



The County of Peterborough
Joint Services Steering Committee

To: Chair and Members of Committee
From: Randy Mellow, Chief of Paramedics
Date: February 14, 2019

Subject: Ministry of Health & Long Term Care Land Ambulance Service Review 2018 and Presentation

Recommendation: Receive the report for information only.

Overview

The *Ambulance Act* stipulates that no person shall operate an ambulance service unless the person holds a certificate issued by the certifying authority, which is the Ministry of Health and Long-Term Care – Emergency Health Services Branch. 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, which includes a periodic Ambulance Service Review.

Peterborough County/City Paramedic Service (PCCP) has been in operation since November 6th, 2000. The current certificate to operate expires on May 31st, 2019. As required, and in order to renew the certification, PCCP participated in an Ambulance Service Review by the Ambulance Service Review Team on May 15th and 17th, 2018

Background

The purpose of the Ambulance Service Review is to ensure that the Service operates in a manner consistent with the *Land Ambulance Certification Standards* and in compliance with all relevant legislation.

Legislated standards include:

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

- Provincial Equipment Standards for Ontario Ambulance Services

The review also examines policies, procedures and practices of the Service to ensure that patient and employee safety is maintained and that Quality Assurance programs are in place to monitor delivery of care.

Analysis

During the Service Review, all areas of PCCP operation were evaluated and inspected by a team of peer reviewers, drawn from other Paramedic Services in Ontario and MOH-LTC staff. Random audits were completed on Ambulance Call Reports, examining for accuracy in documentation and compliance with legislated Patient Care Standards. The Review Team conducted detailed inspections of PCCP Stations, ambulances and response vehicles. Members of the Review Team also attended a number of responses with on-duty PCCP Crews in order to evaluate paramedic skills and legislative compliance. Interviews were also conducted with staff, hospitals, dispatch, base hospital and other stakeholders.

PCCP Administration is pleased to report that the department has received notification of successful completion of the Certification Review along with a full final Service Review Report.

The format of this report differs from previous years. The previous reports included “observations” only in areas identified for potential improvement. The new format also includes areas in which the Ministry Review Team has observed performance or practice worthy of commendation.

In total fifteen (15) observations were included in the report. A summary of the observations and resulting action taken are listed below:

ACR Review – ALS/BLS Standards (Observation 1)

Observations: 97.9% of the ACRs reviewed demonstrated patient care was provided in accordance with the ALS/BLS Patient Care Standards.

Of the two hundred and eighty-four Ambulance Call Reports reviewed by the Review Team, six reports (2.1%), demonstrate that documentation to confirm adherence to the ALS/BLS Patient Care Standards was not always completed (based upon documentation only).

Response: PCCP will continue to apply a robust quality assurance and continuing quality improvement program to improve these areas of documentation.

PCCP has also reviewed the observations made on the ACR's which were identified to have compliance gaps with documentation and/or patient care. The appropriate paramedics have been sent performance coaching in the form of an ambulance call evaluation to address performance gaps.

Training (Observation 2)

Observations: Evaluation results communicated to staff (all evaluations reviewed were dated April 10, 2018. Paper copies were delivered to each paramedics' station mailbox, however there was no documentation that paramedics received or reviewed their evaluations).

Response: PCCP will implement a more robust practice to ensure performance evaluations are received.

Vehicle- Equipment Restraints (Observation 3)

Observations: Patient care and accessory equipment and supplies were not always secured in the vehicles as per the PCTS (vehicle 4512 had various pieces of equipment in the front of the vehicle and response bags in patient compartment that were unrestrained). Paramedics and passengers were secured while the vehicle was in motion.

Response: PCCP acknowledges this observation and will continue to monitor and encourage compliance through education and continuing quality improvement and initiatives, including mandatory field evaluations.

Patient Care Equipment and Supplies (Observation 4 and 5)

Observation 4: Five ambulances were inspected and we noted the following: From the five ambulances reviewed by the Review Team, the Service Provider captured 2,264 of 2,276 equipment and supply requirements from the Provincial Equipment Standards for Ontario Ambulance Services, or 99.5%. **The Service Provider is commended for this review observation.**

Response: N/A

Observation 5: The Service Provider identified patient care and accessory equipment in need of repair, removed it from service and responded to identified deficiencies/concerns. There was documentation demonstrating that patient care equipment repairs had been completed however the Service Provider did not always maintain repair receipts for the life of each piece of equipment (the Service Provider utilizes a program that tracks the workflow for equipment identified as deficient but there is no evidence of the repair or lifespan of the equipment).

Response: The Service Provider is in the process of implementing an electronic records software that will monitor inventory of equipment and their preventative maintenance plan. The program will provide reports and alert Logistic staff when equipment is entered or removed service, and when equipment maintenance is required. The software goes live in December of 2018.

Medications (Observations 6 and 7)

Observation 6: 100% of the medications observed were stored in a manner consistent with manufacturer's requirements. 50% of the controlled medications observed were secured according to service policy and from unauthorized access (vehicle 4544 unlocked in the garage with narcotics inside; easily accessible to non-paramedic staff within the building).

Response: The Service Provider has initiated increased monitoring for compliance with policy to ensure vehicles are secured at all times. In addition, PCCP is implementing in-vehicle safes where ACP staff will be able to secure their narcotics in between calls. This safe has software that will notify supervisory staff when a narcotic safe is opened and closed. Logistic staff will also be advised when medication has expired and when a medication has been used for ordering purposes. The narcotic safe will allow the service to be compliant with service policy and improving controlled substance security.

Observation 7: 100% of the bases observed demonstrated the Service Provider ensured the safe disposal of biomedical sharps in an appropriate sharps container. Vehicles observed did not always demonstrate the Service Provider ensured the safe disposal of biomedical sharps (vehicles did not use the lids on sharps containers in response bags).

Response: The Service Provider is in the process investigating other options for large biomedical sharps container with a more secure lid. Until that time PCCP has provided direction to staff in regards to securing the lids on the sharps container when not in use.

Patient Care Devices and Conveyance Equipment Maintenance (Observation 8)

Observation 8: Service oxygen testing equipment had been calibrated according to the manufacturer's specifications. There were an adequate number of replacement oxygen cylinders accessible to staff to meet continuity of service requirements. Based on data available from Service files, of the one hundred and thirty-five patient care devices inspected, the preventive maintenance program met the manufacturer's specification 95% of the time. **The Service Provider is commended for this review observation.**

Response: N/A

Vehicle - Maintenance/Inspection (Observation 9, 10, 11 and 12)

Observation 9: The Service Provider had a complete certificate package, from each ambulance manufacturer/conversion vendor, certifying each ambulance used in the provision of service meets the standard. There was not always documentation on file confirming certification of ERVs (self-certification or manufacturer's certification) (vehicles 4357 and 4808 missing certification documentation). There was

documentation confirming additions/modifications completed after the original conversion continue to meet the manufacturer's specifications and related legislation.

Response: The service has received all required documents for each ERV.

Observation 10: The Service Provider's Vehicle Preventative Maintenance program is based on 6000 Km +/- 20% between services. Each vehicle is included within the Service Provider's Vehicle PM program. A review of nine vehicle PM files demonstrated the Service Provider's Vehicle Preventative Maintenance met the Service Provider's schedule/Original Equipment Manufacturer's schedule 94.0% of the time. **The Service Provider is commended for this review observation.**

Response: N/A

Observation 11: Vehicles were not always maintained mechanically and in proper working order (vehicles 4513 and 4544 - rear doors stick).

Response: The Service Provider sent both vehicles for service to investigate and repair the rear doors which were sticking on both vehicles. Both vehicles have been repaired and returned to service.

Observation 12: The Service Provider does not always audit checklists for completeness, accuracy and vehicle deficiencies or safety concerns (checklist for vehicle 4513 indicates there is a deficiency identified, which was inputted into a service request program, however, there is no link between deficiencies identified on the checklist and the service request program to ensure follow-up).

Response: The Service Provider is moving away from our current service request ticket system, to a more advanced software which will keep track of all our requests for service, for fleet, equipment and facilities.

Employee Qualifications (Observation 13)

Observation 13: From the forty HRI files reviewed by the Review Team, the Service Provider captured 1,169 of 1,171 possible qualification requirements, or 99.8%. **The Service Provider is commended for this review observation**

A personnel record is not always maintained for each employed paramedic which included evidence of qualification as described in Part III of Regulation 257/00. (Two files with incomplete immunization records).

Response: Paramedic 79984 has been updated with immunization records which are compliant with legislative regulations. Paramedic 18077 immunization records are in the process of being updated. The paramedic is receiving a new regimen of immunization. Once the regimen of immunization is complete, the file will be updated.

ACR – IR Documentation (Observation 14)

Observation 14: From the two hundred and eighty-four ACRs reviewed by the Review Team, the Service Provider captured 29,043 of 29,350 possible data points, or 99.0% of the Ambulance Call Report information requirements. **The Service Provider is commended for this review observation.**

Observation 14 – Patient Carried Calls: Mandatory fields were not always completed on patient carried calls according to the Ontario Ambulance Documentation Standards.

Observation 14 – Non-Patient Carried/Patient Refusal Calls: Mandatory fields were not always completed on non-patient carried and patient refusal calls according to the Ontario Ambulance Documentation Standards.

Response: PCCP will continue to apply a robust quality assurance and continuing quality improvement program to improve these areas of documentation

Response Time Performance Plan (Observation 15)

Observation 15: The Service Provider did not always review and update their Response Time Performance Plan by October 1st of each year (Response Time Plan was reviewed with council on October 18, 2017). Updates are provided to the Director no later than one month after the plan was updated.

Response: PCCP acknowledges this observation. PCCP reviews response time performance on a continual basis and submits the annual plan to the Peterborough County/City Joint Services Steering Committee (JSSC). Following approval by the JSSC, Peterborough County Council must then formally approve the RTPP.

The Response Time Performance Plan has been approved by Council and submitted prior to the October 31st deadline in each year. However, the timing of the JSSC and Council meetings has caused the official approval of the plan to occur after October 1st. In future years, PCCP will work with the County and City to ensure that the plan is presented and approved prior to October 1st.

As evidenced by the Service Review observations, PCCP continues to provide high quality patient care to our residents and visitors. The department welcomes opportunities such as those offered by the Ambulance Service Review to ensure that this level of care is maintained.

Financial Impact

No additional costs are anticipated. All items described in the responses to observations above have been previous anticipated in the PCCP budget.

Anticipated Impacts on Local and/or First Nations Communities

None

Link to County of Peterborough Strategic Plan Priorities

Improved Essential Infrastructure

Collaboration Shared Services

In consultation with:

1. CAO Troy Speck
2. Deputy Chief Chris Barry, PCCP Operations
3. Deputy Chief Don Oettinger, Professional Standards

Communication Completed/required:

A response to the MOH-LTC, including responses to each observation (as listed above), was required within 90 days of receipt of the to the draft report. This has been completed.

Attachments:

Appendix A - PCCP Land Ambulance Review

Respectfully Submitted,
Original Signed by
Randy Mellow
Chief of Paramedics

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