



Report To: Manitoulin-Sudbury DSB Board
From: Michael Maclsaac, Chief of Paramedic Services
Date: January 26, 2017
Re: 2016 Ambulance Service Review - Issue Report

RECOMMENDATION

That the Board accepts the [2016 Ambulance Service Review Final Report](#) completed by the Ministry of Health & Long Term Care (MOHLTC), resulting in the ongoing recertification of Manitoulin-Sudbury DSB as provider of land ambulance services across the area.

Purpose

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

Background

As the Board is aware, the Ontario Ambulance Act states that,

“no person shall operate an ambulance service unless the person holds a certificate issued by the certifying authority. Furthermore, a person shall only be issued a certificate by the certifying authority if the person has successfully completed the certification process”.

The MOHLTC typically issues 3 year certificates to operate an ambulance service. On June 14th and 15th, the MOHLTC Ambulance Service Review Team visited DSB operations. Ninety days prior to the visit, Paramedic Services was given a self-assessment checklist to use as a reference. Within the checklist are well over 200 reference points that the team would be reviewing from an administrative perspective. Additionally, there was also a comprehensive checklist for the actual Paramedic Service stations.

The administrative review team that attended the DSB Offices in Espanola in June, consisted of, one lead member from the MOHLTC Inspection and Certification Services Department of the Emergency Health Services Branch, numerous Paramedic/Emergency Medical Services Peer Managers, and one MOHLTC Vehicle inspector. Additionally, there was a team of paramedic reviewers that visited eight of twelve paramedic services stations.

Over the course of the two days, the team reviewed vehicle, equipment maintenance/repair records, employee qualification files, Policy and Procedures, and other relevant internal documents/databases utilized to provide proof of compliance with expectations centering on all applicable standards and legislation. In the field, they reviewed the contents of the ambulance, paramedic activity, patient care, and station requirements.

On September 12th, a draft Executive Summary Report was received. Within the report it was noted to meet certification standards, a Service Provider must meet two thresholds:

1. Over 90% for Patient Care (which represents 70% of the overall inspection)

AND

2. Over 90% overall scoring (Patient Care 70%, Quality Assurance 20%, Administration 10%)

At the outset of the report, a letter was received from the MOHLTC Manager of Inspections and Certifications offering, "*Congratulations on successfully meeting the legislated requirements for certification as a land ambulance operator in the Province of Ontario*". Additionally, he noted *Opportunities for Improvement* identified in the report as observations.

Manitoulin-Sudbury DSB Paramedic Services was required to provide a written response to the findings of draft report within 30 days. There were 8 noted Opportunities for Improvement consisting mostly of minor omissions. Within the 30-day window the Chief of Paramedic Services provided a comprehensive 159-page report to the MOHLTC detailing responses on the noted Opportunities.

As per the established MOHLTC process detailed within the draft report, the Chief of Paramedic Services met with a MOHLTC Inspector on November 17, 2016 to review the Manitoulin-Sudbury DSB response to the draft report. Due to the comprehensive nature of the response, this meeting provided for a great opportunity to elaborate on some of the inconsistencies found with the MOHLTC Draft Report.

On January 16, 2017 the Manitoulin-Sudbury DSB received the Final Report.

Recommendations and Follow-up

From a historical perspective, the Manitoulin-Sudbury DSB has seen a steady improvement in results arising out of the Ambulance Service Review process. In 2007 there were 29 recommendations, in 2010 there were 13 and in 2013 there were 7.

Since 2013, the MOHLTC has changed the term from recommendation to opportunity for improvement. In 2016 there were 8 opportunities for improvement, however as further detailed within this report, it is noted that there were some oversights by the MOHLTC review team that would have resulted in less than 8 opportunities had they been acknowledged by the MOHLTC.

Below is a summary of the observations sent to the DSB, followed by the DSB response to the draft findings, then the Inspectors Final Findings which are documented fully in the Final Report. While this summary provides explanation to the 8 observations, it must be reiterated 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 noted compliance, can be found within the 2016 Ambulance Service Review Final Report.

OBSERVATION #1 – Of the 301 Ambulance Call Reports reviewed by the Review Team, the following 21 or 7%, demonstrate that documentation to confirm adherence to the ALS/BLS Patient Care Standards was not always completed (based upon documentation only).

DSB Response

- Each case was reviewed with a deeper Base Hospital review requested where it was thought that a medical authoritative opinion would be warranted.
- In 5 cases, the Base Hospital saw no issue with the documented care being delivered. It is important to understand that the Base Hospital is provincial medical authority and those completing the Electronic Ambulance Call Report (eACR) review on the date of the review were peer paramedic reviewers.
- In 3 cases, the MOHLTC reviewers’ opinion was challenged as it appeared that the documentation supported the paramedics treatment.
- Specific emails were sent to all paramedics involved in the specific calls asking that they acknowledge the findings of the Review Team.
- Training has been developed and is in the process of being delivered where appropriate common issues have been noted (e.g. vital signs).

Inspector’s Final Findings

- Manitoulin-Sudbury DSB 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 electronic Ambulance Call Reports (eACRs) reflect the patient care provided. The Service Provider also has an in-house Quality Assurance (QA) and training program to ensure all care is provided to standard.
- The Service has an automated process using Zoll software that triggers an eACR to be audited if missing required information. The Service Provider works closely with their Base Hospital to ensure that all triggered ACRs are audited.

- As part of their QA process, the Service Provider followed up with the paramedics involved in each audited call through email and provided documentation demonstrating this process.
- **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

OBSERVATION #2 – The Service Provider’s processes to ensure paramedic knowledge and skills are maintained, did not always include: new staff members undergoing an evaluation of their patient care skills.

DSB Response

- As indicated and demonstrated during the Ambulance Service Review on-site inspection: "The service provider's intake process includes a written exam and OSKE/practical scenarios and is followed up with skills practice and assessment".
- Two pieces of documentation relating to this matter on recent hiring documents were provided as proof to new staff member evaluations.
- This observation is completely inaccurate and does not reflect the reality of how Paramedic Services operates. It was asked that the MOHLTC strikes this Observation from the final report.

Inspector’s Final Findings

- Manitoulin-Sudbury DSB Paramedic Services understands the importance of ensuring paramedic knowledge and skills are maintained, specifically new staff members undergoing an evaluation of their patient care skills.
- During the follow-up, the Service Provider provided documentation demonstrating that their new employees successfully complete a two-week orientation program. The orientation program includes evaluation of patient care skills.
- **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

OBSERVATION #3 – 96.4% of Manitoulin-Sudbury DSB Paramedic Services paramedic staff observed during patient care ride-outs and at stations, were noted to carry the service specific identification card exhibiting the EHS unique identification number on their person while on duty (employee EHS# 25242 did not have their ID card).

DSB Response

- The Ministry is correct in that paramedic 25242 was on duty without her EHS identification card. Of the 155 cards issued to the service, this was the single issue found.
- The service operator was not aware of the missing card in advance of the review, however each employee with a card had been reminded of their responsibility to have their card on their person at all times when on duty.

- Additionally, upon becoming aware of the violation, the employee was immediately placed on an administrative suspension as they did not meet the minimum requirement to work as a paramedic in the Province.
- The EHSB was contacted and a replacement card was requested. The employee remained on suspension until the replacement card arrived on June 17, 2016.

Inspector's Final Findings

- Manitoulin-Sudbury DSB Paramedic Services takes MOH ID Card compliance very seriously and has a policy in place indicating that all on duty paramedics must have the card on their person at all times. The paramedic found with no ID card during the Review was noted to have lost their ID card.
- During the follow up visit, the Service Provider provided documentation demonstrating that the employee was immediately removed from service and the ID card was reported to the Ministry as lost. The employee was not scheduled to work until the ID card was reissued. ID card for paramedic 25242 is now replaced, been received and the employee has returned to work.
- **Manitoulin-Sudbury DSB Paramedic Services is committed to continued compliance in this area.**

OBSERVATION #4 – From the 11 ambulances reviewed by the Review Team, the Service Provider captured 4,021 of 4,026 equipment and supply requirements from the Provincial Equipment Standards for Ontario Ambulance Services, or 99.9%. The Service Provider is commended for this review observation. ERV's not meeting standard.

DSB Response

- In two cases, the noted missing item was determined to be a pole stretcher (3rd line of stretcher). Manitoulin-Sudbury District Service Board Paramedic Services has undertaken a process by which all pole stretchers have been removed from service and replaced with Zoll Autopulse Soft Stretcher.
- This change is in accordance with the February, 2016 amended Equipment Standards as set out by the MOHLTC EHSB reference page 95 and MOHLTC Ref#355, titled *Stretcher, Portable*. Specifically, the service operator would point the MOHLTC to the bullet point that requires the portable stretcher to have pole channels, or handgrips.
- As such, the service operator would assert that compliance with the legislation is and was achieved at the time of Review and would ask that this finding be removed from the final report.
- In two cases the sole noted missing items were fire extinguisher inspections. In the utilization of a contract vendor to complete annual fire extinguisher inspections, both for vehicles and for buildings, the records reveal that both vehicles had annual inspections. A picture was taken following receipt of the draft report that revealed two fire extinguishers in each vehicle which both had the monthly inspection signatures and the annual inspection signature in place. It is felt that his observation is completely inaccurate.

- The service operator would assert that compliance with the legislation is and was achieved at the time of Review and would ask that this finding be removed from the final report.
- In one case the emergency brake was said to be not functional in addition to missing fire extinguishers. In the case of the extinguishers, we provided proof as noted above.
- In the case of the emergency brake, the definition has been questioned as per manufacturers specification it is not an emergency brake, it is a parking brake.
- At the time of the review the inspector believed the parking brake was not functioning. A Superintendent was sent to the station to confirm the assertion. The Superintendent determined that the parking brake was functional. The Deputy Chief confirmed with Tim Cook from the MOHLTC Fleet Services that the testing process completed by the Superintendent was indeed correct. The Deputy Chief confirmed with the Superintendent that they had the Inspector acknowledge that the parking brake was functional.
- The service operator would assert that compliance with the legislation is and was achieved at the time of Review and would ask that this finding be removed from the final report.
- In one case it was noted that the emergency lights were not functional. The Service Operator was not aware of this finding prior to receipt of the draft report from the MOHLTC. Additionally, the vehicle was not removed from service by the MOHLTC upon such a reported finding, even though such a finding would cause the vehicle to fail to meet the Ministry of Transportation (MTO) requirements for an emergency vehicle.
- A review of the functionality of the emergency warning systems for this 2015 Demers Type 3 ambulance, following receipt of the draft report, revealed fully functional emergency warning systems, and no repairs were completed on the emergency warning system since deployment of this vehicle in August of 2015.
- A review of the finding with those staff working in unit 5243 on the specific dates of the review garnered confirmation that all warning systems were fully functional, and were utilized during code four responses with the Inspector. It was noted that one red marker light was burnt out on this vehicle.
- The service operator would assert that compliance with the legislation is and was achieved at the time of Review and would ask that this finding be removed from the final report.

Inspector's Final Findings

- Manitoulin-Sudbury DSB Paramedic Services understands the importance of ensuring that each vehicle is equipped according to the Provincial Equipment Standards for Ontario Ambulance Services and Land Ambulance Certification Standards.
- During the follow-up visit, the Service indicated that the vehicles found to be missing equipment during the Ambulance Service Review were restocked immediately, ensuring that they were to standard. Regarding the missing pole stretcher, the Service now carries the Zoll AutoPulse Soft Stretcher in replacement. The Service Provider provided documentation outlining the specifications of the

Zoll AutoPulse Soft Stretcher demonstrating that it meets the current Provincial Equipment Standards for Ontario Ambulance Services.

- Respecting vehicle 5243 it was observed that one front top roof light on the passenger side was not functioning. During the follow-up visit, the Service Provider provided documentation demonstrating that this light has since been fixed.
- With regards to fire extinguisher testing, the Service Provider provided documentation demonstrating that the fire extinguishers in vehicles 5257, 5411, 5290 found to be missing the annual inspections have been tested. The Service contracts the testing out to a company who works on a set schedule to ensure that testing is completed on time and according to schedule.
- To ensure compliance with the Provincial Equipment Standards for Ontario Ambulance Services, the Service has two depots where equipment is stored and each station has a supply of three months' worth of equipment. Monthly, crews submit stock requisition forms and a supervisor supplies each base accordingly.
- **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

OBSERVATION #5 – Based on data available from Service files, of the 107 patient care devices inspected (Oxygen Equipment), the preventive maintenance program met the manufacturer's specification 69.7% of the time. 94.3% of the patient carrying equipment met the manufacturer's specification respecting preventative maintenance.

DSB Response

- Service Provider provided detailed responses with respect to each oxygen device found in appendix E.
- With the new electronic system in place, the service operator is undertaking to commission devices on receipt, meaning there will continue to be ongoing PM tests in accordance with the established schedule.
- It was noted that the 10 pieces of patient carrying equipment identified by the MOHLTC in this report were each service spares and were omitted from the regular PM program during the fall 2015 cycle. This issue has been addressed and resolved moving forward.
- The service operator ensured that each front line conveyance was tested in accordance with the Vendor's requirements.

Inspector's Final Findings

- Manitoulin-Sudbury DSB Paramedic Services continues to improve the documentation and record keeping system for their patient care, accessory and conveyance equipment. Prior to the Review with respect to their Preventative Maintenance program the Service Provider used a manual process and tracked equipment by vehicle. The Service Provider now uses an electronic form and equipment is tracked by a serial number.
- In the past, the Service Provider was omitting testing of spare conveyance equipment until the equipment went into service. The Service Provider has revised their process and now tests all equipment. Documentation was provided

demonstrating that testing is occurring. The Service Provider is confident that these changes will mitigate this from being a future observation.

- **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

OBSERVATION #6 – Vehicles were not always maintained mechanically and in proper working order (vehicle 5411, emergency brake not working).

DSB Response

- For clarity, the auxiliary braking system is described by General Motors as a parking brake, not as an emergency brake. This distinguishing factor is integral to the testing for the functionality.
- As noted previously, the service was notified at the time of the review that the inspector believed the parking brake was not functioning. A Superintendent was sent to the station to confirm the assertion. The Superintendent determined that the parking brake was functional. The Deputy Chief confirmed with Tim Cook from the MOHLTC that the testing process completed by the Superintendent was indeed correct. The Deputy Chief confirmed with the Superintendent that they had the Inspector acknowledge that the parking brake was functional.

Inspector's Final Findings

- During the follow-up meeting, documentation was provided demonstrating that vehicle 5411 has had regular preventative maintenance. There is also documentation to confirm that the emergency brake is functioning correctly.
- **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

OBSERVATION #7 – From the three hundred and one ACRs reviewed by the Review Team, the Service Provider captured 17,795 of 17,900 possible data points, or 99.4% of the Ambulance Call Report information requirements. The Service Provider is to be commended for this documental observation.

DSB Response

- Administrative issues such as documenting Postal Code, Medications, Chief Complaint, Witness Signatures, etc. not documented properly.
- Adjusted closed call rules to catch more administrative issues.
- Reviewed each call noted as an issue and provided remedial/education where required.
- A general review of ACR Completion Manual will be conducted with all staff.

Inspector's Final Findings

- Manitoulin-Sudbury DSB Paramedic Services is cognizant of the need for follow up with staff when ACR completion deficiencies are noted.

- The Service is dedicated to proficiency in Patient Care and to the documentation of Incident Reports, Patient Call Reports and Collision Reports.
- The Service Provider addressed the common issues found during the Service Review and the need for paramedics to ensure that eACRs are completed accurately, according to the standards.
- In preparation for upcoming changes to the Ambulance Service Documentation Standards the Service Provider plans to have extensive ACR training. The training will include review of mandatory requirements.
- A follow-up audit of a small sampling of eACRs was completed post final meeting.
- Improvement has been noted in eACR completion since transmittal of the Draft Report. The Service Provider is committed to full and proper completion of these call types and continues to monitor and audit eACRs for documentation and ALS/BLS Patient Care Standards.
- Supervisory staff will continue to monitor eACRs and IRs for proper minimum completion and will review with employees any eACRs found not meeting minimum requirements.
- **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

OBSERVATION #8 – Documentation demonstrates the Service Provider notifies the ministry of each instance of employee hiring but did not always provide separation dates (4 instances). The Service Provider recovered the paramedic’s service specific identification card but did not always return it to the ministry on each occasion of employment being terminated (6 instances).

DSB Response

- While the Ministry was advised of the employee separation, and the EHS cards were returned to the Ministry, the process for announcing the separation date was not always communicated. As such, the service will communicate the last day of work performed by the employee.
- While Manitoulin-Sudbury DSB has in place a process to recover and return the EHS ID cards, the process has identified the date of card return, but not the date of separation. The service has amended the process to include the date of separation.
- In 4 of the 6 instances the ID Card was returned. It was asked that the MOHLTC to strike this Observation from the final report.
- In one instance the date was from 2011. This employee was terminated 5 years in advance of the 2016 service review, and 2 years in advance of the 2013 service review. It would seem that if a review is to be conducted every 3 years, the review should only encompass issues that occurred since the last review. Continued inclusion of items previously noted and/or items that fall outside of the 3-year assessment period would appear to “doom” a Service Operator with this recommendation/observation in perpetuity. For clarity, the service operator does not believe it is the intent of the MOHLTC EHSB to operate in this manner. It was asked that the MOHLTC to strike this Observation from the final report.

Inspector's Final Findings

- 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 Service Provider to notify the Ministry upon staff terminations and return of the ID card.
- During the follow up, the Service Provider acknowledged that their process for returning ID cards could be improved. Documentation was provided demonstrating that the Service Provider has modified their reporting template for notifying the ministry when returning ID cards. The new template now includes the separation date.
- **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

CONCLUSION

The Certification process for a land ambulance service is extremely extensive and all encompassing. There are many aspects involved in the operations of an ambulance service and each one is reviewed during the certification process with an aim of ensuring continuance of effective delivery of quality patient care. While stressful, as any third party audit would be, Paramedic Services is thankful that the MOHLTC takes the care to comprehensively review all aspects in the provision of service in a manner that is non-confrontational and ever evolving. In the interest of providing the best service to the general public, it is always important to be informed of areas where improvement can be made.

A testament of the dedication to continual improvement within the Paramedic Services Department is that in the Service Response to each of the observations, the MOHLTC Inspector noted that "*Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area*". These comments are gratefully accepted and would clearly indicate that Paramedic Services is committed to provide a highly functioning ambulance service.

It is understood that this audit is one where success is measured at the 100th percentile otherwise Observations will be noted (exemplified by being 99.4% compliant with Observation #7). This does not mean that being very close to 100% should be considered substandard. Additionally, while not fully noted within the report were comments from the exit meeting in June. Two parts wherein staff must take pride are in the areas of Incident Reporting and Qualification Records. It was noted by the reviewers that it was unheard of that all audited Patient Care Records requiring an Incident Report had them completed. In terms of Qualification Records, one area that has been a continual pressure for this department has been the maintenance of paramedic qualifications. With the implementation of a homegrown electronic system, Paramedic Services has been able to achieve 100% compliance in an area that is extremely hard to achieve perfection.

This review is truly the result of hard work of the entire Paramedic Services staff. It requires a team to provide these services and the positivity arising from this report exemplifies a real team effort from all aspects of the department. Everyone from the front line Paramedics, to the Field Superintendents, to the office leadership team continually works hard to ensure that the delivered service is accurate and consistent with what is expected for best results in patient care.

Lastly, it must also be noted that it is only with the continued support of the Board that Paramedic Services 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.

The results of this review are to be considered a substantial success. In successfully completing this review it is good to see that we are achieving our goals of improving our service to the citizens within our communities.