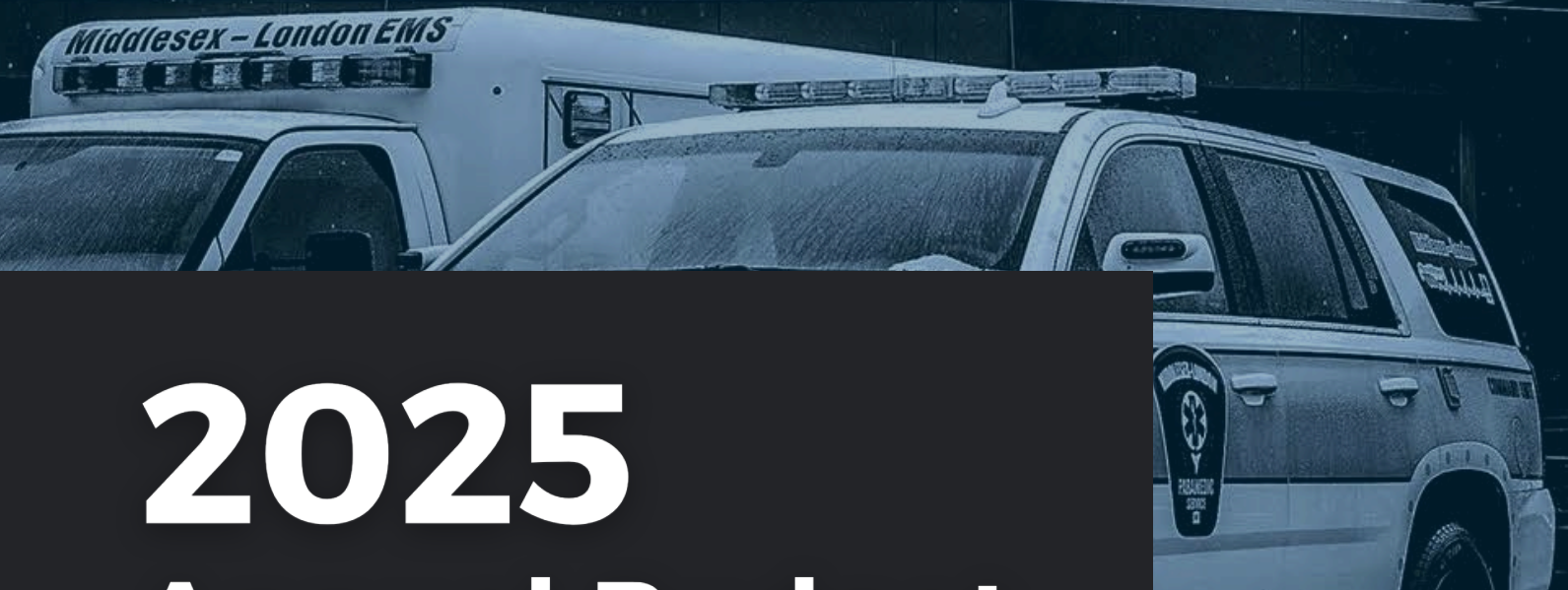




Emergency



2025 Annual Budget

Fiscal year ending December 31, 2025

Middlesex-London Paramedic Services

1035 Adelaide Street South
London, ON N6E 1R4
MLPS.ca

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Land Acknowledgement

MLPS acknowledges that it provides services today on the traditional territory of the Attawandaron, Anishinabeg, Haudenosaunee, and Lunaapeewak peoples who have longstanding relationships to the land, water, and region of Southwestern Ontario, specifically within the City of London and Middlesex County. The local First Nation communities of this area include Chippewas of the Thames First Nation, Oneida Nation of the Thames First Nation, and Munsee-Delaware Nation.

MLPS recognizes the treaties specific to this area: Treaty 2 (McKee Purchase), Treaty 3 (Between the Lakes Purchase), Treaty 6 (London Township Purchase), Treaty 21 (Long Woods Purchase), Treaty 29 (Huron Tract Purchase), the Two Row Wampum Belt Treaty of the Haudenosaunee Confederacy/Silver Covenant Chain, the Beaver Hunting Grounds of the Haudenosaunee NANFAN Treaty of 1701, and the Dish with One Spoon Covenant Wampum of the Anishnaabek and Haudenosaunee.

This land continues to be home to diverse Indigenous peoples whom MLPS recognizes as contemporary stewards of the land and vital contributors to society. MLPS values the significant contributions, both past and present, of local and regional first nations of Turtle Island.

MLPS acknowledges historic and ongoing injustices that Indigenous peoples endure in Canada and MLPS affirms its commitment to honouring Indigenous voices, nations and cultures, and to moving forward in the spirit of reconciliation and respect.



A Message from the Chair of the MLPS Authority Board

On behalf of the Middlesex-London Paramedic Service (MLPS) Authority Board, I would like to extend our appreciation to our funding partners – the Ministry of Health, Ministry of Long-Term Care, the City of London, and Middlesex County. Your support is critical in enabling MLPS to fulfill its mission of delivering exemplary pre-hospital care to our community.

As we look ahead to 2025, we are committed to being aggressive in our pursuit of positive health care outcomes, ensuring that every dollar we receive is used strategically and efficiently to meet the growing demands on our service. With increased call volumes and complex patient care needs, MLPS is pushing forward with innovative approaches to service delivery. From expanding our Community Paramedicine programs to supporting efforts to reduce ambulance offload times, every initiative is designed to improve patient outcomes and provide the highest standard of care.

MLPS is leveraging all available resources, including investments in employee development, new models of care, and modernized facilities, to ensure we remain ahead of the curve in paramedicine and pre-hospital care. Our new deployment strategies, focused on rapid response and specialized teams, are already yielding positive results, ensuring that our paramedics are well-equipped and strategically positioned to respond to emergencies.

We deeply value the contributions from all levels of government and remain committed to maximizing these resources to their fullest potential. Our collective efforts enable us to continue delivering top-tier emergency medical services while addressing the evolving healthcare landscape.

Thank you for your ongoing partnership and for sharing in our vision of building a healthier, more resilient community. Together, we will continue to provide the best possible care to the citizens of Middlesex County and the City of London.

Brain Ropp

Chair, MLPS Authority Board



A Message from the CEO

I am pleased to present the Middlesex-London Paramedic Service (MLPS) 2025 Budget, a reflection of the MLPS commitment to providing high-quality emergency medical services while responding to the evolving needs of our community. The past year has been a period of growth and adaptation, with MLPS making substantial progress on several strategic initiatives aimed at enhancing service delivery and operational efficiency.

Looking ahead to 2025, the MLPS budget focuses on three critical areas:

- enhancing service delivery models
- investment in employee supports
- modernizing facilities

These investments are essential for maintaining the high standards of care that MLPS staff and paramedics deliver each day, and they also lay the groundwork for sustained growth in response to the increasing demands placed on our services.

I would like to extend my sincere gratitude to the MLPS Authority Board for their leadership and vision in guiding these efforts. Their support has been invaluable in driving MLPS success and the provision of the highest quality of care to the residents of Middlesex County and the City of London.

I am confident that the 2025 Budget will enable MLPS to continue building on the achievements of 2024 while positioning MLPS for continued success in the years ahead.

Bill Rayburn

Chief Executive Officer



A Message from the MLPS Director of Paramedic Services

As we move into 2025, I am proud to reflect on the many accomplishments of Middlesex-London Paramedic Service (MLPS) in 2024. Our paramedics, support staff, and leadership have worked together to deliver outstanding care to our community, and the 2025 Budget positions us to build on these successes.

In 2025, we will continue to focus on enhancing service delivery, ensuring that our services are accessible, responsive, and aligned with the needs of the community. The 2025 Budget reflects this commitment by prioritizing key investments in workforce development, facilities management, and logistical infrastructure.

We recognize that our paramedics and staff are the backbone of our service, and we are committed to providing them with the tools and training they need to excel. By expanding opportunities for professional development and fostering a culture of continuous learning, we will maintain our position as leaders in pre-hospital care.

In addition to workforce development, we are placing a strong emphasis on upgrading our stations and improving logistical infrastructure. These enhancements are essential for supporting our teams in the field, improving response times, and ensuring that we continue to deliver the highest standard of care.

Thank you to all MLPS staff for your dedication and commitment to excellence. Together, we will continue to provide the best possible care to the citizens of Middlesex County and the City of London in 2025 and beyond.

Adam Bennett

MLPS Director of Paramedic Services

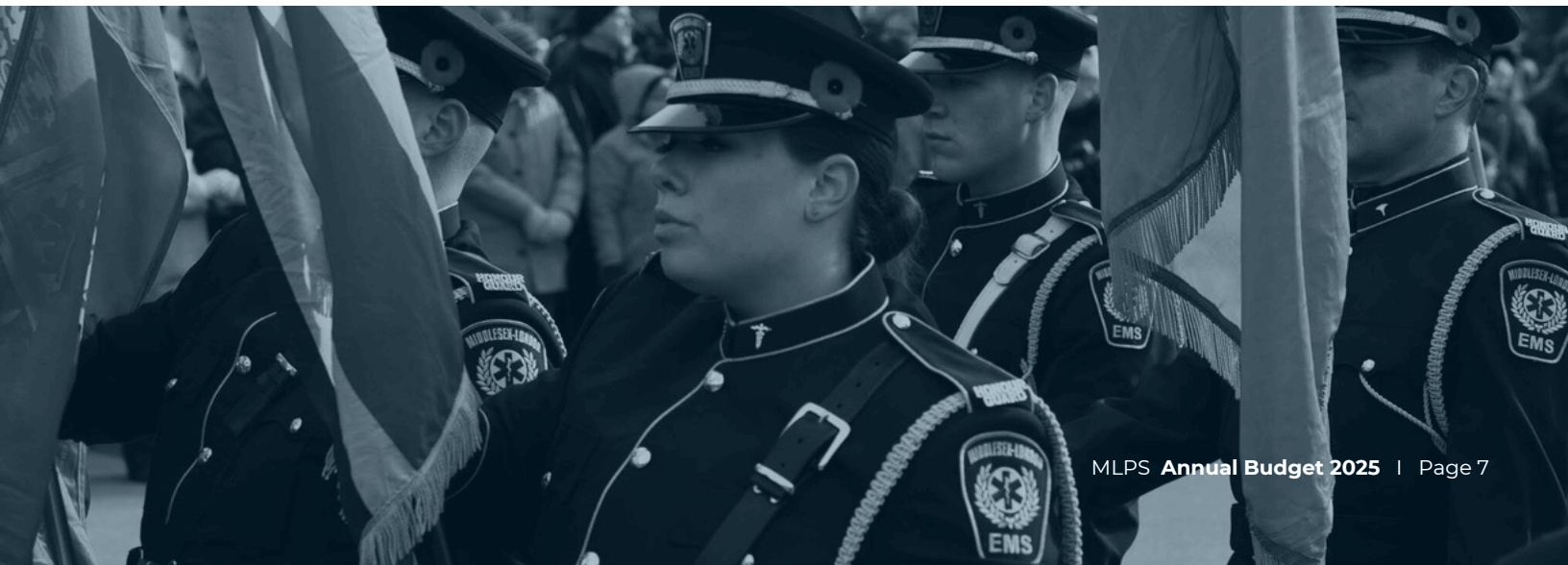
About Middlesex-London Paramedic Service

Middlesex-London Paramedic Service (MLPS) is the primary provider of paramedic services for Middlesex County and the City of London. MLPS operates from thirteen (13) strategically located stations and is responsible for providing 24-hour pre-hospital emergency care.

Middlesex-London Paramedic Service is committed to providing the highest quality of pre-hospital emergency care to the citizens and visitors of Middlesex and London. This is accomplished by meeting and exceeding standards as prescribed by the Ministry of Health and Long-Term Care, while remaining accountable to the public, the MLPS Authority Board, Middlesex County, and the City of London.

Our Mission

To deliver an efficient and high quality emergency response and care service to the population of Middlesex-London, with required provincial targets and standards as a minimum service level, and to contribute to the health of the community through active collaboration with other health care, community and emergency services partners.



Service Delivery

MLPS responds to over 100,000 calls annually, providing critical care and rapid response services. Paramedics work closely with the London Central Ambulance Communications Centre (CACC), local hospitals, police, and fire departments to ensure seamless coordination within the 911 system, providing life-saving interventions and supporting long-term recovery.

MLPS is organized into five service areas:



Operations manages all frontline paramedic responses, ensuring seamless emergency care across the region.



Community Paramedicine (CP) delivers specialized healthcare to vulnerable populations, reducing non-essential 911 calls and hospital admissions.



Professional Practice, Clinical Excellence, and System Oversight ensures high clinical standards, regulatory compliance, and continuous system improvements.



Education supports staff development through ongoing certification, specialized training, and mentorship.



Logistics maintains vehicle readiness, equipment, and facility operations to support uninterrupted service delivery.

For additional detailed organization structure and staffing related information, please refer to Appendix 'C'.



What is a **Paramedic**?

Paramedics are highly skilled professionals who provide emergency medical care to the public in times of need. They perform life-saving medical procedures in often challenging environments and are a critical part of the healthcare system.

Paramedics are graduates of a community college full-time program dedicated to the paramedic profession. Upon graduation from a paramedic program, the paramedic student must complete the Ontario Ministry of Health and Long-Term Care provincial certification. The certification, known as the Advanced Emergency Medical Care Assistant (A-EMCA) exam, must be successfully completed to practice as a primary care paramedic in Ontario. In addition, the paramedic must be authorized by a medical director or regional Base Hospital to perform controlled medical acts. All Middlesex-London paramedics are certified under the southwest Ontario Regional Base Hospital program by the medical director.

Ontario Paramedic Scope of Practice

PRIMARY CARE PARAMEDIC (PCP)

- Perform Cardiac Arrest Resuscitation
- Defibrillation
- Basic Trauma Life Support
- Administer Medications (oxygen, nitroglycerin, epinephrine, salbutamol, ASA, glucagon, etc.)
- Spinal Immobilization
- Use of Supraglottic Airways
- Oxygen Administration
- Vital Signs Monitoring
- 12-Lead Electrocardiogram (ECG)
- Perform Wound Care
- Conduct Patient Assessments
- Fracture Management

PROCEDURES

- *Cardiac Arrest Resuscitation:* Performing life-saving measures in the event of cardiac arrest.
- *Defibrillation:* Using an automated external defibrillator (AED) to restore normal heart rhythm.
- *Basic Trauma Life Support:* Providing initial trauma care to stabilize patients.
- *Spinal Immobilization:* Protecting the spinal column during transport.
- *Fracture Management:* Stabilizing fractures and injuries to prevent further harm.
- *Use of Supraglottic Airways:* Assisting with airway management in unconscious or breathing-impaired patients.
- *Vital Signs Monitoring:* Measuring blood pressure, heart rate, respiratory rate, etc.
- *12-Lead Electrocardiogram (ECG):* Performing and interpreting basic ECGs for heart monitoring.
- *Wound Care:* Managing and dressing wounds to prevent infection.
- *Patient Assessment:* Conducting full assessments to determine the nature of the emergency and prioritize care.

Medications

- *Oxygen:* For patients experiencing difficulty breathing or low oxygen levels.
- *Nitroglycerin:* Used to treat chest pain (angina) by dilating blood vessels.
- *Epinephrine:* Administered in cases of severe allergic reactions (anaphylaxis).
- *Salbutamol (Ventolin):* A bronchodilator used for asthma attacks or respiratory distress.
- *ASA (Aspirin):* Administered to reduce the risk of heart attacks by preventing blood clots.
- *Glucagon:* For patients suffering from severe hypoglycemia (low blood sugar).
- *Other Basic Medications:* For pain relief and initial emergency treatment.

ADVANCED CARE PARAMEDIC (ACP)

- Perform Advanced Cardiac Life Support (ACLS)
- Intubation
- Intravenous Therapy (IV)
- Administer Additional Medications (amiodarone, midazolam, morphine, ketamine, etc.)
- Interpret 12-Lead ECGs
- Needle Thoracostomy
- Cricothyrotomy
- Transcutaneous Pacing
- Manual Defibrillation
- Cardioversion
- Advanced Trauma Life Support (ATLS)
- Rapid Sequence Intubation (RSI)

PROCEDURES

- *Advanced Cardiac Life Support (ACLS):* Managing complex cardiac emergencies, including resuscitation.
- *Endotracheal Intubation:* Inserting a tube into the windpipe to open airways.
- *Intravenous Therapy (IV):* Administering fluids and medications directly into the bloodstream.
- *12-Lead ECG Interpretation:* Advanced analysis of heart rhythms to identify cardiac issues.
- *Needle Thoracostomy:* Inserting a needle into the chest to relieve air or fluid buildup around the lungs.
- *Cricothyrotomy:* Creating an airway by cutting the cricothyroid membrane in emergency situations.
- *Transcutaneous Pacing:* Delivering electrical pulses to stimulate the heart.
- *Manual Defibrillation & Cardioversion:* Using manual defibrillators for advanced cardiac interventions.
- *Rapid Sequence Intubation (RSI):* Providing medication-assisted intubation for critically ill patients.

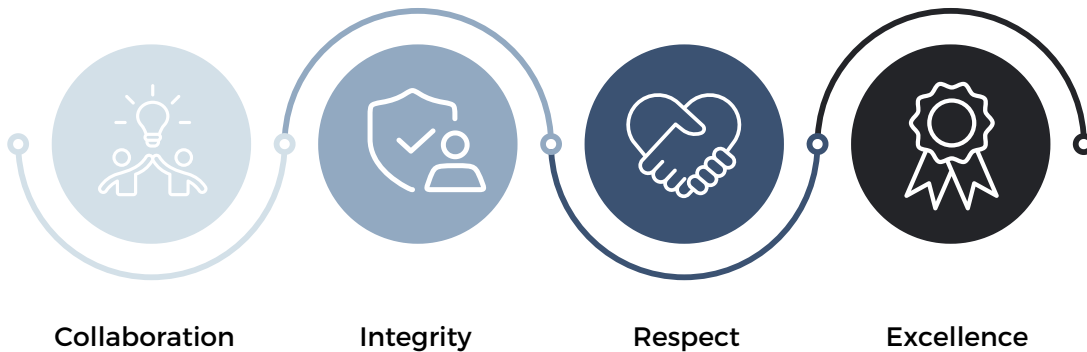
Medications

- *Amiodarone:* For stabilizing abnormal heart rhythms (arrhythmias).
- *Midazolam:* A sedative used in procedures like rapid sequence intubation (RSI).
- *Morphine:* A pain management drug used in critical trauma or cardiac patients.
- *Ketamine:* For sedation and pain management in critical care situations.
- *Additional Advanced Medications:* Based on situational needs, including drugs for intubation, sedation, and advanced cardiac life support.

MLPS Authority Board

The Middlesex-London Paramedic Service (MLPS) Authority Board is a municipal service board created under the *Municipal Act, 2001* to oversee the delivery of paramedic services in Middlesex County and the City of London. Middlesex County, as the Consolidated Municipal Service Manager (CMSM) under the *Ambulance Act*, established MLPS to manage and deliver land ambulance services within its designated service area.

CORE VALUES



GUIDING PRINCIPLES

1. Patient-centered care
2. Transparency and integration
3. Evidence-based and achievable goals
4. Equitable and future-focused decision-making

MLPS Authority Board | 2022-2026



Brian Ropp
Board Chair
E. brianropp@mlps.ca



Mike McGuire
Board Member
E. mikemcguire@mlps.ca



Cathy Burghardt-Jesson
Board Member
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John Brennan
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MLPS Master Plan

Middlesex-London Paramedic Service (MLPS) is dedicated to delivering high-quality pre-hospital care while preparing for future growth, evolving operational challenges, and community health needs. The strategic priorities outlined in the MLPS 2022-2027 Master Plan guide all aspects of service delivery, from capacity building and operational efficiency to clinical excellence and innovation.

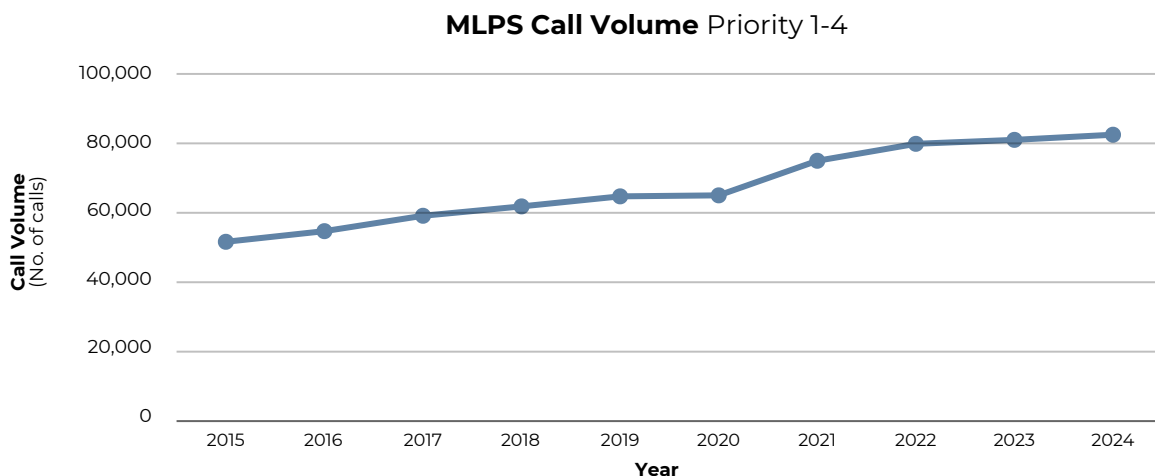
These strategic priorities were informed by a comprehensive Master Plan developed by Operational Research in Health (ORH). ORH conducted an in-depth analysis of current and projected demand for paramedic services across Middlesex County and the City of London. The MLPS Master Plan provides a data-driven roadmap, ensuring that service provision and enhancements align with future population growth, emergency call volumes, and the healthcare needs of the community. The Master Plan is used to guide both short- and long-term decision-making for service delivery, capacity expansion, and resource allocation.



CAPACITY EXPANSION TO MEET DEMAND

As population growth and emergency call volumes increase, MLPS will expand its capacity by adding ambulance hours in accordance with call demand, representing an increase in frontline resources. This will ensure timely response times and maintain the high quality of care that the community relies on.

In 2024 MLPS Call Volume for Priority 1-4 calls is projected to increase 10% over 2023. 2025 is projected to experience a slightly higher call volume growth increase due to changing demographics, call complexity and continued population growth in the region.



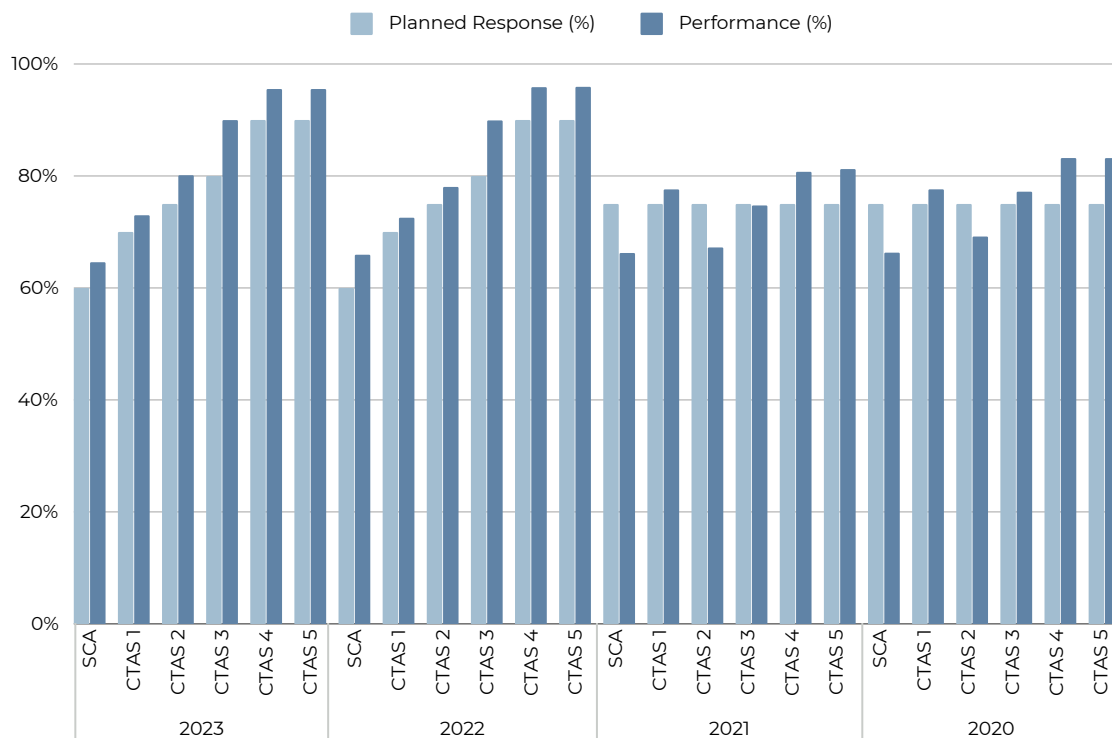


STATION & FACILITY OPTIMIZATION

MLPS will optimize station locations and operations to improve response times and operational efficiency. MLPS will continue to explore logistics optimization to streamline vehicle readiness and reduce travel times, ensuring that resources are efficiently distributed throughout the region.

MLPS follows Ontario's *Ambulance Act*, which requires the setting of annual targets for how quickly MLPS responds to different types of emergencies. These targets, known as Response Time Performance Plans (RTPPs), are based on the urgency of the situation, categorized using the Canadian Triage Acuity Scale (CTAS). This scale ranges from life-threatening emergencies (CTAS 1) to less urgent situations (CTAS 5), and also includes sudden cardiac arrest cases (SCA). Each year, MLPS reports response time targets to the Ministry of Health. Over the past four years, MLPS has exceeded CTAS Planned Response targets by an average of 2.97%.

CTAS Response Time Standards



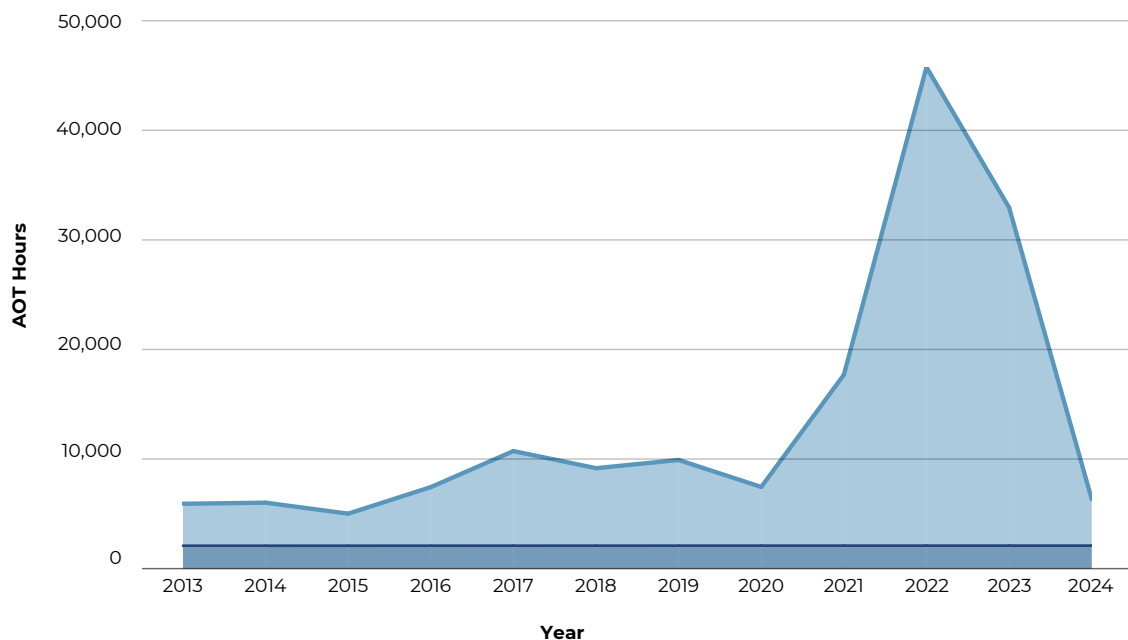


IMPROVED HEALTHCARE SYSTEM INTEGRATION

MLPS will strengthen its integration with the broader healthcare system by collaborating with hospitals and local health networks to support reduction in offload delays and improve patient flow. This initiative will free up paramedic resources and reduce wait times for patients requiring emergency care.

MLPS supports these initiatives through advocacy for inclusion in provincially funded programs and pilot projects.

Ambulance Offload Time (AOT)



WORKFORCE DEVELOPMENT & EDUCATION

To ensure high-quality care, MLPS will continue a robust workforce development plan that focuses on recruiting, retaining, and advancing paramedics. The expansion of training programs will ensure paramedics stay current with clinical advancements and best practices. Initiatives in the 2025 Budget include:

- Advanced Care Training Program
- Acting Superintendent Program
- City of London Training Facility



INNOVATION IN COMMUNITY PARAMEDICINE

The Community Paramedicine (CP) Program will continue to expand its focus on providing healthcare to vulnerable populations, reducing the strain on emergency services through preventive care, chronic disease management, and addressing healthcare inequities.

- The MLPS Community Paramedicine program is a proven, cost-effective solution that addresses healthcare gaps. The MLPS Community Paramedicine program has an average daily cost of \$8.40 per patient, compared to alternative care models that range from \$65.32 to \$1,500 per day.
- In 2024, MLPS Community Paramedicine rostered nearly 650 patients and provided services to over 4,850 individuals. At current rates, the program is on track to exceed 7,200 patient encounters by 2024 year-end.

The MLPS Master Plan reflects a commitment to continuous improvement, operational efficiency, and high-quality care. By focusing on strategic priorities, MLPS is well-positioned to meet the evolving healthcare needs of Middlesex County and the City of London.





Budget **Process**

The Middlesex-London Paramedic Service (MLPS) budget process is a comprehensive approach designed to ensure the efficient allocation of resources while maintaining high-quality service delivery to the citizens of Middlesex County and the City of London. The process balances the need for financial responsibility with the delivery of essential services, ensuring that MLPS operates sustainably and in compliance with applicable legislation, both now and in the future.

ANNUAL BUDGET PREPARATION

The 2025 Budget was prepared in compliance with the *Municipal Act, 2001*, which requires Middlesex County and MLPS to adopt a balanced budget. This budget reflects MLPS's commitment to providing high-quality emergency medical services, maintaining essential infrastructure, and minimizing the financial impact on funders.

- The MLPS budget approach ensures both short-term needs and long-term sustainability are addressed.
- The MLPS budget is closely aligned with MLPS Master Plan to **enhance service delivery, invest in employee development, and modernize facilities**. Budget decisions are made with a focus on results and outcomes that directly benefit the community.

Budget **Timeline**

August 2024

MLPS Review

Review of the MLPS Master Plan, strategic priorities and the previous year's operational and financial performance.

September 2024

Draft Budget Preparation

Senior staff from each service area collaborate internally and externally with health sector partner organizations on the development of a draft budget for review. These drafts reflect projected service demands, operational costs, and capital needs for the coming fiscal year.

October 2024

MLPS Authority Board Budget Review

Conduct Initial Budget analysis and reviews.
Incorporate any additional pressures and mitigations into the Budget.

October 2024

MLPS Authority Board Budget Approval

The final budget is approved by the MLPS Authority Board and submitted to Middlesex County for review, consideration and approval.

Ongoing

Monitoring

Staff monitor financial information and report to the MLPS Authority Board to identify operating and capital cost variances.



Budget Overview

The Middlesex-London Paramedic Service (MLPS) has consistently adapted and innovated in response to growing demands and systemic pressures within the healthcare landscape. The 2025 budget reflects these demands, incorporating an 8.49% increase (\$5,678,827) over 2024. This investment aligns with the multi-year financial estimates outlined in previous years and supports the rising service demands and strategic initiatives implemented to improve patient outcomes and service delivery.

2024 SUCCESSES & INITIATIVES

Throughout 2024, MLPS achieved several key successes and introduced forward-thinking initiatives that directly improved service delivery. Some of the notable accomplishments include:



Innovative Deployment Models through the First Response Unit pilot and the Advanced Care Paramedic Rapid Response Unit have significantly enhanced MLPS's capacity to deliver timely care. These models provide rapid, efficient, and targeted responses, ensuring that the most critical patients receive the care they need without overwhelming the 911 system.



Collaborating with the Ministry of Health, Ontario Health, and London Health Sciences Centre (LHSC), MLPS has supported the implementation of strategies to mitigate ambulance offload time (AOT) delays. These efforts, recognized across Ontario, have led to measurable temporary improvements in AOT, though continued vigilance is required to ensure ongoing success.



MLPS expanded its Community Paramedicine efforts through innovative programs like CPLTC+, which brings point-of-care testing to long-term care facilities. This program supports the reduction in 911 calls and hospital transfers, providing higher quality care in a more efficient manner.



MLPS secured enhanced funded programs from the Ministry of Health including a second dedicated neonatal and pediatric transport unit, ensuring critical care for vulnerable patients.

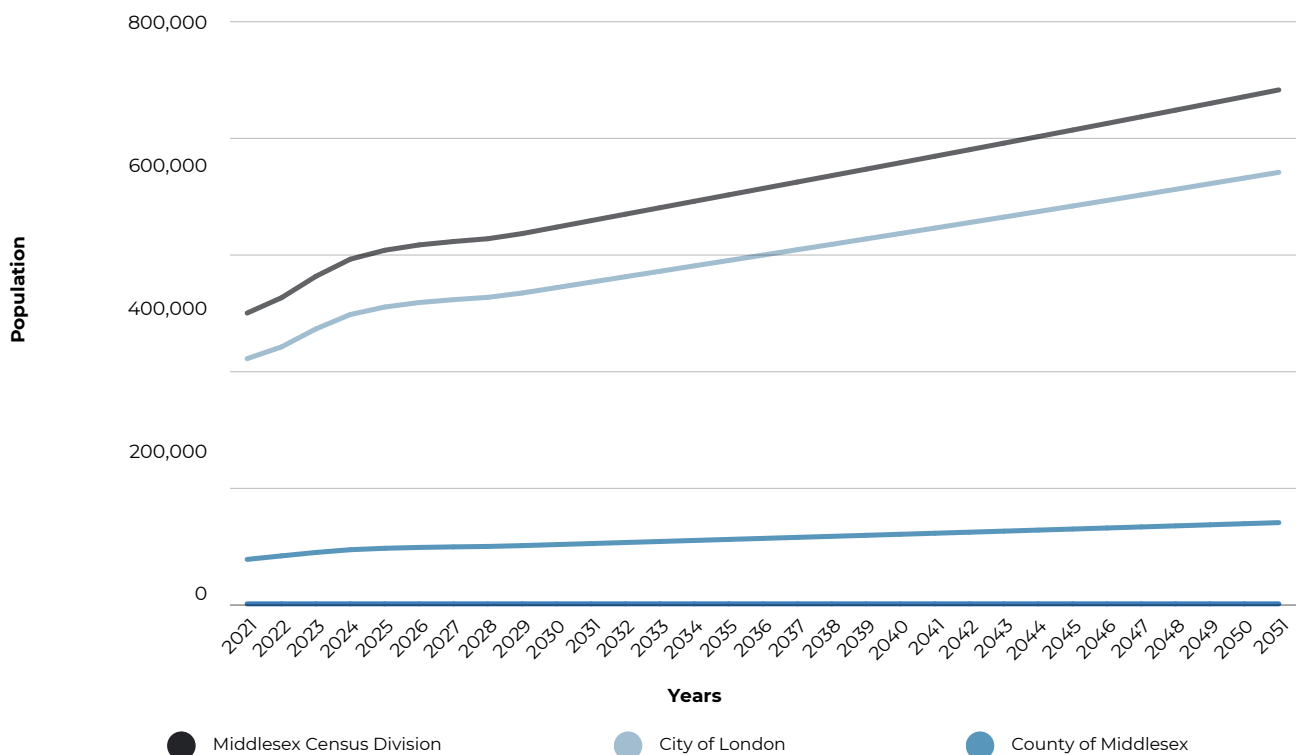
These progressive initiatives, coupled with continued efforts in **employee support, facilities management, and logistical efficiency**, underscore the value of the 2025 budget. The growing complexity and volume of calls necessitate these investments to sustain and enhance service quality.

SERVICE DEMAND GROWTH

MLPS continues to operate within a highly regulated system, where healthcare outcomes are legislated, and external factors contribute to increased pressures. Several factors contribute to this escalating demand:

- The total call volume has risen dramatically, particularly in the last five years, with a 25% increase in Priority 1-4 call volumes since 2019 and a 58% increase since 2015. In 2024 alone, total call volumes are projected to increase by 10%, while Priority 4 calls surged by 18.72%. This rise in higher-priority calls reflects the growing healthcare needs of the community.
- Middlesex County and the City of London have been recognized as one of the fastest-growing regions in Ontario, placing significant strain on healthcare services. As access to family doctors and primary care providers experiences challenges, residents increasingly rely on emergency services like MLPS, further intensifying demand.
- The broader healthcare system in Ontario is experiencing unprecedented strain. By 2026, it is anticipated that one in four Ontarians will lack access to a family doctor. This growing gap in primary care availability contributes to more complex 911 calls and longer call durations for paramedics.

Middlesex Census Division Population Trends



OPERATIONAL CHALLENGES & RESPONSES

- Despite progress in mitigating offload delays, AOT remains a challenge. MLPS continues to work with LHSC and other partners to reduce these delays, ensuring that paramedics are available for new calls as quickly as possible.
- As the region grows, the complexity of calls has increased. MLPS has responded to more hazardous incidents in recent years, including infectious disease outbreaks, building collapses, and high-acuity trauma situations. To address these challenges, MLPS is deploying a Hazardous Area Response Team (HART) in 2025, providing specialized training and equipment to paramedics.
- Rising demand for paramedic services necessitates an increased focus on logistics. However, ambulance availability has been hindered by supply chain issues, including long lead times and rising vehicle costs. MLPS is addressing these challenges by partnering with new ambulance manufacturers to introduce cost-effective alternatives
- Additional statistical analysis of the performance of MLPS is available on the **MLPS Dashboards**



2025 MLPS BUDGET

The 8.49% budget increase for 2025 is a reflection of the growing demand and complexity of the services MLPS provides. Several key points necessitate these investments:

- The 2025 budget is directly in line with the financial forecasts established in previous years, demonstrating responsible fiscal planning while addressing the systemic pressures facing paramedic services.
- Call volumes, especially in higher-priority categories, have grown significantly. This increase, coupled with the complexity of cases, necessitates greater resource allocation to maintain service quality.
- Investments in innovative deployment models, employee support, and community paramedicine are designed to enhance patient outcomes and reduce reliance on traditional 911 services. These initiatives require financial support to sustain and expand their impact.
- MLPS operates within a system where outcomes are legislated, and much of the pressure on services is controlled by external factors, such as healthcare system strain and provincial regulations. The 2025 budget ensures that MLPS remains agile and capable of meeting these challenges head-on.

MLPS Call Volume Growth vs Budget Analysis



The 2025 MLPS budget represents a thoughtful and strategic response to rising demand, systemic pressures, and the need for continued innovation in paramedic services. With call volumes continuing to grow and the complexity of cases increasing, the 2025 budget maintains the responsive level of care the residents of Middlesex County and the City of London have come to expect.

By investing in its workforce, facilities, and operational capabilities, MLPS is positioning itself to continue providing exemplary service in the years to come. The 2025 budget ensures that MLPS is well-equipped to handle future challenges.

ASSUMPTIONS

For the purposes of this budget document:

- All monetary figures are rounded to the nearest dollar, and all other numbers are rounded to the nearest decimal as appropriate.
- Current levels of service are maintained.
- Current call volume growth and off-load delay projections are considered.
- Budget figures generally contain assumptions based on historical precedent and future projections.
- Inflation and collective agreement provisions are considered in expenditure projections.



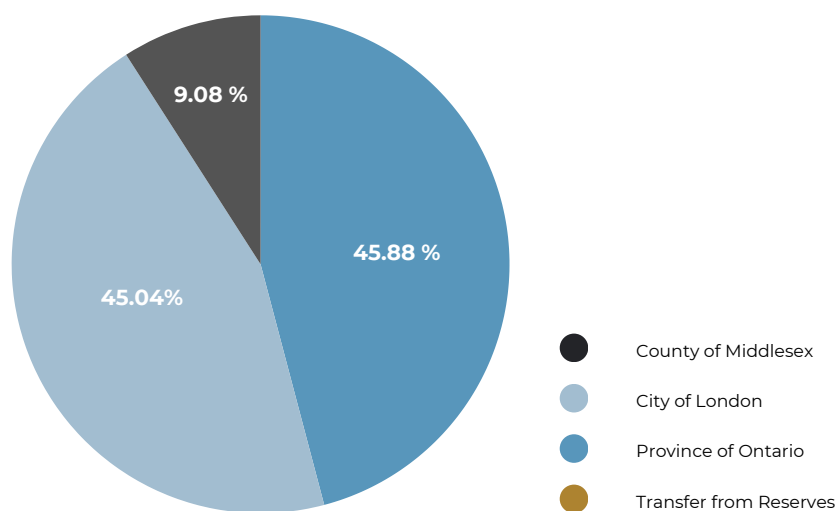
Budget Summary

Revenues

Revenue Source	Actual						Budget	
	2019	2020	2021	2022	2023	2024*	2024	2025
Province of Ontario	\$18,135,004	\$20,799,286	\$21,822,690	\$24,262,541	\$26,459,979	\$18,499,350	\$30,884,025	\$33,289,844
City of London	\$16,442,979	\$18,942,951	\$21,397,479	\$23,996,368	\$29,502,186	\$19,417,059	\$30,022,294	\$32,674,217
County of Middlesex	\$3,199,578	\$3,738,182	\$4,154,464	\$4,738,033	\$5,838,908	\$3,858,773	\$5,967,172	\$6,588,257
Transfer from Reserves	\$500,000	\$1,500,000	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenues	\$38,277,561	\$44,980,419	\$47,374,633	\$52,996,942	\$61,801,073	\$41,775,182	\$66,873,491	\$72,552,318

*2024 YTD Actuals to August 31, 2024

2025 Budget Revenues



MLPS is funded through a collaborative effort between the Province of Ontario, the City of London, Middlesex County, and reserve funds. The Province covers approximately 50% of approved operating costs via the Land Ambulance Services Grant, under the Ambulance Act, which governs paramedic services across Ontario. The City of London and Middlesex County fund MLPS in accordance with the Consolidated Municipal Service Manager (CMSM) agreement with consideration for weighted assessment and call locations.

Budget Summary

Expenses

Service Area	Actual						Budget	
	2019	2020	2021	2022	2023	2024*	2024	2025
Management & Administration	\$1,582,219	\$1,435,040	\$1,299,449	\$1,614,373	\$1,841,626	\$1,176,228	\$2,313,723	\$2,467,543
Operational Wages & Benefits	\$28,486,014	\$31,443,879	\$34,782,190	\$38,087,681	\$43,574,340	\$27,124,374	\$46,783,885	\$50,042,229
Training	\$375,221	\$531,274	\$588,352	\$733,190	\$958,718	\$1,009,554	\$1,669,178	\$2,252,941
Consumable Supplies	\$1,493,027	\$1,840,470	\$1,564,392	\$1,642,495	\$1,707,314	\$1,121,379	\$1,785,513	\$2,057,260
Fleet Operations	\$988,649	\$1,022,826	\$1,448,573	\$1,979,688	\$2,333,169	\$1,368,831	\$2,186,500	\$2,365,474
Facilities	\$2,387,171	\$2,532,070	\$2,497,098	\$2,671,874	\$2,668,851	\$1,836,702	\$3,024,372	\$3,580,001
Systems & Support Services	\$1,380,295	\$1,651,598	\$1,636,698	\$2,157,624	\$2,928,118	\$1,933,325	\$2,794,911	\$3,605,847
Insurance	\$431,313	\$491,061	\$727,974	\$960,909	\$1,220,215	\$1,370,581	\$1,482,251	\$1,679,372
MLPS Capital Program	\$1,153,652	\$2,438,448	\$2,474,437	\$2,504,789	\$4,543,853	\$4,833,159	\$4,833,159	\$4,501,651
COVID-19 Program	\$0	\$1,593,753	\$355,470	\$644,319	\$24,869	\$1,049	\$0	\$0
Total Expenses	\$38,277,561	\$44,980,419	\$47,374,633	\$52,996,942	\$61,801,073	\$41,775,182	\$66,873,491	\$72,552,318

*2024 YTD Actuals to August 31, 2024

Budget Summary

Net Expenditure

Revenue Source	Actual						Budget	
	2019	2020	2021	2022	2023	2024*	2024	2025
Province of Ontario	\$18,135,004	\$20,799,286	\$21,822,690	\$24,262,541	\$26,459,979	\$18,499,350	\$30,884,025	\$33,289,844
City of London	\$16,442,979	\$18,942,951	\$21,397,479	\$23,996,368	\$29,502,186	\$19,417,059	\$30,022,294	\$32,674,217
County of Middlesex	\$3,199,578	\$3,738,182	\$4,154,464	\$4,738,033	\$5,838,908	\$3,858,773	\$5,967,172	\$6,588,257
Transfer from Reserves	\$500,000	\$1,500,000	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenues	\$38,277,561	\$44,980,419	\$47,374,633	\$52,996,942	\$61,801,073	\$41,775,182	\$66,873,491	\$72,552,318

Service Area	Actual						Budget	
	2019	2020	2021	2022	2023	2024*	2024	2025
Management & Administration	\$1,582,219	\$1,435,040	\$1,299,449	\$1,614,373	\$1,841,626	\$1,176,228	\$2,313,723	\$2,467,543
Operational Wages & Benefits	\$28,486,014	\$31,443,879	\$34,782,190	\$38,087,681	\$43,574,340	\$27,124,374	\$46,783,885	\$50,042,229
Training	\$375,221	\$531,274	\$588,352	\$733,190	\$958,718	\$1,009,554	\$1,669,178	\$2,252,941
Consumable Supplies	\$1,493,027	\$1,840,470	\$1,564,392	\$1,642,495	\$1,707,314	\$1,121,379	\$1,785,513	\$2,057,260
Fleet Operations	\$988,649	\$1,022,826	\$1,448,573	\$1,979,688	\$2,333,169	\$1,368,831	\$2,186,500	\$2,365,474
Facilities	\$2,387,171	\$2,532,070	\$2,497,098	\$2,671,874	\$2,668,851	\$1,836,702	\$3,024,372	\$3,580,001
Systems & Support Services	\$1,380,295	\$1,651,598	\$1,636,698	\$2,157,624	\$2,928,118	\$1,933,325	\$2,794,911	\$3,605,847
Insurance	\$431,313	\$491,061	\$727,974	\$960,909	\$1,220,215	\$1,370,581	\$1,482,251	\$1,679,372
MLPS Capital Program	\$1,153,652	\$2,438,448	\$2,474,437	\$2,504,789	\$4,543,853	\$4,833,159	\$4,833,159	\$4,501,651
COVID-19 Program	\$0	\$1,593,753	\$355,470	\$644,319	\$24,869	\$1,049	\$0	\$0
Total Expenses	\$38,277,561	\$44,980,419	\$47,374,633	\$52,996,942	\$61,801,073	\$41,775,182	\$66,873,491	\$72,552,318

*2024 YTD Actuals to August 31, 2024

Detailed Budget Overview

Service Area	2019	2020	2021	2022	2023	2024	2025	Variance 24-25	
								%	\$
Management & Administration	\$2,012,198	\$1,764,514	\$1,837,887	\$1,753,716	\$1,964,447	\$2,313,723	\$2,467,543	6.65%	\$153,820
Operational Wages & Benefits	\$28,170,572	\$31,351,553	\$34,340,603	\$38,577,104	\$44,141,982	\$46,783,885	\$50,042,229	6.96%	\$3,258,344
Training	\$552,531	\$750,531	\$858,624	\$953,028	\$1,750,348	\$1,669,178	\$2,252,941	34.97%	\$583,764
Consumable Supplies	\$1,206,090	\$1,377,334	\$1,546,347	\$1,569,300	\$1,743,540	\$1,785,513	\$2,057,260	15.22%	\$271,747
Fleet Operations	\$872,542	\$1,124,199	\$1,164,687	\$1,205,241	\$2,311,110	\$2,186,500	\$2,365,474	8.19%	\$178,974
Facilities	\$2,443,275	\$2,555,084	\$2,728,891	\$2,904,510	\$3,027,753	\$3,024,372	\$3,580,001	18.37%	\$555,630
Systems & Support Services	\$1,257,484	\$1,498,157	\$1,765,127	\$1,802,865	\$2,044,366	\$2,794,911	\$3,605,847	29.01%	\$810,939
Insurance	\$393,187	\$471,212	\$551,755	\$819,300	\$1,263,023	\$1,482,251	\$1,679,372	13.30%	\$197,121
MLPS Capital Program	\$1,037,472	\$2,252,332	\$2,383,191	\$2,504,789	\$3,258,081	\$4,833,159	\$4,501,651	-6.86%	-\$331,508
Total Expenses	\$37,945,351	\$43,144,918	\$47,177,112	\$52,089,853	\$61,504,650	\$66,873,491	\$72,552,318	8.49%	\$5,678,827

Key Budget Drivers & Legislative **Framework**

The MLPS Budget is influenced by applicable legislative frameworks and plans and strategies as follows:

APPLICABLE LEGISLATION

- Ambulance Act
- Regulation 257/00 (General Regulation)
- Ministry of Health Care Standards Ontario Regulation 129/99 (as amended by O. Reg. 257/00)
- The Highway Traffic Act of Ontario
- The Coroners Act of Ontario
- The Mental Health Act of Ontario
- Do Not Resuscitate (DNR) Standard
- The Consent to Treatment Act of Ontario
- The Workplace Safety and Insurance Act of Ontario
- The Occupational Health and Safety Act
- The Ontario Human Rights Code
- Personal Health Information Protection Act (PHIHPA)
- Municipal Freedom of Information of Privacy Act (MFIPPA)
- Personal Information Protection and Electronic Documents Act (PIPEDA)
- Patient Care Standards
- The Ministry of Health Patient Care Equipment Standards
- The Ministry of Health Documentation Standards
- The Ministry of Health Ambulance Call Report Completion Procedures Manual
- The Ministry of Health Ambulance Service Patient Car & Transportation Standards
- Employment Standards Act

PLANS & STRATEGIES

- Middlesex-London Paramedic Service Master Plan
- MLPS 2023 Annual Report
- MLPS Deployment Strategy
- MLPS Response Time Standards

MLPS Stations

Middlesex-London Paramedic Service (MLPS) operates from a network of strategically located stations across Middlesex County and the City of London. These stations serve as essential hubs for paramedic teams, ensuring timely responses to both emergency and non-emergency calls.

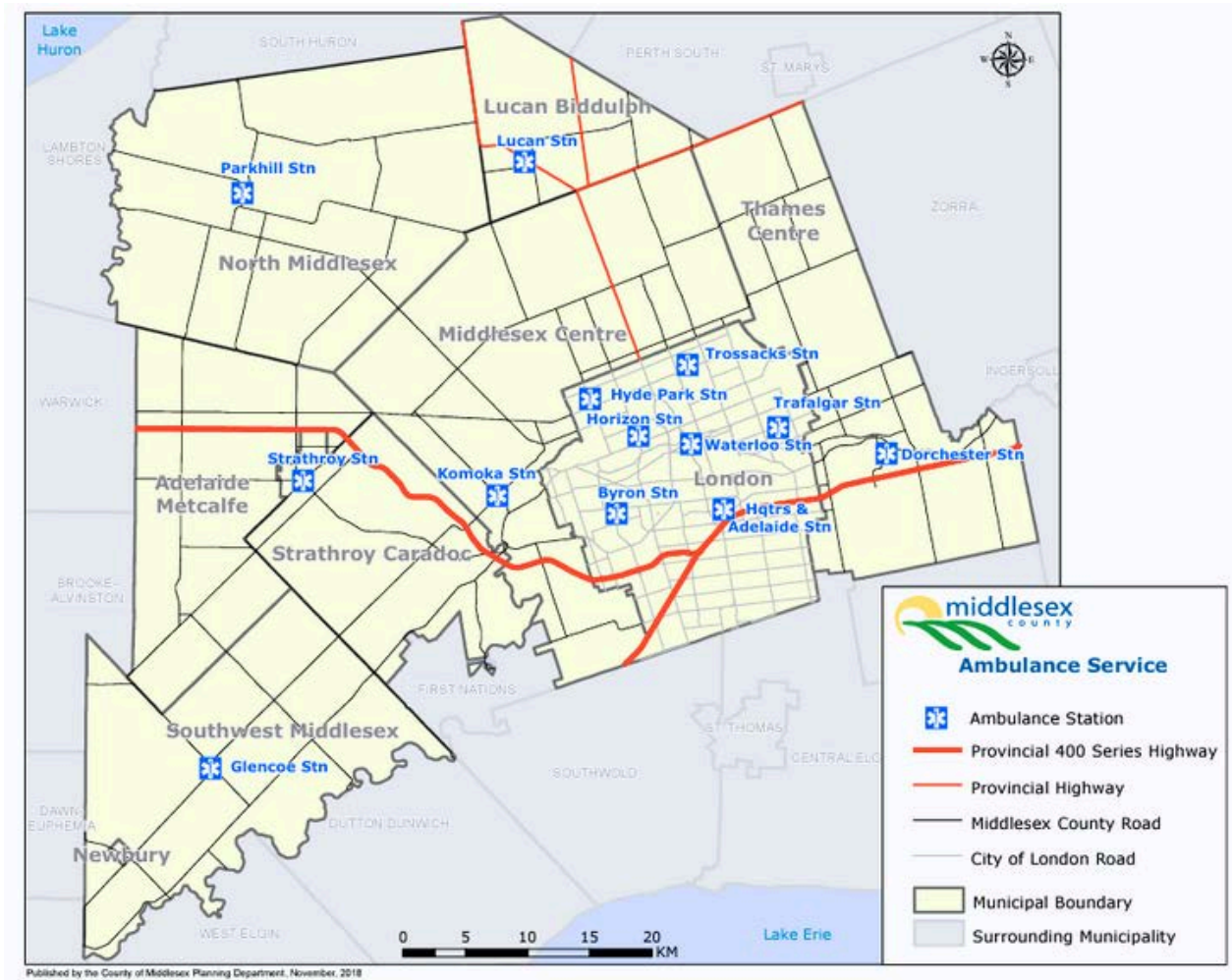
In 2025, the operational costs associated with maintaining these stations are captured in the budget, highlighting the need for continued investment in infrastructure, utilities, and facility management. The budget reflects key station-related expenses such as leases, property taxes, utilities, maintenance, and repairs. These costs are vital for ensuring that each station remains fully operational and equipped to meet the demands of a growing population.

As the County of Middlesex and the City of London continue to grow, MLPS remains committed to optimizing the location and functionality of these stations to meet increasing service demands. Investments in station infrastructure, particularly in areas experiencing rapid development, are critical for sustaining and enhancing paramedic service delivery across the region.

2025 Station Expenses

Station	Annual Lease	Property Tax	Lease Termination Date	Hydro	Gas	Water	Maintenance	Repairs	Lease Improvements
Waterloo	\$276,119	\$47,594	31-Dec-43	\$40,000	\$14,510	\$11,236	\$26,500	\$45,000	\$0
Adelaide / HQ	\$1,028,512	\$0	31-Dec-37	\$100,000	\$80,000	\$15,912	\$152,000	\$165,000	\$0
Trossacks	\$100,000	\$25,000	30-Apr-22	\$5,186	\$3,427	\$1,836	\$8,000	\$6,500	\$100,000
Trafalgar	\$94,380	\$0	31-Dec-38	\$4,284	\$5,508	\$3,062	\$10,000	\$8,000	\$0
Glencoe	\$96,096	\$5,000	30-Apr-12	\$2,693	\$2,536	\$2,652	\$9,000	\$6,278	\$100,000
Strathroy	\$112,994	\$0	31-Dec-27	\$0	\$0	\$0	\$5,000	\$3,913	\$0
Parkhill	\$86,671	\$0	18-Aug-43	\$4,896	\$3,060	\$1,836	\$8,000	\$3,200	\$0
Lucan	\$32,186	\$4,824	30-Apr-25	\$4,284	\$3,345	\$1,243	\$6,000	\$2,652	\$0
Komoka	\$55,880	\$15,000	31-Aug-31	\$3,040	\$3,528	\$1,317	\$9,000	\$4,886	\$0
Byron	\$104,003	\$1,419	25-Aug-35	\$3,213	\$3,672	\$979	\$8,000	\$3,469	\$0
Hyde Park	\$26,400	\$0	1-Jun-50	\$4,651	\$3,162	\$1,479	\$9,000	\$7,500	\$0
Horizon	\$109,361	\$52,466	6-Aug-33	\$6,242	\$7,790	\$3,745	\$8,000	\$4,096	\$0
Dorchester	\$81,312	\$0	31-Dec-38	\$4,947	\$4,743	\$1,275	\$13,000	\$7,500	\$0
Total Expenses	\$2,203,913	\$151,303		\$183,437	\$135,282	\$46,573	\$271,500	\$267,994	\$200,000

MLPS serves a catchment area of **3,317.27** km² across Middlesex County and the City of London.





MLPS Capital Budget

The MLPS Capital Budget is informed by the MLPS Master Plan, the Middlesex County Strategic Asset Management Policy, the Middlesex County Tangible Capital Assets Policy 13.01 and the MLPS Asset Management Plan.

The main objective of the MLPS Asset Management Plan is to use the best available information to develop a comprehensive long-term plan for capital assets. The MLPS Asset Management Plan details information about capital assets with actions required to provide the legislated level of service, over a ten (10) year period, in the most cost-effective manner.

The MLPS Asset Management Plan defines capital assets as non-financial assets having physical substance that have a useful life in excess of one (1) year and a financial threshold greater than:

- \$5,000 for an individual asset
- \$25,000 for a pooled asset

MLPS Asset Attributes			
Category	Subcategory	Quantity	2024 Replacement Value
Defibrillators, Stretchers, Stair Chair	Machinery & Equipment	266	\$4,234,388
Fleet	Vehicles	87	\$16,683,000
MLPS ITS Inventory	Machinery & Equipment	653	\$1,520,352
Patient Care Equipment	Machinery & Equipment	149	\$460,753
Total		1,155	\$22,898,493

The forecast lifecycle costs necessary to provide the services covered by the MLPS Asset Management Plan includes acquisition, operation, maintenance, renewal and disposal of assets.



Acquisition the activities to provide a higher level of service or a new service that did not exist previously.



Operation the regular activities to provide services.



Maintenance the activities necessary to retain an asset as near as practicable to an appropriate service condition. Maintenance activities enable an asset to provide service for its planned lifecycle.



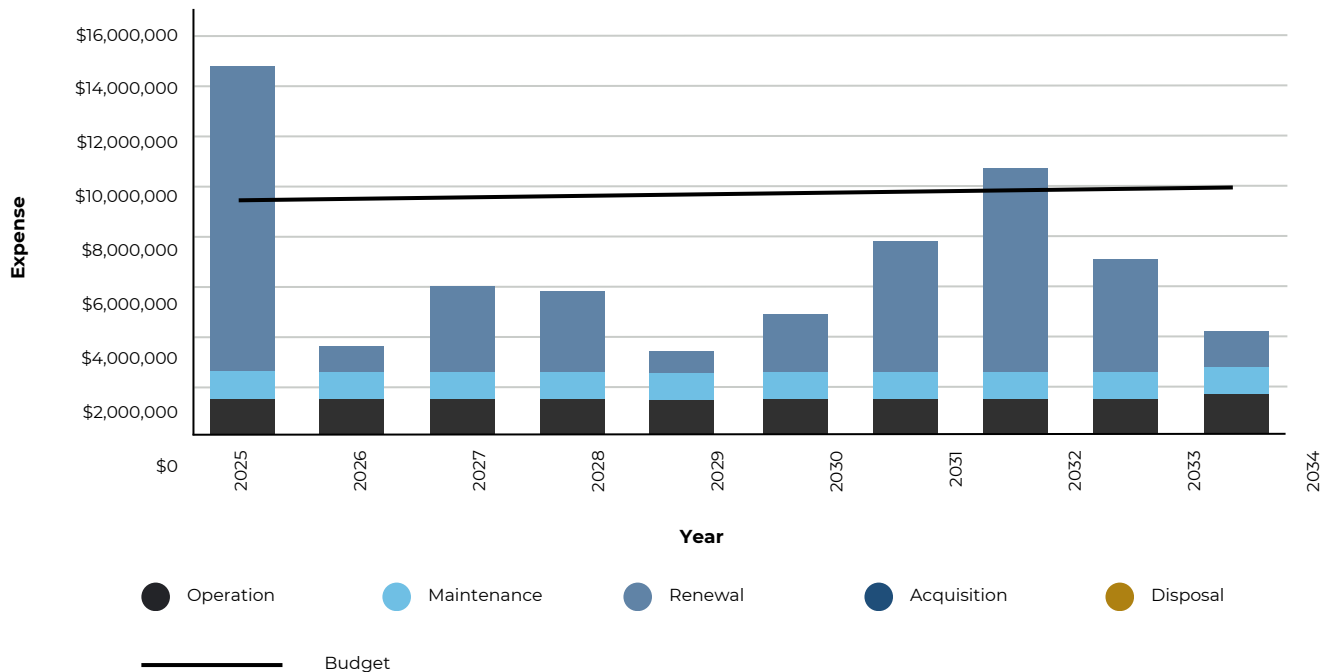
Renewal the activities that return the service capability of an asset up to that which it had originally provided.



Disposal any activity associated with the disposal of a decommissioned asset including sale, demolition or relocation.

The MLPS Asset Management Plan forecasts ten (10) year total expenses of \$67,180,504 or \$6,718,051 on average per year.

MLPS Asset Management Plan Forecast



The MLPS Asset Management Plan has an Asset Renewal Funding Ratio of 100%, indicating full funding of the MLPS Asset Management Plan. The 2025 MLPS Budget incorporates 100% Asset Renewal Funding.

MLPS capital projects are identified based on asset condition assessments, legislative requirements, service level impacts, and community needs, ensuring that capital investment aligns with organizational priorities and available resources. The 2025 MLPS Budget includes the following capital assets:

2025 MLPS Capital Budget

Asset	Quantity	Budget
Stretchers	13	\$541,008
Ambulances	10	\$2,659,281
ERV	3	\$374,544
Logistics Vehicles	2	\$170,000
Defibrillators	16	\$480,000
Lucas Devices	3	\$46,818
MLPS ITS	100	\$230,000
Total	147	\$4,501,651

The 2025 MLPS Capital Budget demonstrates the MLPS commitment to maintaining a high level of service by strategically investing in critical assets. Through careful planning and full funding of the MLPS Asset Management Plan, MLPS ensures long-term operational sustainability and readiness to meet future challenges and opportunities.



MLPS Reserves

MLPS reserves play a crucial role in ensuring the financial stability and sustainability of paramedic operations. These reserves are strategically maintained to manage unexpected expenses, support capital asset renewal, and fund long-term initiatives. By holding adequate reserves, MLPS can mitigate financial risks and maintain service levels in periods of high sector strain. The allocation and utilization of these reserves are reviewed regularly to align with operational needs, ensuring that MLPS remains well-positioned to respond to emergencies, enhance service delivery, and meet future demands efficiently. The 2025 budget does not contemplate the use of reserves. 2025 reserves are projected to remain stable incorporating annual investment related increases.

Description	2019	2020	2021	2022	2023	2024
Equipment & Facilities - 50%/50%	\$173,289	\$49,689	\$841,522	\$841,522	\$841,522	\$841,522
Severance - 50%/50%	\$273,040	\$117,647	\$117,647	\$115,101	\$115,101	\$115,101
Cross Border Billings - 50%/50%	\$528,015	\$501,282	\$485,068	\$497,924	\$492,128	\$492,128
Operations - 50%/50%	\$45,949	\$15,343	\$15,343	\$15,343	\$15,343	\$15,343
Equipment & Facilities - 100%	\$803,929	\$203,929	\$347,030	\$430,363	\$546,766	\$546,766
Severance - 100%	\$161,170	\$161,170	\$161,170	\$161,170	\$161,170	\$161,170
Operations - 100%	\$901,853	\$518,071	\$586,234	\$586,234	\$623,094	\$623,094
ACR Chart Fees - 100%	\$27,006	\$32,933	\$38,873	\$45,803	\$55,295	\$50,052
Research Grants - 100%	\$55,261	\$55,261	\$55,261	\$56,179	\$57,458	\$58,247
PTSD/WSIB - 100%	\$142,610	\$142,610	\$193,645	\$293,645	\$1,193,645	\$1,193,645
CP - 100%	\$0	\$0	\$0	\$794,783	\$794,783	\$794,783
CPLTC - 100%	\$0	\$0	\$0	\$122,089	\$122,089	\$122,089
Total	\$3,112,122	\$1,797,934	\$2,841,792	\$3,960,155	\$5,018,393	\$5,013,939



Funded Programs

Middlesex-London Paramedic Service (MLPS) operates several key programs fully funded by the province. These programs are integral to enhancing patient care, improving operational efficiency, and alleviating strain on the healthcare system.

Dedicated Programs (Funded 100%)	2019	2020	2021	2022	2023	2024	2025	Variance 24-25	
								%	\$
Specialized Dedicated Neonatal Transport Unit	\$546,941	\$882,213	\$1,309,120	\$1,333,884	\$2,113,313	\$2,176,888	\$2,590,640	19.01%	\$413,752
Dedicated Offload Nurse Program (DONP)	\$676,488	\$676,488	\$676,488	\$676,488	\$676,488	\$1,037,884	\$1,283,040	23.62%	\$245,156
Treat & Refer Model of Care First Responses Unit (FRU)	\$0	\$0	\$0	\$0	\$0	\$107,125	\$110,875	3.50%	\$3,749
Community Paramedicine	\$166,900	\$166,900	\$364,900	\$1,477,204	\$1,917,851	\$2,291,218	\$2,291,218	0%	\$0
Community Paramedicine Pilot Program CPLTC+	\$0	\$0	\$0	\$0	\$0	\$0	\$498,300	100%	\$498,300
Total Revenue	\$1,390,329	\$1,725,601	\$2,350,508	\$3,487,536	\$4,707,652	\$5,613,115	\$6,774,072	20.68%	\$1,160,957

SPECIALIZED DEDICATED NEONATAL TRANSPORT UNIT

PURPOSE

This unit provides specialized transportation for critically ill neonates and pediatric patients, ensuring timely access to advanced medical care during transport.

- 1 unit operates 24 hours per day, 7 days per week
- 1 unit operates 12 hours per day, 7 days per week

IMPACT

By delivering expert care during critical transport periods, this service reduces mortality and morbidity rates among vulnerable neonatal and pediatric patients. The service continues to see increasing demand, reflected in a 19% rise in funding for 2025.

- Since its launch, these units have transported more than 5,000 critically ill neonates and newborns.
 - The average patient age is 6 days old.
 - Since launch, these units have travelled more than 500,000 kilometers.
 - Without these dedicated units, the calls would be serviced by the 50/50 funded 911 system.
 - Extrapolated Impact to the 911 system: return of more than 20,000 unit (ambulance) hours.
-

DEDICATED OFFLOAD NURSE PROGRAM (DONP)

PURPOSE

The DONP aims to minimize ambulance offload times by assigning dedicated nurses at hospital emergency departments. This helps paramedics quickly transition patients into care, allowing them to return to the field more efficiently.

IMPACT

The DONP plays a critical role in reducing ambulance offload delays, significantly improving paramedic availability for emergencies. The program is set to receive a 23.62% increase in funding for 2025 to enhance its capacity and effectiveness.

TREAT & REFER MODEL OF CARE FIRST RESPONSE UNIT (FRU)

PURPOSE

This program, the first model of care to be launched in Ontario, allows paramedics to provide on-site treatment and refer patients to Community Paramedicine, rather than transporting them to emergency departments for non-emergent conditions.

IMPACT

The Treat & Refer model reduces unnecessary hospital transports and improves patient care by addressing healthcare needs in the community. With a 3.5% funding increase in 2025, this program is crucial in alleviating pressure on emergency services.

COMMUNITY PARAMEDICINE PROGRAM

PURPOSE

The Community Paramedicine Program delivers proactive healthcare services directly to patients' homes, particularly for vulnerable populations with chronic conditions or limited access to traditional healthcare.

IMPACT

This program reduces the need for emergency services by providing preventive care and health monitoring, thereby improving healthcare outcomes and reducing strain on hospitals and paramedics. The program will maintain stable funding in 2025, reflecting its established success.

	Rostered Patients	Waitlisted Patients	Patient Interactions
Year			
2021	160	145	961
2022	318	64	2,801
2023	581	232	5,553
2024	633*	260**	7,275**

**This is as of August 31, 2024*
*** This is extrapolated to year end*

COMMUNITY PARAMEDICINE PILOT PROGRAM CPLTC+

PURPOSE

Introduced in 2025, the CPLTC+ pilot focuses on delivering enhanced paramedic services within long-term care (LTC) facilities, including point-of-care testing and specialized treatments.

IMPACT

By reducing the number of emergency transports from LTC facilities, this program improves patient outcomes and ensures healthcare resources are used more efficiently. The pilot program is fully funded, marking a significant step toward optimizing healthcare for LTC residents.



Appendix A Glossary



Glossary

Term	Definition
Accounting Principles	A set of generally accepted principles for administering accounting activities and regulating financial reporting. These principles comply with Generally Accepted Accounting Principles (GAAP) for local governments.
Accrual Accounting	An accounting method where revenues are recognized in the accounting period in which they are earned, and expenses are recognized in the period in which they are incurred. Sometimes referred to as full accrual to distinguish it from modified accrual basis accounting.
Accumulated Surplus/Deficit	The total of all surpluses and deficits from all prior years, reflecting the financial position of the municipality.
Amortization	A non-cash expense representing the gradual write-down of the value of a tangible capital asset over its useful life.
Annual Budget	A budget for a single year that identifies the revenues and expenditures required to meet financial objectives.
Appropriation	The amount of money approved by the MLPS Authority Board for programs, services, or capital projects.
Balanced Budget	A budget where estimated revenues are equal to estimated expenses, ensuring no deficit.
CACC	Central Ambulance Communications Centre, responsible for dispatching paramedic units.
Capital Asset	An asset with a useful life longer than one year, such as buildings, vehicles, or equipment.
Capital Expenditure	Funds allocated to acquire or upgrade physical assets like infrastructure or vehicles.
Capital Fund	A fund used to record expenditures and financing of capital projects, such as infrastructure or equipment purchases.
Contingency	A set of funds available to cover unforeseen events or emergencies during the fiscal year.
CPI	Consumer Price Index, a measure of the average change in prices for goods and services over time.
Debt Servicing	The repayment of debt, including both interest and principal, over a given period.
Deferred Revenue	Revenue that is considered a liability until the services for which it was received are provided.
Discretionary Reserve Fund	Reserve funds created at the discretion of MLPS whenever revenues are earmarked to finance future expenditures for a purpose designated by MLPS. Revenues set aside for the acquisition of fixed assets are an example of discretionary reserve funds.
DONP	Dedicated Offload Nurse Program, aimed at reducing ambulance offload times in hospitals.
Fiscal Year	A 12-month period (January 1 through December 31) in which the annual operating budget applies, and at the end of which an assessment is made of the MLPS's financial condition and performance of operations.
FTE	Full-Time Equivalent, referring to employees who work a full schedule.

Term	Definition
FTE	Full-Time Equivalent, referring to employees who work a full schedule.
Fund Accounting	An accounting system that separates resources into different categories (funds) to ensure proper use of resources.
Fund Balance	Funds accumulated through under-expenditure or greater-than-expected revenues.
Grant	A monetary contribution—typically from one level of government to another—as a means to lend support to a specific service, program, or function.
Growth	Additional costs incurred in order to provide the same level of service to more citizens.
HART	Hazardous Area Response Team, a specialized team equipped to handle hazardous situations.
IFT / Non-IFT	Inter-Facility Transfer (IFT): Moving a patient between healthcare facilities. Non-IFT refers to other patient transports.
Incident	A P1 to P4 call resulting in at least one unit response to an emergency or non-emergency situation.
Internal Recoveries	Amounts recovered by one department from another for services provided, appearing as revenue for the provider.
MCad	Medical Computer-Aided Dispatch, a system that assists in the dispatch of paramedic services.
MLPS	Middlesex-London Paramedic Service, the entity responsible for providing emergency medical services.
Mobilization	The act of dispatching paramedic resources to a location to provide emergency care.
Mobilization Time	The time from when the first unit is mobilized to the time they are cleared from the scene.
MoH	Ministry of Health, the provincial body governing healthcare services, including paramedic services.
NICU	Neonatal Intensive Care Unit, specializing in care for critically ill newborns.
Non-Discretionary	Funds or services that are not spent or provided at the discretion of MLPS.
Obligatory Reserve Fund	Reserve funds required by legislation or agreement to be segregated from the municipality's general revenues for a special purpose or for works to be undertaken on behalf of the contributors. These funds are classified in the financial statements as "Deferred Revenue." Examples include development charges and cash-in-lieu of parkland.
Offload Delay	The time paramedics spend waiting to transfer care of a patient to hospital staff after arrival.
Operating Budget	A financial plan outlining proposed expenses and revenues for day-to-day operations for the coming fiscal year.
Optimization	A process used to evaluate multiple configurations for deploying paramedic resources efficiently.
ORH	Operational Research in Health Ltd, a firm specializing in optimizing healthcare services.
PT	Part-Time, referring to employees who work fewer hours than full-time employees.
Performance Measure	Data collected to determine how effective and/or efficient a program is in achieving its objectives. Specific service levels are established for all major services and then monitored to determine the level of success achieved.

Term	Definition
Rapid Response Unit (RRU)	A specialized unit designed to respond quickly to high-acuity calls, providing rapid medical care.
Reserve Fund	A fund set aside for specific purposes, either obligatory or discretionary, that is restricted by legislation or council decisions.
Response	The arrival of a paramedic unit at the scene of an incident.
Response Time	The time from when a 911 call is received to when a unit arrives on the scene.
SCA	Sudden Cardiac Arrest, a medical emergency where the heart suddenly stops beating effectively.
Simulation	A model used to replicate real-world scenarios for training or analysis purposes, such as paramedic responses.
Surplus	The excess of revenues over expenditures for a given period, contributing to fund balances.
Utilization	The percentage of total time that paramedic units are occupied with calls, used to measure resource efficiency.

Appendix B

Financial Policies



Financial Policies

Middlesex-London Paramedic Service (MLPS) is committed to sound financial management and accountability. MLPS financial policies, procedures and practices guide the preparation, approval, and implementation of the annual budget, ensuring that MLPS remains fiscally responsible while continuing to deliver high-quality paramedic services to Middlesex County and the City of London.

BASIS OF BUDGETING

MLPS prepares its annual budget using the cash basis of accounting, meaning that revenues and expenditures are recorded when cash transactions occur.

Middlesex County holds the authority to approve funding for operating programs and capital projects. Any amendments to the approved budget must receive Council approval, in accordance with the *Municipal Act, 2001*.

MLPS financial statements are prepared using the accrual basis of accounting as per Generally Accepted Accounting Principles (GAAP), ensuring that transactions are recognized in the period in which they occur, rather than when cash changes hands. This ensures alignment with Public Sector Accounting Board (PSAB) standards.

BALANCED BUDGET REQUIREMENT

In compliance with the *Municipal Act, 2001*, MLPS is required to balance its budget each year. This may be achieved through a combination of:

Revenue Generation - Increasing revenue through funder payments, fees, and grants.

Cost Management - Reducing or managing expenses without compromising the quality of service delivery in accordance with applicable legislation.

DEBT MANAGEMENT

In accordance with Middlesex County MLPS Creation By-law, MLPS is not permitted to incur debt, ensuring that borrowing is only authorized by Middlesex County in the context of County financial investment priorities.

EXPENDITURE POLICIES

Procurement Policy - All purchases are made in accordance with the Middlesex County Procurement By-law, ensuring fairness, transparency, and value for money in the acquisition of goods and services.

Expenditure Controls - Financial reports track operational and capital expenditures. This allows MLPS to monitor budget variances and ensure that spending aligns with budget projections.

Internal Controls - Through Middlesex County, MLPS maintains robust internal financial controls, which help ensure compliance with policies, safeguard assets, and provide accountability over public resources.

FINANCIAL PLANNING & MONITORING

MLPS operates under a set of well-defined financial practices to ensure long-term sustainability:

MLPS aligns its future service plans and program initiatives with projected financial resources, ensuring long-term financial health.

The Middlesex County Strategic Asset Management Policy guides evidence-based decision-making for managing infrastructure assets, ensuring service delivery is sustainable over time.

FINANCIAL REPORTING & ACCOUNTABILITY

Annual **MLPS Financial Statements** are prepared by an independent auditor to ensure compliance with GAAP and PSAB standards.

Each year, MLPS submits a Financial Information Return (FIR) to the Ministry of Health. The FIR includes data on the organization's financial performance and is consistent with the audited financial statements.

FUND ACCOUNTING

MLPS operates within a fund accounting structure to provide transparency and accountability across its various financial activities:

Operating Fund is used to record day-to-day revenues and to cover regular operational expenditures.

Capital Fund records all capital expenditures related to tangible capital assets (TCA), including new vehicle purchases, facility upgrades, and other infrastructure investments.

Reserve and Reserve Funds are set aside for specific purposes, ensuring that MLPS can meet future obligations or respond to unexpected expenses.

This fund structure ensures that assets and liabilities are tracked separately, enhancing financial control and ensuring resources are used appropriately for their intended purposes.

Appendix C Staffing



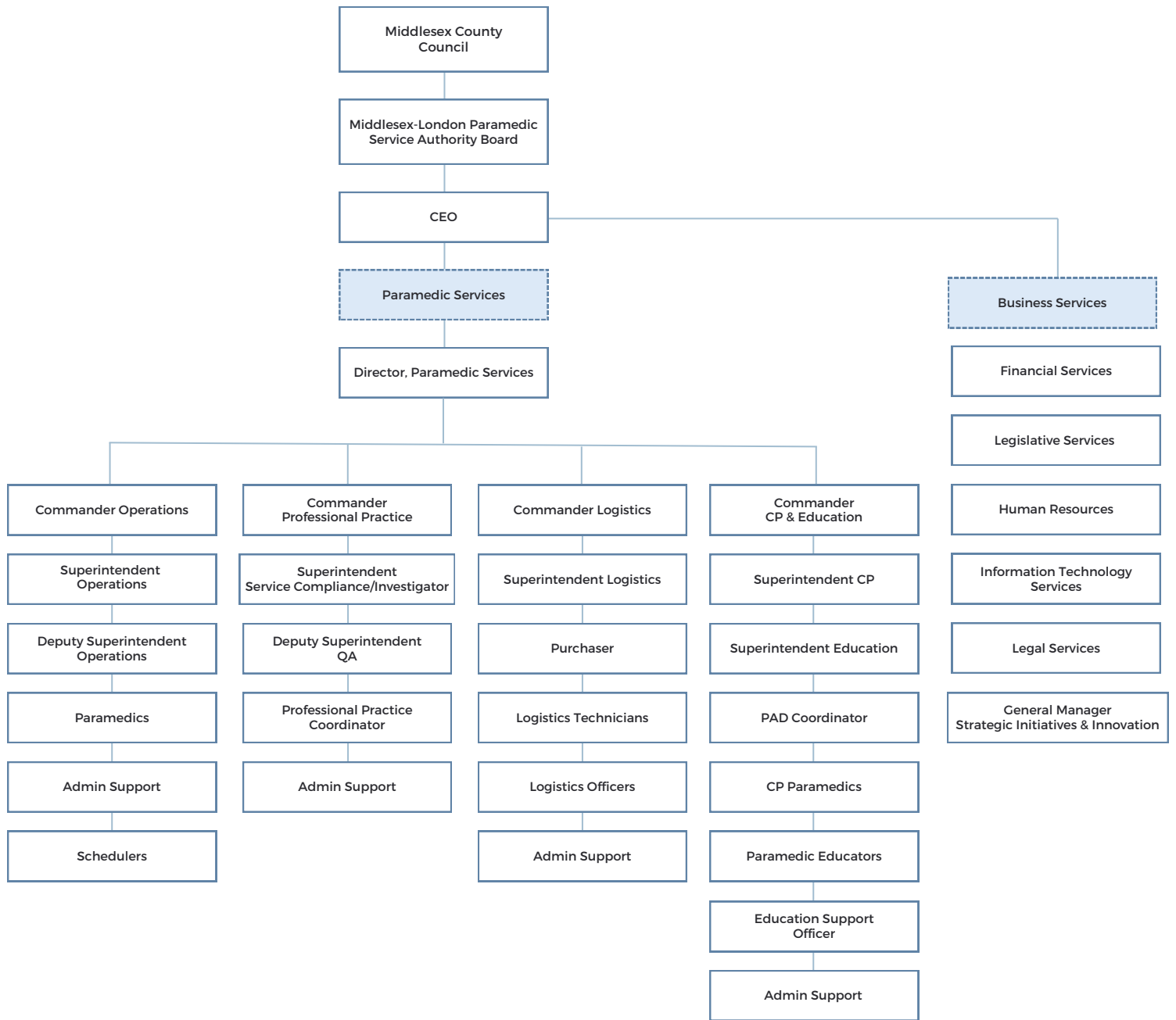
Staffing Data

The MLPS staffing structure is designed to support the growing demands of the service and ensure effective delivery of emergency medical care across the service area. The organizational structure includes paramedics, training and education staff, logistics personnel, and management and administration, reflecting the comprehensive needs of the service. Staffing levels have increased over the past five years, particularly in frontline paramedic positions, which have grown from 304 in 2020 to a projected 439 by 2025. This expansion aligns with the rising call volume and service expectations in the region.

The overall structure of MLPS is designed to provide effective management, continuous education, and logistical support, while adapting to the growing demands placed on the service.

Service Area	2020	2021	2022	2023	2024	2025
Paramedics	304	322	344	424	431	439
Training & Education	3	4	4	7	6	8
Logistics	14	14	14	22	25	26
Management & Administration	14	13	13	12	13	12
Total	335	353	375	465	475	485

Organization Chart







Middlesex-London

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