

The County of Peterborough
Joint Services Steering Committee

To: Chair and Members of Committee
From: Bob English, Chief, Emergency Medical Services
Date: February 10, 2011

Subject: EMS Quality Assurance Audit and Review

Recommendation: Received For Information.

Financial Impact: EMS 2010 Operating Budget

Background/Analysis:

As the result of a MOHLTC investigation concerning an ambulance call that took place on February 13, 2010 and a subsequent supplemental investigation, the evidence obtained during those investigations identified that our Service *may* not have been fully ensuring that the patient care provided and the documentation of the patient care and contact provided by all employees was completed in accordance with the *Basic Life Support Patient Care Standards* and the *Ambulance Service Documentation Standards* as required by The Ambulance Act, Part V of Regulation 257/00. In our defence we undertook a very comprehensive seven week third party audit and review of our Quality Assurance Program and presented our findings to the Senior Management of the MOHLTC on September 2nd. PCCEMS Chief, Deputy Chief and County CAO expressed concerns regarding the difference in findings and conclusions regarding PCCEMS meeting the certification requirements as outlined between the 2009 Ambulance Service Review Report and the recent Investigation Report 10IS-04-028. PCCEMS presented their Action Plan for meeting the recommendations from the investigation which includes improvements to their quality assurance program. To accomplish further improvements as well as meet the recommendations from a previous investigation PCCEMS requested the MOHLTC provide 50/50 funding for three additional staff members. PCCEMS also requested that a representative from Investigation Services; and Inspections, Certification and Regulatory Compliance complete a review of their existing quality assurance program to ensure they continue to meet compliance with the legislated requirements.

In conclusion, the following summary was provided by the MOHLTC:

- ▶ Overall PCCEMS is providing excellent service to the residents within their County.
- ▶ The changes to their quality assurance program should mitigate any further reoccurrence.
- ▶ There will not be any funding allocation from the Ministry for additional staff.
- ▶ The CAO advised at the meeting that he would not seek additional funding from County Council for three additional staff.
- ▶ Investigation Services will continue, as per past practice, make reference to the applicable legislation and provide findings. However, whether an ambulance service is or is not compliant with the legislated standards would continue be determined by the Inspection, Certification and Regulatory Compliance Section of Emergency Health Services.
- ▶ EHSB will accept PCCEMS' offer to review the quality assurance program and recently commissioned QA Audit findings and will provide a report to Dennis Brown on the findings of this review. MOHLTC will provide PCCEMS with the results of the review.
- ▶ MOHLTC suggested that from this experience it may be prudent for the Regional Field Offices to not quote directly from Investigation Report Recommendations which often site Regulation 257 and instead proactively recommend improvements rather than suggesting at the onset that a Service is non-compliant with Regulation 257.

In a letter under date November 22, 2010 addressed to the MOHLTC Senior Manager of Operations from the MOHLTC Manager of Investigation Services outlining the findings of the Investigator and an Inspector of the PCCEMS audit and review, the summary of the letter stated the following:

"We are satisfied that Peterborough County/City Emergency Medical Services is operating in compliance with the requirements of Part IV of Regulation 257/00 made under the Ambulance Act. No further action by this service is required at this time."

At the conclusion of the investigation process, MOHLTC Senior Management indicated that PCCEMS has one of the best quality assurance programs in the province.

Respectfully submitted,

Robert S. English, Chief

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

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November 22, 2010

MEMORANDUM TO: Dennis Brown
Sr. Manager – Operations

FROM: Rick Brady
Manager – Investigation Services

RE: Quality Assurance Program Audit - Peterborough
Our file 10IS-04-170

As you are aware, as the result of an investigation concerning an ambulance call that took place on February 13, 2010 and a subsequent supplemental investigation (10IS-04-170), the evidence obtained during those investigations identified that Peterborough County/City Emergency Medical Services (PCCEMS) may not have been fully ensuring that the patient care provided and the documentation of the patient care and contact provided by all employees was completed in accordance with the *Basic Life Support Patient Care Standards* and the *Ambulance Service Documentation Standards* as required by Part V of Regulation 257/00.

PCCEMS undertook a comprehensive review of their Quality Assurance Program and presented their findings to the Senior Management of the Branch on September 2, 2010. PCCEMS management and the CAO of the County of Peterborough stated that as a result of their review PCCEMS had found methodology to strengthen their QA Process.

It was agreed that an investigator and an inspector would undertake a review of the PCCEMS QA Process. This review has been completed and I would like to provide you with the following information:

1. Shift Supervisors audit 10% of the ACRs completed during a 24 hour period. Deficiencies in patient care and or documentation are forwarded to the Quality Assurance Superintendent (QAS).
2. The QAS audits an additional minimum of 10% of ACRs within 24 business hours of call completion.
3. The QAS audits all Incident Reports completed by paramedics prior to them being forwarded to the Field Office.
4. The QAS maintains a Paramedic ACR Audit Report that is provided to paramedics on a semi-annual basis. A service Audit Report is also provided to

allow the paramedic to compare his/her report completion to that of the service as a whole. Any problematic trends that are identified are addressed with the paramedic prior to the issuance of the report. The QAS said the Paramedic ACR Audit Report will become an annual report in the near future.

5. The QAS said the information contained in Paramedic ACR Audit Reports identifies areas where education for all employees is required and these issues are addressed during continuing medical education courses.
6. The QAS completes an ACR Evaluation Form providing feedback to the paramedics. The paramedics are given a time line to respond to major or critical deficiencies. Should the paramedic exceed the response time frame a letter is sent to the paramedic reminding him/her of the requirement to provide feedback on the identified deficiencies. If no response is received progressive discipline is put into practice.
7. In the event a critical error is identified and waiting for a response from the paramedic is not appropriate the QAS will meet with the paramedic. The QAS and CEPCP work together to provide remedial education where necessary.
8. At the request of the QAS CEPCP conducts focus audits of paramedics with identified major or critical patient care deficiencies. In addition Shift Supervisors conduct ride outs and completes Field Evaluations on these paramedics. The paramedic is given the opportunity to provide feedback and is expected to participate in the process.
9. The QAS has constructed an Evaluation Report for paramedics that includes but is not limited to their performance, compliance with local policies and procedures and the ALS and BLS Standards.
10. A comprehensive New Hire and Return to Work program is in place. 100% of ACRs for new hires and paramedics returning to work are reviewed by CEPCP. CEPCP provides feedback on these reviews to PCCEMS.
11. A comprehensive education program is in place and any educational issues are addressed during continuing medical education programs.
12. PCCEMS conducts client surveys and any issues brought forward through the survey process are immediately investigated. Complaints received by PCCEMS are immediately investigated and appropriate action is taken where necessary.

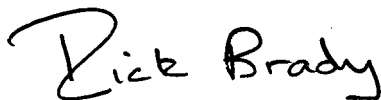
The contractual agreement between PCCEMS and CEPCP includes the following:

1. CCEPCP audits and provides feedback to PCCEMS of ACRs for quality and sufficiency of information, appropriateness of patient care and compliance with all legislated standards within 6 weeks of ACR completion as follows:
 - 100% of return priority 72
 - 100% of return priority 73
 - 100% of return priority 74
 - 100% of return priority 6

- 50% of return priority 4 where delegated acts were not performed
 - 50% of return priority 3 where delegated acts were not performed
 - 25% of return priority 1 where delegated acts were not performed
 - 5% of priority 2 where delegated acts were not performed
2. CEPCP notifies the QAS in those cases where major or critical errors are identified. The QAS conducts a further review to determine the appropriate action to be implemented.
 3. CEPCP audits 100% of ACRs completed by paramedics who have been identified as weak in the performance of delegated acts. The results of these audits were not immediately relayed to PCCEMS. The QAS said they are working with CEPCP to improve the timeliness of feedback.
 4. CEPCP conducts audits of 100% of ACRs involving delegated acts. CEPCP addresses deficiencies in the performance of delegated acts directly with the paramedic. CEPCP provides reports to the QAS on these reviews only when asked for. These reports identify delegated act deficiencies but do not identify the details of the deficiency or the subject paramedic. The QAS said CEPCP has agreed to provide PCCEMS with the identity of the paramedic and the QAS is working with CEPCP to receive these reports on a regular basis.

A review of 20 randomly selected return priority 4 and 20 randomly selected return priority 3 calls was conducted. No deficiencies in patient care and the documentation of said care were identified.

We are satisfied that Peterborough County/City Emergency Medical Services is operating in compliance with the requirements of Part IV of Regulation 257/00 made under the *Ambulance Act*. No further action by this service is required at this time.



c: B. Forsyth
A. Campeau
M. Bay
G. Donnelly