



Report To: Manitoulin-Sudbury DSB Board
From: Michael Maclsaac, Chief of EMS
Date: January 23, 2014
Re: Ambulance Service Review - Issue Report (Final Results)

RECOMMENDATION

That the Board accepts this as the final report on the 2013 Ambulance Service Review performed by the Ministry of Health & Long Term Care (MOHLTC) as part of the recertification of Manitoulin-Sudbury DSB as provider of land ambulance services across the area.

REPORT

Purpose

This report will provide the Board with the final results regarding our most recent Ambulance Service Review (ASR) as it relates to the MOHLTC results, recommendations, and follow-up visit.

Background

Much background information has been given to the Board on this matter as a whole and more particularly as it relates to the most recent ASR. For more specific background information please see [Ambulance Service Review - Issue Report \(Draft Results\)](#) dated Oct 23, 2013.

Some generalized background worth repeating is as follows:

- The Ambulance Act requires that an operator of an ambulance service in Ontario will hold a certificate issued by the certifying authority.
- That authority currently is the MOHLTC.
- The MOHLTC typically issues 3 year certificates to operate an ambulance service.
- On June 18 & 19, of 2013 the MOHLTC Ambulance Service Review Team visited DSB operations.

- Every aspect of our operations were inspected in relation to our compliance with standards and legislation including policy review, patient care documentation auditing, a review of maintenance records, interviews with senior EMS managers, review of ambulance stations and vehicles, and rideouts with paramedics.
- On July 23, we received our draft Executive Summary Report. Within it was a letter from the Manager of Inspection, Certification and Regulatory Compliance stating that the Review Team has found that overall we **meet** the certification criteria and legislated requirements.
- In order to receive our renewed certificate we are however required to respond to the listed findings within the report. There were seven identified findings that required attention.
- Within 30 days of receiving our draft report, many of the issues noted were acted upon and changes were made to ensure proper compliance with the expectations of the MOHLTC with a comprehensive response being submitted to the MOHLTC.
- On October 15, the Chief of EMS received a phone call from Michael Bay, Manager of Inspection, Certification, and Regulatory Compliance indicating that he would like to schedule a follow-up visit subsequently agreed to take place on October 30.
- On November 14, 2013 we received our final report indicating our success with certification and that a renewed certificate would be issued.

Recommendations and Follow-up

From a historical perspective Manitoulin-Sudbury DSB has seen a steady improvement in results arising out of the Ambulance Service Review process. In 2007 there were 29 recommendations and in 2010 there were 13. Having reduced that number to 7 this year is a testament to the dedication of the EMS department as a whole. Everyone from the front line Paramedics, to the Field Superintendents, to the office leadership team continually works hard to ensure that the service we deliver is accurate and consistent with what is expected for best results in patient care.

As stated there were 7 recommendations that required resolve. Below a summary of the recommendations detailing the stages of the process which are documented fully in our Final Report. While this summary provides explanation to the 7 recommendations we must reiterate that there were a far greater number of aspects of the operation reviewed. To focus entirely on what can be construed as the “negative” aspects of the review would not provide an accurate reflection of the provision of this ambulance service. The full details of the review including all compliance can be found within the [2013 Ambulance Service Review Final Report](#).

For each recommendation we first provide details of the finding with any accompanying legislation. A summary of the ASR team findings arising out of the on-site review is next. A summary of our response to the findings is then detailed. It is important to note here that we provided a comprehensive 243 page document to the MOHLTC addressing these recommendations. Lastly, a final summary arising out of the meeting with the Manager of Inspection, Certification, and Regulatory Compliance is provided.

FINDING: 1 - Patient Care was not provided in accordance with the legislated patient care standards.

Land Ambulance Service Certification Standards Section III, Operational Certification Criteria: (a) *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 (version 2.0) dated January 2007, and where applicable, the Advanced Life Support Patient Care Standards published by the Ministry as those documents may be amended from time to time.*

Initial Team Findings

- The DSB audited each paramedic's Ambulance Call Reports (ACR's) to determine if patient care provided was appropriate and consistent with Advanced Life Support (ALS) / Basic Life Support (BLS) standards.
- There was documentation demonstrating the DSB made recommendations to staff after auditing Ambulance Call Reports for appropriateness and consistency with ALS/BLS standards. Recommendations resulting from an ACR audit for appropriateness and consistency with the ALS/BLS standards are addressed to mitigate reoccurrence.
- There was documentation demonstrating that the DSB worked with Base Hospital to review and investigate calls. Recommendations resulting from the review and investigation of a call are addressed to mitigate reoccurrence.
- Of the two hundred and ninety-nine Ambulance Call Reports reviewed, twenty-one or 7%, **based upon documentation only**, suggest patient care was not provided in accordance with the ALS/BLS Patient Care Standards.

DSB Response

- Internal Review of all PCR noted within draft report.
- The Service is working with Base Hospital seeking clarification from paramedics where appropriate.
- Training provided and/or discussions with paramedics ensued where appropriate.
- Challenge some inspector call findings, post internal review combined with Base Hospital review. Our Service and Base Hospital are satisfied respecting care provided and documented.
- The DSB has a robust in house Quality Assurance and Training program to ensure care to standard.

Inspector's Final Findings

- The DSB is cognizant of the need for follow up with staff when patient care deficiencies are identified.
- The Service takes very seriously the proper provision of patient care to all patients.

- Upon receipt of the draft report, the DSB undertook a review of all calls noted within the report **based upon documentation only**; that suggest patient care was not provided in accordance with the ALS/BLS Patient Care Standards. The DSB also had their Base Hospital conduct a review to provide input and direction to the Service respecting their findings. As a result, the DSB has provided direction and or further training to staff respecting calls the Base Hospital and DSB deemed warranted.
- The DSB did stipulate during the follow up visit, that their review of calls resulted in both the DSB and Base Hospital being satisfied with some of the documented ACRs.
- During the follow up visit, the DSB demonstrated their comprehensive Quality Assurance and training program/process which enables the DSB to ensure patient care meets the standard. This includes monthly bulletins to staff, monthly quizzes conducted online whereby the DSB can track completion, time vested by staff to complete and marks by each staff member so the DSB can identify local and or systemic areas for follow up.
- Through their SharePoint process, the DSB is able to provide all staff Service expectations, training and provided a review of the documentation and patient care standards.
- The DSB continues to monitor and review ACRs for quality of patient care in order to avoid a recurrence of such findings.
- The Service provides feedback to individual paramedics in those instances where any apparent patient care protocol breaches have been identified during their audit.
- Further, the Service has enhanced their electronic audit process to note issues to be included for review, whether local or systemic.
- **Manitoulin Sudbury DSB is committed to compliance in this area.**

FINDING: 2 - Notification to the Communication Service when an ambulance is removed from service and when an ambulance is returned to service did not meet legislated standards.

Land Ambulance Service Certification Standards Section III, Operational Certification Criteria: (i.1) 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.

Initial Team Findings

- There was **incomplete** documentation demonstrating the DSB notified the CACC whenever an ambulance or ERV was removed from service.
- There was **incomplete** documentation demonstrating the DSB notified the CACC whenever an ambulance or ERV was returned to service.

DSB Response

- A policy is in place that refers to this legislation.
- To ensure that this policy is being upheld, a Management Operating Procedure has been developed to ensure that each time a vehicle movement due to maintenance occurs, CACC is being notified properly.

Inspector's Final Findings

- The DSB has created and implemented an operational policy to ensure CACC is notified whenever an ambulance or ERV is removed from service, or whenever an ambulance or ERV is returned to service.
- During the follow up visit, there was documentation (email) provided demonstrating implementation of their policy.
- **Manitoulin Sudbury DSB is committed to compliance in this area.**

FINDING: 3 - Patient care equipment not maintained according to manufacturer's specifications. Vehicles not maintained in working order as per the legislated standards. Vehicle did not have its MTO safety sticker affixed to vehicle as per the legislated standards.

Land Ambulance Service Certification Standards, Section III, Operational Certification Criteria: (d.2) Each land ambulance 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.

Initial Team Findings

- The preventative maintenance program includes all patient care devices requiring regular inspection and/or calibration e.g. oxygen delivery systems, suction equipment, defibrillator.
- Service oxygen testing equipment had been calibrated December 17, 2012 according to the manufacturer's specifications.
- There was an adequate number of replacement oxygen cylinders accessible to staff.
- Based on data available from the Service files, the preventative maintenance program for patient care devices was **not** consistently followed to meet the manufacturer's specification.
- Documentation indicated the preventative maintenance program for patient carrying equipment was **not** always being followed to meet the manufacturer's specification.
- There was documentation indicating the DSB used only vehicle identification numbers assigned by the Director, Emergency Health Services Branch (EHSB).
- Each vehicle had its identification displayed on the front and rear of the vehicle.

- There is a policy that states staff will use only the designated radio call identifier when using Ministry telecommunication devices.
- There was documentation demonstrating each vehicle had a minimum annual safety check as per related legislation. Each vehicle did **not** always have an up-to-date Ministry of Transport annual sticker affixed to the vehicle as per related legislation. **(Vehicle 5220 – no MTO sticker affixed to the vehicle.)**
- Ambulances and emergency response vehicles were **not** always maintained in a mechanically safe condition and proper working order. **(Emergency brake on vehicles 5249, 5402 and 5411 found not to hold when applied.)**
- Staff completed a checklist verifying that the general safety features of each vehicle were functional. The checklist allowed paramedics to comment regarding vehicle deficiencies or safety concerns.
- There was documentation demonstrating staff checked each vehicle at least once per day or shift.
- There was documentation demonstrating the DSB audits checklists for completeness, accuracy and vehicle deficiencies or safety concerns. 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.
- There was documentation demonstrating all vehicles follow the deep clean program.
- Ambulances and emergency response 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.

DSB Response

- Received information detailing the requirement for preventative maintenance for O2 regulators and Flow Meters. Accordingly, Preventative Maintenance should be conducted at a minimum of once per year. Our current policy indicates twice a year. Therefore, we are **over maintaining our O2 equipment**.
- We will be updating our PM Schedule to reflect every 6 months as required for ZOLL E Series monitors and 12 months for ZOLL X Series according to ZOLL manufacturer's specification.
- Found all the maintenance forms that the Review Team originally did not locate.
- Review of our patient carrying equipment maintenance program by Ferno Canada has produced a manufacturer's recommendation of Preventative Maintenance on patient carrying equipment once every 7 months.
- Vehicles 5249, 5402 & 5411 all received parking brake servicing.
- Vehicle 5220 has MTO sticker. **Review team failed to notice**. Attached the image & dated invoice.

Inspector's Findings

- The DSB has revised their preventative maintenance process from vehicle to equipment to ensure regular maintenance regardless where the particular item of equipment is.

- Further, the DSB has revised their Service Policy respecting intervals to a six month policy with a one month completion window before and after the six month marker to ensure compliance.
- The DSB has reviewed all preventative maintenance regarding Oxygen, conveyance and Defibrillators to ensure compliance to OEM.
- The three vehicle issues noted within the draft report have been serviced and resolved.
- Respecting vehicle 5220, the DSB can only conclude that both side windows were down and the inspector did not realize the DSB places the MTO sticker on the driver's side window and not the front as a result of having to replace many front windshields. The DSB provided documentation demonstrating Ministry of Transport sticker and invoice respecting same.
- **Manitoulin Sudbury DSB is committed to compliance in this area.**

FINDING: 4 - Certification of Emergency Response Vehicles (ERV's) did not meet legislated standards.

Land Ambulance Service Certification Standards, Section III, Operational Certification Criteria: (c) *Only ambulances and emergency response vehicles that comply with the applicable version at time of manufacturer 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.*

Initial Team Findings

- The DSB had a letter signed by the Director, EHSB, from each vehicle manufacturer or conversion vendor, certifying each vehicle used in the provision of ambulance service met the standards.
- There was **not** always documentation confirming certification of ERVs (self-certification or manufacturer's certification). ***(Vehicle 5302 - missing copies of testing documents and Primary Emergency light pattern does not meet requirements.)***

DSB Response

- Made aware of the issue during the Service Review by MOHLTC. Advised that Primary Emergency Lighting Pattern is a known issue with conversion. MOHLTC indicated that they would be visiting Kerr Industries to review this with the company. We are not the only ones who have this issue and it can only be fixed once MOHLTC discusses with Kerr Industries.
- Testing documents now part of vehicle documentation binder.
- Regarding Primary Emergency Light pattern, Kerr Industries indicates that they will be meeting with MOHLTC to discuss. Until they discuss the issue we have no means to rectify this issue.

Inspector's Findings

- The DSB has obtained testing documents of which are now on file.
- Respecting the Primary Emergency Light pattern issue, the Service continues consulting with Kerr Industries for resolution.
- **Manitoulin Sudbury DSB is committed to and working diligently towards compliance in this area.** (Further follow-up since the final report indicates that the ERV in question has since been fixed to reflect the expectation of the standard.)

FINDING: 5 - Influenza status of each paramedic did not meet legislated standards.

Ambulance Service Patient Care and Transportation Standards, C. Influenza Control: 2. *Each operator shall ensure that, as of November 15 every year, or such other date as may be established and communicated in writing by the Director, each EMA and paramedic,*

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

Initial Team Findings

- Manitoulin-Sudbury DSB maintained a mechanism to help ensure each employee record includes documentation that demonstrated each employee met the minimum employment standards according to legislation.
- A personnel record is **not** always maintained for each employed paramedic that includes evidence of qualification as described in Part III of the Regulation.

DSB Response

- Paramedic "X" did not submit intent on-time but received influenza education in order to ensure understanding of communicable disease standards; medic was verbally spoken to in regards to this situation.
- Paramedic "Y" was immunized but lost documentation in order to prove immunization. This paramedic was considered not immunized due to this and received education to ensure an understanding of the requirements.

Inspector's Findings

- During the follow up visit, there was documentation demonstrating employee "X" completed the required influenza educational; employee "Y" contends they received benefit of the flu shot but lost documentation to support. As a result, this employee also completed the educational training to be compliant.
- To ensure future continued compliance, the DSB will be incorporating the annual Influenza Control into their SharePoint training process.
- **Manitoulin Sudbury DSB is committed to compliance in this area.**

FINDING: 6 - Documentation of Ambulance Call Reports (ACR's) and Incident Reports did not meet legislated standards.

Land Ambulance Service Certification Standards Section III, Operational Certification Criteria: (r) 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.

Initial Team Findings

- The DSB identifies the number of outstanding Ambulance Call Reports. The DSB ensured such reports were completed.
- There was documentation demonstrating the DSB audited ACRs to determine if they are completed as per the *Ambulance Service Documentation Standards*.
- The DSB makes recommendations to staff after auditing ACRs for compliance with the ASDS. Recommendations resulting from an ACR audit are addressed to mitigate reoccurrence.
- There was documentation demonstrating staff review the ACR manual.
- **Patient Carried Calls**
 - Mandatory fields were **not** always completed accurately on patient carried calls according to the *Ambulance Service Documentation Standards*.
 - Forms were legible and easy to read.
- **Non Patient Carried Calls**
 - Mandatory fields were **not** always completed accurately on non-patient carried calls according to the *Ambulance Service Documentation Standards*.
 - They were legible and easy to read.
- **Patient Refusal Calls**
 - Aid to Capacity and Refusal of Service fields were **not** always completed according to the *Ambulance Service Documentation Standards*.
 - Patient refusal ACRs were legible and easy to read.
- Completed Ambulance Call Reports were secured from unauthorized access.
- Ambulance Call Reports were kept on file for a period of not less than five years.
- The DSB audits Ambulance Call Reports to determine if an Incident Report was to have been completed.
- The DSB audited Incident Reports for completeness and accuracy.
- Documentation demonstrated the DSB makes recommendations to staff after auditing Incident Reports for completeness and accuracy.
- Recommendations resulting from an Incident Report audit are addressed to mitigate reoccurrence.
- Incident Reports were secured from unauthorized access.
- Completed Incident Reports were kept on file for a period of not less than five years.
- Completed Incident Reports were transmitted to the MOHLTC Field Office according to legislation.

- The review of ACRs reflected that Incident Reports were **not** always completed when required, as per the ASDS. Seven of the reviewed ACRs required an Incident Report. Four Incident Reports were completed. **3** such Ambulance Call Reports required an Incident Report but these were **not** completed.

DSB Response

- Internal Review of all PCR's noted within draft report
- The Service is working with Base Hospital seeking clarification from paramedics where appropriate
- Training provided and or discussions with paramedics where appropriate
- Increased close call rules through the electronic charting software
- Increased internal audit process post review
- Provided education within SharePoint training for staff review of report findings.

Inspector's Findings

- The DSB is cognizant of the need for follow up with staff when patient care or documental deficiencies are identified.
- The Service takes very seriously the proper provision of patient care to all patients and the documentation resulting.
- It was discussed with the Service during the follow up visit the imperative need to audit completed ACRs regularly to maintain an ongoing knowledge of the quality of patient care/documentation being provided by Manitoulin Sudbury DSB paramedics.
- Manitoulin Sudbury DSB conducted a review of the identified calls within the draft report and provided results via their educational session.
- The deficiencies were discussed and the required minimum documental requirements was highlighted with all staff and reviewed with the specific crews involved.
- The DSB is confident that their Quality Assurance program will ensure that all such patient care meets the Basic Life Support and Advanced Life Support Patient Care Standards.
- The Service continues to monitor and review ACRs and Incident Reports for documentation requirements and quality of patient care in order to avoid a recurrence of such findings.
- The Service provides feedback to individual paramedics in instances where apparent documental or patient care protocol breaches have been identified during the audits.
- Additionally, the Service will compile an overall list of identified breaches and/or weaknesses identified during ongoing ACR audits and will incorporate this into the Service's regular training sessions to serve as a review and reminder.
- The DSB has also increased their oversight respecting ACR audits and patient care standards with increased numbers of Electronic Patient Call Reports (ePCR's) and Incident Reports being reviewed by the Service.
- The DSB has also enhanced electronic PCR with additional closed call rules for further compliance.

- This will remain an ongoing monitoring matter for all staff and for supervisory personnel performing quality assurance activities.
- **Follow Up Ambulance Call Report Review**
 - An ACR review was conducted during the follow up inspection with Manitoulin Sudbury DSB.
 - A random sample of ACRs was reviewed for priority codes and Canadian Triage Acuity Scale (CTAS) levels.
 - Ambulance call reports were generally completed according to the Ambulance Service Documentation Standards, with [one exception being a missing address and postal code].
- Improvement has been noted in patient carried ACR completion since transmittal of the Draft Report and resulting from improvements implemented by the Service to their Quality Assurance Program.
- Non-patient carried ACRs also demonstrated improvement in mandatory completion areas.
- The DSB is committed to full and proper completion of these call types and continues to monitor and audit ACRs for quality and thoroughness of completion for Documentation and the BLS/ALS Patient Care Standards.
- Supervisory staff will continue to monitor ACRs and IRs for proper minimum completion and will review with employees any ACR found not meeting minimum requirements.
- **Manitoulin Sudbury DSB is committed to compliance in this area.**

FINDING: 7 - Ministry ID Cards are not returned to the ministry per the Land Ambulance Service Certification Standards (LASCS).

Ambulance Service Identification Card Program, Operating Protocols and Processes: *The identification card is and remains the property of the Ministry of Health and Long-Term Care. Upon release from employment, the identification card must be surrendered to the employer and returned to the Ministry. POAS 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.*

Initial Team Findings

- The DSB has provided their baseline employee record information to the MOHLTC Policy and Operational Assessment Unit.
- Documentation demonstrates the DSB notifies the MOHLTC Policy and Operational Assessment Unit of each instance of employee hiring and separation dates for terminated employees have been provided.
- Newly hired paramedics commence patient care activities only after receipt of their service specific identification number and card.
- There were no occasions when a newly hired paramedic logged onto the ARIS environment with either a fictitious number or a number assigned to another person.
- The MOHLTC Policy and Operational Assessment Unit is immediately notified in each instance an identification card is lost.

- On each occasion a paramedic's employment was terminated, the DSB did **not** always recover the paramedic's service specific identification card and returned it to the MOHLTC Policy and Operational Assessment Unit.

DSB Response

- Previous procedure of sending a letter to the former employee did not yield beneficial results.
- A new process ensuring better compliance is being established including notification of Police if ID card is not returned within a certain time period.
- For 8 identified employees we indicated to MOHLTC that the MOHLTC ID Card has been deemed lost. Doing so should render the card invalid and make it impossible for that person to use that ID elsewhere.

Inspector's Findings

- Ministry of Health and Long-Term Care identification cards are issued to the Service as a result of their ID card application.
- This provides the Service a means to permit their employee to work as EMAs or paramedics and enable the individual to log onto the ARIS environment.
- It is the responsibility of the DSB to retrieve these identification cards if/and when the individual employee ceases employment with the Service.
- It is also the responsibility of the DSB to communicate employment and ID card status to the MOHLTC Policy and Operational Assessment Unit, not the responsibility of each individual paramedic.
- The MOHLTC identification card is required to be carried by the individual at all times when on duty, and therefore it is presumed this card would be in the individual's possession and available to be surrendered, along with other returnable service property upon separation from the Service.
- The *Land Ambulance Service Certification Standards* Schedule 1 stipulates; "Upon release from employment, the identification card must be surrendered to the employer and returned to the Emergency Health Services Branch".
- The security measures required for ID card application, requirement to obtain an ID card prior to commencing patient care activities and to carry the ID card on their person are the same issues which require the DSB to notify Emergency Health Services Branch upon staff terminations and return of the ID card.
- Although the DSB makes every attempt to retrieve employee ID Cards post-employment, as of the authoring of the final report, [13] ID Cards have not been returned to the MOHLTC Policy and Operational Assessment Unit.
- **Manitoulin Sudbury DSB is not yet compliant in this area.**

Conclusion

The Certification process for a land ambulance service is quite extensive. The all-encompassing review aims at ensuring continuance of the effective delivery of quality patient care. There are many aspects involved in the operations of an ambulance service and each are reviewed during the certification process.

With 6 of the 7 recommendations final comments from the MOHLTC indicating that Manitoulin-Sudbury DSB is committed to compliance, the EMS department has seriously considered the results of the review and acted accordingly. The lone area where compliance is lacking is one where most organizations falter. Attempting to obtain MOHLTC issued identification cards from employees who leave the organization, often under less than optimal circumstances, is a major issue. Suggestions from the MOHLTC are to involve local Police services in attempting to retrieve said identification card. While this is an option we are looking to pursue we feel that Policing work is better focused on dealing with true crimes and that the solution to this matter rests with process established directly by the MOHLTC.

It cannot be overstated that the EMS Leadership Team and Paramedics of this DSB performed in an exemplary manner. While it would be very hard to be perfect during the course of this “audit”, we have continually improved year over year. A 46% decrease in recommendations is something to be proud of and we will continue to strive to keep making improvements where necessary. We are thankful that the MOHLTC takes the care to review our service in such a comprehensive manner. It is always important to be informed of areas where improvement can be made. It is evident that the MOHLTC believes that we are serious about improvement as many statements relate to our commitment on this front.

Lastly, it is with the continued support of the Board that we can carry on moving forward in the realm of emergency patient care. Enhancements to staffing, equipment and training go a long way in effecting positive patient outcomes, which is the top goal of any patient focused organization.