

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

Emergency Health
Services Branch
Investigation Services
5700 Yonge Street, 6th Floor
Toronto ON M2M 4K5
Tel.: 416-327-7068
Fax: 416-327-7912
Toll Free: 800-461-6431
E-mail:
Richard.Brady@ontario.ca

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

Direction des services de
santé d'urgence
Services d'enquête
5700 rue Yonge, 6^e étage
Toronto ON M2M 4K5
Tél.: 416-327-7068
Télec.: 416-327-7912
Appels sans frais: 800-461-6431
e-mail :
Richard.Brady@ontario.ca



August 21, 2013

MEMORANDUM TO: Mark Hull
A / Sr. Manager - Operations

FROM: Rick Brady
Manager – Investigation Services

RE: Quality of ambulance service
Manitoulin – Sudbury Emergency Medical Services
Our file 13IS-05-141

During a Service Review an Inspector with the Inspection, Certification and Regulatory Compliance Unit (ICRCU) performed a random audit of Manitoulin-Sudbury EMS/SMU (MSEMS) Ambulance Call Reports (ACR) and identified ten (10) ACRs where the paramedics documented they had been dispatched on a Code 4 (urgent) priority but according to the ACRs did not make use of the emergency warning systems.

We have completed our investigation and I have attached a copy of our report for your information. A copy of this report has been provided to the Sr. Field Manager North Field Office for appropriate distribution.

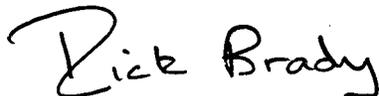
- ✦ The review of the ten ACRs identified the following concerns;
 - Failure to complete the Patient Refusal Section of the ACR for patient refusals of patient care and or assessments.
 - Failure to provide the required patient care and or errors in administration of medication or questionable assessment.
 - Return Code 3 for acute cardiac chest pain.
 - Documented use of warning systems to the scene when according to AVL data none were used.

- ✦ The review of the AVL for the 10 calls identified the following:
 - Response times to Code 4 calls generally consistent with travel at the posted speed limits.

- On several calls the response speeds to the scene and travel speeds to the hospital were significantly over maximum speed limits with no use of emergency warning systems.
 - Appropriate route travelled (100%).
 - 5 of the calls were 1 to 5 km from the ambulance location at time of dispatch.
 - 5 of the calls were 10 to 14 km from the ambulance location at time of dispatch.
- ✦ There is no legislative requirement for a paramedic to use emergency warning systems while responding to any ambulance call.
 - ✦ MSEMS policy does not mandate the use of emergency warning systems for response to any call or travel to a receiving facility.
 - ✦ There is no evidence that not using emergency warning systems had a negative impact on the patient's condition.
 - ✦ PCP [REDACTED] and PCP [REDACTED] were in contravention of the Documentation Standards and the Paramedic Code of Conduct Standard for documenting the use of emergency warning systems when AVL confirmed the warning systems were not activated during the response.
 - ✦ The MSEMS QA program is not appropriately auditing ACRs to ensure compliance with the legislated standards in accordance with Subsections 11 (a), (b) and (d) of Regulation 257/00 made under the *Ambulance Act*.
 - ✦ The NEOPCP QA program meets their expectation for auditing MSEMS ACRs in accordance with their PA and MOU, and the program addresses identified variances and reports the findings to MSEMS management.

It is expected that within ten (10) days of receipt of this report that the management of MSEMS will advise the North Field Office of their plan to address the issues identified in this report, and that within forty (40) days of receipt of this report the management of MSEMS will advise the North Field Office that their plan was successfully completed.

We trust that you find this satisfactory.



Cc: J. Cruickshank
M. Bay
G. Donnelly