



October 25, 2013

Mr. Steve O'Neil
 MOHLTC Emergency Health Services Branch
 199 Larch St, Suite 1004
 Sudbury, ON
 P3E 5P9

Mr. O'Neil:

RE: Investigation report – Occurrence File Number 13IS-05-141

As per the letter received on September 3, 2013 we are to follow up with you regarding the results of our plan to address the concerns as listed in a letter from R Brady to M Hull concerning the above noted investigation. Please take this letter and its attachments as our final resolution on this matter.

There were 4 noted areas of concern. Please see the details and results of our plans on how we dealt with each of these concerns below. **Bolded** areas are indicative of our follow up.

1. Failure to complete the Patient Refusal Section of the ACR for patient refusals of patient care and or assessments

- Training to all staff in terms of the requirements of the Patient Refusal section as detailed within the Ontario Documentation Standards, ACR Completion Manual and the Basic Life Support Patient Care Standards.
- **See Appendix 1**
- Education delivered to all employees in a monthly training module with associated test to be completed by October 5, 2013.
- **See Appendix 2**
- **As of submission of this document 124 out of 128 active paramedics have completed the quiz. Mandatory pass mark was 100%. Out of the 124 only 2 have not achieved a pass mark and are required to go back and do so. The 4 missing employees have not worked during the timeframe after the reminder and will be required to do so on their first shift back.**
- **Questions #13, #14, #15, #17 & #18 in the September monthly quiz**

<u>13. Multichoice: Patient Refusal 1</u>	Class Statistics
The answer to the following question can be found in the BLSPCS Manual.	
Which one of the following statements is true?	

If, where interventions are deemed necessary, the patient refuses treatment and/or transport despite reasonable efforts to convince the patient otherwise, explain the possible consequences of such refusal.	100% Checked this one.
If, where interventions are deemed necessary, the patient refuses treatment, despite reasonable efforts to convince the patient otherwise, explain the possible consequences of such refusal.	No one checked this.
If, where interventions are deemed necessary, the patient refuses transport, despite reasonable efforts to convince the patient otherwise, explain the possible consequences of such refusal.	No one checked this.

<u>14. Multichoice - Multiple-answer: Signatures</u>	Class Statistics
The answer to the following question can be found in the BLSPCS Manual.	
You must attempt to obtain the patient's (or substitute decision maker's) signature in the refusal/aid to capacity section in the following situations: (select more than one if appropriate). Hint: Three out of four of the answers are correct. This is based on newly enforced interpretation of refusal of patient care AND/OR transport. The correct answer can be found in the chart in the EMS Advance under PT-Care refusals.	
Pt refusal of transport	100% Checked this one.
Pt refusal of treatment, but ONLY if you don't transport (implying you do not need a signature for a refusal of treatment if you transport).	2.11% Checked this one.
Pt refusal of treatment for a patient you are transporting (i.e. walked to the jump seat but won't let you take vitals or provide treatment)	97.18% Checked this one.
Pt refusal of a specific treatment for a patient you are transporting (i.e. accepts a cervical collar but refuses a backboard)	97.89% Checked this one.

<u>15. Multichoice - Multiple-answer: Documentation of refusal reason</u>	Class Statistics
According to Section N. (Documentation of Patient Care) of the BLSPCS, _____ (select more than one if appropriate)	
You are to document reasons for refusal if known.	100% Checked this one.
If a patient refuses to sign for refusal of service, an ACR is not required.	No one checked this.
You are to document if a patient refuses to be carried into/out of an ambulance	100% Checked this one.
You are to document refusals to sign the ACR by patients/staff	100% Checked this one.

<u>17. Multichoice - Multiple-answer: Ambulatory</u>	Class Statistics
According to the BLSPCS, If a patient is ambulatory to your ambulance, (select more than one if appropriate)	
Your only requirement is to document 236 - Ambulatory in Interventions	2.11% Checked this one.
You are to attempt to convince the patient to be carried	97.89% Checked this one.
Document specific reasons the patient walked.	99.3% Checked this one.
Complete the refusal section for refusing to be carried.	98.59% Checked this one.

<u>18. Multichoice - Multiple-answer: Signatures</u>	Class Statistics
In addition to your normal paramedic signatures on any ACR, please select what other signatures are required for a treatment/transport refusal (select more than one if appropriate).	
Patients refusal signature	100% Checked this one.
First witness signature	100% Checked this one.
Second witness signature	100% Checked this one.
Attendant signature indicating the Refusal of Service advisory statement was given to the patient.	100% Checked this one.
Driver signature indicating they were witness to the advisory statement being given.	100% Checked this one.

2. *Failure to provide the required patient care and or errors in administration of medication or questionable assessment*
 - Documentation sent to Base Hospital for medical review.
 - **See Appendices 3, 4, & 5**
 - Internal audit to additionally be completed.
 - **See Appendices 6, & 7**
 - Direct remedial training/education with the paramedics involved based upon the Base Hospital/Service findings.
 - **Upon review internally and via Base Hospital no individual remediation required other than that which was given by the Base Hospital and internally through education.**

3. *Return Code 3 for acute cardiac chest pain*
 - Documentation sent to Base Hospital for medical review.
 - **See Appendix 5**
 - Internal audit to additionally be completed.
 - **See Appendix 6**

- Direct remedial training/education with the paramedics involved based upon the Base Hospital/Service findings.
- **Upon review internally and via Base Hospital no individual remediation required.**
- Education delivered to all staff. Within the September monthly training module, a portion deals with the topic of proper selection of codes based on specific medical conditions i.e. Basic Life Support Patient Care Load & Go Standard.
- **See Appendix 2**
- **Question #21 in our September 2013 monthly quiz**

<u>21. Multichoice: Priority</u>	Class statistics
Other than some references in some specific BLSPCS patient categories, where can you find information on patients who must be transported on a code 4 (priority 4)?	
Load and Go Patients Standard	100% Checked this one.
H. Patient Transport	No one checked this.
Transportation Standards	No one checked this.
None	No one checked this.

4. *Documented use of warning systems to the scene when according to AVL data none were used*
- Direct remedial training/education/discipline with the paramedics involved dependent upon the answers they provide to us in relation to this call.
 - **Upon review of this incident and the records including the EPCR and AVL data, the employees involved on this call were consulted. Once verifying the driver and the attendant who completed the PCR, it has been determined that completing the Warning Systems section of the PCR was done in error. The attendant indicates that while focusing on the patient care section of the PCR, this area was erroneously checked off when it shouldn't have been. The driver indicates that he may not have used warning systems in this case as they did not encounter any vehicular traffic. Since DSB Policy was updated in June of this year the driver indicates that has is in full compliance. Letters of Counsel sent to both employees ensuring that they are diligent in the accuracy of their paperwork completion both from a writer's perspective as well as the partner signing along.**
 - Education delivered to all staff. Falsification of documentation in specific relation to this issue has been included in the September monthly training module.
 - **See Appendix 5**
 - **As of submission of this document 124 out of 128 active paramedics have completed the quiz. Mandatory pass mark was 100%. Out of the 124 only 2 have not achieved a pass mark and are required to go back and do so. The 4 missing employees have not worked during the timeframe after the reminder and will be required to do so on their first shift back.**
 - **Questions #5 & #6 in the September monthly quiz**

5. Multichoice - Multiple-answer: Warning Systems	Class statistics	
Select from the following the True statements (select more than one if appropriate)		
Warning systems should be used on code 4 calls as the BLSPCS General Standard of Care says "use an appropriate route and speed to respond to the scene, ... and utilize ambulance emergency warning devices in a responsible manner", implying the use of warning systems assist with traveling at a perceived appropriate speed.	98.59% Checked this one.	
If warning systems are not used on a code 4, you must document your reasons why they weren't used i.e. fog, snowstorm etc.	97.89% Checked this one.	
If warning systems are not used on a code 4, you are no longer exempt from speed limits and proceeding through red lights.	98.59% Checked this one.	
The HWY traffic Act states that you must use warning systems on all code 4 calls.	1.41% Checked this one.	

6. True/false: Falsification	Answers	Class Statistics
By guessing or making up kms or documenting the use of warning systems when they were not activated constitutes falsification of documentation.	TRUE	100% Checked this one.
	FALSE	No one checked this.

I trust that the answers as listed above are satisfactory, however if there are any further questions please contact this office.

Again we thank the Ministry of Health & Long Term Care for bringing these items to our attention. As a result of this investigation we have been able to institute extra safeguards to ensure that we are performing to the best of our abilities in the provision of quality patient care. We aim to continually improve and look forward to working with you in the future.

Thank you,



Michael MacIsaac
Chief of EMS
Manitoulin-Sudbury DSB

cc: Mr. Fern Dominelli, CAO, Manitoulin-Sudbury DSB
Mr. Rick Brady, Manager Investigation Services
Ms. Gail Donnelly, Senior Program Analyst