

Ambulance Service Final Report

Grey County Paramedic Services

March 1, 2017

**Ministry of Health and
Long-Term Care**

Emergency Health
Services Branch
590 Rossland Rd. E.
Whitby ON L1N 9G5
Tel.: 905-665-8086
Fax: 905-665-4044

**Ministère de la Santé et des
Soins de longue durée**

Direction des services de
santé d'urgence
590 rue Rossland E.
Whitby ON L1N 9G5
Tél.: 905-665-8086
Télééc.: 905-665-4044



March 24, 2017

Mr. Mike Muir
Director
Grey County Paramedic Services
595 9th Avenue East
Owen Sound ON N4K 3E3

Dear Mr. Muir:

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 March 1, 2017, 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
- Level of Service
- Quality assurance initiatives
- Vehicle equipment and supplies
- Vehicle preventative maintenance

The Review found that Grey County Paramedic Services meets the 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,

A handwritten signature in blue ink, appearing to read "M Bay".

Michael Bay
Manager
Inspections and Certifications

cc: Ms. Kim Wingrove, CAO, Grey County
Mr. Tanzeel Merchant, Director, EHSB
Ms. Mary Vahaviolos, Senior Manager, EHSB
Mr. Michael LeGros, Senior Manager, EHSB
Ms. Kim Charlebois, Senior Field Manager, EHSB

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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 Service Certification Standards
- Ontario Ambulance Service Documentation Standards
- Ontario Provincial Land Ambulance & Emergency Response Vehicle Standards
- Ambulance Service 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 and Long-Term Care 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

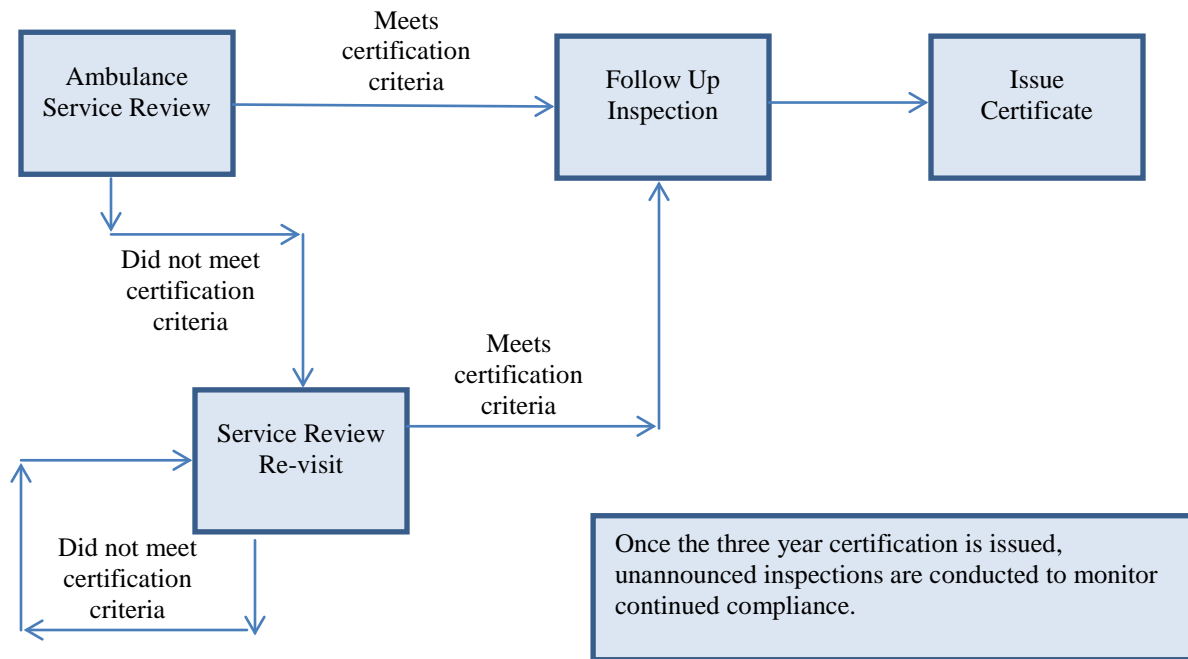
Certification Process: Ambulance Service Providers undergo an Ambulance Service Review every three years - the certification of a service is not extendable under the Act.

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 re-visit will be given advance notice prior to the date of a team re-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 Re-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 Services 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, Superintendents, Commanders, Deputy Commanders, Primary, Advanced and Critical Care Paramedics, all 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 visit. A follow up visit 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 Re-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 re-visit.

Summation

Grey County Paramedic Services operates from seven stations, excluding headquarters and provides primary paramedic patient care. The Service responded to approximately 19,149 calls in 2015. At the time of the Ambulance Service Review, the Service had ten front line ambulances, five mechanical spares, one emergency response vehicle, one emergency response command vehicle and one emergency support trailer.

The Service provides ambulance service to the residents of Owen Sound, Meaford, Markdale, Dundalk, Durham, Hanover and Craigeleith as well as the surrounding areas. Headquarters is located at 595 9th Avenue East, Owen Sound. Grey County Paramedic Services is dispatched by the 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, 2017. As required to renew their certificate, Grey County Paramedic Services participated in an Ambulance Service Review by the Ambulance Service Review Team on October 25 – 26, 2016. The Ambulance Service Review conducted October 25 – 26, 2016 found that Grey County Paramedic Services has **met** the requirements of the *Land Ambulance Service 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 Huron, and
- The Region of Durham,

Paramedic Reps. from:

- The Region of York,
- The County of Brant,
- The City of Hamilton,
- The City of Ottawa, and
- The District of Cochrane.

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 Direction,
- Patient Care Equipment and Supplies,
- Medications,
- Oxygen, Suction, Stretcher and Defibrillator Maintenance,
- Vehicles – Staffing,
- Vehicles – Maintenance/Inspection, and
- Collision reporting.

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 Service 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 four 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: 95.1% of the ACRs reviewed demonstrated patient care was provided in accordance with the ALS/BLS Patient Care Standards.

Of the three hundred and five Ambulance Call Reports reviewed by the Review Team, the following fifteen or 4.9%, demonstrate that documentation to confirm adherence to the ALS/BLS Patient Care Standards was not always completed (based upon documentation only). The Service Provider is to be commended for this documental observation. **(Observation: 1)**

Call Number	Patient Issue	Audit Findings
910001278446	Transfer-lift assist. Pt being transferred from ER to 1st floor, elevator out.	<i>Lots of missing information, no vitals.</i>

Call Number	Patient Issue	Audit Findings
910012744032	84 yr old female Pt with chest pain, no vitals post 3rd NTG.	<i>Vitals required before and after all medication administration.</i>
910012744567	88 yr old pt with chest pain, no vitals post 3rd NTG.	<i>Vitals required before and after all medication administration.</i>
910012746136	7 week old baby in an isolette with RN and RT escort, no vitals documented.	<i>Minimum (2) sets of vitals required.</i>
910012747413	83 yr old male pt with chest pain, no vitals post 2nd NTG.	<i>Vitals required before and after all medication administration.</i>
910012749039	57 yr old male Pt, chest pain, (3) NTG administered with no vitals documented post 3rd NTG.	<i>Vitals required before and after all medication administration.</i>
910012750061	Ischemic Chest Pain. No vitals between 1st and 2nd NTG, no vitals after 3rd NTG.	<i>Vitals required before and after all medication administration.</i>
910012750440	Chief Complaint is no complaints. No vitals documented, "pt signed our paper aid to capacity form" - Aid to Capacity Evaluation completed, Refusal of Service not completed or signed by patient or medics	<i>Missing information, no vitals.</i>
910012763423	93 yr old female Pt experiencing chest pain, crew gave (1) NTG, post NTG pain is 2/10 "Pt stated her chest pain as feeling better but was still present".	<i>16 min of Pt contact after 1st NTG, no additional NTG was administered, Pt still experiencing CP.</i>
910012775666	96 yr old male Pt, GCS 3, no documentation of oral or nasal airway.	<i>Airway attempt should be made with GCS 3.</i>
910012776214	68 yr old male Pt SOB, (2) Ventolin Rx's administered, Pt has a Temp of 38 C.	<i>Nebulized Ventolin contraindicated due to febrile Pt.</i>
910012777020	Transfer-lift assist. Elevator out of service at hospital - EMS crew transferred Pt upstairs from ER to a medical floor.	<i>Missing information and no vitals.</i>
910012778091	Transfer-lift assist. Elevator out of service at Hospital, EMS transferring Pt from ER to 1st floor.	<i>Incomplete documentation, no vitals.</i>
910012991581	89 year old female patient (CVA/TIA).	<i>No oxygen documented as given.</i>
910013016736	73 year old female patient chief complaint documented as Resp. Distress.	<i>Nitro given as treatment for chest pain protocol, not pulmonary edema. Secondly nitro given with first set of vitals showing Bp of 80/56 therefore does not meet protocol.</i>

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 Service 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 one Primary Care Paramedic and two Advanced Care Paramedics, 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. Patient care observed during ride-outs was described as professional, courteous, well managed and compassionate. During the review, paramedic reviewers completed four ride-outs, as observers. All calls observed were patient carrying calls. Of the patient carried calls, one call was priority 4 and three calls were priority 3.

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 carry calls depict a patient was not transported.

Some examples of the ride-out observations are attached as **Appendix C** on page 47.

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 Service 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.

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 aggregate evaluation of compliance with the Patient Care 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 records included the date, location, type, nature and duration of each CME activity.

All Paramedics employed by the Ambulance Service Operator are included in the QA/CQI Program. From the fifteen Paramedic files reviewed by the Review Team, the Service Provider captured 100%, demonstrating the component of patient care equipment knowledge and skills are demonstrated and tested.

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

- Ensure staff regularly demonstrates proficiency in patient care skills.
- Provide remedial training to employees whose patient care skills are considered deficient. *At the time of the review there had not been any paramedics identified in the past three years as being deficient in their patient care skills.*
- Ensure staff regularly demonstrates proficiency in performing Controlled Acts.
- Provide remedial training for employees whose certification has been suspended or revoked. *At the time of the review there had not been any paramedics identified in the past three years as being deficient 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 Service 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 conducted ride-outs for direct observation and 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 EHS unique identification number on their person while on duty.

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 *Ambulance Service 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 *Ambulance Service Patient Care and Transportation Standards* (ASPCTS) and Service Policy.

Paramedics used an alcohol-based hand cleaner when unable to wash their hands after a call. Paramedics followed all other elements of ASPCTS 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 ASPCTS, 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 ASPCTS, 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 of patient care and the securing of equipment and supplies. A total of four vehicles during rideouts were inspected for securing of equipment and supply compliance.

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

Observations: Paramedics ensured each person transported in an ambulance or ERV were properly restrained. Patient care and accessory equipment and supplies were secured in the vehicles as per the ASPCTS. Passengers wore seat belts during the provision of ambulance service while the ambulances and ERVs are in motion.

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

Communication - CACC/ACS 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 Service 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 *Basic Life Support Patient Care Standards*, Patient Transport states in part, the Paramedic will make a decision regarding receiving facility and initiate transport of the patient as confirmed or directed by:

- an ambulance communication officer, or
- an attending physician, with dispatch confirmation, or
- a coroner, with dispatch confirmation, or
- a base hospital physician, or
- midwife, with dispatch confirmation, or
- approved local transfer guidelines, or
- the patient, with dispatch approval.

In the absence of direction, transport to the closest or most appropriate hospital emergency unit capable of providing the medical care apparently 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 CACC and followed the direction from the Ambulance Dispatch Centre, 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. 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 Service 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 conducted ride-outs for direct observation of patient care, securing of equipment, vehicle stocking and cleanliness of supplies and equipment.

A total of ten vehicles at six base locations were inspected 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: Nine ambulances and one ERV were inspected and we noted the following:

Ambulances:

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

ERVs:

- From the one ERV reviewed by the Review Team, the Service Provider captured 100% of the equipment and supply requirements from the *Provincial Equipment Standards for Ontario Ambulance Services*. The Service Provider is to be commended for this documental 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 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.

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.

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 minor equipment and/or supply observations are noted in the table attached as **Appendix D** on page 48.

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 Service 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 conducted ride-outs for direct observation of patient care/medication interventions, securing/storing of medications, vehicle stocking and cleanliness of supplies and equipment.

A total of ten vehicles at six base locations were inspected 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: 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.

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

Oxygen, Suction, Stretcher & Defibrillator 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 Service 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 conducted ride-outs and inspected vehicles for direct observation of securing/storing of equipment, vehicle stocking and cleanliness of supplies and equipment.

A total of ten vehicles at six base locations were inspected for equipment and supply compliance per the equipment and certification standards.

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 are included within the Service Provider's Preventative Maintenance program.

Service oxygen testing equipment had been calibrated May 6, 2016 according to the manufacturer's specifications. There were an adequate number of replacement oxygen cylinders accessible to staff to meet continuity of service requirements. Based on data available from Service files, of the eighty-seven patient care devices inspected, the preventive maintenance program met the manufacturer's specification 100% of the time. The Service Provider is to be commended for this documental observation.

Some examples of the patient care devices preventative maintenance review is attached as **Appendix E** on page 49.

The Service Provider's Preventative Maintenance program also includes all patient carrying equipment. Service stretcher maintenance files were found to be complete. The preventative maintenance schedule was for maintenance to be conducted quarterly. 95% of the patient carrying equipment met the manufacturer's specification respecting preventative maintenance. **(Observation: 2)**

Some examples of the patient carrying equipment preventative maintenance review are attached as **Appendix F** on page 51.

Vehicles - 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 *Ambulance Service 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 four vehicles at six base locations were inspected for compliance per the *Ambulance Service 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. Incidents where a replacement vehicle was unavailable are documented.

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 Service Certification Standards* states in part, only ambulances and emergency response vehicles that comply with the applicable version at time of manufacture of “Ontario Provincial 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 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 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 conducted ride-outs for direct observation of patient care, securing/storing of equipment, vehicle stocking and cleanliness of supplies and equipment.

A total of ten vehicles at six base locations were inspected for equipment and supply compliance per the vehicle, equipment and certification standards.

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

Observations: The Service Provider had a letter signed by the Director, EHSB, from each vehicle manufacturer or conversion vendor, certifying each vehicle used in the provision of ambulance service met the standards. There was documentation on file confirming certification of ERVs (self certification or manufacturer's certification). There was also documentation on file demonstrating additions or conversions meet manufacturer's specification.

The Service Provider's Vehicle Preventative Maintenance program is based on 10,000 Kms +25% or 90 days +25% between services. Each vehicle is included within the Service Provider's Vehicle PM program. A review of PM files demonstrates the Service Provider's Vehicle Preventative Maintenance is performed according to the Service Provider's schedule/Original Equipment Manufacturer's schedule. The average vehicle maintenance interval calculates to 7,723 Kms. Maintenance or repair records are maintained by the Service Provider for the life of the vehicle.

The Service Provider provides the Ambulance Dispatch Centre 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 Ambulance Dispatch Centre to ensure communication equipment repairs are completed when and as required.

The Service operated fifteen ambulances and three emergency response vehicles. Nine ambulance vehicles and one emergency response vehicle were inspected. There was documentation indicating the Service Provider used only vehicle identification numbers assigned by the Director, EHSB.

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.
- 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.
- Vehicles were protected from extremes of heat, cold and moisture.
- Vehicles were stored to prevent contamination, damage or hazard.
- Each vehicle follows the deep clean program.
- Patient care compartment of vehicles were maintained in a clean and sanitary condition.
- Supplies were accessible to clean the vehicles.
- There was required clean storage space available for supplies.

Collision Reporting

Legislated Requirements: Collision reports document the events and information by paramedics when an ambulance or ERV is involved in a collision.

Subsection III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* 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.

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

Observations: The Service Provider provided documentation demonstrating staff immediately notify CACC when an ambulance or ERV is involved in a collision. It was noted that staff completed collision reports as per legislation. There was documentation provided demonstrating the Service Provider audits collision reports for completeness and accuracy. The Service Provider's collision reports contain at minimum, the information as identified within the *Ambulance Service Documentation Standards* and are kept on file for a period of not less than five years.

Observation: 1

Service Provider Response

Grey County Paramedic Services will review the 15 calls identified in the report to identify where the patient care standards were not met and where appropriate, provide 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 spring 2017 continuing education sessions.

Inspector's Findings

Grey County Paramedic Services strives towards excellence in the provision of *Advanced Life Support* and *Basic Life Support Patient Care Standards* and is cognizant of the need for follow up with staff when patient care deficiencies are identified.

The Service Provider has an audit process in place to ensure that Ambulance Call Reports (ACRs) reflect the patient care provided. The Service Provider also has an in-house QA and training program to ensure care is to standard. Grey County Paramedic Services are upgrading their Interdev system to utilize mdocs this year to expedite auditing and enable better two-way communication.

The Service Provider's Quality Assurance personnel audits a percentage of all calls and the Supervisor will assist when required. In situations where concerns are noted, management will follow up with the paramedic involved and remedial training will be provided if required. The Service Provider has included commonly found Patient Care Standard issues within their Spring CME (Continuous Medical Education) training starting at the end of April 2017.

The Service Provider continues to monitor and review ACRs for quality of patient care in order to avoid a recurrence of similar future findings. **Grey County Paramedic Services is committed to compliance in this area.**

Observation: 2

Service Provider Response

In January 2017 Grey County Paramedic Services moved all lifting equipment maintenance to County of Grey mechanics due to increased complexity of equipment. Equipment maintenance is performed at minimum of every 3 months tied to the regularly scheduled vehicle maintenance. A digital program is utilized to track and document pieces of equipment serviced. It was identified in the draft report that 7 pieces of lifting equipment were missing one service interval. Upon review it was found that 5/7 pieces of equipment had service sheets indicating service within the required timeframe. There were two break-away stretchers that were found to be missing one service interval. Grey County Paramedic service will continue to monitor and track equipment to ensure service is completed as per policy.

Inspector's Findings

Grey County Paramedic Services understands the importance of ensuring that all patient care devices and equipment are tested and inspected according to the manufacturer's specifications respecting preventative maintenance.

Grey County Paramedic Services continues to improve the documentation and record keeping system for their patient care, accessory and conveyance equipment. The Service Provider has acknowledged that there are challenges in keeping track of various equipment pieces throughout their area, when equipment is in and out of service or exchanged with another ambulance service during transfer of care of a patient.

The oversight and maintenance of patient care devices and equipment has been transferred to the County mechanics. The mechanics track equipment and ensure proper maintenance is completed on schedule. Grey County Paramedic Services is confident the mechanics and new mdocs system will improve and mitigate this from being a future observation. **Grey County Paramedic Services is committed to 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 Service Certification Standards*.
- Section III Operational Certification Criteria of the *Land Ambulance Service 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 *Ambulance Service Documentation Standards*, Part IV – Patient & Patient Care Documentation Requirements stipulates 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.

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 Service 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 *Ambulance Service 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 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: From the forty HRI files reviewed by the Review Team, the Service Provider captured 1,255 of 1,280 possible qualification requirements, or 98.0%. The Service Provider is commended for this review observation. **(Observation: 3)**

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. A personnel record is not always maintained for each employed paramedic which includes evidence of qualification as described in Part III of Regulation 257/00. **(Observation: 3)**

There was not always documentation demonstrating each type of paramedic is qualified. 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. **(Observation: 3)**

Examples of the observations are itemized in detail and attached as **Appendix A** on page 43.

As of December 18, 2015, 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 HRI files reviewed by the Review Team, the Service Provider captured 100% of Influenza Immunization status requirements no later than directed by EHSB.

Each operator shall, no later than January 22, 2016, report to the local Senior Field Manager of the Emergency Health Services Branch, the following:

- a) the total number of active EMAs and paramedics employed by the operator;
- b) the number of EMAs and 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 EMAs and paramedics that have provided a valid certificate signed by a physician or delegate that states that vaccination is medically contraindicated;
- d) the number of EMAs and 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 the Influenza Immunization status of each employee to the EHSB Field Office as required 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 *Ambulance Service Documentation Standards*.

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

Inspection Methodologies: The Review Team consisting of three Advanced Care Paramedics undertook a review of three hundred and five 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: From the three hundred and five ACRs reviewed by the Review Team, the Service Provider captured 17,791 of 18,115 possible data points, or 98.2% of the Ambulance Call Report information requirements. The Service Provider is to be commended for this documental observation. **(Observation: 4)**

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.

The Service Provider audits ACRs to determine if they are completed as per the *Ambulance Service Documentation Standards*. As a result of their audit, the Service Provider makes recommendations to staff respecting compliance with the ASDS.

Further, the Service Provider addresses recommendations to mitigate reoccurrence. There was documentation demonstrating staff review the ACR Manual as part of the Service Provider's QA/CQI Program.

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 were resolved.

During the review, a random sample of ACRs was 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 *Ambulance Service Documentation Standards*. Two hundred and eighty were patient carried calls covering all priority and CTAS level patient transports, twenty-five were non patient carried calls.

Patient Carried Calls

Mandatory fields were not always completed on patient carried calls according to the *Ambulance Service Documentation Standards*. Forms were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 43. **(Observation: 4)**

Non Patient Carried Calls

Mandatory fields were not always completed on non-patient carried calls according to the *Ambulance Service Documentation Standards*. They were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 43. **(Observation: 4)**

Patient Refusal Calls

Aid to Capacity and Refusal of Service fields were not always completed according to the *Ambulance Service Documentation Standards*. Patient refusal ACRs were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 43. **(Observation: 4)**

It was noted that Ambulance Call Reports were distributed according to the *Ambulance Act, Regulations* and *Ambulance Service 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.

The review of ACRs reflected that Incident Reports are not always completed when required, as per the ASDS. Four of the reviewed ACRs required an Incident Report, three Incident Reports were completed. An Incident Report was not found for the following ACR: **(Observation: 4)**

Call Number	ACR Observations	Incident Report Completion Criteria
910012875212	86 year old male patient with chest pain.	<i>A delay in accessing a patient.</i>

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 are 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 MOHLTC Field Office according to legislation.

Observation: 3

Service Provider Response

Grey County Paramedic Services has reviewed the four (4) omissions stated in the report. The Criminal record check had been verified and authorized by the manager of Quality and Assurance. The three (3) remaining immunization records have been reviewed and signed by a physician. The service provider is moving to a new digital HRI system, CERTn, which will allow for easier documentation tracking and accessibility.

Inspector's Findings

During the follow-up visit, documentation was provided to demonstrate that Grey County Paramedic Services are diligently working to bring paramedic HR files up-to-date. Paramedic HR file 14708, and the criminal record check for paramedic 12643 has been rectified; files for 70078, 12643 and 16594 are ongoing. The Service Provider is cognizant that a physician signature is required on immunization records. The paramedics involved have on file that they have received the necessary immunizations, however; the record is signed by an RN and not a physician.

The Service Provider is working with the Medical Officer of Health to rectify this observation and is advocating on behalf of the Service Provider that any health care professional signature that administered the immunization should be sufficient. Grey County Paramedic Services are aware that the current *Ambulance Service Communicable Disease Standards* state that a physician signature is required to be compliant. **Grey County Paramedic Service is committed to compliance in this area.**

Observation: 4

Service Provider Response

Grey County Paramedic Services will review the 33 calls identified in the report to identify where the documentation standards were not met and where appropriate, provide 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 spring 2017 continuing education sessions. The call identified as missing an incident report has been reviewed and the incident reports have been completed by the paramedics. In addition, the paramedics were remediated through the auditing process of the documentation standards regarding incident reports.

Inspector's Findings

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

Additionally, the Service have reviewed all ACR omissions and/or weaknesses identified during the Service Review and have communicated these with staff. Grey County Paramedic Services will be incorporating these documentation observations into the Service's spring Continuing Medical Education (CME) sessions at the end of April 2017.

This will remain an ongoing monitoring matter for all staff and for supervisory personnel performing quality assurance activities.

Follow Up Ambulance Call Report Review

A review of twenty ACRs was conducted during the follow-up inspection with Grey County Paramedic Services. A random sample of ACRs was reviewed for priority codes and Canadian Triage Acuity Scale (CTAS) levels.

Ambulance call reports were generally completed according to the *Ambulance Service Documentation Standards*, with the following exception:

Patient Carried Calls Not to BLS/ALS Standard

Call Number	Patient Issue	Review Findings
	No issues	

Patient Carried Calls Code 3 & 4

Call Number	Documentation Issue	Driver #	Attendant #
13082842	No issues	82484	12391
13083749	No issues	18336	21815
15205136	No issues	12643	77446
13076133	No issues	35603	21406
13105314	No issues	18100	21819
13065161	No issues	35603	50589
13059599	No issues	18339	21815
13103815	No issues	16985	17911
13103398	No issues	22735	16592
13103027	No issues	58492	21833
13099428	No issues	35603	67852
13100124	No issues. IR attached	15754	18899

Patient Carried Calls Code 1 & 2

Call Number	Documentation Issue	Driver #	Attendant #
13094537	No issues	13765	15698
13091215	No issues	11087	18984
13058312	Not sure what type of postal code ends with !!	17559	21406
13103614	No issues	17120	12756

Non Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
13092889	(Retirement home Pt, staff called stating Pt unable to cope in retirement home setting). ACR showed no address, Pt name, postal code, or DOB, all available from staff and or site. No assessment or Pt hx. However, upon crew arrival, according to staff, Pt had left site to attend hair dressers, therefore, no Pt to assess.	23719	97564
13087213	No issues, Medical TOR received and IR attached.	22733	64164

Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
13099428	No issues	18336	72946
13103267	No issues	16985	17911
13080730	No issues	81175	74874

Improvement has been noted in ACR completion since transmittal of the Draft Report. The Service Provider is committed to full and proper completion of these call types and continues to monitor and audit ACRs for quality and thoroughness of completion for documentation and the ALS/BLS Patient Care Standards. QA personnel and Supervisory staff will continue to monitor ACRs and IRs for proper minimum completion and will review with employees any ACRs found not meeting minimum requirements. **Grey County Paramedic Services is committed to compliance in this area.**

Administrative

Subsections:

- Response Time Performance Plan,
- 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 EHSB with a copy of the Response Time Performance Plan no later than October 31st of each year.

The Service Provider is meeting 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 Service 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. The deployment plan has been provided to the Ambulance Dispatch Centre for implementation into the Local Operating Policies. 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 Ambulance Dispatch Centre of any changes to their staffing pattern. The Service Provider notifies the Ambulance Dispatch Centre before implementing or revising policies or procedures that may affect the dispatching/deployment of ambulances or ERVs.

Ambulance Service Identification Cards

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 Service 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 emergency medical attendant or 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 Emergency Health Services Branch.

Ambulance Service Identification Card Program, Operating Protocols and Processes stipulate, 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 recovered the paramedic's service specific identification card and returned it to the ministry on each occasion of employment being terminated.

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 Service 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 the General Standard of Care.

- 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 *Ambulance Service Patient Care and Transportation Standards*, section (A) states in part, each operator and each emergency medical attendant and paramedic employed or engaged as a volunteer by the operator, shall ensure that: Each EMA and paramedic shall attend and participate in such continuing education and competency maintenance activities as are required to provide ambulance service in accordance with the regulations.
- No person smokes any cigar, cigarette, tobacco or other substance while in an ambulance or emergency response vehicle.

- No EMA or 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 an EMA or 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 an EMA or 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 has policies covering the following areas:

- Prohibiting staff from responding to calls under the influence of drugs or alcohol.
- 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 e.g. contaminated bedding/bandages/anatomical 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 CACC/ACS 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.

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

The Service Provider ensures 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.

Appendix A HRI Review Summary Table

Employee #	Missing File Information
14708	• Tetanus/Diphtheria (every 10 yrs, record date).
70078	<ul style="list-style-type: none"> • Pertussis. • Poliomyelitis (3 doses if unknown and given recently). • Measles. • Mumps. • Rubella (German Measles). • Chicken Pox/Varicella (2 doses if no evidence of immunity). • Hepatitis B.
12643	<ul style="list-style-type: none"> • Criminal Record search. • Tetanus/Diphtheria (every 10 yrs, record date). • Pertussis. • Poliomyelitis (3 doses if unknown and given recently). • Measles. • Mumps. • Rubella (German Measles). • Chicken Pox/Varicella (2 doses if no evidence of immunity). • Hepatitis B.
16594	<ul style="list-style-type: none"> • Tetanus/Diphtheria (every 10 yrs, record date). • Pertussis. • Poliomyelitis (3 doses if unknown and given recently). • Measles. • Mumps. • Rubella (German Measles). • Chicken Pox/Varicella (2 doses if no evidence of immunity). • Hepatitis B.

Appendix B ACR Summary Tables Patient Carried Calls Code 4 & 3

Call Number	Documentation Issue	Driver #	Attendant #
910012686598	• Crew Mbr. Initials.	20470	10543
910012785241	• Crew Mbr. Initials.	10543	12008
910012873426	• Crew Mbr. Initials.	11989	17098
910012873476	<ul style="list-style-type: none"> • Postal Code. • Crew Mbr. Initials. 	21833	20470
910012874344	<ul style="list-style-type: none"> • Fluid Balance. • Crew Mbr. Initials. 	20379	20370
910012876098	<ul style="list-style-type: none"> • Relevant Past History. • Crew Mbr. Initials. 	61511	87894
910013028698	<ul style="list-style-type: none"> • Crew Mbr. Initials. • Health Card Number and version code. 	17958	14978
910013003025	<ul style="list-style-type: none"> • Crew Mbr. Initials. • Health Card Number and version code. 	12005	17581
910013036040	<ul style="list-style-type: none"> • Crew Mbr. Initials. • Health Card Number and version code. 	55816	16350
910013036412	<ul style="list-style-type: none"> • Extremities. • Crew Mbr. Initials. 	67852	87894
910013036935	<ul style="list-style-type: none"> • Trauma injury site/type. • Crew Mbr. Initials. 	23719	97564

Call Number	Documentation Issue	Driver #	Attendant #
910013037139	• Trauma injury site/type. • Crew Mbr. Initials.	16048	14027
910013006622	• Relevant Past History. • Crew Mbr. Initials.	11055	18982
910013008038	• Postal Code. • Crew Mbr. Initials.	17911	16985
910012992795	• Crew Mbr. Initials. • Health Card Number and version code.	16593	55816
910012991986	• Fluid Balance. • Crew Mbr. Initials.	63380	58492
910013037386	• Fluid Balance. • Crew Mbr. Initials.	10543	12008
910012775818	• Fluid Balance.	12008	10543
910012776336	• Medications. • Allergies.	61511	14858
911012759992	• Trauma injury site/type.	12643	14854
910012758508	• Trauma injury site/type.	18410	64168
910012763423	• Medicine or Procedure.	21116	21118
910012762974	• Medications.	19118	15698
910012763000	• Medications.	19118	15698
910012743060	• Medications.	99377	14914
910012743099	• Medications.	14914	99377
910012745890	• Medications. • Allergies.	50589	21116
910012747193	• Fluid Balance.	20380	20370
910012749039	• Fluid Balance. • Vitals x 2 minimum,/ and as call indicated.	13839	35603
910012750061	• Fluid Balance. • Vitals x 2 minimum,/ and as call indicated.	12128	77446
910012746136	• Postal Code. • Medications. • Allergies. • Vitals x 2 minimum,/ and as call indicated.	14702	20339
910012746385	• Allergies.	23067	40663
910012747765	• Vitals x 2 minimum,/ and as call indicated.	12007	74874
910012750440	• Postal Code. • Vitals x 2 minimum,/ and as call indicated.	14858	12501
910012750440	• Postal Code. • Trauma injury site/type.	12501	14858
910012744567	• Postal Code. • Vitals x 2 minimum,/ and as call indicated.	98620	35603
910012743355	• Pickup Location Code. • Postal Code.	12131	16350
910012744032	• Postal Code. • Vitals x 2 minimum,/ and as call indicated.	72946	19743
910012747413	• Postal Code. • Vitals x 2 minimum,/ and as call indicated.	99377	18981
910012727184	• Medications. • Allergies.	15270	20339
910012749547	• Fluid Balance.	12435	17911

Patient Carried Calls Code 2 & 1

Call Number	Documentation Issue	Driver #	Attendant #
910013025317	<ul style="list-style-type: none"> • Medications. • Crew Mbr. Initials. 	18336	15754
910013041034	<ul style="list-style-type: none"> • Trauma injury site/type. • Crew Mbr. Initials. 	67249	55750
910013019486	<ul style="list-style-type: none"> • Postal Code. • Crew Mbr. Initials. 	17958	14978
910013046421	<ul style="list-style-type: none"> • Vitals x 2 minimum,/ and as call indicated. 	40663	17086
910012778094	<ul style="list-style-type: none"> • Medications. 	12391	82484
910012773473	<ul style="list-style-type: none"> • Postal Code. • Final Primary Problem. • Primary Problem Code. • Trauma injury site/type. • Vitals x 2 minimum,/ and as call indicated. 	13839	20339
910012773473	<ul style="list-style-type: none"> • Postal Code. • Primary Problem. • Final Primary Problem. • Primary Problem Code. • Trauma injury site/type. • Vitals x 2 minimum,/ and as call indicated. 	13839	20339
910012777020	<ul style="list-style-type: none"> • General Appearance. • Fluid Balance. • Head/Neck. • Chest. • Abdomen. • Back/Pelvis. • Extremities. • Times. • Code. • Route. • Medicine or Procedure. • Result. • Initials (on ALS skills). • Vitals x 2 minimum,/ and as call indicated. • Crew Mbr. Initials. • Crew Mbr. No. 	82484	28465

Call Number	Documentation Issue	Driver #	Attendant #
910012778091	<ul style="list-style-type: none"> • Mailing Address. • City/Town. • Postal Code. • Relevant Past History. • Medications. • Allergies. • Skin (1st Assessment). • General Appearance. • Fluid Balance. • CTAS. • Head/Neck. • Chest. • Abdomen. • Back/Pelvis. • Extremities. • Times. • Code. • Route. • Medicine or Procedure. • Result. • Initials (on ALS skills). • Vitals x 2 minimum,/ and as call indicated. • Crew Mbr. Initials. • Crew Mbr. No. 	18100	79628
910001278446	<ul style="list-style-type: none"> • Mailing Address. • City/Town. • Postal Code. • Relevant Past History. • Medications. • Allergies. • Skin (1st Assessment). • General Appearance. • Fluid Balance. • CTAS. • Head/Neck. • Chest. • Abdomen. • Back/Pelvis. • Extremities. • Times. • Code. • Route. • Medicine or Procedure. • Result. • Initials (on ALS skills). • Vitals x 2 minimum,/ and as call indicated. • Crew Mbr. Initials. • Crew Mbr. No. 	79628	18100

Non Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
910012875717	• Crew Mbr. Initials.	17911	12435
910012869001	• Vitals x 1.	12501	16592
910012865653	• Witness Signature. • Crew Mbr. Initials.	12435	20470
910012865393	• Crew Mbr. Initials.	21116	21118
910012865060	• Crew Mbr. Initials.	79628	21815
910012864180	• Crew Mbr. Initials.	11989	20380
910012863707	• Crew Mbr. Initials.	99377	21818
910012863572	• Crew Mbr. Initials. • Trauma injury site/type.	18410	11087
910012863548	• Crew Mbr. Initials.	12435	17911
910012863229	• Crew Mbr. Initials.	18410	11087
910012876431	• Crew Mbr. Initials. • Trauma injury site/type.	50987	11256
910012877359	• Crew Mbr. Initials.	14858	61511
910012876578	• Crew Mbr. Initials.	87894	19744
910012876431	• Patient or Substitute Signature. • Crew Mbr. Initials.	50987	11256

Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
910012865653	• Witness Signature.	12435	20470
910012876431	• Patient or Substitute Signature.	50987	11256

Appendix C Paramedic Ride-Out Summary Observation Tables

Call Observation Summary						
CALL	13048771	VEHICLE NO:	1078	PRIORITY	OUT: 3	IN: 3
MEDIC #1	55750	MEDIC #2	67249	CALL TYPE:	MEDICAL	
Call Sequence				Y	P	N NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>		
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>		
Communications with CACC according to Standard				<input checked="" type="checkbox"/>		
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>		
Transport Decision Appropriate to Patient Assessment				<input checked="" type="checkbox"/>		
Patient History to Standard				<input checked="" type="checkbox"/>		
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>		
All Medication Interventions to Standard						<input checked="" type="checkbox"/>
All Cardiac Monitoring/Defibrillation Interventions to Standard				<input checked="" type="checkbox"/>		
Patient Care Provided to Standard				<input checked="" type="checkbox"/>		
Secondary Assessment to Standard				<input checked="" type="checkbox"/>		
Movement of Patient According to Patient Presentation				<input checked="" type="checkbox"/>		
Transport Decision and Return Code According to Patient Condition				<input checked="" type="checkbox"/>		
Patient Care Enroute According to Standard				<input checked="" type="checkbox"/>		
Reporting to Receiving Staff According to Standard				<input checked="" type="checkbox"/>		
Post Call Duties Completed as Appropriate				<input checked="" type="checkbox"/>		

Call Observation Summary							
CALL	13049146	VEHICLE NO:	1050	PRIORITY	OUT: 4	IN: 4	
MEDIC #1	19744	MEDIC #2	14025	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>			
Communications with CACC according to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Transport Decision Appropriate to Patient Assessment				<input checked="" type="checkbox"/>			
Patient History to Standard				<input checked="" type="checkbox"/>			
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>			
All Medication Interventions to Standard							<input checked="" type="checkbox"/>
All Cardiac Monitoring/Defibrillation Interventions to Standard				<input checked="" type="checkbox"/>			
Patient Care Provided to Standard				<input checked="" type="checkbox"/>			
Secondary Assessment to Standard				<input checked="" type="checkbox"/>			
Movement of Patient According to Patient Presentation				<input checked="" type="checkbox"/>			
Transport Decision and Return Code According to Patient Condition				<input checked="" type="checkbox"/>			
Patient Care Enroute According to Standard				<input checked="" type="checkbox"/>			
Reporting to Receiving Staff According to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Completed as Appropriate				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL	13049062	VEHICLE NO:	1050	PRIORITY	OUT: 3	IN: 3	
MEDIC #1	19744	MEDIC #2	14025	CALL TYPE:	TRAUMA		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>			
Communications with CACC according to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Transport Decision Appropriate to Patient Assessment				<input checked="" type="checkbox"/>			
Patient History to Standard				<input checked="" type="checkbox"/>			
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>			
All Medication Interventions to Standard							<input checked="" type="checkbox"/>
All Cardiac Monitoring/Defibrillation Interventions to Standard				<input checked="" type="checkbox"/>			
Patient Care Provided to Standard				<input checked="" type="checkbox"/>			
Secondary Assessment to Standard				<input checked="" type="checkbox"/>			
Movement of Patient According to Patient Presentation				<input checked="" type="checkbox"/>			
Transport Decision and Return Code According to Patient Condition				<input checked="" type="checkbox"/>			
Patient Care Enroute According to Standard				<input checked="" type="checkbox"/>			
Reporting to Receiving Staff According to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Completed as Appropriate				<input checked="" type="checkbox"/>			

Appendix D Vehicle Equipment and Supplies Summary Table

MOHLTC Vehicle No.	Audit Findings	MOHLTC Vehicle No.	Audit Findings
	No omissions noted.		

Appendix E Oxygen, Suction & Defibrillator Summary Table

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable Suction Unit	1050Suc1	09-06-2016	20-01-2016	07-08-2015
Battery Powered Portable Suction Unit	1051Suc1	08-06-2016	21-01-2016	13-08-2015
Battery Powered Portable Suction Unit	1052Suc1	08-06-2016	20-01-2016	14-08-2015
Battery Powered Portable Suction Unit	1053Suc1	17-06-2016	20-01-2016	07-08-2015
Battery Powered Portable Suction Unit	1054Suc1	17-06-2016	21-01-2016	10-10-2015
Battery Powered Portable Suction Unit	1055Suc1	09-06-2016	21-01-2016	10-10-2015
Battery Powered Portable Suction Unit	1078Suc1	17-06-2016	25-01-2016	13-08-2015
Battery Powered Portable Suction Unit	1079Suc1	17-06-2016	21-01-2016	13-08-2015
Battery Powered Portable Suction Unit	1080Suc1	18-06-2016	20-01-2016	07-08-2015
Battery Powered Portable Suction Unit	1081Suc1	09-06-2016	21-01-2016	13-08-2015

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Defibrillator	AR16D018750	20-04-2016	New	New
Defibrillator	AR16D018753	20-04-2016	New	New
Defibrillator	AR16D018755	20-04-2016	New	New
Defibrillator	AR16D018758	20-04-2016	New	New
Defibrillator	AR16D018760	20-04-2016	New	New
Defibrillator	AR16D018759	20-04-2016	New	New
Defibrillator	AR16D018756	20-04-2016	New	New
Defibrillator	AR16D018762	20-04-2016	New	New
Defibrillator	AR16D018751	20-04-2016	New	New
Defibrillator	AR16D018752	20-04-2016	New	New

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	1050FM1	09-06-2016	20-01-2016	07-08-2015
Flow Meter #1	1051FM1	08-06-2016	21-01-2016	13-08-2015
Flow Meter #1	1052FM1	08-06-2016	20-01-2016	14-08-2015
Flow Meter #1	1053FM1	17-06-2016	20-01-2016	07-08-2015
Flow Meter #1	1054FM1	17-06-2016	21-01-2016	10-10-2015
Flow Meter #1	1055FM1	09-06-2016	21-01-2016	10-10-2015
Flow Meter #1	1078FM1	17-06-2016	25-01-2016	13-08-2015
Flow Meter #1	1079FM1	17-06-2016	21-01-2016	13-08-2015
Flow Meter #1	1080FM1	18-06-2016	20-01-2016	07-08-2015
Flow Meter #1	1081FM1	09-06-2016	21-01-2016	13-08-2015
Flow Meter #1	1094FM1	09-06-2016	20-01-2016	13-08-2015

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #2	1050FM2	09-06-2016	20-01-2016	07-08-2015
Flow Meter #2	1051FM2	08-06-2016	21-01-2016	13-08-2015
Flow Meter #2	1052FM2	08-06-2016	20-01-2016	14-08-2015
Flow Meter #2	1053FM2	17-06-2016	20-01-2016	07-08-2015
Flow Meter #2	1054FM2	17-06-2016	21-01-2016	10-10-2015
Flow Meter #2	1055FM2	09-06-2016	21-01-2016	10-10-2015
Flow Meter #2	1078FM2	17-06-2016	25-01-2016	13-08-2015
Flow Meter #2	1079FM2	17-06-2016	21-01-2016	13-08-2015
Flow Meter #2	1080FM2	18-06-2016	20-01-2016	07-08-2015
Flow Meter #2	1081FM2	09-06-2016	21-01-2016	13-08-2015
Flow Meter #2	1094FM2	09-06-2016	20-01-2016	13-08-2015

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
On-Board Suction	1050WS1	09-06-2016	20-01-2016	07-08-2015
On-Board Suction	1051WS1	08-06-2016	21-01-2016	13-08-2015
On-Board Suction	1052WS1	08-06-2016	20-01-2016	14-08-2015
On-Board Suction	1053WS1	17-06-2016	20-01-2016	07-08-2015
On-Board Suction	1054WS1	17-06-2016	21-01-2016	10-10-2015
On-Board Suction	1078WS1	17-06-2016	25-01-2016	13-08-2015
On-Board Suction	1079WS1	17-06-2016	21-01-2016	13-08-2015
On-Board Suction	1080WS1	18-06-2016	20-01-2016	07-08-2015
On-Board Suction	1081WS1	09-06-2016	21-01-2016	13-08-2015
On-Board Suction	1094WS1	09-06-2016	20-01-2016	13-08-2015

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Other – D tank regulator on stretcher	1050D1	09-06-2016	20-01-2016	07-08-2015
Other – D tank regulator on stretcher	1051D1	08-06-2016	21-01-2016	13-08-2015
Other – D tank regulator on stretcher	1052D1	08-06-2016	20-01-2016	14-08-2015
Other – D tank regulator on stretcher	1053D1	17-06-2016	20-01-2016	07-08-2015
Other – D tank regulator on stretcher	1054D1	17-06-2016	21-01-2016	10-10-2015
Other – D tank regulator on stretcher	1055D1	09-06-2016	21-01-2016	10-10-2015
Other – D tank regulator on stretcher	1078D1	17-06-2016	25-01-2016	13-08-2015
Other – D tank regulator on stretcher	1079D1	17-06-2016	21-01-2016	13-08-2015
Other – D tank regulator on stretcher	1080D1	18-06-2016	20-01-2016	07-08-2015
Other – D tank regulator on stretcher	1081D1	09-06-2016	21-01-2016	13-08-2015
Other – D tank regulator on stretcher	1094D1	09-06-2016	20-01-2016	13-08-2015

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	1050D2	09-06-2016	20-01-2016	07-08-2015
Portable O2 Regulator	1051D2	08-06-2016	21-01-2016	13-08-2015
Portable O2 Regulator	1052D2	08-06-2016	20-01-2016	14-08-2015
Portable O2 Regulator	1053D2	17-06-2016	20-01-2016	07-08-2015
Portable O2 Regulator	1054D2	17-06-2016	21-01-2016	10-10-2015
Portable O2 Regulator	1055D2	09-06-2016	21-01-2016	10-10-2015
Portable O2 Regulator	1078D2	17-06-2016	25-01-2016	13-08-2015
Portable O2 Regulator	1079D2	17-06-2016	21-01-2016	13-08-2015
Portable O2 Regulator	1080D2	18-06-2016	20-01-2016	07-08-2015
Portable O2 Regulator	1081D2	09-06-2016	21-01-2016	13-08-2015
Portable O2 Regulator	1094D2	09-06-2016	20-01-2016	13-08-2015

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Vehicle Main Regulator	1050M1	09-06-2016	20-01-2016	07-08-2015
Vehicle Main Regulator	1051M1	08-06-2016	21-01-2016	13-08-2015
Vehicle Main Regulator	1052M1	08-06-2016	20-01-2016	14-08-2015
Vehicle Main Regulator	1053M1	17-06-2016	20-01-2016	07-08-2015
Vehicle Main Regulator	1054M1	17-06-2016	21-01-2016	10-10-2015
Vehicle Main Regulator	1055M1	09-06-2016	21-01-2016	10-10-2015
Vehicle Main Regulator	1078M1	17-06-2016	25-01-2016	13-08-2015
Vehicle Main Regulator	1079M1	17-06-2016	21-01-2016	13-08-2015
Vehicle Main Regulator	1080M1	18-06-2016	20-01-2016	07-08-2015
Vehicle Main Regulator	1081M1	09-06-2016	21-01-2016	13-08-2015
Vehicle Main Regulator	1094M1	09-06-2016	20-01-2016	13-08-2015

Appendix F Stretcher Maintenance Summary Table

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Cot lift assist	146-55	26-07-2016	29-03-2016	26-01-2016
Cot lift assist	137-51	27-09-2016	06-07-2016	11-04-2016
Cot lift assist	114-52	27-09-2016	11-07-2016	13-04-2016
Cot lift assist	101-00	28-06-2016	05-04-2016	26-01-2016
Cot lift assist	143-79	19-09-2016	10-08-2016	14-07-2016
Cot lift assist	147-81	16-08-2016	23-02-2016	28-01-2016
Cot lift assist	132-82	26-09-2016	13-07-2016	04-04-2016
Cot lift assist	118-93	19-09-2016	07-09-2016	18-07-2016
Cot lift assist	149-50	13-10-2016	30-08-2016	15-06-2016
Cot lift assist	148-78	07-09-2016	07-07-2016	10-05-2016

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Lifting chair	221-55	26-07-2016	29-03-2016	26-01-2016
Lifting chair	205-51	06-07-2016	11-04-2016	18-01-2016
Lifting chair	238	27-09-2016	11-07-2016	New

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Lifting chair	217-00	28-06-2016	05-04-2016	26-01-2016
Lifting chair	232	19-09-2016	10-08-2016	14-07-2016
Lifting chair	228	16-08-2016	28-07-2016	New
Lifting chair	230	26-09-2016	13-07-2016	New
Lifting chair	224	19-09-2016	07-09-2016	New
Lifting chair	237	13-10-2016	30-08-2016	New
Lifting chair	227	07-09-2016	28-07-2016	New

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Stretcher adjustable breakaway	304	26-07-2016	29-03-2016	26-01-2016
Stretcher adjustable breakaway	313	27-09-2016	06-07-2016	11-04-2016
Stretcher adjustable breakaway	037088-309	27-09-2016	11-07-2016	13-04-2016
Stretcher adjustable breakaway	318	28-06-2016	05-04-2016	26-01-2016
Stretcher adjustable breakaway	658155	19-09-2016	10-08-2016	14-07-2016
Stretcher adjustable breakaway	300	16-08-2016	19-05-2016	23-02-2016
Stretcher adjustable breakaway	320	26-09-2016	13-07-2016	04-04-2016
Stretcher adjustable breakaway	317	13-10-2016	30-08-2016	15-06-2016
Stretcher adjustable breakaway	321	06-09-2016	10-05-2016	09-03-2016

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Stretcher folding	405	26-07-2016	29-03-2016	26-01-2016
Stretcher folding	413	27-09-2016	06-07-2016	11-04-2016
Stretcher folding	410	27-09-2016	11-07-2016	13-04-2016
Stretcher folding	402	28-06-2016	05-04-2016	26-01-2016
Stretcher folding	77541	19-09-2016	10-08-2016	14-07-2016
Stretcher folding	408	16-08-2016	19-05-2016	23-02-2016
Stretcher folding	404	26-09-2016	13-07-2016	04-04-2016
Stretcher folding	414	19-09-2016	07-09-2016	18-07-2016
Stretcher folding	1451	07-09-2016	New	New
Stretcher folding	403	13-10-2016	30-08-2016	15-06-2016

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Stretcher portable	510	26-07-2016	29-03-2016	26-01-2016
Stretcher portable	504	27-09-2016	06-07-2016	11-04-2016
Stretcher portable	515	27-09-2016	11-07-2016	13-04-2016
Stretcher portable	516	28-06-2016	05-04-2016	26-01-2016
Stretcher portable	506	19-09-2016	10-08-2016	14-07-2016
Stretcher portable	503	16-08-2016	19-05-2016	23-02-2016
Stretcher portable	501	26-09-2016	13-07-2016	04-04-2016
Stretcher portable	514	19-09-2016	07-09-2016	18-07-2016
Stretcher portable	509	13-10-2016	30-08-2016	15-06-2016
Stretcher portable	500	07-09-2016	07-07-2016	10-05-2016

Appendix G Abbreviations

Glossary of Abbreviations			
ACRONYM	MEANING	ACRONYM	MEANING
ACP	Advanced Care Paramedic	ER	Emergency Room
ACR	Ambulance Call Report	EORR	Education, Operational Readiness and Regulations
ACS	Ambulance Communications Service	ERV	Emergency Response Vehicle
ADDAS	Ambulance Data Direct Access System	ESU	Emergency Support Unit
ACO	Ambulance Communications Officer	GCS	Glasgow Coma Scale
AEMCA	Advanced Emergency Medical Care Assistant	GPS	Global Positioning System
ALS	Advanced Life Support	IC	Inspections and Certifications
ASCDS	Ambulance Service Communicable Disease Standards	LAISC	Land Ambulance Implementation Steering Committee
ASDS	Ambulance Service Documentation Standards	LASCS	Land Ambulance Service Certification Standards
ASPC & TS	Ambulance Service Patient Care and Transportation Standards	MOHLTC	Ministry of Health and Long-Term Care
ASR	Ambulance Service Review	MTO	Ministry of Transportation
AVL	Automatic Vehicle Locator	OAPC	Ontario Association of Paramedic Chiefs
BLS	Basic Life Support	OASIS	Ontario Ambulance Service Information System
CACC	Central Ambulance Communications Centre	O2	Oxygen
CCP	Critical Care Paramedic	OPLA & ERVS	Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard
CME	Continuing Medical Education	P&P	Policy and Procedure
CO	Communications Officer	PCP	Primary Care Paramedic
CPR	Cardiopulmonary Resuscitation	PESFOAS	Provincial Equipment Standards For Ontario Ambulance Services
CTAS	Canadian Triage & Acuity Scale	RFO	Regional Field Office EHSB
DSSAB	District Social Services Administration Board	RTC	Regional Training Co-ordinator
EHSB	Emergency Health Services Branch	SR	Symptom Relief
EMA	Emergency Medical Attendant	UTM	Upper Tier Municipality
EMCA	Emergency Medical Care Assistant	VIN	Vehicle Identification Number
EMS	Emergency Medical Service(s)		

