

Ministry of Health

Ambulance Service Review Final Report

Manitoulin-Sudbury DSB Paramedic Services

November 6, 2019

Ministry of Health

Emergency Health Regulatory and
Accountability Branch

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January 14, 2020

Mr. Robert Smith
Chief, Paramedic Services
Manitoulin-Sudbury DSB Paramedic Services
210 Mead Blvd.
Espanola ON P5E 1R9

Dear Mr. Smith:

Congratulations on successfully meeting the legislated requirements for certification as a land ambulance operator in the Province of Ontario. The Ambulance Service Review Follow Up conducted on November 6, 2019 found that Manitoulin-Sudbury DSB Paramedic Services continues ongoing improvement towards ensuring delivery of high quality ambulance service.

Manitoulin-Sudbury DSB Paramedic Services is to be commended for its efforts in the following areas:

- Preparation for the certification inspection
- Patient Care during Ride-Outs
- Vehicles
- Quality Assurance/CQI

The Review found that Manitoulin-Sudbury DSB Paramedic Services meets the review certification criteria and the legislated requirements. Accordingly, Manitoulin-Sudbury DSB Paramedic Services will be issued a renewed Certificate to operate an ambulance service.

Once again, congratulations to you and your team.

Sincerely,

A handwritten signature in black ink that reads "CWidawski".

Cindy Widawski
Manager (A)
Inspections and Certifications

Cc: Mr. Fern Dominelli, CAO, The Manitoulin-Sudbury District Services Board
Mr. Steven Haddad, Director, EHRAB
Mr. Stuart Mooney, Director, EHPMDB
Mr. Michael Bay, Senior Manager, EHRAB
Mr. Steve O'Neil, Senior Field Manager, EHPMDB

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Introduction

The *Ambulance Act* (the Act) stipulates that no person shall operate an ambulance service unless the person holds a certificate issued by the certifying authority. The Act further stipulates that a person shall be issued a certificate by the certifying authority only if the person has successfully completed the certification process; the ministry conducts an Ambulance Service Review prior to the expiration of an existing certificate to confirm that the provider meets legislated certification standards.

Legislated standards include:

- Advanced Life Support Patient Care Standards
- Ambulance Service Communicable Disease Standards
- Basic Life Support Patient Care Standards
- Land Ambulance Certification Standards
- Ontario Ambulance Documentation Standards
- Ontario Provincial Land Ambulance & Emergency Response Vehicle Standards
- Patient Care & Transportation Standards
- Provincial Equipment Standards for Ontario Ambulance Services

In Ontario, the Patient Care Standards legislated under the *Ambulance Act* are designed to ensure that the highest levels of safety are in place for every patient being treated/transported by paramedics and are issued by the Ministry of Health and Long-Term Care with input from:

- Ontario physicians specializing in Emergency Medicine
- Ontario Association of Paramedic Chiefs
- Ontario Base Hospital Advisory Group
- Provincial Medical Advisory Committee

The Ambulance Service Review focuses upon three main areas which are represented in this report:

- Patient Care
- Quality Assurance
- Administration

Subsections within each area provide the legislative requirements, inspection methodologies, followed by the Review Team observations.

Ambulance Service Review Overview

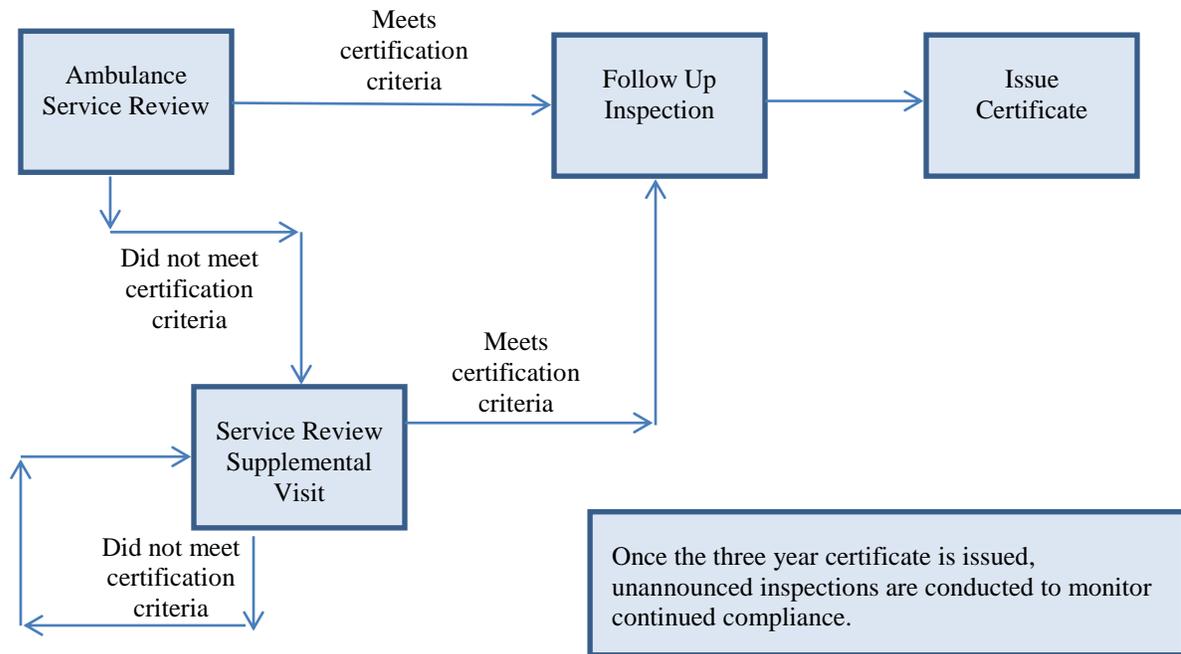
Certification Process: Ambulance Service Providers undergo an Ambulance Service Review every three years - the certification of a service is not extendable under the Act.

Service Providers due for review will be given advance notice, typically 90 days, before the on-site review occurs. This notification includes the Team Checklist Self-Assessment and Resource Tool which is provided to assist a service in preparing for the on-site review.

A Service Provider will also be sent a letter to confirm the date and time of the review, typically, 30 days prior to the on-site visit. Services requiring a Supplemental Visit will be given advance notice prior to the date of the Supplemental Visit, typically 30 days.

When a service meets certification standards, it is issued a three-year certificate to operate an ambulance service. When an ambulance service operator does not initially meet certification standards, the ministry conducts a Service Review Supplemental Visit to re-evaluate the service's success in meeting certification standards.

The diagram below graphically represents the certification process.



With every Service Review, an exit meeting is conducted with the Service Provider. Continued consultation/assistance and a draft report are provided to assist the Service Provider.

To meet certification standards, a Service Provider must meet two thresholds:

1. 90%+ for Patient Care (which represents 70% of the overall inspection)
- AND
2. 90%+ overall score (Patient Care 70%, Quality Assurance 20%, Administration 10%)

Review Team: Each Review Team will be comprised of persons experienced in management, operational and patient care delivery aspects of providing ambulance service. Team members are selected for their experience and are trained by Emergency Health Regulatory and Accountability Branch as quality surveyors. Composition of each Review Team is specific to the size and type of service being reviewed.

Currently the Review Team is comprised of service representation from approximately 70 percent of Ontario Paramedic Services. The on-site team will include one Ministry Team Leader, Service Chiefs, Deputy Chiefs, Commanders, Deputy Commanders, Superintendents, Primary, Advanced and Critical Care Paramedics, all of whom are considered seasoned subject experts in their field, working together to ensure excellence in ambulance services to all Ontarians.

Upon completion of the on-site review, a report is provided to the Service Provider in draft. The Service Provider is provided opportunity to respond to the draft report. The response process is an opportunity for the Service Provider to identify potential inaccuracies and provide response in addressing any noted observations. Once the Service Provider's response has been received, the ministry will coordinate with the Service Provider a suitable time for a Follow Up Inspection. A Follow Up Inspection is conducted to ensure the noted observations have been addressed by the Service Provider.

A final report, culminating the initial Review Team observations, response from the Service Provider (to the draft report) and any follow up observations, is then provided to the Service Provider. Upon successful completion of the Review process, a renewed Certificate is issued for a further three years.

Inspection Types: In addition to the Ambulance Service Review inspection, three other types of inspections are conducted:

Service Review Supplemental Visit

Inspection conducted when a service has been found not to meet certification standards during an Ambulance Service Review.

Follow Up Inspection

Inspection conducted after a service has been found to meet certification standards, to confirm actions planned by a service to address observations of the Ambulance Service Review process, have been completed.

Unannounced Inspection

Inspection undertaken without prior notice, conducted throughout the three year certificate period.

Inspection Methodologies: The Ambulance Service Review Team will utilize a number of activities and processes to evaluate the success of a Service Provider in meeting the requirements of the legislation and standards. The team may utilize some or all of the following methods:

- Interviews: Interviews with the Service Provider and other service staff will be conducted. Also, interviews may be held with receiving hospital emergency unit staff, Base Hospital staff, Ambulance Dispatch staff and staff of the municipality or delivery agent where appropriate.
- Documentation Review: Files pertinent to the delivery of ambulance service will be reviewed including: staff qualifications, policies & procedures, Incident Reports, Ambulance Call Reports, vehicle and equipment maintenance records, staff training records and other relevant standards related documents.

- **Ride-Outs:** In order to provide the broadest possible assessment of the patient care provided by a service, team members will conduct ride-outs with paramedics on every priority call and Canadian Triage Acuity Scale category call opportunity that presents. Observations will be recorded and combined with the documented patient care information provided by the crews as well as any feedback from the receiving hospitals. This information is utilized to evaluate that the provision of patient care is consistent with the patient care standards.
- **Observation and Examination:** To accurately determine compliance with the legislation and standards the Review Team will conduct various examinations of service vehicles, equipment, supplies and documents. For example, the team will ensure ambulances and ERVs are constructed and equipped in accordance with the standards.
- **Exit Interview:** Upon completion of the Ambulance Service Review site visit, the Team Leader and designated team members will meet with the Service Provider to provide a brief verbal overview of the observations from the Review site visit. This meeting will provide an opportunity for the Service Provider to be informed of any areas that require prompt attention. The meeting will also serve to provide the Service Provider an early indication of their success in meeting the requirements of the Ambulance Service Review.
- **Reports:** Following the Ambulance Service Review site visit, the Review Team Leader will prepare and submit a written summary to the ministry. The on-site observations will determine if a Service Provider has met the requirements of the legislation and standards. The written report in draft will then be forwarded to the Service Provider for comment and for the preparation of an action plan to address any observations noted within the report. The draft report forwarded to the Service Provider will indicate that their service has:

Satisfied the Requirements:

- The Service has met the requirements of the Review.
- A report in draft has been provided indicating the Service Provider has been successful in meeting the requirements to be certified as a land ambulance operator in the Province of Ontario.
- Response to Draft Report from Service Provider.
- Follow Up Inspection completed.
- Final Report transmitted.
- A renewed 3 year certificate is provided.

Not Satisfied the Requirements:

- The Service has not met the requirements of the Review.
- To assist the Service Provider, the Review Draft Report will include observations on how the service can meet the Review requirements.
- Continued collaboration and consultation are available to assist a Service Provider.
- Review Team resources are available to assist a Service Provider if required or requested in preparing for the Supplemental Visit.

Summation

Manitoulin-Sudbury DSB Paramedic Services operates from twelve stations, including headquarters and provides primary paramedic patient care. The Service responded to approximately 15,425 calls in 2018. At the time of the Ambulance Service Review, the Service had twelve front line ambulances, eleven mechanical spares and four emergency response vehicles.

The Service provides ambulance service to the residents of Espanola, Wikwemikong, Little Current, Hagar, Gogama, Chapleau and Mindemoya, as well as the surrounding areas. Headquarters is located at 347 Second Avenue, Espanola. Manitoulin-Sudbury DSB Paramedic Services is dispatched by Sudbury CACC, Timmins CACC and Sault Ste. Marie CACC and has a Base Hospital relationship with the North Eastern Ontario Prehospital Care Program.

This Service has been in operation since January 1, 2004. The certificate for Manitoulin-Sudbury DSB Paramedic Services expires on November 10, 2019. As required to renew their certificate, Manitoulin-Sudbury DSB Paramedic Services participated in an Ambulance Service Review by the Ambulance Service Review Team on June 11 – 12, 2019. The Ambulance Service Review found that Manitoulin-Sudbury DSB Paramedic Services has **met** the requirements of the *Land Ambulance Certification Standards*.

The Review Team for Manitoulin-Sudbury DSB Paramedic Services was comprised of:

Ministry Reps.:

- One Team Leader and
- One Fleet Services Officer.

Management Reps. from:

- The County of Grey and
- Medavie EMS Ontario Elgin.

Paramedic Reps. from:

- The District of Nipissing,
- The County of Renfrew,
- The County of Middlesex, and
- The County of Perth.

The Service is to be commended for making staff available during the course of the Review and the Review Team would like to thank Manitoulin-Sudbury DSB Paramedic Services staff for their assistance throughout the Review.

In view of accommodating the requirements for the administration of an ambulance service, it was recommended that a renewed certificate be issued to the Manitoulin-Sudbury DSB Paramedic Services for a further three years.

Patient Care

Subsections:

- ACR Review – ALS/BLS Patient Care Standards,
- Paramedic Ride-Outs,
- Training,
- ID Cards,
- Communicable Disease Management,
- Vehicle – Equipment Restraints,
- Communication – Communication Service Direction,
- Patient Care Equipment and Supplies,
- Medications,
- Patient Care Devices and Conveyance Equipment Maintenance,
- Vehicle – Staffing, and
- Vehicle – Maintenance/Inspection.

ACR Review – ALS/BLS Standards

Legislated Requirement: ACR documentation of patient care delivered by paramedics is one avenue used to confirm that ALS/BLS Patient Care Standards are properly performed and that the appropriate CTAS level was assigned according to patient condition. Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (a) states, as a condition of employment, each employee and volunteer in the applicant/operator's service, who is required to provide patient care, will provide such patient care in accordance with the standards set out in the *Basic Life Support Patient Care Standards* and where applicable, the *Advanced Life Support Patient Care Standards* published by the ministry as those documents may be amended from time to time.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, such as Ambulance Call Reports (ACRs), Incident Reports (IRs), conducted seven ride-outs at six stations on every priority call and Canadian Triage Acuity Scale level call opportunity presented and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: 93.2% of the ACRs reviewed demonstrated patient care was provided in accordance with the ALS/BLS Patient Care Standards. The Service Provider is commended for this review observation.

Of the two hundred and ninety-six Ambulance Call Reports reviewed by the Review Team, the following twenty or 6.8% demonstrate that documentation to confirm adherence to the ALS/BLS Patient Care Standards was not completed (based upon documentation only). (**Observation: 1**)

Call Number	Patient Issue	Review Observations
950006171066	44 y/o, transfer for CT.	Vitals not documented every 30 minutes.
952001824353	62 y/o, transfer for CT.	Vitals not documented every 30 minutes.
950006170552	74 y/o, chest tightness and low SpO ₂ .	Oxygen not administered for SpO ₂ less than 92%.
950006172182	91 y/o, abdominal pain, low SpO ₂ .	Cardiac monitor not applied.

Call Number	Patient Issue	Review Observations
950006175295	79 y/o, chest pain.	<i>Incorrect ASA dose given. Gave 81 mg, should be 160-162 mg.</i>
950006180442	86 y/o, altered LOC, vitals signs abnormal.	<i>Oxygen not administered for low SpO₂.</i>
950006189309	84 y/o, neuro symptoms.	<i>Cardiac monitor not applied.</i>
950006172783	71 y/o, VSA with transport.	<i>Several SAED analysis done while enroute (>10). Vehicle should be stopped to complete.</i>
950006170697	56 y/o, CVA symptoms, altered LOA.	<i>BGL not documented.</i>
950006173983	84 y/o, trauma from fall, confused, abnormal vital signs.	<i>Cardiac monitor not applied, BGL not documented.</i>
950006176368	47 y/o, suicide attempt, gas exposure.	<i>Oxygen not administered for patient exposed to noxious gas. Vital signs not documented every 30 minutes during off-load delay.</i>
951002336998	69 y/o, head trauma, altered LOC.	<i>Cardiac monitor not applied.</i>
950006177471	82 y/o, not well, low SpO ₂ .	<i>Did not increase/change oxygen delivery to maintain SpO₂ greater than 92%.</i>
950006180000	75 y/o, chest pain, low SpO ₂ .	<i>Delay in oxygen delivery. SpO₂ did not increase with cannula, should switch to NRB.</i>
950006181852	79 y/o, trauma, unresponsive.	<i>Missing SpO₂ reading. BGL not documented.</i>
950006182069	69 y/o, altered LOC.	<i>Cardiac monitor not applied.</i>
950006186358	62 y/o, chest pain.	<i>12 lead to be done prior to nitro administration.</i>
950006188414	78 y/o, chest pain.	<i>Incorrect nitro dose documented.</i>
950006189546	24 day old, dyspnea, hypoxic.	<i>Delay to high flow oxygen/BVM with low SpO₂.</i>
950006189892	71 y/o, chest pain.	<i>Incorrect ASA dose given.</i>

The Review Team noted the Service Provider's ACR audit process is designed to monitor paramedic compliance with the ALS/BLS Patient Care Standards. The Service Provider audited each paramedic's ACRs to determine if patient care provided was appropriate and consistent with ALS/BLS standards.

The Service Provider's QA/CQI of ACRs includes:

- Recommendations to staff for appropriateness and consistency with ALS/BLS standards.
- Recommendations resulting from an ACR audit are addressed to mitigate reoccurrence.
- The Service Provider works with Base Hospital to review and investigate calls.
- Recommendations resulting from Service Provider/Base Hospital review are addressed to mitigate reoccurrence.

Paramedic Ride-Outs

Legislated Requirement: The diagnostic modalities employed by paramedics are spelled out in standards of practice or practice guidelines set out in the BLS Patient Care Standards, the ALS Patient Care Standards and Base Hospital Medical Directives.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (a) states, as a condition of employment, each employee and volunteer in the applicant/operator's service, who is required to provide patient care, will provide such patient care in accordance with the standards set out in the *Basic Life Support Patient Care Standards* and where applicable, the *Advanced Life Support Patient Care Standards* published by the ministry.

Inspection Methodologies: The Review Team, consisting of one Primary Care Paramedic and two Advanced Care Paramedics, conducted ride-outs for direct observation of the provision of patient care. Ride-outs were conducted with Manitoulin-Sudbury DSB Paramedic Services paramedics at six stations during the on-site review.

Observations: 100% of ride-out observations demonstrated patient care provided met the ALS/BLS Patient Care Standards. During the review, paramedic reviewers completed seven ride-outs, as observers. Of the seven calls observed, five calls were patient carried calls and two were non patient carried calls. Of the patient carried calls, one call was priority 4; three calls were priority 3; and one call was priority 1. Patient care observed during ride-outs was described as professional, courteous, well managed and compassionate.

A priority 4 call is a threat to life and or limb, priority 3 is an emergency call of serious illness or injury, and should be performed without delay, priority 2 is a routine call that must be completed at a specific time, priority 1 is a routine call that may be delayed without detriment to the patient. Non patient carried calls depict a patient was not transported.

Some examples of the ride-out observations are attached as **Appendix C** on page 49.

Training

Legislated Requirement: Training and Continued Medical Education ensure paramedic competencies and abilities in the provision of patient care. Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (k) states, all reasonable measures are taken to ensure that each emergency medical attendant and paramedic employed in the applicant/operator's land ambulance service maintain competence in the use of the patient care, accessory and communications equipment required for the proper provision of service in accordance with the Basic Life Support and Advanced Life Support Patient Care Standards.

Further, the *Child in Need of Protection Standard*, Training Bulletin Number 116 and the *Basic Life Support Patient Care Standards v 3.1*, Section 1, General Standard of Care, *Child in Need of Protection Standard* provides general directives to be followed by paramedics when dealing with suspected child abuse, including the Duty to Report. Paramedics must be informed of, and become familiar with, revisions to this standard, that came into force on June 1, 2015.

Inspection Methodologies: The Review Team reviewed reports and records relevant to staff training and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider ensured paramedics have access to:

- Current user guides,
- Training bulletins,
- Videos and mandatory learning materials,
- A medium for the review of training materials,
- Base Hospital training, and
- Base Hospital Policies and Protocols.

The Service Provider has processes in place to ensure paramedic knowledge and skills are maintained, which includes:

- Annual evaluation demonstrating compliance with the current legislation and standards.
- Evaluation results communicated to staff.
- New staff members undergo an evaluation of their patient care skills.
- A remedial training program for staff who demonstrated deficiencies in the use of patient care equipment.
- Training for new, updated and additional equipment.

The Service Provider's processes to ensure paramedic knowledge and skills are maintained, did not always include:

- Training on changes/updates to standards and/or legislation (*training not conducted on PCTS ver. 2.2*). **(Observation: 2)**

Documentation demonstrates the *Training Bulletin Number 116 - Child in Need of Protection Standard* had been provided to all staff.

All paramedics employed by the Service Provider are included in the QA/CQI Program. From the fifteen paramedic files reviewed by the Review Team, the Service Provider captured, 100% demonstrated the components of patient care equipment knowledge and skills are demonstrated and tested. The Service Provider is commended for this review observation.

Documentation demonstrated the Service Provider works with the Base Hospital to:

- Ensure staff regularly demonstrates proficiency in patient care skills.
- Provide remedial training to employees whose patient care skills are considered deficient.
- Ensure identified staff attended and successfully completed remedial training.
- Ensure staff regularly demonstrates proficiency in performing Controlled Acts.
- Provide remedial training for employees whose certification has been suspended or revoked.
- Ensure identified staff attended and successfully completed remedial training for Controlled Acts.
- Ensure Base Hospital certification is on file.

ID Cards

Legislated Requirement: Ministry issued ID Cards are required to be carried by the paramedic while on duty during the provision of patient care.

Paramedic ID Cards with the Service Specific Number permit a means for the paramedic to log onto the ambulance dispatch environment; provides a recognizable identifier to the general public and law enforcement; and further provides a paramedic required ID for access to secure areas such as correctional facilities and airports. Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (g.1) states, each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director.

(g.2) The unique identification number referenced in clause (g.1) shall appear on a photo identification card that conforms to Schedule 1 of this standard, and the photo identification card shall be on the person of the emergency medical attendant or paramedic while on-duty.

Inspection Methodologies: The Review Team observed twenty-one Manitoulin-Sudbury DSB Paramedic Services personnel for compliance respecting ID Cards.

Observations: 100% 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 ministry unique identification number on their person while on duty. The Service Provider is commended for this review observation.

Communicable Disease Management

Legislated Requirement: The Service Provider, management team and staff, have an obligation to ensure infection control and occupational health and safety measures are in place to prevent transmission of an infectious disease.

The *Patient Care and Transportation Standards*, Patient Transport, section 2, subsection (b) states in part, each operator shall ensure that appropriate measure(s) are employed by staff to protect themselves and patients from transmission of communicable disease between employees and patients, and (c) each EMA, paramedic and ambulance student takes appropriate infection control and occupational health and safety measures to prevent transmission of all infectious agents to and from themselves and does not knowingly expose himself or herself or his or her patients to any communicable disease in the course of work, without taking the precautions set out in this standard.

Inspection Methodologies: The Review Team conducted ride-outs at six stations for direct observation of the provision of patient care. The Review Team also reviewed reports and records relevant to Service Communicable Disease Management and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: 100% of service paramedics observed, washed their hands as soon after a call as was practical, in accordance with the *Patient Care and Transportation Standards* (PCTS) and service policy.

Paramedics used an alcohol-based hand cleaner when unable to wash their hands after a call. Paramedics followed all other elements of PCTS and Communicable Disease Management. There was documentation indicating the Service Provider monitors and enforces Communicable Disease Management.

There was documentation demonstrating the Service Provider has identified a person who is designated to implement Section B, Communicable Disease Management of the PCTS, for the service.

Vehicle - Equipment Restraints

Legislated Requirement: Staff, passengers, patients and equipment must be secured within the vehicle while the vehicle is in motion to ensure that in an unforeseen circumstance, unsecured equipment, supplies and/or persons do not become projectiles.

The PCTS, Patient Transport subsection (c) states, each EMA and Paramedic shall ensure that each item of equipment transported in an ambulance or ERV is properly restrained in the ambulance or ERV, (g) each person transported in an ambulance or ERV is properly restrained in the ambulance or ERV.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation. A total of eighteen vehicles were inspected for the securing of equipment and supplies. The Review Team also reviewed reports/records relevant to service vehicles and equipment and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: Patient care and accessory equipment and supplies were not always secured in the vehicles as per the PCTS (*loose items noted in the vehicles, including; 5290, response bag on cot; 5271, satellite radio handset; 5296, unsecure items in door pockets; 5451, flashlights, satellite radio handset, tubing on action shelf and response bag on cot; 5257, laptop/charger, hand wipes, satellite radio handset and items in door pockets*). **(Observation: 3)**

Paramedics and passengers were secured while the vehicle was in motion. During transport, patients were secured to the stretcher and the stretcher was secured in the vehicle.

Communication - Communication Service Direction

Legislated Requirement: To ensure continuity of operations and response by appropriate service resources, the Service Provider and staff must provide the Ambulance Dispatch Centre their deployment plan, care provider levels of training (Primary/Advanced Care), vehicle availability, resource-call contingencies, tier response agreement and follow the direction of the Ambulance Dispatch Centre at all times.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, no employee of the applicant/operator's land ambulance service shall refuse or disregard the direction of a Communications Officer in regard to any request for ambulance service. The Communication Service that normally directs the movement of the ambulances and ERVs will be kept informed at all times as to the availability and location of each employee, ambulance or emergency response vehicle. The standard also states in part, that each paramedic employed in the applicant/operator's land ambulance service maintain competence in the use of the patient care, accessory and communications equipment required for the proper provision of service.

The *Basic Life Support Patient Care Standards*, Patient Transport Standard states in part, the Paramedic shall make a decision regarding the appropriate receiving health care facility and initiate transport of the patient as confirmed or directed by an Ambulance Communications Officer (ACO). If confirmation or direction cannot be obtained by an ACO, the paramedic must transport to the closest or most appropriate hospital capable of providing the medical care required by the patient.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care and radio interaction with their Communication Service. The Review Team also reviewed reports and records relevant to service policy, service equipment (radios), staffing, QA/CQI, and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider and staff accept ambulance calls as assigned by the Communication Service and followed the direction from the Communications Officer, according to the Service Provider’s Deployment Plan.

As part of the Service Provider’s deployment strategies to ensure continuity of operations, the Service notified the Communication Service:

- Of each ambulance or emergency response vehicle’s availability and location.
- Whenever an ambulance or ERV was removed from service.
- Whenever an ambulance or ERV was returned to service.

There was documentation demonstrating there is clear direction to paramedic staff regarding transport of a patient when directed by the Communication Service, i.e. hospital availability. There was also documentation demonstrating clear direction to paramedic staff regarding transport of a patient when not directed to a destination by the Communication Service.

Paramedics ensured patients are transported to a facility as directed by the Communication Service or to the most appropriate facility when not directed by the Communication Service. Staff demonstrated proficiency using communication equipment.

Patient Care Equipment and Supplies

Legislated Requirements: The Patient Care Standards have been developed with the assistance and input of Ontario physicians specializing in Emergency Medicine, input from the Ontario Association of Paramedic Chiefs (OAPC), the Ontario Base Hospital Advisory Group and the Provincial Medical Advisory Committee (PMAC). To ensure patient care meets the legislated standards, equipment and supplies utilized by paramedics must meet and be maintained to the standards.

The Provincial Equipment Standards for Ontario Ambulance Services specify the minimum quantities of each piece of equipment that are required to be carried on a land ambulance or emergency response vehicle.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled “Provincial Equipment Standards for Ontario Ambulance Services,” published by the ministry as may be amended from time to time. Further, each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team inspected a total of ten vehicles at six base locations for equipment and supply compliance per the equipment and certification standards.

The Review Team also reviewed reports and records relevant to service policy, vehicles, equipment and supplies, and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: Ten ambulances were inspected, and we noted the following:

Ambulances:

- From the ten 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. **(Observation: 4)**

The Service Provider has a policy regarding cleaning and sanitization of equipment and the patient care compartment. There were cleaning supplies accessible to staff to clean the equipment and patient care compartment. The Service Provider monitored and enforced the cleaning and sanitization policy.

100% of the patient care and accessory equipment observed was clean and sanitary. 100% of the patient care and accessory equipment observed was maintained in working order. It was also noted that staff cleaned the patient care and accessory equipment prior to re-use and cleaned the patient care compartment after an ambulance call. The Service Provider is commended for these review observations.

The patient care equipment observed was stored in a manner that is consistent with manufacturer's direction and according to service policy. Further, 100% of the patient care equipment provided for use met the *Provincial Equipment Standards for Ontario Ambulance Services*. The Service Provider did have a quantity of supplies and equipment on hand to maintain the level of ambulance service to meet continuity of service requirements. There were an adequate number of replacement oxygen cylinders accessible to staff to meet continuity of service requirements.

The Service Provider identified patient care and accessory equipment in need of repair, removed it from service and responded to identified deficiencies/concerns. There was documentation demonstrating that patient care equipment repairs had been completed and the Service Provider maintains repair receipts for the life of each piece of equipment.

100% of the vehicles and equipment observed demonstrated that expired devices and patient care materials were identified and removed from use. The Service Provider is commended for this review observation.

The Review Team noted while on site, vehicles were stocked as soon as possible after a call and were re-stocked with supplies, according to the equipment standard.

Examples of the equipment and/or supply observations are noted in the table attached as **Appendix D** on page 51.

Medications

Legislated Requirements: To ensure patient care provided by paramedics meets the legislated standards, the equipment, supplies and medications utilized must meet and be maintained to the standards.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, a valid agreement is in effect between the applicant/operator and the designated Base Hospital Program, for each area in which the applicant/operator proposes to provide land ambulance service, for the delegation of Controlled Acts by paramedics employed by the applicant/operator.

Further, each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled "Provincial Equipment Standards for Ontario Ambulance Services". Also, each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team inspected a total of ten vehicles at six base locations for securing/storing of medications, vehicle stocking and supply compliance per the equipment and certification standards. Further, the Review Team conducted ride-outs for direct observation of patient care/medication interventions and securing/storing of medications.

The Review Team also reviewed reports and records relevant to service policy, vehicles, equipment and supplies, and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: 100% of the medications observed were stored in a manner consistent with manufacturer's requirements and secured from unauthorized access. Staff followed the policy respecting the disposal of expired medications. The Service Provider is commended for these review observations.

100% of the bases and vehicles observed demonstrated the Service Provider ensured the safe disposal of biomedical sharps in an appropriate sharps container.

Patient Care Devices and Conveyance Equipment Maintenance

Legislated Requirements: To ensure patient care provided by paramedics meets the legislated standards, the equipment, supplies and medications utilized must meet and be maintained to the standards.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part,

- Each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain as a minimum the accessory and patient care equipment set out in the document titled "Provincial Equipment Standards for Ontario Ambulance Services", published by the ministry as may be amended from time to time.
- Each land ambulance or ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team inspected patient care devices and conveyance equipment preventative maintenance records. The Review Team also reviewed reports and records relevant to service policy, equipment maintenance and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: All patient care devices requiring regular inspection and/or calibration e.g. oxygen delivery systems, suction equipment, and defibrillator were included within the Service Provider's Preventative Maintenance program.

Service oxygen testing equipment had been calibrated according to the manufacturer's specifications. Based on data available from Service files, of the fifty-three patient care devices inspected, the preventive maintenance program met the manufacturer's specification 100% of the time. The Service Provider is commended for this review observation.

Some examples of the patient care devices preventative maintenance review are attached as **Appendix E** on page 51.

The Service Provider's Preventative Maintenance program also included all patient carrying equipment. The preventative maintenance schedule was based on a time interval 6 months +/- 1 month. Of the eighty-four patient carrying equipment preventative maintenance files reviewed, 98.8% met the manufacturer's specification. The Service Provider is commended for this review observation. (**Observation: 5**)

Some examples of the patient carrying equipment preventative maintenance review are attached as **Appendix F** on page 53.

Vehicle - Staffing

Legislated Requirements: The Municipality/DDA is obligated to ensure provision of service to meet community needs. Further, the Service Provider must ensure each vehicle designated as a PCP, ACP or CCP response vehicle, must be staffed accordingly to meet their service commitment/deployment plan.

Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.

The *Patient Care and Transportation Standards*, Patient Care section (A) states in part, each operator and each emergency medical attendant ("EMA") and paramedic employed or engaged as a volunteer by the operator, shall ensure that:

- (a) Each emergency response vehicle ("ERV") responding to a request for service is staffed with at least one person who is qualified as an EMA or paramedic under the regulations.
- (b) Each ambulance responding to a request for service is staffed with at least one primary care paramedic and one EMA qualified under the regulations.
- (c) Each ambulance that is designated by an ambulance service operator as an advanced care paramedic ambulance is staffed with at least one advanced care paramedic and one primary care paramedic when responding to a request for service or while transporting a patient.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care provider configurations/service deployment strategies.

A total of seven vehicles at six base locations were inspected during ride-outs for compliance per the *Patient Care and Transportation Standards*. The Review Team also reviewed reports and records relevant to service policy, staffing deployment and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider meets their service commitment/deployment plan to ensure provision of service to meet community needs. The Service Provider has access to spare vehicles to maintain service. Incidents where a replacement vehicle was unavailable are documented.

Each ERV responding to a request for service is staffed with at least one person qualified as a PCP under the regulation. Each ambulance responding for a request for service is staffed with at least one PCP and one EMA qualified as per the regulation.

Vehicle - Maintenance/Inspection

Legislated Requirements: The Municipality/DDA is obligated to ensure provision of service meets community needs.

To meet community needs, the Service Provider must ensure each vehicle is equipped according to the equipment standards, each vehicle meets the vehicle standards and that equipment, supplies and vehicles are maintained according to manufacturer's specifications.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, only ambulances and emergency response vehicles that comply with the applicable version at time of manufacture of "Ontario Provincial Land Ambulance and Emergency Response Vehicle Standards", published by the ministry as may be amended from time to time, are or will be used in the applicant/operator's ambulance service.

- Each land ambulance and ERV used in the applicant/operator's service and the patient care and accessory equipment contained therein shall be maintained in a safe operating condition, in a clean and sanitary condition, and in proper working order.

Inspection Methodologies: The Review Team inspected vehicles for compliance to the *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard*. Also, vehicle preventative maintenance files and vehicles were reviewed for compliance to the LACS.

A total of eight vehicles at four base locations were inspected for compliance to the *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard*.

In addition, a total of ten vehicles at six base locations were inspected by Review Team paramedics for compliance to the LACS.

The Review Team also reviewed reports and records relevant to service policy, vehicle maintenance and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider had a complete certificate package, from each ambulance manufacturer/conversion vendor, certifying each ambulance used in the provision of service meets the standard. There was documentation on file confirming certification of ERVs (self certification or manufacturer's certification). There was documentation confirming additions/modifications completed after the original conversion continue to meet the manufacturer's specifications and related legislation.

Of the eight vehicles inspected, 100% met the *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standards*. The Service Provider is commended for this review observation.

The Service Provider's Vehicle Preventative Maintenance program is based on 8,000 kms +/- 25% between services. Each vehicle is included within the Service Provider's Vehicle PM program. A review of eight vehicle PM files demonstrated the Service Provider's Vehicle Preventative Maintenance met the Service Provider's schedule/Original Equipment Manufacturer's schedule 100% of the time. The Service Provider is commended for this review observation.

Maintenance and repair records are maintained by the Service Provider for the life of the vehicle.

The Service Provider provides the Communication Service access to radios and communication equipment upon request. The Service Provider ensured that communication equipment remains operational at all times and works co-operatively with the Communication Service to ensure communication equipment repairs are completed when and as required.

Ten ambulance vehicles were inspected by paramedic reviewers. There was documentation indicating the Service Provider used only vehicle identification numbers assigned by the Director, EHRAB. Each vehicle's identification was displayed on the front and rear of the vehicle as required. The Service Provider has a policy that states staff will use only the designated radio call identifier when using ministry telecommunication devices.

During the inspection of vehicles, it was noted:

- Each vehicle had a minimum annual safety check as per related legislation.
 - Each vehicle had an up-to-date Ministry of Transport annual sticker affixed.
 - Each vehicle was maintained mechanically and in proper working order.
 - Staff completed a checklist ensuring safety features were functional.
 - Paramedics could comment regarding vehicle deficiencies or safety concerns.
 - Staff checked each vehicle at least once per day or shift.
 - The Service Provider did not always audit checklists for completeness, accuracy and vehicle deficiencies or safety concerns (*no supervisory sign-off on audit forms*).
- (Observation: 6)**
- Safety concerns raised by staff were resolved.
 - Repairs or replacement items were completed in a timely manner.
 - Ambulances, ERVs and ESUs were stored in a protected environment from heat or cold to protect medications.

- At the time of inspection, safety concerns were noted by the reviewer (*fire extinguishers missing monthly/annual inspections*). **(Observation: 6)**
- Each vehicle follows the deep clean program.
- Patient care compartment of vehicles was maintained in a clean and sanitary condition at the time of the review.
- Supplies were accessible to clean the vehicles.
- There was required clean storage space available for supplies.

Examples of the vehicle observations are noted in the table attached as **Appendix D** on page **51**.

Observation: 1

Service Provider Response

Manitoulin-Sudbury DSB Paramedic Services works collaboratively with our staff, stakeholders and partners to ensure the level of care provided to each patient meets or exceeds the expectations set out by the Province, the medical community and our service. The twenty (20) call reports found to be in variance with the ALS/BLS PCS, based upon documentation have been individually examined by Deputy Chief Paul Myre, and we have inserted specific details that address each finding.

As an overarching point, for Observation One and Observation Nine, I would like you to consider that DC Myre did offer the team access to the Interdev iMedic Compliance Override tool, a system we have in place to ensure documentation cannot be closed and submitted where mandatory fields/details are missing. I believe that this tool may have been helpful for the auditors.

Of the 20 reports identified with variances, 8 were also previously captured and addressed through the service's internal audit process. 3 of the calls (identified in red font) were reviewed and found to be accurate in both documentation and care. The service will continue to work with staff to improve both documentation and patient care.

Inspector's Findings

Manitoulin-Sudbury DSB Paramedic Services strives towards excellence in ensuring patient care meets the *Advanced Life Support* and *Basic Life Support Patient Care Standards*. They are cognizant of the need for follow up with staff when patient care deficiencies are identified.

The Service Provider has an audit system in place wherein a certain percentage of calls are randomly inspected based on their priority code. Any noted deviations from the standard are addressed through an Ambulance Call Evaluation that is sent directly to the paramedic(s) involved and requires a response before being closed.

This Service Review observation will be addressed with every paramedic and Superintendent during the fall training schedule, that will take place over the next couple of months. The Service Provider continues to monitor and review eACRs for quality of patient care to avoid a recurrence of similar future observations. **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

Observation: 2

Service Provider Response

Manitoulin-Sudbury DSB Paramedic Services has historically utilized a SharePoint portal document library for placement of all mandatory documents, including MOHLTC Standards, Regulations, Acts and Training Bulletins.

The posting of the July 2016 release, PCTS Version 2.2 appears to have been missed by the person responsible for posting of these documents and the associated education.

In January of 2019, the service purchased an LMS solution (Interdev Cert'n) that allows for placement of these documents into a library, and that tracks the review and education completion by each staff member. PCTS v2.2 has been posted in the LMS and requires staff to review and acknowledge completion.

Additionally, the Service has identified an opportunity where the Deputy Chief responsible for professional standards and quality assurance has an established process to ensure releases are placed on the LMS and tracked for completion.

We thank the team for identifying the omission.

Inspector's Findings

At the time of the meeting, the Service Provider verified that they had uploaded the *Patient Care and Transportation Standards* onto their documents library for their paramedics to review. However, they could not demonstrate that every paramedic within the service had reviewed the standard.

The Service Provider stated that they intend to address the lack of completion during their fall training session, and will ensure every paramedic has reviewed the standard by the end of December. **Manitoulin-Sudbury DSB Paramedic Services is working towards compliance in this area.**

Observation: 3

Service Provider Response

Manitoulin-Sudbury DSB Paramedics Services acknowledges the observation, and while there are inspection processes in place, the service has revised the Superintendent's Quality Assurance Unit Inspection Questionnaire to include specific Service Review observations referencing the securing of radio/satellite handsets, items in pocket doors and flashlights in the front of the vehicle cab.

The revised inspection questionnaire with highlighted areas to identify the design changes intended mitigate the findings in this Observation. Sample questionnaires are appended to this document. As a point of interest, the service has reached out to General Motors to confirm if they provided or were aware of any product/method to make safe the door pockets for storage of items. GM Engineers reported the door pockets, as currently designed are appropriate for storage of smaller items that are not hazardous materials.

Despite this, the service will continue to work with staff to ensure these pockets are not used for storage. The service thanks the team for their finding.

Inspector's Findings

The Service Provider currently has a policy in place which states that all equipment in the ambulance must be securely stowed. Their vehicles presently have either netting or a lid over the centre console to provide for the safe storage of items. Documentation was also provided that verifies the addition of a new line on the Superintendent Inspection Check Sheet pertaining to loose items. Emails were sent out to all Superintendents informing them of this addition, as well as asking them to update the Deputy Chief daily regarding any deficiencies that they have noted. **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

Observation: 4

Service Provider Response

Manitoulin-Sudbury DSB Paramedic Services acknowledges and thanks the team for their finding that 3888 of the 3890 possible items as set out in the *Provincial Equipment Standards for Ontario Ambulance Services* were compliance. The 99.95% compliance is a point of pride for the service, and demonstrates the significant improvement achieved through investment in technology and personnel expertise. The team findings and specific responses can be found on the following pages.

Manitoulin-Sudbury DSB Paramedic Services does not carry a pole stretcher system. The service does deploy either the Zoll Auto Pulse Sheet or the Ferno Manta sheet, both of which meet the legislative requirement. The presence of the Zoll Auto Pulse sheet on vehicle 5296 and 5254 has been confirmed. Amended to this response document is a picture of the specific Zoll sheets with vehicles 5296 and 5254 in the background, and a check list report demonstrating that staff identified the Zoll Auto Pulse sheet present in both vehicles from June 1, 2019 through June 14th. The vehicle is inspected twice daily.

Inspector's 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*. They currently supply their paramedics with an equipment checklist that contains a line to mark off for the portable stretcher. It is a requirement for their paramedics to complete this checklist at the start of every shift. The Service Provider has assured that portable stretchers are currently present in the ambulances from this observation, and supplied photos for verification. **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

Observation: 5

Service Provider Response

Manitoulin-Sudbury DSB Paramedic Services limits the number of Ferno #9 stretchers to stations where there is a likelihood of utilization for movement into an air ambulance.

Stretcher L682491 was commissioned (received initially) on the September 2018 date. The service did not have this piece of equipment prior to that date. The commissioning assessment was entered into Operative IQ and was available to the service review members. The Operative IQ details and commissioning inspection are included in this response.

The service is requesting that this finding be reconsidered.

Inspector's Findings

After reviewing the documentation presented by the Service Provider, it was discovered that there was an error on the service's preventative maintenance inspection form. The staff member responsible for filling out the form checked off "Routine Maintenance" instead of "New/Initial Inspection" as the reason for service. The Service Provider acknowledges this finding and will address it with their preventative maintenance staff. **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

Observation: 6

Service Provider Response

The Manitoulin-Sudbury DSB Paramedic Services has a Superintendent's Quality Assurance Unit Inspection Questionnaire within the Operative IQ system. Access to this inspection requires a two-step authentication to ensure security. This process replaces the need for a signature demonstrating sign off. Two examples of this audit process are attached.

- a) QA – PPE Check Sheet Inspection – see attached
- b) QA – Station Check Sheet Inspection – see attached

The service would ask if this finding is in substance a replication of findings in Observation Four.

The specific details of Observation 6 seem to relate to a lack of Superintendent signatures on the audit. The service utilizes an electronic audit process and as such the Superintendent involved is tracked through their log-in. The service would ask for clarification to assist in ensuring compliance.

Manitoulin-Sudbury DSB Paramedic Services has attached the annual inspection confirmation from Vipond to this response. The document demonstrates compliance with the regulatory requirements. The nature of a paper tag remains problematic as these items can become detached and lost during regular vehicle deployment. As such, the service requires that the asset be confirmed on the 1st and 15th of each month as accurate against the Operative IQ system. The fire extinguisher and tag must be confirmed as part of the daily check by paramedics. The annual inspection process utilized by the service results in a cycling of the extinguishers. The extinguishers in question (BR407224 and C99793871) were subject to an annual inspection on February 11, 2019 and were assigned to 5249 on March 12, 2019. As such, there was no monthly signoff for January to May on that device.

Extinguisher BR378303 was subject to an annual inspection on February 11, 2019 and was assigned to 5290 on March 13, 2019. The tag was identified as missing on June 8, 2019 and replaced. As such, there was no sign off on the tag until June of 2019. The staff member who

placed the new tag on the extinguisher happened to be present at the exit interview and explained this fact to the team.

Inspector's Findings

With respect to the lack of supervisory sign-offs, it was determined that the two-step authentication is sufficient to meet the standard concerning the auditing of checklists. The Service Provider presented their Operative IQ system during the follow-up meeting, demonstrating that each Superintendent can login and audit paramedic crew checklists at each base. This login process can be tracked to determine which Superintendent reviewed which checklist.

Regarding the lack of fire extinguisher tag sign-offs, the Service Provider stated that they have a system in which their extinguishers are regularly cycled in and out of the ambulances, and the extinguishers in question were not present on the ambulances during the missing months. It was also discussed that missing tags may be replaced and retroactively signed off provided there is documentation to demonstrate that the extinguisher was inspected. In addition, the paramedics are also required to document on the vehicle checklist that they inspected the fire extinguishers during their shift. **Manitoulin-Sudbury DSB Paramedic Services is working towards compliance in this area.**

Quality Assurance

Subsections:

- Quality Assurance/CQI,
- Employee Qualifications, and
- ACR and IR Documentation.

Quality Assurance/CQI

Legislated Requirements: A Service Provider's QA/CQI Program provides a Service Provider continued oversight in their quality of patient care and provision of service delivered to the public.

- Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- Subsection 3 (1) of *Ontario Regulation 257/00* made under the Act requires that the operator of an ambulance service meets the requirements of the *Land Ambulance Certification Standards*.
- Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (r) states in part, incident reports, ambulance call reports and collision reports are made in accordance with "Ontario Ambulance Documentation Standards", published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.
- The *Ontario Ambulance Documentation Standards*, Part IV – Patient & Patient Care Documentation Requirements stipulate ACR documental requirements.

Inspection Methodologies: The Review Team reviewed reports and records relevant to service policy, QA/CQI initiatives and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider has a Quality Assurance program in place. The Service Provider's Quality Assurance program included:

- Ambulance Call Report audits,
- Service form completion audits,
- Incident Report audits,
- In Service CME, and
- Base Hospital Certification.

The Service Provider responds to recommendations made by quality assurance programs to ensure optimal provision of service.

As part of the QA/CQI Program, the Service Provider investigates and responds to patient care and service delivery complaints. The Service Provider addresses recommendations resulting from an investigation to mitigate reoccurrence.

Employee Qualifications

Legislated Requirements: In Ontario, to work as a Paramedic, an individual must meet the qualification requirements delineated by *Ontario Regulation 257/00*. There are three levels of paramedic practice in Ontario with each level building on the competencies and skills of the prior level and assuming its scope of practice.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* states in part, a personnel record is maintained for each emergency medical attendant and paramedic employed by the applicant/operator. The record shall include evidence of qualification as described in Part III of the regulation.

The *Ambulance Service Communicable Disease Standards* stipulates the immunization requirements for employment in Ontario.

The *Patient Care and Transportation Standards* delineate influenza immunization and reporting requirements.

Inspection Methodologies: The Review Team, consisting of one Management Review Team representative, undertook a review of fifty Primary Care Paramedic HRI files. The Review Team also reviewed reports and records relevant to service policy, QA/CQI employment initiatives and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: Manitoulin-Sudbury DSB Paramedic Services maintains a mechanism to help ensure each employee record includes documentation that demonstrates each employee meets the minimum employment standards according to legislation.

From the fifty HRI files reviewed by the Review Team, the Service Provider captured 1,348 of 1,350 possible qualification requirements, or 99.9%. The Service Provider is commended for this review observation. **(Observation: 7)**

Further, there was 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.

Examples of the observations are itemized in detail and attached as **Appendix A** on page 47.

As of December 14, 2018, EMAs and paramedics must:

- (a) provide a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza, or that such vaccination is medically contraindicated; or
- (b) provide a written statement that he or she has taken the educational review and has not been, and does not intend to be, vaccinated against influenza.

From the fifty HRI files reviewed by the Review Team, the Service Provider captured 100% Influenza Immunization status requirements no later than directed by EHRAB.

Each operator shall, no later than January 19, 2019, report to the local Senior Field Manager of the Emergency Health Program Management & Delivery Branch, the following:

- a) the total number of active paramedics employed by the operator;
- b) the number of paramedics that have provided a valid certificate signed by a physician or delegate that states that he or she has been vaccinated against influenza;
- c) the number of paramedics that have provided a valid certificate signed by a physician or delegate that states that vaccination is medically contraindicated;
- d) the number of paramedics that signed the written statement that he or she has taken the annual educational review and has not been, and does not intend to be, immunized against influenza.

The Service Provider reported to the Field Office the Influenza Immunization status of each employee no later than directed by EHRAB each year.

ACR – IR Documentation

Legislative Requirement: ACRs document the patient care delivered by paramedics and are used to confirm that ALS/BLS Patient Care Standards are properly performed. The ACR forms part of the patient record and must be completed according to the *Ontario Ambulance Documentation Standards*.

The *Land Ambulance Certification Standards* subsection (r) states in part, incident reports, ambulance call reports and collision reports are made in accordance with “Ontario Ambulance Documentation Standards”, published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.

The *Ontario Ambulance Documentation Standards*, Part IV – Patient & Patient Care Documentation Requirements stipulates ACR documental and distribution requirements.

Inspection Methodologies: The Review Team, consisting of one Advanced Care Paramedic undertook a review of two hundred and ninety-six ACRs (all priority and CTAS level calls).

The Review Team also reviewed reports and records relevant to service policy, QA/CQI initiatives and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider audits ACRs to determine if they are completed as per the *Ontario Ambulance Documentation Standards*. As a result of their audit, the Service Provider makes recommendations to staff respecting compliance with the OADS. Further, the Service Provider addresses recommendations to mitigate reoccurrence. There was not always documentation demonstrating staff reviewed the ACR Completion Manual and OADS as part of the Service Provider's QA/CQI Program. **(Observation: 8)**

As part of their responsibility, the Service Provider identifies the number of outstanding Ambulance Call Reports. The Service Provider ensured such reports were completed as required under the Documentation Standards.

There was documentation demonstrating the Service Provider works with their Base Hospital to audit Ambulance Call Reports. Audits completed by the Base Hospital and the Service Provider are compared for discrepancies. Audit discrepancies are investigated and resolved.

During the review, a random sample of ACRs were reviewed. The review of ACRs was not only to determine compliance with patient care standards, as was addressed earlier, but to also determine if documentation meets the *Ontario Ambulance Documentation Standards*. Two hundred and forty-six were patient carried calls covering all priority and CTAS level patient transports, fifty were non patient carried calls.

From the two hundred and ninety-six ACRs reviewed by the Review Team, the Service Provider captured 31,347 of 31,484 possible data points, or 99.6% of the Ambulance Call Report information requirements. The Service Provider is commended for this review observation. **(Observation: 9)**

Patient Carried Calls

Mandatory fields were not always completed on patient carried calls according to the *Ontario Ambulance Documentation Standards*. Forms were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 47. **(Observation: 9)**

Non Patient Carried/Patient Refusal Calls

Mandatory fields were not always completed on non patient carried and patient refusal calls according to the *Ontario Ambulance Documentation Standards*. Forms were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 47. **(Observation: 9)**

It was noted that Ambulance Call Reports were distributed according to the *Ambulance Act, Regulations* and *Ontario Ambulance Documentation Standards*. It was also noted that completed Ambulance Call Reports were secured from unauthorized access. The Service Provider maintains Ambulance Call Reports on file for a period of not less than five years.

As part of their QA/CQI process, the Service Provider audits Ambulance Call Reports to determine if an Incident Report was to have been completed.

The Service Provider reviewed Incident Reports for completeness and accuracy however, there was not a sign-off area on the document to indicate they have been reviewed. Documentation demonstrated the Service Provider makes recommendations to staff after auditing Incident Reports regarding completeness and/or accuracy. Recommendations are addressed to mitigate reoccurrence. **(Observation: 10)**

It was noted that Incident Reports were secured from unauthorized access and are maintained on file for a period of not less than five years. Completed Incident Reports are transmitted to the Field Office according to legislation.

Observation: 7

Service Provider Response

Manitoulin-Sudbury DSB Paramedic Services is extremely proud of the HRI findings. We will note that the two findings pertained to TPD boosters issued by the Sudbury and District Health Unit. The service did obtain confirmation from the Medical Officer of Health that the Ministry should consider any medication administered by a licensed member of the Health Unit team to an action taken by the Medical Officer of Health (Dr. Penny Sutcliffe). This position was shared with the review team and was issued in writing.

The limitation of who is allowed to administer an immunization as set out in the Communicable disease Standard is significantly problematic as it is unreasonable to accept that only a Physician is permitted to do so. A number of professions are permitted to administer such immunization, and there are a large number of people who have non-Physicians as their Primary health providers.

My office has reached out to the Directors to address this challenge – see attached.

Inspector's Findings

During the meeting, the Service Provider brought forward their concerns regarding the condition for immunization documentation to be accompanied by a physician's signature. They are aware that despite these concerns, the *Ambulance Service Communicable Disease Standards* state that a physician's signature is required.

The Service Provider stated that they do not have, and do not intend to obtain the physician's signature on the immunization documentation. **Manitoulin-Sudbury DSB Paramedic Services remains not compliant in this area.**

Observation: 8

Service Provider Response

Manitoulin-Sudbury DSB Paramedic Services has historically made available ACR Completion Manual and the OADS documents readily available to staff on multiple mediums, including the DSB web site, SharePoint, and the service One Drive. Additionally, the service captures these items during ongoing face-to-face education sessions and has completed on-line education programs for each. The service's new LMS system now is set to require annual review of each document.

Finally, these topics are captured during initial orientation of new staff. The agenda for orientations is included in this submission. As of the 2019 hiring (prior to service review), the employees were required to review both the OADS and the ACR completion manual and this activity was time stamped in the LMS.

Proof documents, and screen shots of announcement directing training completion are appended to this document. If the team feels that there could be a greater emphasis or focus on these two items, the service would appreciate specific feedback/direction.

Inspector's Findings

The Service Provider had documentation to support the access and education of the paramedics on the *Ontario Ambulance Documentation Standards* and *Ambulance Call Report Completion Manual*. In addition, these standards are to be reviewed during their fall training sessions, and will be reviewed by all paramedics annually after the completion of this training. **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

Observation: 9

Service Provider Response

The Service thanks the team for their audit process, and we believe that this can assist in educational design. During our response preparation, we noted a number of findings were actually addressed in the Compliance Override tool, a process that prevents the closing of any call report with missing mandatory fields. The areas found to be related to this matter relate almost entirely to the absence of Health Cards. Staff have documented their reasoning for a missing health card. We believe that such an override would render the call report compliant. 13 of the 49 audits reflected the compliance override details that may be of assistance. The service will continue to make the override tool available should you wish to access it.

The service has issued audit findings to staff on 16 of these reports and has initiated efforts with Interdev to help engineer out some challenges through program development. We believe that this process will benefit multiple services moving forward.

Findings related to patient address on refusal forms noted and will be the topic of fall 2019 education with all staff. The service appreciates this information. A response has been prepared for each finding in the table format issued by the Review Team and appended to this document.

Inspector's Findings

Manitoulin-Sudbury DSB Paramedic Services is cognizant of the need to adhere to documentation as per the *Ontario Ambulance Documentation Standards*. It was discussed during the meeting that the use of a compliance override tool for omitting mandatory fields does not meet the requirements as set out in the *Ambulance Call Report Completion Manual*. As required by the *Ambulance Call Report Completion Manual* mandatory fields where the information cannot be obtained must have “CNO” in the field, with a reason as to why it was not obtained in the remarks sections of the ACR.

The Service Provider acknowledges this requirement and will address it with all paramedics during their fall training session. A service wide memo was also sent out regarding the requirement to include the patient's address on the patient refusal form.

Follow-Up Ambulance Call Report Review

A review of twenty ACRs was conducted during the follow-up inspection with Manitoulin-Sudbury DSB Paramedic Services. A random sample of ACRs was reviewed for priority codes and Canadian Triage Acuity Scale (CTAS) levels.

Ambulance Call Reports were generally completed according to the *Ontario Ambulance Documentation Standards*, with the following exceptions:

Patient Carried Calls Not to ALS/BLS Standard

Call Number	Patient Issue	Review Findings
6233664	Pt SOB initial O2 sat 88%.	Oxygen sat < 94% upon initial assessment. No oxygen applied for duration of call.
6232655	Tx with 60 mg ASA PO. ACR states Pt received half an ASA prior to crew arrival.	Pt should receive full dose of ASA as per SO, 160-162mg. Even if ASA given prior to arrival of crew.

Patient Carried Calls Code 4 / 3

Call Number	Documentation Issue	Driver #	Attendant #
6232383	Missing postal code.	21163	19162
6232422	No issues.	22814	22378
6233347	No issues.	18510	16795
6233622	No issues.	21203	13568
6233664	See ALS BLS standards.	13568	21203
6232655	See ALS BLS Standards.	22814	24590
6233245	No issues.	17587	17357
6232959	No issues.	20660	98157
6233422	No issues.	10123	20031
6222067	No issues.	10021	22737
6232445	No issues.	11028	20306
6233243	No issues.	14909	98339

Patient Carried Calls Code 2 / 1

Call Number	Documentation Issue	Driver #	Attendant #
6233306	# left ankle. Trauma site/type not completed.	13482	15973
6233277	No issues.	16795	18510
2357408	No issues.	21711	15657
6232974	No issues.	79488	59140

Non Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
	No calls for this area.		

Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
6232941	No issues.	98157	20660
1839529	No issues.	17160	20024
6233572	Missing Health Card No.	N/A	20034
6233788	No issues.	15973	13482

Manitoulin-Sudbury DSB Paramedic Services is working towards compliance in this area.

Observation: 10

Service Provider Response

In accordance with the Ontario Ambulance Documentation Standards, Manitoulin-Sudbury DSB Paramedic Services ensures that Incident reports are prepared, submitted, and forwarded to the Field Office of the EHS-B for the following events:

1. An operator who receives a complaint relating to the operator's service shall complete an Incident Report outlining the specifics of the complaint.
2. When an investigation relating to the operator's service is conducted by the operator or under the operator's authority for any reason, the operator shall complete an Incident Report.
 - a. An Incident Report shall be completed with respect to an unusual occurrence, including but not limited to, the following:
 - i. An unusual response or service delays that may have negatively impacted the provision of patient care;
 - ii. A delay in accessing a patient that may have negatively impacted the provision of patient care;
 - iii. An excessive amount of time on scene that may have negatively impacted the provision of patient care;
 - iv. Cases of suspicious or unexpected death that may be likely to result in a coroner and/or police investigation;
 - v. Any circumstance that resulted in harm to a patient or any other person being transported in an ambulance, including equipment deficiencies;
 - vi. Any circumstance which resulted in a risk to, or endangerment of the health or safety of, a patient, or any other person being transported in an ambulance.
 - b. An Incident Report shall be transmitted to the appropriate Field Office of the Emergency Health Services Branch within the specified time frame per incident Level of Assessment to which the Incident Report applies.

While, the service concurs that a signoff area on the Incident Report is not present, the service has obtained proof from Interdev Technologies that that each incident report was reviewed within requisite timelines. The service acknowledges that having an audit stamp on the IR would be a positive step and has initiated work with the vendor to develop such a process.

Inspector's Findings

During the Follow-Up meeting, the Service Provider demonstrated that they are moving to a new record management system (Interdev mDOCS) which will resolve this issue. The system contains an area for the auditor's signature and displays the date and time that the signature was written. The Service Provider is confident that this system will be implemented by December 7, 2019, after training of the staff is complete. **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

Administrative

Subsections:

- Response Time Performance Plan,
- Service Provider Deployment Plan,
- Ambulance Service Identification Cards,
- Base Hospital Agreement,
- Policy and Procedures, and
- Insurance.

Response Time Performance Plan

Legislated Requirement: A Service Provider is required to establish a Response Time Performance Plan, to monitor, enforce and where necessary, update their plan as required to ensure patients categorized as the most critical, receive response and assistance in the times established within their plan.

Part VIII of *Ontario Regulation 257/00* made under the Act states in part, that every upper-tier municipality and delivery agent responsible under the Act for ensuring the proper provision of land ambulance services shall establish, for land ambulance service operators selected by the upper-tier municipality or delivery agent in accordance with the Act, a performance plan respecting response times.

An upper-tier municipality or delivery agent shall ensure that the plan established under that subsection sets response time targets for responses to notices respecting patients categorized as Canadian Triage Acuity Scale (CTAS) 1, 2, 3, 4 and 5, and that such targets are set for each land ambulance service operator selected by the upper-tier municipality or delivery agent in accordance with the Act.

An upper-tier municipality or delivery agent shall ensure that throughout the year the plan established under that subsection is continuously maintained, enforced and evaluated and where necessary, updated whether in whole or in part.

An upper-tier municipality or delivery agent shall provide the Director with a copy of the plan established under that subsection no later than October 31st in each year, and a copy of any plan updated, whether in whole or in part, no later than one month after the plan has been updated.

An upper-tier municipality or delivery agent shall provide the Director with the percentages for the preceding calendar year, required under Part VIII of *Ontario Regulation 257/00*, section 23, subsection 7(1), (2), (3), no later than March 31st of each year.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Response Performance and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider has an established Service Response Time Performance Plan with response time targets for responses to notices respecting patients categorized as Canadian Triage Acuity Scale (CTAS) 1, 2, 3, 4 and 5. The Service Provider provides the Director of EHRAB with a copy of the Response Time Performance Plan no later than October 31st of each year.

The Service Provider produced a report to demonstrate they meet their Response Time Performance Plan.

Documentation demonstrates the Service Provider, throughout the year, continuously maintains, enforces, evaluates and where necessary, updates their Response Time Performance Plan. There was also documentation demonstrating the Service Provider investigates those instances where their Service Response Time Performance Plan had not been met. Further, documentation demonstrates that recommendations resulting from investigations as to why the Response Time Performance Plan had not been met are addressed to mitigate reoccurrence.

The Service Provider reviewed and updated their Response Time Performance Plan by October 1st of each year. Updates are provided to the Director no later than one month after the plan was updated.

There was also documentation to demonstrate that by March 31st of each year the Service Provider reported to the Director the following for the preceding calendar year:

- The percentage of times that a person equipped to provide defibrillation arrived on-scene for sudden cardiac arrest patients, within six minutes.
- The percentage of times the ambulance crew arrived on-scene for sudden cardiac arrest or other CTAS 1 patients, within eight minutes.
- The percentage of times the ambulance crew arrived on-scene for patients categorized as CTAS 2, 3, 4 and 5, within the response time targets set by the UTM or Service Provider.

Service Provider Deployment Plan

Legislated Requirement: A Service Provider's Deployment Plan and strategies provide the Service Provider oversight to ensure in part, the continuity of operations and provision of service meets community needs.

Subsection 6 (1) (b) of the *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (i.1) states in part, the communication service that normally directs the movement of the ambulances and emergency response vehicles in the applicant/operator's service, will be kept informed by the employees of the applicant/operator at all times as to the availability and location of each employee, ambulance or emergency response vehicle.

Inspection Methodologies: The Review Team reviewed reports and records relevant to service/staffing deployment and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider has provided a copy of their deployment plan to the Field Office. Documentation demonstrates the service has sufficient staff at each level of qualification to meet their deployment plan.

To ensure continuity of operations, the Service Provider does notify the Communication Service of any changes to their staffing pattern. The Service Provider notifies the Communication Service before implementing or revising policies or procedures that may affect the dispatching/deployment of ambulances or ERVs.

Ambulance Service ID Card Program

Legislated Requirements: A paramedic in Ontario is required to obtain a ministry issued, service specific ID card prior to the provision of patient care. The ID card must be carried on their person at all times while performing patient care duties. The ID card process ensures the paramedic meets qualification requirements and provides the paramedic an ability to log onto the ambulance dispatch environment. The ID card is a provincially accepted ID for access to restricted areas otherwise not available to the general public and must be returned to the ministry upon employment separation.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (g) states in part, each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director.

The unique identification number shall appear on a photo identification card and the photo identification card shall be on the person of the paramedic while on-duty.

Section III also states in part, ambulance service identification cards are and remain the property of the Ministry of Health and Long-Term Care (the ministry). Upon release from employment, the identification card must be surrendered to the employer and returned to the ministry.

Ambulance Service Identification Card Program, Operating Protocols and Processes stipulates, the ministry is to be notified of an employee's release by way of either email or facsimile so that the Human Resources Inventory database may be updated.

Inspection Methodologies: The Review Team reviewed reports and records relevant to the service staffing deployment/ID Cards (service and ministry documentation) and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider has provided their baseline employee record information to the ministry.

Documentation demonstrates the Service Provider notifies the ministry of each instance of employee hiring and separation. It was noted that newly hired paramedics commence patient care activities only after receipt of their service specific identification number and card. Accordingly, we did not note any occasions when a newly hired paramedic logged onto the communication environment with either a fictitious number or a number assigned to another person.

The ministry is notified in each instance an identification card is lost. The Service Provider recovered the paramedic's service specific identification card and returned it to the ministry on each occasion of employment being terminated. The Service Provider is commended for this review observation.

Base Hospital Agreement

Legislated Requirement: Each Service Provider must have an Agreement in place with their regional Base Hospital for medical oversight. Each Base Hospital has a framework within which its medical director provides guidance and medical advice, quality assurance, advanced care skills training, certification of paramedics and the delegation of Controlled Acts.

Base Hospital Policies and Medical Directives are established specifically to enable delegation to paramedics in accordance with legislated requirements, regulations, standards, College of Physician and Surgeons of Ontario (CPSO) and provincial guidelines. The Base Hospital Program has been providing pre-hospital medical oversight for over thirty years.

Section III Operational Certification Criteria of the *Land Ambulance Certification Standards* subsection (1) states in part, a valid agreement is in effect between the applicant/operator and the designated Base Hospital Program, for each area in which the applicant/operator proposes to provide land ambulance service, for the delegation of Controlled Acts by paramedics employed by the applicant/operator.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service QA/CQI/Base Hospital initiatives and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider has a written performance agreement with the Base Hospital that includes:

- Providing medical direction and training to all paramedics.
- Monitoring quality of patient care given by those paramedics.
- Delegation of controlled medical acts to paramedics.

Policy and Procedure

Legislated Requirement: A Service Provider has in place, policies and procedures which impact directly or indirectly on patient care. Policies and procedures are monitored and enforced to ensure compliance with standards and legislation.

- The *Ambulance Act* (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- No person smokes any cigar, cigarette, tobacco or other substance while in an ambulance or emergency response vehicle.

- No paramedic, while on duty, takes or consumes any liquor within the meaning of the *Liquor Control Act*, or any drug which could impair his or her ability to function as a paramedic: or reports for duty while under the influence of any liquor within the meaning of the *Liquor Control Act*, or any drug which impairs his or her ability to function as a paramedic: or responds to a request for ambulance service while apparently under the influence of liquor or drugs or is apparently suffering the effects of liquor or drugs.
- The *Ambulance Service Communicable Disease Standards* states in part, each operator shall ensure that: employees are aware of current communicable disease risks and follow all aspects of the ASCDS.
- The *Ambulance Act*, Part III Discharge of Responsibilities states in part, an upper-tier municipality shall ensure the supply of vehicles, equipment, services, information and any other thing necessary for the proper provision of land ambulance services in the municipality in accordance with this Act and the regulations.
- The Act further states the requirements respecting the disclosure of personal health information and personal health information has the same meaning as in the *Personal Health Information Protection Act, 2004*.
- Part VI of *Ontario Regulation 257/00* made under the Act states in part, the operator of an ambulance service shall ensure that the remains of a dead person are not transported by ambulance unless, the remains are in a public place and it is in the public interest that the remains be removed; arrangements are made to ensure that an alternative ambulance is readily available for ambulance services during the time that the remains are being transported; and no patient is transported in the ambulance at the same time as the remains are transported.
- An ambulance may be used to transport the remains of a dead person for the purpose of tissue transplantation on the order of a physician if a physician at the hospital where the tissue is being delivered acknowledges the order.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Policies and Procedures, Service QA/CQI initiatives and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: The Service Provider has a Policy and Procedure document accessible to staff. New and updated Policies and Procedures are communicated to staff. The Service Provider monitors and enforces Policies and Procedures to ensure optimal provision of service.

The Service Provider had policies covering the following areas:

- Prohibiting staff from responding to calls under the influence of alcohol or drugs.
- Prohibiting staff from reporting to work under the influence of alcohol or drugs.
- Prohibiting staff from consuming alcohol or drugs while at work.
- Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance service vehicle.
- Regarding transport of a person's remains as per legislation.
- Regarding the disposal of bio-medical materials/waste.
- That students are to be free from communicable diseases.

- That students are to be immunized.
- Requirements for students/observers are monitored and enforced.
- Staff will immediately notify the Communication Service in the case of any accident involving an ambulance or ERV.
- Outlining the legislative parameters of sharing and disclosure of personal health information.
- Governing the protection of personal information of patients.
- Directing staff in the release of confidential information to allied agencies.
- Directing staff in the release of confidential information to the public.
- Regarding cleaning and disinfection of patient care equipment.

There was not always documentation to demonstrate Service Policies relating to drugs, alcohol and tobacco are complied with. There was documentation to demonstrate Service Policies relating to the release of confidential information are complied with. **(Observation: 11)**

The Service Provider ensured the continuity of operations.

Insurance

Legislative Requirement: To mitigate risk and exposure to paramedics, staff and their management team, Service Providers must have appropriate insurance coverage as outlined in *Regulation 257/00*.

Part VI of *Ontario Regulation 257/00* made under the Act states in part, if the operator of a land ambulance service that is an applicable enterprise uses or permits the use of a land ambulance or emergency response vehicle that is not owned by the Province of Ontario, the operator shall obtain and maintain in good standing a contract of automobile insurance under Part VI of the *Insurance Act* in respect of the vehicle, under which, the operator and every driver are insured and delineates all insurance requirements.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service insurance policy coverage and conducted interviews with Manitoulin-Sudbury DSB Paramedic Services personnel.

Observations: It was noted the Service Provider's insurance policy was current and valid. Further, the insurance coverage was at least equal to that outlined in legislation.

The insurance policy includes and covers:

- Each ambulance, ERV and ESU,
- The Service Provider and every driver,
- An amount equal to at least \$5,000,000, in respect of any one incident,
- Liability for loss of or damage to, resulting from bodily injury to or the death of any passenger carried, getting into or alighting from the ambulance or ERV,
- Liability for loss of or damage to, the property of a passenger carried in an ambulance or ERV, and
- Liability while the ambulance is used for carrying passengers for compensation or hire.

Observation: 11

Service Provider Response

Manitoulin-Sudbury DSB Paramedic Services has in place a number of policies designed to ensure compliance with legislation and corporate positions on use of drugs, alcohol and tobacco. The service has in place inspection processes to ensure compliance and has the ability to manage transgressions related to any of these issues. The service response was able to demonstrate compliance by virtue of a lack of any action against staff for violations. The finding that the service could not demonstrate policy/legislative compliance through an absence of any documented violation is something we find challenging. I would request that this finding be revisited. That said, the service has added to the Superintendent inspection forms the question “No smell of tobacco smoke”.

Inspector’s Findings

Manitoulin-Sudbury DSB Paramedic Services is cognizant of the importance of monitoring staff to ensure that they do not attend work or respond to calls while under the influence of any substances.

The Superintendents are required to fill out an Inspection Questionnaire Check Sheet that contains a line documenting that the paramedics in question appear fit for duty at the time of inspection. A copy of the new check sheet was provided that demonstrated the new line “No smell of tobacco smoke” was present. **Manitoulin-Sudbury DSB Paramedic Services is committed to compliance in this area.**

Appendix A HRI Omissions Table

Employee #	Documentation Issue
20033	• Tetanus/Diphtheria (every 10 yrs).
17357	• Tetanus/Diphtheria (every 10 yrs).

Appendix B ACR Omissions Tables; Patient Carried Calls Code 4 & 3

Call Number	Documentation Issue	Driver #	Attendant #
951002336785	• Procedure Code.	17090	12164
950006170552	• Procedure Code.	10314	22130
950006171487	• Date of Birth.	20306	13317
950006173609	• Trauma Problem Site/Type.	53465	24593
950006173790	• Date of Occurrence.	18108	18009
950006175295	• Health Insurance Number. • Version. • Dose/Unit.	13568	92958
951002336492	• Health Insurance Number. • Version.	12165	22811
950006177448	• Trauma Problem Site/Type.	20520	24593
950006178994	• Health Insurance Number. • Version.	16624	13482
950006180442	• Procedure Code. • Dose/Unit. • Route.	15932	79488
950006182302	• Date of Occurrence. • Time of Occurrence.	18009	18108
950006172783	• Procedure Code. • Dose/Unit. • Date (Deceased). • Time (Deceased).	21417	24593
950006181005	• UTM Code.	72512	22884
950006182333	• Health Insurance Number. • Version.	17159	22811
950006183494	• Health Insurance Number. • Version.	13568	92958
950006187156	• Health Insurance Number. • Version.	18657	55874
950006170134	• Date of Occurrence.	46599	53465
950006170697	• Procedure Code. • Dose/Unit.	16795	18510
950006171283	• Date of Birth. • Health Insurance Number. • Version. • Postal Code.	18657	55874
950006172783	• Time. • Procedure Code. • Dose/Unit.	21417	24593
950006173983	• Procedure Code. • Reading.	32057	22130

Call Number	Documentation Issue	Driver #	Attendant #
950006176368	<ul style="list-style-type: none"> • Health Insurance Number. • Version. • Procedure Code. • Dose/Unit. • Route. 	55874	10646
950006177471	<ul style="list-style-type: none"> • Procedure Code. • Dose/Unit. • Route. 	46599	14379
950006180000	<ul style="list-style-type: none"> • Procedure Code. • Dose/Unit. • Route. 	18994	72512
950006181852	<ul style="list-style-type: none"> • SpO₂. 	92958	13568
950006182069	<ul style="list-style-type: none"> • Procedure Code. • Reading. 	79488	32057
950006182333	<ul style="list-style-type: none"> • Health Insurance Number. • Version. 	17159	22811
950006186358	<ul style="list-style-type: none"> • Time. • Procedure Code. 	22378	15492
950006187156	<ul style="list-style-type: none"> • Health Insurance Number. • Version. 	18657	55874
950006189505	<ul style="list-style-type: none"> • Remarks. • CTAS Depart Scene. • CTAS Arrive Destination. • UTM Code. 	18504	20403
950006189546	<ul style="list-style-type: none"> • Procedure Code. • Dose/Unit. • Route. • Sequence. 	55874	18657

Patient Carried Calls Code 2 & 1

Call Number	Documentation Issue	Driver #	Attendant #
950006171066	<ul style="list-style-type: none"> • Procedure Code. 	32057	20306
950006175702	<ul style="list-style-type: none"> • UTM Code. 	10314	22130
952001824353	<ul style="list-style-type: none"> • Procedure Code. • UTM Code. 	22090	22088

Non Patient Carried/Patient Refusal Calls

Call Number	Documentation Issue	Driver #	Attendant #
950006170482	<ul style="list-style-type: none"> • Patient Address. 	13482	18504
950006171867	<ul style="list-style-type: none"> • Non Paramedic Witness Name. 	42654	17358
950006172216	<ul style="list-style-type: none"> • Patient Address. 	99048	20660
950006172519	<ul style="list-style-type: none"> • Patient Address. 	17159	16073
950006173048	<ul style="list-style-type: none"> • Date of Birth. 	18505	98564
950006173504	<ul style="list-style-type: none"> • Patient Address. 	18510	24590
950006175136	<ul style="list-style-type: none"> • Patient Address. 	24590	20520
950006177323	<ul style="list-style-type: none"> • Age. • Date of Birth. • Patient Address. 	15439	20031
950006177811	<ul style="list-style-type: none"> • Patient Address. 	52538	27981

Call Number	Documentation Issue	Driver #	Attendant #
950006178805	• Patient Address.	13482	15667
950006179020	• Date of Birth. • Patient Address.	79488	15932
950006179113	• Patient/Substitute decision maker name. • Patient Address.	16073	17159
950006187290	• Health Insurance Number. • Version Code.	10364	20520
950006187423	• Sex. • Medications.	20033	46599
950006190332	• Head/Neck. • Chest. • Abdomen. • Back/Pelvis. • Extremities.	18505	98582

Appendix C Paramedic Ride-Out Observation Tables

Call Observation Summary							
CALL NO.:	950006206679	VEHICLE NO.:	5244	PRIORITY	OUT: 4	IN: 3	
MEDIC #1	52538	MEDIC # 2	27981	CALL TYPE:	Medical		
Call Sequence				Y	P	N	NA
Pre-Call Performed to Standard				<input checked="" type="checkbox"/>			
Communications Performed to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Patient Management Performed to Standard				<input checked="" type="checkbox"/>			
Patient Refusal Performed to Standard							<input checked="" type="checkbox"/>
Patient Transport Performed to Standard				<input checked="" type="checkbox"/>			
Transfer of Care Performed to Standard				<input checked="" type="checkbox"/>			
General Duties Performed to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Performed to Standard				<input checked="" type="checkbox"/>			
Call Completed to ALS/BLS Standards				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL NO.:	950006206719	VEHICLE NO.:	5244	PRIORITY	OUT: 4	IN: 72	
MEDIC #1	27981	MEDIC # 2	52538	CALL TYPE:	Medical		
Call Sequence				Y	P	N	NA
Pre-Call Performed to Standard				<input checked="" type="checkbox"/>			
Communications Performed to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Patient Management Performed to Standard				<input checked="" type="checkbox"/>			
Patient Refusal Performed to Standard				<input checked="" type="checkbox"/>			
Patient Transport Performed to Standard							<input checked="" type="checkbox"/>
Transfer of Care Performed to Standard							<input checked="" type="checkbox"/>
General Duties Performed to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Performed to Standard				<input checked="" type="checkbox"/>			
Call Completed to ALS/BLS Standards				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL NO.:	950006206653	VEHICLE NO.:	5407	PRIORITY	OUT: 4	IN: 3	
MEDIC #1	11147	MEDIC # 2	22814	CALL TYPE:	Medical		
Call Sequence				Y	P	N	NA
Pre-Call Performed to Standard				<input checked="" type="checkbox"/>			
Communications Performed to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Patient Management Performed to Standard				<input checked="" type="checkbox"/>			
Patient Refusal Performed to Standard							<input checked="" type="checkbox"/>
Patient Transport Performed to Standard				<input checked="" type="checkbox"/>			
Transfer of Care Performed to Standard				<input checked="" type="checkbox"/>			
General Duties Performed to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Performed to Standard				<input checked="" type="checkbox"/>			
Call Completed to ALS/BLS Standards				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL NO.:	950006206887	VEHICLE NO.:	5247	PRIORITY	OUT: 4	IN: 4	
MEDIC #1	14909	MEDIC # 2	15881	CALL TYPE:	Medical		
Call Sequence				Y	P	N	NA
Pre-Call Performed to Standard				<input checked="" type="checkbox"/>			
Communications Performed to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Patient Management Performed to Standard				<input checked="" type="checkbox"/>			
Patient Refusal Performed to Standard							<input checked="" type="checkbox"/>
Patient Transport Performed to Standard				<input checked="" type="checkbox"/>			
Transfer of Care Performed to Standard				<input checked="" type="checkbox"/>			
General Duties Performed to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Performed to Standard				<input checked="" type="checkbox"/>			
Call Completed to ALS/BLS Standards				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL NO.:	950006206909	VEHICLE NO.:	5247	PRIORITY	OUT: 4	IN: 73	
MEDIC #1	15881	MEDIC # 2	14909	CALL TYPE:	Medical		
Call Sequence				Y	P	N	NA
Pre-Call Performed to Standard				<input checked="" type="checkbox"/>			
Communications Performed to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Patient Management Performed to Standard				<input checked="" type="checkbox"/>			
Patient Refusal Performed to Standard				<input checked="" type="checkbox"/>			
Patient Transport Performed to Standard							<input checked="" type="checkbox"/>
Transfer of Care Performed to Standard							<input checked="" type="checkbox"/>
General Duties Performed to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Performed to Standard				<input checked="" type="checkbox"/>			
Call Completed to ALS/BLS Standards				<input checked="" type="checkbox"/>			

Appendix D Vehicle, Equipment and Supplies Omissions Table

Vehicle No.	Review Findings	Vehicle No.	Review Findings
5249	<u>Safe Mechanical Condition</u> <ul style="list-style-type: none"> • Front fire extinguisher missing monthly inspection. • Front fire extinguisher missing annual inspection. • Rear fire extinguisher missing annual inspection. 	5290	<u>Safe Mechanical Condition</u> <ul style="list-style-type: none"> • Front fire extinguisher missing monthly inspection. • Front fire extinguisher missing annual inspection.
5296	<u>Cots, Stretchers and Accessories</u> <ul style="list-style-type: none"> • Missing stretcher, portable (pole/lifting sheet with handles) 	5254	<u>Cots, Stretchers and Accessories</u> <ul style="list-style-type: none"> • Missing stretcher, portable (pole/lifting sheet with handles)

Appendix E Patient Care Devices Maintenance Table

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Oxygen Calibration Machine	TC #89	28/02/2019	20/02/2018	06/03/2017
Oxygen Calibration Machine	TC #107	28/02/2019	20/02/2018	06/03/2017

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
On-Board Suction	5200	01/04/2019	01/10/2018	27/03/2018
On-Board Suction	5202	01/04/2019	02/10/2018	09/04/2018
On-Board Suction	5203	28/03/2019	16/10/2018	27/03/2018
On-Board Suction	5220	28/03/2019	09/10/2018	10/04/2018
On-Board Suction	5227	25/03/2019	24/09/2018	10/05/2018
On-Board Suction	5237	29/03/2019	10/10/2018	09/10/2018
On-Board Suction	5240	29/03/2019	09/10/2018	27/03/2018
On-Board Suction	5242	28/03/2019	09/10/2018	23/04/2018
On-Board Suction	5243	01/04/2019	10/10/2018	29/03/2018
On-Board Suction	5244	27/03/2019	25/09/2018	23/04/2018

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Portable O2 Regulator	0330916	01/04/2019	02/10/2018	23/04/2018
Portable O2 Regulator	0331016	26/03/2019	02/10/2018	23/04/2018
Portable O2 Regulator	0331116	28/03/2019	09/10/2018	23/04/2018
Portable O2 Regulator	0331216	25/03/2019	24/09/2018	23/04/2018
Portable O2 Regulator	0331516	28/03/2019	10/09/2018	23/04/2018
Portable O2 Regulator	0391516	03/04/2019	26/09/2018	11/04/2018
Portable O2 Regulator	0230416	28/03/2019	09/10/2018	28/03/2018
Portable O2 Regulator	750662	27/03/2019	26/09/2018	28/03/2018

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Portable O2 Regulator	5894	04/04/2019	07/09/2018	11/04/2018
Portable O2 Regulator	629249	27/03/2019	25/09/2018	23/04/2018

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Vehicle Main Regulator	0280918	29/03/2019	01/11/2018	25/07/2018
Vehicle Main Regulator	19099	04/04/2019	01/10/2018	23/04/2018
Vehicle Main Regulator	851400	01/04/2019	02/10/2018	09/04/2018
Vehicle Main Regulator	A15781	01/04/2019	01/10/2018	20/04/2018
Vehicle Main Regulator	B15261	28/03/2019	09/10/2018	23/04/2018
Vehicle Main Regulator	D12908	29/03/2019	09/10/2018	27/03/2018
Vehicle Main Regulator	D13016	03/04/2019	26/09/2018	11/04/2018
Vehicle Main Regulator	D15213	28/03/2019	09/10/2018	10/04/2018
Vehicle Main Regulator	D15354	03/04/2019	26/09/2018	29/03/2018
Vehicle Main Regulator	G11382	27/03/2019	26/09/2018	28/03/2018
Vehicle Main Regulator	G12744	26/03/2019	24/09/2018	24/04/2018

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Defibrillator	AR13A0033184	19/01/2019	28/11/2018	28/12/2017
Defibrillator	AR13A003185	10/01/2019	17/11/2018	25/10/2017
Defibrillator	AR13G005011	07/01/2019	28/11/2018	28/12/2017
Defibrillator	AR13G005012	06/05/2019	02/11/2018	09/11/2017
Defibrillator	AR13G005013	07/01/2019	11/11/2018	08/11/2017
Defibrillator	AR14B007335	14/09/2018	02/11/2017	09/11/2016
Defibrillator	AR14L011305	07/01/2019	02/11/2018	09/11/2016
Defibrillator	AR15C013054	07/01/2019	02/11/2017	09/11/2016
Defibrillator	AR15L016208	17/11/2018	02/11/2017	26/10/2016

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
CO Monitors	ARKE2852	25/03/2019	New	N/A
CO Monitors	ARKE2894	27/03/2019	New	N/A
CO Monitors	DRMB0015	25/03/2019	New	N/A
CO Monitors	DRMB0014	25/03/2019	New	N/A
CO Monitors	ARKH5689	25/03/2019	New	N/A
CO Monitors	ARKH5737	04/04/2019	New	N/A
CO Monitors	ARKH5758	04/03/2019	New	N/A
CO Monitors	ARKE2519	27/03/2019	New	N/A
CO Monitors	DRMB0017	26/03/2019	New	N/A
CO Monitors	ARJH1238	25/03/2019	New	N/A

Appendix F Conveyance Equipment Maintenance Summary Table

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Stairchair	180639833	01/04/2019	01/10/2018	New
Stairchair	180740249	01/04/2019	02/10/2018	New
Stairchair	180639826	28/03/2019	16/10/2018	New
Stairchair	180639839	28/03/2019	09/10/2018	New
Stairchair	180639836	25/03/2019	24/09/2018	New
Stairchair	180639840	29/03/2019	10/10/2018	New
Stairchair	180639837	29/03/2019	04/10/2018	New
Stairchair	180639842	28/03/2019	09/10/2018	New
Stairchair	180639830	01/04/2019	01/10/2018	New
Stairchair	180639841	27/03/2019	25/09/2018	New
Stairchair	180740248	02/02/2019	01/10/2018	New

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Stretchers – 35A	BBB13N256488	29/03/2019	04/10/2018	27/03/2018
Stretchers – 35A	BBB113824	28/03/2019	16/10/2018	27/03/2018
Stretchers – 35A	BBB113829	27/03/2019	26/09/2018	27/03/2018
Stretchers – 35A	BBB114072	04/04/2019	01/10/2018	23/04/2018
Stretchers – 35A	BBB114073	27/03/2019	25/09/2018	25/04/2018
Stretchers – 35A	BBB114074	01/04/2019	10/10/2018	29/03/2018
Stretchers – 35A	BBB96528	28/03/2019	09/10/2018	23/04/2018
Stretchers – 35A	BBB98443	26/03/2019	24/09/2018	24/04/2018
Stretchers – 35A	L449450	26/03/2019	24/09/2018	24/04/2018
Stretchers – 35P	L740283	01/04/2019	01/10/2018	20/04/2018
Stretchers – 35P	L782906	25/03/2019	24/09/2018	09/04/2018

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Stretchers – #9	FC1099	27/03/2019	25/09/2018	28/03/2018
Stretchers – #9	FC2543	03/04/2019	01/11/2018	06/06/2018
Stretchers – #9	H91466	04/04/2019	25/09/2018	11/04/2018
Stretchers – #9	L388594	03/04/2019	26/09/2018	28/03/2018
Stretchers – #9	L682491	03/04/2019	26/09/2018	Missing

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Stretchers – MX Pro	161040170	01/04/2019	01/10/2018	27/03/2018
Stretchers – MX Pro	161040169	01/04/2019	02/10/2018	09/04/2018
Stretchers – MX Pro	180641247	03/04/2019	New	

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Stretchers – MX Pro	180641246	03/04/2019	New	
Stretchers – MX Pro	171140424	29/03/2019	10/10/2018	19/04/2018
Stretchers – MX Pro	170139361	02/04/2019	01/10/2018	09/04/2018
Stretchers – MX Pro	151039789	03/04/2019	26/09/2018	29/03/2018
Stretchers – MX Pro	1806411185	03/04/2019	New	
Stretchers – MX Pro	1800141387	26/03/2019	26/09/2018	01/09/2018
Stretchers – MX Pro	170139360	28/03/2019	04/10/2018	28/03/2018
Stretchers – MX Pro	180141386	04/04/2019	25/09/2018	27/09/2018
Stretchers – MX Pro	171140423	03/04/2019	26/09/2018	11/04/2018

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Stretchers – Power Cot	160640687	25/04/2019	24/09/2018	10/04/2018
Stretchers – Power Cot	160640676	29/03/2019	10/10/2018	19/04/2018
Stretchers – Power Cot	160640678	29/03/2019	04/10/2018	27/03/2018
Stretchers – Power Cot	160640691	28/03/2019	09/10/2018	23/04/2018
Stretchers – Power Cot	160640682	01/04/2019	10/10/2018	29/03/2018
Stretchers – Power Cot	160640680	27/03/2019	25/09/2018	23/04/2018
Stretchers – Power Cot	160640683	02/04/2019	01/10/2018	09/04/2018
Stretchers – Power Cot	160640684	25/03/2019	24/09/2018	09/04/2018
Stretchers – Power Cot	160640689	04/04/2019	01/10/2018	21/03/2018
Stretchers – Power Cot	160140363	03/04/2019	26/09/2018	29/03/2018
Stretchers – Power Cot	160640686	27/03/2019	26/09/2018	23/04/2018
Stretchers – Power Cot	171042121	03/04/2019	26/09/2018	11/04/2018

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Power load devices	160640701	01/04/2019	01/10/2018	27/03/2018
Power load devices	160640713	01/04/2019	02/10/2018	09/04/2018
Power load devices	160640712	28/03/2019	09/10/2018	10/04/2018
Power load devices	160640715	28/03/2019	09/10/2018	23/04/2018
Power load devices	160640710	01/04/2019	10/10/2018	29/03/2018
Power load devices	160640720	27/03/2019	25/09/2018	23/04/2018
Power load devices	160640717	02/04/2019	01/10/2018	09/04/2018
Power load devices	160640704	25/03/2019	24/09/2018	09/04/2018
Power load devices	160640708	04/04/2019	01/10/2018	21/03/2018
Power load devices	160140755	03/04/2019	26/09/2018	29/03/2018
Power load devices	160640703	04/04/2019	25/09/2018	11/04/2018
Power load devices	160640719	01/04/2019	01/10/2018	20/04/2018
Power load devices	170941378	03/04/2019	26/09/2018	11/04/2018
Power load devices	160640709	27/03/2019	25/09/2018	28/03/2018
Power load devices	160640711	25/03/2019	02/10/2018	11/04/2018

Appendix G Abbreviations

Glossary of Abbreviations			
ACRONYM	MEANING	ACRONYM	MEANING
ACP	Advanced Care Paramedic	EORR	Education, Operational Readiness and Regulations
ACR	Ambulance Call Report	ERV	Emergency Response Vehicle
ACS	Ambulance Communications Service	ESU	Emergency Support Unit
ACO	Ambulance Communications Officer	HRI	Human Resources Inventory
AEMCA	Advanced Emergency Medical Care Assistant	IC	Inspections and Certifications
ALS	Advanced Life Support	IR	Incident Report
ASCDS	Ambulance Service Communicable Disease Standards	LAISC	Land Ambulance Implementation Steering Committee
ASR	Ambulance Service Review	LACS	Land Ambulance Certification Standards
BLS	Basic Life Support	MOH	Ministry of Health
CACC	Central Ambulance Communications Centre	OAPC	Ontario Association of Paramedic Chiefs
CCP	Critical Care Paramedic	OADS	Ontario Ambulance Documentation Standards
CME	Continuing Medical Education	OBHAG	Ontario Base Hospital Advisory Group
CO	Communications Officer	OEM	Original Equipment Manufacturer
CPR	Cardiopulmonary Resuscitation	OPLA & ERVS	Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard
CPSO	College of Physician and Surgeons of Ontario	PCTS	Patient Care and Transportation Standards
CQI	Continuous Quality Improvement	PMAC	Provincial Medical Advisory Committee
CTAS	Canadian Triage & Acuity Scale	QA	Quality Assurance
DDA	Direct Delivery Agent	RTPP	Response Time Performance Plan
DSSAB	District Social Services Administration Board	P&P	Policy and Procedure
EHPMDB	Emergency Health Program Management & Delivery Branch	PCP	Primary Care Paramedic
EHRAB	Emergency Health Regulatory and Accountability Branch	PESFOAS	Provincial Equipment Standards for Ontario Ambulance Services
EMA	Emergency Medical Attendant	RFO	Regional Field Office EHPMDB
EMCA	Emergency Medical Care Assistant	UTM	Upper Tier Municipality
EMS	Emergency Medical Service(s)	VIN	Vehicle Identification Number

