

Ambulance Service Review Final Report

Grey County Paramedic Services

November 26, 2020

Ministry of Health

Emergency Health Regulatory and
Accountability Branch

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January 14, 2020

Mr. Kevin McNab
Chief
Grey County Paramedic Services
595 9th Avenue East
Owen Sound ON N4K3E3

Dear Mr. McNab:

Congratulations on successfully meeting the legislated requirements for certification as a land ambulance operator in the Province of Ontario. The Ambulance Service Review Follow Up conducted on November 26, 2020 found that Grey County Paramedic Services continues ongoing improvement towards ensuring delivery of high-quality ambulance service.

Grey County Paramedic Services is to be commended for its efforts in the following areas:

- Preparation for the certification inspection
- Quality Assurance/CQI
- Training
- Employee Qualifications
- Equipment and vehicle preventative maintenance

The Review found that Grey County Paramedic Services meets the review certification criteria and the legislated requirements. Accordingly, Grey County Paramedic Services will be issued a renewed Certificate to operate an ambulance service.

Once again, congratulations to you and your team.

Sincerely,

Cindy Widawski
Manager (A)
Inspections and Certifications

Cc: Ms. Kim Wingrove, CAO, The County of Grey
Mr. Steven Haddad, Director, EHRAB
Mr. Stuart Mooney, Director, EHPMDB
Mr. Michael Bay, Senior Manager, EHRAB
Mr. Shawn Wolkowski, Senior Field Manager, EHPMDB

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Introduction

The *Ambulance Act* (the Act) stipulates that no person shall operate an ambulance service unless the person holds a certificate issued by the certifying authority. The Act further stipulates that a person shall be issued a certificate by the certifying authority only if the person has successfully completed the certification process; the ministry conducts an Ambulance Service Review prior to the expiration of an existing certificate to confirm that the provider meets legislated certification standards.

Legislated standards include:

- Advanced Life Support Patient Care Standards
- Ambulance Service Communicable Disease Standards
- Basic Life Support Patient Care Standards
- Land Ambulance Certification Standards
- Ontario Ambulance Documentation Standards
- Ontario Provincial Land Ambulance & Emergency Response Vehicle Standards
- Patient Care & Transportation Standards
- Provincial Equipment Standards for Ontario Ambulance Services

In Ontario, the Patient Care Standards legislated under the *Ambulance Act* are designed to ensure that the highest levels of safety are in place for every patient being treated/transported by paramedics and are issued by the Ministry of Health with input from:

- Ontario physicians specializing in Emergency Medicine
- Ontario Association of Paramedic Chiefs
- Ontario Base Hospital Advisory Group
- Provincial Medical Advisory Committee

The Ambulance Service Review focuses upon three main areas which are represented in this report:

- Patient Care
- Quality Assurance
- Administration

Subsections within each area provide the legislative requirements, inspection methodologies, followed by the Review Team observations.

Ambulance Service Review Overview

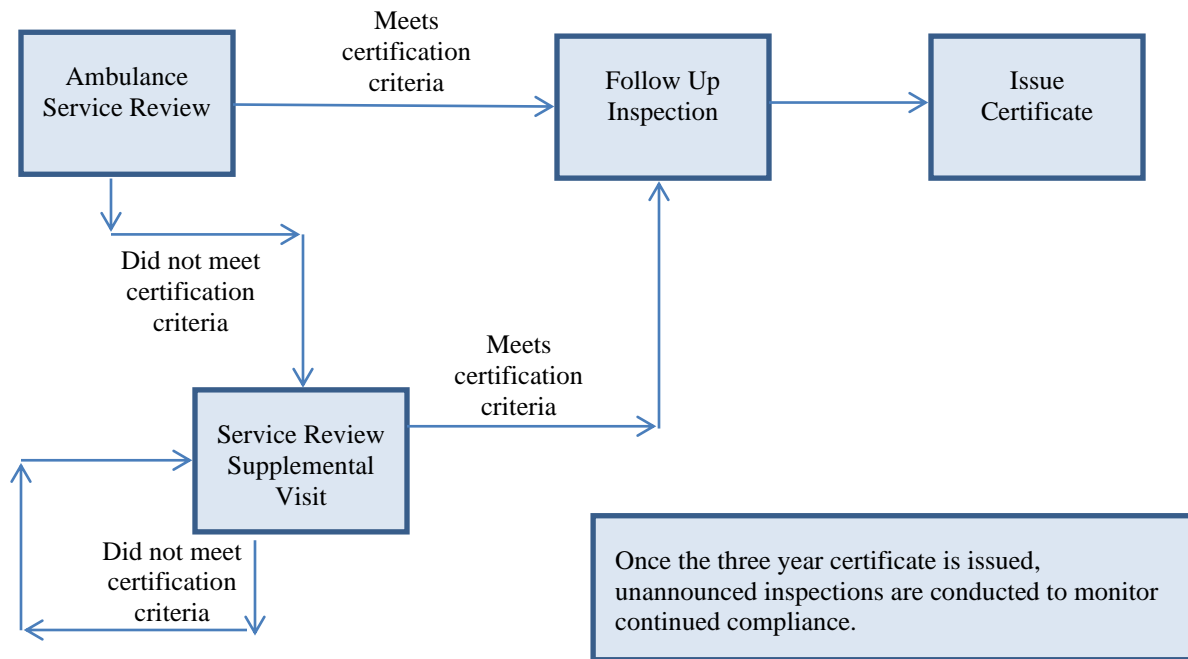
Certification Process: Ambulance Service Providers undergo an Ambulance Service Review every three years - the certification of a service is not extendable under the Act.

Service Providers due for review will be given advance notice, typically 90 days, before the on-site review occurs. This notification includes the Team Checklist Self-Assessment and Resource Tool which is provided to assist a service in preparing for the on-site review.

A Service Provider will also be sent a letter to confirm the date and time of the review, typically, 30 days prior to the on-site visit. Services requiring a Supplemental Visit will be given advance notice prior to the date of the Supplemental Visit, typically 30 days.

When a service meets certification standards, it is issued a three-year certificate to operate an ambulance service. When an ambulance service operator does not initially meet certification standards, the ministry conducts a Service Review Supplemental Visit to re-evaluate the service's success in meeting certification standards.

The diagram below graphically represents the certification process.



With every Service Review, an exit meeting is conducted with the Service Provider. Continued consultation/assistance and a draft report are provided to assist the Service Provider.

To meet certification standards, a Service Provider must meet two thresholds:

1. 90%+ for Patient Care (which represents 70% of the overall inspection)
- AND
2. 90%+ overall score (Patient Care 70%, Quality Assurance 20%, Administration 10%)

Review Team: Each Review Team will be comprised of persons experienced in management, operational and patient care delivery aspects of providing ambulance service. Team members are selected for their experience and are trained by Emergency Health Regulatory and Accountability Branch as quality surveyors. Composition of each Review Team is specific to the size and type of service being reviewed.

Currently the Review Team is comprised of service representation from approximately 70 percent of Ontario Paramedic Services. The on-site team will include one Ministry Team Leader, Service Chiefs, Deputy Chiefs, Commanders, Deputy Commanders, Superintendents, Primary, Advanced and Critical Care Paramedics, all of whom are considered seasoned subject experts in their field, working together to ensure excellence in ambulance services to all Ontarians.

Upon completion of the on-site review, a report is provided to the Service Provider in draft. The Service Provider is provided opportunity to respond to the draft report. The response process is an opportunity for the Service Provider to identify potential inaccuracies and provide response in addressing any noted observations. Once the Service Provider's response has been received, the ministry will coordinate with the Service Provider a suitable time for a Follow Up Inspection. A Follow Up Inspection is conducted to ensure the noted observations have been addressed by the Service Provider.

A final report, culminating the initial Review Team observations, response from the Service Provider (to the draft report) and any follow up observations, is then provided to the Service Provider. Upon successful completion of the Review process, a renewed Certificate is issued for a further three years.

Inspection Types: In addition to the Ambulance Service Review inspection, three other types of inspections are conducted:

Service Review Supplemental Visit

Inspection conducted when a service has been found not to meet certification standards during an Ambulance Service Review.

Follow Up Inspection

Inspection conducted after a service has been found to meet certification standards, to confirm actions planned by a service to address observations of the Ambulance Service Review process, have been completed.

Unannounced Inspection

Inspection undertaken without prior notice, conducted throughout the three year certificate period.

Inspection Methodologies: The Ambulance Service Review Team will utilize a number of activities and processes to evaluate the success of a Service Provider in meeting the requirements of the legislation and standards. The team may utilize some or all of the following methods:

- Interviews: Interviews with the Service Provider and other service staff will be conducted. Also, interviews may be held with receiving hospital emergency unit staff, Base Hospital staff, Ambulance Dispatch staff and staff of the municipality or delivery agent where appropriate.
- Documentation Review: Files pertinent to the delivery of ambulance service will be reviewed including: staff qualifications, policies & procedures, Incident Reports, Ambulance Call Reports, vehicle and equipment maintenance records, staff training records and other relevant standards related documents.

- Ride-Outs: In order to provide the broadest possible assessment of the patient care provided by a service, team members will conduct ride-outs with paramedics on every priority call and Canadian Triage Acuity Scale category call opportunity that presents. Observations will be recorded and combined with the documented patient care information provided by the crews as well as any feedback from the receiving hospitals. This information is utilized to evaluate that the provision of patient care is consistent with the patient care standards.
- Observation and Examination: To accurately determine compliance with the legislation and standards the Review Team will conduct various examinations of service vehicles, equipment, supplies and documents. For example, the team will ensure ambulances and ERVs are constructed and equipped in accordance with the standards.
- Exit Interview: Upon completion of the Ambulance Service Review site visit, the Team Leader and designated team members will meet with the Service Provider to provide a brief verbal overview of the observations from the Review site visit. This meeting will provide an opportunity for the Service Provider to be informed of any areas that require prompt attention. The meeting will also serve to provide the Service Provider an early indication of their success in meeting the requirements of the Ambulance Service Review.
- Reports: Following the Ambulance Service Review site visit, the Review Team Leader will prepare and submit a written summary to the ministry. The on-site observations will determine if a Service Provider has met the requirements of the legislation and standards. The written report in draft will then be forwarded to the Service Provider for comment and for the preparation of an action plan to address any observations noted within the report. The draft report forwarded to the Service Provider will indicate that their service has:

Satisfied the Requirements:

- The Service has met the requirements of the Review.
- A report in draft has been provided indicating the Service Provider has been successful in meeting the requirements to be certified as a land ambulance operator in the Province of Ontario.
- Response to Draft Report from Service Provider.
- Follow Up Inspection completed.
- Final Report transmitted.
- A renewed 3 year certificate is provided.

Not Satisfied the Requirements:

- The Service has not met the requirements of the Review.
- To assist the Service Provider, the Review Draft Report will include observations on how the service can meet the Review requirements.
- Continued collaboration and consultation are available to assist a Service Provider.
- Review Team resources are available to assist a Service Provider if required or requested in preparing for the Supplemental Visit.

Summation

Grey County Paramedic Services operates from eight stations, excluding headquarters and provides primary paramedic patient care. The Service responded to approximately 24,286 calls in 2018. At the time of the Ambulance Service Review, the Service had nine front line ambulances, six mechanical spares, four emergency response vehicles and one emergency support unit.

The Service provides ambulance service to the residents of Owen Sound, Meaford, Markdale, Dundalk, Hanover and Durham, as well as the surrounding areas. Headquarters is located at 595 9th Avenue East, Owen Sound. Grey County Paramedic Services is dispatched by London CACC and has a Base Hospital relationship with the London Regional Base Hospital Program.

This Service has been in operation since September 4, 2004. The certificate for Grey County Paramedic Services expires on June 2, 2020. As required to renew their certificate, Grey County Paramedic Services participated in an Ambulance Service Review by the Ambulance Service Review Team on October 16-17, 2019. The Ambulance Service Review found that Grey County Paramedic Services has **met** the requirements of the *Land Ambulance Certification Standards*.

The Review Team for Grey County Paramedic Services was comprised of:

Ministry Reps.:

- One Team Leader and
- One Fleet Standards Analyst.

Management Reps. from:

- The County of Haldimand and
- The City of Hamilton.

Paramedic Reps. from:

- The District of Cochrane,
- The County of Northumberland,
- The City/County of Peterborough, and
- The City of Thunder Bay.

The Service is to be commended for making staff available during the course of the Review and the Review Team would like to thank Grey County Paramedic Services staff for their assistance throughout the Review.

In view of accommodating the requirements for the administration of an ambulance service, it was recommended that a renewed certificate be issued to Grey County Paramedic Services for a further three years.

Patient Care

Subsections:

- ACR Review – ALS/BLS Patient Care Standards,
- Paramedic Ride-Outs,
- Training,
- ID Cards,
- Communicable Disease Management,
- Vehicle – Equipment Restraints,
- Communication – Communication Service Direction,
- Patient Care Equipment and Supplies,
- Medications,
- Patient Care Devices and Conveyance Equipment Maintenance,
- Vehicle – Staffing, and
- Vehicle – Maintenance/Inspection.

ACR Review – ALS/BLS Standards

Legislated Requirement: ACR documentation of patient care delivered by paramedics is one avenue used to confirm that ALS/BLS Patient Care Standards are properly performed and that the appropriate CTAS level was assigned according to patient condition. Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (a) states, as a condition of employment, each employee and volunteer in the applicant/operator's service, who is required to provide patient care, will provide such patient care in accordance with the standards set out in the *Basic Life Support Patient Care Standards* and where applicable, the *Advanced Life Support Patient Care Standards* published by the ministry as those documents may be amended from time to time.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, such as Ambulance Call Reports (ACRs), Incident Reports (IRs), conducted six ride-outs at six stations on every priority call and Canadian Triage Acuity Scale level call opportunity presented and conducted interviews with Grey County Paramedic Services personnel.

Observations: 98.7% of the ACRs reviewed demonstrated patient care was provided in accordance with the ALS/BLS Patient Care Standards. The Service Provider is commended on this review observation.

Of the three hundred and ten Ambulance Call Reports reviewed by the Review Team, the following four or 1.3%, demonstrate that documentation to confirm adherence to the ALS/BLS Patient Care Standards was not completed (based upon documentation only). **(Observation: 1)**

Call Number	Patient Issue	Review Observations
910013621938	79 y/o fell going outside, lift assist.	No vital signs documented.
910013615127	16 y/o post-ictal.	No cardiac monitor applied.
910013617162	78 y/o VSA.	No ETCO2 device documented.

Call Number	Patient Issue	Review Observations
910013618406	6 y/o tonic/clonic seizures. Blood glucose taken = 1.7 mmol/l.	No treatment for hypoglycemia. 52 minutes from patient contact to first set of vital signs and 42 minutes from last vitals taken to patient offload. No cardiac monitor applied.

The Review Team noted the Service Provider's ACR audit process is designed to monitor paramedic compliance with the ALS/BLS Patient Care Standards. The Service Provider audited each paramedic's ACRs to determine if patient care provided was appropriate and consistent with ALS/BLS standards.

The Service Provider's QA/CQI of ACRs includes:

- Recommendations to staff for appropriateness and consistency with ALS/BLS standards.
- Recommendations resulting from an ACR audit are addressed to mitigate reoccurrence.
- The Service Provider works with Base Hospital to review and investigate calls.
- Recommendations resulting from Service Provider/Base Hospital review are addressed to mitigate reoccurrence.

Paramedic Ride-Outs

Legislated Requirement: The diagnostic modalities employed by paramedics are spelled out in standards of practice or practice guidelines set out in the BLS Patient Care Standards, the ALS Patient Care Standards and Base Hospital Medical Directives.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (a) states, as a condition of employment, each employee and volunteer in the applicant/operator's service, who is required to provide patient care, will provide such patient care in accordance with the standards set out in the *Basic Life Support Patient Care Standards* and where applicable, the *Advanced Life Support Patient Care Standards* published by the ministry.

Inspection Methodologies: The Review Team, consisting of two Primary Care Paramedics and one Advanced Care Paramedic, conducted ride-outs for direct observation of the provision of patient care. Ride-outs were conducted with Grey County Paramedic Services paramedics at six stations during the on-site review.

Observations: 100% of ride-out observations demonstrated patient care provided met the ALS/BLS Patient Care Standards. During the review, paramedic reviewers completed six ride-outs, as observers. All calls observed were priority 3, patient carried calls. Patient care observed during ride-outs was described as professional, courteous, well managed and compassionate. The Service Provider is commended on this review observation.

A priority 4 call is a threat to life and or limb, priority 3 is an emergency call of serious illness or injury, and should be performed without delay, priority 2 is a routine call that must be completed at a specific time, priority 1 is a routine call that may be delayed without detriment to the patient. Non patient carried calls depict a patient was not transported.

Some examples of the ride-out observations are attached as **Appendix C** on page 45.

Training

Legislated Requirement: Training and Continued Medical Education ensure paramedic competencies and abilities in the provision of patient care. Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (k) states, all reasonable measures are taken to ensure that each emergency medical attendant and paramedic employed in the applicant/operator's land ambulance service maintain competence in the use of the patient care, accessory and communications equipment required for the proper provision of service in accordance with the Basic Life Support and Advanced Life Support Patient Care Standards.

Further, the *Child in Need of Protection Standard*, Training Bulletin Number 116 and the *Basic Life Support Patient Care Standards v 3.1*, Section 1, General Standard of Care, *Child in Need of Protection Standard* provides general directives to be followed by paramedics when dealing with suspected child abuse, including the Duty to Report. Paramedics must be informed of, and become familiar with, revisions to this standard, that came into force on June 1, 2015.

Inspection Methodologies: The Review Team reviewed reports and records relevant to staff training and conducted interviews with Grey County Paramedic Services personnel.

Observations: The Service Provider ensured paramedics have access to:

- Current user guides,
- Training bulletins,
- Videos and mandatory learning materials,
- A medium for the review of training materials,
- Base Hospital training, and
- Base Hospital Policies and Protocols.

The Service Provider has processes in place to ensure paramedic knowledge and skills are maintained, which includes:

- Annual evaluation demonstrating compliance with the current legislation and standards.
- Evaluation results communicated to staff.
- New staff members undergo an evaluation of their patient care skills.
- A remedial training program for staff who demonstrated deficiencies in the use of patient care equipment.
- Training for new, updated and additional equipment.
- Training on changes/updates to standards and/or legislation.

Documentation demonstrates the *Training Bulletin Number 116 - Child in Need of Protection Standard* had been provided to all staff.

All paramedics employed by the Service Provider are included in the QA/CQI Program. From the fifteen paramedic files reviewed by the Review Team, 100% demonstrated the components of patient care equipment knowledge and skills are demonstrated and tested. The Service Provider is commended on this review observation.

Documentation demonstrated the Service Provider works with the Base Hospital to:

- Ensure staff regularly demonstrates proficiency in patient care skills.
- Ensure staff regularly demonstrates proficiency in performing Controlled Acts.
- Ensure Base Hospital certification is on file.

ID Cards

Legislated Requirement: Ministry issued ID Cards are required to be carried by the paramedic while on duty during the provision of patient care.

Paramedic ID Cards with the Service Specific Number permit a means for the paramedic to log onto the ambulance dispatch environment; provides a recognizable identifier to the general public and law enforcement; and further provides a paramedic required ID for access to secure areas such as correctional facilities and airports. Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (g.1) states, each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director.

(g.2) The unique identification number referenced in clause (g.1) shall appear on a photo identification card that conforms to Schedule 1 of this standard, and the photo identification card shall be on the person of the emergency medical attendant or paramedic while on-duty.

Inspection Methodologies: The Review Team observed sixteen Grey County Paramedic Services personnel for compliance respecting ID Cards.

Observations: 100% of Grey County Paramedic Services paramedic staff observed during patient care ride-outs and at stations, were noted to carry the service specific identification card exhibiting the ministry unique identification number on their person while on duty. The Service Provider is commended on this review observation.

Communicable Disease Management

Legislated Requirement: The Service Provider, management team and staff, have an obligation to ensure infection control and occupational health and safety measures are in place to prevent transmission of an infectious disease.

The *Patient Care and Transportation Standards*, Patient Transport, section 2, subsection (b) states in part, each operator shall ensure that appropriate measure(s) are employed by staff to protect themselves and patients from transmission of communicable disease between employees and patients, and (c) each EMA, paramedic and ambulance student takes appropriate infection control and occupational health and safety measures to prevent transmission of all infectious agents to and from themselves and does not knowingly expose himself or herself or his or her patients to any communicable disease in the course of work, without taking the precautions set out in this standard.

Inspection Methodologies: The Review Team conducted ride-outs at six stations for direct observation of the provision of patient care. The Review Team also reviewed reports and records relevant to Service Communicable Disease Management and conducted interviews with Grey County Paramedic Services personnel.

Observations: 100% of service paramedics observed, washed their hands as soon after a call as was practical, in accordance with the *Patient Care and Transportation Standards* (PCTS) and service policy. The Service Provider is commended on this review observation.

Paramedics used an alcohol-based hand cleaner when unable to wash their hands after a call. Paramedics followed all other elements of PCTS and Communicable Disease Management. There was documentation indicating the Service Provider monitors and enforces Communicable Disease Management.

There was documentation demonstrating the Service Provider has identified a person who is designated to implement Section B, Communicable Disease Management of the PCTS, for the service.

Vehicle - Equipment Restraints

Legislated Requirement: Staff, passengers, patients and equipment must be secured within the vehicle while the vehicle is in motion to ensure that in an unforeseen circumstance, unsecured equipment, supplies and/or persons do not become projectiles. The PCTS, Patient Transport subsection (c) states, each EMA and Paramedic shall ensure that each item of equipment transported in an ambulance or ERV is properly restrained in the ambulance or ERV, (g) each person transported in an ambulance or ERV is properly restrained in the ambulance or ERV.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation. A total of thirteen vehicles were inspected for the securing of equipment and supplies. The Review Team also reviewed reports/records relevant to service vehicles and equipment and conducted interviews with Grey County Paramedic Services personnel.

Observations: Patient care and accessory equipment and supplies were not always secured in the vehicles as per the PCTS (*vehicles 1052, 1093, 1310, 1311, 1314 and 1053 had loose items in the driver's compartment and vehicles 1052 and 1053 glove box on bulkhead missing securing strap*). Paramedics and passengers were secured while the vehicle was in motion. **(Observation: 2)**

During transport, patients were secured to the stretcher and the stretcher was secured in the vehicle.

Communication - Communication Service Direction

Legislated Requirement: To ensure continuity of operations and response by appropriate service resources, the Service Provider and staff must provide the Ambulance Dispatch Centre their deployment plan, care provider levels of training (Primary/Advanced Care), vehicle availability, resource-call contingencies, tier response agreement and follow the direction of the Ambulance Dispatch Centre at all times.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, no employee of the applicant/operator's land ambulance service shall refuse or disregard the direction of a Communications Officer in regard to any request for ambulance service. The Communication Service that normally directs the movement of the ambulances and ERVs will be kept informed at all times as to the availability and location of each employee, ambulance or emergency response vehicle.

The standard also states in part, that each paramedic employed in the applicant/operator's land ambulance service maintain competence in the use of the patient care, accessory and communications equipment required for the proper provision of service.

The *Basic Life Support Patient Care Standards*, Patient Transport Standard states in part, the Paramedic shall make a decision regarding the appropriate receiving health care facility and initiate transport of the patient as confirmed or directed by an Ambulance Communications Officer (ACO). If confirmation or direction cannot be obtained by an ACO, the paramedic must transport to the closest or most appropriate hospital capable of providing the medical care required by the patient.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care and radio interaction with their Communication Service. The Review Team also reviewed reports and records relevant to service policy, service equipment (radios), staffing, QA/CQI, and conducted interviews with Grey County Paramedic Services personnel.

Observations: The Service Provider and staff accept ambulance calls as assigned by the Communication Service and followed the direction from the Communications Officer, according to the Service Provider's Deployment Plan.

As part of the Service Provider's deployment strategies to ensure continuity of operations, the Service notified the Communication Service:

- Of each ambulance or emergency response vehicle's availability and location.
- Whenever an ambulance or ERV was removed from service.
- Whenever an ambulance or ERV was returned to service.

There was documentation demonstrating there is clear direction to paramedic staff regarding transport of a patient when directed by the Communication Service, i.e. hospital availability. There was also documentation demonstrating clear direction to paramedic staff regarding transport of a patient when not directed to a destination by the Communication Service.

Paramedics ensured patients are transported to a facility as directed by the Communication Service or to the most appropriate facility when not directed by the Communication Service. Staff demonstrated proficiency using communication equipment.

Patient Care Equipment and Supplies

Legislated Requirements: The Patient Care Standards have been developed with the assistance and input of Ontario physicians specializing in Emergency Medicine, input from the Ontario Association of Paramedic Chiefs (OAPC), the Ontario Base Hospital Advisory Group and the Provincial Medical Advisory Committee (PMAC). To ensure patient care meets the legislated standards, equipment and supplies utilized by paramedics must meet and be maintained to the standards.

The Provincial Equipment Standards for Ontario Ambulance Services specify the minimum quantities of each piece of equipment that are required to be carried on a land ambulance or emergency response vehicle.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled "Provincial Equipment Standards for Ontario Ambulance Services," published by the ministry as may be amended from time to time. Further, each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team inspected a total of seven vehicles at six base locations for equipment and supply compliance per the equipment and certification standards.

The Review Team also reviewed reports and records relevant to service policy, vehicles, equipment and supplies, and conducted interviews with Grey County Paramedic Services personnel.

Observations: Seven ambulances were inspected, and we noted the following:

Ambulances:

- From the seven ambulances reviewed by the Review Team, the Service Provider captured 100% of equipment and supply requirements from the *Provincial Equipment Standards for Ontario Ambulance Services*. The Service Provider is commended on this review observation.

The Service Provider has a policy regarding cleaning and sanitization of equipment and the patient care compartment. There were cleaning supplies accessible to staff to clean the equipment and patient care compartment. The Service Provider monitored and enforced the cleaning and sanitization policy.

100% of the patient care and accessory equipment observed was clean and sanitary. 100% of the patient care and accessory equipment observed was maintained in working order. It was also noted that staff cleaned the patient care and accessory equipment prior to re-use and cleaned the patient care compartment after an ambulance call. The Service Provider is commended on these review observations.

The patient care equipment observed was stored in a manner that is consistent with manufacturer's direction and according to service policy. Further, 100% of the patient care equipment provided for use met the *Provincial Equipment Standards for Ontario Ambulance Services*. The Service Provider had a quantity of supplies and equipment on hand to maintain the level of ambulance service to meet continuity of service requirements. There were an adequate number of replacement oxygen cylinders accessible to staff to meet continuity of service requirements.

The Service Provider identified patient care and accessory equipment in need of repair, removed it from service and responded to identified deficiencies/concerns. There was documentation demonstrating that patient care equipment repairs had been completed and the Service Provider maintains repair receipts for the life of each piece of equipment.

100% of the vehicles and equipment observed demonstrated that expired devices and patient care materials were identified and removed from use. None of the vehicles observed demonstrated expired items on board. The Service Provider is commended on this review observation.

The Review Team noted while on site, vehicles were stocked as soon as possible after a call and were re-stocked with supplies, according to the equipment standard.

Examples of the equipment and/or supply observations are noted in the table attached as **Appendix D** on page 46.

Medications

Legislated Requirements: To ensure patient care provided by paramedics meets the legislated standards, the equipment, supplies and medications utilized must meet and be maintained to the standards.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, a valid agreement is in effect between the applicant/operator and the designated Base Hospital Program, for each area in which the applicant/operator proposes to provide land ambulance service, for the delegation of Controlled Acts by paramedics employed by the applicant/operator.

Further, each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled "Provincial Equipment Standards for Ontario Ambulance Services". Also, each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team inspected a total of seven vehicles at six base locations for securing/storing of medications, vehicle stocking and supply compliance per the equipment and certification standards. Further, the Review Team conducted ride-outs for direct observation of patient care/medication interventions and securing/storing of medications.

The Review Team also reviewed reports and records relevant to service policy, vehicles, equipment and supplies, and conducted interviews with Grey County Paramedic Services personnel.

Observations: 100% of the medications observed were stored in a manner consistent with manufacturer's requirements and secured from unauthorized access. Staff followed the policy respecting the disposal of expired medications. The Service Provider is commended on this review observation.

100% of the bases and vehicles observed demonstrated the Service Provider ensured the safe disposal of biomedical sharps in an appropriate sharps container.

Patient Care Devices and Conveyance Equipment Maintenance

Legislated Requirements: To ensure patient care provided by paramedics meets the legislated standards, the equipment, supplies and medications utilized must meet and be maintained to the standards.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part,

- Each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled "Provincial Equipment Standards for Ontario Ambulance Services", published by the ministry as may be amended from time to time.
- Each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team inspected patient care devices and conveyance equipment preventative maintenance records. The Review Team also reviewed reports and records relevant to service policy, equipment maintenance and conducted interviews with Grey County Paramedic Services personnel.

Observations: All patient care devices requiring regular inspection and/or calibration e.g. oxygen delivery systems, suction equipment, and defibrillator were included within the Service Provider's Preventative Maintenance program.

Service oxygen testing equipment had been calibrated according to the manufacturer's specifications. Based on data available from Service files, of the one hundred and six patient care devices inspected, the preventive maintenance program met the manufacturer's specification 100% of the time. The Service Provider is commended on this review observation.

Some examples of the patient care devices preventative maintenance review are attached as **Appendix E** on page 46.

The Service Provider's Preventative Maintenance program also included all patient carrying equipment. The preventative maintenance is performed when the vehicle it is in goes for service. Of the fifty-six patient carrying equipment preventative maintenance files reviewed 100% met the manufacturer's specification. The Service Provider is commended on this review observation

Some examples of the patient carrying equipment preventative maintenance review are attached as **Appendix F** on page 47.

Vehicle - Staffing

Legislated Requirements: The Municipality/DDA is obligated to ensure provision of service to meet community needs. Further, the Service Provider must ensure each vehicle designated as a PCP, ACP or CCP response vehicle, must be staffed accordingly to meet their service commitment/deployment plan.

Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.

The *Patient Care and Transportation Standards*, Patient Care section (A) states in part, each operator and each emergency medical attendant (“EMA”) and paramedic employed or engaged as a volunteer by the operator, shall ensure that:

- (a) Each emergency response vehicle (“ERV”) responding to a request for service is staffed with at least one person who is qualified as an EMA or paramedic under the regulations.
- (b) Each ambulance responding to a request for service is staffed with at least one primary care paramedic and one EMA qualified under the regulations.
- (c) Each ambulance that is designated by an ambulance service operator as an advanced care paramedic ambulance is staffed with at least one advanced care paramedic and one primary care paramedic when responding to a request for service or while transporting a patient.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care provider configurations/service deployment strategies.

A total of seven vehicles at six base locations were inspected for compliance per the *Patient Care and Transportation Standards*. The Review Team also reviewed reports and records relevant to service policy, staffing deployment and conducted interviews with Grey County Paramedic Services personnel.

Observations: The Service Provider meets their service commitment/deployment plan to ensure provision of service to meet community needs. The Service Provider has access to spare vehicles to maintain service.

Each ERV responding to a request for service is staffed with at least one person qualified as a PCP under the regulation. Each ambulance responding for a request for service is staffed with at least one PCP and one EMA qualified as per the regulation.

Vehicle - Maintenance/Inspection

Legislated Requirements: The Municipality/DDA is obligated to ensure provision of service meets community needs.

To meet community needs, the Service Provider must ensure each vehicle is equipped according to the equipment standards, each vehicle meets the vehicle standards and that equipment, supplies and vehicles are maintained according to manufacturer’s specifications.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, only ambulances and emergency response vehicles that comply with the applicable version at time of manufacture of “Ontario Provincial Land Ambulance and Emergency Response Vehicle Standards”, published by the ministry as may be amended from time to time, are or will be used in the applicant/operator's ambulance service.

- Each land ambulance and ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team inspected vehicles for compliance to the *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard*. Also, vehicle preventative maintenance files and vehicles were reviewed for compliance to the LACS.

A total of six vehicles at three base locations were inspected for compliance to the *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard*.

In addition, a total of seven vehicles at six base locations were inspected by Review Team paramedics for compliance to the LACS.

The Review Team also reviewed reports and records relevant to service policy, vehicle maintenance and conducted interviews with Grey County Paramedic Services personnel.

Observations: The Service Provider had a complete certificate package, from each ambulance manufacturer/conversion vendor, certifying each ambulance used in the provision of service meets the standard. There was documentation on file confirming certification of ERVs (self certification or manufacturer's certification). There was not always documentation confirming additions/modifications completed after the original conversion continue to meet the manufacturer's specifications and related legislation (*vehicle 1052 organizer and cabinet in patient compartment missing weight label, vehicle 1314 labels in rear cargo area do not clearly outline the requirement of objects to be strapped down in order for design to be compliant, vehicle 1311 D tank box missing weight label, grille equipped with both red and white lights when primary activated and vehicle 1093 defib mount in patient compartment missing weight label*). **(Observation: 3)**

The Service Provider's Vehicle Preventative Maintenance program is based on 10,000 kms between services. Each vehicle is included within the Service Provider's Vehicle PM program. A review of six vehicle PM files demonstrated the Service Provider's Vehicle Preventative Maintenance met the Service Provider's schedule/Original Equipment Manufacturer's schedule 100% of the time. The Service Provider is commended on this review observation.

Maintenance and repair records are maintained by the Service Provider for the life of the vehicle.

The Service Provider provides the Communication Service access to radios and communication equipment upon request. The Service Provider ensured that communication equipment remains operational at all times and works co-operatively with the Communication Service to ensure communication equipment repairs are completed when and as required.

Seven ambulance vehicles were inspected by paramedic reviewers. There was documentation indicating the Service Provider used only vehicle identification numbers assigned by the Director, EHRAB. Each vehicle's identification was displayed on the front and rear of the vehicle as required. The Service Provider has a policy that states staff will use only the designated radio call identifier when using ministry telecommunication devices.

During the inspection of vehicles, it was noted:

- Each vehicle had a minimum annual safety check as per related legislation.
- Each vehicle had an up-to-date Ministry of Transport annual sticker affixed.

- Each vehicle was maintained mechanically and in proper working order (*vehicle 1311 back up alarm does not come back on within 1 minute of silent mode*). **(Observation: 4)**
- Staff completed a checklist ensuring safety features were functional.
- Paramedics could comment regarding vehicle deficiencies or safety concerns.
- Staff checked each vehicle at least once per day or shift.
- The Service Provider audits checklists for completeness, accuracy and vehicle deficiencies or safety concerns.
- Safety concerns raised by staff were resolved.
- Repairs or replacement items were completed in a timely manner.
- Ambulances, ERVs and ESUs were stored in a protected environment from heat or cold to protect medications.
- At the time of inspection, safety concerns were noted by the reviewer (*vehicle 1311 fire extinguisher test expired*). **(Observation: 4)**
- Each vehicle follows the deep clean program.
- Patient care compartment of vehicles was maintained in a clean and sanitary condition at the time of the review.
- Supplies were accessible to clean the vehicles.
- There was required clean storage space available for supplies.

Examples of the vehicle observations are noted in the table attached as **Appendix D** on page 46.

Observation: 1

Service Provider Response

Grey County Paramedic Services has reviewed the 4 calls identified in the report to identify where the patient care standards were not met and where appropriate, provided remedial education. In addition to reviewing the identified calls with the paramedic crews, the service will communicate to all paramedic staff the results of the review findings regarding patient care in both written communication and during our fall 2020 continuing education sessions.

Inspector's Findings

Grey County Paramedic Services has an Ambulance Call Report (ACR) audit process in place as part of their QA Program, to ensure that ACRs reflect the patient care provided and that the care provided is compliant with the ALS/BLS Standards. As part of the Service's QA Program, the calls found to be deficient during the Service Review were reviewed by the Service. The four calls identified during the Service Review were reviewed by management and two of the four calls were determined to be documentation errors. The noted deficiencies were communicated to the paramedics involved utilizing ACE.

The Service Provider continues to monitor and review ACRs to ensure patient care provided is consistent with the ALS/BLS Standards. In situations where concerns are noted management will follow up with the paramedic involved and individual training will be delivered if required. In addition to the ACR audit process, supervisors also complete on scene evaluations during ride outs with the paramedics. Further, the ALS/BLS Standards were discussed at the Service's Continuous Medical Education training held in September and October. **Grey County Paramedic Services is committed to compliance in this area.**

Observation: 2

Service Provider Response

We identified this observation with your review team member. We issued communication to staff on October 16, 2019. Additionally, we communicated with our staff that the ERUs needed to secure the portable radios outside of the cab. We further reminded staff on May 29, 2020 of the same information as outlined above. We worked with our Ambulance manufacturer to design restraints to cover the side door storage areas. With the implementation of these restraints on our 2020 vehicles, we have enquired about obtaining them for install on each of our ambulances. It was also identified that the glove bulkhead in 1052 and 1053 were missing securing straps. The vehicles in question and others have had the straps supplied and installed.

Inspector's Findings

Grey County Paramedic Services maintains the highest expectations respecting patient, public and provider safety. Grey County Paramedic Services is cognizant of the need for securing equipment, passengers and paramedics as per the PCTS.

A memo was distributed reminding staff to ensure all equipment is properly secured within the ambulances. Straps have also been added to patient compartment bulkhead glove boxes, and newer vehicles are equipped with straps on the door compartments in the front of the ambulance. The Service is looking into retro fitting every ambulance with the straps. **Grey County Paramedic Services are working towards compliance in this area.**

Observation: 3

Service Provider Response

We obtained all new documentation from our vehicle vendor. All files have been updated to reflect the correct documentation for additions/modifications.

The weight labels have been obtained from the vendor and installed (1052 – organizer and cabinet in patient compartment, 1311 – D tank box, 1093 – defibrillator mount in patient compartment).

The labels have been obtained from the vendor and installed in unit 1314 as described.

We identified this observation with your review team member and the issue was rectified prior to the service review completion.

Inspector's Findings

Grey County Paramedic Services understands the importance of ensuring that each ambulance used in their Service meets the OPLA&ERVs. The Service has been working diligently to ensure that documentation confirming additions/modifications completed after the original conversion meets the manufacturer's specifications and related legislation.

Vehicle 1052 organizer and cabinet in the patient compartment now has a weight label. Labels are now on vehicle 1314's rear cargo area clearly outlining requirements of objects being strapped down. Vehicle 1311 D tank and fire extinguisher now have a weight labels. Vehicle 1093 defibrillator mount now has a weight label as well.

Vehicle 1311 grille lights have been repaired so that only the red lights flash when primary activated.

Grey County Paramedic Services is committed to compliance in this area.

Observation: 4

Service Provider Response

We identified the backup alarm observation with your review team member and the issue was rectified prior to the service review completion. Our mechanics reprogrammed the alarm to ensure it worked according to standard. Additionally, the fire extinguisher has been checked and signed off. Its annual certification was completed in September 2019.

Inspector's Findings

Grey County Paramedic Services are cognizant of the need for equipment and vehicles to be in proper working order.

Vehicle 1311 fire extinguisher testing was completed. Even though the Service realizes March and April are still missing, they are working diligently to complete every Fire Extinguisher test monthly. In addition, the back-up alarm on vehicle 1311 has also been repaired.

Grey County Paramedic Services are working on improving the tracking fire extinguisher testing. **Grey County Paramedic Services is striving towards compliance in this area.**

Quality Assurance

Subsections:

- Quality Assurance/CQI,
- Employee Qualifications, and
- ACR and IR Documentation.

Quality Assurance/CQI

Legislated Requirements: A Service Provider's QA/CQI Program provides a Service Provider continued oversight in their quality of patient care and provision of service delivered to the public.

- Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- Subsection 3 (1) of Regulation 257/00 made under the Act requires that the operator of an ambulance service meets the requirements of the *Land Ambulance Certification Standards*.
- Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (r) states in part, incident reports, ambulance call reports and collision reports are made in accordance with "Ontario Ambulance Documentation Standards", published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.
- The *Ontario Ambulance Documentation Standards*, Part IV – Patient & Patient Care Documentation Requirements stipulate ACR documental requirements.

Inspection Methodologies: The Review Team reviewed reports and records relevant to service policy, QA/CQI initiatives and conducted interviews with Grey County Paramedic Services personnel.

Observations: The Service Provider has a Quality Assurance program in place. The Service Provider's Quality Assurance program included:

- Ambulance Call Report audits,
- Service form completion audits,
- Incident Report audits,
- In Service CME, and
- Base Hospital Certification.

The Service Provider responds to recommendations made by quality assurance programs to ensure optimal provision of service.

As part of the QA/CQI Program, the Service Provider investigates and responds to patient care and service delivery complaints. The Service Provider addresses recommendations resulting from an investigation to mitigate reoccurrence.

Employee Qualifications

Legislated Requirements: In Ontario, to work as a Paramedic, an individual must meet the qualification requirements delineated by *Ontario Regulation 257/00*. There are three levels of paramedic practice in Ontario with each level building on the competencies and skills of the prior level and assuming its scope of practice.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, a personnel record is maintained for each emergency medical attendant and paramedic employed by the applicant/operator. The record shall include evidence of qualification as described in Part III of the regulation.

The *Ambulance Service Communicable Disease Standards* stipulates the immunization requirements for employment in Ontario.

The *Patient Care and Transportation Standards* delineate influenza immunization and reporting requirements.

Inspection Methodologies: The Review Team, consisting of one Management Review Team representative undertook a review of forty-four Primary Care Paramedic HRI files. The Review Team also reviewed reports and records relevant to service policy, QA/CQI employment initiatives and conducted interviews with Grey County Paramedic Services personnel.

Observations: Grey County Paramedic Services maintains a mechanism to help ensure each employee record includes documentation that demonstrates each employee meets the minimum employment standards according to legislation.

From the forty-four HRI files reviewed by the Review Team, the Service Provider captured 100% of qualification requirements. The Service Provider is commended for this review observation.

Further, there was documentation demonstrating each type of paramedic is authorized by a medical director to perform the controlled acts set out in O. Reg. 257/00 Part III s.8.

Examples of the observations are itemized in detail and attached as **Appendix A** on page **41**.

As of December 14, 2018, EMAs and paramedics must:

- (a) provide a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza, or that such vaccination is medically contraindicated; or
- (b) provide a written statement that he or she has taken the educational review and has not been, and does not intend to be, vaccinated against influenza.

From the forty-four HRI files reviewed by the Review Team, the Service Provider captured 100% of Influenza Immunization status requirements no later than directed by EHRAB. The Service Provider is commended for this review observation.

Each operator shall, no later than January 19, 2019, report to the local Senior Field Manager of the Emergency Health Program Management & Delivery Branch, the following:

- a) the total number of active paramedics employed by the operator;
- b) the number of paramedics that have provided a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza;
- c) the number of paramedics that have provided a valid certificate signed by a physician or delegate that states that vaccination is medically contraindicated;
- d) the number of paramedics that signed the written statement that he or she has taken the annual educational review and has not been, and does not intend to be, immunized against influenza.

The Service Provider reported to the Field Office the Influenza Immunization status of each employee no later than directed by EHRAB each year.

ACR – IR Documentation

Legislative Requirement: ACRs document the patient care delivered by paramedics and are used to confirm that ALS/BLS Patient Care Standards are properly performed. The ACR forms part of the patient record and must be completed according to the *Ontario Ambulance Documentation Standards*.

The *Land Ambulance Certification Standards* subsection (r) states in part, incident reports, ambulance call reports and collision reports are made in accordance with “Ontario Ambulance Documentation Standards”, published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.

The *Ontario Ambulance Documentation Standards*, Part IV – Patient & Patient Care Documentation Requirements stipulates ACR documental and distribution requirements.

Inspection Methodologies: The Review Team, consisting of one Advanced Care Paramedic undertook a review of three hundred and ten ACRs (all priority and CTAS level calls).

The Review Team also reviewed reports and records relevant to service policy, QA/CQI initiatives and conducted interviews with Grey County Paramedic Services personnel.

Observations: The Service Provider audits ACRs to determine if they are completed as per the *Ontario Ambulance Documentation Standards*. As a result of their audit, the Service Provider makes recommendations to staff respecting compliance with the OADS. Further, the Service Provider addresses recommendations to mitigate reoccurrence. There was documentation demonstrating staff review the ACR Completion Manual and OADS as part of the Service Provider's QA/CQI Program.

As part of their responsibility, the Service Provider identifies the number of outstanding Ambulance Call Reports. The Service Provider ensured such reports were completed as required under the Documentation Standards.

There was documentation demonstrating the Service Provider works with their Base Hospital to audit Ambulance Call Reports.

Audits completed by the Base Hospital and the Service Provider are compared for discrepancies. Audit discrepancies are investigated and resolved.

During the review, a random sample of ACRs were reviewed. The review of ACRs was not only to determine compliance with patient care standards, as was addressed earlier, but to also determine if documentation meets the *Ontario Ambulance Documentation Standards*. Two hundred and sixty-five were patient carried calls covering all priority and CTAS level patient transports, forty-five were non patient carried calls.

From the three hundred and ten ACRs reviewed by the Review Team, the Service Provider captured 31,383 of 31,715 possible data points, or 99.0% of the Ambulance Call Report information requirements. The Service Provider is commended for this review observation. **(Observation: 5)**

Patient Carried Calls

Mandatory fields were not always completed on patient carried calls according to the *Ontario Ambulance Documentation Standards*. Forms were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 41. **(Observation: 5)**

Non Patient Carried/Patient Refusal Calls

Mandatory fields were not always completed on non patient carried and patient refusal calls according to the *Ontario Ambulance Documentation Standards*. Forms were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 41. **(Observation: 5)**

It was noted that Ambulance Call Reports were distributed according to the *Ambulance Act, Regulations* and *Ontario Ambulance Documentation Standards*. It was also noted that completed Ambulance Call Reports were secured from unauthorized access. The Service Provider maintains Ambulance Call Reports on file for a period of not less than five years.

None of the reviewed ACRs required an Incident Reports to be completed.

As part of their QA/CQI process, the Service Provider audits Ambulance Call Reports to determine if an Incident Report was to have been completed.

The Service Provider audits Incident Reports for completeness and accuracy. Documentation demonstrated the Service Provider makes recommendations to staff after auditing Incident Reports regarding completeness and/or accuracy. Recommendations are addressed to mitigate reoccurrence.

It was noted that Incident Reports were secured from unauthorized access and are maintained on file for a period of not less than five years. Completed Incident Reports are transmitted to the Field Office according to legislation.

Observation: 5

Service Provider Response

The calls identified have been reviewed and summarized in a document detailing trends of missing mandatory fields which has been sent to all paramedics. The service will also provide an

ambulance call report documentation review and will communicate the documentation observations during the fall 2020 continuing educational sessions.

Inspector's Findings

Grey County Paramedic Services are cognizant of the need for follow up with staff when documentation completion deficiencies are noted. The Service is dedicated to proficiency in Patient Care documentation of Incident Reports, Ambulance Call Reports and Collision Reports.

The Service Provider has discussed common documentation deficiencies at their latest Continuous Medical Education training, and an email went out to all staff with the Service Review Observations.

In addition, supervisors are completing on-scene evaluations which includes reviewing the Ambulance Call Report completed by the paramedics on the call. This allows for the Service to catch any issues early and discuss them with the paramedics. **Grey County Paramedic Services is committed to compliance in this area.**

Administrative

Subsections:

- Response Time Performance Plan,
- Service Provider Deployment Plan,
- Ambulance Service Identification Cards,
- Base Hospital Agreement,
- Policy and Procedures, and
- Insurance.

Response Time Performance Plan

Legislated Requirement: A Service Provider is required to establish a Response Time Performance Plan, to monitor, enforce and where necessary, update their plan as required to ensure patients categorized as the most critical, receive response and assistance in the times established within their plan.

Part VIII of *Ontario Regulation 257/00* made under the Act states in part, that every upper-tier municipality and delivery agent responsible under the Act for ensuring the proper provision of land ambulance services shall establish, for land ambulance service operators selected by the upper-tier municipality or delivery agent in accordance with the Act, a performance plan respecting response times.

An upper-tier municipality or delivery agent shall ensure that the plan established under that subsection sets response time targets for responses to notices respecting patients categorized as Canadian Triage Acuity Scale (CTAS) 1, 2, 3, 4 and 5, and that such targets are set for each land ambulance service operator selected by the upper-tier municipality or delivery agent in accordance with the Act.

An upper-tier municipality or delivery agent shall ensure that throughout the year the plan established under that subsection is continuously maintained, enforced and evaluated and where necessary, updated whether in whole or in part.

An upper-tier municipality or delivery agent shall provide the Director with a copy of the plan established under that subsection no later than October 31st in each year, and a copy of any plan updated, whether in whole or in part, no later than one month after the plan has been updated.

An upper-tier municipality or delivery agent shall provide the Director with the percentages for the preceding calendar year, required under Part VIII of *Ontario Regulation 257/00*, section 23, subsection 7(1), (2), (3), no later than March 31st of each year.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Response Performance and conducted interviews with Grey County Paramedic Services personnel.

Observations: The Service Provider has an established Service Response Time Performance Plan with response time targets for responses to notices respecting patients categorized as Canadian Triage Acuity Scale (CTAS) 1, 2, 3, 4 and 5.

The Service Provider provides the Director of EHRAB with a copy of the Response Time Performance Plan no later than October 31st of each year.

The Service Provider produced a report to demonstrate they meet their Response Time Performance Plan.

Documentation demonstrates the Service Provider, throughout the year, continuously maintains, enforces, evaluates and where necessary, updates their Response Time Performance Plan. There was also documentation demonstrating the Service Provider investigates those instances where their Service Response Time Performance Plan had not been met. Further, documentation demonstrates that recommendations resulting from investigations as to why the Response Time Performance Plan had not been met are addressed to mitigate reoccurrence.

The Service Provider reviewed and updated their Response Time Performance Plan by October 1st of each year. Updates are provided to the Director no later than one month after the plan was updated.

There was also documentation to demonstrate that by March 31st of each year the Service Provider reported to the Director the following for the preceding calendar year:

- The percentage of times that a person equipped to provide defibrillation arrived on-scene for sudden cardiac arrest patients, within six minutes.
- The percentage of times the ambulance crew arrived on-scene for sudden cardiac arrest or other CTAS 1 patients, within eight minutes.
- The percentage of times the ambulance crew arrived on-scene for patients categorized as CTAS 2, 3, 4 and 5, within the response time targets set by the UTM or Service Provider.

Service Provider Deployment Plan

Legislated Requirement: A Service Provider's Deployment Plan and strategies provide the Service Provider oversight to ensure in part, the continuity of operations and provision of service meets community needs.

Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (i.1) states in part, the communication service that normally directs the movement of the ambulances and emergency response vehicles in the applicant/operator's service, will be kept informed by the employees of the applicant/operator at all times as to the availability and location of each employee, ambulance or emergency response vehicle.

Inspection Methodologies: The Review Team reviewed reports and records relevant to service/staffing deployment and conducted interviews with Grey County Paramedic Services personnel.

Observations: The Service Provider has provided a copy of their deployment plan to the Field Office. Documentation demonstrates the service has sufficient staff at each level of qualification to meet their deployment plan.

To ensure continuity of operations, the Service Provider does notify the Communication Service of any changes to their staffing pattern. The Service Provider notifies the Communication Service before implementing or revising policies or procedures that may affect the dispatching/deployment of ambulances or ERVs.

Ambulance Service ID Card Program

Legislated Requirements: A paramedic in Ontario is required to obtain a ministry issued, service specific ID card prior to the provision of patient care. The ID card must be carried on their person at all times while performing patient care duties. The ID card process ensures the paramedic meets qualification requirements and provides the paramedic an ability to log onto the ambulance dispatch environment. The ID card is a provincially accepted ID for access to restricted areas otherwise not available to the general public and must be returned to the ministry upon employment separation.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (g) states in part, each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director.

The unique identification number shall appear on a photo identification card and the photo identification card shall be on the person of the paramedic while on-duty.

Section III also states in part, ambulance service identification cards are and remain the property of the Ministry of Health and Long-Term Care (the ministry). Upon release from employment, the identification card must be surrendered to the employer and returned to the ministry.

Ambulance Service Identification Card Program, Operating Protocols and Processes stipulates, the ministry is to be notified of an employee's release by way of either email or facsimile so that the Human Resources Inventory database may be updated.

Inspection Methodologies: The Review Team reviewed reports and records relevant to the service staffing deployment/ID Cards (service and ministry documentation) and conducted interviews with Grey County Paramedic Services personnel.

Observations: The Service Provider has provided their baseline employee record information to the ministry.

Documentation demonstrates the Service Provider notifies the ministry of each instance of employee hiring and separation. It was noted that newly hired paramedics commence patient care activities only after receipt of their service specific identification number and card. Accordingly, we did not note any occasions when a newly hired paramedic logged onto the communication environment with either a fictitious number or a number assigned to another person.

The ministry is notified in each instance an identification card is lost. The Service Provider did not always recover the paramedic's service specific identification card and return it to the ministry on each occasion of employment being terminated (*card not returned for ID# 71507*).
(Observation: 6)

Base Hospital Agreement

Legislated Requirement: Each Service Provider must have an Agreement in place with their regional Base Hospital for medical oversight. Each Base Hospital has a framework within which its medical director provides guidance and medical advice, quality assurance, advanced care skills training, certification of paramedics and the delegation of Controlled Acts.

Base Hospital Policies and Medical Directives are established specifically to enable delegation to paramedics in accordance with legislated requirements, regulations, standards, College of Physician and Surgeons of Ontario (CPSO) and provincial guidelines. The Base Hospital Program has been providing pre-hospital medical oversight for over thirty years.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (I) states in part, a valid agreement is in effect between the applicant/operator and the designated Base Hospital Program, for each area in which the applicant/operator proposes to provide land ambulance service, for the delegation of Controlled Acts by paramedics employed by the applicant/operator.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service QA/CQI/Base Hospital initiatives and conducted interviews with Grey County Paramedic Services personnel.

Observations: The Service Provider has a written performance agreement with the Base Hospital that includes:

- Providing medical direction and training to all paramedics.
- Monitoring quality of patient care given by those paramedics.
- Delegation of controlled medical acts to paramedics.

Policy and Procedure

Legislated Requirement: A Service Provider has in place, policies and procedures which impact directly or indirectly on patient care. Policies and procedures are monitored and enforced to ensure compliance with standards and legislation.

- The *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- No person smokes any cigar, cigarette, tobacco or other substance while in an ambulance or emergency response vehicle.

- No paramedic, while on duty, takes or consumes any liquor within the meaning of the *Liquor Control Act*, or any drug which could impair his or her ability to function as a paramedic; or reports for duty while under the influence of any liquor within the meaning of the *Liquor Control Act*, or any drug which impairs his or her ability to function as a paramedic; or responds to a request for ambulance service while apparently under the influence of liquor or drugs or is apparently suffering the effects of liquor or drugs.
- The *Ambulance Service Communicable Disease Standards* states in part, each operator shall ensure that: employees are aware of current communicable disease risks and follow all aspects of the ASCDS.
- The *Ambulance Act*, Part III Discharge of Responsibilities states in part, an upper-tier municipality shall ensure the supply of vehicles, equipment, services, information and any other thing necessary for the proper provision of land ambulance services in the municipality in accordance with this Act and the regulations.
- The Act further states the requirements respecting the disclosure of personal health information and personal health information has the same meaning as in the *Personal Health Information Protection Act, 2004*.
- Part VI of *Ontario Regulation 257/00* made under the Act states in part, the operator of an ambulance service shall ensure that the remains of a dead person are not transported by ambulance unless, the remains are in a public place and it is in the public interest that the remains be removed; arrangements are made to ensure that an alternative ambulance is readily available for ambulance services during the time that the remains are being transported; and no patient is transported in the ambulance at the same time as the remains are transported.
- An ambulance may be used to transport the remains of a dead person for the purpose of tissue transplantation on the order of a physician if a physician at the hospital where the tissue is being delivered acknowledges the order.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Policies and Procedures, Service QA/CQI initiatives and conducted interviews with Grey County Paramedic Services personnel.

Observations: The Service Provider has a Policy and Procedure document accessible to staff. New and updated Policies and Procedures are communicated to staff. The Service Provider monitors and enforces Policies and Procedures to ensure optimal provision of service.

The Service Provider had policies covering the following areas:

- Prohibiting staff from responding to calls under the influence of alcohol or drugs.
- Prohibiting staff from reporting to work under the influence of alcohol or drugs.
- Prohibiting staff from consuming alcohol or drugs while at work.
- Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance service vehicle.
- Regarding transport of a person's remains as per legislation.
- Regarding the disposal of bio-medical materials/waste.
- That students are to be free from communicable diseases.

- That students are to be immunized.
- Requirements for students/observers are monitored and enforced.
- Staff will immediately notify the Communication Service in the case of any accident involving an ambulance or ERV.
- Outlining the legislative parameters of sharing and disclosure of personal health information.
- Governing the protection of personal information of patients.
- Directing staff in the release of confidential information to allied agencies.
- Directing staff in the release of confidential information to the public.
- Regarding cleaning and disinfection of patient care equipment.

There was documentation to demonstrate Service Policies relating to drugs, alcohol and tobacco are complied with. There was further documentation to demonstrate Service Policies relating to the release of confidential information are complied with.

The Service Provider ensured the continuity of operations.

Insurance

Legislative Requirement: To mitigate risk and exposure to paramedics, staff and their management team, Service Providers must have appropriate insurance coverage as outlined in Regulation 257/00.

Part VI of *Ontario Regulation 257/00* made under the Act states in part, if the operator of a land ambulance service that is an applicable enterprise uses or permits the use of a land ambulance or emergency response vehicle that is not owned by the Province of Ontario, the operator shall obtain and maintain in good standing a contract of automobile insurance under Part VI of the *Insurance Act* in respect of the vehicle, under which, the operator and every driver are insured and delineates all insurance requirements.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service insurance policy coverage and conducted interviews with Grey County Paramedic Services personnel.

Observations: It was noted the Service Provider's insurance policy was current and valid. Further, the insurance coverage was at least equal to that outlined in legislation.

The insurance policy includes and covers:

- Each ambulance, ERV and ESU,
- The Service Provider and every driver,
- An amount equal to at least \$5,000,000, in respect of any one incident,
- Liability for loss of or damage to, resulting from bodily injury to or the death of any passenger carried, getting into or alighting from the ambulance or ERV,
- Liability for loss of or damage to, the property of a passenger carried in an ambulance or ERV, and
- Liability while the ambulance is used for carrying passengers for compensation or hire.

Observation: 6

Service Provider Response

Grey County Paramedic Services did not receive ID card # 71507 back from paramedic and is considered lost. This employee had not worked as a paramedic since 2007.

Inspector's Findings

A Ministry of Health identification card is issued to a Service Provider, upon receipt of their ID card application made on behalf of a prospective employee. Grey County Paramedic Services makes every attempt to retrieve employee ID Cards post-employment and return them to EORR.

The Service Provider was unable to retrieve and return the ID card of employee 71507, the card has been reported to the Ministry as lost via a letter dated May 21, 2020. **Grey County Paramedic Services are committed to compliance in this area.**

Appendix A HRI Omissions Table

Employee #	Documentation Issue
	<ul style="list-style-type: none"> No Omissions.

Appendix B ACR Omissions Tables; Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
910013612976	<ul style="list-style-type: none"> Date of Occurrence. Time of Occurrence. 	79628	67852
910013618026	<ul style="list-style-type: none"> Date of Occurrence. Time of Occurrence. 	79628	23719
910013620638	<ul style="list-style-type: none"> Date of Occurrence. Time of Occurrence. 	23561	20380
910013623769	<ul style="list-style-type: none"> Trauma Problem Site/Type. 	18981	21118
910013624091	<ul style="list-style-type: none"> Postal Code. 	24339	20479
910013626348	<ul style="list-style-type: none"> Date of Occurrence. Time of Occurrence. 	90172	14978
910013628366	<ul style="list-style-type: none"> Health Insurance Number. Version Code. Date of Occurrence. Time of Occurrence. 	24338	16048
910013627132	<ul style="list-style-type: none"> Date of Occurrence. 	79628	18335
910013614572	<ul style="list-style-type: none"> Date of Occurrence. Time of Occurrence. 	18899	20339
910013615445	<ul style="list-style-type: none"> Date of Occurrence. Time of Occurrence. Positive for FREI. 	23561	35603
910013616152	<ul style="list-style-type: none"> Date of Occurrence. Time of Occurrence. Chief Complaint. Incident History. Relevant Past History. Medications. Allergies. Treatment Prior to Arrival. 	10543	35603
910013618372	<ul style="list-style-type: none"> Postal Code. Date of Occurrence. Time of Occurrence. 	20380	21118
910013619853	<ul style="list-style-type: none"> Date of Occurrence. Time of Occurrence. CTAS Depart Scene. CTAS Arrive Destination. Hospital Number. Arrived Destination. SpO2. Pupils. Hospital Number. 	24334	17559
910013620744	<ul style="list-style-type: none"> Trauma Problem Site/Type. 	21116	10627

Call Number	Documentation Issue	Driver #	Attendant #
910013623051	<ul style="list-style-type: none"> Date of Occurrence. Time of Occurrence. 	22735	63380
910013612347	<ul style="list-style-type: none"> Sp Trans Code. 	55750	19605
910013612403	<ul style="list-style-type: none"> Date of Occurrence. Time of Occurrence. 	20470	21817
910013614631	<ul style="list-style-type: none"> Pulse Rate. Resp. Rate. B/P. Temp. Reading/Code. SpO2. EtCO2. GCS. Pupils. Pain Scale. 	28465	13417
910013615127	<ul style="list-style-type: none"> Time. 	21118	22734
910013616397	<ul style="list-style-type: none"> Sp Trans Code. 	18335	16593
910013616942	<ul style="list-style-type: none"> Pain Scale. 	11989	17098
910013617162	<ul style="list-style-type: none"> EtCO2. 	14858	12131
910013617905	<ul style="list-style-type: none"> Sp Trans Code. 	23719	79628
910013618469	<ul style="list-style-type: none"> UTM Code. 	25269	24340
010013619075	<ul style="list-style-type: none"> Pupils. 	79628	50589
910013619104	<ul style="list-style-type: none"> EtCO2. 	18984	25268
910013619547	<ul style="list-style-type: none"> Version Code. 	21116	22730
910013620007	<ul style="list-style-type: none"> Date of Occurrence. Time of Occurrence. Pain Scale. 	14858	19744
910013620851	<ul style="list-style-type: none"> UTM Code. 	10627	21116
910013621045	<ul style="list-style-type: none"> UTM Code. 	72946	20379
910013621255	<ul style="list-style-type: none"> Postal Code. 	17581	25271
910013623901	<ul style="list-style-type: none"> Version Code. 	17098	11989
910013525805	<ul style="list-style-type: none"> Sp Trans Code. 	18984	81175
910013626829	<ul style="list-style-type: none"> Pain Scale. Sp Trans Code. 	21817	20470
910013626872	<ul style="list-style-type: none"> Sp Trans Code. 	21817	20470
910013627595	<ul style="list-style-type: none"> Pain Scale. 	23719	21118
910013627981	<ul style="list-style-type: none"> Pain Scale. 	18982	11055
910013628725	<ul style="list-style-type: none"> UTM Code. 	23561	21815
910013628728	<ul style="list-style-type: none"> UTM Code. 	16350	21119
910013629712	<ul style="list-style-type: none"> Sp Trans Code. 	14978	90172
910013630753	<ul style="list-style-type: none"> Date of Occurrence. Time of Occurrence. 	21815	21819

Non Patient Carried/Patient Refusal Calls

Call Number	Documentation Issue	Driver #	Attendant #
910013624777	<ul style="list-style-type: none"> Patient Address. Non Paramedic Witness Name. 	15698	20370

Call Number	Documentation Issue	Driver #	Attendant #
910013619853	<ul style="list-style-type: none"> • Route. • Pulse Rate. • Resp. Rate. • B/P. • Temp. • Reading/Code. • SpO2. • EtCO2. • GCS. • Pupils. • Pain Scale. • Non Paramedic Witness Name. 	17559	17958
910013615059	<ul style="list-style-type: none"> • Date of Birth. • Date of Occurrence. • Time of Occurrence. • UTM Code. 	98620	35603
910013613887	<ul style="list-style-type: none"> • Non Paramedic Witness Name. 	20380	11055
910013614498	<ul style="list-style-type: none"> • Non Paramedic Witness Name. 	18981	25268
910013615059	<ul style="list-style-type: none"> • Date of Occurrence. • Time of Occurrence. • Patient/Substitute decision maker name. • Patient Address. • Relationship to Patient. • Patient or Substitute Signature Time. • Patient or Substitute Signature Date. • Patient or Substitute Signature. • Advised Patient or Substitute decision maker of risks to patient's health. • Attending Paramedic Signature Time. • Attending Paramedic Signature Date. • Attending Paramedic's Signature. • Witness/Paramedic 2 Signature Time. • Witness/Paramedic 2 Signature Date. • Non Paramedic Witness Name. • Witness/Paramedic 2 Signature. 	98620	35603

Call Number	Documentation Issue	Driver #	Attendant #
910013615554	<ul style="list-style-type: none"> • Date of Occurrence. • Time of Occurrence. • Time. • Procedure Code. • Dose/Unit. • Route. • Pulse Rate. • Resp. Rate. • B/P. • Temp. • Reading/Code. • SpO2. • GCS. • Pupils. • Pain Scale. • Crew Member No. 	NA	13435
910013616318	<ul style="list-style-type: none"> • Date of Birth. • Street No. • Street Name. • City/Town. • Postal Code. • Patient Address. • Non Paramedic Witness Name. 	11256	23565
910063451361	<ul style="list-style-type: none"> • Pick-up Location or Sending Facility (City/Town). • Non Paramedic Witness Name. 	11256	23565
910013617115	<ul style="list-style-type: none"> • Non Paramedic Witness Name. 	10627	14702
910013617598	<ul style="list-style-type: none"> • Version Code. • Date of Occurrence. • Time of Occurrence. • Non Paramedic Witness Name. 	21119	20380
910013618259	<ul style="list-style-type: none"> • Date of Occurrence. • Time of Occurrence. • Non Paramedic Witness Name. 	18410	64168
910013619409	<ul style="list-style-type: none"> • UTM Code. • Pick-up Location or Sending Facility (City/Town). • Date of Occurrence. • Time of Occurrence. • Witness/Paramedic 2 Signature Time. • Witness/Paramedic 2 Signature Date. • Non Paramedic Witness Name. • Witness/Paramedic 2 Signature. • Paramedic 2 Name. • Paramedic 2 Designation. • Paramedic 2 Signature. 	90172	14978/ 20380
910013619825	<ul style="list-style-type: none"> • Weight (Kg). • Non Paramedic Witness Name. 	55816	16833
910013620213	<ul style="list-style-type: none"> • Weight (Kg). • Date of Birth. 	20470	21817

Appendix C Paramedic Ride-Out Observation Tables

Call Observation Summary							
CALL NO.:	910013677616	VEHICLE NO.:	1053	PRIORITY	OUT: 4	IN: 3	
MEDIC #1	11087	MEDIC # 2	16593	CALL TYPE:	Medical		
Call Sequence				Y	P	N	NA
Pre-Call Performed to Standard				<input checked="" type="checkbox"/>			
Communications Performed to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Patient Management Performed to Standard				<input checked="" type="checkbox"/>			
Patient Refusal Performed to Standard							<input checked="" type="checkbox"/>
Patient Transport Performed to Standard				<input checked="" type="checkbox"/>			
Transfer of Care Performed to Standard				<input checked="" type="checkbox"/>			
General Duties Performed to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Performed to Standard				<input checked="" type="checkbox"/>			
Call Completed to ALS/BLS Standards				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL NO.:	905013677645	VEHICLE NO.:	1093	PRIORITY	OUT: 4	IN: 3	
MEDIC #1	22180	MEDIC # 2	25271	CALL TYPE:	Medical		
Call Sequence				Y	P	N	NA
Pre-Call Performed to Standard				<input checked="" type="checkbox"/>			
Communications Performed to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Patient Management Performed to Standard				<input checked="" type="checkbox"/>			
Patient Refusal Performed to Standard							<input checked="" type="checkbox"/>
Patient Transport Performed to Standard				<input checked="" type="checkbox"/>			
Transfer of Care Performed to Standard				<input checked="" type="checkbox"/>			
General Duties Performed to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Performed to Standard				<input checked="" type="checkbox"/>			
Call Completed to ALS/BLS Standards				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL NO.:	9050013677804	VEHICLE NO.:	1051	PRIORITY	OUT: 4	IN: 3	
MEDIC #1	25271	MEDIC # 2	22180	CALL TYPE:	Trauma		
Call Sequence				Y	P	N	NA
Pre-Call Performed to Standard				<input checked="" type="checkbox"/>			
Communications Performed to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Patient Management Performed to Standard				<input checked="" type="checkbox"/>			
Patient Refusal Performed to Standard							<input checked="" type="checkbox"/>
Patient Transport Performed to Standard				<input checked="" type="checkbox"/>			
Transfer of Care Performed to Standard				<input checked="" type="checkbox"/>			
General Duties Performed to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Performed to Standard				<input checked="" type="checkbox"/>			
Call Completed to ALS/BLS Standards				<input checked="" type="checkbox"/>			

Call Observation Summary						
CALL NO.:	905013678208	VEHICLE NO.:	1078	PRIORITY	OUT: 3	IN: 3
MEDIC #1	81175	MEDIC # 2	18984	CALL TYPE:	Trauma	
Call Sequence				Y	P	N NA
Pre-Call Performed to Standard				<input checked="" type="checkbox"/>		
Communications Performed to Standard				<input checked="" type="checkbox"/>		
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>		
Patient Management Performed to Standard				<input checked="" type="checkbox"/>		
Patient Refusal Performed to Standard						<input checked="" type="checkbox"/>
Patient Transport Performed to Standard				<input checked="" type="checkbox"/>		
Transfer of Care Performed to Standard				<input checked="" type="checkbox"/>		
General Duties Performed to Standard				<input checked="" type="checkbox"/>		
Post Call Duties Performed to Standard				<input checked="" type="checkbox"/>		
Call Completed to ALS/BLS Standards				<input checked="" type="checkbox"/>		

Appendix D Vehicle, Equipment and Supplies Omissions Table

Vehicle No.	Review Findings	Vehicle No.	Review Findings
	<ul style="list-style-type: none"> No omissions. 		

Appendix E Patient Care Devices Maintenance Table

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Defibrillator – Annual	AR16C018337	16-04-2019	05-04-2018	05-04-2017
Defibrillator – Annual	AR16C018360	19-04-2019	05-04-2018	21-04-2017
Defibrillator – Annual	AR16C018490	15-04-2019	05-04-2018	18-04-2017
Defibrillator – Annual	AR16C018491	22-04-2019	10-04-2018	13-04-2017
Defibrillator – Annual	AR16C018492	16-04-2019	10-04-2018	11-04-2017

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Battery Powered Portable	1053SUC1	11-07-2019	23-05-2019	15-02-2019
Battery Powered Portable	1054SUC1	30-07-2019	29-03-2019	21-12-2018
Battery Powered Portable	1056SUC1	11-07-2019	17-04-2019	15-02-2019
Battery Powered Portable	1078SUC1	08-05-2019	08-11-2018	20-06-2018
Battery Powered Portable	1310SUC1	19-08-2019 (New)		

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Main Tank Regulator	1056M1	11-07-2019	17-04-2019	15-02-2019
Main Tank Regulator	1056FM2	11-07-2019	17-04-2019	15-02-2019
Main Tank Regulator	1078M1	08-05-2019	08-11-2018	20-06-2018
Main Tank Regulator	1079M1	21-08-2019	15-07-2019 (New)	
Main Tank Regulator	1080M1	01-07-2019	14-05-2019	16-01-2019

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
On Board Vehicle Suction Unit	1081WS1	16-10-2019	14-08-2019	18-06-2019
On Board Vehicle Suction Unit	1015WS1	25-09-2019	08-05-2019	15-02-2019
On Board Vehicle Suction Unit	1050WS1	12-06-2019	29-03-2019	17-01-2019
On Board Vehicle Suction Unit	1051WSUC1	29-05-2019	27-02-2019	19-12-2018
On Board Vehicle Suction Unit	1053WS1	11-07-2019	23-05-2019	15-02-2019

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Portable Oxygen Kit Regulator	1050D3	12-06-2019	29-03-2019 (New)	
Portable Oxygen Kit Regulator	1050D4	12-06-2019	29-03-2019	17-01-2019
Portable Oxygen Kit Regulator	1051D3	29-05-2019 (New)		
Portable Oxygen Kit Regulator	1051D2	29-05-2019	27-02-2019	19-12-2018
Portable Oxygen Kit Regulator	1053D3	11-07-2019	23-05-2019	15-02-2019

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Wall Mount Oxygen Regulator	1050FM1	12-06-2019	29-03-2019	17-01-2019
Wall Mount Oxygen Regulator	0150FM2	12-06-2019	29-03-2019	17-01-2019
Wall Mount Oxygen Regulator	1051FM1	29-05-2019	27-02-2019	19-12-2018
Wall Mount Oxygen Regulator	1051FM2	29-05-2019	27-02-2019	19-12-2018
Wall Mount Oxygen Regulator	1053FM1	11-06-2019	23-05-2019	15-02-2019

Appendix F Conveyance Equipment Maintenance Summary Table

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Cot lift assist devices	15115	25-09-2019	08-05-2019	15-02-2019
Cot lift assist devices	15450	12-06-2019	29-03-2019	17-01-2019
Cot lift assist devices	170741526	29-05-2019	27-02-2019	19-12-2019
Cot lift assist devices	14553	09-10-2019	11-10-2019	07-06-2019
Cot lift assist devices	100-54	30-07-2019	28-05-2019	28-03-2019

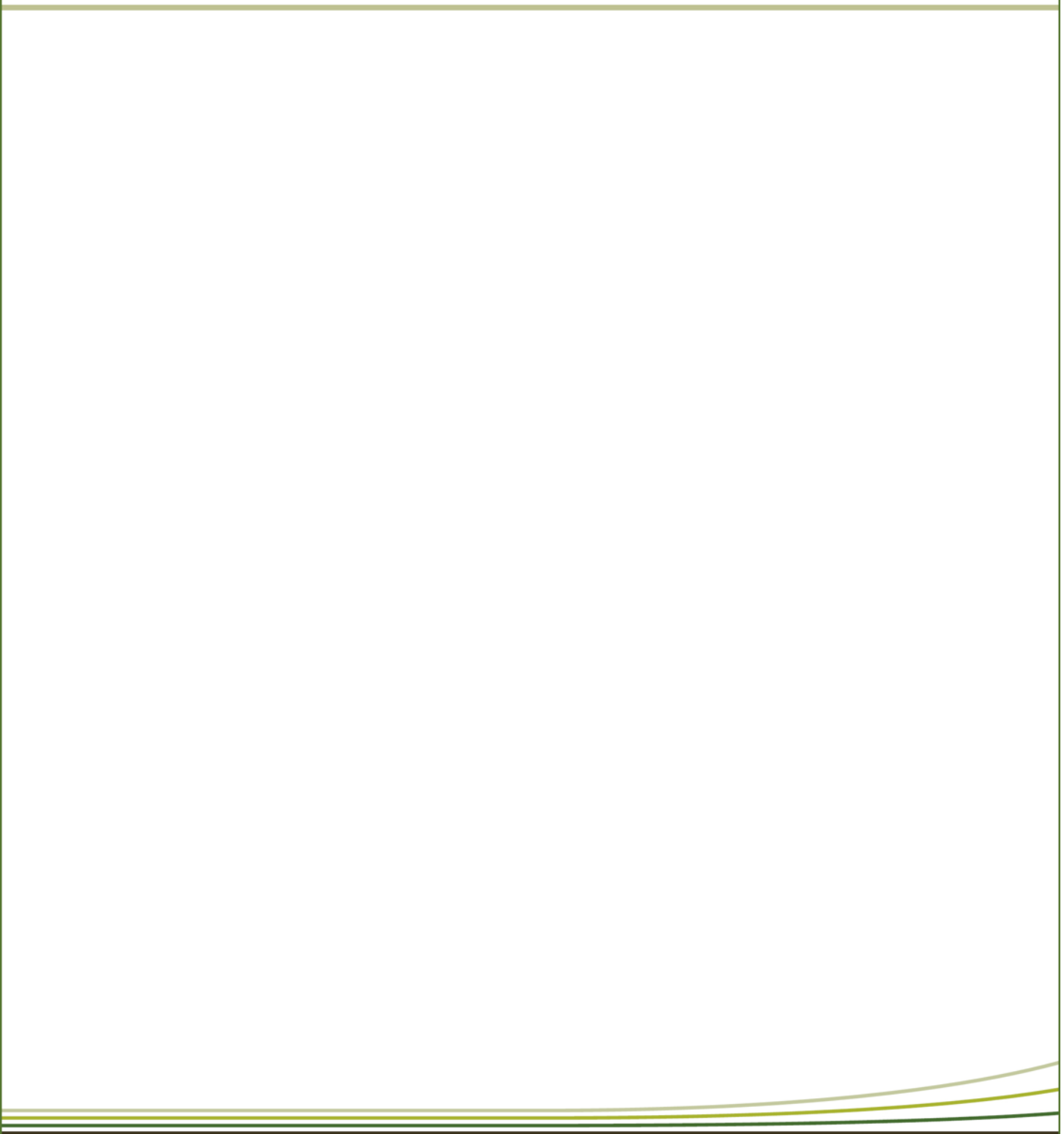
Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Power load devices	160340205	11-07-2019	29-05-2019	17-04-2019
Power load devices	140340242	31-07-2019	08-05-2019	08-02-2019
Power load devices	140339297	21-08-2019	22-05-2019	04-12-2018
Power load devices	180539603	01-08-2019	24-06-2019	14-05-2019
Power load devices	1903003400247	17-09-2019	14-08-2019	18-06-2019

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Stair Chairs	23750	12-06-2019	29-03-2019	15-01-2019
Stair Chairs	229-51	29-05-2019	27-02-2019	19-12-2018
Stair Chairs	22353	09-10-2019	11-07-2019	07-06-2019
Stair Chairs	23154	30-07-2019	28-05-2019	28-03-2019
Stair Chairs	23750	02-10-2019	15-07-2019	12-06-2019

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Scoop	325S1	05-09-2019	25-07-2019	25-06-2019
Scoop	32413	30-07-2019	05-06-2019	02-04-2019
Scoop	30579	21-08-2019	22-05-2019	04-12-2018
Scoop	30280	01-08-2019	24-06-2019	14-05-2019
Scoop	30081	17-09-2019	14-08-2019	18-06-2019

Appendix G Abbreviations

Glossary of Abbreviations			
ACRONYM	MEANING	ACRONYM	MEANING
ACP	Advanced Care Paramedic	ERV	Emergency Response Vehicle
ACR	Ambulance Call Report	ESU	Emergency Support Unit
ACS	Ambulance Communications Service	HRI	Human Resources Inventory
ACO	Ambulance Communications Officer	IC	Inspections and Certifications
AEMCA	Advanced Emergency Medical Care Assistant	IR	Incident Report
ALS	Advanced Life Support	LAISC	Land Ambulance Implementation Steering Committee
ASCDS	Ambulance Service Communicable Disease Standards	LACS	Land Ambulance Certification Standards
ASR	Ambulance Service Review	MOHLTC	Ministry of Health and Long-Term Care
BLS	Basic Life Support	MOH	Ministry of Health
CACC	Central Ambulance Communications Centre	OAPC	Ontario Association of Paramedic Chiefs
CCP	Critical Care Paramedic	OADS	Ontario Ambulance Documentation Standards
CME	Continuing Medical Education	OBHAG	Ontario Base Hospital Advisory Group
CO	Communications Officer	OEM	Original Equipment Manufacturer
CPR	Cardiopulmonary Resuscitation	OPLA & ERVS	Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard
CPSO	College of Physician and Surgeons of Ontario	PCTS	Patient Care and Transportation Standards
CQI	Continuous Quality Improvement	PMAC	Provincial Medical Advisory Committee
CTAS	Canadian Triage & Acuity Scale	QA	Quality Assurance
DDA	Direct Delivery Agent	RTPP	Response Time Performance Plan
DSSAB	District Social Services Administration Board	P&P	Policy and Procedure
EHPMDB	Emergency Health Program Management & Delivery Branch	PCP	Primary Care Paramedic
EHRAB	Emergency Health Regulatory and Accountability Branch	PESFOAS	Provincial Equipment Standards for Ontario Ambulance Services
EMA	Emergency Medical Attendant	RFO	Regional Field Office EHPMDB
EMCA	Emergency Medical Care Assistant	UTM	Upper Tier Municipality
EMS	Emergency Medical Service(s)	VIN	Vehicle Identification Number
EORR	Education, Operational Readiness and Regulations		



Ontario