

For Information Only

Paramedic Services – Illnesses and Absences

Presented To: Emergency Services Committee

Presented: Monday, Aug 21, 2017

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Type: Correspondence for Information Only

Resolution

For Information Only

Relationship to the Strategic Plan / Health Impact Assessment

This report refers to operational matters.

Report Summary

This report for information was prepared following the June 21, 2017, Emergency Services Committee meeting, where staff was directed to provide a report at the August 2017 meeting outlining a comparison of call volume from 2013 through to 2016 against, short and long term lost time, the average use of WI days and WSIB lost time.

Financial Implications

This report has no financial implications.

Signed By

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Paramedic Services – Illnesses and Absences

This report for information was prepared following the June 21, 2017, Emergency Services Committee meeting, where staff was directed to provide a report at the August 2017 meeting outlining a comparison of call volume from 2013 through to 2016 against: short and long-term lost time, the average use of WI days and WSIB lost time.

Background

Greater Sudbury Paramedic Services is responsible for the delivery of Land Ambulance (Paramedic) services as defined in legislation. The Service provides both primary and advanced medical care and transportation for ill and injured persons including non-urgent transportation between medical facilities. The current staffing profile, as of July 2017, includes approximately 97 full-time Paramedics and 51 part-time Paramedics for a total of 148 frontline staff. Throughout the year there is a slight variation with the number of staff employed; however, the Service typically employs around 145 staff annually.

Worker Indemnity Days

All permanent full-time Paramedics are entitled to six (6) weekly indemnity (WI) days which is converted to seventy two (72) hours as defined in the 2016-2019 Collective Bargaining Agreement (CBA). A weekly indemnity day, also known as a sick day, is a paid day that employees can use to maintain their regular earnings during days of absence for temporary non-occupational illness or injury. WI time may also be used for maintenance of personal health care, for family member's personal health care or for emergency leave. In the case where an employee will require longer term non-occupational leave, WI days will be used to cover the waiting period for the eligibility for the Short Term Disability (STD) benefits plan. Only permanent full-time Paramedics are entitled to WI time under the CBA. Part-time Paramedics are not entitled to WI time. When a part-time Paramedic is sick, they do not receive any income protection in the form of WI, consequently time away from work is unpaid.

The following graph (Figure 1) is a breakdown of all the WI time used by Greater Sudbury Paramedics from 2013 through to the end of June 2017 plotted against call volume. Total amount of paid WI time used by full-time Paramedics in 2016 was 5,581 hours with an additional 1,645 hours of unpaid WI time taken by part-time Paramedics. Based on the Services complement of 97 full-time employees there was an entitlement of 6,984 WI hours in 2016. In 2016 there was 1,403 hours of WI time untaken by full-time Paramedics. This equates to 20% of WI time being left untaken. Accordingly, the entire Service of both full-time (paid absences) and part-time Paramedics (unpaid absences) used 7,225 hours of sick time.

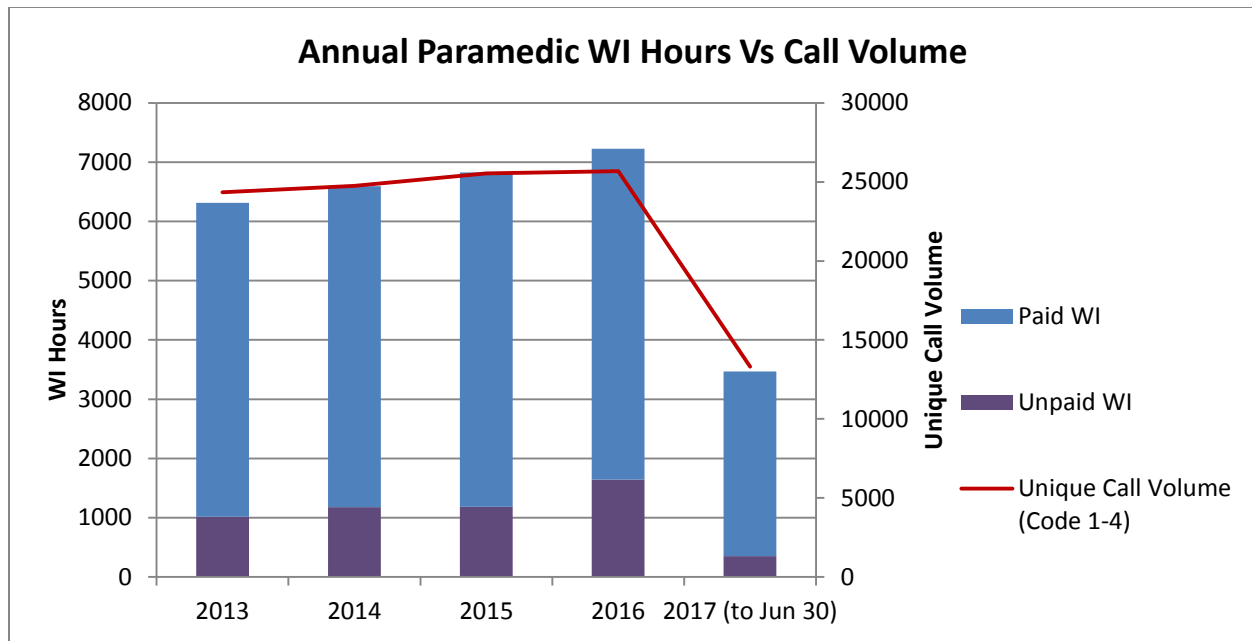


Figure 1

Over the past four years the Service has seen a 14% increase in WI usage by Paramedics, which would appear to outpace the 6% increase in call volume during the same period. There are a couple of items to note in this regard. During the same time period, the Service has increased staffing and with increased staff comes increased WI entitlement. In 2015, the Service implemented the Community Paramedic programs and then later in 2016, the Service also received approval for an additional two FTE's to increase Paramedic weekend staffing. Another area to note is in the breakdown of percentage increase in sick time usage. While there is an overall 14% increase in sick time usage over the last four years, when broken down as detailed in the following graph (Figure 2), paid WI time has increased only by 5% while unpaid WI has increased by 62%. All this to say paid WI time has remained fairly static while there is a disproportionate spike in unpaid sick time. This wide variance requires deeper analysis.

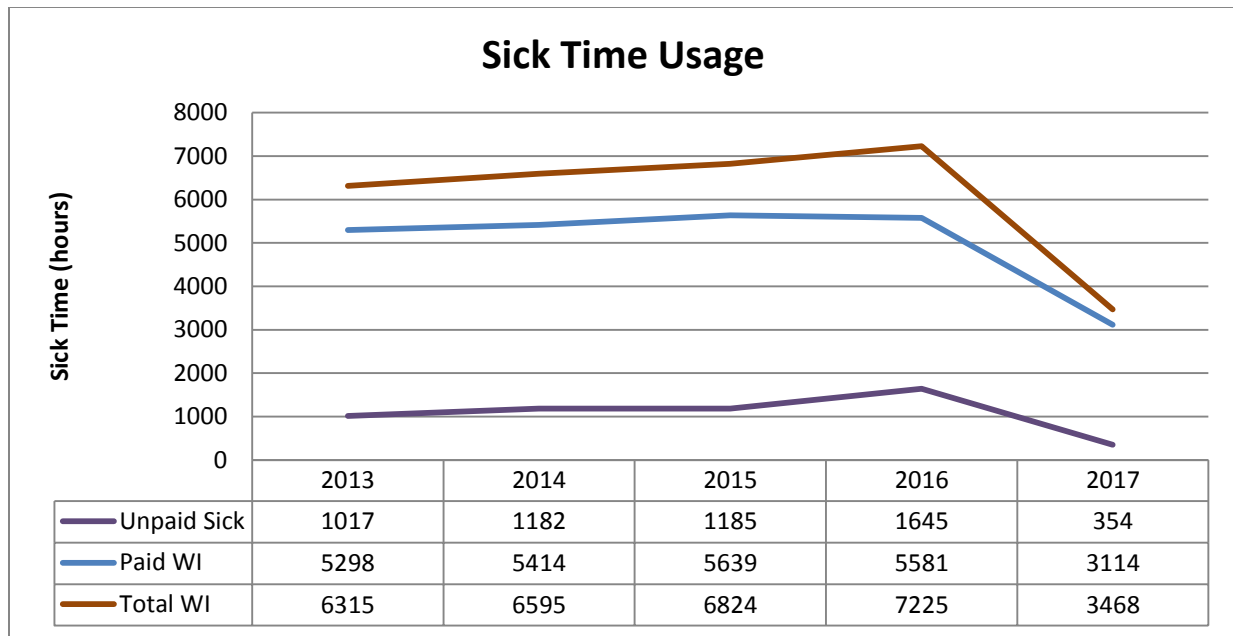


Figure 2

During this review, it was difficult to ascertain if there is a direct link between sick time usage and call volume. Full-time paid WI time seems to be keeping pace with call volumes but unpaid sick time is disproportionately high. Regardless of whether there is a link or not, it is reasonable to assume that there are other factors that may contribute to sick time such as: patient acuity, regulatory changes by the Province, local changes to the deployment plan, and an aging workforce. This report did not delve into that level of complexity and such report would require a more comprehensive predictive analysis to draw any firm conclusions.

Short and Long-Term Disability (non-occupational)

As detailed within the CBA, Greater Sudbury Paramedics have income protection in the form of short and long-term disability (STD and LTD) for non-occupational illness and injury. A review of non-occupational disability suggests that there is not a link between it and call volume increases. Over the past four years the amount of short and long-term claims does not show a continuous increase year over year, as noted in Figure 3 again plotted against the 7% increase in call volume during the same period.

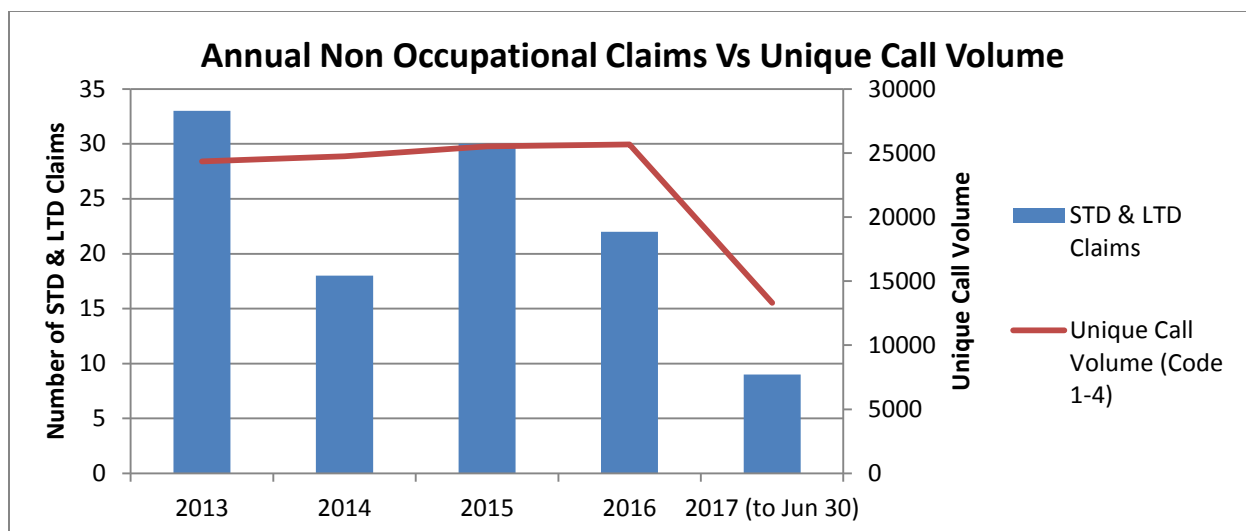


Figure 3

WSIB (Occupational Injury/Illness)

When analyzing the number of occupational lost time injuries, the data tends to mirror the same pattern as with STD and LTD claims (see Figure 4). Again, in this case there does not appear to be a correlation between increasing call volume and lost time incidents over the past four years.

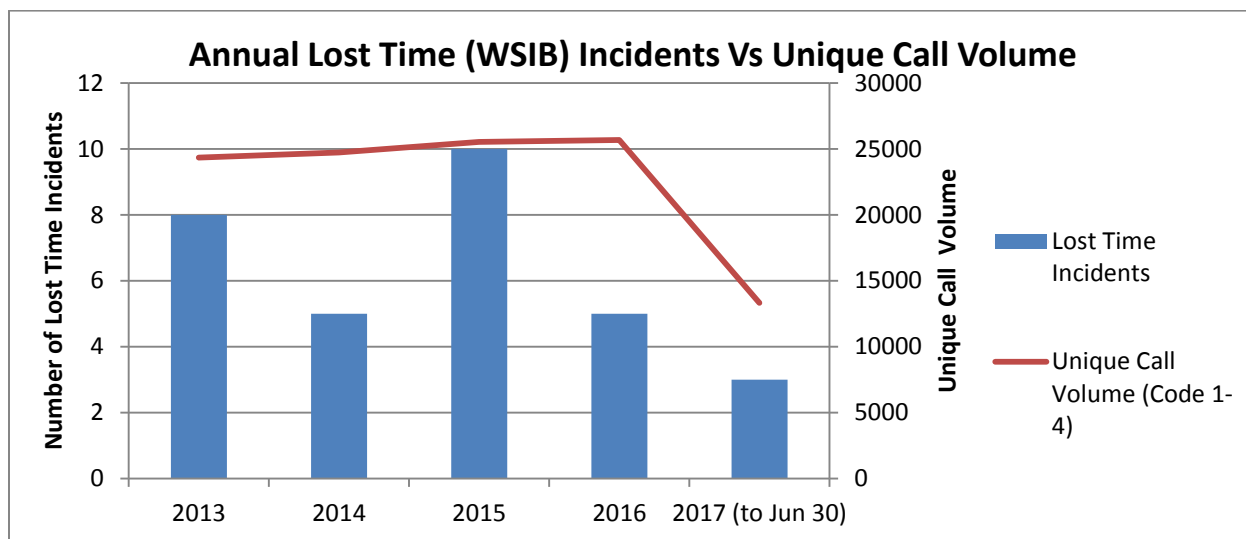


Figure 4

It may be premature to draw any final conclusion stating there is no definitive link between call volume and WSIB claims as a major illness in emergency services is now part of presumptive legislation. Recently, the Province passed new legislation that now presumes that any Paramedic claim for post-traumatic stress disorder (PTSD) diagnosis is work related. It is reasonable to assume in the future, with this new presumptive PTSD

legislation, that WSIB claims may increase given the type of work performed by Paramedics. There is mounting evidence that first responders are at least twice as likely, compared to the general population, to suffer from PTSD, due to the risk of frequent exposure to traumatic stressors.

Conclusion

Recognizing the stressful and physically demanding environment that Paramedics work in, the Service has been actively engaged in several initiatives to improve the health and safety for the Paramedics. For example, in 2015 the Service transitioned the entire stretcher fleet over to power stretchers and installed the power load system in all ambulances to reduce lifting injuries associated with loading and unloading stretchers from ambulances. More, recently, the Service has implemented numerous programs to improve the mental health and wellbeing for Paramedics such as: fast tracking Paramedics into trauma counselling, implementation of Employee Assistance Champion, the Peer Support Network (PSN), the Death and Dying Program, and the Road to Mental Readiness training. Most recently, the Deputy Chiefs have led several employee engagement sessions with frontline staff exploring current workplace issues, concerns and solutions to improve employee wellness. These initiatives, and the ongoing commitment by the leadership team for continuous improvement, have been well received for promoting a healthier work environment.