MINISTRY OF HEALTH

Land Ambulance Service Review
Final Report

Dufferin County Paramedic Service

June 10, 2024

Ontario

Ministry of Health

Emergency Health Regulatory and Accountability Branch

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August 21, 2024

Gary Staples
Dufferin County Paramedic Service
325 Blind Line
Orangeville, ON
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Dear Chief Staples:

Congratulations on successfully meeting the legislated requirements for certification as a land ambulance operator in the Province of Ontario. The Ambulance Service Preliminary Review Follow-Up conducted on June 10, 2024, found that Dufferin County Paramedic Service (DCPS) continues ongoing improvement towards ensuring the delivery of high-quality land ambulance service.

DCPS is to be commended for its efforts in the following areas:

- Preparation for the certification inspection
- Quality Assurance/Continuous Quality Improvement (CQI)
- Training
- Vehicles

Once again, congratulations to you and your team.

Sincerely,

A LaPlante

Allison LaPlante
Manager
Inspections and Certifications

Cc: Robin Souchuk, Senior Field Manager, Southwest Field Office, EHPMDB
Sonya Pritchard, CAO, The County of Dufferin

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Introduction

The *Ambulance Act* (the Act) stipulates[1] that no person shall operate an ambulance service unless the person holds a certificate issued by the certifying authority in accordance with subsection (2) of the Act. The Act further stipulates[2] 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. The Ministry of Health (MOH) conducts an ambulance service review (ASR) prior to the expiration of an existing certificate to confirm the land ambulance service operator meets the legislated requirements for recertification. Compliance with the Patient Care Standards legislated under the Act is required to ensure the highest levels of safety and quality practice are in place.

Legislated standards include:

- Land Ambulance Certification Standards (LACS)
- Basic Life Support Patient Care Standards (BLSPCS)
- Advanced Life Support Patient Care Standards (ALSPCS)
- Ambulance Service Communicable Disease Standards (ASCDS)
- Ontario Ambulance Documentation Standards (OADS)
- Ontario Provincial Land Ambulance & Emergency Response Vehicle Standards (OPLAERVS)
- Patient Care & Transportation Standards (PCTS)
- Provincial Equipment Standards for Ontario Ambulance Services (PESOAS)
- Patient Care Model Standards (PCMS)

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

- Patient Care
- Quality Assurance (Q/A) / Continuous Quality Improvement (CQI)
- Administration

Subsections within each of the above areas provide the legislative requirements, inspection methodologies, and the Review Team findings and observations.

[1]Ambulance Act, R.S.O., ch. A-19, s. 8(1) (1990)
[2]Ambulance Act, s. 8(2)

Review Team

Each Review Team is comprised of experienced sector specific professionals, knowledgeable in the governance and daily operations of land ambulance service. Members of the Review Team work collectively as appointed inspectors under the Act[3] to ensure excellence in the provision of emergency medical patient care and ambulance service operations is maintained for all Ontarians. Team members are selected for their recognized ability and expertise in their related fields and are trained by the Emergency Health Regulatory and Accountability Branch. Composition of each Review Team is specific to the size and type of service being reviewed.

Land Ambulance Service Review Overview

Land ambulance certificates expire every three years.[4]

Land ambulance Service Operators undergo an ambulance service review prior to the expiry of their certificate for the purposes of recertification as required by the regulations and the Act.[5]

Land ambulance Service Operators requiring recertification are provided advance notice, typically 90 days, before the on-site review occurs.

The Service Operator receives a secondary notification, typically 30 days prior to the on-site visit that confirms the date and time the on-site service review will commence.

When an ambulance Service Operator **meets** the legislated requirements for certification a three-year certificate to operate an ambulance service is issued.

When an Ambulance Service Operator **does not meet** certification criteria during the initial ASR the MOH conducts a service review supplemental visit. The purpose of the supplemental visit is to provide the Service Operator further opportunity to meet the requirements necessary to be successful.

Services requiring a supplemental visit are provided advance notice of the second on-site service review which typically occurs in 30 days. Continued consultation and assistance are provided to support the Service Operator in meeting the legislated requirements for land ambulance certification.

Exit Meeting:

Upon completion of the site visit, the Review Team Leader and designated team members meet with the Service Operator to present a high-level summary of the on-site ASR Team observations. This meeting provides an opportunity for the Service Operator to be informed of any areas that require prompt attention.

[3] **Ambulance Act, s. 18(1)**
[4] **Ambulance Act, Ontario Regulation 257/00, p. II**
[5] **O.Reg. 257/00, p. II**

Reports:

Following completion of the ASR, the Land Ambulance Service Review report including any actionable observations is provided to the Service Operator in draft form. The draft report forwarded to the Service Operator will indicate that their service has:

- Satisfied the requirements for recertification
- Not Satisfied the requirements for recertification

The Service Operator is provided 30 days to respond to the draft report.

The response process provides an opportunity for the Service Operator to speak to any noted observations within the draft report. Once the ministry receives the Service Operator's response, an Inspector from the Emergency Health Regulatory and Accountability Branch (EHRAB) will arrange a suitable time to conduct a follow up visit to ensure all noted observations within the draft report have been actioned effectively.

A final report, culminating the initial draft service review findings, the Service Operator's response to any noted observations, and the inspector's findings subsequent to the follow up visit is then provided to the Service Operator.

Inspection Methodologies:

The Ambulance Service Review Team and Inspectors utilize a number of activities and processes for compliance monitoring. These methods include but are not limited to:

Interviews:
Interviews conducted with the Service Operator and the Service Operator's staff;

Additionally, and when appropriate, interviews with stakeholder partners and allied agencies such as: local emergency room staff, base hospital staff, ambulance communication centre staff as well as a representative from the municipality or delivery agent (DA).

Documentation Review:
Files pertinent to the delivery of ambulance service are reviewed including: staff qualifications, policies & procedures, incident reports (IRs), ambulance call reports (ACRs), vehicle and equipment maintenance records, staff training records and other relevant standards related documents.

Paramedic Performance Evaluations:
In order to support the broadest, most safety centered assessment of the patient care provided by paramedics during their on-site visit, Review Team members will observe and evaluate patient care in receiving facilities such as hospitals, clinics, alternate destinations etc. to ensure the patient care provided meets the expected standard of care as required by the ALSPCS, BLSPCS and the Patient Care Model Standards.

Observation and Assessments:
To accurately determine compliance with the legislation and standards the Review Team conducts various assessments of service vehicles, equipment, supplies and documents. The team ensures ambulances and ERVs are constructed and equipped in accordance with the OPLAERVS.

Service Review Supplemental Visit
A secondary service visit that is conducted when a Service Operator, does not meet certification criteria during the initial land ambulance service review.

Follow Up Inspection
An Inspection conducted following a land ambulance service review to ensure the Service Operator has effectively actioned the noted observations found within the draft report.

Unannounced Inspection
Inspection undertaken without prior notice, conducted throughout the three-year certificate period for the purpose of compliance monitoring.

Follow Up to Unannounced Inspection
A follow up inspection to the unannounced inspection to ensure the Service Operator has effectively actioned any observations found during the unannounced inspection process.

Summation of the DCPS Review:

Dufferin County Paramedic Service operated from three stations, including headquarters, and provided primary and advanced paramedic patient care. The service employed 31 primary care paramedics and 28 advanced care paramedics. The service responded to approximately 11,754 calls in 2022. The Service had nine front line ambulances and four emergency response vehicles.

The Service provided ambulance service to the residents of Orangeville, Shelbourne, Grand Valley and as well as the surrounding areas. Headquarters are located at 325 Blind Line, Orangeville. DCPS is dispatched by Cambridge CACC and has a Base Hospital agreement with Hamilton Health Sciences Centre for Paramedic Education and Research (CPER).

DCPS has been in operation since 2001. The certificate for DCPS expires on December 11, 2023. As required to renew their certificate, DCPS participated in an ASR by the Ambulance Service Review Team on May 24 – 25, 2023. The ASR found that Dufferin County Paramedic Service has met the requirements of the *Land Ambulance Certification Standards.*

The Review Team for Dufferin County Paramedic Service was comprised of:

MOH Representation:

- 2 Team Leaders and
- Fleet Standards Analyst

Management Representation:

- The City of Hamilton and
- The City of Guelph

Paramedic Representation from:

- The regional municipality York,
- The County of Bruce
- The City of Ottawa,
- The City of Greater Sudbury and
- The County of Simcoe.

The Service is to be commended for making staff available during the land ambulance service review visit. The Review Team would like to thank DCPS for their assistance throughout the land ambulance service review and follow up process.

Patient Care

Ambulance Call Report Review

Legislated Requirement: Subsection III Operational Certification Criteria of the LACS states[6], *"as a condition of employment, each employee in the applicant/operator's service, who is required to provide patient care, provides such patient care in accordance with the current BLSPCS and the ALSPCS published by the ministry, as may be amended from time to time."*

Documentation is required to be completed in accordance with the OADS.[7]

Review of the documentation of patient care delivered by paramedics is one avenue used to ensure the appropriate CTAS level as per the *Prehospital CTAS Paramedic Guide*, was assigned to the patient, any approved Patient Care Models were appropriately utilized, and that the patient care provided by the paramedics was in accordance with the BLSPCS and the ALSPCS.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, such as ACR audits, IR audits, conducted seven Paramedic Performance Assessment at one receiving facility on every priority call and CTAS level call opportunity that presented DCPS.

Observations: 92.4% of the ACRs reviewed demonstrated patient care was provided in accordance with the ALS/BLS Patient Care Standards.

Of the 97 ACRs reviewed by the Review Team, the following eight or 7.6%, demonstrate that documentation to confirm compliance with the ALSPCS/BLSPCS was not completed (based upon documentation only). **(Observation: 1)**

Call Number	Patient Issue/Primary Problem	Review Observations
217-011487214	MVC head and neck pain	*No SMR, no collar.*
217-011484826	87 YO post fall, dementia patient, pain everywhere	*No SMR, no cervical collar.*
217-011487516	84 YO dyspnea, suspected infection	*No oxygen therapy documented for patient with low sp02.*
217-011485033	Ischemic Chest Pain	*No ASA, no blood glucose.*
217-011484958	Vomiting post surgery	*Only one full set of vitals.*
217-011485719	51 F MS, patient fall	*No BP at any time.*
217-011489625	34 F CO exposure	*One set of vitals and no skin assessment.*
217-011485639	Weakness, Dizzy	*No Cardiac Monitor applied.*

[6] **Ontario, Ministry of Health, Emergency Health Regulatory and Accountability Branch, Land Ambulance Certification Standards, Version 1.4, 2022, p. 21**
[7] **O. Reg. 257/00, p. V**

The Review Team noted DCPS's ACR audit process is designed to monitor paramedic compliance with the ALSPCS/BLSPCS. DCPS audited each paramedic's ACRs to determine if patient care provided in accordance with the ALSPCS/BLSPCS.

DCPS's QA/CQI of ACRs included:

- Recommendations to staff after auditing ACRs for compliance with the ALSPCS/BLSPCS.
- Recommendations resulting from an ACR audit for compliance with the ALSPCS/BLSPCS were addressed to mitigate reoccurrence.
- DCPS worked with the Base Hospital to review and investigate calls.
- Recommendations resulting from the review and investigation of a call were addressed to mitigate reoccurrence.

Observation: 1

Service Provider Response

Patient Care delivered in accordance with ALS/BLS Patient Care Standards

Call Number	Patient Issue/Primary Problem	Observations	Follow up
217-011487214	MVC head and neck pain	No SMR, no collar.	Education has been completed with staff on numerous occasions, most recent being November 2023 which included review of SMR standard. Paramedic has been notified of patient care omission through service audit tool
217-011484826	87 YO post fall, dementia patient, pain everywhere	No SMR, no cervical collar.	Education has been completed with staff on numerous occasions, most recent being November 2023 which included review of SMR standard. Paramedic has been notified of patient care omission through service audit tool
217-011487516	84 YO dyspnea, suspected infection	No oxygen therapy documented for patient with low sp02	In treatment prior to arrival, paramedic noted that O2 was started by nasal cannula, but was not included in procedures section. Patient should have received O2 via NRB per standard. Paramedic has been notified of patient care omission through service audit tool
217-011485033	Ischemic Chest Pain	No ASA, no blood glucose	Appears to be inaccurate problem code – in ACR paramedic noted 0/10 pain and patient vague about chest pain. Complaint should reflect General Unwell. Blood glucose does not appear to be required, no history of diabetes and GCS of 15.

			Auditor comments have been forwarded to paramedic for consideration for future practice.
217-011484958	Vomiting post surgery	Only one full set of vitals	Paramedic completed 2 sets of vitals but did not include 2nd Blood pressure. Paramedic has been notified of patient care omission through service audit tool
217-011485719	51 F MS, patient fall	No BP at any time.	Paramedic has been notified of patient care omission through service audit tool
217-011489625	34 F CO exposure	One set of vitals and no skin assessment	Observations found by ASR auditor also noted by service auditor. Paramedic has received this observation from the service as part of the ongoing quality improvement process. Paramedic has been notified of patient care omission through service audit tool
217-011485639	Weakness, Dizzy	No Cardiac Monitor applied	Paramedic has been notified of patient care omission through service audit tool of ASR auditor's observations.

Appendix 1 – Copy of follow up email sent to all staff with findings from patient care review and documentation omissions.

Inspector's Findings

DCPS reviewed all identified call reports wherein documentation did not demonstrate compliance with the requirements of the ALSPCS and BLSPCS. DCPS used their internal service email to communicate audit results to each paramedic involved. Examples of these emails demonstrated all necessary information to support quality improvement was communicated to the paramedics. It was also demonstrated that management followed up with each paramedic to ensure they reviewed and understood what was required to support compliance moving forward.

The DCPS Continuous Medical Education (CME) training outline was provided and included a review of trends identified from previously completed audits. CME training also focused on patient care/documentation trends, as found during the service review.

As part of their quality improvement process, all DCPS paramedics were alerted using their internal email system of the service review patient care standards findings. This feedback was intended to bring awareness of the importance of compliance with the standards and support quality paramedic performance going forward.

Paramedic Performance Assessment

Legislated Requirement: Subsection III Operational Certification Criteria of the LACS stipulates in part,[8] as a condition of employment, each employee in the applicant/operator's service, who is required to provide patient care, provides such patient care in accordance with the current BLSPCS, ALSPCS. O. Reg. 257/00 Subsection 11.0.1 (1) (2) stipulates the requirements of the ambulance Service Operator as they relate to the Patient Care Model Standards.[9]

Inspection Methodologies: The Review Team, consisting of one Primary Care Paramedic and one Advanced Care Paramedic, were available to complete evaluations of patient care in various settings and circumstances including but not limited to: emergency department off load delays, during the transfer of care and at alternate destinations. Additionally, Review Team members audit completed paramedic documentation to ensure the patient care provided was compliant with the BLSPCS, ALSPCS and the OADS.

Observations: Paramedic reviewers completed seven paramedic performance patient care observations.

During the audit at the receiving facility, the paramedic crew demonstrated the following patient care:

- Determined appropriate arrive destination CTAS.
- Provided all pertinent patient information, medications and records upon arrival.
- Attended to patient at all times while awaiting transfer of care.
- Provided a copy of any clinically relevant biometric data.
- Utilized appropriate patient movement mechanism and techniques from ambulance into receiving facility bed.
- Provided correct TOC time to the ACO.
- Paramedics adhered to the Paramedic Conduct Standard.

100% of patient care evaluated met the expected standard of care as required by the ALSPCS, BLSPCS.

Training

Legislated Requirement: Training and Continuing Medical Education (CME) ensure paramedic competencies and abilities in the provision of patient care.

Subsection III Operational Certification Criteria of the LACS states in part,[10] each paramedic/EMA employed in the applicant/operator's service will receive the opportunity to obtain CME to maintain competence in patient care, patient care equipment and communication equipment as required for the proper provision of service.

[8] **Ministry of Health, Land Ambulance Certification Standards, p. 21**
[9] **O. Reg. 257/00, p. V**
[10] **Ministry of Health, Land Ambulance Certification Standards, p. 21**

Inspection Methodologies: The Review Team examined reports and records relevant to staff training for DCPS personnel.

Observations: DCPS ensured paramedics had access to:

- Current user guides and mandatory learning materials,
- A medium for review of training materials,
- All Service Provider and Base Hospital training, and
- Base Hospital Policies, Protocols and Medical Directives.

DCPS had processes in place to ensure paramedic knowledge and skills were maintained, which included:

- Annual evaluation demonstrating compliance with the current legislation and standards.
- Evaluation results were communicated to and acknowledged by staff.
- New staff members undergo an evaluation of their patient care skills prior to their first unsupervised shift.
- A remedial training program for staff who required additional support in the use of patient care equipment.
- Training for new, updated, and additional equipment.
- Training on changes/updates to standards and/or legislation.

All paramedics employed by DCPS were included in the QA/CQI Program. From the fifteen paramedic files reviewed by the Review Team, 100% demonstrated the components of patient care equipment knowledge and skills were demonstrated and evaluated.

Documentation demonstrated DCPS worked with the Base Hospital to:

- Ensure staff regularly demonstrated proficiency in patient care skills.
- Provided remedial training to employees whose patient care skills required improvement.
- Ensured identified staff attended and successfully completed remedial training for patient care skills that required improvement.
- Ensured staff regularly demonstrated proficiency in performing controlled acts.

Ministry of Health Identification Cards

Legislated Requirement: MOH issued identification (ID) cards are required to be carried by the paramedic on their person while on duty.[11]

Paramedic MOH ID cards with service specific number(s) permit a means for the paramedic to log onto the ambulance dispatch environment; provides a recognizable identifier to the general public and allied agencies; and further provides a paramedic the required ID for admission to secure areas with controlled access (e.g., airports, prisons, etc.).

[11] **Ministry of Health, Land Ambulance Certification Standards, p. 20**

Subsection III Operational Certification Criteria of the LACS states in part,[12] each paramedic/EMA employed by the applicant/operator is assigned a unique identification number issued by the Director, EHRAB. Additionally, the unique identification number shall appear on a photo identification card that conforms to Schedule 1 of this standard, and the service specific photo identification card shall be carried on the person of the paramedic/EMA at all times, while on duty.

Inspection Methodologies: The Review Team observed 21 DCPS personnel for compliance respecting MOH ID Cards.

Observations: 100% of DCPS paramedic staff were noted to carry the MOH service specific identification card exhibiting the MOH unique identification number on their person while on duty.

Communicable Disease Management

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

The PCTS, Communicable Disease Management, Section 1, part B, subsection 2(b) states in part,[13] each operator shall ensure that appropriate measure(s) are employed by staff to protect themselves and patients from transmission of communicable disease between employees and patients, and (c) each EMA, paramedic and ambulance student takes appropriate infection control and occupational health and safety measures to prevent transmission of all infectious agents to and from themselves and does not knowingly expose they/themselves or their patients to any communicable disease in the course of work, without taking the precautions set out in this standard.

Inspection Methodologies: The Review Team conducted seven Paramedic Performance Assessment at one receiving facility for direct observation of communicable disease management by the paramedics. The Review Team also examined reports and records relevant to communicable disease management with DCPS personnel.

Observations: 100% of service paramedics utilized proper hand hygiene technique during and after the call, in accordance with the PCTS and service policy.

Paramedics followed all other stipulations of the PCTS and Communicable Disease Management. There was documentation that indicated DCPS monitored and enforced communicable disease management.

There was documentation demonstrating DCPS has identified a person who is designated to implement Section 1, part B, Communicable Disease Management of the PCTS, for the service.

[12] Ministry of Health, Land Ambulance Certification Standards, p. 20

[13] Ministry of Health, Emergency Health Regulatory and Accountability Branch, Patient Care and Transportation Standards, Version 2.7, 2022, pp. 9-10

Vehicle - Equipment Restraints

Legislated Requirement: Staff, passengers, patients, and equipment must be secured within the vehicle while the vehicle is in motion to ensure that in an unforeseen circumstance, unsecured equipment, supplies and/or persons do not become projectiles. The PCTS, Section 2 – Patient Transport subsection 3 states,[14] each EMA and Paramedic shall ensure that each item of equipment transported in an ambulance or ERV is properly restrained in the ambulance or ERV. The PCTS, Section 1 - Patient Care, part A General, subsection 8 states,[15] each person transported in an ambulance or ERV is properly restrained in the ambulance or ERV.

Inspection Methodologies: The Review Team conducted seven Paramedic Performance Assessment for direct observation. A total of 10 vehicles were inspected for the securing of equipment and supplies. The Review Team also examined reports/records relevant to service vehicles and equipment with DCPS personnel.

Observations: Patient care and accessory equipment and supplies were secured in the vehicles as per the PCTS.

When observed at the destination, patients were secured to the conveyance equipment (e.g., stretchers) as per manufacturer's specifications.

Communication - Communication Service Direction

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

Subsection III Operational Certification Criteria of the LACS states in part,[16] no paramedic/EMA of the applicant/operator's service shall refuse or disregard the direction of an Ambulance Communications Officer with regards to any request for ambulance service. The Communication Service that normally directs the movement of the land ambulances and emergency response vehicles in the applicant/operator's service will be kept informed by the employees, of the applicant/operator at all times, as to the availability and location of each employee, land ambulance and emergency response vehicle.

The standard also states in part,[17] that each paramedic employed in the applicant/operator's land ambulance service maintain competence in the use of the patient care equipment and communications equipment required for the proper provision of service.

[14] **Ministry of Health, Patient Care and Transportation Standards, p. 17**
[15] **Ministry of Health, Patient Care and Transportation Standards, p. 8**
[16] **Ministry of Health, Land Ambulance Certification Standards, p. 21**
[17] **Ministry of Health, Land Ambulance Certification Standards, p. 21**

The BLSPCS, Patient Transport Standard states in part,[18] the Paramedic shall make a decision regarding the appropriate receiving health care facility and initiate transport of the patient as confirmed or directed by an Ambulance Communications Officer (ACO). If confirmation or direction cannot be obtained by an ACO, the paramedic must transport to the closest or most appropriate hospital capable of providing the medical care required by the patient.

Inspection Methodologies: The Review Team conducted seven Paramedic Performance Assessments for direct observation of patient care and radio interaction with the Communication Service (e.g., radio patches coming into the receiving facility, clearing of stretchers, redeployment). The Review Team also examined reports and records relevant to service policy, service equipment (e.g., radios), staffing, and QA/CQI with DCPS personnel.

Observations: Paramedics used proper and effective communication techniques with the Communication Service at all times during call. Crews use of communication equipment/terminology was according to legislation, local policies, and procedures.

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

- Whenever an ambulance or ERV was removed from service.
- Whenever an ambulance or ERV was returned to service.

There was documentation that demonstrated there was clear direction to paramedic staff regarding transport of a patient when directed by the Communication Service. There was also documentation that demonstrated clear direction to paramedic staff regarding transport of a patient when not directed to a destination by the Communication Service.

Paramedics ensured patients are transported to a facility as directed by the Communications Officer or to the most appropriate facility when not directed by the Communications Officer according to local destination polices and agreements. Staff demonstrated proficiency using communication equipment.

Patient Care Equipment and Supplies

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

[18] Ministry of Health, Emergency Health Regulatory and Accountability Branch, Basic Life Support Patient Care Standards, Version 3.4, 2023, p. 15

The PESOAS specify the minimum quantities and specifications of each piece of equipment that are required to be carried on a land ambulance or ERV.[19]

Subsection III Operational Certification Criteria of the LACS state in part,[20] each vehicle used as a land ambulance or emergency response vehicle in the applicant/operator's service shall contain at a minimum, the patient care equipment and supplies as set out in the PESOAS published by the ministry as may be amended from time to time. Additionally,[21] each applicant/operator and every paramedic/EMA employed by the applicant/operator shall ensure that all patient care, conveyance, and accessory equipment is maintained according to manufacturer's specifications, is clean and sanitary and is in proper working order.

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

The Review Team also examined reports and records relevant to service policy, vehicles, equipment, and supplies with DCPS personnel.

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

- From the six ambulances examined by the Review Team, DCPS captured 2,908 of 2,908 equipment and supply requirements from the PESOAS, or 100%.

DCPS had a policy regarding cleaning and sanitization of equipment and the patient care compartment. There were cleaning supplies accessible to staff to clean the equipment and patient care compartment. DCPS monitored and enforced the cleaning and sanitization policy.

100% of the patient care and accessory equipment observed was clean and sanitary.

100% of the patient care and accessory equipment observed was maintained in working order as per manufacturer's specifications. It was also noted that staff cleaned the patient care and accessory equipment prior to re-use and cleaned the patient care compartment after an ambulance call.

The patient care equipment observed was stored in a manner that is consistent with manufacturer's specification and according to service policy. Further, 100% of the patient care equipment provided for use met the PESOAS.

DCPS did have a quantity of supplies and equipment on hand to maintain the level of ambulance service to meet continuity of service requirements. There were an adequate number of replacement oxygen cylinders accessible to staff to meet continuity of service requirements.

[19] Ministry of Health, Emergency Health Regulatory and Accountability Branch, Provincial Equipment Standards for Ontario Ambulance Services, Version 3.7, 2023, p. 2
[20] Ministry of Health, Land Ambulance Certification Standards, p. 23
[21] Ministry of Health, Land Ambulance Certification Standards, p. 23

DCPS 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 and accessory equipment repairs had been completed and DCPS maintained repair receipts for the life of each piece of equipment.

100% of the vehicles and equipment observed demonstrated that expired devices and patient care materials were identified and removed from use.

Medications

Legislated Requirements: To ensure patient care provided by paramedics met the legislated standards, the equipment, supplies, and medications utilized must have met and been maintained to the standards.

Subsection III Operational Certification Criteria of the LACS state in part,[22] a valid agreement is in effect between the applicant/operator and the designated Base Hospital Program, for each area in which the applicant/operator proposes to provide land ambulance service, for the delegation of controlled acts to paramedics/EMAs.

Additionally,[23] each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain at a minimum, the patient care equipment and supplies set out in the document titled PESOAS. Further,[24] each applicant/operator and every paramedic/EMA employed by the applicant/operator service shall ensure that medications and controlled medications are secured in a manner that prevents unauthorized access to them and are stored according to manufacturer's specifications, service policy, and legislation.

Inspection Methodologies: The Review Team inspected a total of six vehicles at three base locations for securing/storing of medications, vehicle stocking and supply compliance per the equipment and certification standards. The Review Team observed the securing/storing of medications in vehicles, stations, and hospitals.

The Review Team also examined reports and records relevant to service policy, vehicles, equipment, and supplies with DCPS personnel.

Observations: 100% of the medications observed were stored in a manner consistent with manufacturer's specifications and secured from unauthorized access. Staff followed the service policy/procedure respecting the disposal of expired medications.

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

[22] Ministry of Health, Land Ambulance Certification Standards, p. 20
[23] Ministry of Health, Land Ambulance Certification Standards, p. 23
[24] Ministry of Health, Land Ambulance Certification Standards, p. 23

Patient Care Devices and Conveyance Equipment Maintenance

Legislated Requirements: To ensure patient care provided by paramedics met the legislated standards, the equipment, supplies, and medications utilized must have met and been maintained to the standards.

Subsection III Operational Certification Criteria of the LACS state in part,[25] each vehicle used as an ambulance or ERV in the applicant/operator's service shall contain at a minimum, the patient care equipment and supplies set out in the document titled PESOAS, published by the ministry as may be amended from time to time. Additionally,[26] each applicant/operator and every paramedic/EMA employed by the applicant/operator shall ensure that all patient care, conveyance, and accessory equipment is maintained in a clean and sanitary condition and in proper working order.

Inspection Methodologies: The Review Team inspected patient care devices and conveyance equipment preventative maintenance records. The Review Team also examined reports and records relevant to service policy and equipment maintenance with DCPS personnel.

Observations: All patient care devices requiring regular preventative maintenance (e.g., oxygen delivery systems, suction equipment, and defibrillator) were included within DCPS's preventative maintenance program.

Service oxygen testing equipment had been calibrated according to the manufacturer's specifications. Based on data available from Service files, of the eighty-four patient care devices inspected, the preventive maintenance program met the manufacturer's specification 100% of the time.

DCPS's preventative maintenance program also included all conveyance and loading equipment. The preventative maintenance schedule was based on inspections as per manufacturer's specifications. Of the 37 conveyance and loading equipment preventative maintenance files reviewed 100% met the manufacturer's specifications.

Vehicle - Staffing

Legislated Requirements: The upper-tier municipality (UTM)/DA) is obligated to ensure provision of service to meet community needs. Further, the service operator must ensure each vehicle designated as a PCP, ACP or CCP response vehicle, must be staffed accordingly to meet their service commitment/deployment plan.

Clause 6 (1) (b) of the Act states in part,[27] that every upper-tier municipality shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.

[25] Ministry of Health, Land Ambulance Certification Standards, p. 23
[26] Ministry of Health, Land Ambulance Certification Standards, p. 23
[27] Ambulance Act, s. 6(1)(b)

The PCTS, Section 1 - Patient Care, part A, states in part,[28] each operator, and each emergency medical attendant (EMA) and paramedic employed or engaged as a volunteer by the operator, shall ensure that:

(1) Each emergency response vehicle (ERV) responding to a request for service is staffed with at least one person who is qualified as an EMA or paramedic under the regulations.

(2) Each ambulance responding to a request for service is staffed with at least one primary care paramedic and one EMA qualified under the regulations.

(4) Each ambulance that is designated by an ambulance service operator as an advanced care paramedic ambulance is staffed with at least one advanced care paramedic and one primary care paramedic when responding to a request for service or while transporting a patient.

Inspection Methodologies: The Review Team visited three stations for direct observation of patient care provider configurations/service deployment strategies.

A total of six vehicles at three base locations were inspected for compliance with the PCTS and the OPLAERVS. The Review Team also examined reports and records relevant to service policy and staffing deployment with DCPS personnel.

Observations: DCPS had access to spare vehicles to maintain service. There were no incidents where a replacement vehicle was required.

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

Vehicle - Maintenance/Inspection

Legislated Requirements: The UTM/DA is obligated to ensure provision of service met the community's needs.[29] To meet community needs, the service operator must have ensured each vehicle is equipped according to the equipment standards, each vehicle met the vehicle standards, and that equipment, supplies and vehicles were maintained according to manufacturer's specifications.

Subsection III Operational Certification Criteria of the LACS state in part,[30] only ambulances and emergency response vehicles that comply with the applicable version, at time of manufacture, of the OPLAERVS published by the ministry as may be amended from time to time, shall be used in the applicant/operator's ambulance service. Additionally,[31] each land ambulance and/or ERV used in the applicant/operator's service shall be maintained in a clean and sanitary condition, in a safe operating condition according to manufacturer's specifications, and in proper working order.

[28] Ministry of Health, Patient Care and Transportation Standards, p. 7
[29] Ambulance Act, s. 6(1)(b)
[30] Ministry of Health, Land Ambulance Certification Standards, p. 23
[31] Ministry of Health, Land Ambulance Certification Standards, p. 23

Inspection Methodologies: The Review Team inspected vehicles for compliance with the OPLAERVS. Also, vehicle preventative maintenance files and vehicles were reviewed for compliance to the LACS.

A total of eight vehicles were inspected for compliance to the OPLAERVS.

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

The Review Team also examined reports and records relevant to service policy and vehicle maintenance with DCPS personnel.

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

Of the eight vehicles inspected, all vehicles met the OPLAERVS, or 100%.

DCPS's vehicle preventative maintenance program is based on 6,000 kms between services. Each vehicle was included within DCPS's vehicle preventative maintenance program. A review of four vehicle preventative maintenance files demonstrated DCPS's vehicle preventative maintenance met DCPS's schedule/Original Equipment Manufacturer's schedule 100% of the time.

Maintenance and repair records were maintained by DCPS for the life of the vehicle.

DCPS provided the Communication Service access to radios and communication equipment upon request. DCPS ensured that communication equipment remained operational at all times and worked co-operatively with the Communication Service to ensure communication equipment repairs are completed when and as required.

Six ambulances were inspected by paramedic reviewers. There was documentation indicating DCPS used only vehicle identification numbers assigned by the Director, EHRAB. Each vehicle's identification was displayed on the front and rear of the vehicle as required. DCPS had a policy that states staff will use only the designated radio call identifier when using MOH telecommunication devices.
During the inspection of vehicles, it was noted:

- Each vehicle had a minimum annual safety check according to related legislation.
- Each vehicle had an up-to-date Ministry of Transport annual sticker affixed.
- Each vehicle was maintained in a mechanically safe condition and in proper working order.

- Staff completed a checklist ensuring safety features were functional.
- Paramedics could comment regarding vehicle deficiencies or safety concerns.
- Staff checked each vehicle at least once per shift.
- DCPS audited checklists for completeness, accuracy and vehicle deficiencies or safety concerns.
- Safety concerns raised by staff were resolved.
- Repairs or items requiring replacement were completed in a timely manner.
- Ambulances, ERVs and ESUs were stored in a protected environment from heat or cold to protect medications.
- Safety concerns raised by staff were resolved.
- Each vehicle followed the deep clean program.
- Patient care compartment of vehicles was maintained in a clean and sanitary condition at the time of the review.
- Supplies were accessible to clean the vehicles.
- There was storage space available for cleaning supplies.

Examples of the vehicle observations are noted in the table attached as **Appendix D** on page **39**.

Quality Assurance

Quality Assurance/Continuous Quality Improvement

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

Clause 6 (1) (b) of the Act states in part,[32] that every upper-tier municipality shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.

Subsection 3 (1) of *Ontario Regulation* (O. Reg.) *257/00* made under the Act requires that the operator of an ambulance service meets the requirements of the LACS.[33]

Section III Operational Certification Criteria of the LACS states in part,[34] ACRs and IRs are completed, distributed, and secured from unauthorized access with respect to each call, incident, complaint, investigation, and collision relating to the applicant/operator's service, and/or employees, in accordance with the OADS and the ACR Completion Manual, published by the ministry as may be amended from time to time.

The OADS[35] and BLSPCS[36] stipulate ACR documental requirements.

Inspection Methodologies: The Review Team examined reports and records relevant to service policy and QA/CQI initiatives with DCPS personnel.

Observations: DCPS had a QA program in place. DCPS's QA program included:

- ACR audits,
- IR audits,
- CME, and
- Base Hospital Certification.

DCPS responded to trending observations identified by their QA program.

[32] Ambulance Act, s. 6(1)(b)
[33] O. Reg. 257/00, p. II
[34] Ministry of Health, Land Ambulance Certification Standards, p. 22
[35] Ontario, Ministry of Health and Long-Term Care, Emergency Health Services Branch, Ontario Ambulance Documentation Standards, Version 3.0, 2017, p. 14
[36] Ministry of Health, Basic Life Support Patient Care Standards, p. 24

Employee Qualifications

Legislated Requirements: In Ontario, to work as a Paramedic, an individual must have met the qualification requirements delineated by O. Reg. 257/00.[37]

There are three levels of paramedic practice in Ontario with each level building on the competencies and skills of the prior level and assuming its scope of practice.

Section III Operational Certification Criteria of the LACS states in part,[38] an applicant/operator shall ensure that a personnel record is maintained for each paramedic/EMA employed by the applicant/operator, that demonstrates the paramedic/EMA holds the qualifications as set out in O. Reg. 257/00, Part III.

The ASCDS stipulates the immunization requirements for employment in Ontario.[39]

The PCTS delineate influenza immunization and reporting requirements.[40]

Inspection Methodologies: Two Management Review Team representatives undertook a review of 52 Paramedic Human Resources Inventory (HRI) files. The Review Team also examined reports and records relevant to service policy and QA/CQI employment initiatives with DCPS personnel.

Observations: DCPS maintained a mechanism to help ensure each employee record included documentation that demonstrated each employee met the minimum employment standards according to legislation.

From the 52 HRI files reviewed by the Review Team, DCPS captured 1,399 of 1,400 possible qualification requirements, or 99.9%. DCPS is commended for this review observation. **(Observation: 2)**

Further, there was documentation demonstrating each level 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 observation is itemized in detail and attached as **Appendix A** on page **38**.

As of January 16, 2023, EMAs and paramedics must:[41]

a) provide a valid certificate signed by a physician or delegate that states he, she, they have been vaccinated against influenza, or that such vaccination is medically contraindicated; or

b) provide a written statement that he, she, they have taken the educational review and has not been, and does not intend to be, vaccinated against influenza.

[37] **O. Reg. 257/00, p. III**
[38] **Ministry of Health, Land Ambulance Certification Standards, p. 22**
[39] **Ontario, Ministry of Health, Emergency Health Regulatory and Accountability Branch, Ambulance Service Communicable Disease Standards, Version 2.1, 2022, pp. 1-2**
[40] **Ministry of Health, Patient Care and Transportation Standards, pp. 14-15**
[41] **Ministry of Health, TB No. 103 – Influenza Deadline Extension, p.2**

From the 52 HRI files reviewed by the Review Team, DCPS captured 52 of 52 Influenza Immunization status requirements no later than directed by EHRAB, or 100%.

Each operator shall, no later than March 28, 2023, report to the local Senior Field Manager of the EHPMDB, the following:

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

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

Observation: 2

Service Provider Response

DCPS requested paramedic 24474 to submit the original Criminal Record Check during ASR process. Paramedic 24474 could not locate at the time. Upon notification of not being able to locate the CRC, Paramedic 24474 was requested to obtain a new CRC from the local police service. On May 31, 2023, paramedic 24474 submitted a request to York Regional Police for CRC VSS and the CRC was returned on June 21, 2023. The original, embossed copy is on file. Appendix 2 – copy of Criminal Record Check that was submitted.

Inspector's Findings

The documentation provided during the follow-up inspection demonstrated that DCPS addressed the missing HRI qualification requirements for the identified paramedic files. DCPS obtained the missing Criminal Record Check for paramedic 24474, a copy was provided at the time of the follow-up inspection.

Ambulance Call Report – Incident Report Documentation

Legislative Requirement: ACRs document the patient care delivered by paramedics and are used to confirm that ALSPCS/BLSPCS are properly performed. The ACR forms part of the patient record and must be completed according to the OADS and the ACR Completion Manual.

Section III Operational Certification Criteria of the LACS states in part,[42] ACRs and IRs are completed, distributed, and secured from unauthorized access with respect to each call, incident, complaint, investigation, and collision relating to the applicant/operator's service, and/or employees, in accordance with the OADS and the ACR Completion Manual, published by the ministry as may be amended from time to time.

The OADS stipulate ACR documental and distribution requirements.[43]

Inspection Methodologies: The Review Team, consisting of seven Paramedics undertook a review of 97 ACRs (all priority and CTAS level calls).

The Review Team also examined reports and records relevant to service policy and QA/CQI initiatives with DCPS personnel.

Observations: DCPS audited ACRs to determine if they are complete and accurate as per the ACR Completion Manual/OADS. As a result of their audit, DCPS made recommendations to staff respecting compliance with the ACR Completion Manual/OADS. Further, DCPS addressed recommendations to mitigate reoccurrence. There was documentation demonstrating staff reviewed the ACR Completion Manual and OADS as part of DCPS's QA/CQI Program.
As part of their responsibility, DCPS identified any incomplete or outstanding ACRs. DCPS ensured such reports were completed as required under the OADS.

There was documentation demonstrating DCPS worked with their Base Hospital to review ACR audit findings to ensure patient care and paramedic performance was complaint with the ALS/BLS Standards. Audit findings by the Base Hospital and DCPS were compared to identify variances. Audit findings where ALS/BLS Standards patient care and/or paramedic performance variances were identified, were investigated, and were resolved/remediated.

During the review, a random sample of ACRs were evaluated. The examination of ACRs was not only to determine compliance with patient care standards, as was addressed earlier, but to also determine if documentation met the OADS. 77 were patient carried calls covering all priority and CTAS level patient transports, and 20 were non-patient carried calls.

From the 97 ACRs examined by the Review Team, DCPS captured 10,291 of 10,368 possible data points, or 99.3% of the ACR information requirements. **(Observation: 3)**

Patient Carried Calls
Mandatory fields were not always completed on patient carried calls as required by the OADS. Forms were legible and easy to read. Examples of the ACR observations are attached as **Appendix B** on page **38**. **(Observation: 3)**

[42] **Ministry of Health, Land Ambulance Certification Standards, p. 22**
[43] **Ministry of Health, Ontario Ambulance Documentation Standards, pp. 14-15**

Non-Patient Carried/Refusal of Treatment Calls

Mandatory fields were not always completed on non-patient carried and patient refusal calls as required by the OADS. Forms were legible and easy to read. Examples of the ACR observations are attached as **Appendix B** on page **38**. **(Observation: 3)**

DCPS ensured ACRs were completed as stipulated by the OADS timeframes. It was noted that ACRs were distributed according to the Act, Regulations and OADS. It was also noted that ACRs were secured from unauthorized access. DCPS maintained ACRs on file for a period of not less than five years.

The review of ACRs reflected that IRs were completed when required, as per the OADS. 16 of the reviewed ACRs required an IR, and all IRs were completed.

As part of their QA/CQI process, DCPS audited ACRs to determine if an IR was to have been completed as per the OADS.

DCPS audited IRs for completeness and accuracy. Documentation demonstrated DCPS made recommendations to staff after auditing IRs regarding completeness and accuracy. Recommendations resulting from the audit were addressed to mitigate reoccurrence.

It was noted that IRs were secured from unauthorized access and were maintained on file for a period of not less than five years. Completed IRs were transmitted to the Field Office in accordance with the timeframes set out in the Level of Assessment Tool within the OADS.
Observation: 3

Service Provider Response

Ambulance Call Report Review

Mandatory field completion in accordance with OADS.

Patient Carried Calls

Call Number	Documentation Issue	Response
217-011484882	No pupil assessment	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review.
217-011484831	Only one pupil assessment	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review.
217-011484993	Only one pupil assessment Triage report time entered prior to arrival at ER	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review.
217-011484826	Only one pupil assessment	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review.
217-011485536	No pain scale for abdominal pain	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review. Pain scale was noted in procedures section with vitals

217-011487516	Positive for FREI Temperature	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review.
217-011485641	No pupil assessment	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review.
217-011485743	No pupil assessment	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review.
217-011488705	Version code – only one letter No dose for third fentanyl admin	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review. Missing dose of fentanyl was captured during internal audit process and corrected shortly after ACR completed
217-011485584	No pupil assessment	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review.
217-011485587	No pupil assessment	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review.

Non-Patient Carried/Patient Refused Calls

Call Number	Documentation Issue	Response
217-011484958	No address in refusal section	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review.
217-011487338	No pupil assessment	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review.
217-011485719	No Address (I believe that this should say in refusal section)	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review.
217-011484849	Wrong Date (I believe that this means date of occurrence is incorrect)	Paramedic has been notified of documentation omission through service audit tool. Entire service has been notified via email of findings from documentation review.

Inspector's Findings

DCPS reviewed and followed up on all call reports wherein documentation omissions were identified during the ambulance service review. DCPS used their internal service email to communicate audit results to the paramedics involved. The documentation provided during the follow-up visit demonstrated all emails communicated the applicable documentation standard requirements for each audited occurrence. It was also demonstrated that management followed up with each paramedic to ensure they reviewed and understood any noted contraventions of the OADS.

The DCPS CME training was reported to have included a review of trends identified from previously audited calls. Additionally, all paramedics were provided the service review documentation findings using internal service email and reminded of the importance of compliance with the standard as part of the DCPS continuous quality improvement program.

Administrative

Response Time Performance Plan

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

Part VIII of O. Reg. 257/00 made under the Act states in part,[44] no later then October 1st in each year, that every upper-tier municipality and delivery agent responsible under the Act for ensuring the proper provision of land ambulance services shall establish, for land ambulance Service Operators selected by the upper-tier municipality or delivery agent in accordance with the Act, a performance plan for the next calendar year respecting response times.

An upper-tier municipality or delivery agent shall ensure that the plan established under that subsection sets response time targets for responses to notices respecting patients categorized as Canadian Triage Acuity Scale ("CTAS") 1, 2, 3, 4 and 5, and that such targets are set for each land ambulance Service Operator selected by the upper-tier municipality or delivery agent in accordance with the Act.[45]

An upper-tier municipality or delivery agent shall ensure that throughout the year the plan established under that subsection is continuously maintained, enforced, and evaluated and where necessary, updated whether in whole or in part.[46]

An upper-tier municipality or delivery agent shall provide the Director with a copy of the plan established under that subsection no later than October 31st in each year, and a copy of any plan updated, whether in whole or in part, no later than one month after the plan has been updated.[47]

An upper-tier municipality or delivery agent shall provide the Director with the percentages for the preceding calendar year, required under Part VIII of O. Reg. 257/00, section 23, subsections 7 (1), (2) and (3), no later than March 31st of each year.[48]

Inspection Methodologies: The Review Team examined reports and records relevant to DCPS response time performance plan (RTPP) with DCPS personnel.

Observations: DCPS had an established Service RTPP with response time targets for responses to notices respecting patients categorized as CTAS 1, 2, 3, 4 and 5. DCPS provided the Director of EHRAB with a copy of the RTPP no later than October 31st of each year.

[44] **O. Reg. 257/00, p. VIII**
[45] **O. Reg. 257/00, p. VIII**
[46] **O. Reg. 257/00, p. VIII**
[47] **O. Reg. 257/00, p. VIII**
[48] **O. Reg. 257/00, p. VIII**

DCPS demonstrated that they met their RTPP targets.

Documentation demonstrated DCPS, throughout the year, continuously maintained, enforced, evaluated and where necessary, updated their RTPP. There was also documentation demonstrating DCPS investigated those instances where their Service RTPP had not been met. Further, documentation demonstrated that recommendations resulting from investigations as to why the RTPP had not been met were addressed to mitigate reoccurrence.

DCPS established their RTPP by October 1st of each year. Revisions were provided to the Director no later than one month after the plan was updated.

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

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

Service Operator Deployment Plan

Legislated Requirement: A service operators Deployment Plan and strategies provide oversight to ensure in part, the continuity of operations and provision of service meet community needs.

Clause 6 (1) (b) of the Act states in part,[49] that every upper-tier municipality shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.

Section III Operational Certification Criteria of the LACS states in part,[50] the Communication Service that normally directs the movement of the land ambulances and ERVs in the applicant/operator's service will be kept informed by the employees, of the applicant/operator at all times, as to the availability and location of each employee, land ambulance and ERV.

Subsection 7.0.1 (1) of the Act states,[51] the Minister may issue operational or policy directives to the operator of a land ambulance service where it is in the public interest to do so. Additionally, subsection 7.0.1 (3) states,[52] an operational or policy directive may be general or particular in its application and may include, but not limited to:

[49] Ambulance Act, s. 6(1)(b)
[50] Ministry of Health, Land Ambulance Certification Standards, p. 21
[51] Ambulance Act, s. 7.0.1(1)
[52] Ambulance Act, s. 7.0.1(3)

(a) conveyance of persons by ambulance to destinations other than hospitals; and
(b) responsibilities in addition to the provision or ambulance services, including,
    (i) providing treatment by paramedics to persons who may not require conveyance by ambulance,
    (ii) ensuring treatment provided by paramedics is in accordance with the prescribed standard of care, and
    (iii) other responsibilities to facilitate the adoption of treatment models for persons with lower acuity conditions.

Inspection Methodologies: The Review Team examined reports and records relevant to service/staffing deployment with DCPS personnel.

Observations: DCPS had provided a copy of their deployment plan to the Field Office for implementation by the Communication Service. Documentation demonstrated the service had sufficient staff at each level of qualification to meet their deployment plan.

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

Ambulance Service Identification Card Program

Legislated Requirements: A paramedic in Ontario is required to obtain a MOH issued, service specific ID card prior to the provision of patient care. The ID card must be carried on their person at all times while on duty.[53] The ID card process ensures the paramedic meets qualification requirements and provides the paramedic an ability to log onto the ambulance dispatch environment. The ID card is a provincially accepted ID for access to restricted areas otherwise not available to the general public and must be returned to the MOH upon employment separation.

Section III Operational Certification Criteria of the LACS states in part, each paramedic/EMA employed by the applicant/operator is assigned a unique identification number issued by the Director, EHRAB. Additionally, the unique identification number shall appear on a photo identification card that conforms to Schedule 1 of this standard, and the service specific photo identification card shall be carried on the person of the paramedic/EMA at all times, while on duty.[54]

In addition, Section III, Schedule 1, also states in part,[55] ambulance service identification cards are and remain the property of the MOH.

[53] **Ministry of Health, Land Ambulance Certification Standards, p. 20**
[54] **Ministry of Health, Land Ambulance Certification Standards, p. 20**
[55] **Ministry of Health, Land Ambulance Certification Standards, p. 27**

Upon release from employment, the identification card must be retrieved and surrendered to the EHRAB. And, upon the loss of an MOH ID card, EHRAB must be notified immediately.

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

Inspection Methodologies: The Review Team examined reports and records relevant to the service staffing and ID cards (service and MOH documentation) with DCPS personnel.

Observations: DCPS had provided Education, Operational Readiness and Regulations (EORR) with a current HRI document.

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

DCPS recovered and returned the paramedic's service specific identification card to EORR on each occasion of employment being terminated or separated.

Base Hospital Agreement

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

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

Section III Operational Certification Criteria of the LACS states,[56] a valid agreement is in effect between the applicant/operator and the designated Regional Base Hospital Program, for each area in which the applicant/operator proposes to provide land ambulance service.

Inspection Methodologies: The Review Team examined reports and records relevant to Service QA/CQI and Base Hospital initiatives with DCPS personnel.

[56] **Ministry of Health, Land Ambulance Certification Standards, p. 20**

Observations: DCPS had a written performance agreement with the Base Hospital that included:

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

Policy and Procedure

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

- The Act states in part that every upper-tier municipality shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.[57]

- The PCTS states, no person smokes any cigar, cigarette, tobacco, or any other substance while in an ambulance or emergency response vehicle.[58]

- No paramedic, while on duty, takes or consumes any liquor within the meaning of the *Liquor Control Act*, or any drug which could impair his or her ability to function as a paramedic: or reports for duty while under the influence of any liquor within the meaning of the *Liquor Control Act*, or any drug which impairs his or her ability to function as a paramedic: or responds to a request for ambulance service while apparently under the influence of liquor or drugs or is apparently suffering the effects of liquor or drugs.[59]

- The ASCDS states in part, each operator shall ensure that employees are aware of current communicable disease risks and follow all aspects of the ASCDS.[60]

- *Ambulance Act*, Part III Discharge of Responsibilities states in part,[61] an upper-tier municipality shall ensure the supply of vehicles, equipment, services, information, and any other thing necessary for the proper provision of land ambulance services in the municipality in accordance with this Act and the regulations.

- The *Ambulance Act* further states the requirements respecting the disclosure of personal health information and personal health information has the same meaning as in the *Personal Health Information Protection Act, 2004*.[62]

- Part VI of O. Reg. 257/00 made under the Act states in part,[63] the operator of an ambulance service shall ensure that the remains of a dead person are not transported by ambulance unless, the remains are in a public place and it is in the public interest that the

[57] Ambulance Act, s. 6(1)(b)
[58] Ministry of Health, Patient Care and Transportation Standards, p. 8
[59] Ministry of Health, Patient Care and Transportation Standards, p. 8
[60] Ministry of Health, Ambulance Service Communicable Disease Standards, pp. 1-2
[61] Ambulance Act, s. 6(8)
[62] Ambulance Act, s. 19
[63] O. Reg. 257/00, p. VI

remains be removed; arrangements are made to ensure that an alternative ambulance is readily available for ambulance services during the time that the remains are being transported; and no patient is transported in the ambulance at the same time as the remains are transported.

- Part VI of O. Reg. 257/00 made under the Act also states in part,[64] an ambulance may be used to transport the remains of a dead person for the purpose of tissue transplantation on the order of a physician if a physician at the hospital where the tissue is being delivered acknowledges the order.

Inspection Methodologies: The Review Team examined reports and records relevant to Service Policies and Procedures as well as Service QA/CQI initiatives/processes with DCPS personnel.

Observations: DCPS had a policy and procedure document accessible to staff. New and updated policies and procedures were communicated to staff. DCPS monitored and enforced policies and procedures to ensure optimal provision of service.

DCPS had policies covering the following areas:

- Prohibiting staff from responding to calls under the influence of alcohol or drugs.
- Prohibiting staff from reporting to work under the influence of alcohol or drugs.
- Prohibiting staff from consuming alcohol or drugs while at work.
- Prohibiting any person from smoking or vaping any substance while in an ambulance or ERV.
- Regarding transport of a person's remains as per legislation.
- Regarding the disposal of bio-medical materials/waste.
- That students are to be free from communicable diseases.
- That students are to be immunized.
- Staff will immediately notify the Communication Service in the case of any accident involving an ambulance or ERV.
- Outlining the legislative parameters of sharing and disclosure of personal health information.
- Governing the protection of personal information of patients.
- Directing staff in the release of confidential information to allied agencies.
- Directing staff in the release of confidential information to the public.

There was documentation to demonstrate Service Policies relating to drugs, alcohol, smoking and/or vaping were complied with. There was documentation to demonstrate that immunizations and communicable diseases requirements for students/observers were monitored and enforced. There was further documentation to demonstrate Service Policies relating to the release of confidential information were complied with.

[64] **O. Reg. 257/00, p. VI**

DCPS ensured the continuity of operations. Documentation demonstrated that a business continuity plan was implemented and/or evaluated.

Insurance

Legislative Requirement: To mitigate risk and exposure to paramedics, staff and their management team, service operators must have appropriate insurance coverage as outlined in O. Reg. 257/00.

Part VII of O. Reg. 257/00 made under the Act states in part,[65] if the operator of a land ambulance service that is an applicable enterprise uses or permits the use of a land ambulance or emergency response vehicle that is not owned by the Province of Ontario, the operator shall obtain and maintain in good standing a contract of automobile insurance under Part VI of the *Insurance Act* in respect of the vehicle, under which, the operator and every driver are insured and delineates all insurance requirements.

Inspection Methodologies: The Review Team examined reports and records relevant to Service insurance policy coverage with DCPS personnel.

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

The insurance policy included and covered:

- Each ambulance, ERV and ESU,
- The service operator 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 from the ambulance or ERV,
- Liability for loss of or damage to, the property of a passenger carried in an ambulance or ERV, and
- Liability while the ambulance is used for carrying passengers for compensation or hire.

[65] **O. Reg. 257/00, p. VII**

Appendix A HRI Omissions Table

Employee #	Documentation Issue
24474	• Criminal Record Search – not verified.

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

Call Number	Documentation Issue	Paramedic 2	Paramedic 1 - Attending
217-011484882	• No pupil assessment	12234	20355
217-011484831	• Only one pupil assessment	10625	26434
217-011484993	• Only one pupil assessment • Triage report time entered prior to arrival at ER	26434	10625
217-011484826	• Only one pupil assessment	27507	22255
217-011485536	• No pupil assessment	19487	14708
217-011487389	• No pain scale for abdominal pain	15887	96511
217-011487516	• Positive for FREI • Temperature	38207	11293
217-011485641	• No pupil assessment	27507	22255
217-011485743	• No pupil assessment	14718	14726
217-011488705	• Version code – only one letter • No dose for third fentanyl admin.	22657	29114
217-011485584	• No pupil assessment	20221	10625
217-011485587	• No pupil assessment	12334	20355

Non-Patient Carried/Patient Refusal Calls

Call Number	Documentation Issue	Driver #	Attendant #
217-011484958	• No address in refusal section	14726	14718
217-011487338	• No pupil assessment	19763	25368
217-011485719	• No address	14718	14726
217-011484849	• Wrong date	CNO	CNO

Appendix C Paramedic Performance Tables

Call Observation Summary							
MEDIC #1	**25370**	MEDIC #2	**14720**	**CALL NUMBER: 217-119867833**			
Call Sequence				**Y**	**P**	**N**	**NA**
General Measures Performed to Standard (includes communication)				☑			
Primary Assessment Performed to Standard				☑			
Patient Management Performed to Standard				☑			
Patient Treatment / Refusal of Treatment Performed to Standard							☑
Patient Transport – Receiving Facility Performed to Standard				☑			
Transfer of Care Performed to Standard				☑			
General Duties Performed to Standard				☑			
Post Call Duties Performed to Standard				☑			
Call Completed to ALSPCS/BLSPCS				☑			

Appendix D Vehicle, Equipment and Supplies Omissions Table

Vehicle No.	Review Findings	Vehicle No.	Review Findings
2271	• No Issues	**2270**	• No Issues
2274	• No Issues	**2272**	• No Issues
2267	• No Issues	**2060**	• No Issues

Appendix E Patient Care Devices Maintenance Tables

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Oxygen Testing Equipment	K3013	18-05-2022	26-10-2021	20-11-2019

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
On-Board Suction	2267	10-04-2023	25-10-2022	26-04-2022
On-Board Suction	2270	10-04-2023	25-10-2022	26-04-2022
On-Board Suction	2271	10-04-2023	25-10-2022	26-04-2022

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Portable O2 Regulator	03875-16	10-04-2023	25-10-2022	26-04-2022
Portable O2 Regulator	03264-16	10-04-2023	25-10-2022	26-04-2022
Portable O2 Regulator	06792-18	10-04-2023	25-10-2022	26-04-2022

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Wall Mounted Oxygen Regulator	FM3	10-04-2023	25-10-2022	26-04-2022
Wall Mounted Oxygen Regulator	6946	10-04-2023	25-10-2022	26-04-2022
Wall Mounted Oxygen Regulator	2060	10-04-2023	25-10-2022	26-04-2022

Patient Care Devices Testing				
Device	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Battery Powered Portable Suction	0098	10-04-2023	25-10-2022	26-04-2022
Battery Powered Portable Suction	2268	10-04-2023	25-10-2022	26-04-2022
Battery Powered Portable Suction	0253	10-04-2023	25-10-2022	26-04-2022

Appendix F Conveyance Equipment Maintenance Summary Tables

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Stair Chair	1902010000225	05-08-2023	03-04-2023	06-03-2023
Stair Chair	1902010000223	03-05-2023	03-04-2023	06-03-2023
Stair Chair	1902010000228	01-05-2023	03-04-2023	06-03-2023

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Power Stretcher	161039020	03-05-2023	03-04-2023	06-03-2023
Power Stretcher	161039021	30-01-2023	28-06-2022	08-12-2021
Power Stretcher	170140558	01-05-2023	03-04-2022	06-03-2021

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Power Load Device	1910003400154	31-01-2023	01-02-2022	26-01-2021
Power Load Device	170140632	31-01-2023	01-02-2022	26-01-2021
Power Load Device	170140637	31-01-2023	01-02-2022	26-01-2021

Conveyance Equipment Maintenance				
Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date	Previous Inspection Date
Adjustable Breakaway	28110	08-05-2023	03-04-2023	06-03-2023
Adjustable Breakaway	34575	01-05-2023	03-04-2023	09-03-2023
Adjustable Breakaway	22770	01-05-2023	03-04-2023	06-05-2023

Appendix G Abbreviations

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

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