

Ambulance Service Review
Final Report

Peterborough County/City

Peterborough County/City Emergency Medical Services

Ministry of Health and Long-Term Care
Emergency Health Services Branch

February 17, 2010

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

Emergency Health
Services Branch – ICRCG
590 Rossland Rd. E.
Whitby ON L1N 9G5
Tel.: 905-665-8086
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**Ministère de la Santé et des
Soins de longue durée**

Direction des services de
santé d'urgence - ICRCG
590 rue Rossland E.
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Tél.: 905-665-8086
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March 29, 2010

Mr. Bob English
Chief,
Peterborough County/City EMS
310 Armour Road
Peterborough, ON K9H 1Y6

Dear Mr. English:

Enclosed is the Ambulance Service Review Final Report that is the result of the follow up visit to your ambulance service conducted on February 17, 2010.

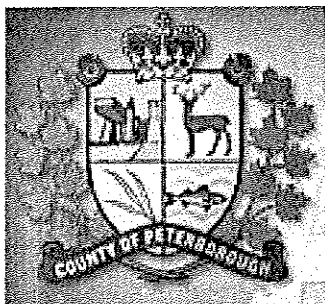
You are aware that it is necessary that your service meets the requirements of the Ambulance Service Review Certification process.

The Review found that overall, Peterborough County/City Emergency Medical Services, meets the certification criteria and the legislated requirements. Accordingly, Peterborough County/City Emergency Medical Services was issued a renewed Certificate to operate an ambulance service.

Sincerely,

Michael Bay
Coordinator,
Certification and Regulatory Compliance

Cc: Mr. Gary King, CAO, The County of Peterborough
Mr. Malcolm Bates, Director, Emergency Health Services Branch
Mr. Dennis Brown, Senior Manager (A), Performance & Quality Management, EHSB
Dr. Tony Campeau, Manager (A), Land Ambulance Programs, EHSB
Mr. Blake Forsyth, Sr. Field Manager, South East Field Office, EHSB

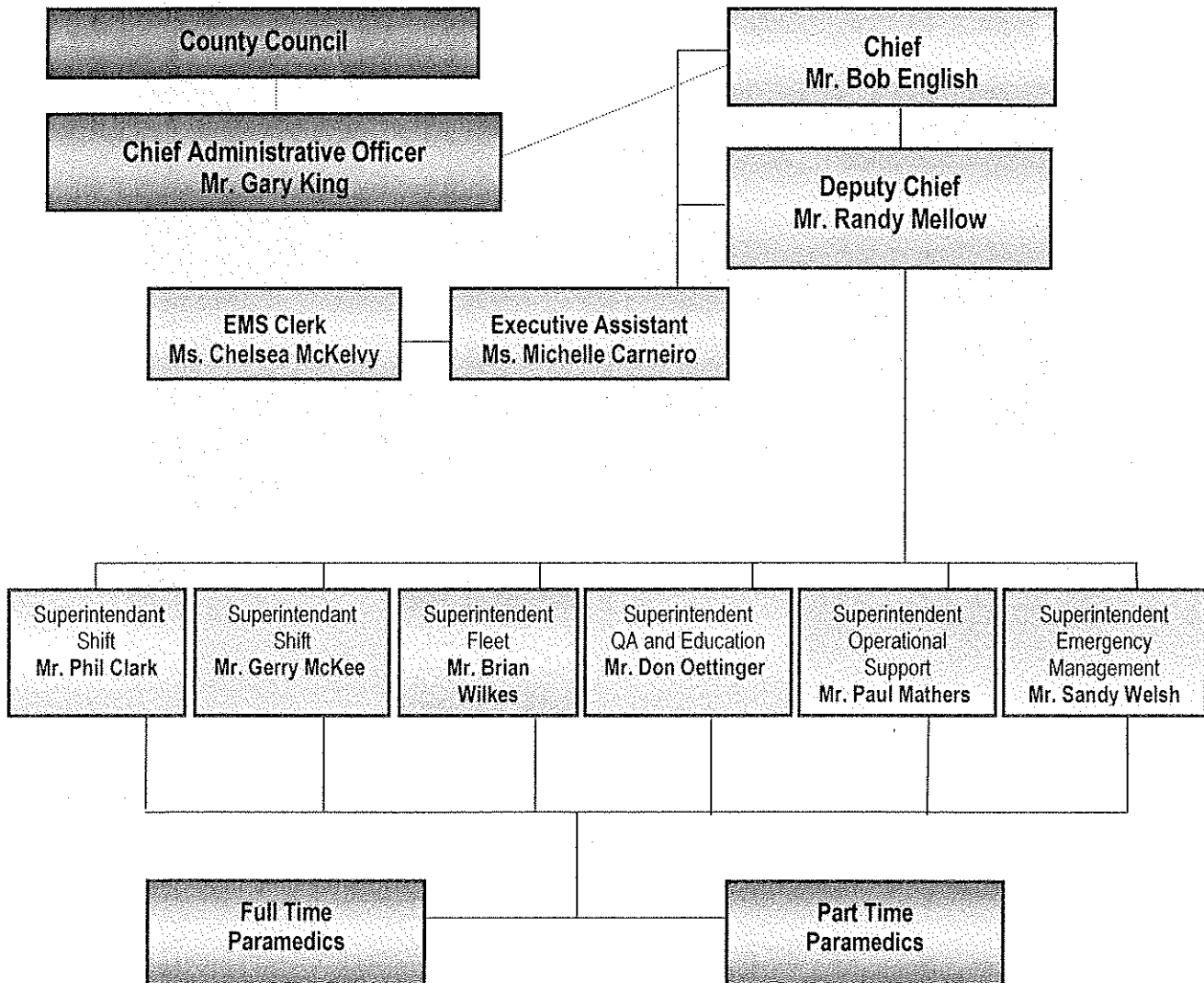


Executive Summary Part A



Peterborough County/City EMS Headquarters
310 Armour Road
Peterborough, Ontario

Organization Chart Peterborough City/County EMS



Land Ambulance Service Profile						
Service Municipal Number		729	Service Name		Peterborough County/City EMS	
Mailing Address		310 Armour Road				
Community		Peterborough	Postal Code		K9H 1Y6	
Business Phone Number		705-743-5263	Extension		225	Facsimile 705-743-2328
Coverage Area		1,469.39 square miles		Population Base		About 138,000
CAO		Mr. Gary King		Email	gking@county.peterborough.ca	
Telephone		705-743-0308	Extension		300	
Chief		Mr. Robert English		Email	benglish@county.peterborough.on.ca	
Telephone		705-743-5263	Extension		228	Cell 705-750-8628
Operations Deputy Chief		Mr. Randy Mellow		Email	rmellow@county.peterborough.on.ca	
Telephone		705-743-5263	Extension		225	Cell 705-931-2150
QA Superintendant		Mr. Don Oettinger		Email	doettinger@county.peterborough.on.ca	
Telephone		705-743-5263	Extension		223	Cell 705-931-2051
Number of Full-Time Employees				Number of Part-Time Employees		
Emergency Medical Attendants		0	Emergency Medical Attendants		0	
Primary Care Paramedics		43	Primary Care Paramedics		47	
Advanced Care Paramedics		16	Advanced Care Paramedics		14	
Critical Care Paramedics		0	Critical Care Paramedics		0	
Total		59	Total		61	
Ambulance Service Fleet				Last Calendar Year Call Volume		
Number of Front Line Ambulances		8	Code 1 & 2		347	
Number of Mechanical Spares		5	Code 3		3449	
Number of Emergency Response Units		4	Code 4		9991	
Command Vehicle		1	Code 8		2772	
Number of Administration Vehicles		1	Other			
Total		19	Total		16,559	
Staffing Hours Pre-Transition				Increase/Decrease from Previous Calendar Year		
Annual On Site Staffed Hours / week		65,312	Code 1 & 2		-57%	
Annual Call Back Staffed Hours / week		8,736	Code 3 & 4		+2.7%	
Calendar 2007				Response Time		
Annual On Site Staffed Hours / yr		113,880	1996 - 90th % Benchmark Time		19:00	
Annual Call Back Staffed Hours		0	2008 - 90th Percentile Time		17:47	
Base Locations		Street Address		Community		Postal Code
Address	05	310 Armour Road		Peterborough		K9H 1Y6
	01	41 Concession Street		Lakefield		K0L 2H0
	02	31 King Street		Norwood		K0L 1A0
	03	280 Burliegh Street		Apsley		K0L 1A0

GLOSSARY OF ABBREVIATIONS			
ACRONYM	MEANING	ACRONYM	MEANING
ACP	Advanced Care Paramedic	EMCA	Emergency Medical Care Attendant
ACR	Ambulance Call Report	EMS	Emergency Medical Service(s)
AC&RC	Ambulance Certification & Regulatory Compliance	ER	Emergency Room
ACS	Ambulance Communications Service	ERV	Emergency Response Vehicle
ADDAS	Ambulance Data Direct Access System	ESU	Emergency Support Unit
ACO	Ambulance Communications Officer	GCS	Glasgow Coma Scale
AEMCA	Advanced Emergency Medical Care Assistant	GPS	Global Positioning System
ALS	Advanced Life Support	LAISC	Land Ambulance Implementation Steering Committee
ASCDs	Ambulance Service Communicable Disease Standards	LASCS	Land Ambulance Service Certification Standards
ASDS	Ambulance Service Documentation Standards	MOHLTC	Ministry of Health and Long- Term Care
ASPC & TS	Ambulance Service Patient Care and Transportation Standards	MTO	Ministry of Transportation
ASR	Ambulance Service Review	OASIS	Ontario Ambulance Service Information System
AVL	Automatic Vehicle Locator	O ₂	Oxygen
BLS	Basic Life Support	OPLA & ERVS	Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard
CACC	Central Ambulance Communications Centre	P&P	Policy and Procedure
CCP	Critical Care Paramedic	PCP	Primary Care Paramedic
CME	Continuing Medical Education	PESFOAS	Provincial Equipment Standards For Ontario Ambulance Services
CO	Communications Officer	P&OAU	Policy and Operational Assessment Unit
CPR	Cardiopulmonary Resuscitation	RFO	Regional Field Office EHSB
CTAS	Canadian Triage & Acuity Scale	RTC	Regional Training Co-ordinator
DSSAB	District Social Services Administration Board	SR	Symptom Relief
EHSB	Emergency Health Services Branch	UTM	Upper Tier Municipality
EMA	Emergency Medical Attendant	VIN	Vehicle Identification Number

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 prescribed by the regulations.

This Service has been in operation since November 6, 2000. The certificate for Peterborough County/City EMS expires on May 31, 2010. As required, and in order to renew their certificate, Peterborough County/City EMS participated in an ambulance service review by the Ambulance Service Review Team on June 23-25, 2009.

The purpose of the Ambulance Service Review is to ensure Peterborough County/City EMS operates in a manner consistent with the *Land Ambulance Certification Standards* and in compliance with the legislation.

Peterborough County/City EMS operates from four stations, including headquarters and provides primary and advanced care paramedic patient care.

The Service responded to approximately 16,559 calls in 2008. The Service has eight front line ambulances, five mechanical spares and four emergency response vehicles. The Service provides ambulance service to the residents of the County and the City of Peterborough.

Headquarters is located at 310 Armour Road. Peterborough County/City EMS is dispatched by the Lindsay CACC and has operational dealings with the Central East Base Hospital.

In general, the site review found that Peterborough County/City EMS has substantively **met** the requirements of the *Land Ambulance Certification Standards*. This draft report is the result of the Review Team findings and contains legislated mandatory recommendations and quality assurance or best practice recommendations to assist the Service Provider to ensure the provision of high quality delivery of service to the community.

The Service is to be commended for making staff available to the review team to respond to any recommendations or areas of non-compliance. The Review Team would like to thank Peterborough County/City EMS staff for their assistance throughout the review.

The Review found that on this occasion Peterborough County/City EMS **meets** the requirements of the *Land Ambulance Certification Standards*.

In view of accommodating the requirements for the administration of an Ambulance Service, it is recommended that a renewed certificate be issued to Peterborough County/City EMS for a further three years.

Review Findings and Recommendations

Recommendations in **BLUE** signify the subject matter is a legislated requirement and must be accommodated by the ambulance service provider.

Recommendations in **MAROON** signify the subject matter is a quality assurance best practice that indicates a Service Provider has the measures in place to move toward achieving full compliance with a legislated requirement and is provided to recognize the Service Provider's attempt to be compliant and to ensure optimal delivery of service to the community.

Peterborough County/City EMS is to be commended for its efforts in the following areas:

- Well organized employee files.
- Clean well stocked vehicles.
- Thorough Stretcher and Oxygen preventative maintenance programs.
- Thorough preparation for Ambulance Service Review.

The following areas require attention so that Peterborough County/City EMS may make further improvements to ensure delivery of quality ambulance service:

- | | |
|---------------------------|--------------------------------|
| • Level of Service | (see recommendations); |
| • Employee Qualifications | (see recommendations 1); |
| • Staffing | (see recommendations 2, 3); |
| • Documentation | (see recommendations 4, 5, 6); |
| • Training | (no recommendations); |
| • Service Review Program | (no recommendations); |
| • Patient Care | (no recommendations); |
| • Vehicles | (see recommendation 7); |
| • Patient Care Equipment | (see recommendation 8); |
| • Policy and Procedure | (no recommendations); |
| • Operations | (no recommendations); and |
| • Liaison/Communication | (no recommendations). |

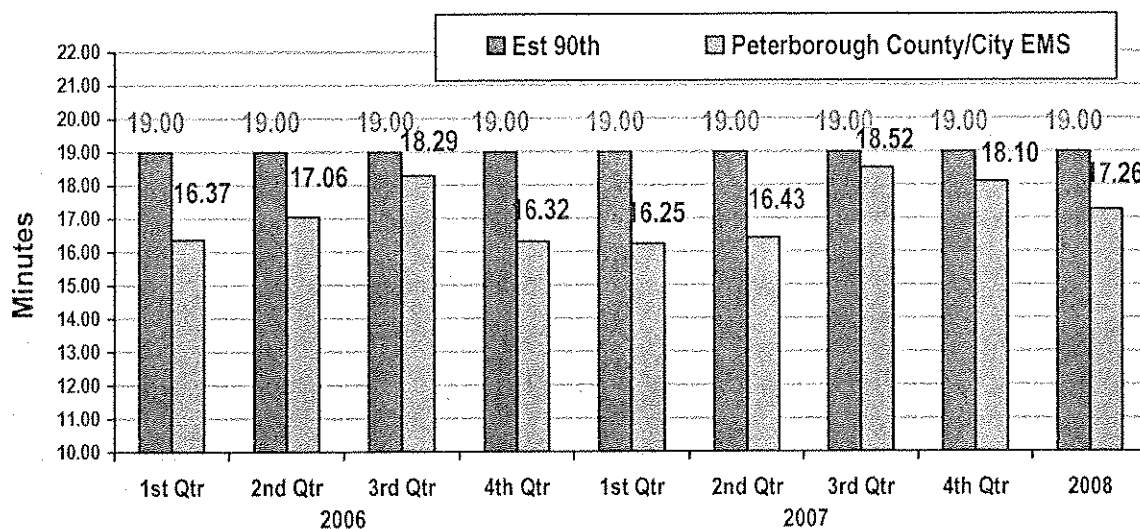
Level and Type of Service

The Service Provider had the current certificate to operate an ambulance service posted in a conspicuous place. (**Certificate 729**, expiry **May 21, 2010**)

The Service Provider produced a report to demonstrate the Service meets the service response time commitment. There was documentation demonstrating the Service Provider investigates those instances, where the service response time commitment is not met. There was documentation of a service response time commitment.

Service Response Time

The 1996 90th percentile response time standard for Peterborough County/City EMS is nineteen minutes, zero seconds. The Service was achieving seventeen minutes, twenty six seconds from January 1, 2008 through December 31st, 2008. Peterborough County/City EMS response times for the 2006 and 2007 calendar years is delineated quarterly and illustrated in the graph below. The benchmark response time standard for Peterborough County/City EMS is populated in blue. The Service's quarterly response times are populated in red and depict a continued decrease of response times in 2008. Peterborough County/City EMS is commended for reducing their response times over the previous year.



There was documentation of a service reaction time commitment. Staff met the service's reaction time commitments. The Service Provider investigates instances when the service reaction time had not been met.

Service Reaction Time

The Service reaction time commitment (T2-T3) is two minutes (2 Min.) on **code four** calls. A review of call responses for the Peterborough County/City EMS via the ADDAS data base from January 1st 00:00:01 to April 30 11:59:59, 2009 demonstrates the Service Provider met their reaction time commitment **91.3** percent of the time for emergency type calls.

The Service Provider's average response times for the 5.9 percent of calls identified exceeding the 2:00 (minute) reaction time commitment is noted to be less than three minutes. Only 32 calls exceeded a five minute response time. The Service is commended for their reaction time performance and the impact the chute time bears upon the Provider's response performance.

The table below delineates calls identified for the same period of 2009 (T2-T3) in one minute intervals for code four calls. Being conscious of the environment, a complete listing of service chute times for the period stated may be found within the electronic CD report attached as **Appendix H** in the reverse cover sleeve.

Call Response - Chute Time 2:00 (01/01/2009 To 30/04/2009 11:59:59)						
CACC ID		Service ID		Calls < 2 Min Chute Time		
934		729		3016		
Call Response Times (minutes)						
< 1	1 - 2	2 - 3	3 - 4	4 - 5	> 5	Of 3303 calls
1987	1030	185	53	16	32	

On Scene Time

A review of 2258 code four/three return calls for the same period of 2009 prior to the Review, via the ADDAS data base, demonstrates the average crew on scene time was 13 minutes, 49 seconds (13:49). This time is considered to be within ALS/BLS standards for priority four type patient calls and the Service is commended for this performance.

The table below delineates on scene call times for priority calls by five minute increments. The average time is then expressed in minutes and seconds. A complete listing of service on scene times for the period is attached in detail as **Appendix H** within the electronic report.

On Scene Time (01/01/2009 To 30/04/2009 11:59:59)					
< 5 min	5 - 10	10 - 15	15 - 20	> 20 min	
Call Numbers					
98	480	857	513	288	Of 2258 Calls
Average on Scene Time					
Avg	Avg	Avg	Avg	Avg	Average 13:49 min/sec
4.3	21.3	38.0	22.7	12.8	

Hospital Time

A review of 2175 code four/three return calls for the same period of 2009 prior to the Review, via the ADDAS data base, demonstrates an average crew at hospital time, post call, is identified as 33 minutes and 20 seconds (33:20).

Hospital Time (01/01/2009 To 30/04/2009 11:59:59)					
Hospital Times (minutes)					
< 20:00	20:00-25:00	25:00-30:00	30:00-35:00	> 35:00	Of 2175 calls
601	295	278	235	766	

A complete listing of Service Hospital Time / post call for the same period of 2009 is itemized in detail and attached as **Appendix H** within the electronic report only.

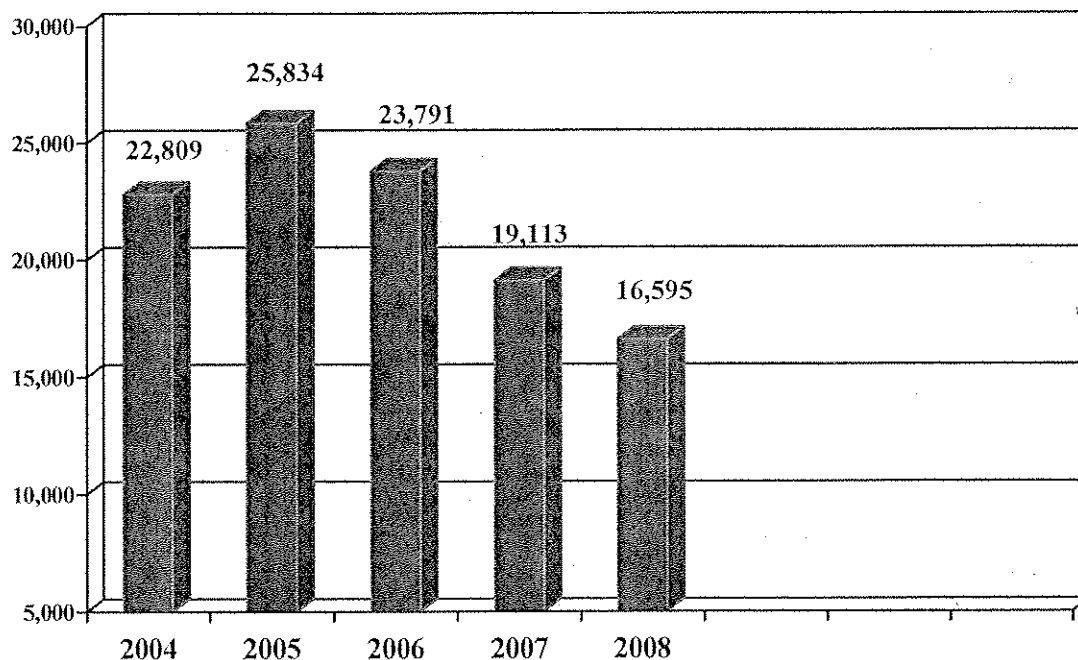
Annual Call Volume

Peterborough County/City EMS call volume for priority calls has decreased by about 27 percent over the past 5 years. Additionally, call volume for low priority calls has decreased by about 74 percent in the same period. The table below illustrates the annualized increase or decrease of call activity respecting low priority and codes 3 and 4 type calls combined respectively since 2004.

Annual Service Call Comparator Table						
Year	Code 1 & 2	Increase/Decrease	Code 3 & 4	Code – 8	Totals	Increase/Decrease
2004	1,422	-----	13,734	7,653	22,809	-----
2005	1,326	<96	14,502	10,006	25,834	>3,025
2006	926	<400	12,967	9,898	23,791	<2,043
2007	816	<110	13,099	5,198	19,113	<4,678
2008	370	<446	13,453	2,772	16,595	<2,518

The graph below demonstrates the above call comparator table in graph format by calendar year and by total Service call volume.

Ambulance Service Call Volumes



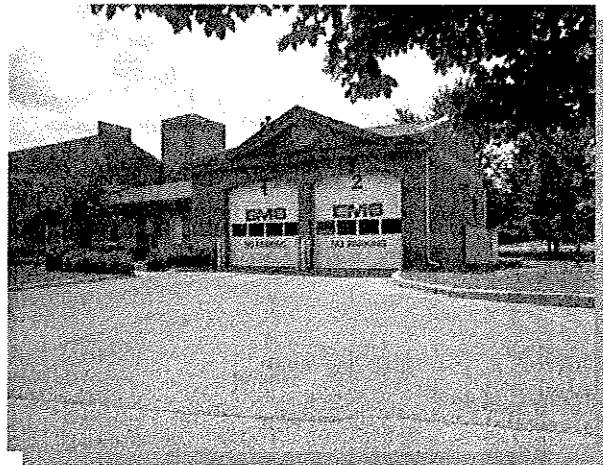
Station Call Response

Lakefield Station

For the period January 1, 2009 to June 23, 2009, the Lakefield (01) Station responded to a total of 790 requests for service.

Lakefield (01) Station responded to about 12.5% of the Service call volume for this period of 2009.

About 45.2% of the calls from the Lakefield (01) Station were for code four responses



Call Response Lakefield (01) Station (1/1/2009 To 23/06/2009 13:00:00)						
Code	1	2	3	4	8	Total
	0	0	137	357	296	790
Call Percentages of Service's Total Calls Jan. 01 to June 23, 2009						
	0	0	2.2	5.6	4.7	Of 6344 calls

Norwood Station

For the period January 1, 2009 to June 23, 2009, the Norwood (03) Station responded to a total of 719 requests for service.

Norwood (03) Station responded to about 11.3% of the Service call volume for this period of 2009.

About 41.5% of the calls from the Norwood (03) Station were for code four responses



Call Response Norwood (03) Station (1/1/2009 To 23/06/2009 13:00:00)						
Code	1	2	3	4	8	Total
	3	1	147	298	270	719
Call Percentages of Service's Total Calls Jan. 01 to June 23, 2009						
	0.05	0.02	2.3	4.7	4.3	Of 6344 calls

Apsley Station

For the period January 1, 2009 to June 23, 2009, the Apsley (04) Station responded to a total of 706 requests for service.

Apsley (04) Station responded to about 11.1% of the Service call volume for this period of 2009.

About 39% of the calls from the Apsley (04) Station were for code four responses



Call Response Apsley (04) Station (1/1/2009 To 23/06/2009 13:00:00)						
Code	1	2	3	4	8	Total
	3	5	97	275	326	706
Call Percentages of Service's Total Calls Jan. 01 to June 23, 2009						
	0.05	0.08	1.5	4.3	5.1	Of 6344 calls

Peterborough Station and GHQ

For the period January 1, 2009 to June 23, 2009, the Peterborough (05) Station responded to a total of 4,129 requests for service.

Peterborough (05) Station responded to about 65.1% of the Service call volume for this period of 2009.

About 66.2% of the calls from the Peterborough (05) Station were for code four responses.



Call Response Peterborough (05) Station (1/1/2009 To 23/06/2009 13:00:00)						
Code	1	2	3	4	8	Total
	30	26	1,120	2,733	220	4,129
Call Percentages of Service's Total Calls Jan. 01 to June 23, 2009						
	0.5	0.4	17.7	43.0	3.5	Of 6344 calls

Service Provider Commitment

The Service Commitment Documentation Included		Y	N
1.	The number of ERVs available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Number of PCP units available as per staffing pattern.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Number of ACP units available as per staffing pattern.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Number of part-time, and full-time employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The Base Hospital had been notified of the service commitment. The communication services had also been notified of the service commitment and deployment plan. The Service Provider demonstrated a commitment to patient care quality.

Employee Qualifications

Peterborough County/City EMS maintains a mechanism to help ensure each employee record includes documentation that demonstrated each employee met the minimum employment standards according to legislation. A personnel record is maintained for each employed paramedic that includes evidence of qualification as described in Part III of the regulation.

It included a driver's licence check, CPR certification, current immunization, free from communicable disease, and a criminal records check.

Service Human Resources

The Service Provider has provided their base line employee record information to the P&OAU as per the agreement. Peterborough County/City EMS employs a total of one hundred and sixteen paramedics.

The tables below, delineate Service paramedics by full time/part time, male/female and then by age. The tables do not include service staff listed within supervisory or management positions.

Ambulance Service – Care Provider Personnel Summary – Full Time										
EMAs		PCPs		ACPs		CCPs		Vol.		Total
M	F	M	F	M	F	M	F	M	F	
-	-	26	4	10	3	-	-	-	-	43

Ambulance Service – Care Provider Personnel Summary – Part Time										
EMAs		PCPs		ACPs		CCPs		Vol.		Total
M	F	M	F	M	F	M	F	M	F	
-	-	41	19	12	1	-	-	-	-	73
Grand Total										116

Age	Vol.		EMA		PCP		ACP		CCP		Total
	M	F	M	F	M	F	M	F	M	F	
19-24	-	-	-	-	3	3	-	-	-	-	6
25-30	-	-	-	-	16	8	-	2	-	-	26
31-36	-	-	-	-	13	5	6	2	-	-	26
37-42	-	-	-	-	11	3	10	-	-	-	24
43-48	-	-	-	-	5	2	2	-	-	-	9
49-54	-	-	-	-	9	2	1	-	-	-	12
55-60	-	-	-	-	8	-	2	-	-	-	10
61-66	-	-	-	-	2	-	1	-	-	-	3
67-72	-	-	-	-	-	-	-	-	-	-	-
Totals	-	-	-	-	67	23	22	4	-	-	116

During the Review, fifty five employee files were audited. Thirty eight files related to primary care and seventeen related to advanced care paramedics. Peterborough County/City EMS employs twenty six paramedics reported to be advanced care paramedics. All sixteen ACP files audited contained the required ACP certificate.

Passed Provincial Exam			Equivalency	Certificate on File	
ACP #	Y	N		Y	
75012	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2004/00780
93024	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2004/00242
94944	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2005-00850
94385	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2003/0311
79984	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2005/00852
25919	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2005/01113
46457	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2002-0080
50335	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2005-00900
59066	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2002-0081
83369	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2005-00847
37002	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2002-0109
72020	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2004-00778
60156	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2008-01764
72592	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2005-00848
11536	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2005-01158
49947	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	2003-0282

The table below provides a summary of audit findings for the fifty five files audited.

HRI Audit Omission Summary	
2 of 55	Missing Chicken Pox / Varicella.

A complete listing of required documentary evidence **not** found within Peterborough County/City EMS employee files is itemized in detail and attached as **Appendix A** on page 55. Peterborough County/City EMS is commended for this HR documentary finding.

Review of the Policy and Operational Assessment Unit's maintained human resources inventory database reflects a total number of care provider employees consistent with Service records.

Human Resources Inventory		Y	N
The Service has reported all part-time care providers to the P&OAU.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Service has reported all full-time care providers to the P&OAU.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Service has reported all care provider hires to the P&OAU.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Service has reported all care provider terminations to the P&OAU.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Service employs similar numbers of care providers as reflected by the Ministry maintained human resources inventory.		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Influenza Reporting

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

Recruitment Policy

There was a recruitment policy ensuring only qualified individuals were considered for employment. There was documentation demonstrating job descriptions are in place for paramedics. The job description defined the roles and responsibilities for each paramedic.

Job descriptions indicated paramedics are to follow Base Hospital policies and procedures. Job description changes are communicated to and signed off by staff.

There was complete documentation demonstrating each type of paramedic is qualified. There was complete documentation demonstrating each type of paramedic is authorized by a medical director to perform the controlled acts set out in O. Reg. 257/00 Part III s.8.

The Service Provider had documentation demonstrating enrolment of applicable staff in an upgrading program offered by an Ontario College leading to qualification as an Advanced EMCA as required.

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

Recommendation: 1

The Service Provider must ensure each EMA and Paramedic is immunized against each of the diseases set out in Table 1 - Part A, OR provides documentation indicating such immunization is medically contraindicated, there is laboratory proof of immunity, or there is medically documented history of prior disease (Physician or laboratory documentation for Measles and Hepatitis B, personal history for Chicken Pox).

Service Provider Response

All files are compliant with the exception of 2 employee files having insufficient proof of immunity to chicken pox/Varicella. These documents have now been requested and will be compliant within 30 days.

Inspector's Findings

Employee #	Missing File Information	Inspector's Findings
86905	Chicken Pox / Varicella.	<input checked="" type="checkbox"/> Documentation on file.
10514	Chicken Pox / Varicella.	<input checked="" type="checkbox"/> Documentation on file.

The Service Provider continues to work towards full compliance in this legislated area.

Staffing

Each ERV responding to a request for service is staffed with at least one person qualified as an EMA qualified 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.

Each ambulance designated by the Service as an ACP ambulance is staffed with at least one ACP and one PCP when responding to a request for service or while transporting a patient. The Service had sufficient staff at each level of qualification to meet the Service's written deployment plan. Crews were professional and were dedicated to patient care.

Ambulance Service Identification Cards

Part III of the Operational Certification Criteria of the *Land Ambulance Certification Standards* stipulates the following:

(g.1) 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.

The Service Provider notified EHSB of each instance of employee hiring and separation as per agreement in a timely manner. Documentation indicated that ID card applications were forwarded to the EHSB's Policy and Operational Assessment Unit for each new care provider employee. Applications reflected that sections A, B and C were fully completed with some minor exceptions.

The following table illustrates the recent Service history for ID card applications to the EHSB's Policy and Operational Assessment Unit.

EHSB Notification Dates – Part A		Quality of ID Card Application Completion
11 Paramedics Hired	2008/05/02	1 - No Dates For S2/D2
		2 - Expired CPR Dates
1 Paramedic Hired	2008/05/07	OK
2 Paramedics Hired	2008/05/20	OK
4 Paramedics Hired	2008/09/29	OK

Newly hired paramedics commence patient care activities only after receipt of their service specific identification number and card. There were no occasions when a newly hired paramedic logged onto the ARIS environment with either a fictitious number or a number assigned to another person.

On each occasion a paramedic was released from employment, the Service Provider recovered the paramedic's service specific identification card and returned it to the P&OAU. The Service Provider notified the EHSB of each instance of employee hiring and separation. However, the date of separation was **not** always indicated as shown in **Table B** and **D**. There was documentation demonstrating ID cards are returned to the P&OAU upon termination of employment. The Service notified the EHSB's Policy and Operational Assessment Unit in each instance an identification card is lost. Staff carried the service specific Ministry identification card exhibiting the EHS unique identification number on their person while on duty.

Review of the Ministry maintained human resource inventory for the one year period prior to the Peterborough County/City EMS ambulance service review reflected the following information.

EHSB Notification Dates – Part B			
New Hires		Released From Employment	
11 Paramedics Hired	2008/05/02	4 Paramedics	?????
1 Paramedic Hired	2008/05/07	1 Paramedic	?????
2 Paramedics Hired	2008/05/20	1 Paramedic	2008/08/21
4 Paramedics Hired	2008/09/29	1 Paramedic	?????
		1 Paramedic	Deceased
		1 Paramedic	?????
		2 Paramedics	?????
		1 Paramedic	?????
		1 Paramedic	?????
		2 Paramedics	?????
		1 Paramedic	2009/06/30

Identification Card Status – Part C				
	ID #	Hiring Date (from table B)	ID Card Application Receipt Date	ID Card Transmittal Date
11 Paramedics Hired	16081	2008/04/18	2008/05/02	2008/05/06
	15445	2008/04/18	2008/05/02	2008/05/06
	15010	2008/04/18	2008/05/02	2008/05/06
	16160	2008/04/18	2008/05/02	2008/05/06
	15779	2008/04/18	2008/05/02	2008/05/06
	16493	2008/04/18	2008/05/02	2008/05/06
	26569	2008/04/18	2008/05/02	2008/05/06
	16055	2008/04/18	2008/05/02	2008/05/06
	15162	2008/04/21	2008/05/02	2008/05/07
	16494	2008/04/18	2008/05/02	2008/05/07
	16495	2008/04/18	2008/05/02	2008/05/07
1 Paramedic Hired	15161	2008/04/28	2008/05/07	2008/05/13

Identification Card Status – Part C				
	ID #	Hiring Date (from table B)	ID Card Application Receipt Date	ID Card Transmittal Date
2 Paramedics Hired	15731	2008/04/24	2008/05/20	2008/05/28
	15517	2008/04/24	2008/05/20	2008/05/28
4 Paramedics Hired	16994	2008/08/14	2008/09/29	2008/10/01
	15450	2008/08/08	2008/09/29	2008/10/01
	15884	2008/08/11	2008/09/29	2008/10/01
	15794	2008/08/11	2009/09/29	2008/10/01

Identification Card Status – Part D						
	ID #	Release Date	EHSB Notified	ID Card Returned	Y	N
4 Paramedics	11331	?????	2008/02/27	2008/05/14	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	28157	?????	2008/02/27	2008/05/14	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	14220	?????	2008/02/27	2008/05/14	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	20082	?????	2008/02/27	2008/05/14	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 Paramedic	15731	?????	2008/07/15	2008/07/16	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 Paramedic	34664	2008/08/21	2008/08/25	2008/08/28	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 Paramedic	53835	?????	2008/08/10	2008/09/12	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 Paramedic	54143	Deceased	2008/08/10	-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1 Paramedic	15343	?????	2008/11/10	2008/11/27	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Paramedics	14014	?????	2009/01/19	2009/01/23	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	11712	?????	2009/01/19	2009/01/23	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 Paramedic	15884	?????	2009/04/16	2009/04/17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 Paramedic	16994	?????	2009/04/23	2009/04/24	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Paramedics	15450	?????	2009/04/24	2008/04/24	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	15010	?????	2009/04/24	2009/04/24	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 Paramedic	72859	2009/06/30	2006/06/29	2009/06/30	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Ambulance Service Deployment Plan

The Service deployment plan was received by the South East Field Office of EHSB on April 7, 2009. It was incorporated into the Lindsay CACC Policy and Procedure operational manuals on April 7, 2009. The following table was supplied by Peterborough County/City EMS is a staffing/deployment plan for the Service.

Peterborough County/City EMS Deployment Plan				
Station	Vehicles	Staffing	Shift	Hours / Coverage
Peterborough 05	1	1 crew	0600-1800, 1800-0600	24/7
Peterborough 05	1	1 crew	0630-1830, 1830-0630	24/7
Peterborough 05	1	1 crew	0700-1900, 1900-0700	24/7
Peterborough 05	1	1 crew	0600-1800	12/7
Lakefield 01	1	1 crew	0630-1830, 1830-0630	24/7
Apsley 02	1	1 crew	0800-2000, 2000-0800	24/7
Norwood 03	1	1 crew	0630-1830, 1830-0630	24/7
Peterborough 05		Shift Superintendent		24/7

Recommendation: 2

The Service Provider should ensure sections A, B and C of each identification card application submitted to EHSB are fully completed.

Service Provider Response

Identification Card application procedures have been reviewed. Effective immediately, all future applications will be fully completed.

Inspector's Findings

The Service Provider acknowledges this “best practice” recommendation. All applications for identification cards are completed and verified for accuracy and completeness first by administration staff and then by two managerial personnel in an attempt to ensure compliance. **The Service Provider is committed to compliance with this best practice recommendation.**

Recommendation: 3

The Service Provider should notify EHSB of the date of separation for each instance of employee separation.

Service Provider Response

Upon termination of employment, the practice of Peterborough EMS is to first notify EHSB's P&OAU of the separation by email, followed by a return of the ID card(s) as soon as possible. Confirmation that the card was received by EHSB is requested. It was assumed that the initial email notification would indicate the separation date. Effective immediately, the date of separation will be clearly indicated.

Inspector's Findings

During the follow up visit, the Service Provider was reminded that when notification respecting employee release from employment is made to EHSB, it is necessary to include the date of release and or termination, not just the date of notification as depicted within **Table B** and **D**. The Service Provider is committed to ensure all future notifications will include such notification. **The Service Provider is committed to compliance in this area.**

Documentation

There was documentation indicating the Service Provider cross referenced the ADDAS data to ensure all ambulance call reports were completed and on file. The Service Provider identified the number of outstanding ambulance call reports and ensured such reports were completed.

There was documentation demonstrating the Service Provider audited ACRs. The Service Provider audited each paramedic's ACRs to determine if patient care provided was appropriate and consistent with ALS/BLS standards. There was documentation demonstrating the Service Provider made recommendations to staff after auditing ambulance call reports for appropriateness and consistency with ALS/BLS standards.

There was documentation demonstrating the Service Provider worked with the Base Hospital to audit ambulance call reports. Audits of Base Hospital and the Service Provider were compared for discrepancies. Discrepancies were investigated.

Ambulance call reports were kept on file for a period of not less than five years. Completed ambulance call reports were secured from unauthorized access and were distributed according to the *Ambulance Act, Regulations* and the *Ambulance Service Documentation Standards*.

Ambulance Call Report Audit

Reviewers audited three hundred and five ambulance call reports. Two hundred seventy seven were patient carried calls; twenty eight were non patient carried calls. A random sample of ACRs was reviewed for priority codes and Canadian Triage Acuity Scale levels.

Ambulance call reports were **not** always completed according to the *Ambulance Service Documentation Standards*. Current Ambulance Call Report Completion Manuals were available in all bases electronically or via manual. A comprehensive ambulance call report audit table is attached as **Appendix B** on page 55.

Patient Carried Calls

Mandatory fields were **not** always completed accurately on patient carried calls. Their electronic forms were legible and easy to read. The following fields were identified as being problematic.

Patient Carried Omission Summary			
4 of 277	No Abdomen.	9 of 277	No Allergies.
5 of 277	No Back/Pelvis.	5 of 277	No Chest.
2 of 277	No Chief Complaint.	6 of 277	No City/Town.
9 of 277	No Result.	175 of 277	No Destination Kilometres.
3 of 277	No Dispatch Problem Code.	3 of 277	No Extremities.
13 of 277	No Fluid Balance.	2 of 277	No General Appearance.
22 of 277	No Vitals x 2 minimum	9 of 277	No Incident History
4 of 277	No Mailing Address.	23 of 277	No Medications.
175 of 277	No Pick up Kilometres.	11 of 277	No Pickup Location Code.
203 of 277	No Postal Code.	3 of 277	No Province.
8 of 277	No Relevant Past History.	3 of 277	No Remarks/Orders.
2 of 277	No Secondary Problem.	175 of 277	No Start Kilometres.
4 of 277	No Head/Neck.	14 of 277	No Medicine or Procedure.

Non Patient Carried Calls

Mandatory fields were **not** always completed accurately on non-patient carried calls. They were electronic forms and were legible and easy to read. The following mandatory fields were noted as problematic.

Non Patient Carried Calls Omission Summary			
2 of 27	No Trauma injury site/type.	5 of 27	No Cancelled Reason.
9 of 27	No Witness Signature.	3 of 27	No Crew Member Signature 1.
2 of 27	No Date.	13 of 27	No Decision Maker Name.
12 of 27	No Destination kilometres.	5 of 27	No Patient Address.

Non Patient Carried Calls Omission Summary			
7 of 27	No Patient Sequence Number.	3 of 27	No Patient/Substitute decision maker Name.
8 of 27	No Patients.	15 of 27	No Pick up kilometres.
2 of 27	No Pickup location Code.	15 of 27	No Postal Code.
2 of 27	No Primary Problem.	3 of 27	No Relationship to Patient.
2 of 27	No Crew Member Number.	2 of 27	No Time.
3 of 27	No Vitals.	2 of 27	No Times.

Patient Refusal Calls

Electronic patient refusal ACRs were legible and easy to read. The following mandatory fields were noted as problematic.

Patient Refusal Omission Summary			
5 of 22	Missing Patient Address.	3 of 22	Missing Date.
3 of 22	Missing Time.	3 of 22	Missing Crew Member Sig. 1.
3 of 22	Missing Relationship to Patient.	9 of 22	Missing Witness Signature.
5 of 22	Missing Patient/Substitute decision maker Name.		
9 of 22	Missing All required areas of 'Refusal Of Service' completed.		

Ambulance Call Report Patient Care Audit Findings

Of the three hundred five ambulance call reports audited, the following thirteen or 4.26 % percent, based upon documentation only, suggest patient care was **not** provided in accordance with the *Basic Life Support Patient Care Standards*.

Call No.	Patient Issue	Audit Findings
003450172	88 y/o female c/o upper abdominal /chest pain. Previous MI. Hx of nitro use.	Asa given, 12 lead shows st elevation. No nitro given, with no explanation given.
003443462	50 y/o male being transferred for cardiac cath.	Pt transported code 4 CTAS? No vitals documented. Standard = vitals q-5 min for high acuity transfer. Minimum of 2 sets. Total time with pt = 130 mins.
003448538	?? y/o female being transferred for cardiac care.	Transported for coronary care on a CTAS 4. No vitals documented. Minimum standard = vitals q 10 min on low acuity call to min of 2 sets. Total time with pt = 280 minutes.
003449552	24 day old female transported for eye appointment.	Transported for coronary care on a CTAS 4. No vitals documented. Minimum standard = vitals q 10 min on low acuity call to min of 2 sets. Total time with pt = 120 minutes.
003449554	24 day old return transfer.	Transported for coronary care on a CTAS 4. No vitals documented. Minimum standard = vitals q 10 min on low acuity call to min of 2 sets. Total time with pt = 130 minutes.
003450491	43 y/o male overdose.	Transported code 3 CTAS 3 (should be 2). Only one set of vitals. Min standard = vitals q 5 min on high acuity with min of 2 sets. Total time with patient = 26 mins.
003451687	6 wk old transfer for eye appointment.	Transported for coronary care on a CTAS 4. No vitals documented. Minimum standard = vitals q 10 min on low acuity call to min of 2 sets. Total time with pt = 140 minutes.
003451688	6 wk old female return transfer.	Transported for coronary care on a CTAS 4. No vitals documented. Minimum standard = vitals q 10 min on low acuity call to min of 2 sets. Total time with pt = 138 minutes.

Call No.	Patient Issue	Audit Findings
003452606	55 y/o with psych problems being transferred.	Transported for coronary care on a CTAS 4. No vitals documented. Minimum standard = vitals q 10 min on low acuity call to min of 2 sets. Total time with pt = ?? minutes.
003453030	79 y/o male transferred back from USA.	Transported for coronary care on a CTAS 4. No vitals documented. Minimum standard = vitals q 10 min on low acuity call to min of 2 sets. Total time with pt = 70 minutes.
003454103	81 y/o CA pt going to hospital for palliative care.	Transported for coronary care on a CTAS 4. No vitals documented. Minimum standard = vitals q 10 min on low acuity call to min of 2 sets. Total time with pt = 22 minutes.
003460189	55 y/o female return transfer.	Transported for coronary care on a CTAS 4. No vitals documented. Minimum standard = vitals q 10 min on low acuity call to min of 2 sets. Total time with pt = 195 minutes.

Incident Reports

Completed incident reports were transmitted to the EHSB Field Office according to legislation. The Service Provider audited incident reports for completeness and accuracy. Completed incident reports were kept on file for a period of not less than five years and were secured from unauthorized access.

Ambulance call reports were reviewed to determine if an incident report was to have been completed. Documentation reflected incident reports were **not** always completed when required, as per the ASDS. Fifteen ACRs audited were noted to require an incident report. Thirteen incident reports were found completed and on file.

Two or 13.3% of ACRs audited requiring an incident report were **not** completed. The incident report table below identifies the ambulance call report by call number as **not** having an incident report completed. The call issue is identified followed by the requirements for completion of an incident report under the *Ambulance Service Documentation Standards*.

Call Number	ACR Findings	Incident Report Completion Criteria
729003453893	Cardiac arrest left on scene. ALS management and received cease resuscitation order from Doctor. Left for coroner.	Local policy when pronounced patients are left on scene.
729003454083	Query suicide attempt, slashed wrist, unresponsive, hypotensive in motel room.	Actual or potential criminal event.

Recommendation: 4

The Service Provider must ensure that ambulance call reports are completed according to the Land Ambulance Documentation Standards.

Service Provider Response

Peterborough EMS utilizes an E-ACR. The audit process includes both peer type auditing and user defined compliance rules within the electronic ACR software. The deficiencies identified have been considered and audit processes have been adjusted to monitor for compliance.

Inspector's Findings

The Service Provider utilizes E-ACR. Programming adjustments have been made in an attempt to ensure compliance to the *Ambulance Service Documentation Standards*. The program is designed so the call can not be closed until all required fields have been completed.

An ACR audit was conducted during the follow-up inspection with Peterborough County/City Emergency Medical Services. A random sample of fourteen ACRs was reviewed for priority codes and Canadian Triage Acuity Scale (CTAS) levels. Ambulance call reports generally were completed according to the *Ambulance Service Documentation Standards*.

Call #	Attendant	Driver	Return Code	Patient Issue	Inspector's Findings
4396996	17627	15773	72	assault	Completed to standard IR attached.
3498340	26569	60372	3	Struck in face by fist	Completed to standard IR attached.
3509817	60156	58598	3	Psychiatric/Belabour	Completed to standard IR attached.
3502369	15297	16779	73	VSA Code 5	Completed to standard IR attached.
3502651	58598	17102	72	"I'm cold"	Completed to standard IR attached.
349875	15469	17627	73	VSA Code 5	Completed to standard IR attached.
3499211	17597	17627	72	Lift assist	Completed to standard sig. obtained.
3473834	50874	16160	72	Anxiety	Completed to standard sig. obtained.
3473881	50874	16160	72	Confusion	Completed to standard sig. obtained.
3481076	14488	17505	72	Confusion/Aggression	Completed to standard sig. obtained.
3503213	74362	10860	4	Chest Pain	Completed to standard.
3508457	14416	25919	4	Chest Pain	Completed to standard.
3504880	16494	16495	4	↓ LOA/SOB	Completed to standard.
3508402	38670	41409	4	Fall on ice hitting head	Completed to standard.

The Service Provider is working diligently towards compliance with this legislated area.

Recommendation: 5

The Service Provider must ensure that incident reports will be completed when:

- 1) A complaint relating to the operator's service is received by the operator or on the operator's behalf, or
- 2) An investigation is carried out by the operator or under the operator's authority relating to the operator's service, or
- 3) There is an unusual occurrence, including:
 - An unusual response or service delays.
 - A delay in accessing a patient
 - An excessive amount of time on scene
 - After completing a code 5 or code 6 call (after assessing any patient who meets the requirements for a "Do Not Resuscitate Policy" or who meets the criteria of being "Obviously Dead")
 - A scene or situation that represents a suspected or actual criminal circumstance or event
 - Equipment deficiencies (malfunctions, or failures) that had an affect on patient care or a patient's outcome
 - Any circumstance that resulted in harm to a patient, ambulance crew member, or any other person in the care of or being transported in an ambulance or emergency response vehicle

- Any circumstance which resulted in a risk to, or endangerment of the safety of a patient, ambulance crew member, or any other person being transported in an ambulance or emergency response vehicle.

Service Provider Response

As a component of Peterborough EMS's ACR audit process, ACRs are examined for the need for an incident report to be completed as per the standard listed above. The deficiencies identified by this service review have been considered and the audit process has been reviewed to ensure increased future compliance. User defined compliance rules for the electronic ACR are also being examined to assist in identifying and prompting the user.

Inspector's Findings

The Service Provider utilizes E-ACR. Programming adjustments have been made in an attempt to ensure compliance to the *Ambulance Service Documentation Standards* respecting ACR and Incident Report completion. The program is designed so the call can not be closed until all required fields have been completed. **The Service Provider is committed to compliance in this legislated area.**

Recommendation: 6

Management of the ambulance service must ensure that each employee who is required to provide patient care, will provide 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.

Service Provider Response

Peterborough EMS has in place an extensive quality assurance program which focuses on ALS and BLS patient care standards. This program includes processes such as documentation audits, ride-outs, skills inventories, performance evaluations and remediation. The deficiencies noted in this service review have been considered and emphasis placed on the areas identified. Future deficiencies will be remediated appropriately.

Inspector's Findings

The Service Provider is noted to have an extensive QA Program and a dedicated human resource to ensure Service Quality Assurance. The audit findings of ACRs within the draft report, based upon documentation only, suggesting patient care was not provided in accordance with the *Basic Life Support Patient Care Standards* is noted to be well below that of the Provincial average and the Service Provider is commended for this performance.

The Service Provider is reminded it is responsible and accountable for the patient care rendered and that all such patient care meets the *Basic Life Support Patient Care Standards*. The Service continues to monitor and review ACRs for quality of patient care in order to avoid a recurrence of such findings. This will remain an ongoing monitoring matter for all staff and for supervisory personnel performing quality assurance activities. **The Service Provider is committed to compliance with this legislated recommendation.**

Training

There was documentation demonstrating staff were given advance notice of up coming MOHLTC training programs. There was documentation demonstrating a process for new and returning staff, (after an absence of 90 days or more) to confirm competence in patient care and the use of communication and service equipment.

Staff Absent More Than 90 Days			Participated in Patient Care, Communication and Equipment Orientation Programs	
Employee	Y	N	Y	N
94385	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11536	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32914	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

There was documentation demonstrating the Service Provider has a process to ensure paramedic skills are maintained. Staff successfully completed training on new, updated and additional equipment.

There was documentation indicating a remedial training program was in place for staff who demonstrated deficiencies in the use of patient care equipment. Identified staff successfully completed remedial training.

Staff Absent More Than 90 Days			Participated in Patient Care Equipment Evaluation, Training & Orientation Program	
Employee	Y	N	Y	N
16160	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The Service Provider worked with the Base Hospital to ensure staff regularly demonstrates proficiency in patient care skills. All paramedics had required valid Base Hospital delegation for controlled acts in their employee file. The Service Provider worked with the Base Hospital to ensure staff regularly demonstrates proficiency in performing controlled acts. The Service Provider worked with Base Hospital to identify employees whose authorization to perform controlled acts had been revoked or suspended.

There was documentation demonstrating each employee has successfully completed all MOHLTC training programs. There was documentation that each employee had successfully completed Base Hospital CME requirements in accordance with the base Hospital Agreement. Each Base Hospital CME training course is kept on file. The Service Provider worked with Base Hospital to schedule staff for CME courses. All staff were proficient using communication equipment.

Current user guides i.e. training bulletins, videotapes and mandatory learning materials were accessible to staff. There was an electronic medium accessible for staff review of training materials.

Service Review Program

The objective of our audit is to assess if Peterborough County/City EMS has procedures in place to ensure that:

- The delivery of ambulance service, including compliance with applicable legislation and policies, are being met, and
- Performance in delivering ambulance service are properly measured and reported.

In April 2007, Peterborough County/City EMS received the benefit of an Ambulance Service Review. On that occasion the service was reported to have met the requirements of the *Land Ambulance Certification Standards*. Of the fifteen recommendations made as a result of the Review conducted in April 2007, six are also recommendations as a result of the 2009 Review. All of the six duplicate recommendations are mandatory legislative requirements. The following list, groups the six duplicate recommendations into five key areas still requiring compliance:

1. Employee Qualifications – Immunization (*mandatory*)
2. Documentation – ACR Completion (*mandatory*)
3. Documentation – Incident Report Completion (*mandatory*)
4. Patient Care – (*mandatory*)
5. Patient Care Equipment – (*mandatory*)
6. Vehicles – Compliance (*mandatory*)

Quality Assurance

The Service Provider had a Quality Assurance program in place. The Service Provider had a dedicated human resource responsible for the quality assurance program. The Service Provider's Quality Assurance program included ambulance call report audits, Service form completion audits, incident report audits, Base Hospital Certification and the maintenance of qualifications for continued employment of all service staff. The Service Provider participated in quality assurance activities with other agencies. The Service Provider responded to recommendations made by these programs.

Service Review Comparator

In April 2007, Peterborough County/City EMS received benefit of an Ambulance Service Review. There were fifteen recommendations resulting from the review findings. Nine were of a legislated nature, while six were of a quality assurance – best practice nature.

By comparison, the number of recommendations resulting from the 2009 Review realized a forty seven percent decrease from the findings of the 2007 site visit. The Service Provider is to be commended for this noted performance improvement. The table below provides the Service Provider a comparison of the 2007 and 2009 review findings and then compares the 2009 service review to the provincial average respecting each review area.

Recommendation Comparator			
Audit Area	2007 Review Recommendations	2009 Review Recommendations	Provincial Average Recommendations
Level and Type of Service	1	0	1.17
Employee Qualifications	3	1	3.25
Staffing	1	2	2.15
Documentation	4	3	3.96
ACR Omission Percentile	49.55 %	86.88 %	84.14 %
Patient Care Issues	4.4%	4.26%	9.22 %
Incident Report Compliance	95.6%	99.0%	75.80 %
Training	0	0	.6
Service Review Program	0	0	.15
Patient Care	0	0	1.88
Vehicles	3	1	2.56
Patient Care Equipment	0	1	3.6
Policy and Procedure	1	0	.96
Operations	0	0	.05
Liaison/Communication	1	0	.84
Legislated	9	6	11.45
Best Practice	6	2	11.09
Totals	15	8	22.54

The Service Provider demonstrated compliance with Ambulance Service Review Program requirements.

Patient Care

The Base Hospital Policies and Protocols were accessible to staff. There was documentation demonstrating the Service Provider evaluates each paramedic's patient care annually. There was documentation reflecting new staff members had undergone an evaluation of their patient care skills. There was documentation demonstrating that staff returning from absences of ninety days or more had their competence in the provision of patient care skills evaluated. There was documentation demonstrating paramedic patient care deficiencies are acted on promptly.

Employees had received an annual aggregate evaluation demonstrating his or her compliance with the Patient Care Standards. Evaluation results were communicated to staff.

The Service Provider audited ambulance call reports to ensure patient care was consistent with the Patient Care Standards.

The Service had a remedial training program for employees who demonstrated deficiencies in patient care identified during an ambulance call report audit. Staff successfully completed remedial training. There was documentation demonstrating the use of patient care equipment is audited ensuring compliance with Base Hospital protocols and Patient Care Standards.

Paramedic Ride Outs

Paramedic reviewers completed three ride-outs, as observers. All three calls were priority 3 returns. All patient care observed during ride outs met the *BLS/ALS Patient Care Standards*. Patient care was described as professional, courteous, well managed, and compassionate. Patient care ride-out tables are attached as **Appendix C** on page 77.

Paramedic Ride Out Summary			
100%	Primary Assessment to Standard.	100%	Patient History to Standard.
100%	Two sets Vitals taken.	n/a	Medication Interventions to Standard.
100%	Cardiac Monitor/Defib to Standard.	100%	Patient care provided to Standard.
100%	Secondary Assessment to Standard.	100%	Patient movement to Standard.
100%	Transport Decision appropriate.	100%	Post call duties completed.

Hygiene Practices

The paramedics washed their hands as soon after a call as was practical, according to the *Ambulance Service Patient Care and Transportation Standards*. Paramedics used an alcohol-based hand cleaner when unable to wash their hands after a call. Paramedics followed all other elements of ASPCTS and Communicable Disease Management. There was documentation indicating the Service Provider monitors and enforces Communicable Disease Management. Paper towels and liquid soap were used instead of bar soap and towels at all ambulance stations.

C.A.C.C./ACS Direction for Patient Transport

Paramedics ensured patients are transported to a facility as directed by the CACC. Documentation indicated there is clear direction to paramedic staff regarding transport of a patient as directed by the CACC. Documentation indicated there was clear direction to paramedic staff regarding transport of a patient when not directed to a destination by the CACC.

Vehicle Restraints

Paramedics' ensured passengers and patients were restrained in an ambulance or ERV during transport. Stretcher patients were secured to the stretcher during transport. Staff and passengers wore seat belts during the provision of ambulance service while the ambulance and ERVs are in motion. The stretcher was secured in the vehicle for all patient transports. Patient care and accessory equipment and supplies were always secured in the vehicles.

Patient and Equipment Security (as per ride out observations)					
Call No.	Patients Were Secured During Transport		Call No.	Equipment Was Always Secured During Patient Transport	
	Y	N		Y	N
003469957	<input checked="" type="checkbox"/>	<input type="checkbox"/>	003469957	<input checked="" type="checkbox"/>	<input type="checkbox"/>
003469943	<input checked="" type="checkbox"/>	<input type="checkbox"/>	003469943	<input checked="" type="checkbox"/>	<input type="checkbox"/>
003469973	<input checked="" type="checkbox"/>	<input type="checkbox"/>	003469973	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Vehicles

The Service Provider had a letter signed by the Director, EHSB, from each vehicle manufacturer or conversion vendor, certifying each vehicle used in the provision of ambulance service met the standards. There was documentation confirming certification of ERVs (self certification or manufacturer's certification). Not all vehicles met the standard upon the Review Team visit.

There was documentation of additions or conversions meeting the manufacturer's specification. There was documentation indicating the Service Provider used only vehicle identification numbers assigned by the Director, EHSB. Each vehicle had its identification displayed on the front and rear of the vehicle.

Vehicle Number Cross Reference Table			
Vehicle #	Vehicle Number (VIN)	Vehicle #	Vehicle Number (VIN)
4803	1FDWE35F63HB93234	4227	1FDWE35P06DA76463
4507	1FDWE35P18DA34841	4500	1FDWE35P18DB28272
4226	1FDWE35P26DA76464	4282	1FDWE35P46DA76465
4513	1FDWE35P48DB36344	4223	1FDWE35P56HB05996
4512	1FDWE35P68DB36345	4287	1FDWE35P76HB05997
4508	1FDWE35P78DA34844	4506	1FDWE35P88DB36346
4224	1FDWE35PX5HA35331	4357	1FMDU7322ZB63497
4356	1FMFU16529LA01326	4376	1FMZU73W35ZA14056
4385	1GCEK19049E103589	4286	1HDWE35P05HB36216
4321	3FCMF53G6LJA01856		

Emergency Response Units - Compliance Summary								
Vehicle ID# (VIN)	Chassis Year	GVWR (kg)	ERV Type	Certified By	Compliant			Issue
					Y	N	NA	Ref #
1FMDU7322ZB63497	2002	3000	ERU	Rowlands	<input checked="" type="checkbox"/>			
1FMFU16529LA01326	2009	0	ESU	Operator	<input checked="" type="checkbox"/>			
1FMZU73W35ZA14056	2005	0	ERU	Rowlands	<input checked="" type="checkbox"/>			
1GCEK19049E103589	2009	0	ERU			<input checked="" type="checkbox"/>		1

Emergency Vehicle Compliance Summary									
Vehicle ID# (VIN)	Chassis Year	Amb Type	# of Main Cot Positions	New/ Remount/ Refurbish	Letter of Cert. #	Compliant			Issue
						Y	N	NA	Ref #
1FDWE35F63HB93234	2003	Van	0	New		<input checked="" type="checkbox"/>			
1FDWE35P06DA76463	2004	Cut	2	New	04-301(R2)	<input checked="" type="checkbox"/>			
1FDWE35P18DA34841	2008	Cut	1	New	08-404	<input checked="" type="checkbox"/>			
1FDWE35P18DB28272	2008	Cut	1	New	08-404	<input checked="" type="checkbox"/>			
1FDWE35P26DA76464	2004	Cut	2	New	04-301(R)	<input checked="" type="checkbox"/>			
1FDWE35P46DA76465	2006	Cut	2	New	04-301(R)	<input checked="" type="checkbox"/>			
1FDWE35P48DB36344	2008	Cut	1	New	08-404	<input checked="" type="checkbox"/>			
1FDWE35P56HB05996	2006	Cut	2	New	04-301(R)	<input checked="" type="checkbox"/>			
1FDWE35P68DB36345	2008	Cut	1	New	08-404	<input checked="" type="checkbox"/>			
1FDWE35P76HB05997	2006	Cut	2	New	04-301(R)	<input checked="" type="checkbox"/>			
1FDWE35P78DA34844	2008	Cut	1	New	08-404			NA	
1FDWE35P88DB36346	2008	Cut	1	New	08-404	<input checked="" type="checkbox"/>			
1FDWE35PX5HA35331	2004	Cut	2	New	04-301	<input checked="" type="checkbox"/>			
1HDWE35P05HB36216	2005	Cut	2	New	04-301	<input checked="" type="checkbox"/>			
3FCMF53G6LJA01856	1992		0	Refurbish	N/A			NA	

Non Compliance Table	
Issue Ref. #	Vehicle issue requiring corrective action for compliance.
1	Lacking supporting documentation respecting vehicle Certification.

There is documentation of additions or conversions meet the manufacturer's specification excepting one ERU.

Vehicle Mechanical Condition

Ambulances, emergency response vehicles and emergency support units were maintained in a safe mechanical condition and proper working order.

There was documentation demonstrating staff checked each vehicle at least once per day or shift. The checklist allowed paramedics to comment regarding vehicle deficiencies or safety concerns.

Staff completed a checklist verifying that the general safety features of each vehicle were functional. Deficiencies were responded to in a timely manner. Safety concerns raised by staff were resolved. Repairs or replacement items were completed in a timely manner.

Vehicle Storage

There was a policy indicating the requirements for a scheduled deep cleaning program. There was documentation demonstrating all vehicles follow the deep clean program. Ambulances, emergency response vehicles, and emergency support units were maintained in a clean and sanitary condition. Vehicles were stored to prevent contamination, damage or hazard. Vehicles were always protected from extremes of heat, cold and moisture. Vehicles were always stored in an environment that protects vehicle equipment and patient care supplies. Facilities were accessible to clean the vehicles. Supplies were accessible to clean the vehicles. There was required storage space available for supplies.

Vehicle Working Order

Maintenance or repair records were kept for the life of the vehicle. Vehicle identification was recorded on vehicle repair and maintenance records. The Service Preventative Maintenance was performed according to the Service Provider's schedule with some minor exceptions. The Service Provider's preventative maintenance program was based on 6000 kilometres between services. The average service interval was 4549 kilometres.

Ambulance Vehicle Preventative Maintenance Table						
MOHLTC Vehicle Number	Most Recent Service	First Previous Service	Interval	Second Previous Service	Second Interval	Safety Certificate Date
4223	168004	161611	6393	157294	4317	28-04-2009
4224	214529	208312	6217	203111	5201	20-03-2009
4226	0135564	0129723	5841	123769	5954	14-06-2008
4227	231250	222180	9070	218012	4168	15-05-2009
4282	118614	112811	5803	107725	5086	23-05-2009
4286	197930	194310	3620	188835	5475	25-07-2008
4287	230541	224065	6476	221562	2503	24-04-2009

Ambulance Vehicle Preventative Maintenance Table						
MOHLTC Vehicle Number	Most Recent Service	First Previous Service	Interval	Second Previous Service	Second Interval	Safety Certificate Date
4321	55020	54537	483	54093	444	27-03-2009
4356	5884	57	5827	0	57	24-10-2008
4357	249612	245457	4155	240800	4657	27-03-2009
4376	75234	68800	6434	63592	5208	01-04-2009
4385	20253	13100	7153	6316	6784	17-10-2008
4411	276514	269534	6980	266840	2694	07-07-2008
4412	303220	296633	6587	290678	5955	31-03-2009
4500	64159	56871	7288	49438	7433	03-07-2008
4506	731	0	731	0	0	04-06-2009
4507	60410	53780	6630	46928	6852	03-06-2008
4508	49888	43078	6810	35518	7560	03-06-2008
4512	85	0	85	0	0	05-06-2009
4513	75	0	75	0	0	20-05-2009
4803	337941	334536	3405	329873	4663	21-08-2008

There was documentation demonstrating each vehicle had a minimum annual safety check as per related legislation. Each vehicle audited had an up-to-date Ministry of Transport annual sticker affixed to the vehicle as per related legislation.

Vehicle Number MTO Safety Inspection Sticker		
Vehicle No.	Vehicle Identification Number	MTO Annual Safety Inspection Sticker
4357	IFMDU73W222B63497	<input checked="" type="checkbox"/> located as per legislation
4376	IFMZU73W35ZA14056	<input checked="" type="checkbox"/> located as per legislation
4500	1FDWE35P18DB28072	<input checked="" type="checkbox"/> located as per legislation
4506	1FWDE35P88DB36346	<input checked="" type="checkbox"/> located as per legislation

Ambulance Vehicle Audit

The Service operated eight front line ambulances, five mechanical spares, four emergency response units and one command vehicle. Four ambulance vehicles were inspected. All patient care equipment provided for use met the *Provincial Equipment Standards for Ontario Ambulance Services*. Ambulances were stocked for the most part with the required number and type of patient care equipment as well as with the required number of supplies. ERVs were stocked with the required number and type of patient care equipment. ERVs were stocked with the required number of supplies. The Service must note the equipment and supply deficiencies noted in the summary table below and within the audit table attached as **Appendix D** on page 79.

Vehicle Equipment Omission Summary					
2 of 4	Patient Carrying Equipment.	2 of 4	First Response Kit.		
2 of 4	Trauma Bag.	2 of 4	First Aid Supplies.		
2 of 4	Patient Care Equipment in Vehicle.	2 of 4	Suction Equipment.		
2 of 4	Miscellaneous.	2 of 4	Obstetrical Kit.		
2 of 4	Linen.	1 of 4	Cardiac Monitor/Defibrillator.		
1 of 4	Advanced Airway Kit.	1 of 4	Drugs.	1 of 4	ALS Backup Kit.

The Service Provider had access to spare vehicles to maintain service. Documentation indicated a replacement vehicle was available when and if required. There was documentation demonstrating the Service Provider provides the CACC access to radios and communication equipment upon request. The Service Provider ensured communication equipment remains operational at all times.

The Service Provider worked co-operatively with the CACC to ensure communication equipment repairs are completed.

Recommendation: 7

The Service Provider must ensure only ambulances and emergency response vehicles complying with the applicable version at time of manufacture of the Ontario Provincial Ambulance and Emergency Response Vehicle Standards will be used.

Service Provider Response

This recommendation was made in error. (See attached email correspondence from Cord Hooper, Team Leader). All Peterborough EMS vehicles are fully compliant and certified.

Inspector's Findings

Emergency Response Units - Compliance Summary								
Vehicle ID# (VIN)	Chassis Year	GVWR (kg)	ERV Type	Certified By	Compliant			Inspector's Findings
					Y	N	NA	
1GCEK19049E103589	2009	0	ERU			X		1 Working towards

During the initial service review, the Service Provider was of the belief that the vehicle in question was compliant. In the circumstance there was insufficient documentation on file to demonstrate the above noted vehicle met certification.

The Service Provider is noted to be working with the Supervisor, Client Services EHSB to bring about all required documentation to demonstrate vehicle certification.

During the follow up visit, there was further supporting documentation on file. However, further time is still required to obtain some missing documentation. **The Service Provider continues working diligently with EHSB towards compliance in this legislated area.**

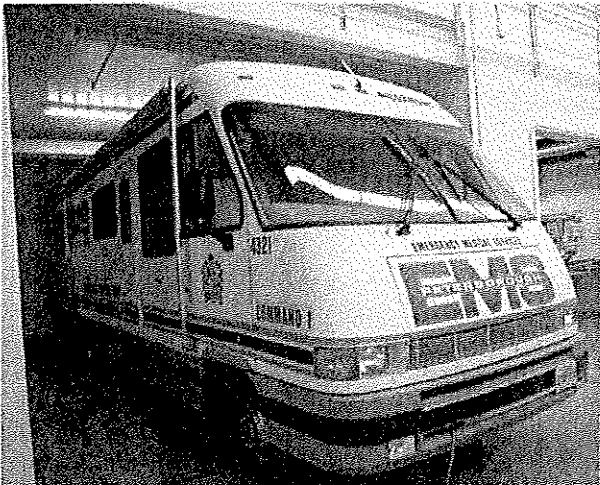
Peterborough Ambulance 4506



Peterborough County/City EMS



Peterborough Command 1



Peterborough Operational Support



4376 Supervisor Vehicle



Peterborough 4357



Patient Care Equipment

There was a policy regarding the cleaning and sanitization of patient care equipment. The cleaning and sanitization policy was monitored and enforced. There was documentation reflecting a scheduled, comprehensive patient care and accessory equipment cleaning program was in place. Patient care and accessory equipment was maintained in working order. The check list allowed paramedics to comment regarding equipment deficiencies, missing stock or items needing repair or replacement. The completed checklists were reviewed for deficiencies, missing stock or items needing repair or replacement.

There was documentation demonstrating patient care equipment repairs had been completed. Repair receipts were kept on file for the life of piece of equipment.

Patient Care and Accessory Equipment

Patient care and accessory equipment was clean and sanitary. Patient care equipment was stored in a manner consistent with manufacturers' direction and is free of contamination. Identified deficiencies/concerns were responded to in a timely manner. Patient care and accessory equipment in need of repair was identified and removed from service.

Staff cleaned the patient care and accessory equipment prior to re-use. Staff cleaned the patient care compartment after an ambulance call. There were cleaning supplies accessible to staff to allow them to clean the patient care compartment. There was a restocking policy. Vehicles were stocked as soon as possible after a call. The equipment used to re-stock was clean. The vehicle was re-stocked with supplies, according to the equipment standard. There were additional patient care supplies accessible to staff. Additional patient care equipment was available to staff.

Vehicle No.	Expired Equipment and or Supplies Identified		Item / Issue
	Y	N	Audit Findings
4500	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No issues
4506	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No issues
4226	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No issues
4376	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No issues

The preventative maintenance program included all patient care devices requiring regular inspection or calibration e.g. oxygen delivery systems, suction equipment, defibrillator. The preventive maintenance program for all patient care devices met the manufacturer's specification.

Medications

There was documentation indicating expired devices and patient care materials were identified and removed from use. Staff followed service policy regarding disposal of expired medications. Medications were stored in a manner consistent with manufacturer's requirements. Medications were secured from unauthorized access. Controlled medications were secured according to Service policy. The Service Provider had a policy regarding the disposal of biomedical sharps. The Service Provider ensured the safe disposal of biomedical sharps in an appropriate sharps container.

Vehicle and Equipment Security (as per ride out observations)					
Vehicle No.	Medications Were Always Secured		Vehicle No.	Vehicles Were Always Locked While Paramedics Were Away From Them	
	Y	N		Y	N
4500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4500	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4226	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4226	<input checked="" type="checkbox"/>	<input type="checkbox"/>

There were an adequate number of replacement oxygen cylinders accessible to staff with the exception of the Apsley station which had **no** spare D cylinders. There was a quantity of supplies and equipment on hand to maintain the level of ambulance service for one week. The preventive maintenance program was followed. Based on data available from the Service files, the Service does maintain all oxygen and suction equipment as per the manufacturer's specifications. Service oxygen testing equipment had been calibrated according to the manufacturer's specifications. A history of scheduled oxygen equipment testing is attached as **Appendix E** on page 80.

Stretcher Maintenance

Service stretcher maintenance files were found to be complete. The preventative maintenance program included patient carrying equipment. The service conveyance equipment followed the manufacturer's maintenance schedule. The preventative maintenance schedule was based on the call volume. Statistics supplied by the service put it at the medium duty, (26-200) calls per month per unit, requiring inspections every three months. Service records indicate they are consistently meeting this requirement. Stretcher maintenance findings are attached as **Appendix F** on page 83.

Recommendation: 8

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

Service Provider Response

Peterborough EMS utilizes a stringent system of vehicle and equipment checks to ensure compliance with the Provincial Equipment Standards is maintained. In consideration of the deficiencies noted, a system of "spot checks" has been initiated and an additional periodic vehicle audit has been designed and implemented. These measures should prove to ensure ongoing compliance.

Inspector's Findings

The Service Provider has a comprehensive audit process whereby all staff complete a pre shift vehicle check encompassing all patient care equipment as well as adjunct equipment within the vehicle. The check is then submitted to management post shift for assessment. Further, resulting from the review findings, the Service Provider has implemented random spot checks of vehicles as part of their QA Process to ensure all vehicles are equipped and stocked according to the *Provincial Equipment Standards for Ontario Ambulance Services*. **The Service Provider is committed to compliance with this legislated area.**

Policy and Procedure

There was a policy and procedure document. A copy of the service's policies and procedures were accessible to staff. There was documentation demonstrating policies and procedures were communicated to staff. Policies and procedures were reviewed and updated annually. New and updated policies and procedures were communicated to staff.

The Service Provider Has Policies Covering the Following Areas		Y	N
1.	Stating only qualified candidates are considered for employment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	To monitor participation of staff attending class to acquire their AEMCA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Prohibiting individuals without a class F licence from driving an ambulance in the provision of ambulance service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Regarding rest periods between hours worked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Requiring staff to carry the Ministry issued photo identification card with the Service's service number on their person while at work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Regarding re-stocking of equipment and supplies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Stating patients will be transported to a facility directed by CACC/ACS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Stating patients will be transported to the nearest medical facility that provides the type of care required when there is no direction given by CACC/ACS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Regarding cleaning and disinfection of the vehicles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Regarding cleaning and disinfection of patient care equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Requiring all patient care, accessory equipment, and supplies to be secured during the provision of ambulance service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance service vehicle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	Prohibiting staff from reporting to work under the influence of liquor or drugs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14.	Prohibiting staff from consuming liquor or drugs while at work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.	Prohibiting staff from responding to calls under the influence of drugs or liquor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16.	Requiring staff, passengers and every patient to wear seat belts and be restrained while ambulance and ERVs are in motion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17.	Requiring every patient transported on a stretcher to be secured to the stretcher.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18.	Requiring the stretcher to be secured within the vehicle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19.	Requiring every incubator to be secured within the vehicle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20.	Requiring every infant to be secured within the incubator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21.	Regarding transport of a person's remains in an ambulance or ERV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22.	Outlining when staff can transport a legally or obviously dead person.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23.	Outlining the care and treatment of VSA patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24.	Defining what is meant by "a public place".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25.	Regarding the use of an ERV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26.	Stating ambulances and ERVs are to be used only for the provision of ambulance service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27.	Regarding the direction, use and supervision of students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28.	Regarding activities of observers on ambulances or ERVs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29.	That only students of nursing, mid-wife, respiratory therapy, medicine, psychology or paramedic programs provide first aid or emergency medical care to a patient under the direction of a paramedic.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30.	That students are to be free from communicable diseases.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31.	That students are to be immunized.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The Service Provider Has Policies Covering the Following Areas		Y	N
32.	Staff will immediately notify CACC/ACS of an accident involving an ambulance or ERV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33.	Staff will ensure police are notified in the case of accident involving an ambulance or ERV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34.	Requiring the reporting of any collision.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35.	Outlining the safe driving expectations of staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36.	Regarding the use of speed during provision of ambulance service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37.	Regarding when and how vehicle monitoring devices are to be used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38.	Requiring staff to accept ambulance calls as assigned by the CACC/ACS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39.	Staff are to advise CACC/ACS of each vehicle's availability when requested.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40.	Requiring movements of ambulances and ERVs be reported immediately to the CACC/ACS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41.	Requiring staff to comply with every direction and instruction issued by an ACO with respect to the assignment of calls to ambulances and ERVs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42.	Requiring staff to use the vehicle number as the radio call number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43.	Requiring the operator and staff to place a "Not in Service" sign in the front and rear of the vehicle when it is not available for ambulance service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44.	Regarding the use of the exhaust fan in the vehicle storage area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45.	Directing the disposal of biomedical sharps.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46.	Directing the storage and disposal of hazardous materials.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
47.	Directing the use of disposable equipment and supplies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48.	Directing staff to lock vehicles to ensure vehicle security.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
49.	Regarding the storage and security of medications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50.	Regarding the storage and security of controlled medications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51.	Regarding the disposal of expired controlled medications (where applicable).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52.	Regarding the disposal of bio-medical waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
53.	Regarding hygiene.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54.	Regarding the sharing and disclosure of Personal Health Information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
55.	Regarding the use of photographic devices while on duty.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
56.	Directing staff in the release of confidential information to allied agencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
57.	Directing staff in the release of confidential information to the public.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
58.	Regarding the decommissioning of emergency vehicles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

There was documentation demonstrating policies relating to drugs, alcohol and tobacco are complied with. Requirements for students/observers were monitored and enforced.

Collision Reporting

There was a Service policy that required staff to immediately notify CACC and police when an ambulance or ERV is involved in a collision. Staff completed collision reports as per legislation. There was documentation demonstrating the Service Provider audits completed collision reports for completeness and accuracy. There was documentation demonstrating the Service Provider ensured the continuity of operations.

Sharing and Disclosure of Personal Information

The Service Provider had a policy outlining the legislative parameters of sharing and disclosure of patient's personal health information.

Operations

Insurance Coverage

The Service Provider regularly reviewed the insurance coverage to ensure it remained current and valid. There was documentation of insurance coverage at least equal to that outlined in the 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.
- Liability while the ambulance is used for carrying passengers for compensation or hire.

CACC

The Service Provider and staff accepted ambulance calls as assigned by the CACC. The Service Provider and staff followed the direction of the Communications Officer. Each ambulance or emergency response vehicle's availability and location was communicated to the CACC. There was documentation demonstrating the Service Provider notified the CACC whenever an ambulance/ERV was moved. There was documentation demonstrating the Service provider notified the CACC whenever an ambulance or ERV was removed from service. There was documentation demonstrating the Service Provider notified the CACC whenever an ambulance or ERV was returned to service.

Liaison/Communication

Patient Care & Service Delivery Complaints

There was documentation indicating the Service Provider investigates patient care and service delivery complaints. There was documentation demonstrating the Service Provider responds to these complaints. Recommendations were made to staff to prevent incident recurrences.

Patient Care & Service Delivery Complaints							
Call No.	Nature of Complaint	Investigated		Service Responded		Recommendations Made	
		Y	N	Y	N	Y	N
Feb 25/2009	Response time delay	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Base Hospital

There was a written and current performance agreement between the Service Provider and Base Hospital. The agreement states the Base Hospital will provide medical direction and training to all paramedics, monitor quality of patient care given by those paramedics and will delegate controlled medical acts to paramedics.

There was documentation demonstrating the Service Provider worked with Base Hospital to review and investigate calls.

CACC/ACS Contact

There was documentation indicating the Service Provider notified CACC of changes to current staffing patterns. The Service Provider provided a deployment plan to the Field Office suitable for implementation by the CACC. There was documentation demonstrating the Service Provider consults with the CACC before implementing or revising policies or procedures that may affect the dispatching/deployment of ambulance or ERVs.

Service Provider Interaction With Communication Service			
Last Meeting Date	Meetings Are Held to Discuss Matters Involving:	Y	N
June 18/09	→ C.A.C.C. Advisory	<input checked="" type="checkbox"/>	<input type="checkbox"/>
May 27/09	→ Base Hospital Meeting	<input checked="" type="checkbox"/>	<input type="checkbox"/>

There was documentation demonstrating the Service Provider reported communication equipment failures to the CACC.

Facilities/Accommodations (for awareness only)

Facilities/Accommodations	Y	N
There was a working emergency lighting system in each station.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All garage doors opened and closed without difficulty.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Each door was equipped with a manual release mechanism.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Each door opened manually.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
There were fire extinguishers accessible throughout each vehicle storage area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers in the vehicles were tagged and inspected, as per legislation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

A complete station audit table is attached as **Appendix G** on page 85.

Related Health and Safety (for awareness only)

Related Health and Safety	Y	N
There was a working exhaust fan located within each garage area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Each station was equipped with a carbon monoxide detector installed in crew quarters.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxygen cylinders were stored safely in each base.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sharps containers were secured in each vehicle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
There was an eyewash station available to staff in each chemical decanting area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disposable single-use equipment and supplies were discarded after a single use.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Survey Summaries

Part B

Survey Receipt Table			Y	N
Field Office Survey			<input checked="" type="checkbox"/>	<input type="checkbox"/>
CACC/ACS Survey			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Base Hospital Survey			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Staff Survey			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service Provider Survey			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Paramedic Survey	Surveys Distributed	55	Surveys Received	14

Field Office Survey

Survey Results		Y	N
1.	Working relationship between Field Office and Service Provider is positive and professional.	<input checked="" type="checkbox"/>	
2.	The Field Office has been provided with a copy of the Service Provider's deployment plan.	<input checked="" type="checkbox"/>	
3.	The Field Office is given the opportunity to provide input relative to Service related issues.	<input checked="" type="checkbox"/>	
4.	Incident reports are completed and forwarded to the Field Office as required.	<input checked="" type="checkbox"/>	
5.	The Service Provider has sufficient staff to maintain their staffing pattern.	<input checked="" type="checkbox"/>	
6.	The Service Provider follows the implemented staffing pattern.	<input checked="" type="checkbox"/>	
7.	The Field Office is advised upon changes to the Service Provider's deployment / staffing plan.	<input checked="" type="checkbox"/>	
8.	The Service Provider has experienced staffing inconsistencies as a result of not being able to maintain the deployment / staffing plan.		<input checked="" type="checkbox"/>
9.	The Field Office is familiar with the Service Provider's organization chart.	<input checked="" type="checkbox"/>	
10.	The Field Office has ability to contact Service Management after hours, weekends and stats.	<input checked="" type="checkbox"/>	
11.	Do you feel the Service Provider has adequate / effective communication mechanisms in place with:		
	• Allied Agencies;	<input checked="" type="checkbox"/>	
	• Paramedics and other emergency providers;	<input checked="" type="checkbox"/>	
	• Receiving hospitals;	<input checked="" type="checkbox"/>	
	• Associate base hospitals; and	<input checked="" type="checkbox"/>	
	• The Field Office.	<input checked="" type="checkbox"/>	
12.	The Field Office is aware of special programs provided by this Service: i.e. Bike Medic, Tactical Team, and Rescue Teams.		<input checked="" type="checkbox"/>
13.	The Field Office is aware that all vehicles utilized by the Service Provider are compliant with the "Ontario Land Ambulance and Emergency Response Vehicle Standard".	<input checked="" type="checkbox"/>	
14.	The Service Provider uses only radio call identifiers assigned by the Field Office.	<input checked="" type="checkbox"/>	
15.	The Field Office assigned radio call identifiers to this Service for ERVs use.	<input checked="" type="checkbox"/>	
16.	The Service Provider utilizes equipment in addition to that required in the most current version of the "Provincial Equipment Standards for Ambulance Services"		<input checked="" type="checkbox"/>
18.	The Field Office is familiar with the 90 th percentile response time for this Service. (a) 1996 standard _____ 1900 _____ (b) last fiscal year _____ 1748 _____		
19.	Please provide the service staffing hours of this Service Pre-Transition: (a) On Site Staffed Hours/wk 65312 annually (b) Annual Call Back Staffed Hours/wk 8736 annually _____		
20.	The Service Provider assists in identifying community pre-hospital patient care needs.	<input checked="" type="checkbox"/>	
21.	Community pre-hospital patient care needs and analysis findings are reported to the Field Office for consideration by the Service Provider.	<input checked="" type="checkbox"/>	
22.	Community pre-hospital patient care needs and analysis findings are considered by the Service Provider for service improvement.	<input checked="" type="checkbox"/>	
23.	There are areas where you believe that improvements could be made to the provision of pre-hospital care by this Service Provider.		<input checked="" type="checkbox"/>

Comments: This service and its management team excel at running an efficient and compliant paramedic service. They are forthright, open and consultative with us in almost all aspects of their work. We share an excellent working relationship with this service and its management team, as well as the Administrative personnel at the County of Peterborough. We are pleased to continue to work together, in the true sense of the word, with the Peterborough County/City Emergency Medical Services.

Lindsay Central Ambulance Communication Centre – pre-visit Survey

Survey Results		Y	N
1.	Do you share the dispatching of this Service with another CACC?		<input checked="" type="checkbox"/>
2.	How many calls has your centre dispatched for this ambulance service within the last complete 12- month period? Please identify the period of time: M / Y to M / Y Code 1 & 2 <u>347</u> Code 3 <u>3448</u> Code 4 <u>9988</u> Code 8 <u>2772</u>		
3.	Are you aware of the service commitment levels of this Service? (i.e. number of PCP & ACP vehicles etc. the Service states are available)	<input checked="" type="checkbox"/>	
4.	Are you aware of any time when the service commitment was not met?	<input checked="" type="checkbox"/>	
5.	Has the Service Provider subject of this Review provided a Deployment Plan to the CACC?	<input checked="" type="checkbox"/>	
5a.	If yes, when was the deployment plan accepted into your policy and procedure operational manual for implementation. Date: <u>April 7, 2009</u>		
6.	Are you made aware of changes to the deployment plan prior to Service implementation?	<input checked="" type="checkbox"/>	
7.	Are you made aware of the level of patient care provided by individual paramedics? (ACP vs. PCP)	<input checked="" type="checkbox"/>	
8.	Are there occasions when a paramedic employed by this Service tried to log onto the ARIS environment without a valid MOHLTC ID number?		<input checked="" type="checkbox"/>
9.	Are you aware of any occurrences within the last six months when on-site staff did not react within 2 minutes (time 2 –time 3) of being dispatched on a code 3, code 4 or code 8 call?		<input checked="" type="checkbox"/>
10.	Do you know the reaction time requirement for off-site staff for this Service?	Na	
11.	Are you aware of occurrences when offsite staff did not react within the mandated time frame after being dispatched on code 3, code 4 or code 8 calls?	Na	
12.	Are you aware of occurrences within the last 12 months when ambulance staff refused to provide service or follow directions of the communications service?		<input checked="" type="checkbox"/>
13.	Does the Service Provider regularly meet with CACC to discuss service delivery and operational issues?	<input checked="" type="checkbox"/>	
14.	Have you and the Service Provider developed mechanisms to handle:		
	(a) Client/public complaints relating to the Service?	<input checked="" type="checkbox"/>	
	(b) Internal personnel complaints/issues?	<input checked="" type="checkbox"/>	
15.	Have you lodged complaints with the Service Provider in the last 24 months?	<input checked="" type="checkbox"/>	
	(a) If yes, was your complaint investigated in a timely manner?	<input checked="" type="checkbox"/>	
	(b) Did you receive a reply to your complaint?	<input checked="" type="checkbox"/>	
	(c) What was the timeframe between lodging of your complaint and the service's reply?		
16.	Does this Service Provider work co-operatively with CACC in scheduling and completing repairs and/or maintenance on radio equipment?	<input checked="" type="checkbox"/>	
17.	In the last 24 months, have you notified the Service Provider of any concerns regarding its activities, performance or policies?	<input checked="" type="checkbox"/>	
18.	Does this Service Provider ensure that management / supervisors are readily available to dispatch staff when and if the need should arise?	<input checked="" type="checkbox"/>	
19.	Does the Service Provider have a disaster and/or contingency plan?	<input checked="" type="checkbox"/>	
	(a) If yes, did the Service Provider work co-operatively with CACC in the development, implementation or review of the contingency or disaster plan?	<input checked="" type="checkbox"/>	
	(b) Has the Service Provider participated in a disaster exercise involving your CACC within the last 24 months?		<input checked="" type="checkbox"/>
	(c) If yes, was there a joint documented exercise debriefing?		<input checked="" type="checkbox"/>

	(d) Are you aware of revisions, resultant from the exercise, to the contingency or disaster plan that were shared with the CACC?		<input checked="" type="checkbox"/>
20.	Has this Service Provider shared their policies and procedures with regard to CACC relevant issues with you in a timely manner?		<input checked="" type="checkbox"/>
21.	Have any ambulance staff, including paramedics from this Service observed activities in CACC in the last 24 months?		<input checked="" type="checkbox"/>
22.	Have any communications officers participated in geographical orientation ride-outs with ambulance crews from this service?		<input checked="" type="checkbox"/>
23.	Does the Service Provider routinely consult with CACC before implementing or revising policies or procedures that may affect the dispatching or deployment of ambulances?	<input checked="" type="checkbox"/>	
24.	Does the Service Provider involve CACC in any of it's quality assurance activities?	<input checked="" type="checkbox"/>	
25.	Does the Service Provider notify CACC in a timely manner whenever there is a need or reason to modify its staffing pattern? (i.e. up-staff, down-staff, PCP staffing vs. ACP)	<input checked="" type="checkbox"/>	
26.	Does the Service Provider work co-operatively with CACC when requested to change or modify it's staffing pattern? (i.e. up-staff for house fire, etc.)	<input checked="" type="checkbox"/>	
27.	Are there times when the normal staffing of the ambulance service is not adequate to address the volume of calls?		<input checked="" type="checkbox"/>
28.	In the last 24 months, has this Service Provider asked CACC to participate in any call reviews and/or investigations?	<input checked="" type="checkbox"/>	
29.	To your knowledge, are the Service Provider's staff familiar with the CACC policy and procedure?	<input checked="" type="checkbox"/>	
30.	Do the Service Provider's staff consistently follow approved radio procedures by using required radio terminology, etc.?	<input checked="" type="checkbox"/>	

Comments – This service has developed a good relationship with the CACC. Service duty officers are always available to discuss service delivery issues and other problem that arise.

Base Hospital Program

Survey Results		Y	N
1.	Is there a current, valid, written and signed agreement in place between your Base Hospital and the Service Provider clearly outlining the responsibilities and expectations of each party to the agreement?	<input checked="" type="checkbox"/>	
2.	Are you familiar with the level and type of service (i.e. number of ACP and PCP vehicles) provided by this service?	<input checked="" type="checkbox"/>	
3.	Are ambulance service supervisory staff readily available to Base Hospital when and if needed?	<input checked="" type="checkbox"/>	
4.	Are there open & effective lines of communication between Base Hospital and: (a) The Service Provider and (b) Paramedics?	<input checked="" type="checkbox"/>	
5.	Does the Service routinely provide Base Hospital with personnel changes?	<input checked="" type="checkbox"/>	
6.	If so, how many of the following types of ACRs have been reviewed in the last complete 12-month period? Please identify the time frame (month/year - month/year) _____ ACP/ALS 12.9 % PCP/ALS 10.1% VSA 1.1% , Non ALS 75.2%		
7.	Do you provide the Service with periodic, statistical reports on ACR audits?	<input checked="" type="checkbox"/>	
7a.	If so, how many reports have you prepared for the service in the last 24 months? Please describe the nature of the report(s) in the comments area.		
8.	Does the Service perform their own ACR chart audits on:		
	(a) ALS calls?	<input checked="" type="checkbox"/>	
	(b) BLS calls?	<input checked="" type="checkbox"/>	
	(c) Does the Service Provider compare their auditing process with that of Base Hospital to ensure the results are comparable and accurate?	<input checked="" type="checkbox"/>	
	(d) Does the Service Provider work co-operatively with Base Hospital to investigate and resolve any discrepancies between the two auditing processes?	<input checked="" type="checkbox"/>	
9.	Has Base Hospital had to discuss significant, patient care related issues with this Service within the last 30 months?	<input checked="" type="checkbox"/>	
9a.	If so, did this Service Provider work co-operatively with Base Hospital in the investigation and resolution of the issue?	<input checked="" type="checkbox"/>	
10.	Has your auditing process revealed that paramedics within this service breach Base Hospital policy and procedure?	<input checked="" type="checkbox"/>	
10a.	If so, please describe separately the nature of the breach(s) and the process used by Base Hospital to resolves such issues in the comments area.		
11.	Does Base Hospital routinely perform ride-outs in this service?		<input checked="" type="checkbox"/>
	(a) If so, does the Service work co-operatively with Base Hospital in scheduling ride-outs?		Na
	(b) Have the ride-outs revealed any significant patient care breeches? If so, please describe the nature of those breeches on a separate piece of paper.		Na
	(c) Please identify the number of ride-outs in the past year with this service.		Na
	(d) Does Base Hospital provide a written report to the Service Provider respecting the ride-outs?		Na
12.	Does Base Hospital perform other types of quality assurance with this service?	<input checked="" type="checkbox"/>	
13.	Does your Base Hospital have any programs currently being field evaluated by this Service?	<input checked="" type="checkbox"/>	
14.	Have all paramedics with this service completed all Base Hospital programs (i.e. symptom relief and defibrillation courses)?	<input checked="" type="checkbox"/>	
	(a) Does the Service Provider work co-operatively with Base Hospital in scheduling staff for these programs?	<input checked="" type="checkbox"/>	
	(b) Does the Service Provider assist to ensure staff attend and successfully complete these programs?	<input checked="" type="checkbox"/>	
	(c) Are you aware of circumstances where new employees to the ambulance service commenced patient care duties prior to successful Base Hospital certification in either symptom relief and defibrillation?		<input checked="" type="checkbox"/>

15.	Does the Base Hospital certify each paramedic for scheduled acts for which they may be authorized under the Act?	<input checked="" type="checkbox"/>	
17.	Does the Service Provider work co-operatively with Base Hospital to ensure staff requiring remedial training receive such training?	<input checked="" type="checkbox"/>	
18.	Does your Base Hospital provide CME and or related sessions to staff of this ambulance service?		
19.	If staff of this ambulance service attends CME sessions, how would you rate their overall attendance? Very good <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor <input type="checkbox"/>		
20.	How many Base Hospital utilization Committee meetings have been held in the past 24 months? __10__		
21.	Has the Base Hospital and the Service Provider developed mechanisms to handle /discuss patient care complaints?	<input checked="" type="checkbox"/>	
22.	Has Base Hospital filed complaints with the Service Provider this past calendar year?	<input checked="" type="checkbox"/>	
	(a) If so, were you satisfied the matter was thoroughly investigated?	<input checked="" type="checkbox"/>	
	(b) Did you receive a written response from the Service Provider?	<input checked="" type="checkbox"/>	
	(c) Did the Service Provider respond in a timely manner?	<input checked="" type="checkbox"/>	
	(d) Did the Service Provider work co-operatively with Base Hospital during the investigation and resolution of this complaint?	<input checked="" type="checkbox"/>	
23.	Does the Service Provider routinely request Base Hospital to participate in call reviews and/or investigations?	<input checked="" type="checkbox"/>	
24.	Does it appear that the Service Provider's staff understand Base Hospital policies and procedures?	<input checked="" type="checkbox"/>	
25.	Does Base Hospital provide equipment to the Service Provider?		<input checked="" type="checkbox"/>
26.	To your knowledge does the Service Provider and paramedics adhere to the policy respecting the disposal of drugs and or medications?To your knowledge does the Service Provider and paramedics	<input checked="" type="checkbox"/>	
27.	Does the Base Hospital participate in the disposal of drugs and or medications?		<input checked="" type="checkbox"/>
28.	Please attach the Base Hospital's policy respecting the disposal of drugs and or medications.	na	
29.	To your knowledge, does the Service Provider and paramedics adhere to the policy respecting the disposal of drugs / medications?To your knowledge does the Service Provider and paramedics adhere	<input checked="" type="checkbox"/>	
30.	Does the Service Provider track controlled substances as per Base Hospital policy?	na	

Comments This service is diligent in tracking system and paramedic compliance to medical directives and policies and provides a strong open culture of communication with this program.

Peterborough Regional Hospital Emergency Room Interview

Survey Results		Y	N
1.	Are you familiar with the name of the Ambulance Service Provider being reviewed?	<input checked="" type="checkbox"/>	
2.	If the need or cause arises does your facility have 24 hour access to ambulance supervisory staff (manager and/or designate)?	<input checked="" type="checkbox"/>	
3.	Do you, or other staff of your hospital, participate on committees with staff of this ambulance service?	<input checked="" type="checkbox"/>	
4.	If yes, which committees?	<input checked="" type="checkbox"/>	
5.	In the last 24 months, have you, or anyone else within your facility to your knowledge, reported any paramedic to the Ambulance Service Provider for questionable conduct or poor patient care?	<input checked="" type="checkbox"/>	
6.	If yes, did the ambulance service provider respond to you in a timely manner?	<input checked="" type="checkbox"/>	
7.	Did the ambulance service provider work co-operatively with your facility in the investigation and resolution of the complaint?	<input checked="" type="checkbox"/>	
8.	Does your facility have any type of regularly scheduled communication with:		
9.	This Ambulance Service Provider?	<input checked="" type="checkbox"/>	
10.	Paramedics from this service?		<input checked="" type="checkbox"/>
11.	Has staff of your emergency room ever been formally oriented to the policies and procedures that paramedics must follow (i.e. symptom relief, defibrillation, and/or any other ALS intervention)?	<input checked="" type="checkbox"/>	
12.	If yes, are emergency department staff advised when changes are made to those policies and procedures that paramedics must follow?		<input checked="" type="checkbox"/>
13.	In the last 24 months, have you or any other staff within your emergency room been asked to assist in any type of paramedic quality assurance program?		<input checked="" type="checkbox"/>
14.	Regarding this ambulance service, do paramedics usually perform these ACP/PCP requirements:		
15.	Give verbal reports to nursing staff and/or the physicians during the transfer of care that include each of the following?		
16.	i) History of current condition	<input checked="" type="checkbox"/>	
17.	ii) Vital signs	<input checked="" type="checkbox"/>	
18.	iii) Treatment prior to arrival	<input checked="" type="checkbox"/>	
19.	iv) Treatments given/provided	<input checked="" type="checkbox"/>	
20.	v) Response to treatment	<input checked="" type="checkbox"/>	
21.	Give accurate verbal reports about the patient's condition and treatment?	<input checked="" type="checkbox"/>	
22.	Leave the patient copy of the Ambulance Call Report with the patient and/or emergency room staff within 24 hrs of call event?		<input checked="" type="checkbox"/>
23.	Complete the ACR legibly and accurately?	<input checked="" type="checkbox"/>	
24.	Patch or update through to the emergency room concerning those patients who are seriously ill or injured?	<input checked="" type="checkbox"/>	
25.	Provide radio or patch update information that is accurate and pertinent to patient condition?	<input checked="" type="checkbox"/>	
26.	Provide manual ventilation to those patients requiring it?	<input checked="" type="checkbox"/>	
27.	Provide oxygen to those patients requiring it (chest pain, SOB)?	<input checked="" type="checkbox"/>	
28.	Immobilize patients whose mechanism of injury indicates spinal injury?	<input checked="" type="checkbox"/>	
29.	Do you have any concerns respecting the treatment provided to trauma patients?	<input checked="" type="checkbox"/>	
30.	Position patients according to patient care condition?	<input checked="" type="checkbox"/>	
31.	Do paramedics use the CTAS scale according to patient condition according to patches or updates?	<input checked="" type="checkbox"/>	
32.	Do you have any concerns respecting the Medication interventions provided to patients?	<input checked="" type="checkbox"/>	
33.	Do you have any concerns respecting the Cardiac Monitoring/Defibrillation provided to patients?	<input checked="" type="checkbox"/>	
34.	How would you rate this Service's patient care? Excellent <input type="checkbox"/> Very Good <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/>		

Comments: We consider them part of the family and an integral part of the healthcare team.

Paramedic Surveys

A total of 14 surveys were returned from Peterborough County/City EMS staff.

- 13 respondents were aware of a job description.
- 13 respondents were aware of the requirement to provide their employer with copies of renewable certificates; Drivers Licence, CPR, etc.
- 3 respondents reported they received feedback from the service management, regarding their incident report documentation.
- 6 respondents reported they did not receive feedback from service management concerning ACR or patient care documentation.
- 3 respondents reported receiving Base Hospital feedback about patient care documentation.
- 12 respondents stated there was a policy regarding vehicle weekly deep cleans.
- 14 respondents reported there was a policy and procedure manual. Eleven respondents reported they were not familiar with its contents.
- 9 respondents were aware of a disaster plan.
- 2 respondents reported they had received training on the implementation of this plan.
- 1 respondent reported having participated in a disaster planning exercise.

Please indicate areas you believe the ambulance service functions exceptionally well.

- Overall a good service. Management is doing a much better job than a few years ago.
- The service does not function exceptionally well in any area at all. It just functions adequately. The three departmental supervisors only want to do what the title on their office door says and nothing more. However, shift supervisors have shown they can be relied upon by the crews.
- Vehicle maintenance and repair. Supply quality and availability. Base maintenance and cleaning. Management access/approachability.
- Staff routinely show up for shifts. That is a good thing isn't it? The problem doesn't seem to ever be the worker bees. Usually management shoots first, which is a sign of weakness and incompetence.
- Cleanliness, equipment availability communication with management, (employee updates)
- Obtain funding from county – 2 new day truck-2 new supervisor vehicles - ? New part-timers. – Dress uniforms for supervisors.
- Good medics overall with patient care. Communications, with management staff and medics have improved greatly in recent times.

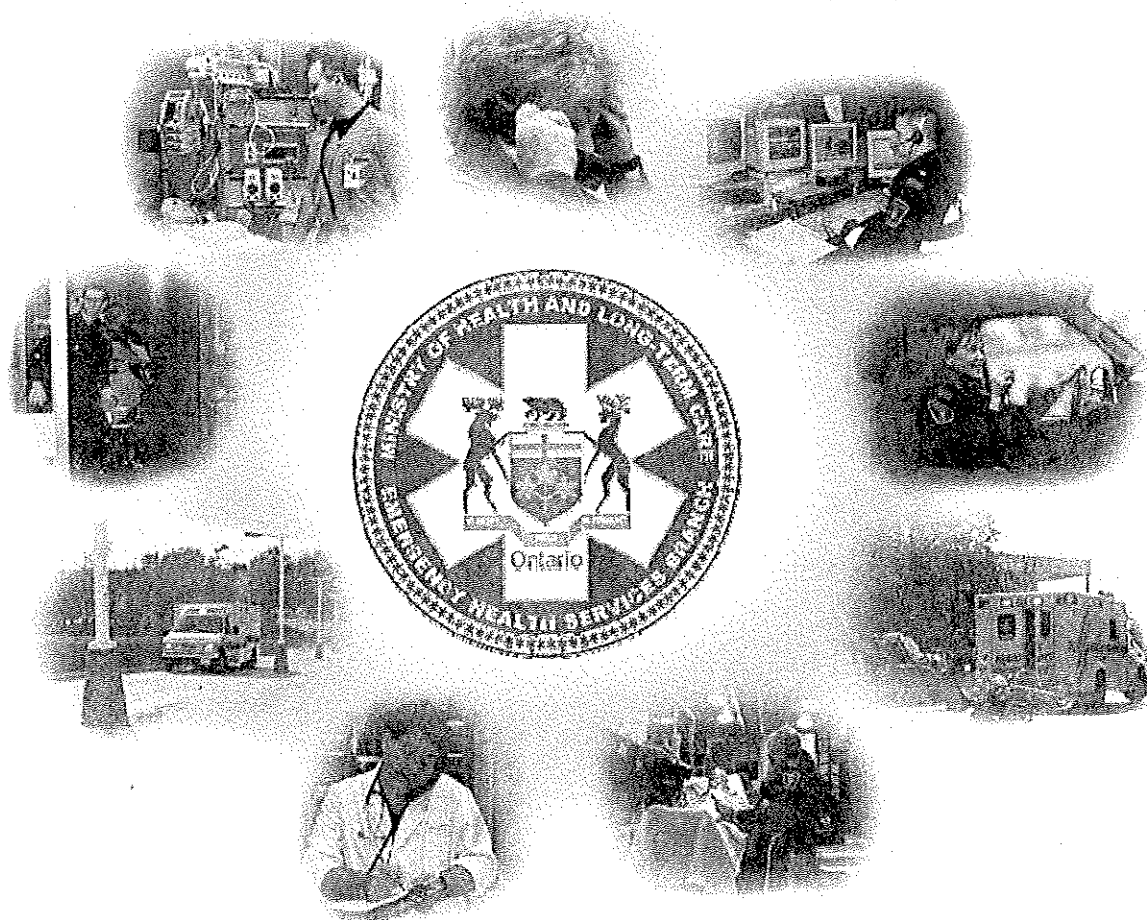
Please provide any other comments (or suggestions for improvement), that you feel will assist the review team in the evaluation of this Service.

- Review new employee orientation procedures regarding code 4 driving practices. Most new employees at PTBO EMS do not know how to proceed code 4 through busy city streets and blocked intersections, eg...forcing stopped cars into an intersection rather than proceeding into oncoming lanes bypassing all cars stopped at a red light.

- New employees have been seen performing some rather dangerous maneuvers on city streets. Of course most code 4s crews are sent to, are not code 4s at all.
- I routinely hear second hand about issues that are being communicated to employees via email. At 48 years of age I had not used a computer until electronic ACR documentation became mandatory. I still have no idea how to access email.
- More courses for management so they can improve their skills - more personable. The petty stuff just makes for a poisoned work place.
- Electronic (computer) ACR implementation poorly initiated (few hours training for those unused to computers) with harsh disciplinary threats of action for errors on electronic ACRs completion (unsure if management understood difficulties with implementing such a program leads to employee/management hostility which overrides previously mentioned good things the service has done)
- Ensure supplies/medication that expires are inventoried and replaced as needed.
- Surprise inspection. Night ride outs as well as day. With my complaints, as a service we are much better than 3-5 years ago and still getting better.
- This service needs 24 hour 7 day a week supervisors, not on-call in evenings.

Appendices

Part C



Appendix A HRI Audit Table

Employee #	Missing File Information
8690	• Chicken Pox / Varicella.
10514	• Chicken Pox / Varicella.

Appendix B Patient Carried Calls Code 4 / 3

Call Number	Documentation Issue	Driver #	Attendant #
729003454914	• Postal Code.	15287	32914
729003453939	• Postal Code.	14085	11536
729003454506	• Postal Code. • Medications. • Vitals x 2 minimum,/ and as call indicated.	11570	11122
729003454395	• Postal Code.	12175	13297
729003454322	• Pickup Location Code. • Postal Code. • Fluid Balance.	99237	81642
729003453961	• Postal Code.	61573	10860
729003454083	• Postal Code.	11526	25919
729003454025	• Postal Code.	12903	12903
729003453877	• Postal Code.	1490	10327
927003453940	• Vitals x 2 minimum,/ and as call indicated.	26569	60372
729003453882	• Postal Code.	11526	25919
927003460528	• Postal Code.	10083	10083
927003458135	• Fluid Balance.	39255	21210
927003458395	• Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres.	14085	11536
729003452862	• Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres.	94385	88925
729003462528	• Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres.	14085	11536
729003462749	• Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres.	99237	15517
729003462689	• Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres.	59066	12903

Call Number	Documentation Issue	Driver #	Attendant #
729003450943	<ul style="list-style-type: none"> • Postal Code. • Initials (on ALS skills). 	15287	99237
729003451020	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	88925	94385
729003447102	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. • Medicine or Procedure. 	15299	15299
729003447684	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. • Times. 	72020	52006
729003448579	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	10327	19490
729003457549	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. • Vitals x 2 minimum,/ and as call indicated. 	88925	14488
729003445052	<ul style="list-style-type: none"> • Postal Code. 	10083	15162
729003444902	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. • Vitals x 2 minimum,/ and as call indicated. 	38670	41409
729003449622	<ul style="list-style-type: none"> • Start Kilometres. • Medications. • Pick up Kilometres. • Destination Kilometres. 	40496	79984
729003445953	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	49947	16055
729003451732	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	12243	10225
729003450104	<ul style="list-style-type: none"> • Postal Code. 	81642	99237
729003450495	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	26569	72859
729003453871	<ul style="list-style-type: none"> • Postal Code. 	15884	15517
729003452822	<ul style="list-style-type: none"> • Postal Code. 	41975	41196

Call Number	Documentation Issue	Driver #	Attendant #
729003453744	• Postal Code.	13297	15276
729003463155	• Postal Code.	98932	16495
729003463196	• Postal Code.	16494	11122
729003457899	• Postal Code.	72020	52006
729003457047	• Postal Code.	46457	15297
729003456250	• Start Kilometres. • Pick up Kilometres. • Destination Kilometres.	93024	15269
729003456145	• Postal Code. • Fluid Balance.	10225	12243
729003455965	• Start Kilometres. • Pick up Kilometres. • Destination Kilometres.	15269	13297
729003455875	• Postal Code.	15469	15276
729003455792	• Start Kilometres. • Pick up Kilometres. • Destination Kilometres.	12496	19490
729003455588	• Postal Code.	10860	61573
729003455601	• Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres.	11536	14085
729003455242	• Start Kilometres. • Pick up Kilometres. • Destination Kilometres.	16160	16493
729003461884	• Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres.	42266	16494
729003461788	• Start Kilometres. • Pick up Kilometres. • Destination Kilometres.	11536	14085
729003453639	• Start Kilometres. • Dispatch Problem Code. • Postal Code. • Pick up Kilometres. • Destination Kilometres.	10726	94944
729003453632	• Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres.	10499	10083
729003453497	• Start Kilometres. • Pick up Kilometres. • Destination Kilometres.	42266	13261
003448011	• Postal Code.	10083	13906

Call Number	Documentation Issue	Driver #	Attendant #
729003453344	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	32914	11536
729003452917	<ul style="list-style-type: none"> • Mailing Address. • City/Town. • Province. • Postal Code. 	99237	81462
729003452747	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	11526	25919
729003452555	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	11536	14085
729003453884	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	11536	14085
727003449690	<ul style="list-style-type: none"> • Start Kilometres. • City/Town. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	16493	16495
727003449793	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	42266	41409
729003448347	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	12243	42266
729003448497	<ul style="list-style-type: none"> • Start Kilometres. • Pickup Location Code. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	10083	13261
729003447565	<ul style="list-style-type: none"> • Start Kilometres. • Warning Systems. • Pickup Location Code. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	12243	42266
003447179	<ul style="list-style-type: none"> • Postal Code. 	10083	98932
003447196	<ul style="list-style-type: none"> • Postal Code. 	10083	98932
003447552	<ul style="list-style-type: none"> • Postal Code. 	14085	16160

Call Number	Documentation Issue	Driver #	Attendant #
729003448328	<ul style="list-style-type: none"> • Start Kilometres. • Remarks/Orders. • Pick up Kilometres. • Destination Kilometres. 	42266	12243
729003452236	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	10225	12243
729003451719	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	11570	11122
003446265	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	59066	12903
003446225	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	38670	41409
003446500	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	86492	49947
003446590	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	16493	79984
003446762	<ul style="list-style-type: none"> • Postal Code. 	61573	10860
003446892	<ul style="list-style-type: none"> • Start Kilometres. • Chief Complaint. • Pick up Kilometres. • Destination Kilometres. 	15469	32914
003446880	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15779	59066
003446980	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	14085	11536
003447175	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15161	88925
729003450172	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	16494	13297

Call Number	Documentation Issue	Driver #	Attendant #
003447330	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	98932	10083
003447448	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15469	32914
003447580	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15162	38670
003447684	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	72020	52006
003447618	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	12903	59066
003447793	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	60372	10083
003447795	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	11570	11122
003447933	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	10726	94944
003448152	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	13906	86492
003448393	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	11526	25919
003448444	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	12903	59066
003449840	<ul style="list-style-type: none"> • Postal Code. 	15276	16160
003446795	<ul style="list-style-type: none"> • Postal Code. 	15297	60156

Call Number	Documentation Issue	Driver #	Attendant #
003448579	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	10327	19490
003448706	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	94385	88925
003448759	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15161	15287
003448798	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	11122	11570
003448842	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	94385	88925
003449054	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	38670	41409
003449089	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	13261	42266
003449331	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Fluid Balance. • Pick up Kilometres. • Destination Kilometres. 	12903	59066
003449393	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Medications. • Pick up Kilometres. • Destination Kilometres. 	14488	10083
729003450405	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	98932	10083
729003450119	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	13297	15229

Call Number	Documentation Issue	Driver #	Attendant #
003449653	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Medications. • Pick up Kilometres. • Destination Kilometres. • Chest. • Abdomen. • Back/Pelvis. • Extremities. 	15161	86492
003449663	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	15794	15299
003449700	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	14416	16494
000617086	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	18727	16493
003450077	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	99237	81642
003450378	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	50335	16495
003450444	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	88925	94385
003450491	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. • Vitals x 2 minimum./ and as call indicated. 	61753	10860
003450692	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	99237	81642
003450858	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	41975	41196
003450965	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	10225	74362

Call Number	Documentation Issue	Driver #	Attendant #
003450937	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15299	15205
003451083	<ul style="list-style-type: none"> • Postal Code. 	60156	26569
003451221	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	14085	11536
003451437	<ul style="list-style-type: none"> • Postal Code. 	60372	26569
003451357	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	11536	14085
003451503	<ul style="list-style-type: none"> • Postal Code. • Medications. • Allergies. 	10083	98932
003451696	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15974	88925
003451677	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	98932	10083
003451756	<ul style="list-style-type: none"> • Postal Code. 	81642	99237
003451861	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	42266	13261
003451940	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	11536	41409
003452088	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	88925	16493
003443208	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Fluid Balance. • Pick up Kilometres. • Destination Kilometres. 	83369	15297
003443120	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	59066	42266

Call Number	Documentation Issue	Driver #	Attendant #
003443357	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	11122	11570
003443462	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. • CTAS . • Vitals x 2 minimum./ and as call indicated. 	12243	15299
003443593	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	88925	15205
003443556	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15205	88925
003443818	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15299	12243
003443836	<ul style="list-style-type: none"> • Start Kilometres. • Pickup Location Code. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	12243	15299
003443863	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	50874	15297
003444042	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	41196	11536
003444098	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	13261	42266
003444241	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15779	16055
003447131	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	11122	11570

Call Number	Documentation Issue	Driver #	Attendant #
003444324	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	88925	94385
003444303	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Fluid Balance. • Pick up Kilometres. • Destination Kilometres. 	99237	15287
003444574	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Fluid Balance. • Pick up Kilometres. • Destination Kilometres. 	80209	59066
003444566	<ul style="list-style-type: none"> • Mailing Address. • City/Town. • Province. • Postal Code. 	38381	14085
003444644	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	14085	11536
003444832	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	14085	15445
003444766	<ul style="list-style-type: none"> • Postal Code. 	96782	26569
003444876	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15517	59066
003444893	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	41409	38670
003444972	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	94944	10726
003445116	<ul style="list-style-type: none"> • Mailing Address. • City/Town. • Province. • Postal Code. 	14488	10499
003445192	<ul style="list-style-type: none"> • City/Town. • Postal Code. 	10083	15162
729003449506	<ul style="list-style-type: none"> • Postal Code. • Crew Mbr. Initials. 	12243	16160

Call Number	Documentation Issue	Driver #	Attendant #
003445200	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	14085	11536
003445290	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	80209	10860
003445321	<ul style="list-style-type: none"> • Start Kilometres. • Pickup Location Code. • Mailing Address. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	13261	42266
003445527	<ul style="list-style-type: none"> • Start Kilometres. • Fluid Balance. • Pick up Kilometres. • Destination Kilometres. 	40496	79984
003445532	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	74362	10083
003445596	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	16495	88925
003445726	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15276	12173
003445722	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	15450	12782
003445924	<ul style="list-style-type: none"> • Start Kilometres. • Pickup Location Code. • Postal Code. • Fluid Balance. • Pick up Kilometres. • Destination Kilometres. 	12243	10225
003445885	<ul style="list-style-type: none"> • Start Kilometres. • Pickup Location Code. • Postal Code. • Fluid Balance. • Pick up Kilometres. • Destination Kilometres. 	10225	12243
003446018	<ul style="list-style-type: none"> • Postal Code. 	60372	26569

Call Number	Documentation Issue	Driver #	Attendant #
003446277	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	38670	41409
003446285	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	50874	15297
000610659	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	15517	12782
003446371	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	94944	10726
003446721	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	49947	86492
003447088	<ul style="list-style-type: none"> • Start Kilometres. • Pickup Location Code. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	13261	42266
000611834	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15269	58598
003447098	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	15299	14085
003447103	<ul style="list-style-type: none"> • Start Kilometres. • Pickup Location Code. • Pick up Kilometres. • Destination Kilometres. 	42266	13261
003447188	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15161	88925
003447259	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	12243	10225
003447486	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15084	52006

Call Number	Documentation Issue	Driver #	Attendant #
003447428	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	59066	12903
003447442	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	61573	37002
003447706	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	14085	11536
003447728	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Fluid Balance. • Pick up Kilometres. • Destination Kilometres. 	42266	13261
003447884	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15287	99237
003447723	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	14085	11536
729003449699	<ul style="list-style-type: none"> • Start Kilometres. • Pickup Location Code. • City/Town. • Secondary Problem. • Pick up Kilometres. • Destination Kilometres. 	16493	16495

Patient Carried Calls - Code 1, 2

Call Number	Documentation Issue	Driver #	Attendant #
729003455170	<ul style="list-style-type: none"> • Medications. 	98932	10083
729003454872	<ul style="list-style-type: none"> • Postal Code. • Medications. 	41409	16055
729003454586	<ul style="list-style-type: none"> • Postal Code. • Medications. 	12173	13297
729003460189	<ul style="list-style-type: none"> • Postal Code. • Medicine or Procedure. • Result. • Vitals x 2 minimum,/ and as call indicated. 	38381	98932
729003453651	<ul style="list-style-type: none"> • Postal Code. • Incident History (PQRST)(MOI). 	12782	17072
729003451492	<ul style="list-style-type: none"> • Postal Code. 	10225	16160

Call Number	Documentation Issue	Driver #	Attendant #
927003453895	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Incident History (PQRST)(MOI). • Relevant Past History. • Medications. • Remarks/Orders. • Pick up Kilometres. • Destination Kilometres. 	42266	13261
729003463235	<ul style="list-style-type: none"> • Incident History (PQRST)(MOI). 	38670	41409
7290345692	<ul style="list-style-type: none"> • Postal Code. 	10860	61573
927003453392	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Medications. • Pick up Kilometres. • Destination Kilometres. • Vitals x 2 minimum,/ and as call indicated. 	15162	12903
927003455144	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Incident History (PQRST)(MOI). • Medications. • Allergies. • Pick up Kilometres. • Destination Kilometres. • Medicine or Procedure. • Vitals x 2 minimum,/ and as call indicated. 	99237	81642
927003454043	<ul style="list-style-type: none"> • Postal Code. • Chief Complaint. • Incident History (PQRST)(MOI). • Relevant Past History. • Medications. • Allergies. • General Appearance. • Head/Neck. • Chest. • Back/Pelvis. • Extremities. • Medicine or Procedure. • Vitals x 2 minimum,/ and as call indicated. • Crew Mbr. No.. 	60372	26569
927003454115	<ul style="list-style-type: none"> • Medications. • Medicine or Procedure. • Vitals x 2 minimum,/ and as call indicated. 	26569	60372
927003454431	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	98932	10083

Call Number	Documentation Issue	Driver #	Attendant #
927003454906	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. • Vitals x 2 minimum,/ and as call indicated. 	61573	15276
729003452753	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	25919	11526
729003453032	<ul style="list-style-type: none"> • Postal Code. 	14416	16081
729003455459	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	14085	11536
729003453184	<ul style="list-style-type: none"> • Start Kilometres. • Dispatch Problem Code. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	60156	11536
729003455999	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Incident History (PQRST)(MOI). • Relevant Past History. • Medications. • General Appearance. • Pick up Kilometres. • Destination Kilometres. • Head/Neck. • Chest. • Abdomen. • Back/Pelvis. • Extremities. • Medicine or Procedure. • Result. • Vitals x 2 minimum,/ and as call indicated. 	10083	98932
729003456208	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	10083	26569
729003453443	<ul style="list-style-type: none"> • Postal Code. 	38381	19490
729003457699	<ul style="list-style-type: none"> • Postal Code. 	50874	15779
729003457262	<ul style="list-style-type: none"> • Postal Code. 	10726	94944
729003456801	<ul style="list-style-type: none"> • Postal Code. 	81642	15161
729003456472	<ul style="list-style-type: none"> • Postal Code. 	11570	11122
729003465681	<ul style="list-style-type: none"> • Postal Code. 	16494	13906
003452085	<ul style="list-style-type: none"> • Postal Code. 	16495	13906

Call Number	Documentation Issue	Driver #	Attendant #
729003447037	<ul style="list-style-type: none"> • Start Kilometres. • Pickup Location Code. • Skin (1st Assessment). • Pick up Kilometres. • Destination Kilometres. 	52006	72020
729003447355	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	86492	49947
729003448191	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Remarks/Orders. • Pick up Kilometres. • Destination Kilometres. 	13906	86492
729003448084	<ul style="list-style-type: none"> • Start Kilometres. • Patient Number. • Patient Sequence Number. • Postal Code. • Medications. • Allergies. • Pick up Kilometres. • Destination Kilometres. 	13297	12173
003453547	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15517	38670
003453751	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	16493	10083
003453973	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Medications. • Pick up Kilometres. • Destination Kilometres. 	41409	38670
003454115	<ul style="list-style-type: none"> • Dispatch Problem Code. • Postal Code. 	26596	60372
003454224	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	98932	10083
003454431	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	98932	10083
729003454043	<ul style="list-style-type: none"> • Postal Code. 	60372	26569

Call Number	Documentation Issue	Driver #	Attendant #
003454653	<ul style="list-style-type: none"> • Start Kilometres. • Medications. • Allergies. • Pick up Kilometres. • Destination Kilometres. 	40496	79984
003454740	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	41409	38670
729003466645	<ul style="list-style-type: none"> • Postal Code. • Secondary Problem. 	60372	26569
003454872	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	41409	16055
003455170	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	98932	10083
003445959	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	15276	14416
003446044	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	12903	59066
003446450	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	13297	12173
003448538	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. • Medicine or Procedure. • Vitals x 2 minimum./ and as call indicated. 	13261	10083
003449552	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. • Medicine or Procedure. • Result. • Vitals x 2 minimum./ and as call indicated. 	10083	98932
729003454906	<ul style="list-style-type: none"> • Start Kilometres & Postal Code. • Pick up Kilometres & • Destination Kilometres. 	61573	15276

Call Number	Documentation Issue	Driver #	Attendant #
003449554	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Incident History (PQRST)(MOI). • Relevant Past History. • Medications. • Allergies. • Pick up Kilometres. • Destination Kilometres. • Medicine or Procedure. • Result. • Vitals x 2 minimum,/ and as call indicated. 	98932	10083
729003466839	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	10860	15205
003450798	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Relevant Past History. • Medications. • Pick up Kilometres & Destination Kilometres. 	15062	16055
003451687	<ul style="list-style-type: none"> • Postal Code. • Incident History (PQRST)(MOI). • Relevant Past History. • Medications. • Allergies. • Head/Neck, Chest, Abdomen, Back/Pelvis. • Medicine or Procedure. • Result. • Vitals x 2 minimum,/ and as call indicated. 	10083	98932
003451688	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Medications. • Allergies. • Pick up Kilometres. • Destination Kilometres. • Head/Neck. • Chest. • Abdomen. • Back/Pelvis. • Medicine or Procedure. • Result. • Vitals x 2 minimum,/ and as call indicated. 	10083	98932
729003455999	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Medications. • Pick up Kilometres. • Destination Kilometres. 	10083	98932

Call Number	Documentation Issue	Driver #	Attendant #
729003452606	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. • Medicine or Procedure. • Result. • Vitals x 2 minimum,/ and as call indicated. 	13621	42266
729003454103	<ul style="list-style-type: none"> • Postal Code. • Relevant Past History. • Medicine or Procedure. • Result. • Vitals x 2 minimum,/ and as call indicated. 	60372	26569
729003465891	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	50874	16493
729003453030	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. • Medicine or Procedure. • Result. • Vitals x 2 minimum,/ and as call indicated. 	15161	81642

Non Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
729003453893	<ul style="list-style-type: none"> • Postal Code. 	25919	25919
729003444029	<ul style="list-style-type: none"> • Cancelled Reason. • Destination kilometres. • Pick up kilometres. • Postal Code. 	13261	42266
729000346	<ul style="list-style-type: none"> • Destination kilometres. • Pick up kilometres. • Postal Code. 	16495	16495
729003444053	<ul style="list-style-type: none"> • Destination kilometres. • Pick up kilometres. • Postal Code. 	15450	19490
0000000000	<ul style="list-style-type: none"> • Destination kilometres. • Patient Sequence Number & Patients. • Pick up kilometres. • Postal Code. • Trauma injury site/type. 	41196	14488
729003467854	<ul style="list-style-type: none"> • Pick up kilometres. 	11122	16494
729003453395	<ul style="list-style-type: none"> • Pick up kilometres & Postal Code. 	10860	61573

Call Number	Documentation Issue	Driver #	Attendant #
729003449029	<ul style="list-style-type: none"> • Cancelled Reason. • Destination kilometres. • Pick up kilometres. • Postal Code. • Primary Problem. • Crew Mbr. No.. • Vitals. • Times. 	13261	42600
7290034665843	<ul style="list-style-type: none"> • Destination kilometres. • Patients. • Pick up kilometres. 	12173	13297
729003444023	<ul style="list-style-type: none"> • Cancelled Reason. • Postal Code. • Primary Problem. • Vitals. • Times. 	15297	50874
729003466038	<ul style="list-style-type: none"> • Cancelled Reason. • Patient Sequence Number. • Patients. • Pickup location Code. • Warning Systems. • Code. • Crew Mbr. Initials. • Crew Mbr. No.. 	12903	10225
729003468195	<ul style="list-style-type: none"> • Destination kilometres. • Patient Sequence Number. • Patients. • Pick up kilometres. 	16453	11536
729003465846	<ul style="list-style-type: none"> • Destination kilometres. • Patient Sequence Number. • Patients. • Pick up kilometres. 	74362	15517
729003465486	<ul style="list-style-type: none"> • Crew Member 2 Signature. 	00000	15445
729003462162	<ul style="list-style-type: none"> • Cancelled Reason. • Patient Sequence Number. • Patients. • Postal Code. 	12243	10225
729003467444	<ul style="list-style-type: none"> • Patient Sequence Number. • Patients. • Postal Code. 	59066	12903
729003467024	<ul style="list-style-type: none"> • Patient Sequence Number. • Patients. • Postal Code. 	86492	15205
729003467001	<ul style="list-style-type: none"> • Destination kilometres. • Pick up kilometres. • Postal Code. 	16494	10726

Call Number	Documentation Issue	Driver #	Attendant #
729003467326	<ul style="list-style-type: none"> • Destination kilometres. • Pick up kilometres & Pickup location Code. • Postal Code. 	37002	16495
7293443223	<ul style="list-style-type: none"> • Postal Code. • Trauma injury site/type. 	60372	11273
729003467887	<ul style="list-style-type: none"> • Pick up kilometres. • Postal Code. • Vitals. 	10514	14416
729003443773	• Destination kilometres & Pick up kilometres.	15469	16495
729003444070	<ul style="list-style-type: none"> • Allergies. • Destination kilometres. • Dsp. Prb. Cde. • Medications. • Pick up kilometres. • Relevant Past History. • Tx prior to Arrival. 	11536	41196

Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
729000346	<ul style="list-style-type: none"> • Decision Maker Name. • Patient Address. • Relationship to Patient & Witness Signature. • Crew Member Sig. 1. 	16495	16495
729003444053	• Decision Maker Name.	15450	19490
729003449029	<ul style="list-style-type: none"> • Decision Maker Name. • Patient/Substitute decision maker Name. • Patient Address. • Relationship to Patient. • Witness Signature. • Crew Member Sig. 1. 	13261	42600
729003444023	<ul style="list-style-type: none"> • Decision Maker Name. • Patient/Substitute decision maker Name. • Patient Address. • Witness Signature. • Crew Member Sig. 1. 	15297	50874
729003466038	• Witness Signature.	12903	10225
729003468195	• Witness Signature.	16453	11536
729003465486	• Decision Maker Name.	00000	15445
729003462162	• Decision Maker Name & Witness Signature.	12243	10225
729003467444	<ul style="list-style-type: none"> • Decision Maker Name. • Patient/Substitute decision maker Name. • Patient Address. • Relationship to Patient & Witness Signature. 	59066	12903
729003467001	• Decision Maker Name.	16494	10726

Call Number	Documentation Issue	Driver #	Attendant #
729003467326	• Decision Maker Name. • Patient Address. • Witness Signature.	37002	16495
7293443223	• Decision Maker Name.	60372	11273
0000000000	• Witness Signature.	41196	14488
729003453395	• Decision Maker Name.	10860	61573
729003443773	• Decision Maker Name. • Time & Date.	15469	16495
729003444070	• Decision Maker Name. • Time & Date.	11536	41196

Appendix C: Paramedic Ride Out Summary Observation Tables

Call Observation Summary							
CALL	934003469973	VEHICLE NO:	4500	PRIORITY	OUT: 3	IN: 3	
MEDIC	14085	MEDIC #2	11536	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard					P		
Scene Survey Completed to Standard				Y			
Communications with CACC according to Standard				Y			
Primary Assessment Performed to Standard				Y			
Transport Decision Appropriate to Patient Assessment				Y			
Patient History to Standard				Y			
Vital Signs (2 complete sets)				Y			
All Medication Interventions to Standard							NA
All Cardiac Monitoring/Defibrillation Interventions to Standard							NA
Patient Care Provided to Standard				Y			
Secondary Assessment to Standard				Y			
Movement of Patient According to Patient Presentation				Y			
Transport Decision and Return Code According to Patient Condition				Y			
Patient Care Enroute According to Standard				Y			
Reporting to Receiving Staff According to Standard				Y			
Post Call Duties Completed as Appropriate				Y			

Call Observation Summary						
CALL	934003469943	VEHICLE NO:	4500	PRIORITY	OUT: 3	IN: 3
MEDIC	11536	MEDIC #2	14085	CALL TYPE:	MEDICAL	
Call Sequence				Y	P	N NA
Pre-Call Completed to Standard				Y		
Scene Survey Completed to Standard				Y		
Communications with CACC according to Standard				Y		
Primary Assessment Performed to Standard				Y		
Transport Decision Appropriate to Patient Assessment				Y		
Patient History to Standard				Y		
Vital Signs (2 complete sets)				Y		
All Medication Interventions to Standard						NA
All Cardiac Monitoring/Defibrillation Interventions to Standard				Y		
Patient Care Provided to Standard				Y		
Secondary Assessment to Standard				Y		
Movement of Patient According to Patient Presentation				Y		
Transport Decision and Return Code According to Patient Condition				Y		
Patient Care Enroute According to Standard				Y		
Reporting to Receiving Staff According to Standard				Y		
Post Call Duties Completed as Appropriate				Y		

Call Observation Summary						
CALL	931003469957	VEHICLE NO:	4226	PRIORITY	OUT: 4	IN: 3
MEDIC	50874	MEDIC #2	15297	CALL TYPE:	MEDICAL	
Call Sequence				Y	P	N NA
Pre-Call Completed to Standard				Y		
Scene Survey Completed to Standard				Y		
Communications with CACC according to Standard				Y		
Primary Assessment Performed to Standard						NA
Transport Decision Appropriate to Patient Assessment				Y		
Patient History to Standard				Y		
Vital Signs (2 complete sets)				Y		
All Medication Interventions to Standard						NA
All Cardiac Monitoring/Defibrillation Interventions to Standard				Y		
Patient Care Provided to Standard				Y		
Secondary Assessment to Standard				Y		
Movement of Patient According to Patient Presentation				Y		
Transport Decision and Return Code According to Patient Condition				Y		
Patient Care Enroute According to Standard				Y		
Reporting to Receiving Staff According to Standard				Y		
Post Call Duties Completed as Appropriate				Y		

Appendix D Ambulance Vehicle Audit Table

MOHLTC Vehicle No.	Audit Findings	MOHLTC Vehicle No.	Audit Findings
4226	<u>First Response Kit</u> Hand operated suction unit (including Cartridge). <u>Patient Care Equipment in Vehicle</u> Paediatric simple mask with oxygen tubing. <u>Suction Equipment</u> Adapter for hand held suction unit. Spare suction cartridge for hand-operated unit. <u>MCI (Mass Casualty Incident) Kit</u> Light sticks non expired.	4506	<u>Patient Carrying Equipment</u> # 9 missing shoulder harness <u>First Response Kit</u> Child simple mask with tubing Paediatric Trauma Bag 2" (5.0cm) Hypo-allergenic tape. <u>First Aid Supplies</u> 2" (5cm) Hypo-allergenic tape. <u>Patient Care Equipment in Vehicle</u> Adult simple mask with oxygen tubing. Oxygen nipple adapter. Paediatric simple mask with oxygen tubing. Suction Equipment Disposable suction collection bags. Double male connector for hand-operated unit. <u>Miscellaneous</u> Emesis basins. <u>Obstetrical Kit</u> Mucous trap with neo-safe bulb according to BH direction. <u>Linen</u> Pillows (hypo-allergenic).
4376	<u>Driver's Compartment</u> Back up alarm not working.		
4500	<u>Interior lights working</u> (middle high out over cot) <u>First Response Kit</u> Hand operated suction unit (including Cartridge). <u>Trauma Bag</u> 2" (5.0cm) Hypo-allergenic tape. First Aid Supplies 2" (5cm) Hypo-allergenic tape. <u>Patient Care Equipment in Vehicle</u> Adult simple mask with oxygen tubing. Paediatric simple mask with oxygen tubing. <u>Suction Equipment</u> Double male connector for hand-operated unit. <u>Miscellaneous</u> Emesis basins. Plastic bed pan	4500 Cont'd	<u>Advanced Airway Kit</u> Paediatric simple oxygen mask with tubing. <u>Drugs</u> *Furosemide 40mg/4ml (preload). *Sodium bicarbonate 50mEq/50ml (preload). Diazepam 10mg/2ml vials. Dopamine HCL 400mg/250 cc. Morphine Sulphate 10mg total. <u>ALS Backup Kit</u> Saline locks. Spare laryngoscope, blades, batteries and (2) bulbs. <u>Drugs (Back Up)</u> 1 bag Dopamine HCL 400mg/250 cc or 2 Preload Dopamine HCL 200/5ml. Diazepam 10mg/2ml vials. Morphine sulphate not to exceed 40 mg.

Appendix E Oxygen & Suction Testing Report

Vehicle Number	4223	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	L51001089	01-06-2009	01-01-2009	17-07-2008
Flow Meter #1	42523A	01-06-2009	01-01-2009	17-07-2008
Flow Meter #2	FMM005079KF	01-06-2009	01-01-2009	17-07-2008
On-Board Suction	MOO324	01-06-2009	01-01-2009	17-07-2008
Portable O2 Regulator	553000	01-06-2009	20-01-2009	17-07-2008
Vehicle Main Regulator	569461	01-06-2009	20-01-2009	17-07-2008

Vehicle Number	4224	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	L51001051	01-06-2009	20-01-2009	17-07-2008
Flow Meter #1	0802X	01-06-2009	20-01-2009	16-07-2008
Flow Meter #2	560370	01-06-2009	20-01-2009	16-07-2008
On-Board Suction	MOD 324	01-06-2009	20-01-2009	17-07-2008
Portable O2 Regulator	OT564567	01-06-2009	20-01-2009	16-07-2008
Vehicle Main Regulator	13828	01-06-2009	20-01-2009	16-07-2008

Vehicle Number	4226	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	L51001095	01-06-2009	20-01-2009	17-07-2008
Flow Meter #1	26A	01-06-2009	20-01-2009	17-07-2008
Flow Meter #2	26A	01-06-2009	20-01-2009	17-07-2008
On-Board Suction	MOD 324	01-06-2009	20-01-2009	17-07-2008
Portable O2 Regulator	010800028	01-06-2009	20-01-2009	17-07-2008
Vehicle Main Regulator	6776	01-06-2009	20-01-2009	17-06-2008

Vehicle Number	4227	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	L51001092	01-06-2009	20-01-2009	17-07-2008
Flow Meter #1	FMM005082KF	01-06-2009	20-01-2009	17-07-2008
Flow Meter #2	FMM005068KF	01-06-2009	20-01-2009	17-07-2008
On-Board Suction	MOD 324	01-06-2009	20-01-2009	17-07-2008
Portable O2 Regulator	595558	01-06-2009	20-01-2009	17-07-2008
Vehicle Main Regulator	851402	01-06-2009	20-01-2009	17-07-2008

Vehicle Number	4376	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	4376D	01-06-2009	19-01-2009	17-07-2008

Vehicle Number	4269	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	L51001086	01-06-2009	19-01-2009	16-07-2008
Flow Meter #1	568873	01-06-2009	19-01-2009	16-07-2008
Flow Meter #2	10669152	01-06-2009	19-01-2009	16-07-2008
On-Board Suction	MOD 324	01-06-2009	19-01-2009	16-07-2008
Portable O2 Regulator	552997	01-06-2009	19-01-2009	16-07-2008
Vehicle Main Regulator	13653	01-06-2009	19-01-2009	16-07-2008

Vehicle Number	4282	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	L51001166	01-06-2009	19-01-2009	17-07-2008
Flow Meter #1	563416	01-06-2009	19-01-2009	17-07-2008
Flow Meter #2	C9	01-06-2009	19-01-2009	17-07-2008
On-Board Suction	MOM 324	01-06-2009	19-01-2009	17-07-2008
Portable O2 Regulator	698	01-06-2009	19-01-2009	17-07-2008
Portable O2 Regulator	3553	01-06-2009	19-01-2009	17-07-2008
Vehicle Main Regulator	851360	01-06-2009	19-01-2009	17-07-2008

Vehicle Number	4286	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	L51001162	01-06-2009	19-01-2009	17-07-2008
Flow Meter #1	86A	01-06-2009	19-01-2009	17-07-2008
Flow Meter #1	FMM005066	01-06-2009	19-01-2009	17-07-2008
On-Board Suction	MOD 324	01-06-2009	19-01-2009	17-07-2008
Portable O2 Regulator	820	01-06-2009	19-01-2009	17-07-2008
Vehicle Main Regulator	851399	01-06-2009	19-01-2009	17-07-2008

Vehicle Number	4287	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	L51001096	01-06-2009	20-01-2009	17-07-2008
Flow Meter #1	10601973	01-06-2009	20-01-2009	17-07-2008
Flow Meter #2	87A	01-06-2009	20-01-2009	17-07-2008
On-Board Suction	MOD 324	01-06-2009	20-01-2009	17-07-2008
Portable O2 Regulator	OT549254	01-06-2009	20-01-2009	17-07-2008
Vehicle Main Regulator	569459	01-06-2009	20-01-2009	17-07-2008
Vehicle Main Regulator	569459	01-06-2009	20-01-2009	17-07-2008

Vehicle Number	4357	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	093005	01-06-2009	19-01-2009	17-07-2008

Vehicle Number	4385	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	0608109	01-06-2009	20-01-2009	17-07-2008
Portable O2 Regulator	554679	01-06-2009	20-01-2009	17-07-2008
Portable O2 Regulator	030207728	01-06-2009	20-01-2009	17-07-2008

Vehicle Number	4411	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	L51001093	01-06-2009	20-01-2009	17-07-2008
Flow Meter #1	560373	01-06-2009	20-01-2009	17-07-2008
Flow Meter #1	J	01-06-2009	20-01-2009	17-07-2008
On-Board Suction	MOD 324	01-06-2009	20-01-2009	17-07-2008
Portable O2 Regulator	071404	01-06-2009	20-01-2009	17-07-2008
Vehicle Main Regulator	851490	01-06-2009	20-01-2009	17-07-2008

Vehicle Number	4412	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	L51001085	01-06-2009	20-01-2009	17-07-2008
Flow Meter #1	H	01-06-2009	20-01-2009	17-07-2008
On-Board Suction	MOD 324	01-06-2009	20-01-2009	17-07-2008
Portable O2 Regulator	OT562875	01-06-2009	20-01-2009	17-07-2008
Vehicle Main Regulator	851433	01-06-2009	20-01-2009	17-07-2008

Vehicle Number	4500	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	L51001094	01-06-2009	20-01-2009	17-07-2008
Flow Meter #1	560372	01-06-2009	20-01-2009	16-07-2008
Flow Meter #2	C	01-06-2009	20-01-2009	16-07-2008
Portable O2 Regulator	595560	01-06-2009	20-01-2009	16-07-2008
Vehicle Main Regulator	13906	01-06-2009	20-01-2009	16-07-2008
Vehicle Main Regulator	MOD 324	01-06-2009	20-01-2009	17-07-2008

Vehicle Number	4507	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	L51001071	01-06-2009	20-01-2009	16-07-2008
Flow Meter #1	174593	01-06-2009	20-01-2009	16-07-2008
On-Board Suction	MOD 3245	01-06-2009	20-01-2009	16-07-2008
Portable O2 Regulator	595559	01-06-2009	20-01-2009	16-07-2008
Vehicle Main Regulator	6972	01-06-2009	20-01-2009	16-07-2008

Vehicle Number	4508	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable	0608112	01-06-2009	20-01-2009	16-07-2008
Flow Meter #1	Y	01-06-2009	20-01-2009	16-07-2008
On-Board Suction	MOD 324	01-06-2009	20-01-2009	16-07-2008
Portable O2 Regulator	OT562873	01-06-2009	20-01-2009	16-07-2008
Vehicle Main Regulator	13972	01-06-2009	20-01-2009	16-07-2008

Appendix F Stretcher Maintenance

Vehicle Number	4223	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date
#42 Stairchair	L627152	17/12/2008	9/7/2008
#65 Scoop	L764020	17/12/2008	9/7/2008
#9	J72019	17/18/2008	9/7/2008

Vehicle Number	4224	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date
#35A	BBB113720	17/12/2008	8/7/2008
#42 Stairchair	L630408	17/12/2008	8/7/2008
#65 Scoop	021055	17/12/2008	8/7/2008
#9	E53820	17/12/2008	8/7/2008

Vehicle Number	4226	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date
#35A	BBB113807	18/12/2008	9/7/2008
#42 Stairchair	L360566	18/12/2008	9/7/2008
#65 Scoop	014334	18/12/2008	9/7/2008
#9	FC1659	18/12/2008	9/7/2008

Vehicle Number	4233	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date
#35A	L637968	17/12/2008	9/7/2008
#35A	L643152	17/12/2008	9/7/2008

Vehicle Number	4269	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date
#30	L631834	17/12/2008	8/7/2008
#35A	L64147	17/12/2008	8/7/2008
#42 Stairchair	L630412	17/12/2008	8/7/2008
#65 Scoop	08-095106	17/12/2008	8/7/2008
#9	L256521	17/12/2008	8/7/2008

Vehicle Number		4282	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
#35A	BBB113813		17/12/2008	9/7/2008/
#35A	L643141		17/12/2008	9/7/2008
#42 Stairchair	L630419		17/12/2008	9/7/2008
#65 Scoop	L66399		17/12/2008	9/7/2008
#9	L319586		17/12/2008	9/7/2008

Vehicle Number		4286	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
#35A	BBB113714		17/12/2008	9/7/2008
#35A	L626167		17/12/2008	9/7/2008
#42 Stairchair	L627153		17/12/2008	9/7/2008
#65 Scoop	L562919		17/12/2008	9/7/2008
#9	L632791		17/12/2008	9/7/2008

Vehicle Number		4287	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
#35A	BBB113955		18/12/2008	9/7/2008
#35A	L631209		18/12/2008	9/7/2008
#42 Stairchair	L630404		18/12/2008	9/7/2008
#65 Scoop	L779837		18/12/2008	9/7/2008
#9	L17087		18/12/2008	9/7/2008

Vehicle Number		4411	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
#35A	BBB113717		18/12/2008	9/7/2008
#35A	L640738		18/12/2008	9/7/2008
#42 Stairchair	L359950		18/12/2008	9/7/2008
#65 Scoop	06-018127		18/12/2008	9/7/2008
#9	FC 1445		18/12/2008	9/7/2008

Vehicle Number		4412	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
#30	L631841		18/12/2008	10/7/2008
#35A	BBB113829		18/12/2008	10/07/2008
#42 Stairchair	L630520		18/12/2008	10/7/2008
#65 Scoop	L64449		18/12/2008	10/7/2008
#9	L173402		18/12/2008	10/7/2008

Vehicle Number	4507	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date
#35A	BBB113332	17/12/2008	10/7/2008
#42 Stairchair	L627151	17/12/2008	10/7/2008
#65 Scoop	L129067	17/12/2008	10/7/2008
#9	SA014977	17/12/2008	10/7/2008

Vehicle Number	SPARE	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date
#30	L287099	08-07-2008	
#30	L617713	8/7/2008	
#35A	BBB113388	23-03-2009	
#35A	BBB113811	29-03-2009	
#35A	BBB113812	8/7/2008	
#35A	BBB113954	17-12-2008	
#35A	L640919	8/7/2008	
#35A	L640926	23-03-2009	
#35A	L643141	8/8/2008	
#42 Stairchair	L627160	8/7/2008	
#65 Scoop	021055	6/7/2008	

Appendix C Station Omissions Audit Table

Station	Omissions Audit Findings
Lakefield	• No Deficiencies Found.
Norwood	• No Deficiencies Found.
Peterborough	• No Deficiencies Found.
Apsley	• Adequate replacement oxygen cylinders were not readily available to staff. • Fire extinguishers have yearly check tag (June 09) only one had monthly check tag.

