



HEALTH & HUMAN SERVICES COMMITTEE AGENDA

Thursday, September 22, 2022 at 1:00 p.m.

By video conference – The meeting will be live streamed on YouTube at the following link: <https://www.youtube.com/channel/UCCx9vXkywflJr0LUVkKnYWQ>

Land Acknowledgement Statement

We would like to begin by respectfully acknowledging that Dufferin County resides within the traditional territory and ancestral lands of the Tionontati (Petun), Attawandaron (Neutral), Haudenosaunee (Six Nations), and Anishinaabe peoples.

We also acknowledge that various municipalities within the County of Dufferin reside within the treaty lands named under the Haldimand Deed of 1784 and two of the Williams Treaties of 1818: Treaty 18: the Nottawasaga Purchase, and Treaty 19: The Ajetance Treaty.

These traditional territories upon which we live and learn, are steeped in rich Indigenous history and traditions. It is with this statement that we declare to honour and respect the past and present connection of Indigenous peoples with this land, its waterways and resources.

Roll Call

Declarations of Pecuniary Interests

PUBLIC QUESTION PERIOD

To submit your request to ask a question please contact us at info@dufferincounty.ca or 519-941-2816 x2500 prior to 4:30 p.m. on September 21, 2022.

REPORTS

1. HEALTH & HUMAN SERVICES – September 22, 2022 – ITEM #1
Fixing Long Term Care Act

A report and presentation from the Administrator of Dufferin Oaks, dated September 22, 2022, to inform committee members that the Long Term Care Home Act, 2007,

has been repealed and replaced with the Fixing Long Term Care Act and to provide committee with an overview of the changes.

Recommendation:

THAT the report of the Administrator, dated September 22, 2022, with regards to the Fixing Long Term Care Act, be received.

2. HEALTH & HUMAN SERVICES – September 22, 2022 – ITEM #2
Ministry of Health, Ambulance Service Review Final Report

A report from the Chief Paramedic, dated September 22, 2022, to provide members of the Health and Human Services Committee an update on the results of the Ministry of Health Ambulance services review of Dufferin County Paramedic Service.

Recommendation:

THAT the report of the Chief, dated September 22, 2022, with regards to the Dufferin County Paramedic Services, be received.

Next Meeting

To be determined

REPORT TO COMMITTEE

To: Chair Rentsch and Members of Health and Human Services Committee

From: Brenda Wagner, Administrator

Meeting Date: September 22, 2022

Subject: **Fixing Long Term Care Act**

In Support of Strategic Plan Priorities and Objectives:

Good Governance – ensure transparency, clear communication, prudent financial management

Purpose

The purpose of this report is to inform committee members that the Long Term Care Home Act, 2007, has been repealed and replaced with the Fixing Long Term Care Act and to provide committee with an overview of the changes.

Background & Discussion

Over the past several years, public reports that focused on the quality and safety of services provided in long term care homes have been released: The Gillese Public Inquiry, Auditor's Food and Nutrition report, and The Auditor General of Ontario's COVID-19 Preparedness and Management report. These reports led to a complete overview of the Long Term Care Homes Act, and provided recommendations to improve the quality of life for residents. On April 11, 2022, The Fixing Long-Term Care Act, 2021 (FLTCA) was proclaimed into force to regulate Ontario's long-term care home sector. The FLTCA builds on the previous Long-Term Care Homes Act, 2007, making enhancements related to staffing and care, accountability and transparency, enforcement and licensing.

The new act and its changes are based on 3 Pillars:

- Staffing and care
- Accountability and transparency, enforcement, and licensing
- Building modern, safe, comfortable homes for residents

Key Changes to the act include the following:

- Expanding the Residents' Bill of Rights to further align it with Ontario Human Rights Code, and to explicitly identify additional rights, such as the right to receive support from caregivers and the right to a palliative philosophy of care.
- Defining "caregiver" as someone who is a family member, friend or person of importance to a resident.
- Requiring all long-term care homes to have a visitor policy that respects the Residents' Bill of Rights and ensures that essential visitors continue to have access to long-term care homes during an outbreak. Essential visitors include designated caregivers and those visiting a very ill resident for compassionate reasons, such as at end-of-life.
- Enhancing emergency planning requirements to support greater sector preparedness in the event of an emergency, including outbreaks, epidemics and pandemics.
- Updating palliative care requirements to align with a shift in practice towards integrating a palliative care philosophy into all aspects of care rather than solely focusing on end-of-life care.
- Expanding and clarifying infection prevention and control (IPAC) roles and requirements to improve resident safety and quality of life. The act now outlines that each home must have a designated lead with the minimum number of hours based on the size of the home and outlines the certification that is required for the lead.
- Requiring menus to provide for local foods in season and for meal and snack times to be agreed to by Resident Councils.
- Enhancing requirements for continuous quality improvement, including: an interdisciplinary Quality Committee (including residents and families); resident and family satisfaction surveys; and processes for planning, evaluating, reporting and communicating improvements and outcomes.
- Setting a mandatory average of 4 hours of direct care provided by nurses and personal support workers per resident, per day, and an average of 36 minutes of allied health care per resident, per day. The targets must be reached by March 31, 2025, with periodic increases through 2022 to 2024. Of note, the direct care and

allied health targets will be calculated on a system-wide basis, rather than for each individual LTC home.

- Clarifying the roles/responsibilities of medical directors to improve oversight as well as requiring completion of the Ontario Long Term Care Clinicians' Medical Director course.
- Extending whistleblower protection to disclosures made to Resident and Family Councils and any Ministry of Long-Term Care personnel.
- Revision to the MLTC Inspection Process which has now introduced Administrative Monetary Penalties (AMP) as well as strengthening a number of other areas related to investigations, fines and temporary management orders.
- Complaints – all LTC homes must post their complaints procedure including the Ministry's telephone number in an easily accessible area of the home and must be shared with residents upon admission. The FLTCA also outlines how homes are to report complaints to the ministry and the requirement to keep a documented record of the complaint including resolution and responses.
- Enhanced Screening Measures which restricts the hiring of staff, accepting volunteers and maintaining relationships with members of the board of directors, its board of or committee of management if there has been an offence against the vulnerable population or professional misconduct by a regulated professional. Members of the Committee of Management will now be required to have a police records check along with a signed annual declaration.
- Website – all LTC Homes must now have a public website which includes the following:
 - Physical address of the home
 - Number of licensed beds
 - Contact information for the Administrator, Director of Care and IPAC Lead
 - The Ministry toll free number for making complaints
 - The current annual report
 - The current version of emergency plans
 - The Visitor Policy

Staff have reviewed and updated policies related to the changes noted above and education is currently being prepared for staff to reflect the new regulations. Policy updates have also been shared with both Resident and Family Council(s) to ensure not only their knowledge of the change but to also request feedback.

Financial, Staffing, Legal, or IT Considerations

At this current time, while there are no Financial, Staffing, Legal, or IT Considerations there may be financial implications in regards to implementation of the four hours of personal care as well as meeting the requirements of the IPAC lead. Along with the financial implication, there continues to be a struggle to recruit qualified candidates as the overall health care system is facing a human resource crisis.

Recommendation

THAT the report of the Administrator, dated September 22, 2022, with regards to the Fixing Long Term Care Act, be received.

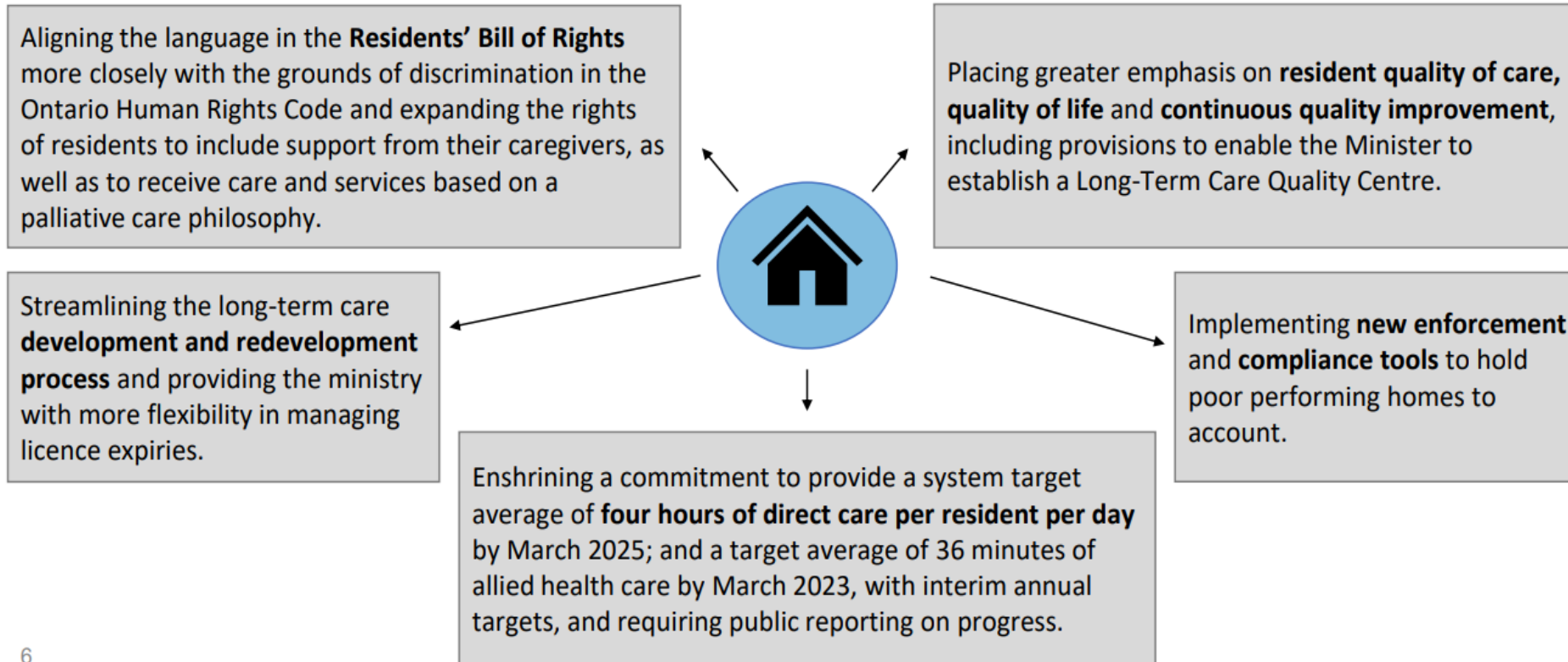
Respectfully Submitted By:

Brenda Wagner
Administrator

Fixing Long Term Care Act

New Legislation

Acts are forms of law that articulate the government's policy intent and provide authority to make regulation. The *Fixing Long-Term Care Act, 2021* is the Ministry's new legislation to govern the sector and it will come into force on April 11, 2022, by repealing and replacing the *Long-Term Care Homes Act, 2007*. Included in it are the following important changes:



New Regulation

A regulation is a law that is made by a person or body whose authority to make the law is set out in an act. Ontario Regulation 246/22, is new regulation. Like its parent legislation, it will come into effect on April 11, 2022. At the same time, Ontario Regulation 79/10 will be revoked. Given the transformative nature of this work, the Ministry is taking a phased approach to regulation development with the most urgently needed provisions proceeding for April and further provisions being developed in Fall 2022. Key changes coming into effect this Spring include:

Ensuring **accountability** by:

- Setting out the criteria and amounts for issuing **administrative monetary penalties**.
- Expanding **whistleblower** protection when information is disclosed to resident and family councils.
- Enhancing **screening measures** for staff, volunteers and members of a board of directors, its board of management or committee of management or other governing structure.

Improving **resident safety**, wellbeing and quality of life by:

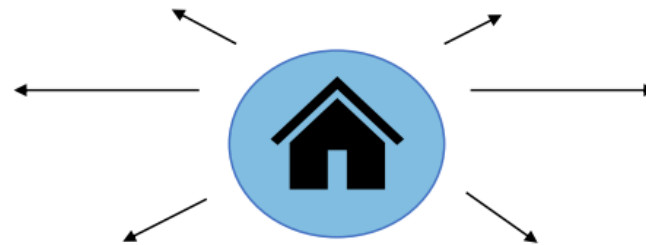
- Expanding and clarifying **IPAC** roles and requirements.
- Requiring, among other things, that the interdisciplinary assessment of a resident's **palliative care** needs for their plan of care considers their physical, psychological, emotional, social, cultural and spiritual needs.

Improving the resident experience by introducing a new requirement for **air conditioning** in resident bedrooms, as well as increasing **menu planning** flexibility and allowing more choice to better meet the needs of residents.

Defining "**caregiver**" and requiring all long-term care homes to have a **visitor policy** that respects the Residents' Bill of Rights and ensures that caregivers continue to have access to long-term care homes during an outbreak subject to any restrictions of the Chief Medical Officer of Health.

Clarifying staffing requirements, such as the roles/responsibilities of **medical directors** to improve oversight, and defining the calculation method for **direct care targets** connected to a provincial average of four hours of direct care per resident per day by March 2025.

- Enhancing **emergency planning** requirements to support greater preparedness during emergencies, including outbreaks, epidemics and pandemics.
- Ensuring **continuity of certain requirements** that currently reside under O Reg 95/20 under the ROA.



Residents' Bill of Rights

Context

- The Residents' Bill of Rights and, the fundamental principle are to be applied when interpreting the new Act and its regulation.
- Third-party reports consistently reiterated the importance of families and caregivers in supporting the quality of life of residents in long-term care and emphasized the critical nature of their role in meeting the mental, social-emotional and physical care needs of residents.
- The final report of the Ontario Long-Term Care COVID-19 Commission specifically recommended strengthening the Residents' Bill of Rights by aligning the language more closely with the prohibited grounds of discrimination in the *Ontario Human Rights Code, 1990*.



Summary of Changes

- The Residents' Bill of Rights was updated to make it easier for residents, their families and caregivers to understand, including the addition of subheadings.
- The language in the Residents' Bill of Rights was updated to more closely align with the grounds of discrimination in the **Ontario Human Rights Code**.
- Two new rights were added that provide residents with the right to ongoing and safe support from their **caregivers**, and assistance in contacting those caregivers, as well as the right to be provided care and services based on a **palliative care** philosophy.
- As noted, section 3 of the new Act defines residents' rights with respect to their caregivers.
- The new **visitor policy** under the regulation includes additional requirements to ensure residents have ongoing access to their caregivers; for example, during outbreak situations.



Timelines

- In force April 11 ,2022.

Four Hours of Direct Care

Context

- To address chronic staffing shortages in the long-term care sector, the government's plan to fix long-term care sets out actions to hire more staff, improve working conditions, drive effective and accountable leadership, and implement retention strategies.



Summary of Changes

- The new Act sets out in legislation **provincial targets** to increase direct care for residents of long-term care homes:
- A provincial target **average of four hours of direct care** to be provided by registered nurses (RNs), registered practical nurses (RPNs) and personal support workers (PSWs), per resident, per day by March 31, 2025; and
- a provincial target **average of 36 minutes of daily direct care** provided by allied health care professionals (such as physiotherapists and social workers), per resident, per day by March 31, 2023.
- It also establishes **interim annual targets** and requires **public reporting** by the Minister on progress towards the targets including a plan to address barriers if targets are not being met.
- The regulation provides further clarity on **calculation periods** and **periodic increases** applicable to the targets.



Timelines

- Provincial average of four hours of direct care to be provided by March 31, 2025.
- Provincial average of 36 minutes of daily direct care to be provided by allied health care professionals by March 31, 2023.

Emergency Planning

Context

- In response to the pandemic over the past two years, and recommendations received from the Auditor General, Long-Term Care COVID-19 Commission, and other sector partners, the new Act and its regulation include requirements to strengthen emergency and evacuation plans.



Summary of Changes

- Expanded list of emergencies requiring a **plan** (e.g., pandemics, boil water advisories, extreme weather, etc.).
- **Enhanced consultation** requirements including new requirements to consult with health service providers, Residents' Councils, and Family Councils (if any).
- New components for **evacuation** plans.
- Specific components for required emergency plans related to **outbreaks of a communicable disease**, outbreaks of a disease of public health significance, epidemics, and pandemics such as identification of isolation areas and cohorting of residents and staff.
- Requirements related to the new **attestation** requirements set out in the legislation (see s. 90(3) and 90(4) of the Act).
- Requirement to post emergency plans on homes' public **websites**.



Timelines

- Requirements related to emergency plans – licensees' emergency plans that were compliant with the LTCHA would be deemed to meet the requirements around emergency plans for three months after the coming into force of the section.
- Similarly, requirements around additional requirements for emergency plans for outbreaks, pandemics, and epidemics and new attestation requirements would not need to be met for three months after the coming into force of the applicable sections.
- New requirement to have a public website – compliance would be required three months after the coming into force of the section.



Supporting Resources

- The Ministry is preparing additional educational material and planning to provide dedicated webinars to support homes in adopting the new requirements and enhancing emergency planning processes across the sector.

Palliative Care (continued on next slide)

Context

- The *Compassionate Care Act, 2020* received Royal Assent on December 2, 2020. The purpose of this Act is to develop a palliative framework to ensure that every Ontarian has access to high-quality palliative care. The *Ontario Provincial Framework for Palliative Care* was tabled in the Ontario Legislature in December 2021 and sets out a vision for palliative care in Ontario.
- Third party reports highlighted the need to address the gaps in palliative and end-of-life care in long-term care and made recommendations to improve quality, access and training. The final report of the Ontario Long-Term Care COVID-19 Commission wrote about palliative and end-of-life care and specifically recommended that long-term care home licensees must ensure that residents are provided with appropriate palliative and end-of-life care.



Summary of Changes

- The new Act requires a resident's plan of care to cover all aspects of care, including palliative care, and requires that residents are provided with care or services that integrate a palliative care philosophy.
- The regulation sets out new palliative care requirements and requires every licensee to ensure:
 - the **interdisciplinary assessment of a resident's palliative care needs** for their plan of care considers their physical, emotional, psychological, social, cultural and spiritual needs;
 - that based on that assessment, an **explanation of the palliative care options** that are available is provided, which may include, but are not limited to early palliative care and end-of-life care;
 - the **palliative care options made available** must include (at a minimum) quality of life improvements, symptom management, psychosocial support, and end-of-life care (if appropriate); and,
 - that before taking any action to assess a resident's needs, provide care, or provide services, a resident's **consent** is received.
- The regulation updates palliative care training requirements for direct care staff and removes the training exemption under the Long-Term Care Homes Act, 2007 for persons such as medical directors.
- General requirements for programs in the regulation respecting palliative care and the palliative care philosophy must be complied with within six months of the coming into force of the applicable section.

Palliative Care (continued)



Timelines

- For general requirements for programs respecting palliative care and the palliative care philosophy: compliance would not be required for six months after the coming into force of the applicable section.



Supporting Resources

- [Information about the CCA, Ontario Provincial Framework for Palliative Care, and palliative care resources and guidance](#)
- Fact sheet on palliative care to be provided.

Quality

Context

- The final reports of the Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System and the Ontario Long-Term Care COVID-19 Commission specifically recommended that demonstrated improvements to residents' wellness and quality of life should be encouraged, recognized and financially rewarded.



Summary of Changes

The new Act creates a new Part dedicated to quality that includes requirements for a continuous quality improvement initiative, resident and family/caregiver experience survey and Long-Term Care Quality Centre. It requires that every long-term care home implement a continuous quality improvement initiative, as set out in regulation. The regulation requires every licensee to:

- establish an interdisciplinary continuous quality improvement committee within six months after the coming into force of the applicable section;
- ensure the home's continuous quality improvement initiative is coordinated by a designated lead;
- prepare an interim report for the 2022/2023 fiscal year on the continuous quality improvement initiative for the home, within three months after the coming into force of the applicable section, provide a copy to the Residents' Council and Family Council, if any, and publish the report on the home's website;
- prepare a report on the continuous quality improvement initiative for the home each fiscal year, provide a copy to the Residents' Council and Family Council, if any and publish the report on the home's website (the first report is for the fiscal year ending March 31, 2023); and,
- maintain a record setting out the names of the people who participated in evaluations of improvements in the continuous quality improvement report.
- The new Act requires a Licensee to ensure that at least once every year a survey is taken of residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home. It allows for regulations to be developed to set out further requirements on the administration of surveys.



Timelines

- The interim report for the continuous quality improvement initiative would not be required until three months after the section came into force.
- The continuous quality improvement initiative report each fiscal year no later than three months after the end of the fiscal year.



Supporting Resources

- Fact sheet on the Continuous Quality Improvement Initiative to be provided.

New Compliance and Enforcement Tools (continued on next slide)

Context

- Residents, families and advocates have expressed concerns regarding homes with repeat non-compliance issues that are not being held accountable for their poor performance. The FLTCA includes new and strengthened compliance and enforcement tools that will hold long-term care home licensees to account, improve enforcement and compliance, and ensure residents are safe and well cared for.



Summary of Changes

- These new and updated tools will be used as part of the ministry's inspection program, which aims to hold licensees to account for the care they provide.
- The ministry's inspection program focuses on ensuring that licensees comply with the legislation and protecting and promoting the quality of care and quality of life for residents.
- If an inspector or the Director finds non-compliance, they take into account the scope and severity of the non-compliance, and the compliance history of a licensee to determine the appropriate compliance action(s) to take under the Act.
- The new compliance and enforcement regime under the FLTCA was developed using modern regulator principles, including a broad range of compliance measures and proportional responses to specific instances of non-compliance.

Overview of New and Updated Tools

- | | |
|--|--|
| • Remedied Non-compliance [NEW] | • Order Requiring Management [Updated] |
| • Written Notifications | • Increased Fines for Offences [NEW] |
| • Compliance Orders [Updated] | • Investigations |
| • Administrative Monetary Penalties [NEW] | • Licence Suspension and Supervisor [NEW] |



Timelines

- In force April 11, 2022.



Supporting Resources

- Fact sheet on compliance and enforcement tools to be provided.

New Compliance and Enforcement Tools



Summary of Changes - Administrative Monetary Penalties (AMPs)

The new regulation will implement an AMP regime that would:

- Require inspectors to issue an AMP when non-compliance has been found and if at any time during the three years prior the licensee received a compliance order for failing to comply with that same requirement. Each time the licensee fails to comply, the amount of the penalty would multiply.
- Provide authority for the Director to issue an AMP on the first compliance order.
- A licensee can ask the Director to review a compliance order or an AMP notice. During this process, the requirement to pay is put on hold until the matter is resolved.
- The Director may confirm the order or change it. This can include reducing the AMP.
- If a licensee still disagrees with the Director's decision following this review, they can appeal the outcome of the review to the Health Services Appeal and Review Board.
- In the case of AMPs issued by the Director in the first instance, the licensee can appeal these straight to the appeal board.

Complaints

Context

- It is important that the Ministry is able to respond to higher-risk complaints rather than low-risk complaints or those not related to the legislation. The ministry has the authority and the tools to follow up on these complaints and to take action, if appropriate, to remedy the issue and/or prevent harm.



Summary of Changes

- The new Act requires homes to provide information about the ministry and the **Patient Ombudsman** to individuals who have complained in order to ensure they can contact the government if they choose. This information must include the ministry's **toll-free number** for making complaints, **contact information** for the Patient Ombudsman, and **notification** that the complaint was forwarded to the ministry (where relevant).
- Under the previous Act, licensees had to forward every complaint about the care of a resident or the operation of a home to the Ministry. At the same time, they had to decide whether a complaint alleged harm or risk of harm to one or more residents. They did this in order to determine how quickly they had to begin an investigation.
- Under the new legislation, licensees must immediately forward to the Director those complaints that allege harm or risk of harm, including, but not limited to physical harm, to one or more residents.
- A process remains in place to ensure licensees **address complaints** where they are warranted, and that the ministry is aware and is forwarded certain complaints.
- This will help licensees focus on patient care rather than administering paperwork.
- The regulation also enables homes and the ministry to deal with **outstanding complaints** and orders issued under the previous Act.



Timelines

- In force April 11, 2022.



Supporting Resources

- Fact sheet on the complaints process to be provided.

Whistle-blowing Protections

Context

- Whistle-blowing protections are intended to give anyone the confidence to bring forward any concerns about a long-term care home, including the care of a resident, without fear of retaliation.



Summary of Changes

- The FLTCA and its regulations expand whistle-blowing protections.
- The Act prohibits anyone from retaliating or threatening to retaliate against someone else because of a disclosure to:
 - an inspector or the director
 - any other personnel of the ministry [NEW]**
 - residents' councils [NEW]**
 - family councils [NEW]**
- This prohibition also applies where evidence has been given or may be given in a proceeding.
- The law gives further protection to residents and families from worrying that raising concerns would affect the care or services a resident receives.
- A long-term care home cannot do anything that discourages someone from making a disclosure, nor can a home encourage someone to fail to make a disclosure.
- The Act also clarifies that a disclosure may be by any method such as by making a complaint to the ministry or by calling the ministry's action line.

EXISTING

Retaliation could be by action or by omission. It can include (without limiting its meaning):

- Dismissing, disciplining or suspending a staff member
- Imposing a penalty on any person
- Intimidating, coercing or harassing any person

Residents and their families have specific protections following a disclosure:

- No discharge or threat of discharge
- No discriminatory treatment, including service change
- No threatening family with any of the above

NEW

- Disclosures to **Residents' Councils and Family Councils** and **anyone working for the Ministry of Long-Term Care** now provide whistle-blowing protections.
- Clarity that a complaint to the ministry by any means constitutes a disclosure



Timelines

- In force April 11, 2022.



Supporting Resources

- Fact sheet on whistle-blowing protections to be provided.

Resident Experience: Menu Planning



Summary of Changes

More flexibility in menu planning increases choice for residents regarding what and when they eat and reduces food waste. Additionally, each menu cycle will continue to be evaluated to ensure residents' **nutrient requirements** are met.

- Key changes include:
 - The menu cycle will provide a **minimum of one entrée** and accompanying side dish at all three meals with other available entrees, side dishes and dessert to meet residents' specific needs/ preferences.
 - Meals will be served at times agreed upon by Residents' Council and the home's Administrator or Administrator's designate.
 - Menus to provide a variety of foods, including **fresh produce** and **local foods** in season.
 - Each menu cycle is to be evaluated by the **Nutrition Manager** and **Registered Dietitian** and approved by the Registered Dietitian for nutritional adequacy based on **Dietary Reference Intakes** relevant to the resident population
 - Canada's Food Guide was removed as a requirement for menu planning to align with expert advice that this is not an appropriate tool to use in menu-planning for a diverse long-term care demographic.



Timelines

- New requirements around menu planning have a **different commencement date**: they will come into force three months after the regulation first comes into force

Infection Prevention and Control (continued on next slide)

Context

- Infection prevention and control (IPAC) arose as a key challenge in the long-term care sector during the COVID-19 pandemic.
- The ministry is taking a number of actions to improve capacity and practice in this area.
- As well, a number of recommendations related to IPAC have been included in key third party reviews including the Long-Term Care COVID-19 Commission Final Report.
- Other key stakeholders have also highlighted the importance of IPAC and have made a number of recommendations for improvements to better protect residents and staff.



Summary of Changes

- The new Act and Regulation reinforce existing requirements for **IPAC programs** in homes while also making them more robust. This includes:
 - More comprehensive training, education, experience and certification requirements for IPAC leads;
 - A required **quality management program** for IPAC;
 - A requirement for an **ethical framework** to guide decision making related to IPAC and the required application of **the precautionary principle** in specific circumstances; and
 - The legislation and the regulation also make reference to a new evidence-based **Standard for IPAC** which will be issued under the Act.

Infection Prevention and Control (continued)



Summary of Changes

Related provisions in the Regulation:

- The Regulation sets out requirements for **IPAC Lead(s)** to oversee, implement and maintain the home's IPAC program. It also includes specific minimum IPAC education, experience, training and certification requirements for the leads.
- The Legislation and Regulation also require licensees to comply with a new IPAC Standard which is evidence-based and which includes the key components of a robust, comprehensive IPAC program.
- An **IPAC program** must be implemented that includes:
 - Evidence-based policies and procedures;
 - IPAC education and training;
 - Outbreak preparedness and management;
 - Surveillance;
 - Routine practices and additional precautions;
 - Regular IPAC audits and program evaluation;
 - Quality management.



Timelines

- New requirements for IPAC program lead qualifications – compliance with the requirement for IPAC leads to obtain their Certification in Infection Control (CIC®; awarded by the Certification Board of Infection Control and Epidemiology, Inc. (CBIC)) would not need to be met for three years after the section comes into force.
- Requirements related to IPAC training and education would come into force on April 11, 2022



Supporting Resources

- IPAC Standard
- Fact sheet on the IPAC Standard to be provided.

Screening Measures



Summary of Changes

- The Regulation under the new Act introduces **enhanced screening** requirements for staff, volunteers, and members of the licensee's board of directors, its board of management or committee of management or other governing structure.
- These include **restrictions on**:
 - hiring staff,
 - accepting volunteers, and
 - members of a licensee's board of directors, its board of management or committee of management or other governing structure if they have been convicted of certain offences with respect to vulnerable persons or have been found guilty of an act of professional misconduct that involved certain elements.



Timelines

- New declaration requirements for current staff and volunteers and for directors and management in cases when a pandemic does not apply would be required one month after the section comes into force.
- New screening requirements for staff hired or a volunteer accepted during a pandemic would be required three months after the section comes into force
- New requirements for police record checks for current directors and management would be required six months after the section comes into force.



Supporting Resources

- The ministry is preparing education material to support homes in adopting these new requirements.

Medical Directors

Context

- The *Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System* (Gillese Inquiry) and the Long-Term Care COVID-19 Commission recommended specific training requirements for medical leadership in long-term care. As well, other stakeholders have recommended changes to provide greater role clarity and accountability for Medical Directors.
- Similar to IPAC, the Ministry is taking a number of actions to address these issues.



Summary of Changes

Detailed related changes in the regulation include:

- The required terms of the contract between the licensee and the Medical Director have been updated to include:
 - completion of the **OLTCC Medical Director's course**
 - completion of specified **training** within a specific time period
 - a required minimum **number of hours on site each month**, and specific duties which the Medical Director must complete on site
- The **Medical Director's responsibilities** and duties have been updated to include:
 - Advising on and approving clinical policies and procedures
 - Communication of relevant medical policies and procedures to attending physicians and NPs
 - Attendance and participation in interdisciplinary committees and quality improvement activities
 - Providing oversight of resident clinical care in the home



Timelines

- New training requirements for Medical Directors: compliance would not be required for 12 months after the section comes into force (within 12 months for current Medical Directors and within 12 months of being hired for Medical Directors once the provision has come into force)

Visitor Policy & Caregiver Definition (continued on next slide)

Context

- Based on the advice of the Chief Medical Officer of Health, visitor restrictions were put in place during the pandemic to keep residents, staff, and all those attending a long-term care home safe from the risk of COVID-19. However, these restrictions inadvertently left residents without access to a critical source of support provided by their caregivers. This led to several third-party recommendations from the Long-Term Care COVID-19 Commission, Office of the Auditor General, the Visitor and Caregiver Policy Task Team under the Response and Recovery Advisory Committee, the Ontario Patient Ombudsmen among other sector partners and stakeholders to:
 - Recognize the role of caregivers in Regulation, and
 - Ensure caregivers continue to have access to residents during outbreaks.
- The new visitor policy and caregiver definition responds to third party recommendations and enshrines best practices and lessons learned during the pandemic and set out minimum requirements with respect to homes' visitor policies.



Summary of Changes – Visitor Policy

- The new regulation requires homes to have a visitor policy that complies with all applicable laws.
- Any limitations regarding the **number of caregivers** or visitors in a long-term care home are subject to any applicable directives, orders, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health.
- **'Essential visitors'** are defined as a caregiver, support worker, a person visiting a very ill resident, or a government inspector with a statutory right of entry.
- Essential visitors will continue to have access to the long-term care home during an outbreak (subject to applicable laws)
- Homes must maintain **visitor logs** for a minimum of 30 days
- The current version of a homes' visitor policy must be provided to the **Residents' Council and Family Council**, if any, included in resident information packages, posted in the home and communicated to residents, and posted on the homes' website

Visitor Policy & Caregiver Definition (continued)



Summary of Changes – Caregiver Definition

- Defines a 'caregiver' as a family member or friend, or a person of importance to a resident and who provides **one or more forms of support or assistance**, including direct physical support or social, spiritual, or emotional support.
- Any individual younger than 16 years of age must receive approval from a parent or legal guardian to be designated as a caregiver.
- The designation of a caregiver is the responsibility of the resident and/or their substitute decision-maker with authority to make that designation, if any, and not the home.



Timelines

- In force April 11, 2022.



Supporting Resources

- Ontario COVID-19 Guidance Document for long-term care homes
- The Regulation under the new Act sets out the IPAC training requirements for caregivers as well as visitors which will be supported by the IPAC Program Standard that will be posted on LTCHomes.net

Resident Experience: Air Conditioning



Summary of Changes

- When air conditioning is not available in resident bedrooms, this information must be disclosed on the **website** of the long-term care home.
- Limited exceptions to the requirement to have air conditioning installed in resident rooms may apply if a home can demonstrate that certain **exemption criteria** related to building structure, materials, the electrical system, or supply chain issues are met.



Timelines

- Unless limited exception criteria is met, licensees must ensure air conditioning is installed in resident rooms by June 22, 2022
- To ensure that new home builds have sufficient time to meet the requirement and adjust any plans as necessary, homes that are not yet licensed (including re-issuance) with anticipated licensing date in 2022 (calendar year) will have **six months** from the effective date of their licence to meet the requirement for air conditioning to be installed in resident rooms

Transitional Periods

- Most of the requirements in the regulation made under the FLTCA will come into force on April 11, 2022.
- However, to allow licensees time to prepare for and operationalize the new framework, some specific requirements set out in the proposed regulation allow for a period of time for licensees to establish compliance.
- Transitional periods range from a period of one month to three years.
- Examples of areas that would allow for a period of time for licensees to establish compliance include (but are not limited to): requirements to emergency planning, screening, staffing and qualifications, general requirements for programs respecting palliative care and the palliative care philosophy etc.

Dufferin Oaks Implementation Plan...

Fixing Long-Term Care Act, 2021 and its Regulations: Where to Start First?

The implementation of the *Fixing Long-Term Care Act, 2021* (FLTCA) and Ontario Regulation 246/22 is complex and resource-intensive. To assist members, AdvantAge is offering a number of tools and resources that will facilitate and inform your implementation work. These resources will complement the source documents, information, and educational sessions offered by the Ministry and other stakeholders.

As you are aware, many of the new and enhanced requirements set out in the FLTCA and its regulations are already in effect. To assist you with identifying the key provisions which came into effect on April 11, 2022, we have summarized them in the table below, along with some suggested actions for your consideration. The table is intended as an operational tool and members are advised to use it in conjunction with the source documents (FLTCA and Regulations), the Ministry fact sheets, and other posted information on www.longtermcarehomes.net.

DELAYED IMPLEMENTATION TIMELINES

While the chart below highlights the key provisions already in effect, members are advised to please refer to the "Important Timelines and Dates associated with the Ontario Regulation 246/22 under the *Fixing Long-Term Care Act, 2021*" and Section F of the MLTC FAQs, posted on www.longtermcarehomes.net. Several requirements necessitate the commitment of significant resources and time, so you should consider developing your plan to achieve compliance as soon as possible.

NEW or ENHANCED REQUIREMENTS EFFECTIVE APRIL 11, 2022

In the table, "A" refers to the FLTCA, and "R" refers to Regulation 246/22 under the FLTCA.

	NEW or ENHANCED REQUIREMENTS (now in effect)	RESPONSIBLE MANAGER	REFERENCES, DEFINITIONS, NOTES	ACTION REQUIRED Policies and Procedures (P&P): training or education; communication, other	ACTION TAKEN	COMPLETION DATE
Compliance and Enforcement	<ul style="list-style-type: none">New compliance and enforcement toolsOpportunity to remedy non-compliance during inspection, if minimal risk of harm (non-compliance still documented)Inspectors and Director may issue Administrative Monetary Penalties (AMPs) for non-compliance	Brenda – Council Managers - staff	<ul style="list-style-type: none">Compliance and Enforcement Fact Sheet (EN)A154 (remedy non-compliance during inspection)A158, R349 (AMPs)	<ul style="list-style-type: none">Communication of new compliance and enforcement program to Board, staff	Report to council on October 27 th 2021 September 22 – presentation to council	September 2022
Public Website	<ul style="list-style-type: none">Public website required, unless in a location in the province that does not have consistent and reliable internet serviceNumerous items to be posted		<ul style="list-style-type: none">R271	Website must include: a. the home's physical address - done b. approximate number of licensed beds - done c. direct contact information, including telephone number and	Completed	August 2022

1

CUPE



Ontario Nurses' Association



Family
Councils
Ontario

Bill of Rights
Ontario Long-Term
Care Homes



QUESTIONS??

REPORT TO COMMITTEE

To: Chair Rentsch and Members of Health and Human Services Committee

From: Tom Reid, Chief

Meeting Date: September 22, 2022

Subject: Ministry of Health, Ambulance Service Review Final Report

In Support of Strategic Plan Priorities and Objectives:

Good Governance – ensure transparency, clear communication, prudent financial management

Inclusive & Supportive Community – support efforts to address current & future needs for a livable community

Purpose

The purpose of this report is to provide members of the Health and Human Services Committee an update on the results of the Ministry of Health Ambulance services review of Dufferin County Paramedic Service.

Background & Discussion

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

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

- Patient Care
- Quality Assurance

- Administration

Certification Process: Ambulance Service Providers undergo an Ambulance Service Review every three years - the certification of a service is not extendable under the Act. Service Providers due for review will be given advance notice, typically 90 days, before the on-site review occurs. This notification includes the Team Checklist Self-Assessment and Resource Tool which is provided to assist a service in preparing for the on-site review.

A Service Provider will also be sent a letter to confirm the date and time of the review, typically, 30 days prior to the on-site visit. Services requiring a re-visit will be given advance notice prior to the date of a team re-visit, typically 30 days. When a service meets certification standards, it is issued a three-year certificate to operate an ambulance service. When an ambulance service operator does not initially meet certification standards, the Ministry conducts a Service Review Re-visit to re-evaluate the service's success in meeting certification standards.

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

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

1. 90%+ for Patient Care (which represents 70% of the overall inspection)

AND

2. 90%+ overall score (Patient Care 70%, Quality Assurance 20%, Administration 10%).

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

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

As a result of COVID, the Ministry moved to a online remote review which is significantly different than previous reviews. On August 5, 2020, a team of Ministry health inspectors met with the leadership team of Dufferin County Paramedic Service.

All information had been previously submitted for review to the Ministry.

The review included most aspects of the typical service review except for physical rideouts and vehicle inspections.

Attached is a complete report of the inspection and it is with pleasure we report that it was successful with only one minor observation.

All staff should be commended on yet another successful review and certification.

Financial, Staffing, Legal, or IT Considerations

At this time there are no Financial, Staffing, Legal, or IT Considerations.

Recommendation

THAT the report of the Chief, dated September 22, 2022, with regards to the Dufferin County Paramedic Services, be received.

Respectfully Submitted By:

Tom Reid
Chief

Attachment: MOH Ambulance Service Review Report

MINISTRY OF HEALTH

Ambulance Service Review Final Report

Dufferin County Paramedic Service

May 25, 2022

Ministry of Health

Emergency Health Regulatory and
Accountability Branch

590 Rossland Rd. E.
Whitby ON L1N 9G5
Tel.: 905-665-8086

Ministère de la Santé

Direction de la réglementation et de la
responsabilisation des services de santé
d'urgence

590 rue Rossland E.
Whitby ON L1N 9G5
Tél.: 905-665-8086

July 12, 2022

Mr. Tom Reid
Chief, Dufferin County Paramedic Service
325 Blind Line
Orangeville ON L9W 5J8

Dear Mr. Reid:

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 May 25, 2022 found that Dufferin County Paramedic Service continues ongoing improvement towards ensuring delivery of high-quality ambulance service.

Dufferin County Paramedic Service is to be commended for its efforts in the following areas:

- Preparation for the certification inspection
- Quality Assurance/CQI

The Review found that Dufferin County Paramedic Service met the review certification criteria and the legislated requirements.

Once again, congratulations to you and your team.

Sincerely,



Cindy Widawski

Manager (A)

Inspections and Certifications

Cc: Ms. Sonya Pritchard, COA, Dufferin County
Mr. Steven Haddad, Director, EHRAB
Mr. Stuart Mooney, Director, EHPMDB
Ms. Michelle Johnson, Senior Manager, EHRAB
Mr. Robin Souchuk, Senior Field Manager, EHPMDB

Table of Contents

Introduction	7
Summation	13
Patient Care	
ACR Review – ALS/BLS Standards	15
Paramedic Ride-Outs	16
Training	16
ID Cards	17
Communicable Disease Management	18
Vehicle – Equipment Restraints	18
Communication – Communication Service Direction	19
Patient Care Equipment and Supplies	20
Medications	20
Patient Care Devices and Conveyance Equipment Maintenance	21
Vehicle – Staffing	22
Vehicle – Maintenance/Inspection	22
Quality Assurance	
Quality Assurance/CQI	25
Employee Qualifications	26
ACR – IR Documentation	27
Administrative	
Response Time Performance Plan	29
Service Provider Deployment Plan	30
Ambulance Service ID Card Program	31
Base Hospital Agreement	32
Policy and Procedure	33
Insurance	34
Appendices	
Appendix G – Abbreviations	37

Introduction

Due to these unprecedented times and the COVID-19 pandemic, a preliminary means of assessing an ambulance service's compliance with legislation, for recertification has been developed to provide an off-site Preliminary Review, until normal review activities recommence.

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

Legislated standards include:

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

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

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

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

- Patient Care
- Quality Assurance
- Administration

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

Ambulance Service Review Overview

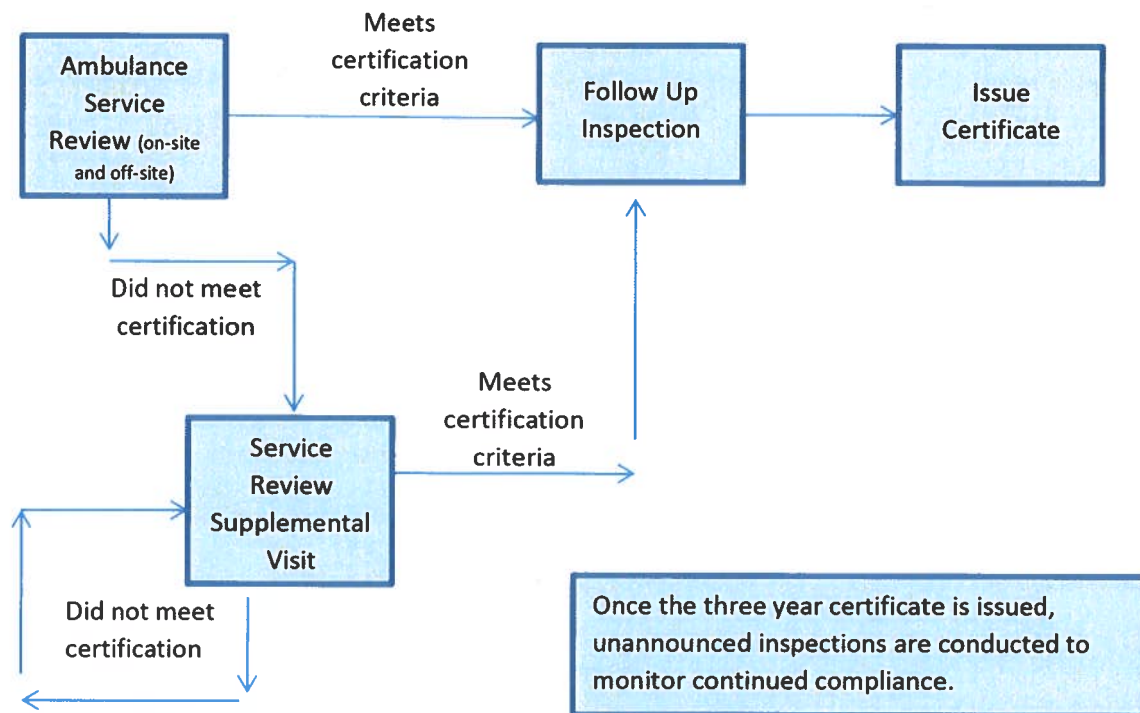
Certification Process: Ambulance Service Providers undergo an Ambulance Service Review every three years - the certification of a service is not extendable under the Act.

A Service Provider due for an Ambulance Service Review this year (2020) will be contacted by the Manager of Inspections and Certifications, to discuss the new off-site Preliminary Review process and confirm the date that the supporting documentation is required by. Service Providers are asked to complete the modified Team Checklist and provide the supporting documentation requested to demonstrate compliance with legislation.

With every Service Review, an exit meeting is conducted with the Service Provider. Upon completion of the off-site review, the Team Leader will contact the Service Provider to arrange for a mutually agreed date and time to discuss the review observations. Continued consultation/assistance and a draft report are provided to assist the Service Provider.

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

The diagram below graphically represents the certification process.



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

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

Preliminary Review: The preliminary review will be conducted off-site and requires the Service Provider to complete the Preliminary Review Team Checklist and provide comments and supporting documentation to the Team Leader as requested. Once all documents have been received and evaluated, a final exit (virtual) meeting will be scheduled with the Service Provider to discuss the review observations.

Upon completion of the exit meeting, the off-site portion of the review is completed. A Preliminary Draft Report is prepared and provided to the Service Provider. Upon successful completion of the Preliminary Review process, a renewed Certificate is issued for a further three years. The Service Provider will have the opportunity to respond to the observations in the Preliminary Draft Report.

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

Currently the Review Team is comprised of service representation from approximately 70 percent of Ontario Paramedic Services. The on-site team will include but is not limited to, one Ministry Team Leader, Service Chiefs, Deputy Chiefs, Commanders, Deputy Commanders, Superintendents, Primary, Advanced and Critical Care Paramedics, all of whom are considered seasoned subject experts in their field, working together to ensure excellence in ambulance services to all Ontarians.

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

A final report culminating the Preliminary Review observations, response from the Service Provider and Follow Up Inspection is then provided to the Service Provider.

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

Service Review Supplemental Visit

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

Follow Up Inspection

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

Unannounced Inspection

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

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

- **Interviews:** Interviews with the Service Provider and other service staff will be conducted. Also, interviews may be held with receiving hospital emergency unit staff, Base Hospital staff, Ambulance Dispatch staff and staff of the municipality or delivery agent where appropriate.
- **Documentation Review:** Files pertinent to the delivery of ambulance service will be reviewed including: staff qualifications, policies & procedures, Incident Reports, Ambulance Call Reports, vehicle and equipment maintenance records, staff training records and other relevant standards related documents.
- **Ride-Outs:** In order to provide the broadest possible assessment of the patient care provided by a service, team members will conduct ride-outs with paramedics on every priority call and Canadian Triage Acuity Scale category call opportunity that presents. Observations will be recorded and combined with the documented patient care information provided by the crews as well as any feedback from the receiving hospitals. This information is utilized to evaluate that the provision of patient care is consistent with the patient care standards.
- **Observation and Examination:** To accurately determine compliance with the legislation and standards the Review Team will conduct various examinations of service vehicles, equipment, supplies and documents. For example, the team will ensure ambulances and ERVs are constructed and equipped in accordance with the standards.

- **Exit Interviews:** Upon completion of the Ambulance Service Reviews, the Team Leader and designated team members will meet with the Service Provider to provide a brief verbal overview of the observations from the Reviews. These meetings will provide an opportunity for the Service Provider to be informed of any areas that require prompt attention. The meetings will also serve to provide the Service Provider an early indication of their success in meeting the requirements of the Ambulance Service Reviews.
- **Reports:** Following the Ambulance Service Reviews, the Review Team Leader will prepare and submit a written summary to the ministry. The on-site observations will determine if a Service Provider has met the requirements of the legislation and standards. The written report in draft will then be forwarded to the Service Provider for comment and for the preparation of an action plan to address any observations noted within the report. The draft report forwarded to the Service Provider will indicate that their service has:

Satisfied the Requirements:

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

Not Satisfied the Requirements:

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

Summation

Dufferin County Paramedic Service operates from three stations, including headquarters and provides primary and advanced paramedic patient care. The Service responded to approximately 9,994 calls in 2019. At the time of the Ambulance Service Review, the Service had nine front line ambulances and three emergency response vehicles.

The Service provides ambulance service to the residents of Orangeville, Shelburne and Grand Valley, as well as the surrounding areas. Headquarters is located at 325 Blind Line, Orangeville. Dufferin County Paramedic Service is dispatched by Cambridge CACC and has a Base Hospital relationship with the Centre for Paramedic Education and Research, Hamilton Health Sciences.

This Service has been in operation since January 1, 2001. The certificate for Dufferin County Paramedic Service expires on December 11, 2020. As required to renew their certificate, Dufferin County Paramedic Service participated in an Ambulance Service Preliminary Review. The Ambulance Service Preliminary Review found that Dufferin County Paramedic Service has **met** the requirements of the *Land Ambulance Certification Standards*.

The Service is to be commended for making staff available during the course of the Preliminary Review and the Review Team would like to thank Dufferin County Paramedic Service staff for their assistance throughout the Preliminary Review.

Patient Care

Subsections:

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

ACR Review – ALS/BLS Standards

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

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

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

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

- Recommendations resulting from Service Provider/Base Hospital review are addressed to mitigate reoccurrence.

Paramedic Ride-Outs

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

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

Inspection Methodologies: No on-site review was conducted.

Observations: No on-site review was conducted.

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

Training

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

Further, the *Basic Life Support Patient Care Standards v 3.2*, Section 1, General Standard of Care, *Child in Need of Protection Standard* provides general directives to be followed by paramedics when dealing with suspected child abuse, including the Duty to Report. Paramedics must be informed of, and become familiar with, revisions to this standard.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

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

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

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

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

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

ID Cards

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

Paramedic ID Cards with the Service Specific Number permit a means for the paramedic to log onto the ambulance dispatch environment; provides a recognizable identifier to the general public and law enforcement; and further provides a paramedic required ID for access to secure areas such as correctional facilities and airports.

Subsection III Operational Certification Criteria of the *Land Ambulance Certification Standards* (g.1) states, each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director.

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

Inspection Methodologies: No on-site review was conducted.

Observations: No on-site review was conducted.

Communicable Disease Management

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

Observations: There was documentation indicating the Service Provider monitors and enforces Communicable Disease Management.

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

Vehicle - Equipment Restraints

Legislated Requirement: Staff, passengers, patients and equipment must be secured within the vehicle while the vehicle is in motion to ensure that in an unforeseen circumstance, unsecured equipment, supplies and/or persons do not become projectiles. The PCTS, Patient Transport subsection (c) states, each EMA and Paramedic shall ensure that each item of equipment transported in an ambulance or ERV is properly restrained in the ambulance or ERV. The PCTS, Patient Care subsection (g) states, each person transported in an ambulance or ERV is properly restrained in the ambulance or ERV.

Inspection Methodologies: No on-site review was conducted.

Observations: No on-site review was conducted.

Communication - Communication Service Direction

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

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

Observations: As part of the Service Provider'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.
- Whenever an ambulance or ERV was involved in a collision.

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

Patient Care Equipment and Supplies

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

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

Observations: The Service Provider has a policy regarding cleaning and sanitization of equipment and the patient care compartment. The Service Provider monitored and enforced the cleaning and sanitization policy.

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.

Medications

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

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

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

Inspection Methodologies: No on-site review was conducted.

Observations: No on-site review was conducted.

Patient Care Devices and Conveyance Equipment Maintenance

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

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

Observations: The Service Provider has a preventative maintenance program in place for patient carrying equipment and devices. All patient care devices requiring regular inspection and/or calibration e.g. oxygen delivery systems, suction equipment, and defibrillator were included within the Service Provider's Preventative Maintenance program. The service's oxygen testing equipment had been calibrated according to the manufacturer's specifications. The Service is commended for this observation.

The Service Provider's Preventative Maintenance program also included all patient carrying equipment. The preventative maintenance schedule was based on manufacturers specifications.

Vehicle - Staffing

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

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

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

Observations: The Service Provider meets their service commitment/deployment plan to ensure provision of service to meet community needs. The Service Provider has access to spare vehicles to maintain service.

Vehicle - Maintenance/Inspection

Legislated Requirements: The Municipality/DDA is obligated to ensure provision of service meets community needs. To meet community needs, the Service Provider must ensure each vehicle is equipped according to the equipment standards, each vehicle meets the vehicle standards and that equipment, supplies and vehicles are maintained according to manufacturer’s specifications.

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

Observations: The Service Provider's Vehicle Preventative Maintenance program is based on manufacturers specification +/- 25% between services. Each vehicle is included within the Service Provider's Vehicle PM program.

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

The Service Provider has a policy that states staff will use only the designated radio call identifier when using ministry telecommunication devices.

During the review of vehicle files provided, it was noted:

- Staff completed a checklist ensuring safety features were functional.
- Paramedics could comment regarding vehicle deficiencies or safety concerns.
- Staff checked each vehicle at least once per day or shift.
- The Service Provider audits checklists for completeness, accuracy and vehicle deficiencies or safety concerns.
- Safety concerns raised by staff are resolved.
- Repairs or replacement items were completed in a timely manner.

Quality Assurance

Subsections:

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

Quality Assurance/CQI

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

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

- Ambulance Call Report audits,
- Service form completion audits,
- Incident Report audits,
- In Service CME,
- Base Hospital Certification, and
- Other (Peer Evaluations and Daily Crew Inspections).

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

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

Employee Qualifications

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

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

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

Observations: Dufferin County Paramedic Service maintains a mechanism to help ensure each employee record includes documentation that demonstrates each employee meets the minimum employment standards according to legislation.

As of December 13, 2019, EMAs and paramedics must:

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

The Service receives Influenza Immunization status of each employee no later than directed by EHRAB each year.

Each operator shall, no later than January 17, 2020, report to the local Senior Field Manager of the Emergency Health Program Management & Delivery Branch, 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.

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

ACR – IR Documentation

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

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

Observations: The Service Provider audits ACRs to determine if they are completed as per the *Ontario Ambulance Documentation Standards*. As a result of their audit, the Service Provider makes recommendations to staff respecting compliance with the OADS. Further, the Service Provider addresses recommendations to mitigate reoccurrence. There was documentation demonstrating staff review the ACR Completion Manual and OADS as part of the Service Provider's QA/CQI Program.

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

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

It was demonstrated through the documentation provided that completed Ambulance Call Reports were secured from unauthorized access. The Service Provider maintains Ambulance Call Reports on file for a period of not less than five years.

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

The Service Provider audits Incident Reports for completeness and accuracy. Documentation demonstrated the Service Provider makes recommendations to staff after auditing Incident Reports regarding completeness and/or accuracy. Recommendations are addressed to mitigate reoccurrence.

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

Administrative

Subsections:

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

Response Time Performance Plan

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

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

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

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

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

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

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

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

The Service Provider reviewed and updated their Response Time Performance Plan by October 1st of each year.

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

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

Service Provider Deployment Plan

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

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

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

Further, the *Ambulance Act*, section 7.0.1 (1) states, 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. Subsection III states, an operational or policy directive may be general or particular in its application and may include, but not limited to:

- (a) conveyance of persons by ambulance to destinations other than hospitals; and
- (b) responsibilities in addition to the provision of 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: Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

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

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

Ambulance Service ID Card Program

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

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

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

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

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

Documentation demonstrates the Service Provider notifies the ministry of each instance of employee hiring and separation, including the separation date. It was noted that newly hired paramedics commence patient care activities only after receipt of their service specific identification number and card.

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

Base Hospital Agreement

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

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

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

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

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

Policy and Procedure

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

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

- An ambulance may be used to transport the remains of a dead person for the purpose of tissue transplantation on the order of a physician if a physician at the hospital where the tissue is being delivered acknowledges the order.

Inspection Methodologies: The Review Team obtained and reviewed reports and records, submitted by the Service Provider. No on-site review was conducted.

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

The Service Provider had policies covering the following areas:

- Prohibiting staff from responding to calls under the influence of alcohol or drugs.
- Prohibiting staff from reporting to work under the influence of alcohol or drugs.
- Prohibiting staff from consuming alcohol or drugs while at work.
- Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance service vehicle.
- Regarding transport of a person's remains as per legislation.
- Regarding the disposal of bio-medical materials/waste.
- That students are to be free from communicable diseases.
- That students are to be immunized.
- Requirements for students/observers are not always monitored and enforced (*one student missing polio and immunizations signed by RN*). **(Observation: 1)**
- 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 and tobacco are complied with. There was further documentation to demonstrate Service Policies relating to the release of confidential information are complied with.

Insurance

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

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

Inspection Methodologies: The Review Team obtained and reviewed the Service's insurance policy coverage, submitted by the Service Provider. No on-site review was conducted.

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

The insurance policy includes and covers:

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

Observation: 1

Service Provider Response

Thank you very much for your notification of observation. Further to our discussion unfortunately that file has removed and shredded.

We only retain student files of students that move to employee status. Our practice is that we treat all new employees and students the exact same way, no student or employee starts without their full documentation as per the regulations.

Once they have provided all of their medical documentation it is reviewed by our employee health department and verifies all documentation and once completed it is signed off by our staff physician.

We do retain the back up information for example, yellow card which are typically not signed by a physician.

In this case I expect they were looking at the back up information and not the final document.

Inspector's Findings

Dufferin County Paramedic Service understands the importance of immunization record keeping and makes every effort to eliminate the risk of exposure to vaccine-preventable diseases. The paramedic student indicated in the report to not have proper immunization records is not employed by Dufferin County Paramedic Service. A copy of the current form "Vaccine Preventable Diseases - Physician Sign-Off" used to ensure all staff are up to date on immunization was provided. **Dufferin County Paramedic Service is working towards compliance in this area.**

Appendix G Abbreviations

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

