



Report To: Program Planning Committee
From: Michael Maclsaac
Chief of EMS
Date: May 25, 2011
Re: 2010 Ambulance Service Review Summary

RECOMMENDATION

That the DSB Program Planning Committee accept this report as a summary to the 2010 Manitoulin-Sudbury Ambulance Service Review (ASR) Final Report.

REPORT

As presented at the 2010 Board Orientation:

- The 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 issues 3 year certificates to operate an ambulance service.
- In June of 2010 Manitoulin-Sudbury DSB underwent a certification process.
- A team made up of MOHLTC representatives and service managers and paramedics from across the province visited our operations for 3 days.
- The administrative portion included a review of management files, Human Resources files, Policies & Procedures, operational documents, patient care charting, and ambulance maintenance records.
- The field portion saw a team of 8 paramedics reviewing operations at each of the EMS Stations. They reviewed the contents of the ambulance, paramedic activity, patient care, and station requirements.

Report Structure

After the review team visited, a draft report was delivered on October 7, 2010. A letter accompanying the draft report indicated that we met the certification criteria and the legislated requirements to operate an ambulance service. Listed in the draft report however, were 13 recommendations that required a response within 30 days. Of the 13 10 concerned subject matter that was considered a legislated requirement. The other 3 were considered quality assurance best practice recommendations. Every recommendation was responded to within the timeframe and a substantial package of supporting documentation was forwarded to the MOHLTC in early November.

As per standard process, the MOHLTC reviewed our supporting package and scheduled a meeting to return with a single MOHLTC Investigator for a final follow up. This meeting occurred on March 29, 2011. All questions of the investigator were answered and we received our final 88 page report on April 21, 2011.

The Recommendations

A review of the Final Report will reveal specific details regarding each recommendation. Below please find a table that details the recommendations, the statements by the ASR Team and our responses.

LEVEL OF SERVICE

1. **The Service Provider must ensure that the response time standard shall not be of longer time duration than the 90th percentile response time standard for priority four emergency calls set by the operator who provided land ambulance and emergency response service in the area in 1996 while they develop their Response Performance Plan.**

ASR Statement

The Service Provider did not produce a report to demonstrate the Service meets the service response time commitment.

Manitoulin-Sudbury DSB Response

We will continue to seek answers to the apparent errors in the ADDAS system. Additionally, we will continue to attempt to have all data for our service entered into one database so that reports can be run more accurately. In the future under the new response time standard we will utilize current resources (EFRT's, PAD Program) and enter into new agreements (Tiered Response Agreements) to achieve a better response. We will continue to evaluate the need for changes to deployment to better meet the needs of the citizens we serve.

EMPLOYEE QUALIFICATIONS

2. **The personnel record must contain current documentary evidence in support of employment qualifications for all paramedics.**

ASR Statement

There was incomplete documentation demonstrating each type of paramedic is qualified. There was complete 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.

Manitoulin-Sudbury DSB Response

The Employee in question did have a copy of the ID in his file entered on January 27, 2010. It could have been missed due to the fact that there was a shorter document on the previous page covering the page with the copy of his ID. The requested copy is within the file.

3. **The Service Provider must maintain documentation demonstrating that each paramedic is compliant with influenza immunization requirements.**

ASR Statement

The Service did not in all cases receive Influenza Immunization status of each employee no later than directed by EHSB each year.

Manitoulin-Sudbury DSB Response

We have a new system and organized approach to monitoring employee qualifications. This approach involves both the Deputy Chief and the Commander of Quality Assurance. Additionally, our new managerial structure, which now includes a Superintendent of Training, aims to alleviate pressures on the Quality Assurance section. The Quality Assurance section can now monitor qualifications more effectively.

STAFFING

4. **The Service Provider should ensure sections A, B and C of each identification card application submitted to the P&OAU is fully completed.**

ASR Statement

There was documentation demonstrating ID card applications were forwarded to the EHSB's Policy and Operational Assessment Unit for each new care provider employee. Applications did not always reflect that sections A, B, and C were fully completed.

Manitoulin-Sudbury DSB Response

There has been correspondence with T Zuberi on this matter. Both were corrected immediately. One was an error in date (2008 noted instead of 2009), and the other had a section omitted in error. As noted above our new managerial structure which now includes a Superintendent of Training, which aims to alleviate pressures on the Quality Assurance section. It is anticipated that these types of oversight will be minimized.

5. **The Service Provider must notify the P&OAU of each instance of employee separation as per agreement in a timely manner.**

ASR Statement

The Service Provider notified the Branch of the date of an employee hiring but does not always notify the Branch of separation dates.

Manitoulin-Sudbury DSB Response

Confirmation from T Zuberi reveals that we have been letting the MOHLTC know of terminations, however there was not always a date noted in the body of the notification. It was assumed on our part that the termination date would be taken as the date of the notification. From this point forward all correspondence noting termination will include the actual date of termination in the body.

Additionally, it is noted that 2 employees on the MOHLTC HRI list are no longer employed. There was notification given to the MOHLTC upon separation however we did not cross reference our list to the list handled by the P&OAU. We will cross reference from this point forth.

6. **The Service Provider must ensure that on each occasion an employee's employment is terminated for whatever reason, the employee's service specific identification card is recovered and returned to the P&OAU in a timely manner.**

ASR Statement

The Service Provider did not always recover the paramedic's service specific identification card on each occasion a paramedic's employment was terminated. There was not always documentation demonstrating ID cards are returned to the P&OAU upon termination of employment.

Manitoulin-Sudbury DSB Response

We currently have a process established with the aim of obtaining the MOH ID card from employees who cease to work for us. This process relies on the fact that they still live at the mailing address that we have on file and that the end of the employment relationship wasn't one based on inability to work. Typically we end employment relationships due to an employee's inability to commit to work as many shifts as obligated. In this situation we have no means of a penalty (i.e. withholding pay). We have taken the approach that if we cannot locate the former employee or if we cannot retrieve their MOH ID card that we would deem it lost and as such have notified the P&OAU.

DOCUMENTATION

7. **The Service Provider must ensure that Ambulance Call Reports will be completed as per the Ambulance Documentation Standards.**

ASR Statement

Ambulance Call Reports were not always completed according to the Ambulance Service Documentation Standards.

Manitoulin-Sudbury DSB Response

Two things have occurred this year which will drastically improve our ability to ensure that ACR's are completed to standard. One, we are seeing a higher and more consistent frequency of ACR audits due to the ability to do so with added managerial positions and an electronic ACR program. Two, the use of the previously mentioned electronic charting package allows us the opportunity to create rules that eliminate the possibility of missing mandatory fields. As a result we are seeing a higher frequency of remediation and training.

- 8. The Service Provider must ensure that incident reports are made in accordance with the Ambulance Documentation Standards, respecting each incident, complaint, investigation, and collision relating to the Service Provider's land ambulance service, employees, agents and to each patient served.**

ASR Statement

Documentation reflected Incident Reports were not always completed when required, as per the ASDS. Three ACRs required an Incident Report. One Incident Report was completed. Two or 66.6% were not completed.

Manitoulin-Sudbury DSB Response

With the increase in auditing an increase in Incident Report completions will be achieved. We currently have a workflow in place with our Electronic Charting Program that notifies the Commander of QA of ACR's that are submitted where an Incident Report should also be created. Additionally, an online training module was reviewed by all employees in 2008. Furthermore, we now have a monthly newsletter for employees drafted by the Superintendent of Training that notes common issues and training updates. Incident Report education is encompassed in the November Newsletter.

- 9. The Service Provider must ensure that patient care is provided in adherence to the BLS/ALS Standards (version 2) dated January 2007, and that completed ACR's reflect patient care was provided in accordance with the BLS/ALS Standard.**

ASR Statement

Of the three hundred and fifteen Ambulance Call Reports audited, the following 6 or (2.0%) percent, based upon documentation only, suggest patient care was not provided in accordance with the Basic Life Support Patient Care Standards. The Service Provider is commended for these documental findings.

Manitoulin-Sudbury DSB Response

We are pleased to see that we are well below the provincial average in this regard and appreciate that the Ambulance Service Review Team has recognized this. The 6 charting issues brought forth, although not originally audited, have since been and an informal research exercise has been completed by the paramedics in question. Service wide education is taking place via information and quizzes in the monthly training department newsletter. Additionally, as previously indicated in recommendation #7, the new training department and new electronic charting system will drastically improve not only our ability to remain on top of issues as they occur, but also to be proactive in our approaches in training and education.

VEHICLES

10. The Service Provider must have a letter signed by the Director, Emergency Health Services Branch from each vehicle manufacturer or conversion vendor certifying that each vehicle used in the provision of ambulance service meets the Emergency and Response Vehicle Standard

ASR Statement

The Service Provider did not have 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.

Manitoulin-Sudbury DSB Response

In order to assess our ability to certify the vehicles requiring letters, we sought the advice of Tim Cooke, Fleet Services Supervisor from the MOHLTC. After discussion it was noted that the vehicles cited under this requirement did not fall within the criteria as set out in the Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard version 4.1. Furthermore, if these units were to be considered as response vehicles, article 19.1.7 details that units in service prior to December 31, 1997 would be considered certified. The 2 units noted were model years 1987 and 1991.

11. The Service Provider must ensure that each vehicle used as an ambulance shall contain as a minimum the accessory and patient care equipment set out in the "Provincial Equipment Standards for Ontario Ambulance Services".

ASR Statement

No specific statement.

Manitoulin-Sudbury DSB Response

Prior to the date of this document it has been reported that the equipment noted as missing has been restocked. Obstetrical Kits have been stocked in vehicles 5254 and 5271. Mucous Traps have been additionally placed in 5254, 5407 and 5411. Glucose Gel has been placed in 5407.

PATIENT CARE EQUIPMENT

12. Patient care equipment and supplies should be prevented from exposure to contamination or excessive heat or cold and in a manner that protects it from exhaust and particulate contamination.

ASR Statement

Patient care and accessory equipment was clean and sanitary. Patient care equipment was not always stored in a manner that is consistent with manufacturers' direction and is free of contamination (at the Wikwemikong Station, a spare stretcher and a #9 stretcher were stored in a manner that exposed them to diesel contamination).

Manitoulin-Sudbury DSB Response

The particular stretchers have been removed from the garage and placed in another location within the building as indicated in the picture in Doc #23. Manitoulin-

Sudbury DSB policy is clear on the manner in which equipment is to be stored. This was an apparent oversight by the paramedics.

13. The Service Provider should maintain documentation demonstrating the preventative maintenance program includes patient carrying equipment, oxygen delivery systems and suction equipment.

ASR Statement

The preventative maintenance program did not always include all patient care devices requiring regular inspection/or calibration e.g. oxygen delivery systems, suction equipment, defibrillator (currently the ERUs and EFRT units are not included in the 02 testing schedule and the EFRT units are not included in the cot maintenance schedule). The preventive maintenance program for all patient care devices did in all cases meet the manufacturer’s specification.

Based on data available from the Service files, the Service does not maintain all oxygen and suction equipment as per the manufacturer’s specifications (ERUs and EFRTs). The preventative maintenance program did not include patient carrying equipment (EFRT).

Manitoulin-Sudbury DSB Response

The oxygen equipment carried in the ERV's has since been tested and meets the standards as set out in our preventative maintenance program.

Understanding that the vehicles operated by the EFRT's do not fall within criteria as set out by the Ontario Provincial Land Ambulance & Emergency Response Vehicle Standards version 4.1, they would also not meet the requirements as listed in the Provincial Equipment Standards for Ontario Ambulance Services. Regardless, understanding that it is best practice to have any piece of equipment intended for use in patient care to be in good working order, we have begun to include the EFRT equipment in our preventative maintenance scheduling. EFRT Maintenance will be complete by the end of November.

The following table provides a brief summary of the comments by the Inspector in the final report document.

| Rec. # | Inspector's Final Comments |
|---------------|---|
| 1, 3, 5, 6, 8 | Manitoulin-Sudbury EMS is committed to compliance in this area |
| 2 | no comment - review team missed the document in question |
| 4, 12, 13 | Manitoulin-Sudbury EMS accepts this quality assurance “best practice” recommendation and is committed to compliance in this area. |
| 7 | Manitoulin-Sudbury EMS is committed to and is working towards compliance in this “legislated” area. |
| 9 | Manitoulin-Sudbury EMS continues to work towards full compliance in this area. |
| 10 | Manitoulin-Sudbury EMS is compliant in this area |
| 11 | Manitoulin Sudbury EMS is committed to monitor this area for continued compliance. |

You will note that in all but one recommendation (Rec. # 9); the Inspector felt that we were committed to compliance or in one case, fully compliant. The one recommendation where we were considered as “working towards full compliance” is in an area where we were commended for the documental finding of the review team. On this particular section, based upon documentation only, 2% of patient care was suggested to not be in accordance with Basic Life Support Standards. While 2% is far below the provincial average of 9.64%, and that why there is believed to be a commendation on this matter, it is still greater than zero, therefore we believe the recommendation.

Highlights of the Report

A full review of the Final Report will give a comprehensive breakdown on the service that we provide; however it is important to note that we, as an organization, are progressing and building as evidenced by the following table which details how we compared in 2010 to our review in 2007. Additionally, the table provides a comparison to the provincial average.

| Recommendation Comparator | | | |
|----------------------------|-----------------------------|-----------------------------|------------------------------------|
| Audit Area | 2007 Review Recommendations | 2010 Review Recommendations | Provincial Average Recommendations |
| Level and Type of Service | 1 | 1 | 0.91 |
| Employee Qualifications | 3 | 2 | 2.96 |
| Staffing | 2 | 3 | 1.64 |
| Documentation | 4 | 3 | 3.73 |
| ACR Omission Percentile | 91.60% | 48.50% | 71% |
| Patient Care Issues | 1.90% | 2% | 9.64% |
| Incident Report Compliance | 0.60% | 66.60% | 86.44% |
| Training | 2 | 0 | 0.69 |
| Service Review Program | 0 | 0 | 0.15 |
| Patient Care | 1 | 0 | 1.39 |
| Vehicles | 6 | 2 | 2.2 |
| Patient Care Equipment | 10 | 2 | 2.85 |
| Policy and Procedure | 0 | 0 | 0.77 |
| Operations | 0 | 0 | 0.17 |
| Liaison/Communication | 0 | 0 | 0.29 |
| Legislated | 14 | 10 | 8.78 |
| Best Practice | 15 | 3 | 5.69 |
| Totals | 29 | 13 | 14.47 |

| | |
|---------------|--|
| Legislated | |
| Best Practice | |

General areas of strength are noted as the report indicates, *“Manitoulin-Sudbury EMS is to be commended for its efforts in the following areas:*

- *Well organized employee files.*
- *Comprehensive vehicle cleaning program.*
- *Detailed policy and procedure manual.*
- *Thorough preparation for Ambulance Service Review.”*

Other quoted highlights are indicated below:

“A review of 667 codes four/three return calls for the same period prior to the Review, via the ADDAS data base, demonstrates an average crew at hospital time, post call, is identified as 22 minutes, 24 seconds. The Service Provider is to be commended for hospital time performance and the impact this bears upon the Provider’s response performance.”

“The Base Hospital had been notified of the service commitment. The Communication Services had been notified of the service commitment and deployment plan. The Service Provider demonstrated commitment to patient care quality.”

A review of 1,498 code three return calls for the same period prior to the Review, via the ADDAS data base, demonstrates the average crew on scene time was 16 minutes, 1 second. This time is considered to be within ALS/BLS standards for priority four type patient calls and the service is commended for this performance.”

“Ambulances and emergency response vehicles were maintained in a safe mechanical condition and proper working order. There was documentation showing staff checked each vehicle at least once per day or shift. The checklist allowed paramedics to comment regarding vehicle deficiencies or safety concerns. Staff completed a checklist verifying that the general safety features of each vehicle were functional. Deficiencies were responded to in a timely manner. Safety concerns raised by staff were resolved. Repairs or replacement items were completed in a timely manner.”

“The Service Provider had access to spare vehicles to maintain service. Documentation showed no instances where a replacement vehicle was unavailable.”

Conclusion

Through this comprehensive process, the whole EMS Department of the Manitoulin-Sudbury DSB performed very well. With the sustained support of the Board, the EMS Department will continue to succeed in all endeavours set out upon.

It is often said and has to be noted that an organization is only as good as the people they have working for them. It is not always easy to work for an Ambulance Service, sometimes in unwelcoming and undesirable circumstances. From the front line Paramedics who deal with patients often on the worst days of their lives, to the Management Team, who must observe and maintain intricate legislated responsibilities, this profession is challenging. But all of the hard work can achieve a level of validation when notice is received from the Ambulance Service Review Team. In this most recent review, as evidenced by the recent Final Ambulance Service Review Report, all involved performed up to a standard that is second to none. All employees within the EMS Department should be commended for their continued dedicated and professional attention to the service they are providing.