic Services funding and 50% from the levy

EXECUTIVE SUMMARY

The current workload and requirements for the Operations Commander that currently supervises operational supervisors and paramedics as well as overseeing the scheduling processes and scheduling staff is unsustainable. Splitting of those roles and accountabilities to two positions is required in order to improve activities.

The pending retirement in early 2025 of the current Operations Commander will create a gap in knowledge as well as capacity which necessitates an opportunity for knowledge and skills exchange in the area of both scheduling activities and attendance management.

This report and recommendation address two specific areas of activity related to staffing.

- the scheduling of regular shifts and replacement shifts for 450 full and part-time front-line paramedics; and

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- the monitoring and management of attendance related to short- and long-term disability, workers compensation, and other contractual or regulated absences from work.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The table below identifies the expected costs and funding sources for these two positions.

**Program Manager, Scheduling and Attendance Management – Paramedic Services
& Return to Work Specialist
Estimated Financial Summary**

Expected Costs and Funding Sources	2024	2025	2026
Salary, Benefits, & Ancillary Costs ^{1,2}	79,810	325,810	335,590
Provincial Funding/ Hamilton Paramedic Division Surplus/ Healthy and Safe Communities Dept. Surplus/ Corporate Surplus	(79,810)	-	-
50% Tax Stabilization Reserve #110046	-	(162,910)	-
50/50 Land Ambulance Service Grant (LASG) ³	-	-	(162,910)
Net Levy Impact	-	162,900	172,680

Notes

1. 2024 is a pro-rated cost of \$177,660 + \$141,580 for three months, assuming an October 1, 2024, start date
2. Cost of Living Adjustment is estimated at three percent per year in 2025 and 2026
3. The Land Ambulance Service Grant will fund 50% of the operating costs based on the prior year Council Approved Budget

Staffing: The Program Manager, Scheduling & Attendance Management – Paramedic Services would report to the Deputy Chief of Logistics. The Program Manager would manage a team of schedulers.

Legal: N/A

HISTORICAL BACKGROUND

The role of the Operations Commander currently overseeing scheduling activities needs to be focussed back on front-line supervisor and paramedic management. Attempting to manage both operations and the scheduling issues is overwhelming and unsustainable by an individual person. This report addresses increasing management capacity by one program manager to address two specific issues: (a) attendance management and (b) scheduling. Background to both of these issues is provided here.

Attendance Management:

Paramedic Service management and administration staff do not have access to confidential employee health information. Return to work services, employee health, and WSIB claims management dealing with confidential health information or contacting health care providers is the exclusive responsibility and mandate of various staff within City of Hamilton Human Resources with direct cost recoveries made within the Council approved Paramedic Service operating budget. Cost recoveries included within the Council approved budget are eligible for inclusion in the Ministry of Health Land Ambulance Service Grant funding criteria.

Human Resources allocated a 0.5 FTE Return to Work Specialist in HR from 2012 through 2021 to support Paramedic Service requirements. Consultation between the Paramedic Service, Human Resources and the Healthy and Safe Communities General Manager took place in 2021 regarding increasing rates of sick time and workers compensation absences. Following this consultation, it was agreed to increase this allocation to 1.0 FTE on a temporary basis. This effectively increased the already existing 0.5 FTE by a further 0.5 temporary FTE. The temporary full-time position was implemented in early 2022 with costs absorbed within the Paramedic Service operating budget since that time. As this temporary position continues to be required, and it has been temporary in nature for the past two years, the Human Resources department requires authorization to add a permanent 1.0 FTE to their staffing allocation to maintain this level of support.

Review of staff attendance patterns, including meetings as required, attendance reviews, and allocation of specific modified duties within identified restrictions where needed, has been performed as a “side of the desk” issue by supervisors and managers. With increased levels of paramedic staffing to maintain service, escalating sick time and the increasing impact of WSIB presumptive determination of work-related operational stress injuries and mental health concerns there has been insufficient capacity to effectively manage the myriad of issues that arise.

As demonstrated in Figure 1 (below), the direct cost of short-term illness has escalated dramatically since 2014. Despite the addition of the temporary Human Resources support position from 2021 through to present our capacity to better manage

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attendance continues to be a significant pressure. A clear focus needs to be placed on this initiative while not distracting from other operational pressures.

Fiscal YTD		Avg FTE	Avg Incid/fte	Avg Hrs/FTE	Avg Cost/FTE	YTD Incid	YTD Hrs	YTD Cost
2014 - YTD December	12 months	222	2.78	108.69	\$ 3,702.91	617	24,129	\$ 822,046
2015 - YTD December	12 months	236	2.99	124.99	\$ 4,232.19	707	29,539	\$ 1,000,208
2016 - YTD December	12 months	255	2.65	100.68	\$ 3,557.47	675	25,631	\$ 905,673
2017 - YTD December	12 months	267	2.76	104.29	\$ 3,626.05	737	27,854	\$ 968,458
2018 - YTD December	12 months	283	2.85	107.81	\$ 3,861.74	807	30,537	\$ 1,093,838
2019 - YTD December	12 months	300	2.90	129.31	\$ 4,632.40	870	38,793	\$ 1,389,720
2020 - YTD December	12 months	316	2.80	141.71	\$ 5,090.62	886	44,828	\$ 1,610,333
2021 - YTD December	12 months	337	2.78	153.03	\$ 5,756.98	935	51,495	\$ 1,937,224
2022 - YTD December	12 months	355	3.25	170.14	\$ 6,094.74	1,152	60,315	\$ 2,160,585
2023 - YTD December	12 months	382	3.41	188.24	\$ 7,152.69	1,303	71,923	\$ 2,732,924

Figure 1: Annual Sick Time - Source Human Resources Business Intelligence (HRBI) Reports

One of the two key duties for the proposed Program Manager, Scheduling & Attendance Management – Paramedic Services will be to focus on attendance awareness including patterns of absence, frequencies, meetings, and coordination of required activities with the respective Human Resources and Labour Relations staff.

Scheduling:

Our scheduling staff, and the oversight of the entire scheduling process, has historically been overseen and led as a “side of the desk” issue by one of our four Commanders.

Each of these four Commanders has a specific role assignment and responsibility for a portfolio: Operations, Logistics, Quality and Regulatory, or Mobile Integrated Health. The Commander with current oversight of the scheduling process is the Operations Commander who also has responsibility for the oversight of front-line supervisors and paramedic staff.

Over the last 10 years, the Paramedic service budgeted FTE count has increased by 170 positions (65%)¹ with the increase almost entirely consisting of front-line paramedic positions. This increase in staffing to maintain performance in the face of increasing demands for service has also created an increase in scheduling requirements for absences.

Absent shifts are covered through utilization of permanent float full-time staff, temporary full-time staff, available part-time staff, and overtime. We do our best to avoid not having a front-line shift covered as that would result in a reduction in the availability of ambulances to respond to the public.

¹ 2014 Council Approved Budget 261.02 FTE, 2024 Council Approved Budget 431.36 FTE.

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In 2023, our schedulers needed to attempt replacement of a total of 26,230 shifts, the equivalent of almost 315,000 hours or 144 full-time equivalents. The process of covering these absences is normally broken down into two approaches:

- Advance scheduling: the assigning of float full-time staff, temporary full-time staff, and part-time staff in the manner prescribed by the Collective Agreement to known vacancies ahead of time through the scheduling process; and
- Short notice scheduling: the calling of staff to fill a vacancy in the order mandated by the Collective Agreement.

In 2023 to successfully fill 6,500 unplanned absence shifts in the manner specified in Collective Agreement language our scheduling department made over 194,000 phone calls to staff.

A significant amount of expertise in the scheduling software, Collective Agreement language, payroll processes, and labour relations implications is required for the responsible Commander to successfully manage this activity. The Commander assigned to this role for the past five years, who has a significant amount of subject matter expertise, has experienced significant pressures balancing the scheduling oversight role with their important role as an Operations Commander also responsible for front-line supervisors and paramedics. Review of options and reallocation of work is necessitated by the Commander's indicated intent to retire in early 2025.

The proposed Program Manager, Scheduling & Attendance Management – Paramedic Services, reporting to the Deputy Chief – Logistics, would assume responsibility for all of the scheduling activity after orientation and training through the late fall of 2024 and into early 2025.

This timing would allow the new Program Manager to follow and shadow the current responsible Commander through the very critical scheduling activities during the closing months of 2024 and into early 2025, thereby creating capacity to release the current Commander to perform the necessary operational tasks. Upon retirement of the current Commander, a recruitment would then occur for that position.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

N/A

RELEVANT CONSULTATION

Consultation with Finance and Human Resources has occurred, and their input has been incorporated into this report.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

See Historical Background for detailed rationale.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report HSC24032 – Draft Job Description: Program Manager,
Scheduling & Attendance Management –
Paramedic Services