

Ambulance Service Review Final Report

The County of Dufferin

Dufferin County Paramedic Service

Ministry of Health and Long -Term Care
Emergency Health Services Branch



**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



December 19, 2014

Mr. Tom Reid
Director, Dufferin County Paramedic Service
The County of Dufferin
325 Blind Line
Orangeville ON L9W5J8

Dear Mr. Reid:

Congratulations on successfully meeting the legislated requirements for certification as a land ambulance operator in the Province of Ontario. The Ambulance Service Review Follow Up conducted on November 21, 2014 found that Dufferin County Paramedic Service continues ongoing improvement towards ensuring delivery of high quality ambulance service.

Dufferin County Paramedic Service is to be commended for its efforts in the following areas:

- Preparation for the certification inspection
- Level of Service
- Quality assurance initiatives with community agencies
- Training
- Vehicles
- Operations
- Liaison and Communication

The Review found that Dufferin County Paramedic Service meets the certification criteria and the legislated requirements. Accordingly, Dufferin County Paramedic Service was issued a renewed Certificate to operate an ambulance service.

Once again, congratulations to you and your team.

Sincerely,

A handwritten signature in blue ink that reads "M Bay".

Michael Bay
Manager
Inspections and Certifications

Cc: Ms. Sonya Pritchard, CAO/Clerk, County of Dufferin
Mr. Richard Jackson, Director, EHSB
Mr. Michael LeGros, Senior Manager, EHSB
Mr. Preston Holmes, Senior Manager, EHSB
Ms. Mary Vahaviolos, Senior Field Manager, EHSB

Table of Contents

Introduction.....	6
Service Review Summation.....	10
Patient Care.....	11
ACR Review – ALS/BLS Standards.....	11
Training.....	14
Paramedic Ride-Outs.....	15
ID Cards.....	16
Communicable Disease Management.....	16
Vehicle – Equipment Restraints.....	17
Communication – CACC/ACS Direction.....	17
Patient Care Equipment and Supplies.....	18
Medications.....	20
Oxygen, Suction, Stretcher & Defibrillator Maintenance.....	20
Vehicles - Staffing.....	22
Vehicle – Maintenance / Inspection.....	22
Collision Reporting.....	24
Quality Assurance.....	29
Quality Assurance.....	29
Employee Qualifications.....	30
ACR – IR Documentation.....	31
Administrative.....	37
Response Time Performance Plan.....	37
Service Provider Deployment Plan.....	38
Ambulance Service Identification Cards.....	39
Base Hospital Agreement.....	40
Policy and Procedure.....	40
Insurance.....	42
Appendices.....	45
Appendix A – HRI Summary Table.....	45
Appendix B – Ambulance Call Report Summary Tables.....	45
Appendix C – Paramedic Ride-Out Summary Tables.....	47
Appendix D – Vehicle Equipment & Supplies Summary Table.....	48
Appendix E – Oxygen, Suction & Defibrillator Summary Tables.....	48
Appendix F – Stretcher Maintenance Summary Tables.....	49

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

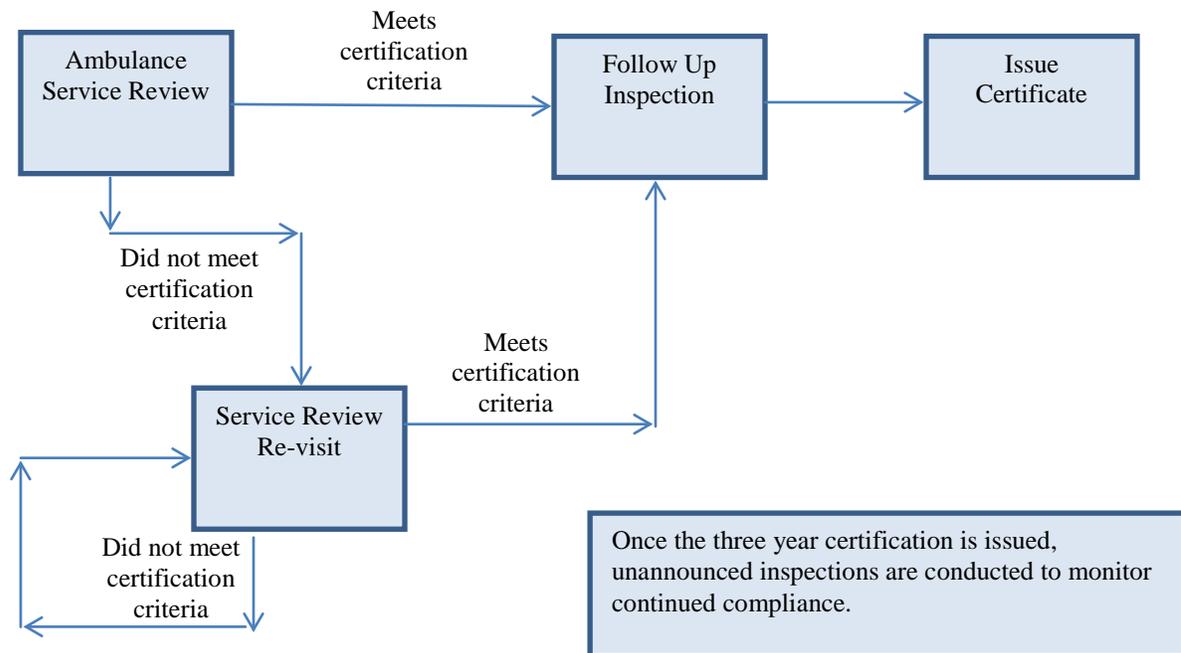
Certification Process: Ambulance Service Providers undergo an Ambulance Service Review every three years - the certification of a service is not extendable under the Act.

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 oral 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 during 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: Patient care, staff qualification and operational files pertinent to the delivery of ambulance service will be reviewed including: 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 presents. Observations will be recorded and combined with the documented patient care information provided by the crews and feedback from the receiving hospitals. This information is utilized to evaluate that the provision of patient care provided 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 of the Review 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 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 to prepare an action plan for addressing 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 to meet the Review requirements, the Review Team report will include observations on how the service can meet the Review requirements.
- Continued collaboration and consultation are available to assist a Provider.
- Review Team resources are available to assist a Service Provider if required or requested in preparing for the re-visit.

Summation

Dufferin County Paramedic Service operates from three stations, including headquarters and provides primary and advanced paramedic patient care. The Service responded to approximately 6,437 calls in 2013. At the time of the Ambulance Service Review, the Service had eight ambulances and two emergency response vehicles.

The Service provides ambulance service to the residents of the City of Orangeville and the County of Dufferin as well as the surrounding areas. Headquarters is located at 325 Blind Line, Orangeville. Dufferin County Paramedic Service is dispatched by the Cambridge CACC and has a Base Hospital relationship with the Hamilton Health Sciences Centre for Paramedic Education and Research.

This Service has been in operation since January 01, 2001. The certificate for Dufferin County Paramedic Service expires on December 11, 2014. As required to renew their certificate, Dufferin County Paramedic Service participated in an Ambulance Service Review by the Ambulance Service Review Team on May 13-14, 2014. The Ambulance Service Review conducted May 13-14, 2014 found that Dufferin County Paramedic Service has **met** the requirements of the *Land Ambulance Service Certification Standards*.

The Review Team for Dufferin County Paramedic Service was comprised of one Ministry Team Leader, Management reps from the City of Sault Ste. Marie and the Region of Durham, Paramedic Reps from the Regions of York and Durham, the County of Brant, the Cities of Thunder Bay and London-Middlesex.

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

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

Patient Care

Subsections:

- ACR Review – ALS/BLS Patient Care Standards,
- Training,
- Paramedic Ride-outs,
- 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 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 (ACR), Incident Reports (IRs), conducted four ride-outs at two stations on every priority call and Canadian Triage Acuity Scale level call opportunity presented and conducted interviews with Dufferin County Paramedic Service personnel.

Observations: 90.1% of the ACRs reviewed demonstrated Patient Care was provided in accordance with the ALS/BLS Patient Care Standards.

Of the two hundred and eighty-three Ambulance Call Reports reviewed by the Review Team, the following twenty-eight or 9.9%, demonstrate that documentation to confirm adherence to the ALS/BLS Patient Care Standards was not always completed (based upon documentation only).

[\(Observation: 1\)](#)

Call Number	Patient Issue	Review Observations
921010091027	66 y/o male pt with syncope post chest pain 10/10.	O2 given was low concentration - BLS standard states chest pain and syncopal pts require high concentration O2. Also no evidence of ASA consideration.
921010093476	92 y/o female pt presenting with confusion and disorientation.	No O2 administered. BLS standard = O2 high concentration for confusion or decreased LOC.
921010099032	90 y/o female patient lethargic - general illness.	Vitals were taken however were not consistent with BLS standards as none were complete. BLS Standard=vitals q 5-10 min for high acuity pts with min of 2 complete sets.
921010102226	86 y/o male pt with pelvic pain.	Vital signs incomplete. BLS standard = vitals q 5-10 min with a minimum of 2 complete sets.
921010120483	47 y/o male pt complaining of chest discomfort.	Vitals incomplete = BLS standard = vitals q 5-10 min with min of 2 complete sets. Also pt had episode of chest pain radiating into neck = ASA not considered.
921010130364	57 y/o male pt with chest pain radiating to shoulder and back.	Cannot rule out C/P. No ASA, NTG or IV considered. Pt had pain while at work.
921010142412	60 y/o female possible allergic reaction.	Vitals incomplete - BLS standards = Vitals q 5-10 min with a minimum of 2 complete sets.
921010078519	67 y/o male pt with SOB.	Paramedic admin 2L via NC. Standard = High concentration required if not tolerated then apply NC @ 6L/m as a substitute.
921010082700	86 y/o female pt c/o chest pain.	Vitals incomplete - standard = 2 complete sets required O2 NC @ 4L/m - standard = CP requires high concentration IV attempts not made and no explanation provided.
921010090816	26 y/o male involved in MVC with trauma to neck, shoulder and head.	Vitals incomplete - standard = 2 complete sets required.
921010091495	87 y/o female pt VSA.	VSA call under ACP protocols yet PCP attended to hospital. Pt rearrested and therefore ALS standards could not be reinitiated as ACP was driving. Standard = must transfer care to equal or greater level of care.
921010095657	73 y/o female pt with decreased LOA.	Vitals incomplete - standard = 2 complete sets.
921010098224	56 y/o male pt with decreased LOC.	Vitals incomplete - standard = 2 complete sets GCS - 7 - Standard = requires high concentration of O2 - no administration of O2.
921010100424	79 y/o male pt presenting with severe SOB with crackles in chest throughout.	SOB + Crackles - cannot rule out CHF - no NTG administered under protocol.
921010108062	88 y/o female with back and arm pain consistent with previous angina.	Vitals incomplete - standard = 2 complete sets.
921010119866	83 y/o female pt with possible Stroke or TIA.	Vital incomplete - standard = 2 complete sets required O2 admin NC @ 4L/m - standard = for decreased LOC and possible stroke high concentration if not tolerated admin NC @ 6L/m.
921010123490	50 y/o male fell from ladder showing signs of possible head injury.	Vitals incomplete - standard = 2 complete sets required Pt fell from ladder no recall of incident = altered LOC - Standard = consider immobilization and O2 administration.
921010135108	73 y/o male pt with chest pain.	Vitals incomplete - standard = 2 complete sets required.

Call Number	Patient Issue	Review Observations
921010242503	Unwitnessed fall with no recall of events, documented head trauma and vomiting, unable to get up/slurring words/drooling.	<i>Pt was not spinal immobilized with c-collar as per BLS standards. CTAS should be 2, not 3 as documented.</i>
921010252411	Psych pt cuffed by police.	<i>Medic documented no vitals on ACR. Stated unable to do so b/c of cuffs. BLS standards require minimum 2 sets of vitals on all calls.</i>
921010227866	Patient involved in "significant damage" MVC with head involvement. Shoulder injury. IV medication administration documented prior to documented time of IV administration.	<i>Narcotic administration to potential Multi system trauma patient.</i>
921010198076	A 67 year old patient has overdosed and is hypoxemic (SPO2 89%) and tachycardia (HR 121). Assessment of vital signs occurs at a 13 minute interval. The patient is walked to the stretcher.	<i>Assessment of vital signs is required every 5 to 10 minutes. The patient is to be carried.</i>
921010216008	A 67 year old patient presents with pulmonary edema. SP02 is 91%. Oxygen is provided via nasal prongs 3 lpm. There is no documented history of NTG use. Prior to addressing the respiratory distress, glucometry is performed on unaltered pt.	<i>High concentration oxygen is required. Glucometry is not required. The tachypnea requirement is not met and CPAP is therefore not indicated. An initial NTG dose of 0.8mg requires either previous use or IV access.</i>
921010230267	A 71 year old patient presents with severe abdominal and chest pain. He is bradycardic (HR 48) and hypertensive (BP 190/110). There is a 22 minute gap between vital signs.	<i>Assessment of vital signs is required every 5 to 10 minutes.</i>
921010207483	An 83 year old patient presents with an altered LOC, tachycardia, and hypotension. He is transported CTAS 2. There is a 15 minute gap between vital signs. He is hypotensive and no fluid bolus is administered.	<i>Assessment of vital signs is required every 5 to 10 minutes. A fluid bolus is required.</i>
921010212557	An 80 year old patient presents signs and symptoms suggesting a possible CVA. He is transported CTAS 2. There is a 43 minute gap between assessments of BPs.	<i>Assessment of vital signs is required every 5 to 10 minutes.</i>
921010253170	An 86 year old patient presents with respiratory distress and altered LOC. Vital signs are uploaded from the Zoll, and the heart rate reflects artifact (e.g. HR=241) It is further documented that the "HR on monitor not always matching pulse".	<i>An accurate pulse is to be obtained by palpation, and it is this value that needs to be documented.</i>
921010071381	40 y/o female pt with dislocated arm from ski accident.	<i>Vitals incomplete - standard = vitals q 5-10 min with minimum of 2 complete sets. Also no indication of pain relief considered. Also 10/10 pain with SOB - no O2 indicated.</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 Providers 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.

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 Dufferin County Paramedic Service personnel.

Observations: The Service Provider has a mechanism in place to ensure paramedic skills are maintained, which includes:

- Current user guides,
- Training bulletins,
- Videotapes and mandatory learning materials,
- Base Hospital Policies and Protocols,
- Base Hospital training,
- Base Hospital certification on file,
- A medium for the review of training materials,
- Annual aggregate evaluation of compliance with the Patient Care Standards,
- New staff members undergo an evaluation of their patient care skills, and
- Evaluation results are communicated to staff.

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

There was documentation indicating a remedial training program was in place for staff who demonstrated deficiencies in the use of patient care equipment.

The records include the date, location, type, nature and duration of each CME activity including those for new, updated and additional equipment.

Documentation demonstrated the Service Provider works with the Base Hospital to ensure staff regularly demonstrates proficiency in patient care skills. There was further documentation demonstrating the Service Provider works with Base Hospital to provide:

- remedial training to employees whose patient care skills are considered deficient,
- identified staff attends and successfully completes remedial training,
- to ensure staff regularly demonstrates proficiency in performing controlled acts,
- identified staff attended and successfully completed remedial training for controlled acts, and
- monitoring of Paramedic certification, recertification, change in certification and decertification.

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 five Advanced Care Paramedics, conducted ride-outs for direct observation of the provision of patient care. Ride-outs were conducted with Dufferin County Paramedic Service paramedics at two 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. Of the four calls observed, all calls 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.

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.

Paramedics ID Cards and Service Specific Number permit a means for the paramedic to log onto the Communication environment and further provides a paramedic required ID for access to secure areas. 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 Dufferin County Paramedic Service personnel for compliance respecting ID Cards.

Observation: 100% of Dufferin County Paramedic Service 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*, Section 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 two 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 Dufferin County Paramedic Service personnel.

Observations: 75% 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 (*Call 10277612 – Paramedics did not wash hands*). [**\(Observation: 2\)**](#)

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. A further five vehicles at base were inspected for equipment and supply compliance.

The Review Team also reviewed reports/records relevant to service vehicles and equipment, and conducted interviews with Dufferin County Paramedic Service 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 states in part, Patient Transport, 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)/staff QA/CQI, and conducted interviews with Dufferin County Paramedic Service 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, and
- 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.

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 further five vehicles at three 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 Dufferin County Paramedic Service personnel.

Observations: Five ambulances were inspected and we note the following:

Ambulances:

- 100% of vehicles observed were stocked with the required number and type of patient care equipment, and
- 60% of vehicles observed were stocked with the required number of supplies.
(Observation: 3)

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 is free of contamination. Further, 100% of the patient care equipment provided for use met the *Provincial Equipment Standards for Ontario Ambulance Services*. The Service Provider did have 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 was 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". 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/medication interventions, securing/storing of medications, vehicle stocking and cleanliness of supplies and equipment.

A further five vehicles at three 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 Dufferin County Paramedic Service personnel.

Observations: 100% of the medications observed were stored in a manner consistent with manufacturer's requirements and secured from unauthorized access. 67% of the controlled medications observed were secured according to Service policy (The controlled substance cabinet at the Grand Valley base was not locking properly, supervisor notified and locksmith called to fix lock). Staff followed the policy respecting the disposal of expired medications.

100% of the bases 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, 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.

- 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 for direct observation of securing/storing of equipment, vehicle stocking and cleanliness of supplies and equipment.

A further five vehicles at three 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 Dufferin County Paramedic Service personnel.

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

Service oxygen testing equipment had been calibrated November 18, 2013 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 fifty-seven patient care devices inspected, the preventative maintenance program met the manufacturer's specification 94.1% of the time.

(Observation: 4)

Some examples of the patient care devices preventative maintenance review is attached as **Appendix E** on page 48.

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 based on manufacturer's recommendations. 89.4% of the patient carrying equipment met the manufacturer's specification respecting preventative maintenance.

(Observation: 5)

Some examples of the patient carrying equipment preventative maintenance review is attached as **Appendix F** on page 49.

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 further five vehicles at three 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 Dufferin County Paramedic Service personnel.

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

Each ERV responding to a request for service is staffed with at least one person qualified as a PCP under the regulation. Each ambulance responding for a request for service is staffed with at least one PCP and one EMA qualified as per the regulation. Each ambulance designated by the Service as an ACP ambulance is staffed with at least one ACP and one PCP when responding to a request for service or while transporting a patient.

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. Five vehicles at three 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 Dufferin County Paramedic Service 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 preventative maintenance program is based on 6,000 Kms between services. Each vehicle is included within the Service Provider's Vehicle PM Program. A review of PM files demonstrates the Service Preventative Maintenance is performed according to the Service Provider's schedule/Original Equipment Manufacturer's schedule. The average vehicle maintenance interval calculates to 5,690 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 eight front line ambulances and two emergency response vehicles. Five ambulance vehicles 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,
- Vehicles were maintained in a clean and sanitary condition,
- Supplies were accessible to clean the vehicles, and
- 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 Dufferin County Paramedic Service personnel.

Observations: The Service Provider provided documentation demonstrating staff immediately notify CACC when an ambulance or ERV is involved in a collision. It was also 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

We have completed a review of all observations and opportunities for improvement and are prepared for a follow up visit to demonstrate the mitigating actions taken.

Inspector's Findings

Dufferin County Paramedic Service strives towards excellence in the provision of *Advanced Life Support* and *Basic Life Support Patient Care Standards*. The Service Provider is cognizant of the need for follow up with staff when patient care deficiencies are identified and takes very seriously the provision of proper patient care to all patients.

The Service Provider has an audit process in place to ensure that Patient Call Reports reflect patient care was provided as per the ALS/BLS Standards. As part of the Service's QA Program, each call that was found to be deficient during the Service Review was reviewed by the Service. The Service Review findings were reviewed with staff during their Fall Continuing Medical Education (CME) session. Memos respecting patient care delivery issues have been posted for all staff as a review and reminder.

Further, Service Superintendents audit 100% of ACRs received to ensure continued compliance. Dufferin County Paramedic Service works closely with Base Hospital to ensure all paramedics practice proficiency in patient care skills by auditing deficiencies and protocol variances. In addition, enhancements have been made to the iMedic mandatory fields, and should assist staff in prevention of documentation omissions.

Dufferin County has a robust Quality Assurance processes in place to address any patient care variances that may be found. The Service is confident their Quality Assurance will serve them well while identifying areas for continued improvement. This continues to be an ongoing Quality Assurance practice for monitor to ensure continued compliance. **Dufferin County Paramedic Service is committed to compliance in this area.**

Observation: 2

Service Provider Response

We have completed a review of all observations and opportunities for improvement and are prepared for a follow up visit to demonstrate the mitigating actions taken.

Inspector's Findings

The Service Provider's hand sanitization policy reinforces the importance of proper infection control standards highlighting the proper procedure to hand washing.

Infection Prevention and Control was reviewed during their Fall CME to reinforce the requirement to ensure in keeping with the principles of good hand hygiene, the best practice for performing hand hygiene before and after patient contact. **Dufferin County Paramedic Service is committed to compliance in this area.**

Observation: 3

Service Provider Response

In the spirit of continuous improvement I would respectfully request that under observation 3 that vehicle stock supplies be reported as a percentage. I believe that reporting it as a percentage of success or opportunity would be more representative of the findings.

Inspector's Findings

Dufferin County Paramedic Service restocked each vehicle with the missing equipment, as well as the Advanced Airway device noted as missing during the Ambulance Service Review. The Service Provider commits to stocking each vehicle according to the *Provincial Equipment Standards for Ontario Ambulance Services*.

Documentation demonstrates that needle size 25F-one inch is now included on the stock requisition form which ensures all items are present and replenished when necessary. The needles are now supplied and also included on the Ambulance Service daily inventory checklist to mitigate this issue in the future. Further, a memo has been posted for staff advising the addition of these needles.

The Service Provider ensures that their vehicle mechanical issues are resolved and now in proper working order. **Dufferin County Paramedic Service is committed to compliance in this area.**

Observation: 4

Service Provider Response

We have completed a review of all observations and opportunities for improvement and are prepared for a follow up visit to demonstrate the mitigating actions taken.

Inspector's Findings

Documentation demonstrates that the preventative maintenance on equipment patient care devices will be completed as per the inspection schedule delivered. Each respective piece of equipment will be tested to ensure it is maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Testing on each piece of equipment is reported in an electronic item/numbering system to follow the fleet's assets in order to track equipment which requires regular testing/inspection.

An assets database will allow for multiple and accurate reporting scenarios and will include the commissioning and decommissioning of all vehicles and/or equipment. The assets data system will remain an ongoing monitoring matter for all staff to mitigate future equipment issues. **Dufferin County Paramedic Service is committed to compliance in this area.**

Observation: 5

Service Provider Response

We have completed a review of all observations and opportunities for improvement and are prepared for a follow up visit to demonstrate the mitigating actions taken.

Inspector's Findings

Documentation demonstrates that the preventative maintenance on patient carrying equipment will be completed as per the inspection schedule delivered. The Service Provider noted in their records, two serial identification numbers were recorded incorrectly.

Each respective piece of equipment will be tested and reported via their electronic data base /numbering system to track the fleet's assets for improved tracking of equipment which requires regular testing/inspection.

The database will also provide the Service Provider multiple/accurate reporting scenarios and will include the commissioning and decommissioning of all vehicles and/or equipment. The assets data system will remain an ongoing monitoring matter for all staff to ensure patient carrying equipment meets the manufacturer's specification respecting preventative maintenance. **Dufferin County Paramedic Service 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. The Municipality/DDA is obligated to ensure provision of service meets community needs and is provided according to the *Ambulance Act* and standards there under.

- 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 consisting of six Advanced Care Paramedics undertook a review of service patient carried and non-patient carried ACRs (all priority and CTAS return level calls).

The Review Team also reviewed reports and records relevant to Service Policy, QA/CQI initiatives and conducted interviews with Dufferin County Paramedic Service 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,
- Base Hospital Certification, and
- Other (peer audits).

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

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

Employee Qualifications

Legislated Requirements: In Ontario, to work as a Paramedic, an individual must meet the qualification requirements delineated by Ontario Regulation 257/00. There are three levels of paramedic practice in Ontario with each level building on the competencies and skills of the prior level and assuming its scope of practice. Section III Operational Certification Criteria of the *Land Ambulance 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 qualifications 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 representatives undertook a review of nineteen Primary Care Paramedic and twenty-one Advanced Care Paramedic HRI files. The Review Team also reviewed reports and records relevant to Service Policy, QA/CQI employment initiatives and conducted interviews with Dufferin County Paramedic Service personnel.

Observations: From the forty HRI files reviewed by the Review Team, the Service Provider captured 1,364 of 1,364 possible qualification requirements, or 100%. The Service Provider is commended for these review findings.

Dufferin County Paramedic Service 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 maintained for each employed paramedic who includes evidence of qualification as described in Part III of the Regulation.

Dufferin County Paramedic Service employs twenty-six paramedics reported to be Advanced Care Paramedics. Of the twenty-one ACP files reviewed by the Review Team, 100% contained the required MOHLTC ACP certification.

From the forty-one HRI files reviewed by the Review Team for confirmation of immunization on Table 1 - Part A of the ASCDS, the Service Provider captured 328 of 328 possible physician or delegate signature for immunization administration or 100% of the files reviewed.

There was 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.

Examples of the observations are itemized in detail and attached as **Appendix A** on page 45.

From the forty-one HRI files reviewed by the Review Team, the Service Provider captured 41 of 41 Influenza Immunization status requirements no later than directed by EHSB, or 100%.

As of January 31, 2014, 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) provides 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.

The Service Provider reported the Influenza Immunization status of each employee, that submitted to the Provider, to the EHSB Field Office as required each year.

Each operator shall, no later than February 14, 2014, 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.

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 six Advanced Care Paramedics undertook a review of two hundred and eighty-three ACRs.

The Review Team also reviewed reports and records relevant to Service Policy, QA/CQI initiatives and conducted interviews with Dufferin County Paramedic Service personnel.

Observations: From the two hundred and eighty-three ACRs reviewed by the Review Team, the Service Provider captured 16,432 of 16,839 possible data points, or 97.6% of the Ambulance Call Report information requirements. The Service Provider is to be commended for these documental findings.

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.

During the review, a random sample of ACRs was reviewed. The review 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 fifty-eight 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 45. ([Observation: 6](#))

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 45. ([Observation: 6](#))

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 45. ([Observation: 6](#))

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. Nine of the reviewed ACRs required an Incident Report, eight Incident Reports were completed. ([Observation: 7](#))

Call Number	ACR Observations	Incident Report Completion Criteria
921010221463	A 19 year old patient is involved in a fight and sustains head trauma.	<i>A scene or situation that represents a suspected or actual criminal circumstance or event.</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 recurrence.

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.

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.

Observations: 6 & 7

Service Provider Response

We have completed a review of all observations and opportunities for improvement and are prepared for a follow up visit to demonstrate the mitigating actions taken.

Inspector's Findings

The Service takes very seriously the proper provision of patient care to all patients. It was discussed with the Service during the follow-up visit the imperative need to audit completed ACRs regularly to maintain an ongoing knowledge of the quality of patient care being provided and that all forms, ACRs as well as IRs are completed as required. Further, to ensure mandatory fields are being completed according to the *Ambulance Service Documentation Standards*, staff reviewed the standard of completing “two complete sets of vitals” during the Service Providers CME.

The Service provides feedback to individual paramedics in instances where apparent documental or patient care protocol omissions have been identified during the audits. Additionally, the Service will note/compile an overall list of identified omissions and/or weaknesses identified during ongoing ACR audits and will incorporate this into the Service’s regular CME training sessions each year to serve as a review and reminder.

Additional review and enhancements to the software compliance checker may benefit the staff from missing mandatory fields. The Superintendents will continue reviewing ACRs for compliance to prevent mandatory fields from being missed during the documentation process.

Dufferin County Paramedic Service conducted a review of the identified patient care calls within the draft report. A memo posted for all staff re-iterating the need to complete IRs when required. Forms should be completed as soon after a call as is practical.

The Incident reports omission found during the Service Review were discussed at the Fall CME and the required refusal criteria/documentation requirement was highlighted with all staff and reviewed with the specific crews involved. This served as a general review and reminder for all staff.

Follow Up Ambulance Call Report Review

An ACR review was conducted during the follow-up inspection with Dufferin County Paramedic Service. Sixteen calls were patient carried calls and, four ACRs were non-patient carried calls.

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 exceptions:

Patient Carried Calls Not to BLS/ALS Standard

Call Number	Patient Issue	Review Findings
	No issues for this section.	

Patient Carried Calls Code 4 & 3

Call Number	Documentation Issue	Driver #	Attendant #
10332230	No issues.	19763	62335
10332649	No issues.	16510	75442
10334497	No issues.	38207	12168
10342617	No issues.	19763	84131
10332365	No issues.	38207	81985
10336412	Crew states dark urine. No temp listed to consider poss UTI.	57683	19763
10347321	No issues.	13205	11293
10346019	Incomplete postal code.	14718	13345
10343828	No issues.	38452	14082
10342087	No issues.	38207	14718
10344280	No issues. IR attached.	10625	11415
10344954	Crew received a ROSC. IR completed.	13205	11293

Patient Carried Calls Code 1 & 2

Call Number	Documentation Issue	Driver #	Attendant #
10333173	Call seems like a trauma transfer. However, there is no information under C/C & I/H. All that states is “see attached page”; no attached page with info.	Missing Driver ID# and name.	Missing Attendant ID# and name.
10343967	No issues.	14082	38452
10334408	Medications states see MARR. No meds listed on PCR.	21224	14590
10335185	No issues.	84990	20356

Non Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
	No PCRs for this section.		

Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
10333163	No issues.	62335	16510
10335094	No issues.	13345	50957
10341885	No issues.	84131	10097
10340587	No issues.	29114	27507

The Service Provider is committed to full and proper completion of all call types and continues to monitor and audit ACRs for quality and thoroughness of completion according to Documentation and the BLS/ALS Patient Care Standards. Supervisory staff will continue to monitor ACRs and IRs for proper minimum completion and will review with employees any ACR found not meeting minimum requirements. **Dufferin County Paramedic Service 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.

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

Observations: The Service Provider is meeting its Response Time Performance Plan.

The Service Provider has established a 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.

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 also 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. 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 ensuring 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 Dufferin County Paramedic Service 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 notifies 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 stipulates, the ministry is to be notified of an employee's release by way of either email or facsimile so that the Human Resources Inventory database may be updated.

Inspection Methodologies: The Review Team reviewed reports and records relevant to the service staffing deployment/ID Cards (service and ministry documentation) and conducted interviews with Dufferin County Paramedic Service 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 however does not always provide separation dates (ID #20354). 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. **(Observation: 8)**

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 (1) 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 Dufferin County Paramedic Service 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, and
- 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 ASCDS 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 Dufferin County Paramedic Service 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, and
- 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 Policies and Procedures, Insurance coverage and conducted interviews with Dufferin County Paramedic Service personnel.

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

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

Observation: 8

Service Provider Response

We have completed a review of all observations and opportunities for improvement and are prepared for a follow up visit to demonstrate the mitigating actions taken.

Inspector's Findings

The Service Provider retrieves employee ID cards post-employment and upon release returns the identification card to the Emergency Health Services Branch. It was discussed with the Service Provider that upon notification of release, the date of the memo is not accepted as the separation date.

During the Follow Up visit, there was documentation demonstrating a letter reporting employee 20354 had resigned and the Service Specific ID Card was returned to the ministry. Unfortunately, the separation date was not noted within the memo.

The Service Provider will confirm all information required upon release and will monitor to ensure all card submissions are completed as required. **Dufferin County Paramedic Service is committed to compliance in this area.**

Appendix A HRI Review Summary Table

Employee #	Documentation Issue
	No deficiencies noted.

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

Call Number	Documentation Issue	Driver #	Attendant #
921010070052	• Postal Code.	16510	14879
921010084578	• Chief Complaint. • Medications.	14879	16575
921010091027	• Medicine or Procedure.	13435	50957
921010093476	• Postal Code. • Medicine or Procedure.	75442	19763
921010099032	• Vitals x 2 minimum,/ and as call indicated.	12168	70753
921010102226	• Vitals x 2 minimum,/ and as call indicated.	13205	11293
921010107602	• Fluid Balance.	10625	11415
921010120483	• Fluid Balance. • Vitals x 2 minimum,/ and as call indicated.	14082	84131
921010127064	• Fluid Balance.	81985	64206
921010080186	• Fluid Balance.	14726	96511
921010082700	• Medicine or Procedure. • Vitals x 2 minimum,/ and as call indicated.	99321	14777
921010084701	• Chief Complaint.	45142	12334
921010085176	• Postal Code.	62305	14718
921010090816	• Vitals x 2 minimum,/ and as call indicated.	13205	11293
921010091229	• Chief Complaint.	38452	11312
921010095657	• Vitals x 2 minimum,/ and as call indicated.	11415	10625
921010098224	• Medicine or Procedure. • Vitals x 2 minimum,/ and as call indicated.	13205	11293
921010100424	• Medicine or Procedure.	45142	12334
921010101724	• Fluid Balance.	64206	81985
921010108062	• Fluid Balance. • Vitals x 2 minimum,/ and as call indicated.	13205	11293
921010109447	• Fluid Balance.	14082	84131
921010119866	• Mailing Address. • Fluid Balance. • Medicine or Procedure. • Vitals x 2 minimum,/ and as call indicated.	10625	62305
921010121827	• Postal Code.	12138	45412
921010123490	• Fluid Balance. • Medicine or Procedure. • Vitals x 2 minimum,/ and as call indicated.	13345	10625
921010124378	• Fluid Balance.	27507	14720
921010130462	• Fluid Balance.	14082	84131
921010135108	• Postal Code. • Result. • Vitals x 2 minimum,/ and as call indicated.	19876	81693

Call Number	Documentation Issue	Driver #	Attendant #
921010227866	<ul style="list-style-type: none"> • Fluid Balance. • Primary Problem Code. 	13205	11293
921010221526	<ul style="list-style-type: none"> • Primary Problem Code. 	13345	70753

Patient Carried Calls Code 2 & 1

Call Number	Documentation Issue	Driver #	Attendant #
921010069966	<ul style="list-style-type: none"> • Chief Complaint. 	17340	38452
921010074180	<ul style="list-style-type: none"> • Chief Complaint. 	81693	28530
921010106840	<ul style="list-style-type: none"> • Chief Complaint. 	38207	29114
921010126336	<ul style="list-style-type: none"> • Chief Complaint. 	12334	45142
921010132028	<ul style="list-style-type: none"> • Chief Complaint. 	62305	57683
921010138778	<ul style="list-style-type: none"> • Chief Complaint. 	10625	11415
921010165652	<ul style="list-style-type: none"> • Chief Complaint. 	84131	20354
921010172384	<ul style="list-style-type: none"> • Chief Complaint. 	17409	12168
921010191719	<ul style="list-style-type: none"> • Chief Complaint. 	20354	13345
921010192830	<ul style="list-style-type: none"> • Chief Complaint. 	14082	84131
921010221463	<ul style="list-style-type: none"> • Secondary Problem. • Primary Problem Code. • Code. • Initials (on ALS skills). • Crew Mbr. Initials. 	17408	14726

Non Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
921010233992	<ul style="list-style-type: none"> • Vitals x 1. 	14718	16575
921010235176	<ul style="list-style-type: none"> • Trauma Injury Site/Type. 	84131	14082
921010237735	<ul style="list-style-type: none"> • Medications. 	14777	84990

Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
921010221418	<ul style="list-style-type: none"> • Decision Maker Name. 	38452	81985
921010224428	<ul style="list-style-type: none"> • Decision Maker Name. • Patient Address. 	11415	64206
921010263069	<ul style="list-style-type: none"> • Patient Address. 	64206	50957
921010266760	<ul style="list-style-type: none"> • Time. • Date. • Witness Signature. 	20356	84990
921010267630	<ul style="list-style-type: none"> • Time. • Date. • Witness Signature. 	57683	14777
921010251828	<ul style="list-style-type: none"> • Time. • Date. • Witness Signature. 	11293	13205
921010257998	<ul style="list-style-type: none"> • Time. • Date. • Witness Signature. 	19876	27507

Appendix C Paramedic Ride-Out Summary Observation Tables

Call Observation Summary							
CALL NO.:	921010277524	VEHICLE NO.:	2267	PRIORITY	OUT: 3	IN: 3	
MEDIC #1	12334	MEDIC #2	12168	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 En route 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 NO.:	921010277489	VEHICLE NO.:	2273	PRIORITY	OUT: 4	IN: 4	
MEDIC #1	17408	MEDIC #2	99321	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 En route 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.	Review Findings	MOHLTC Vehicle No.	Review Findings
2270	<u>Symptom Relief Kit</u> <ul style="list-style-type: none"> Missing Needles #18F and #25F 1 inch size. 	2272	<u>Symptom Relief Kit</u> <ul style="list-style-type: none"> Missing Needles #18F and #25F 1 inch size. <u>Advanced Airway Kit</u> <ul style="list-style-type: none"> Missing Thoracostomy device.
2267	<u>Driver's Compartment</u> <ul style="list-style-type: none"> Wig-wags not all functioning. 		

Appendix E Oxygen, Suction & Defibrillator Summary Table

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	10613206	15-04-2014	23-10-2013	17-04-2013
Flow Meter #1	0802	15-04-2014	23-10-2012	17-04-2012
Flow Meter #1	0501	15-04-2014	13-10-2013	17-04-2013
Flow Meter #1	FM#5	15-04-2014	23-10-2013	17-04-2013
Flow Meter #1	FM#1	15-04-2014	23-10-2013	17-04-2013
Flow Meter #1	10613382	15-04-2014	23-10-2013	17-04-2013

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
On-Board Suction	RICO	15-04-2014	23-10-2013	17-04-2013
On-Board Suction	RICO	15-04-2014	23-10-2013	17-04-2013
On-Board Suction	RICO	15-04-2014	23-10-2013	17-04-2013
On-Board Suction	RICO	15-04-2014	23-10-2013	17-04-2013

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	L270-220	15-04-2014	not found	not found
Portable O2 Regulator	914574	15-04-2014	23-10-2013	17-04-2013
Portable O2 Regulator	6096070	15-04-2014	23-09-2013	17-04-2013
Portable O2 Regulator	916336	15-04-2014	23-10-2013	17-04-2013
Portable O2 Regulator	OT553792	15-04-2014	23-10-2013	17-04-2013
Portable O2 Regulator	689304	15-04-2014	not found	not found
Portable O2 Regulator	689300	15-04-2014	not found	not found
Portable O2 Regulator	689299	15-04-2014	not found	not found

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Vehicle Main Regulator	F13413	15-04-2014	not found	not found
Vehicle Main Regulator	D13394	15-04-2014	not found	not found
Vehicle Main Regulator	OT549055	15-04-2014	23-10-2013	17-04-2013
Vehicle Main Regulator	OT549053	15-04-2014	23-10-2013	17-04-2013
Vehicle Main Regulator	65127	15-04-2014	23-10-2013	17-04-2013

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	090016	15-04-2014	23-10-2013	17-04-2013
Battery Powered Portable	09023	15-04-2014	23-10-2013	new unit
Battery Powered Portable	090017	15-04-2014	23-10-2013	new unit
Battery Powered Portable	090021	15-04-2014	23-10-2013	new unit

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Defibrillator	AB08J008850	27-03-2014	13-09-2013	25-03-2013
Defibrillator	AB08J008698	27-03-2014	12-09-2013	25-03-2013
Defibrillator	AB08J008675	27-03-2014	21-09-2013	25-03-2013
Defibrillator	AB08J008845	27-03-2014	12-09-2013	25-03-2013
Defibrillator	AB08J008682	27-03-2014	12-09-2013	25-03-2013

Appendix F Stretcher Maintenance Summary Table

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Stairchair	712833	05-05-2014	07-04-2014	03-03-2014
Stairchair	G 06858	05-05-2014	not found	not found
Stairchair	I-88778	05-05-2014	07-04-2014	03-03-2014
Stairchair	06864	05-05-2014	07-04-2014	03-03-2014

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Main	184382	05-05-2014	not found	not found
Main	184378	05-05-2014	07-04-2014	03-03-2014
Main	IIN 184377	05-05-2014	07-04-2014	03-03-2014
Main	IIN 184375	05-05-2014	03-03-2014	06-01-2014
Main	IIN 184380	05-05-2014	07-04-2014	03-03-2014

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Folding	FC1159	05-05-2014	07-04-2014	03-03-2014
Folding	FC 1073	05-05-2014	07-04-2014	03-03-2014
Folding	FC 1432	05-05-2014	07-04-2014	03-03-2014
Folding	21673	05-05-2014	07-04-2014	03-03-2014
Folding	C-22354	05-05-2014	07-04-2014	03-03-2014

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Secondary	565279	05-05-2014	07-04-2014	03-03-2014
Secondary	L566671	05-05-2014	07-04-2014	03-03-2014
Secondary	L- 640962	05-05-2014	07-04-2014	03-03-2014
Secondary	IIN 208512	05-05-2014	07-04-2014	03-03-2014

Appendix G Abbreviations

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

