



Report To: Program Planning Committee
From: Robert Smith, Chief of Paramedic Services
Date: February 26, 2020
Re: 2019 Ambulance Service Review - Issue Report

Recommendation

That the Board accepts the 2020 Ambulance Service Review Final Report completed by the Ministry of Health (MOH), resulting in continued certification 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 MOH findings, recommendations, follow-up visit, and final report.

Background

For information purposes, 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 Ministry of Health typically issues cyclical certification to operate an ambulance service every three years. On June 11 and 12, 2019 the MOH Ambulance Service Review Team visited Manitoulin-Sudbury DSB Paramedic Services. Ninety days prior to this visit, Paramedic Services was issued a reference to assist in preparation of the planned review. Within the checklist were nearly 300 administrative reference points that would be the focus for the Ministry. Additionally, there was also a comprehensive checklist for the actual Paramedic Service stations.

The administrative review team that attended the Second Avenue office in Espanola in June, consisted of, one MOH Inspector, one administrative lead member, both human

resources and logistics leads, and a fleet member from the Ministry of Health. A number of paramedic reviewers were also assigned to perform site visits on Paramedic Services station, and to assess paramedics in the field.

Over the course of the two days, the team reviewed Fleet Maintenance and Regulatory Compliance, Equipment Preventative Maintenance/Repair records, Human Resources Inventory files, Policy and Procedures, and a myriad of other relevant internal documents and data utilized to provide proof of compliance with all expectations, Standards and Legislation. In deployment, team members assessed the delivery of patient care, and logistical compliance.

On August 19, 2019 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 MOH 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, they 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 11 noted opportunities for improvement, almost entirely minor in nature. Within the established timeline, the Chief of Paramedic Services provided a comprehensive 146-page report to the MOH detailing responses on the noted Opportunities.

As established in practice, Paramedic Services staff met with an MOH Inspector on November 6, 2019 to review the MOH report and DSB response to the observations. The meeting allowed for a fulsome discussion surrounding the Ministry observations, and the service’s perception of the observations. The comprehensive nature of the DSB response to the draft report allowed for expansion of inconsistencies found within the Draft Report. It was affirmed by the Inspector that there would never be an instance where the MOH would amend their draft report to remove an inaccurate finding, nor any instance where such acknowledgement of an inaccuracy would be documented.

On January 14, 2020 the Manitoulin-Sudbury DSB received the [Final Report](#) from the MOH.

Recommendations and Follow-up

Manitoulin-Sudbury DSB Paramedic Services has steadily realized improved results arising out of the Ambulance Service Review process. In 2016, there were 8 opportunities for improvement, compared to 11 in 2019, however the service challenged the accuracy of 5 observations in the Draft Report, agreeing with 6 findings. The final report contained the 11 findings, but it did capture the service's concerns/position with respect to each of the findings. Specifically, staff shared a clear position that MOH measurements utilizing a 100th percentile of compliance lacks efficacy.

Below is a summary of the observations found in the Draft and final Reports as well as service responses.

OBSERVATION #1, #8 and #9 - Of the 296 Ambulance Call Reports reviewed by the Review Team, 6.7%, demonstrate that documentation adherence to the ALS/BLS Patient Care Standards was not always completed. These findings were not representative of patient care, rather of documentation.

Note that this finding revealed a 10% improvement from the 2016 review. Additionally, the MOH Final Report documented that 100% of patient care during the certification assessment period was compliant with legislation.

DSB Response

- Staff concurred with findings in 40% of the audit findings and confirmed with the MOH that these documentation errors had been previously captured and addressed through the service's internal audit process.
- Staff shared with the MOH that access to the service's call closure rules in the documentation system had been made available to the team but had been declined. Staff affirmed their position that this access would have addressed the specific findings.
- Staff challenged the accuracy of findings in some cases; however the Ministry response was that the parties would have to agree to disagree.

OBSERVATION #2 – The Service Provider's processes to ensure paramedic knowledge and skills are maintained, has historically utilized a Share Point Portal, but PCTS Version 2.2, released in July of 2016 appears to have been missed from posting.

DSB Response

- The service confirmed with the MOH that implementation of a new Learning Management System (LMS) in early 2019 will ensure compliance with educational requirements by all staff.
- The service identified an opportunity for senior staff to focus a on QA processes.

OBSERVATION #3 – Patient care and accessory equipment and supplies were not always secured in the vehicles as per the Patient Care and Transportation Standards, specifically, 5290 had a kit bag on a stretcher, but not strapped, vehicle 5271 had a radio hand set lose, vehicles 5296 and 5271 had items in the driver door packet, vehicle 5451 had items lose in the rear of the ambulance.

DSB Response

- The service confirmed with the MOH that policy exist and is enforced pertaining to securing of equipment.

OBSERVATION #4 – From the 10 ambulances reviewed by the Review Team, the Service Provider captured 3,888 of 3,890 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.

DSB Response

- Staff thanked the MOH for the compliance finding of 99.9% and confirmed that the specific findings related to missing items were 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.

OBSERVATION #5 – Based on data available from Service files, the inspection team was unable to confirm a preventative maintenance inspection for one portable stretcher prior to fall of 2018.

DSB Response

- Staff thanked the Ministry for their finding of near 100% compliance, an improvement from 69% in 2016, but did confirm that the reason for the missing inspection from before 2018 was due to the fact that the item had not been part of the inventory prior to that time, and confirmed in the Operative IQ solution that the initial inspection was that. The Ministry revealed that their decision was based on an error where the staff responsible for the prevention checks had checked the incorrect box on a piece of paper.

OBSERVATION #6 – Vehicle inspection QA processes did not have a space for the Superintendent to sign the document. Additionally, 2 ambulances did not have fire extinguisher signatures for a period of time earlier in 2019.

DSB Response

- Staff were able to demonstrate to the MOH that the system utilized for quality assurance of logistic compliance was electronic and required dual authentication that tracked to each Superintendent. Additionally, staff were able to demonstrate for the MOH that the vehicles that had fire extinguishers missing specific signatures pertained to replacement extinguishers that would not have been in use

earlier in the year. The MOH acknowledged both reasons, and the observations remained on the final report.

OBSERVATION #7 – From the 1350 qualification factors assessed, the MOH found that 1348 qualifications were correct, and that 2 factors, specifically, tetanus immunization of two staff members had been administered by Registered Nurses in the Public Health Unit in Sudbury, not by a Physician.

DSB Response

- Staff affirmed that the MOH findings were accurate, but also shared a written communication from the Medical Officer of Health who stated that any immunization administered by any Health Unit staff should be considered administered by either the Medical, or the Associate Medical Officer of Health. The observation remained in the final report.

OBSERVATION #10 – The service operator, while completing audit processes for incident report accuracy and dissemination, there was not a written record that each incident report had been accessed.

DSB Response

- Staff demonstrated to the MOH the process utilized to access, audit and disseminate incident reports. Additionally, staff shared a report from the documentation vendor that demonstrated the incident report submission date and QA access dates. The observation remained in the final report.

OBSERVATION #11 – There was not always documentation to demonstrate Service Policies relating to drugs, alcohol and tobacco are complied with.

DSB Response

- Staff engaged with the MOH team on this final observation as it was asserted that the service was absolutely compliant. Following much discussion, it was discovered that the desire from the MOH team member was that the service document the absence of noncompliance, and that the documentation of compliance was not adequate. Staff and the MOH could not come to an agreeable outcome from this observation.

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 MOH 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 MOH report revealed extremely high levels of compliance.

As stated in the outset of this report, MOH success is measured at the 100th percentile, and a finding of compliance to the 99.5th percentile generated an Observation of noncompliance. While perfection is not obtainable, it is the MOH standard.

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 Paramedic 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.