

Ambulance Service Final Report

Haldimand County Paramedic Services

February 12, 2018

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

Emergency Health Regulatory and
Accountability Branch

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April 24, 2018

Mr. Jason Gallagher
Chief (A)
Haldimand County Paramedic Services
11 Thorburn St. S.
Cayuga ON N0A 1E0

Dear Mr. Gallagher:

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 February 12, 2018 found that Haldimand County Paramedic Services continue ongoing improvement towards ensuring delivery of high quality ambulance service.

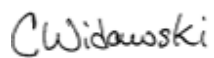
Haldimand County Paramedic Services is to be commended for its efforts in the following areas:

- Preparation for the certification inspection
- Level of Service
- Training
- Vehicles

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

Once again, congratulations to you and your team.

Sincerely,



Cindy Widawski
Manager (A)
Inspections and Certifications

Cc: Mr. Don Boyle, CAO, The County of Haldimand
Mr. Steven Haddad, Director, EHRAB
Mr. Jason Collins, Senior Manager, EHPMDB
Mr. Michael Bay, Senior Manager, EHRAB
Mr. Shawn Wolkowski, Senior Field Manager, EHPMDB

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Introduction

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

Legislated standards include:

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

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

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

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

- Patient Care
- Quality Assurance
- Administration

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

Ambulance Service Review Overview

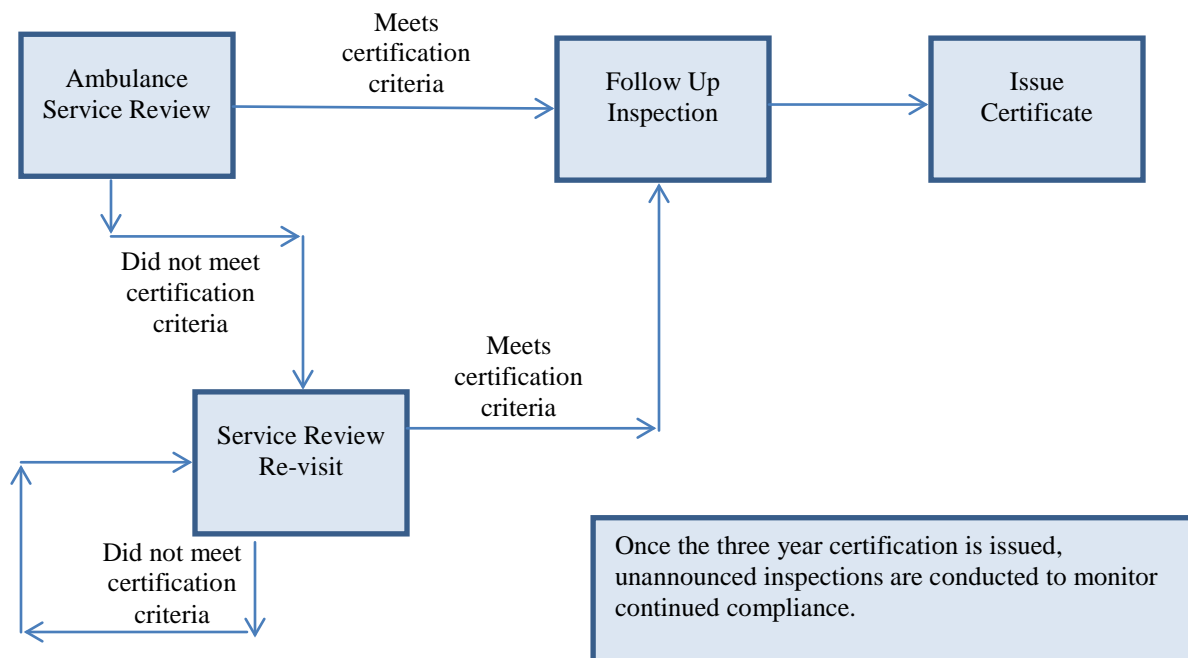
Certification Process: Ambulance Service Providers undergo an Ambulance Service Review every three years - the certification of a service is not extendable under the Act.

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

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

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

The diagram below graphically represents the certification process.



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

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

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

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

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

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

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

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

Service Review Re-visit

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

Follow Up Inspection

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

Unannounced Inspection

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

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

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

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

Satisfied the Requirements

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

Not Satisfied the Requirements

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

Summation

Haldimand County Paramedic Services operates from four stations, including headquarters and provides primary paramedic patient care. The Service responded to approximately 9,620 calls in 2016. At the time of the Ambulance Service Review, the Service had five front line ambulances, two mechanical spares and three emergency response vehicles.

The Service provides ambulance service to the residents of Caledonia, Cayuga, Dunnville, and Hagersville as well as the surrounding areas. Headquarters is located at 11 Thorburn St. S., Cayuga. Haldimand County Paramedic Services is dispatched by Hamilton CACC and has a Base Hospital relationship with Hamilton Health Sciences Centre for Paramedic Education and Research.

This Service has been in operation since February 1, 2002. The certificate for Haldimand County Paramedic Services expires on February 15, 2018. As required to renew their certificate, Haldimand County Paramedic Services participated in an Ambulance Service Review by the Ambulance Service Review Team on October 3 – 4, 2017. The Ambulance Service Review conducted October 3 – 4, 2017 found that Haldimand County Paramedic Services has **met** the requirements of the *Land Ambulance Certification Standards*.

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

Ministry Reps.:

- One Team Leader and
- One Fleet Standards Analyst.

Management Reps. from:

- Rama First Nation and
- The City of Peterborough.

Paramedic Reps. from:

- The Region of Niagara,
- The Region of Halton,
- The City of London,
- The City of Thunder Bay, and
- The County of Simcoe.

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

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

Patient Care

Subsections:

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

ACR Review – ALS/BLS Standards

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

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

Observations: 97.1% of the ACRs reviewed demonstrated patient care was provided in accordance with the ALS/BLS Patient Care Standards. The Service Provider is commended for this review observation.

Of the three hundred and fourteen Ambulance Call Reports reviewed by the Review Team, the following nine or 2.9%, 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	Audit Findings
920017399817	79 y/o male patient c/o weakness, low SpO2.	NRB not applied.

Call Number	Patient Issue	Audit Findings
920017417130	79 y/o male pt c/o weakness, nausea and SOB.	<i>Vitals not documented during offload delay >35 mins.</i>
920017437741	88 y/o female patient with syncope and altered LOC.	<i>NRB not applied.</i>
920017442447	33 year old male patient transfer with atrial arrhythmia and palpitations.	<i>Cardiac monitor not applied.</i>
920017444504	89 y/o female patient c/o chest pressure.	<i>NRB not applied. Initial rhythm and 12 lead not interpreted. Vitals required every 5-10 minutes until TOC.</i>
920017448014	73 y/o male patient with stroke-like symptoms.	<i>Vitals required every 5-10 mins. No vitals documented for > 20 mins.</i>
920017455215	54 y/o male patient with right hip pain.	<i>Ketoralac given for pain - patient on anticoagulant therapy (Xarelto).</i>
920017397790	21 month old male patient with nose bleed.	<i>No patient carried - only 1 set of vital signs done.</i>
920017461150	85 y/o male patient involved in MVC.	<i>GCS 14 - no blood sugar taken.</i>

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

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

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

Paramedic Ride-Outs

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

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

Inspection Methodologies: The Review Team consisting of one Primary Care Paramedic and two Advanced Care Paramedics, conducted ride-outs for direct observation of the provision of patient care. Ride-outs were conducted with Haldimand County Paramedic Services paramedics at four 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 three ride-outs, as observers. Of the three calls observed, two calls were patient carrying calls and one was a non patient carrying calls. Both of the patient carried 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 46.

Training

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

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

Observations: The Service Provider ensured paramedics have access to:

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

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

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

All Paramedics employed by the Ambulance Service Operator are included in the QA/CQI Program.

From the fifteen Paramedic files reviewed by the Review Team, 100%, demonstrated the component of patient care equipment knowledge and skills are demonstrated and tested. The Service Provider is commended for this review observation.

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

- Ensure staff regularly demonstrates proficiency in patient care skills.
- Provide remedial training to employees whose patient care skills are considered deficient.
- Ensure identified staff attended and successfully completed remedial training.
- Ensure staff regularly demonstrates proficiency in performing Controlled Acts.
- Provide remedial training for employees whose certification has been suspended or revoked.
- Ensure identified staff attended and successfully completed remedial training for Controlled Acts.
- Ensure Base Hospital certification is on file.

ID Cards

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

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

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

Inspection Methodologies: The Review Team conducted ride-outs for direct observation and observed seventeen Haldimand County Paramedic Services personnel for compliance respecting ID Cards.

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

Communicable Disease Management

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

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

Inspection Methodologies: The Review Team conducted ride-outs at four 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 Haldimand County Paramedic Services personnel.

Observations: 100% of service paramedics observed, washed their hands as soon after a call as was practical, in accordance with the *Patient Care and Transportation Standards* (PCTS) and service policy.

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

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

Vehicle - Equipment Restraints

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

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care and the securing of equipment and supplies. A total of three vehicles during ride-outs were inspected for securing of equipment and supply compliance.

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

Observations: Paramedic patient care and accessory equipment and supplies were not always secured in the vehicles as per the PCTS (*call# 17475021, green and blue response bags not secure during patient transport*). Staff and passengers wore seat belts during the provision of ambulance service while the ambulances and ERVs were in motion. **(Observation: 2)**

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

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

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

In the absence of direction, transport to the closest or most appropriate hospital emergency unit capable of providing the medical care apparently required by the patient.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care and radio interaction with their Communication Service.

The Review Team also reviewed reports and records relevant to service policy, service equipment (radios), staffing, QA/CQI, and conducted interviews with Haldimand County Paramedic Services personnel.

Observations: The Service Provider and staff accept ambulance calls as assigned by the CACC and followed the direction from the Ambulance Dispatch Centre, according to the Service Provider's Deployment Plan.

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

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

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

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

Patient Care Equipment and Supplies

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

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

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

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care, securing of equipment, vehicle stocking and cleanliness of supplies and equipment.

A total of seven vehicles at four 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 Haldimand County Paramedic Services personnel.

Observations: Six ambulances and one ERV were inspected and we noted the following:

Ambulances:

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

ERV:

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

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

100% of the patient care and accessory equipment observed was clean and sanitary. 100% of the patient care and accessory equipment observed was maintained in working order. It was also noted that staff cleaned the patient care and accessory equipment prior to re-use and cleaned the patient care compartment after an ambulance call.

The patient care equipment observed was not always stored in a manner that is consistent with manufacturer's direction or free of contamination (*Caledonia base had backboards stored in garage and no policy to clean prior to putting in service*). 100% of the patient care equipment provided for use met the *Provincial Equipment Standards for Ontario Ambulance Services*. The Service Provider had a quantity of supplies and equipment on hand to maintain the level of ambulance service to meet continuity of service requirements. **(Observation: 3)**

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 Service Provider is commended for this review observation.

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

Examples of the minor equipment and/or supply observations are noted in the table attached as **Appendix D** on page 47.

Medications

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

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

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

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care/medication interventions, securing/storing of medications, vehicle stocking and cleanliness of supplies and equipment.

A total of seven vehicles at four 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 Haldimand County Paramedic Services personnel.

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

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

Patient Care Devices and Conveyance Equipment Maintenance

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

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

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

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

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

The service's oxygen testing equipment had been calibrated 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 thirty-five patient care devices inspected, the preventive maintenance program met the manufacturer's specification 99% of the time. The Service Provider is commended for this review observation. **(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 inspections every 3 months. 98.6% of the patient carrying equipment met the manufacturer's specification respecting preventative maintenance. The Service Provider is commended for this review observation. **(Observation: 4)**

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

Vehicle - Staffing

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

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

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

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

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

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

Observations: The Service Provider meets their service commitment/deployment plan to ensure provision of service to meet community needs. The Service Provider has access to spare vehicles to maintain service. Incidents where a replacement vehicle was unavailable are documented.

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

Vehicle - Maintenance/Inspection

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

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

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

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

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care, securing/storing of equipment, vehicle stocking and cleanliness of supplies and equipment.

A total of eight vehicles at four base locations were inspected for vehicle compliance and certification standards.

A total of seven vehicles at four 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 Haldimand County Paramedic Services personnel.

Observations: The Service Provider had a letter signed by the Director, EHRAB, 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.

Of the eight vehicles inspected 100% of vehicles met the *Ontario Provincial Ambulance and Emergency Response Vehicle Standards*. The Service Provider is commended for this review observation.

The Service Provider's Vehicle Preventative Maintenance program is based on 8,000 Kms/every 3 months between services. Each vehicle is included within the Service Provider's Vehicle PM program. A review of eight vehicle PM files demonstrated the Service Provider's Vehicle Preventative Maintenance met the Service Provider's schedule/Original Equipment Manufacturer's schedule 100% of the time. The Service Provider is commended for this review observation. 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 seven ambulances and three emergency response vehicles. All ambulance vehicles were inspected. There was documentation indicating the Service Provider used only vehicle identification numbers assigned by the Director, EHPMDB. Each vehicle's identification was displayed on the front and rear of the vehicle as required. The Service Provider has a policy that states staff will use only the designated radio call identifier when using ministry telecommunication devices.

During the inspection of vehicles, it was noted:

- Each vehicle had a minimum annual safety check as per related legislation.
- Each vehicle had an up-to-date Ministry of Transport annual sticker affixed.
- Each vehicle was maintained mechanically and in proper working order.
- Staff completed a checklist ensuring safety features were functional.
- Paramedics could comment regarding vehicle deficiencies or safety concerns.
- Staff checked each vehicle at least once per day or shift.
- The Service Provider audits checklists for completeness, accuracy and vehicle deficiencies or safety concerns.
- Safety concerns raised by staff were resolved.
- Repairs or replacement items were completed in a timely manner.
- Vehicles were protected from extremes of heat, cold and moisture.
- Vehicles were stored to prevent contamination, damage or hazard.
- Each vehicle follows the deep clean program.
- Patient care compartment of vehicles were maintained in a clean and sanitary condition.
- Supplies were accessible to clean the vehicles.
- There was required clean storage space available for supplies.

Collision Reporting

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

Subsection III Operational Certification Criteria of the *Land Ambulance 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 Haldimand County Paramedic Services personnel.

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

Observation: 1

Service Provider Response

The review found that 97.1% of the ACR's reviewed demonstrate patient care was provided in accordance with the ALS/BLS Patient Care Standards. This is a result that we are proud of but we will work to refine our processes to strive to reach 100% compliance. To address this we are currently using electronic call reports, as well as a internal quality assurance program, where Deputy Chiefs will continue to monitor ACR's for patient care provided in accordance to ALS/BLS Standards. We feel that this platform and its call closing rules, along with our enhanced call report auditing will further improve our compliance.

Inspector's Findings

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

The Service Provider has an audit process in place to ensure that Ambulance Call Reports (ACRs) reflect the patient care provided. The Service Provider also has an in-house QA and training program to ensure care is to standard. Regarding ACR auditing, Haldimand County Paramedic Services Quality Assurance Deputy audits a selection of all ACRs completed by paramedics. In situations where concerns are noted, management will follow up with the paramedic involved with an ACE. The Quality Assurance Deputy must complete five ACE's per week. Remedial training will be delivered if required to any staff member.

Haldimand County Paramedic Services has included many of the ALS/BLS Patient Care deficiencies in their spring and fall Continuous Medical Education (CME) training sessions.

Haldimand County Paramedic Services are committed to compliance in this area.

Observation: 2

Service Provider Response

The review team found that during a ride out equipment was not secured as per the PCTS while the vehicle was in motion and paramedics were performing patient care with a patient in the back of the ambulance. HCPS, (Haldimand County Paramedic Services) has policies to mitigate this occurrence. Paramedics are expected to review the policies and sign off that they read and reviewed. All HCPS policies were reviewed and signed off by all staff in 2017, which would have included this policy. Also as part of our quality assurance program Deputy Chiefs are required to complete weekly compliance audits on crews and securing of response equipment is one of the check offs that is required to be reviewed for compliance. If not compliant, the crew is given a negative result to their compliance audit, made to complete the task, and review the policy, and sign off. Also Deputy Chiefs perform Performance Observations with ambulance crews to ensure not only ALS/BLS Standards are being followed but also to ensure all aspects of patient and crew safety are advocated, which would include restraining of equipment. This practice will continue and following our response submission to the MOHLTC in regards to the Draft Report, a reminder e-mail of all observations will go out to staff to ensure these type of issues are resolved.

Inspector's Findings

Haldimand County Paramedic Services maintains the highest expectations respecting patient, public and provider safety. Documentation demonstrates there is a long standing policy with respect to securing equipment. The Service Provider has spoken to the paramedics involved and reminded them of the Service's policy respecting securing of all equipment transported in the Ambulance or ERV during patient transport.

Haldimand County Paramedic Services' Deputies complete random spot checks of the Paramedic bases as well as the ambulances. Inspection to ensure bags and equipment are secure in the vehicles, has been added to this checklist. Haldimand County Paramedic Services **are committed to compliance in this area.**

Observation: 3

Service Provider Response

HCPS has a policy in regards to the cleaning and Restocking of Vehicles, (VF-9). Since the review policy has been reviewed and revised to specifically note the cleaning of spinal boards prior to being placed in the ambulance. Crew were sent the updated policy, and were made to review and sign off that they have read and understood.

Inspector's Findings

Haldimand County Paramedic Services are aware of the need to ensure all equipment is kept in a clean and sanitary environment. Due to lack of storage space spinal boards and other patient carrying equipment are sometimes stored in the ambulance base garage.

Haldimand County Paramedic Services have revised their Restocking of Vehicles policy (VF-9) to include the sanitization and cleanliness of these pieces of equipment prior to use. **Haldimand County Paramedic Services are committed to compliance in this area.**

Observation: 4

Service Provider Response

a) As HCPS is very proud of this result, we strive to reach 100% compliance. Through review of the Draft report a defibrillator, S/N US00567964 was not within it's annual timeline for it's preventative maintenance program. Moving forward we will standardize the tracking and recording of the preventative maintenance to mitigate reoccurrence.

b) As HCPS is proud of this result, we strive to reach 100% compliance. Through review of the Draft report that 3 Stretcher adjustable type did not meet the requirement for the preventative maintenance schedule. Moving forward we will standardize the tracking and recording of the preventative maintenance to mitigate reoccurrence.

Inspector's Findings

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

Haldimand County Paramedic Services continues to improve the documentation and record keeping system for their patient care, accessory and conveyance equipment. The Service Provider is switching their defibrillation equipment over to Zoll which includes a maintenance program. Haldimand County Paramedic Services would have to send out most defibrillators before to ensure compliance with the PM schedule. This could not be completed, as there are not enough spares to backfill the need. The Service is hopeful the switch to Zoll will allow them to partner up with a bordering Service so that maintenance can be expedited or completed on site.

Haldimand County Paramedic Services had one scoop stretcher fall outside of the inspection dates as it was in storage and missed inspection. **Haldimand County Paramedic Services are striving towards compliance in this area.**

Quality Assurance

Subsections:

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

Quality Assurance/CQI

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

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

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

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

- Ambulance Call Report audits,
- Service form completion audits,
- Incident Report audits,
- In Service CME,
- Base Hospital Certification, and
- Other (patient surveys and call reviews).

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

Employee Qualifications

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

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

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

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

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

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

Haldimand County Paramedic Services maintains a mechanism to help ensure each employee record includes documentation that demonstrates each employee meets the minimum employment standards according to legislation. A personnel record is maintained for each employed paramedic which includes evidence of qualification as described in Part III of Regulation 257/00.

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 43.

As of December 16, 2016, EMAs and paramedics must:

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

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

Each operator shall, no later than January 20, 2017, report to the local Senior Field Manager of the Emergency Health Program Management & Delivery Branch, the following:

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

The Service Provider reported the Influenza Immunization status of each employee to the EHPMDB Field Office as required each year.

ACR – IR Documentation

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

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

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

Inspection Methodologies: The Review Team consisting of one Primary Care Paramedic and four Advanced Care Paramedics undertook a review of three hundred and fourteen ACRs (all priority and CTAS level calls). The Review Team also reviewed reports and records relevant to service policy, QA/CQI initiatives and conducted interviews with Haldimand County Paramedic Services personnel.

Observations: From the three hundred and fourteen ACRs reviewed by the Review Team, the Service Provider captured 18,376 of 18,671 possible data points, or 98.4% of the Ambulance Call Report information requirements. The Service Provider is to be commended for this documental observation. **(Observation: 5)**

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 *Ontario Ambulance Documentation Standards* (OADS). As a result of their audit, the Service Provider makes recommendations to staff respecting compliance with the OADS.

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

There was documentation demonstrating the Service Provider works with their Base Hospital to audit Ambulance Call Reports. Audits completed by the Base Hospital and the Service Provider are compared for discrepancies. Audit discrepancies are investigated and were resolved.

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

Patient Carried Calls

Mandatory fields were not always completed on patient carried calls according to the *Ontario Ambulance Documentation Standards*. Forms were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 43. **(Observation: 5)**

Non Patient Carried Calls

Mandatory fields were not always completed on non-patient carried calls according to the *Ontario Ambulance Documentation Standards*. Forms were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 43. **(Observation: 5)**

Patient Refusal Calls

Aid to Capacity and Refusal of Service fields were not always completed according to the *Ontario Ambulance Documentation Standards*. Patient refusal ACRs were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 43. **(Observation: 5)**

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

The review of ACRs reflected that Incident Reports are completed when required, as per the OADS. Seven of the reviewed ACRs required an Incident Report, all Incident Reports were completed. The Service Provider is commended for this review observation.

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

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

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

Observation: 5

Service Provider Response

a) As we are proud of this result, HCPS strived to be 100% compliant with the aspect of the review. As part of our compliance rules within our EPCR program and the Ambulance Call Report Evaluations completed by supervisory staff within our quality assurance program, which includes compliance overrides by medics, we believe this will improve the percentage of data points completed within the Ambulance Call Report information requirements.

b) The review team found that not all Ambulance Call Reports, (ACR's) were completed in accordance with the documentation standards. We understand this to be a common finding during all reviews and also believe our compliant rates are consistent with other services in the province. In an effort to address the issue we believe our EPCR compliance rules will improve documentation standard compliance as well as Ambulance Call Report Evaluations completed by our supervisors within our Quality Assurance program.

C) The review team found that not all Aid to Capacity and Refusal of Service fields were completed as per documentation standards. We understand this to be a common finding during all reviews and also believe our compliant rates are consistent with other services in the province. In an effort to address the issue we believe our EPCR compliance rules will improve compliance as well as Ambulance Call Report Evaluations completed by our supervisors within our Quality Assurance program.

Inspector's Findings

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

Additionally, the Service has compiled an overall list of identified omissions and/or weaknesses identified during ongoing ACR audits and the Service Review and these areas are incorporated into the Service's spring Continuing Medical Education (CME) sessions. This will remain an ongoing monitoring matter for all staff and for management personnel performing quality assurance activities.

Follow Up Ambulance Call Report Review

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

The Service is reminded that the Ambulance Call Report shall be completed according to the requirements set out in the *Ambulance Call Report Completion Manual*, as required by the *Basic Life Support Patient Care Standards*.

Ambulance Call Reports were completed according to the *Ambulance Service Documentation Standards*, as noted in the tables below:

Patient Carried Calls Not to ALS/BLS Standard

Call Number	Patient Issue	Review Findings
	No issues.	

Patient Carried Calls Code 3 & 4

Call Number	Documentation Issue	Driver #	Attendant #
17509318	No issues.	23770	21647
17503398	No issues.	18704	13342
17507739	No issues.	42229	22524
17506039	No issues.	20059	13189
17495354	No issues.	13342	18704
17501584	No issues.	19203	12082
17502591	No issues.	15769	20051
17505841	No issues.	9664	31320
17510530	No issues.	20916	23768
17510837	No issues.	20902	13465
17502135	No issues. IR attached.	18217	12061

Patient Carried Calls Code 1 & 2

Call Number	Documentation Issue	Driver #	Attendant #
17500517	No issues.	20646	10391
17485236	No issues.	22045	19042
17481385	No issues.	62611	20174
17486310	No issues.	82854	20915

Non Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
17508040	No issues. TOR, IR attached.	23870	19186

Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
17481756	No issues.	95005	13189
17493510	No issues.	20903	20594
17499777	No issues.	20916	16836
17508056	No issues.	21647	23985

The Service Provider is committed to full and proper completion of ACRs. The Service Provider continues to monitor ACRs for completion of documentation and patient care provided. Supervisory staff will review with employees any ACRs or IRs found not meeting minimum requirements. **Haldimand County Paramedic Services are committed to compliance in this area.**

Administrative

Subsections:

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

Response Time Performance Plan

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

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

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

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

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

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

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

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

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

The Service Provider is meeting their Response Time Performance Plan.

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

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

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

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

Service Provider Deployment Plan

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

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

Section III Operational Certification Criteria of the *Land Ambulance 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 Haldimand County Paramedic Services personnel.

Observations: The Service Provider has provided a copy of their deployment plan to the Field Office.

The deployment plan has been provided to the Field Office suitable for implementation by the communication service into their Local Operating Policies. Documentation demonstrates the service has sufficient staff at each level of qualification to meet their deployment plan.

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

Ambulance Service ID Card Program

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

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

The unique identification number shall appear on a photo identification card and the photo identification card shall be on the person of the 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 ministry.

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

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

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

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

The ministry is notified in each instance an identification card is lost. The Service Provider did not always recover the paramedic's service specific identification card and returned it to the ministry on each occasion of employment being terminated (*ID# 18426, not returned to EORR*).
(Observation: 6)

Base Hospital Agreement

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

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

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

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

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

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

Policy and Procedure

Legislated Requirement: A Service Provider has in place, policies and procedures which impact directly or indirectly on patient care. Policies and procedures are monitored and enforced to ensure the General Standard of Care.

- The *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- The *Patient Care and Transportation Standards*, section (A) states in part, each operator and each emergency medical attendant and paramedic employed or engaged as a volunteer by the operator, shall ensure that: Each EMA and paramedic shall attend and participate in such continuing education and competency maintenance activities as are required to provide ambulance service in accordance with the regulations.

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

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

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

- Prohibiting staff from responding to calls under the influence of alcohol or drugs.
- Prohibiting staff from reporting to work under the influence of alcohol or drugs.
- Prohibiting staff from consuming alcohol or drugs while at work.
- Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance service vehicle.
- Regarding transport of a person's remains as per legislation.

- Regarding the disposal of bio-medical materials/waste e.g. contaminated bedding/bandages/anatomical waste.
- That students are to be free from communicable diseases.
- That students are to be immunized.
- Requirements for students/observers are monitored and enforced.
- Staff will immediately notify the CACC/ACS in the case of any accident involving an ambulance or ERV.
- Outlining the legislative parameters of sharing and disclosure of personal health information.
- Governing the protection of personal information of patients.
- Directing staff in the release of confidential information to allied agencies.
- Directing staff in the release of confidential information to the public.

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

The Service Provider ensures the continuity of operations.

Insurance

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

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

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

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

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

Observation: 6

Service Provider Response

Haldimand County Paramedic Services attached a letter that was sent from the service to MOHLTC for this employee. As for the eventual disposition of the card, we would presume that it was received.

Inspector's Findings

Haldimand County Paramedic Services provided documentation that the Ministry ID Card 18426 had been returned to the MOHLTC as indicated in their letter dated July 31, 2014. The Service will follow up with the ministry to ensure that the card in question was received. **Haldimand County Paramedic Services are committed to compliance in this area.**

Appendix A HRI Review Summary Table

Employee #	Missing File Information
	• No omissions noted.

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

Call Number	Documentation Issue	Driver #	Attendant #
920017374752	• Service Number.	87426	96641
920017381479	• Service Number.	14170	20916
920017361866	• Fluid Balance. • Service Number.	17523	20915
920017362435	• Service Number. • Trauma injury site/type codes.	59333	52673
920017362678	• Service Number.	18217	12061
920017363775	• Postal Code. • Service Number.	17523	88986
920017365269	• Service Number.	18704	13342
920017366089	• Service Number.	15769	20051
920017366414	• Service Number.	12082	19203
920017367006	• Postal Code. • Service Number.	22045	14170
920017378403	• Fluid Balance. • Service Number.	19203	12082
920017378718	• Service Number.	20051	15769
920017381088	• Service Number.	17523	16775
920017379054	• Service Number.	16836	19186
920017380210	• Service Number.	13189	95005
920017380929	• Fluid Balance. • Postal Code. • Service Number.	13342	18704
920017381281	• Service Number.	14170	20916
920017381743	• Service Number.	21647	13189
920017381676	• Remarks/Orders. • Service Number.	13189	21647
920017382374	• Postal Code. • Service Number.	19186	62611
920017383647	• Service Number.	16836	20916
920017384485	• Service Number.	14169	20174
920017384697	• Destination Kilometres. • Fluid Balance. • Pick up Kilometres. • Start Kilometres.	13342	18704
920017385896	• Destination Kilometres. • Pick up Kilometres. • Start Kilometres.	96641	87426
920019386952	• Destination Kilometres. • Pick up Kilometres. • Start Kilometres.	13465	33548
920017327482	• Service Number.	20594	13342

Call Number	Documentation Issue	Driver #	Attendant #
920017384506	• TOC.	14169	20174
920017394477	• TOC.	77902	20059
920017455215	• Dose/Unit.	20903	20594
920017443896	• Pick-up Code.	20902	23870
920017399817	• Dose/Unit.	77902	16775
920017422051	• Trauma Problem Site/Type.	22047	19041
920017434073	• Date of Occurrence. • Time of Occurrence.	31320	19041
920017445139	• Trauma Problem Site/Type.	16836	20916
920017446323	• GCS.	18217	12061
920017448014	• Vitals performed as call indicated.	20408	15769
920017442447	• Reading/Code. • Vitals performed as call indicated.	11353	14171
920017437229	• Postal Code.	20646	17524
920017437741	• Dose/Unit. • Procedure Code.	95005	13189
920017411906	• CTAS Arrive Destination.	33548	13465
920017437152	• Postal Code.	13342	18704
920017445425	• Postal Code.	82854	20915
920017433570	• B/P. • Dose/Unit. • Postal Code. • Procedure Code. • Pulse Rate. • Resp. Rate. • Route. • Temp. • Time. • Vitals performed as call indicated.	20916	16836
920017434633	• Trauma Problem Site/Type.	14170	13342
920017409186	• Postal Code.	77902	10815
920017413594	• Date of Occurrence. • Time of Occurrence.	18217	12061
920017416902	• General Appearance.	11429	77902
920017417130	• Vitals performed as call indicated.	18704	21647

Patient Carried Calls Code 2 & 1

Call Number	Documentation Issue	Driver #	Attendant #
920017369298	• Medications.	16836	20059
920017310650	• Service Number. • Trauma injury site/type codes.	82854	11429
920017310971	• Service Number. • Final Primary Problem Code.	14168	59333
920017328664	• Service Number. • Primary Problem Code. • Final Primary Problem Code. • Route.	18217	12061

Call Number	Documentation Issue	Driver #	Attendant #
920017330750	<ul style="list-style-type: none"> • Service Number. • Primary Problem Code. • Final Primary Problem Code. • Route. 	17523	88986
920017327432	<ul style="list-style-type: none"> • Service Number. • Primary Problem Code. • Final Primary Problem Code. • Route. 	14171	33548
920017357587	<ul style="list-style-type: none"> • Service Number. • Primary Problem Code. • Final Primary Problem Code. • Route. 	33548	13465
920017336769	<ul style="list-style-type: none"> • Service Number. • Primary Problem Code. • Final Primary Problem Code. 	20051	15769
920017358096	<ul style="list-style-type: none"> • Service Number. • Primary Problem Code. • Final Primary Problem Code. • Route. 	20174	15513
920017359406	<ul style="list-style-type: none"> • Service Number. • Primary Problem Code. • Final Primary Problem Code. • Route. 	19041	20903
920017357800	<ul style="list-style-type: none"> • Service Number. • Primary Problem Code. • Final Primary Problem Code. 	12082	20594
920017407070	<ul style="list-style-type: none"> • Date of Occurrence. • Time of Occurrence. 	20916	16836
920017425072	<ul style="list-style-type: none"> • Date of Occurrence. • Time of Occurrence. 	19983	12061
920017388103	<ul style="list-style-type: none"> • Version Code. • Street Name. • TOC. 	10391	12354
920017387190	<ul style="list-style-type: none"> • Version Code. • Temp. 	20915	20646
920017387147	<ul style="list-style-type: none"> • Version Code. • Temp. • TOC. 	20915	20646
920017388571	<ul style="list-style-type: none"> • Version Code. 	82854	20915
920017395217	<ul style="list-style-type: none"> • Postal Code. 	14168	14170

Non Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
920017475044	<ul style="list-style-type: none"> • Relationship to Patient. 	18704	13342
920017397790	<ul style="list-style-type: none"> • Vitals performed as call indicated. 	14168	14170

Call Number	Documentation Issue	Driver #	Attendant #
920017454034	<ul style="list-style-type: none"> • Abdomen. • Back/Pelvis. • Chest. • Extremities. • General Appearance. • Head/Neck. • Skin colour. • Skin Condition. 	59333	52673
920017454802	<ul style="list-style-type: none"> • B/P. • Trauma Problem Site/Type. 	18704	13342
920017461150	<ul style="list-style-type: none"> • Vitals performed as call indicated. 	15769	14171
920017471903	<ul style="list-style-type: none"> • Patient Address. 	12082	20902
920017471044	<ul style="list-style-type: none"> • Postal Code. 	18704	23770

Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
920017475044	<ul style="list-style-type: none"> • Relationship to Patient. 	18704	13342
920017471903	<ul style="list-style-type: none"> • Patient Address. 	12082	20902

Appendix C Paramedic Ride-Out Summary Observation Tables

Call Observation Summary							
CALL	920017475442	VEHICLE NO:	2163	PRIORITY	OUT: 4	IN: 3	
MEDIC #1	23870	MEDIC #2	59333	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>			
Communications with CACC according to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Transport Decision Appropriate to Patient Assessment				<input checked="" type="checkbox"/>			
Patient History to Standard				<input checked="" type="checkbox"/>			
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>			
All Medication Interventions to Standard				<input checked="" type="checkbox"/>			
All Cardiac Monitoring/Defibrillation Interventions to Standard				<input checked="" type="checkbox"/>			
Patient Care Provided to Standard				<input checked="" type="checkbox"/>			
Secondary Assessment to Standard				<input checked="" type="checkbox"/>			
Movement of Patient According to Patient Presentation				<input checked="" type="checkbox"/>			
Transport Decision and Return Code According to Patient Condition				<input checked="" type="checkbox"/>			
Patient Care Enroute According to Standard				<input checked="" type="checkbox"/>			
Reporting to Receiving Staff According to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Completed as Appropriate				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL	920017475021	VEHICLE NO:	2163	PRIORITY	OUT: 4	IN: 3	
MEDIC #1	16775	MEDIC #2	17524	CALL TYPE:	TRAUMA		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>			
Communications with CACC according to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Transport Decision Appropriate to Patient Assessment				<input checked="" type="checkbox"/>			
Patient History to Standard				<input checked="" type="checkbox"/>			
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>			
All Medication Interventions to Standard				<input checked="" type="checkbox"/>			
All Cardiac Monitoring/Defibrillation Interventions to Standard				<input checked="" type="checkbox"/>			
Patient Care Provided to Standard				<input checked="" type="checkbox"/>			
Secondary Assessment to Standard				<input checked="" type="checkbox"/>			
Movement of Patient According to Patient Presentation				<input checked="" type="checkbox"/>			
Transport Decision and Return Code According to Patient Condition				<input checked="" type="checkbox"/>			
Patient Care Enroute According to Standard				<input checked="" type="checkbox"/>			
Reporting to Receiving Staff According to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Completed as Appropriate				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL	920017475044	VEHICLE NO:	2131	PRIORITY	OUT: 4	IN: 72	
MEDIC #1	13342	MEDIC #2	18704	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>			
Communications with CACC according to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Transport Decision Appropriate to Patient Assessment							<input checked="" type="checkbox"/>
Patient History to Standard				<input checked="" type="checkbox"/>			
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>			
All Medication Interventions to Standard							<input checked="" type="checkbox"/>
All Cardiac Monitoring/Defibrillation Interventions to Standard				<input checked="" type="checkbox"/>			
Patient Care Provided to Standard				<input checked="" type="checkbox"/>			
Secondary Assessment to Standard				<input checked="" type="checkbox"/>			
Movement of Patient According to Patient Presentation							<input checked="" type="checkbox"/>
Transport Decision and Return Code According to Patient Condition							<input checked="" type="checkbox"/>
Patient Care Enroute According to Standard							<input checked="" type="checkbox"/>
Reporting to Receiving Staff According to Standard							<input checked="" type="checkbox"/>
Post Call Duties Completed as Appropriate				<input checked="" type="checkbox"/>			

Appendix D Vehicle Equipment and Supplies Summary Table

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

Appendix E Patient Care Devices Summary Table

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Battery Powered Portable Suction Unit	L51002329	15-05-2017	16-11-2016	24-05-2016
Battery Powered Portable Suction Unit	L51002357	15-05-2017	16-11-2016	24-05-2016
Battery Powered Portable Suction Unit	L51002327	15-05-2017	16-11-2016	24-05-2016
Battery Powered Portable Suction Unit	L51002366	15-05-2017	16-11-2016	24-05-2016
Battery Powered Portable Suction Unit	1002354	15-05-2017	16-11-2016	24-05-2016

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Defibrillator	US00566120	18-04-2017	18-04-2016	07-04-2015
Defibrillator	US00567144	19-04-2017	13-04-2016	10-04-2015
Defibrillator	US00567964	20-04-2017	11-11-2016	09-04-2015
Defibrillator	US00559959	18-04-2017	20-04-2016	04-05-2015

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Flow Meter #1	622448	15-05-2017	16-11-2016	24-05-2016
Flow Meter #1	622453	15-05-2017	16-11-2016	24-05-2016
Flow Meter #1	622449	15-05-2017	16-11-2016	24-05-2016
Flow Meter #1	622450	15-05-2017	16-11-2016	24-05-2016
Flow Meter #1	622451	15-05-2017	16-11-2016	24-05-2016

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Flow Meter #2	637937	15-05-2017	16-11-2016	24-05-2016
Flow Meter #2	637936	15-05-2017	16-11-2016	24-05-2016
Flow Meter #2	637935	15-05-2017	16-11-2016	24-05-2016
Flow Meter #2	1906-14	15-05-2017	16-11-2016	24-05-2016
Flow Meter #2	637933	15-05-2017	16-11-2016	24-05-2016

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
On-Board Suction	2130	15-05-2017	16-11-2016	24-05-2016
On-Board Suction	2131	15-05-2017	16-11-2016	24-05-2016
On-Board Suction	2132	15-05-2017	16-11-2016	24-05-2016
On-Board Suction	2161	15-05-2017	16-11-2016	24-05-2016
On-Board Suction	2162	15-05-2017	16-11-2016	24-05-2016

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Portable O2 Regulator	00710-12	15-05-2017	16-11-2016	24-05-2016
Portable O2 Regulator	00693-12	15-05-2017	11-11-2016	24-05-2016
Portable O2 Regulator	04240-13	15-05-2017	16-11-2016	24-05-2016
Portable O2 Regulator	00705-12	15-05-2017	16-11-2016	24-05-2016
Portable O2 Regulator	00692-12	15-05-2017	16-11-2016	24-05-2016

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Vehicle Main Regulator	02941-13	15-05-2017	16-11-2016	24-05-2016
Vehicle Main Regulator	02887-13	15-05-2017	16-11-2016	24-05-2016
Vehicle Main Regulator	590011	15-05-2017	16-11-2016	24-05-2016
Vehicle Main Regulator	02875-13	15-05-2017	16-11-2016	24-05-2016
Vehicle Main Regulator	02901-13	15-05-2017	16-11-2016	24-05-2016

Appendix F Conveyance Equipment Maintenance Summary Table

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Cot lift assist (main stretcher)	101041488	22-09-2017	26-06-2017	01-03-2017

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Lifting chair (stairchair)	100740555	22-09-2017	26-06-2017	01-03-2017
Lifting chair (stairchair)	100740556	22-09-2017	26-06-2017	01-03-2017
Lifting chair (stairchair)	100740557	22-09-2017	26-06-2017	01-03-2017
Lifting chair (stairchair)	100740558	22-09-2017	26-06-2017	01-03-2017
Lifting chair (stairchair)	110340910	22-09-2017	26-06-2017	01-03-2017
Lifting chair (stairchair)	06-021222	22-09-2017	22-06-2017	01-03-2017
Lifting chair (stairchair)	06-021813	22-09-2017	26-06-2017	01-03-2017
Lifting chair (stairchair)	06-021819	22-09-2017	26-06-2017	01-03-2017
Lifting chair (stairchair)	06-021825	22-09-2017	26-06-2017	01-03-2017
Lifting chair (stairchair)	G-06809	22-09-2017	01-03-2017	16-12-2016

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Stretcher adjustable	L-65990	15-06-2016	16-03-2016	30-12-2015
Stretcher adjustable	L-66481	22-09-2017	26-06-2017	01-03-2017
Stretcher adjustable	L-67647	26-06-2017	01-03-2017	16-12-2016
Stretcher adjustable	L-450815	22-09-2017	26-06-2017	01-03-2017
Stretcher adjustable	L-718168	22-09-2017	26-06-2017	16-12-2016

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Stretcher folding (#9)	FC-1034	22-09-2017	26-06-2017	27-03-2017
Stretcher folding (#9)	FC-1100	22-09-2017	26-06-2017	27-03-2017
Stretcher folding (#9)	J-25339	22-09-2017	26-06-2017	27-03-2017
Stretcher folding (#9)	J-26650	22-09-2017	26-06-2017	27-03-2017
Stretcher folding (#9)	L-390679	22-09-2017	26-06-2017	27-03-2017

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Other (Stryker Power Pro XT)	170641191	22-09-2017	26-06-2017	New
Other (Stryker Power Pro XT)	170641192	22-09-2017	26-06-2017	New
Other (Stryker Power Pro XT)	1706411193	22-09-2017	26-06-2017	New

Appendix G Abbreviations

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

