

BEFORE YOU PRINT:
Please note this document is 88 pages long.

Ambulance Service Review
Final Report

Manitoulin-Sudbury District Services Board

Manitoulin Sudbury EMS

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

March 29, 2011

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

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

Direction des services de
santé d'urgence
590 rue Rossland E.
Whitby ON L1N 9G5
Tél.: 905-665-8086
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April 21, 2011

Mr. Michael MacIsaac
Director of EMS
Manitoulin Sudbury District Services Board
210 Mead Boulevard
Espanola, ON P5E 1R9

Dear Mr. MacIsaac:

Enclosed is the Ambulance Service Review Final Report that is the result of the follow-up conducted at your ambulance service March 29, 2011.

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

The Review found that overall; the Manitoulin Sudbury EMS meets the certification criteria and the legislated requirements. Accordingly, the Manitoulin Sudbury EMS was issued a renewed Certificate to operate an ambulance service.

Sincerely,

Michael Bay
Manager,
Inspection, Certification and Regulatory Compliance

Cc: Mr. Fern Dominelli, CAO, Manitoulin-Sudbury District Social Services
Mr. Malcolm Bates, Director, Emergency Health Services Branch
Dr. Tony Campeau, Senior Manager, Operations
Mr. Jack Cruickshank - Senior Field Manager, North East Field Office, EHSB
Dr. David Reeleder, Manager, Performance Improvement, EHSB

Executive Summary Part A

Manitoulin-Sudbury
District Services Board



Conseil des Services du District de
Manitoulin-Sudbury

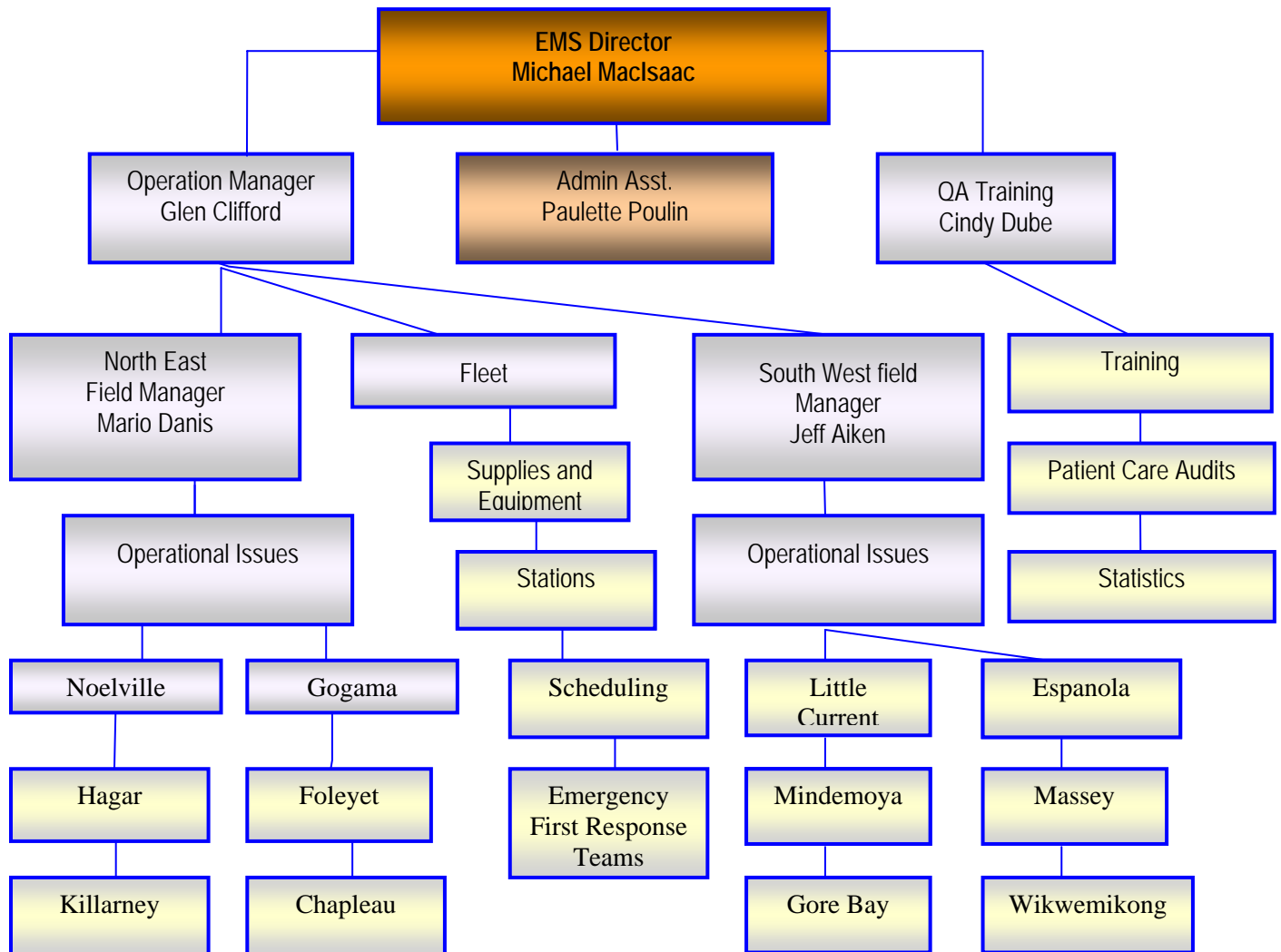


Manitoulin Sudbury EMS

347 Second Avenue
Espanola, ON P5E 1R9



Organization Chart Manitoulin-Sudbury EMS



Land Ambulance Service Profile					
Service Municipal Number	752-782	Service Name	Manitoulin Sudbury EMS		
Mailing Address	210 Mead Blvd.	Community	Espanola	Postal Code	P5E 1R9
Business Phone Number	705-862-7850	Extension	238	Facsimile	705-862-7805
Coverage Area Square Kms.	42000 square/kms		Population Base	35000	
CAO	Mr. Fern Dominelli		Email	Fern.dominelli@msdsb.net	
Telephone	705-862-7850	Extension	234		
Director / Manager	Mr. Michael MacIsaac		Email	Michael.macisaac@msdsb.net	
Telephone	705-862-7850	Extension	238	Cell	705-862-0048
Operations Manager	Mr. Glen Clifford		Email	Glen.clifford@msdsb.net	
Telephone	705-862-7850	Extension	255	Cell	705-698-8229
QA Manager	Ms. Cindy Dube		Email	Cindy.dube@msdsb.net	
Telephone	705-862-7850	Extension	256	Cell	705-698-3750
Number of Full-Time Employees			Number of Part-Time Employees		
Emergency Medical Attendants	0	Emergency Medical Attendants	1		
Primary Care Paramedics	60	Primary Care Paramedics	50		
Advanced Care Paramedics	0	Advanced Care Paramedics	0		
Critical Care Paramedics	0	Critical Care Paramedics	0		
Total	60	Total	51		
Ambulance Service Fleet			Last Calendar Year Call Volume		
Number of Front Line Ambulances	13	Code 1 & 2	1646		
Number of Mechanical Spares	10	Code 3	1389		
Number of Emergency Response Units	3	Code 4	3499		
Number of Emergency Support Units	0	Code 8	5384		
Number of Administration Vehicles	0	Other	0		
Total	26	Total	11918		
Staffing Hours Pre-Transition			Increase/Decrease from Previous Calendar Year		
Annual On Site Staffed Hours / week	1720	Code 1 & 2	+6%		
Annual Call Back Staffed Hours / week	2216	Code 3 & 4	+4%		
Calendar 2009			Response Time		
Annual On Site Staffed Hours / yr	2680	1996 - 90th % Benchmark Time	23:56		
Annual Call Back Staffed Hours	1264	2009 - 90th Percentile Time	24:28		

Base Locations		Street Address	Community	Postal Code
Address	752-00	15 Dollard Street	Noelville	P0M 2N0
	752-01	7206, Highway 17 East	Hagar	P0M 1X0
	752-02	36 Commissioner Street	Killarney	P0M 2A0
	752-03	99 Miller Street	Gogama	P0M 1W0
	752-04	Box 144 2 nd Ave.	Foleyet	P0M 1T0
	752-05	7 Broomhead Road	Chapleau	P0M 1K0
	782-00	55 Vankoughnet Street	Little Current	P0P 1K0
	782-01	2090 Highway 551	Mindemoya	P0P 1S0
	782-02	3B McQuarrie Blvd.	Gore Bay	P0P 1H0
	782-07	293 Queensway Ave.	Espanola	P5E 1K2
	782-04	250 Cameron Street	Massey	P0P 1P0
	782-06	2058 Wilwemikong Way	Wkwemikong	P0P 2J0



Glossary of Abbreviations			
ACRONYM	MEANING	ACRONYM	MEANING
ACP	Advanced Care Paramedic	EMCA	Emergency Medical Care Assistant
ACR	Ambulance Call Report	EMS	Emergency Medical Service(s)
AC&RC	Ambulance Certification & Regulatory Compliance	ER	Emergency Room
ACS	Ambulance Communications Service	ERV	Emergency Response Vehicle
ADDAS	Ambulance Data Direct Access System	ESU	Emergency Support Unit
ACO	Ambulance Communications Officer	GCS	Glasgow Coma Scale
AEMCA	Advanced Emergency Medical Care Assistant	GPS	Global Positioning System
ALS	Advanced Life Support	LAISC	Land Ambulance Implementation Steering Committee
ASCDS	Ambulance Service Communicable Disease Standards	LASCS	Land Ambulance Service Certification Standards
ASDS	Ambulance Service Documentation Standards	MOHLTC	Ministry of Health and Long- Term Care
ASPC & TS	Ambulance Service Patient Care and Transportation Standards	MTO	Ministry of Transportation
ASR	Ambulance Service Review	OASIS	Ontario Ambulance Service Information System
AVL	Automatic Vehicle Locator	O2	Oxygen
BLS	Basic Life Support	OPLA & ERVS	Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard
CACC	Central Ambulance Communications Centre	P&P	Policy and Procedure
CCP	Critical Care Paramedic	PCP	Primary Care Paramedic
CME	Continuing Medical Education	PESFOAS	Provincial Equipment Standards For Ontario Ambulance Services
CO	Communications Officer	P&OAU	Policy and Operational Assessment Unit
CPR	Cardiopulmonary Resuscitation	RFO	Regional Field Office EHSB
CTAS	Canadian Triage & Acuity Scale	RTC	Regional Training Co-ordinator
DSSAB	District Social Services Administration Board	SR	Symptom Relief
EHSB	Emergency Health Services Branch	UTM	Upper Tier Municipality
EMA	Emergency Medical Attendant	VIN	Vehicle Identification Number

Introduction

The *Ambulance Act* (the Act) stipulates that no person shall operate an ambulance service unless the person holds a certificate issued by the certifying authority. The Act further stipulates that a person shall be issued a certificate by the certifying authority only if the person has successfully completed the certification process prescribed by the regulations.

This Service has been in operation since January 01, 2004. The certificate for the Manitoulin Sudbury EMS expires on November 10, 2010. As required, and in order to renew their certificate, Manitoulin Sudbury EMS participated in an Ambulance Service Review by the Ambulance Service Review Team on June 1-3, 2010.

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

Manitoulin Sudbury EMS operates from twelve stations, not including headquarters and provides Primary Paramedic Patient Care.

The Service responded to approximately eleven thousand, nine hundred and eighteen calls in 2009. The Service has thirteen front line ambulances, ten mechanical spares and three emergency response vehicles. The Service provides ambulance service to the residents of the Manitoulin Sudbury District.

Headquarters is located at 210 Mead Blvd, Espanola. Manitoulin Sudbury is dispatched by the Sudbury, Sault Ste. Marie and Timmins CACCs and has operational dealings with the Sudbury Regional Base Hospital.

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

The Service is to be commended for making staff available to the Review Team to respond to any recommendations or areas of non-compliance. The Review Team would like to thank Manitoulin Sudbury EMS staff for their assistance throughout the Review.

The Review found that on this occasion Manitoulin Sudbury EMS **meets** the requirements of the *Land Ambulance Certification Standards*.

In view of accommodating the requirements for the administration of an ambulance service, a renewed certificate will be issued to Manitoulin Sudbury EMS for a further three years.

Review Findings and Recommendations

The Ambulance Service Review found that the following areas require attention in order that the Manitoulin Sudbury EMS may make ongoing improvement towards ensuring delivery of high quality ambulance service.

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

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

Manitoulin Sudbury EMS is to be commended for its efforts in the following areas:

- Well organized employee files.
- Comprehensive vehicle cleaning program.
- Detailed policy and procedure manual.
- Thorough preparation for Ambulance Service Review.

The following areas require attention so that Manitoulin Sudbury EMS may make further improvements to ensure delivery of quality ambulance service:

- Level of Service (see recommendation 1);
- Employee Qualifications (see recommendations 2, 3);
- Staffing (see recommendations 4, 5, 6);
- Documentation (see recommendations 7, 8, 9);
- Training (no recommendations);
- Service Review Program (no recommendations);
- Patient Care (no recommendations);
- Vehicles (See recommendations 10, 11);
- Patient Care Equipment (see recommendations 12, 13);
- Policy and Procedure (no recommendations);
- Operations (no recommendations); and
- Liaison/Communication (no recommendations).

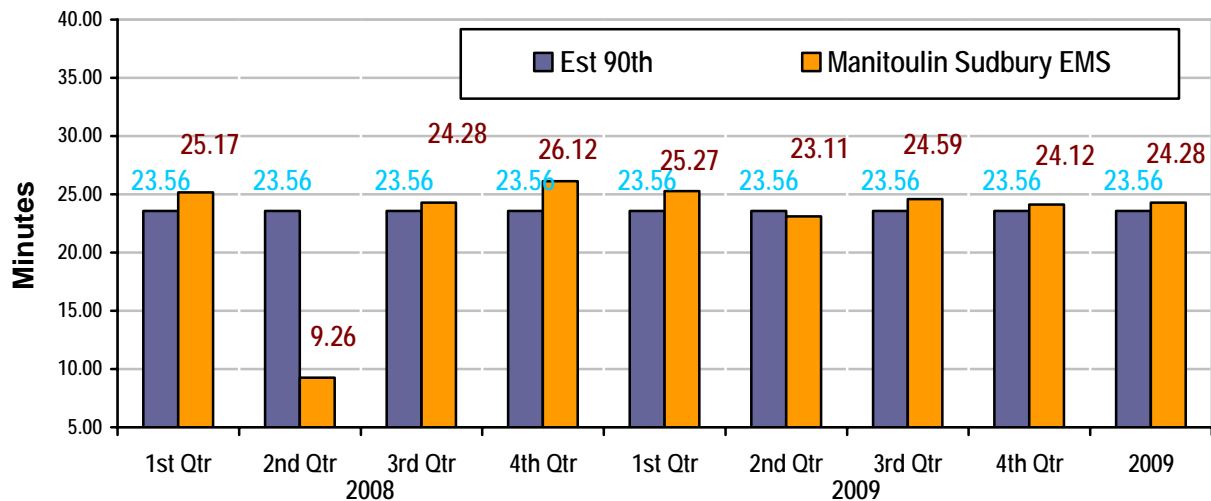
Level and Type of Service

The Service Provider had the current certificate to operate an ambulance service posted in a conspicuous place. (**Certificate 752-782, expiry November 10, 2010**)

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

Service Response Time

The 1996 90th percentile response time standard for Manitoulin Sudbury EMS is **twenty-three minutes, fifty-six seconds**. The Service was achieving **twenty-four minutes, twenty-eight seconds** from January 1, 2009 through December 31st, 2009. Manitoulin Sudbury EMS response times for the 2008 and 2009 calendar years is delineated quarterly and illustrated in the graph below. The benchmark response time standard for Manitoulin Sudbury EMS is populated in blue. The Service's quarterly response times are populated in red and depict an increase of thirty-two seconds in 2009. The Service Provider should ensure that the response time standard shall not be of a longer time duration than the 90th percentile response time standard for priority four emergency calls set by the operator who provided land ambulance and emergency response service in the area in 1996 while they continue to develop their response time performance plan.



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

Service Reaction Time

The Service reaction time commitment (T3-T2) is 1 minute and 30 seconds for on-site staff and 10 minutes for off-site staff for **code four** calls. A review of calls for the Manitoulin Sudbury EMS via the ADDAS data base from January 1 00:00:01 to March 31 23:59:59, 2010 demonstrates the Service Provider met their reaction time commitment **45.4** percent of the time for on-site staff and **87.6** percent for off-site staff for emergency type calls.

The Service Provider’s average on-site reaction times for the 31.4 percent of calls identified exceeding the 1 minute, 30 second commitment is less than 2 minutes and 30 seconds. The average off-site reaction times for the 3.0 percent of calls identified exceeding the 10 minute commitment is less than 11 minutes. Seventy - eight calls exceeded a 5 minute reaction time and 11 calls exceeded the 11 minute reaction time. The Service Provider is to be commended for their call back reaction time. The Service Provider would be well served to review their on site reaction time and the impact the chute time bears upon the Provider’s response performance.

The table below delineates calls identified for the same period of 2010, (T3-T2) in one minute intervals for code four calls. Being conscious of the environment, a complete listing of service chute times for the period stated may be found within the electronic CD report attached as **Appendix I** in the reverse cover sleeve.

Call Response - Chute Time 1:30 and 10:00 Manitoulin Sudbury EMS (01/01/2010 To 31/03/2010)												
CACC ID		Service ID		Calls <1.5 Min and <10 Min Chute Time								
950, 951, 952, 953		752 and 782		433		99						
Call Response Times (minutes)												
<1.5	<10	1.5-2	10-11	2-3	11-12	3-4	12-13	4-5	13-14	> 5	>14	Of 1,066 calls
433	99	197	3	143	5	63	1	39	0	78	5	

On Scene Time

A review of 1,561 code four return calls for the same period prior to the Review, via the ADDAS data base, demonstrates the average crew on scene time was 15 minutes, 51 seconds. This time is considered within the ALS/BLS standards for priority four type patient calls and the service is commended for this performance.

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

On Scene Time Manitoulin Sudbury EMS Code 4 Return (01/01/2010 To 31/03/2010 23:59:59)					
< 5 min	5 - 10	10 - 15	15 - 20	> 20 min	
Call Numbers					
29	218	496	496	322	Of 1,561 Calls
Average on Scene Time					
Avg	Avg	Avg	Avg	Avg	Average
2:59	8:03	12:41	17:19	24:56	15:51 min/sec

A review of 1,498 code three return calls for the same period prior to the Review, via the ADDAS data base, demonstrates the average crew on scene time was 16 minutes, 1 second. This time is considered to be within ALS/BLS standards for priority four type patient calls and the service is commended for this performance.

The table below delineates on scene call times for priority calls by five minute increments. The average time is then expressed in minutes and seconds.

A complete listing of service on scene times for the period is itemized in detail and attached as **Appendix I** within the electronic report.

On Scene Time Manitoulin Sudbury EMS Code 3 Return (01/01/2010 To 31/03/2010 23:59:59)					
< 5 min	5 - 10	10 - 15	15 - 20	> 20 min	
Call Numbers					
32	213	459	471	323	Of 1,498 Calls
Average on Scene Time					
Avg	Avg	Avg	Avg	Avg	Average
2:52	8:01	12:40	17:17	25:29	16:01 min/sec

Hospital Time

A review of 667 codes four/three return calls for the same period prior to the Review, via the ADDAS data base, demonstrates an average crew at hospital time, post call, is identified as 22 minutes, 24 seconds.

Hospital Time Manitoulin Sudbury EMS (01/01/2010 To 31/03/2010)					
Hospital Times (minutes)					
< 20:00	20:00–25:00	25:00–30:00	30:00–35:00	> 35:00	
370	86	63	40	108	Of 667 calls

The Service Provider is to be commended for hospital time performance and the impact this bears upon the Provider’s response performance. A complete listing of Service Hospital Time / post call for the same period of 2010 is itemized in detail and attached as **Appendix I** within the electronic report only.

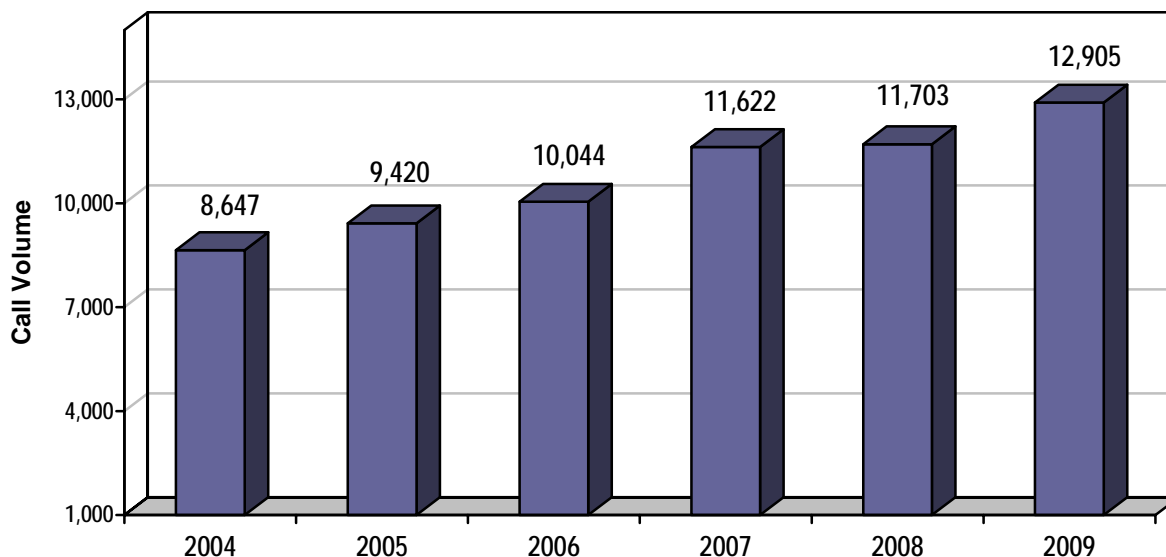
Annual Call Volume

The Manitoulin Sudbury Emergency Medical Service call volume for high priority calls has increased by about 36.4 percent average over the past 6 years. The call volume for low priority calls has also increased by about 15.0 percent over the same period. The Service Provider’s mean average call volume for the last six calendar years is 10,724/year. The table below demonstrates the annualized increase or decrease of call volume respecting low priority, high priority and Code 8 standby calls for the period illustrated

Annual Service Call Comparator Table						
Year	Code 1 & 2	Increase/Decrease	Code 3 & 4	Code - 8	Totals	Increase/Decrease
2004	1,492	----	3,780	3375	8,647	----
2005	1,501	> 9	4,290	3629	9,420	> 773
2006	1,618	> 117	4,356	4070	10,044	> 624
2007	1,793	> 175	4,530	5299	11,622	> 1,578
2008	1,580	< 213	4,764	5359	11,703	> 81
2009	1,715	> 135	5,155	6035	12,905	> 1,202

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

Ambulance Service Call Volumes



Station Call Response

(00-752) Noelville Station

For the period January 1, 2010 to March 31, 2010, the Noelville (00/752) Station responded to a total of 208 requests for service.

Noelville (00/752) Station responded to about 7.4% of the Service call volume for this period of 2010.

About 38.9% of the calls from the Noelville (00/752) Station were for code four responses.



Call Response Noelville (00/752) Station (01/01/2010 To 31/03/2010 23:59:59)						
Code	1	2	3	4	8	Total
	1	1	20	81	105	208
Call Percentages of Service's Total Calls Jan. 01 to March 31, 2010						
	0.04	0.04	0.72	2.90	3.75	Of 2,794 calls

(01-752) Hagar Station

For the period January 1, 2010 to March 31, 2010, the Hagar (01/752) Station responded to a total of 230 requests for service.

Hagar (01/752) Station responded to about 8.2% of the Service call volume for this period of 2010.

About 31.3% of the calls from the Hagar (01/752) Station were for code four responses.



Call Response Hagar (01/752) Station (01/01/2010 To 31/03/2010 23:59:59)						
Code	1	2	3	4	8	Total
	10	3	19	72	126	230
Call Percentages of Service's Total Calls Jan. 01 to March 31, 2010						
	0.36	0.11	0.68	2.58	4.51	Of 2,794 calls

(02-752) Killarney Station

For the period January 1, 2010 to March 31, 2010, the Killarney (02/752) Station responded to a total of 28 requests for service.

Killarney (02/752) Station responded to about 1.0% of the Service call volume for this period of 2010.

About 35.7% of the calls from the Killarney (02/752) Station were for code four responses.



Call Response Name (02/752) Station (01/01/2010 To 31/03/2010 23:59:59)						
Code	1	2	3	4	8	Total
	1	0	3	10	14	28
Call Percentages of Service's Total Calls Jan. 01 to March 31, 2010						
	0.04	0	0.11	0.36	0.50	Of 2,794 calls

(03-752) Gogama Station

For the period January 1, 2010 to March 31, 2010, the Gogama (03/752) Station responded to a total of 41 requests for service.

Gogama (03/752) Station responded to about 1.5% of the Service call volume for this period of 2010.

About 78.0% of the calls from the Gogama (03/752) Station were for code four responses.



Call Response Gogama (03/752) Station (01/01/2010 To 31/03/2010 23:59:59)						
Code	1	2	3	4	8	Total
	1	0	6	32	2	41
Call Percentages of Service's Total Calls Jan. 01 to March 31, 2010						
	0.04	0	0.21	1.15	0.07	Of 2,794 calls

(04-752) Foleyet Station

For the period January 1, 2010 to March 31, 2010, the Foleyet (04/752) Station responded to a total of 33 requests for service.

Foleyet (04/752) Station responded to about 1.2% of the Service call volume for this period of 2010.

About 15.2% of the calls from the Foleyet (04/752) Station were for code four responses.



Call Response Foleyet (04/752) Station (01/01/2010 To 31/03/2010 23:59:59)						
Code	1	2	3	4	8	Total
	4	17	1	5	6	33
Call Percentages of Service's Total Calls Jan. 01 to March 31, 2010						
	0.14	0.61	0.04	0.18	0.21	Of 2,794 calls

(05-752) Chapleau Station

For the period January 1, 2010 to March 31, 2010, the Chapleau (05/752) Station responded to a total of 86 requests for service.

Chapleau (05/752) Station responded to about 3.1% of the Service call volume for this period of 2010.

About 36.0% of the calls from the Chapleau (05/752) Station were for code four responses.



Call Response Chapleau (05/752) Station (01/01/2010 To 31/03/2010 23:59:59)						
Code	1	2	3	4	8	Total
	4	32	15	31	4	86
Call Percentages of Service's Total Calls Jan. 01 to March 31, 2010						
	0.14	1.15	0.54	1.11	0.14	Of 2,794 calls

(00-782) Little Current Station

For the period January 1, 2010 to March 31, 2010, the Little Current (00/782) Station responded to a total of 464 requests for service.

Little Current (00/782) Station responded to about 16.6% of the Service call volume for this period of 2010.

About 19.8% of the calls from the Little Current (00/782) Station were for code four responses.



Call Response Little Current (00/782) Station (01/01/2010 To 31/03/2010 23:59:59)						
Code	1	2	3	4	8	Total
	74	16	72	92	210	464
Call Percentages of Service's Total Calls Jan. 01 to March 31, 2010						
	2.65	0.57	2.58	3.29	7.52	Of 2,794 calls

(01-782) Mindemoya Station

For the period January 1, 2010 to March 31, 2010, the Mindemoya (01/782) Station responded to a total of 572 requests for service.

Mindemoya (01/782) Station responded to about 20.5% of the Service call volume for this period of 2010.

About 14.7% of the calls from the Mindemoya (01/782) Station were for code four responses.



Call Response Mindemoya (01/782) Station (01/01/2010 To 31/03/2010 23:59:59)						
Code	1	2	3	4	8	Total
	83	51	46	84	308	572
Call Percentages of Service's Total Calls Jan. 01 to March 31, 2010						
	2.97	1.83	1.65	3.01	11.02	Of 2,794 calls

(02-782) Gore Bay Station

For the period January 1, 2010 to March 31, 2010, the Gore Bay (02/782) Station responded to a total of 152 requests for service.

Gore Bay (02/782) Station responded to about 5.4% of the Service call volume for this period of 2010.

About 20.4% of the calls from the Gore Bay (02/782) Station were for code four responses.



Call Response Gore Bay (02/782) Station (01/01/2010 To 31/03/2010 23:59:59)						
Code	1	2	3	4	8	Total
	6	4	9	31	102	152
Call Percentages of Service's Total Calls Jan. 01 to March 31, 2010						
	0.21	0.14	0.32	1.11	3.65	Of 2,794 calls

(04-782) Massey Station

For the period January 1, 2010 to March 31, 2010, the Massey (04/782) Station responded to a total of 249 requests for service.

Massey (04/782) Station responded to about 8.9% of the Service call volume for this period of 2010.

About 26.1% of the calls from the Massey (04/782) Station were for code four responses.



Call Response Massey (04/782) Station (01/01/2010 To 31/03/2010 23:59:59)						
Code	1	2	3	4	8	Total
	12	6	26	65	140	249
Call Percentages of Service's Total Calls Jan. 01 to March 31, 2010						
	0.43	0.21	0.93	2.33	5.01	Of 2,794 calls

(06-782) Wikwemikong Station

For the period January 1, 2010 to March 31, 2010, the Wikwemikong (06/782) Station responded to a total of 343 requests for service.

Wikwemikong (06/782) Station responded to about 12.3% of the Service call volume for this period of 2010.

About 40.8% of the calls from the Wikwemikong (06/782) Station were for code four responses.



Call Response Wikwemikong (06/782) Station (01/01/2010 To 31/03/2010 23:59:59)						
Code	1	2	3	4	8	Total
	11	2	42	140	148	343
Call Percentages of Service's Total Calls Jan. 01 to March 31, 2010						
	0.39	0.07	1.50	5.01	5.30	Of 2,794 calls

(07-782) Espanola Station

For the period January 1, 2010 to March 31, 2010, the Espanola (07/782) Station responded to a total of 388 requests for service.

Espanola (07/782) Station responded to about 13.9% of the Service call volume for this period of 2010.

About 27.1% of the calls from the Espanola (07/782) Station were for code four responses.



Call Response Espanola (07/782) Station (01/01/2010 To 31/03/2010 23:59:59)						
Code	1	2	3	4	8	Total
	53	29	67	105	143	388
Call Percentages of Service's Total Calls Jan. 01 to March 31, 2010						
	1.90	0.72	2.40	3.76	5.12	Of 2,794 calls

Service Provider Commitment

The Base Hospital had been notified of the service commitment. The Communication Services had been notified of the service commitment and deployment plan. The Service Provider demonstrated commitment to patient care quality.

The Service Commitment Documentation Included:		Y	N
1.	↪ The number of ERVs available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	↪ The number of PCP Units per staffing pattern.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	↪ The number of ACP Units per staffing pattern.	<input type="checkbox"/>	n/a
4.	↪ The number of CCP Units per staffing pattern.	<input type="checkbox"/>	n/a
5.	↪ The number of part-time and full-time employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Recommendation: 1

The Service Provider must ensure that the response time standard shall not be of a longer time duration than the 90th percentile response time standard for priority four emergency calls set by the operator who provided land ambulance and emergency response service in the area in 1996 while they develop their Response Performance Plan.

Service Provider Response

We will continue to seek answers to the apparent errors in the ADDAS system. Additionally, we will continue to attempt to have all data for our service entered into one database so that reports can be run more accurately.

In the future under the new response time standard we will utilize current resources (EFRT's, PAD Program) and enter into new agreements (Tiered Response Agreements) to achieve a better response. We will continue to evaluate the need for changes to deployment to better meet the needs of the citizens we serve.

Inspector's Findings

Manitoulin-Sudbury EMS is striving to decrease response times across the Manitoulin Sudbury District. The Service Provider continues to explore areas to further reduce response performance times for ambulance and emergency response service in the area while they continue to develop their response time performance plan.

One such area Manitoulin-Sudbury EMS is exploring is by expanding tiered response agreements within their district. The Service Provider is also contemplating expanding their PAD and EFRT programs to further assist in reducing response. The Service Provider continues to investigate all calls where there has been a noted delay in response to ensure optimal service delivery. **Manitoulin-Sudbury EMS is committed to compliance in this area.**

Employee Qualifications

Manitoulin Sudbury EMS maintains a mechanism to help ensure each employee record includes documentation that demonstrated each employee met the minimum employment standards according to legislation.

A personnel record is maintained for each employed EMA and paramedic that includes evidence of qualification as described in Part III of the regulation. It included a driver's licence check, CPR certification, current immunization, free from communicable disease, and a criminal records check.

Service Human Resources

During the Review, forty employee files were audited. All files related to Primary Care Paramedics. The Manitoulin Sudbury EMS does not employ any paramedics reported to be advanced care paramedics. The table below provides a summary of audit findings for the 40 files audited. A complete listing of required documentary evidence **not** found within Manitoulin Sudbury EMS employee files is itemized in detail and attached as **Appendix A** on page **67**.

HRI Audit Omission Summary			
1 of 40	missing Copy of MOHLTC Photo	6 of 40	missing Influenza Annually.

The P&OAU HRI for Manitoulin Sudbury EMS reflects a total of one hundred and twenty six paramedics. The tables below, delineate Service paramedics by full time/part time, male/female and then by age.

Ambulance Service – Care Provider Personnel Summary – Full Time										
EMAs		PCPs		ACPs		CCPs		Vol.		Total
M	F	M	F	M	F	M	F	M	F	
-	-	36	22	-	-	-	-	-	-	58

Ambulance Service – Care Provider Personnel Summary – Part Time										
EMAs		PCPs		ACPs		CCPs		Vol.		Total
M	F	M	F	M	F	M	F	M	F	
-	-	46	20	-	-	-	-	1	-	67
Grand Total										126

Age	Vol.		EMA		PCP		ACP		CCP		Total
	M	F	M	F	M	F	M	F	M	F	
19-24	-	-	-	-	4	7	-	-	-	-	11
25-30	1	-	-	-	17	12	-	-	-	-	30
31-36	-	-	-	-	17	6	-	-	-	-	23
37-42	-	-	-	-	13	6	1	-	-	-	20
43-48	-	-	-	-	16	5	-	-	-	-	21
49-54	-	-	-	-	9	6	-	-	-	-	15
55-60	-	-	-	-	4	-	-	-	-	-	4
61-66	-	-	1	-	1	-	-	-	-	-	2
67-72	-	-	-	-	-	-	-	-	-	-	-
Totals	1	-	1	-	81	42	1	-	-	-	126

The Service Provider has provided their base line employee record information to the P&OAU as per the agreement. Further review of the Human Resources Inventory maintained by the EHSB’s Policy and Operational Assessment Unit reflects a total number of care provider employees **inconsistent** with Service employee records.

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

Records provided by the Service Provider indicate a total of one hundred and eleven full time/part time Primary Care Paramedics employed by the Service Provider. However, records maintained by EHSB’s Policy and Operational Assessment Unit do **not** reflect the same numbers as noted in the table below.

Total	Service Staff Profile				Profile Maintained by EHSB				Total		
	PCP		ACP		Differential		PCP			ACP	
	PT	FT	PT	FT	Service	EHSB	PT	FT		PT	FT
-	-	-	-	-	-	-	-	-	-	-	-
111	51	60	-	-	-	15	67	58	-	1	126
-	-	-	-	-	-	-	-	-	-	-	-
111					+15						126

The Service Provider is advised to submit up to date employee status information to Mr. Tarique Zuberi at Tarique.Zuberi@ontario.ca consistent with the LAISC Regulatory Accountability Subcommittee agreement. [NB Document is attached as Appendix H on page 86 for information.]

Influenza Reporting

The Service did **not** in all cases receive Influenza Immunization status of each employee no later than directed by EHSB each year. The Service Provider reported to the Field Office the Influenza Immunization status of each employee no later than directed by EHSB each year.

Recruitment Policy

There was a recruitment policy ensuring only qualified individuals were considered for employment. There was documentation demonstrating job descriptions are in place for paramedics. The job description defined the roles and responsibilities for each paramedic. Job descriptions indicated paramedics are to follow Base Hospital Policies and Procedures. Job description changes are communicated to and signed off by staff.

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

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

Recommendation: 2

The personnel record must contain current documentary evidence in support of employment qualifications for all paramedics.

Service Provider Response

The Employee in question did have a copy of the ID in his file entered on January 27, 2010. It could have been missed due to the fact that there was a shorter document on the previous page covering the page with the copy of his ID. The requested copy is within the file.

Recommendation: 3

The Service Provider must maintain documentation demonstrating that each paramedic is compliant with influenza immunization requirements.

Service Provider Response

We have a new system and organized approach to monitoring employee qualifications. This approach involves both the Deputy Chief and the Commander of Quality Assurance. Additionally, our new managerial structure, which now includes a Superintendent of Training, aims to alleviate pressures on the Quality Assurance section. The Quality Assurance section can now monitor qualifications more effectively.

Inspector's Findings

	Missing File Information	Inspector's Findings
15905	• Copy of MOHLTC Photo Identification Card	<input checked="" type="checkbox"/> now on file,
17358	• Influenza Annually. <i>(currently on LOA)</i>	<input type="checkbox"/> not on file
73930	• Influenza Annually. <i>(currently on LOA)</i>	<input type="checkbox"/> not on file
76838	• Influenza Annually.	<input checked="" type="checkbox"/> now on file,

	Missing File Information	Inspector's Findings
71310	• Influenza Annually.	<input checked="" type="checkbox"/> now on file
99817	• Influenza Annually.	<input checked="" type="checkbox"/> now on file
12285	• Influenza Annually.	<input checked="" type="checkbox"/> now on file

Manitoulin-Sudbury EMS has all missing documentation on file excepting the two employees currently on LOA. The Service Provider will ensure compliance upon their return. **Manitoulin-Sudbury EMS is committed to compliance in this area.**

Staffing

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

The Service had sufficient staff at each level of qualification to meet the Service's written deployment plan. Crews were professional and were dedicated to patient care.

Ambulance Service Identification Cards

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

- (g.1) *Each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director.*
- (g.2) *The unique identification number referenced in clause (g.1) shall appear on a photo identification card that conforms to Schedule 1 of this standard, and the photo identification card shall be on the person of the emergency medical attendant or paramedic while on-duty.*

There was documentation demonstrating ID card applications were forwarded to the EHSB's Policy and Operational Assessment Unit for each new care provider employee. Applications did **not** always reflect that sections A, B and C were fully completed.

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

POA Notification Dates – Part A		Quality of ID Card Application Form Completion
4 Paramedics Hired	2009/05/11	1 - Incorrect S2/D2 Dates
3 Paramedics Hired	2009/05/21	1 - Incorrect S2/D2 Dates
1 Paramedic Hired	?	?
11 Paramedics Hired	2010/06/18	OK

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

Staff carried the Service specific Ministry identification card exhibiting the EHS unique identification number on their person while on duty.

The Service Provider did **not** always recover the paramedic’s service specific identification card on each occasion a paramedic’s employment was terminated. There was **not** always documentation demonstrating ID cards are returned to the P&OAU upon termination of employment.

The Service Provider notified the Branch of the date of an employee hiring but does **not** always notify the Branch of separation dates. The Service notified the EHSB’s Policy and Operational Assessment Unit immediately in each instance an identification card is lost.

Review of the Ministry maintained Human Resource Inventory for the one year period prior to the Ambulance Service Review of Manitoulin Sudbury EMS reflected the following information.

POA Notification Dates – Part B			
New Hiring’s		Released From Employment	
4 Paramedics Hired	2009/05/11	1 Paramedic	2009/01/23
3 Paramedics Hired	2009/05/21	1 Paramedic	?????
1 Paramedic Hired	?	1 Paramedic	2009/03/16
11 Paramedics Hired	2010/06/18	1 Paramedic	?????
		1 Paramedic	2009/04/21
		1 Paramedic	?????
		1 Paramedic	?????
		1 Paramedic	2009/08/05
		1 Paramedic	2009/09/21
		1 Paramedic	2009/10/16
		2 Paramedics	2009/12/18
		1 Paramedic	2010/02/18
		1 Paramedic	2010/02/09

Identification Card Status – Part C				
	ID #	Service Hiring Date (from table B)	ID Card Application Receipt Date	ID Card Transmittal Date
4 Paramedics Hired	17356	2009/05/04	2009/05/11	2009/06/03
	17357	2009/05/04	2009/05/11	2009/06/03
	17358	2009/05/04	2009/05/11	2009/06/03
	17359	2009/05/04	2009/05/11	2009/06/03
3 Paramedics Hired	17587	2009/05/04	2009/05/21	2009/06/25
	17323	2009/05/04	2009/05/21	2009/06/25
	17588	2009/05/04	2009/05/21	2009/06/25
1 Paramedic Hired	17667	2009/05/04	?	2009/07/23
11 Paramedics Hired	69438	2010/05/19	2010/06/18	2010/06/24
	11028	2010/05/19	2010/06/18	2010/06/24
	15492	2010/05/19	2010/06/18	2010/06/24
	18370	2010/05/19	2010/06/18	2010/06/24
	18372	2010/05/19	2010/06/18	2010/06/24

Identification Card Status – Part C				
	ID #	Service Hiring Date (from table B)	ID Card Application Receipt Date	ID Card Transmittal Date
	18504	2010/05/19	2010/06/18	2010/06/24
	18505	2010/05/19	2010/06/18	2010/06/24
	18507	2010/05/19	2010/06/18	2010/06/24
	18508	2010/05/19	2010/06/18	2010/06/24
	18509	2010/05/19	2010/06/18	2010/06/24
	18510	2010/05/19	2010/06/18	2010/06/24

Identification Card Status – Part D						
	ID #	Release Date	Date Notified POA	ID Card Returned	Y	N
1 Paramedic	55534	2009/01/23	2009/01/30	2009/02/03	<input checked="" type="checkbox"/>	-
1 Paramedic	58383	?????	2009/02/03	2009/02/03	<input checked="" type="checkbox"/>	-
1 Paramedic	14101	2009/03/16	2009/03/16	-	-	<input checked="" type="checkbox"/>
1 Paramedic	15941	?????	2009/05/24	2009/04/24	<input checked="" type="checkbox"/>	-
1 Paramedic	15990	2009/04/21	2009/04/27	-	-	<input checked="" type="checkbox"/>
1 Paramedic	56553	?????	2009/07/02	2009/07/02	<input checked="" type="checkbox"/>	-
1 Paramedic	23075	?????	2009/08/17	2009/11/13	<input checked="" type="checkbox"/>	-
1 Paramedic	17323	2009/08/05	2009/08/05	2009/11/13	<input checked="" type="checkbox"/>	-
1 Paramedic	14597	2009/09/21	2009/09/21	2009/11/13	<input checked="" type="checkbox"/>	-
1 Paramedic	64826	2009/10/16	2009/10/21	2009/11/13	<input checked="" type="checkbox"/>	-
2 Paramedics	97531	2009/12/18	2009/12/08	-	-	<input checked="" type="checkbox"/>
	14407	2009/12/18	2009/12/18	-	-	<input checked="" type="checkbox"/>
1 Paramedic	97545	2010/02/18	2010/02/18	-	-	<input checked="" type="checkbox"/>
1 Paramedic	14604	2010/02/09	2010/05/28	-	-	<input checked="" type="checkbox"/>

Ambulance Service Identification Card Renewals

Identification cards are issued to paramedics as per Regulation 257/00 by the Ministry of Health and Long Term - Care. At the time of our Review June 3, 2010, all identification cards held by staff of Manitoulin Sudbury EMS were current.

Ambulance Service Deployment Plan

The Service revised deployment plan was received by the North East Field Office of EHSB in January 2009. It was incorporated into the Sudbury CACC Policy and Procedure operational manuals in August 2006. The following table was supplied by Manitoulin Sudbury EMS and is a staffing/deployment plan for the Service.

Station	Vehicles	Coverage	Hours / Coverage
Chapleau	1 PCP	07:00-19:00	12/7 days/wk
	1 PCP	19:00-07:00	Standby 12/7 days/wk
Espanola	1 PCP	07:00-19:00	24/7 days/wk
		19:00-07:00	
Foleyet	1 PCP	08:00-16:00	8/7 days/wk
	1 PCP	16:00-08:00	Standby 16/7 days/wk

Station	Vehicles	Coverage	Hours / Coverage
Gogama	1 PCP	08:00-16:00	8/7 days/wk
	1 PCP	16:00-08:00	Standby 16/7 days/wk
Gore Bay	1 PCP	07:00-19:00	12/7 days/wk
		19:00-07:00	Standby 12/7 days/wk
Hagar	1 PCP	07:00-19:00 19:00-07:00	24/7 days/wk
Killarney	1 PCP	08:00-16:00	8/7 days/wk
	1 PCP	16:00-08:00	Standby 16/7 days/wk
Little Current	1 PCP	07:00-19:00 19:00-07:00	24/7 days/wk
Massey	1 PCP	07:00-19:00	12/7 days/wk
	1 PCP	19:00-07:00	Standby 12/5 days/wk
	1 PCP	19:00-07:00	12/2 days/wk
Mindemoya	1 PCP	08:00-16:00	8/5
	1 PCP	07:00-19:00	12/7
		07:00-19:00	24/2
		19:00-07:00	Standby
Noelville	1 PCP	07:00-23:00	12/7 days/wk
		23:00- 07:00	12/2 days/wk
		23:00-07:00	Standby 8/5 days/wk
Wikwemikong	1 PCP	07:00-19:00 19:00-07:00	24/7 days/wk

Recommendation: 4

The Service Provider should ensure sections A, B and C of each identification card application submitted to the P&OAU is fully completed.

Service Provider Response

There has been correspondence with T Zuberi on this matter. Both were corrected immediately. One was an error in date (2008 noted instead of 2009), and the other had a section omitted in error. As noted above our new managerial structure which now includes a Superintendent of Training, which aims to elevate pressures on the Quality Assurance Section. It is anticipated that these types of oversight will be minimized.

Inspector's Findings

Manitoulin-Sudbury EMS is committed to ensure that all areas of the identification card application submitted to the P&OAU will be fully completed upon submission. A Supplement to staffing has been realized by the Service Provider and should mitigate any future omissions. **Manitoulin-Sudbury EMS accepts this quality assurance “best practice” recommendation and is committed to compliance in this area.**

Recommendation: 5

The Service Provider must notify the P&OAU of each instance of employee separation as per agreement in a timely manner.

Service Provider Response

Confirmation from T Zuberi reveals that we have been letting the MOHLTC know of terminations, however there was not always a date noted in the body of the notification. It was assumed on our part that the termination date would be taken as the date of the notification. From this point forward all correspondence noting termination will include the actual date of termination in the body.

Additionally, it is noted that 2 employees on the MOHLTC HRI list are no longer employed. There was notification given to the MOHLTC upon separation however we did not cross reference our list to the list handled by the P&OAU. We will cross reference from this point forth.

Inspector's Findings

Manitoulin-Sudbury EMS will ensure all future notifications of employment terminations include, both release date and the date when the P&OAU is notified. **Manitoulin-Sudbury EMS is committed to compliance in this area.**

Recommendation: 6

The Service Provider must ensure that on each occasion an employee's employment is terminated for whatever reason, the employee's service specific identification card is recovered and returned to the P&OAU in a timely manner.

Service Provider Response

We currently have a process established with the aim of obtaining the MOH ID card from employees who cease to work for us. This process relies on the fact that they still live at the mailing address that we have on file and that the end of the employment relationship wasn't one based on inability to work. Typically we end employment relationships due to an employee's inability to commit to work as many shifts as obligated. In this situation we have no means of a penalty (ie. withholding pay). We have taken the approach that if we cannot locate the former employee or if we cannot retrieve their MOH ID card that we would deem it lost and as such have notified the P&OAU.

Inspector's Findings

Manitoulin-Sudbury EMS has forwarded correspondence on May 25, 2010 to the P&OAU respecting the identification cards listed in the chart below. The Service Provider has sent both, letters and verbal requests to the noted employees and have not been successful in retrieving the identification cards. The Service Provider now considers the cards as lost and a security risk and has requested said cards of Manitoulin Sudbury EMS ambulance ID to be cancelled.

Manitoulin Sudbury EMS will continue all efforts in retrieving employee identification cards in from employees who are no longer employed. **Manitoulin-Sudbury EMS is committed to compliance in this area.**

Identification Card Status – Part D						
	ID #	Release Date	Date Notified POA	ID Card Returned	Y	N
1 Paramedic	14101	2009/03/16	2009/03/16	Request cancellation		<input checked="" type="checkbox"/>
1 Paramedic	15990	2009/04/21	2009/04/27	Request cancellation		<input checked="" type="checkbox"/>
2 Paramedics	97531	2009/12/18	2009/12/08	Request cancellation		<input checked="" type="checkbox"/>
	14407	2009/12/18	2009/12/18	Request cancellation		<input checked="" type="checkbox"/>
1 Paramedic	97545	2010/02/18	2010/02/18	Request cancellation		<input checked="" type="checkbox"/>
1 Paramedic	14604	2010/02/09	2010/05/28	Request cancellation		<input checked="" type="checkbox"/>

Documentation

There was documentation indicating the Service Provider cross referenced the ADDAS data to ensure all Ambulance Call Reports were completed and on file. The Service Provider identified the number of outstanding Ambulance Call Reports. The Service Provider ensured such reports were completed. There was documentation demonstrating the Service Provider audited ACRs. The Service Provider audited each paramedic's ACRs to determine if patient care provided was appropriate and consistent with ALS/BLS standards.

There was documentation demonstrating the Service Provider made recommendations to staff after auditing Ambulance Call Reports for appropriateness and consistency with ALS/BLS standards. There was documentation demonstrating the Service Provider worked with the Base Hospital to audit Ambulance Call Reports. Audits of Base Hospital and the Service Provider were compared for discrepancies. Discrepancies were investigated.

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

Ambulance Call Report Audit

Reviewers audited three hundred and fifteen Ambulance Call Reports. Two hundred and eighty-six were patient carried calls, and twenty-nine were non-patient carried calls. A random sample of Ambulance Call Reports was reviewed for priority codes and Canadian Triage Acuity Scale levels. Ambulance Call Reports were **not** always completed according to the *Ambulance Service Documentation Standards*.

Current Ambulance Call Report Completion Manuals were available in all bases electronically or via manual. A comprehensive Ambulance Call Report audit table is attached as **Appendix B** on page **67**.

Patient Carried Calls

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

Patient Carried Omission Summary			
2 of 286	No Abdomen.	4 of 286	No Allergies.
2 of 286	No Back/Pelvis.	1 of 286	No Call Date.
2 of 286	No Crew Member 2 Signature.	9 of 286	No CTAS .
19 of 286	No Destination Kilometres.	15 of 286	No Dispatch Problem Code.
3 of 286	No Extremities.	5 of 286	No Final Primary Problem.
4 of 286	No Fluid Balance.	6 of 286	No Crew Mbr. No..
7 of 286	No Incident History (PQRST)(MOI).	10 of 286	No Vitals x 2 minimum.
2 of 286	No Medications.	3 of 286	No Patient Sequence Number.
11 of 286	No Pick up Kilometres.	10 of 286	No Pickup Location Code.
66 of 286	No Postal Code.	3 of 286	No Primary Problem Code.
5 of 286	No Primary Problem.	7 of 286	No Province.
2 of 286	No Relevant Past History.	3 of 286	No Remarks/Orders.
9 of 286	No Secondary Problem.	10 of 286	No Start Kilometres.
2 of 286	No Station Number.	2 of 286	No Trauma injury site/type.
6 of 286	No Warning Systems.	13 of 286	No Route.
15 of 286	No Crew Mbr. Initials.	4 of 286	No Times.

Non Patient Carried Calls

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

Non Patient Carried Calls Omission Summary			
2 of 29	No Alternative Care Plan.	2 of 29	No Appreciates Risks.
2 of 29	No Cancelled Reason.	1 of 29	No City/Town.
2 of 29	No Clinical Situation Understood.	7 of 29	No Decision Maker Name.
4 of 29	No Destination kilometres.	2 of 29	No Dsp. Prb. Cde.
8 of 29	No Patient Sequence Number.	3 of 29	No Patients.
1 of 29	No Pickup location Code.	3 of 29	No Postal Code.
1 of 29	No Province.	2 of 29	No Responsible Adult on Scene.
1 of 29	No Trauma injury site/type.	2 of 29	No Code.
2 of 29	No Crew Mbr. Initials.	2 of 29	No Crew Mbr. No..
2 of 29	No Medicine or Procedure.	2 of 29	No Result.
5 of 29	No Vitals x 1.	3 of 29	No Times.

Patient Refusal Calls

Patient refusals ACRs were legible and easy to read. The following mandatory fields were noted as problematic.

Patient Refusal Omission Summary			
3 of 26	Missing Crew Member Sig. 1.	3 of 26	Missing Crew Member Sig. 2.
3 of 26	Missing Date.	3 of 26	Missing Patient Address.
2 of 26	Missing Patient or Substitute Signature.	2 of 26	Missing Patient/Substitute decision maker Name.
4 of 26	Missing Relationship to Patient.	4 of 26	Missing Time.
6 of 26	Missing Witness Signature.		

Ambulance Call Report Patient Care Audit Findings

Of the three hundred and fifteen Ambulance Call Reports audited, the following 6 or (2.0%) percent, based upon documentation only, suggest patient care was **not** provided in accordance with the *Basic Life Support Patient Care Standards*. The Service Provider is commended for these documental findings.

Call Number	Patient Issue	Audit Findings
000005573644	Chest Pain 84 yr/old female.	No ASA administered as per chest pain protocol.
000005575226	Collapsed bathroom. Friend heard a thud in the bathroom and found patient lying on the floor. Blood to nose. Crew found pt unresponsive GCS 8.	No C-spine precaution and no back board used to transfer patient.
000005575892	Vitals were taken 30 minutes apart.	Vitals should have been obtained Q10 minutes.
002001705904	CTAS incorrectly documented.	CTAS Documented as 3, should be 2 for ischemic chest pain. Only 2 sets provided, one on scene and the other on departure, none on route and on arrival to hospital.
009505576654	58 y/o female with c/c of back pain.	19 min pt. contact time. Only 1 documented set of vitals on ACR.
950002101276	pt. had syncopal episode followed by brief seizure witnessed by RN. pale and cool skin with weak pulse.	poss. not to standard as no oxygen applied to pt.

Incident Reports

Completed Incident Reports were transmitted to the MOHLTC Field Office according to legislation. The Service Provider audited Incident Reports for completeness and accuracy. Completed Incident Reports were kept on file for a period of not less than five years. Incident Reports were secured from unauthorized access. Ambulance Call Reports were reviewed to determine if an Incident Report was to have been completed.

Documentation reflected Incident Reports were **not** always completed when required, as per the ASDS. Three ACRs required an Incident Report. One Incident Report was completed. Two or 66.6% were **not** completed. The Incident Report table below identifies the Ambulance Call Report by call number as **not** having an Incident Report completed.

The call issue is identified followed by the requirements for completion of an Incident Report under the *Ambulance Service Documentation Standards*.

Call Number	ACR Findings	Incident Report Completion Criteria
000005569676	Delay to scene.	• Delay of scene requires an IR
000005575892	Male was stabbed.	• Suspected criminal circumstances

Recommendation: 7

The Service Provider must ensure that Ambulance Call Reports will be completed as per the *Ambulance Documentation Standards*.

Service Provider Response

Two things have occurred this year which will drastically improve our ability to ensure that ACR's are completed to standard. One, we are seeing a higher and more consistent frequency of ACR audits due to the ability to do so with added managerial positions and an electronic ACR program. Two, the use of the previously mentioned electronic charting package allows us the opportunity to create rules that eliminate the possibility of missing mandatory fields. As a result we are seeing a higher frequency of remediation and training.

Inspector's Findings

Manitoulin-Sudbury EMS continues to work towards ensuring Ambulance Call Reports will be completed as per the Ambulance Documentation Standards. The Service Provider uses the Zoll electronic ACR program which enables their QA department to audit ACRs more precisely and inform employees of the results and provide any remediation that may be required. The Service is also able to create close call rules making the ACR unable to be closed until such time that all mandatory fields have been entered. **Manitoulin-Sudbury EMS is committed to and is working towards compliance in this “legislated” area.**

Recommendation: 8

The Service Provider must ensure that incident reports are made in accordance with the *Ambulance Documentation Standards*, respecting each incident, complaint, investigation, and collision relating to the Service Provider's land ambulance service, employees, agents and to each patient served.

Service Provider Response

With the increase in auditing an increase in Incident Report completions will be achieved. We currently have a workflow in place with our Electronic Charting Program that notifies the Commander of QA of ACR's that are submitted where an Incident Report should also be created. Additionally, an online training module was reviewed by all employees in 2008. Furthermore, we now have a monthly newsletter for employees drafted by the Superintendent of Training that notes common issues and training updates. Incident Report education is encompassed in the November Newsletter.

Inspector's Findings

Manitoulin-Sudbury EMS is committed is ensuring all calls requiring an incident report, have one completed in accordance with the Ambulance Documentation Standards. The electronic charting process ensures when an incident report should have been completed, notification is forwarded to the Service Providers QA department for follow-up. Further, the Service Training Department has created a monthly training guide for employees and provides a review of common ACR and Incident Report issues. **Manitoulin-Sudbury EMS is committed to compliance in this area.**

Recommendation: 9

The Service Provider must ensure that patient care is provided in adherence to the BLS/ALS Standards (version 2) dated January 2007, and that completed ACR's reflect patient care was provided in accordance with the BLS/ALS Standard.

Service Provider Response

We are pleased to see that we are well below the provincial average in this regard and appreciate that the Ambulance Service Review Team has recognized this. The 6 charting issues brought forth, although not originally audited, have since been and an informal research exercise has been completed by the paramedics in question. Service wide education is taking place via information and quizzes in the monthly training department newsletter. Additionally, as previously indicated in recommendation #7, the new training department and new electronic charting system will drastically improve not only our ability to remain on top of issues as they occur, but also to be proactive in our approaches in training and education.

#5573644 - No ASA given d/t history of possible GI Bleed.

#5575226 - Response from medic (Doc #16). C-Spine Precautions education in an article in the November Newsletter .

#5575892 -Response from medic (Doc #17). Remedial in process for D Seguin for not taking vitals

#1705904 -Response from medic (Doc #18). Further remediation to be conducted on CTAS. Vital Signs education in an article in October Newsletter.

#5576654 - Response from medic (Doc #19). Vital Signs education in an article in the October Newsletter.

#2101276 - Response from medic (Doc #20). Oxygen Therapy education in an article in the October Newsletter.

Inspector's Findings

Manitoulin-Sudbury EMS is cognizant of the need for follow-up with staff when patient care deficiencies are identified. The Service plans to include in their CME the various general shortcomings as found in the patient care audits. This will serve as a general review and reminder for all staff the need for documentation to reflect care to standard. Further, the six calls as noted within the draft report were provided to each respective employee for remediation and review.

Manitoulin-Sudbury EMS is reminded it is the Service Provider who is responsible and accountable for the patient care rendered and that all such patient care meets the Basic Life Support Patient Care Standards. Manitoulin-Sudbury EMS continues to monitor and review ACRs for quality of patient care to avoid a recurrence of such findings. This will remain an ongoing monitoring matter for management personnel. **Manitoulin-Sudbury EMS continues to work towards full compliance in this area.**

Training

There was documentation demonstrating a process for new and returning staff, (after an absence of 90 days or more) to confirm competence in patient care and the use of communication and service equipment.

Staff Absent More Than 90 Days			Participated in Patient Care Competence, & Use of Communication and Service Equipment	
Employee	Y	N	Y	N
14973	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13926	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13665	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15973	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13493	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

There was documentation demonstrating the Service Provider has a process to ensure paramedic skills are maintained. Staff successfully completed training on new, updated and additional equipment. There was documentation indicating a remedial training program was in place for staff who demonstrated deficiencies in the use of patient care equipment.

The Service Provider worked with the Base Hospital to ensure staff regularly demonstrates proficiency in patient care skills. There was documentation indicating the Service Provider worked with Base Hospital to identify paramedics whose patient care skills were deficient. Documentation indicated the Service Provider has a commitment to work with the Base Hospital to provide remedial training for employees identified as requiring remedial training. Identified staff attended and successfully completed remedial training.

Deficiency in Patient Care Skills were Identified		Remedial Training Had Been Provided		
Employee	Y	N	Y	N
13568	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13493	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83865	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

All paramedics had the required valid Base Hospital delegation for controlled acts in their employee file. The Service Provider worked with the Base Hospital to ensure staff regularly demonstrates proficiency in performing controlled acts.

There was documentation demonstrating each employee has successfully completed all MOHLTC training programs.

Proof of MOHLTC training on File		
Employee	Y	N
<i>All audited employee files.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

There was documentation that each employee had successfully completed Base Hospital CME requirements in accordance with the Base Hospital Agreement. Each Base Hospital CME training course is kept on file. The Service Provider worked with Base Hospital to schedule staff for CME courses.

Proof of CME training on File		
Employee	Y	N
<i>All audited employee files.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Each Station's Resource Library Included:		Y	N
1.	↳ Ambulance Act.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	↳ Regulation 257.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	↳ Regulation 129.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	↳ Basic Life Support/Advanced Life Support Patient Care Standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	↳ Ambulance Service Communicable Disease Standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	↳ Land Ambulance Service Certification Standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	↳ Ambulance Service Documentation Standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	↳ Ambulance Service Patient Care and Transportation Standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	↳ Ambulance Call Report Completion Manual.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	↳ Base Hospital Policies and Procedures/Protocol Manual.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	↳ DNR orders.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	↳ CACC Policy and Procedure (local inserts).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	↳ Service Policy and Procedure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14.	↳ Contingency and Disaster Plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.	↳ Regulation 556.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

All staff were proficient using communication equipment.

Service Review Program

The objective of our audit is to assess if Manitoulin Sudbury EMS has procedures in place to ensure that:

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

In April 2007, Manitoulin Sudbury EMS received the benefit of an Ambulance Service Review. On that occasion the service was reported to have **met** the requirements of the *Land Ambulance Certification Standards*.

Of the twenty-nine recommendations made as a result of the Review conducted in April 2007, eight are also recommendations as a result of the June 2010 Review. Six of the eight duplicate recommendations are mandatory legislative requirements. The following list, groups the eight duplicate recommendations into five key areas still requiring compliance:

1. Employee Qualifications – Qualifications (*mandatory*)
2. Documentation – ACR Completion, Incident Reports (*mandatory*)
3. Staffing – ID Cards - (*mandatory*)
4. Patient Care Equipment- Preventative Maintenance (*best practice*)
5. Level of Service – 90th percentile response time standard - (*mandatory*)

Quality Assurance

The Service Provider had a Quality Assurance program in place. The Service Provider had a dedicated human resource responsible for the Quality Assurance program.

The Service Provider's Quality Assurance program included Ambulance Call Report audits, Service form completion audits, Incident Report audits, in Service CME participation, Base Hospital Certification, in service testing and review completion, and the maintenance of qualifications for continued employment of all service staff.

The Service Provider did participate in quality assurance activities with other agencies.

Service Review Comparator

In June 2010, Manitoulin Sudbury EMS received benefit of an Ambulance Service Review. There are thirteen recommendations resulting from the review findings. Ten are of a legislated nature, while three are of a quality assurance – best practice nature. By comparison, the number of recommendations resulting from the 2010 Review realized a fifty-five percent decrease from the findings of the 2007 site visit. The Service Provider is commended for these review findings. The table below provides the Service Provider a comparison of the 2007 and 2010 review findings and then compares the 2010 service review to the provincial average respecting each review area. The Service Provider is commended for these review findings.

Recommendation Comparator			
Audit Area	2007 Review Recommendations	2010 Review Recommendations	Provincial Average Recommendations
Level and Type of Service	1	1	.91
Employee Qualifications	3	2	2.96
Staffing	2	3	1.64
Documentation	4	3	3.73
ACR Omission Percentile	91.6%	48.5%	71 %
Patient Care Issues	1.9%	2%	9.64 %
Incident Report Compliance	0.6%	66.6%	86.44 %
Training	2	0	.69
Service Review Program	0	0	.15
Patient Care	1	0	1.39
Vehicles	6	2	2.2
Patient Care Equipment	10	2	2.85
Policy and Procedure	0	0	.77
Operations	0	0	.17
Liaison/Communication	0	0	.29
Legislated	14	10	8.78
Best Practice	15	3	5.69
Totals	29	13	14.47

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

Patient Care

The Base Hospital Policies and Protocols were accessible to staff. There was documentation demonstrating the Service Provider evaluates each paramedic's patient care annually.

There was documentation reflecting new staff members had undergone an evaluation of their patient care skills. There was documentation demonstrating that staff returning from absences of ninety days or more had their competence in the provision of patient care skills evaluated. There was documentation demonstrating paramedic patient care deficiencies are acted on promptly. Employees had received an annual aggregate evaluation demonstrating his or her compliance with the Patient Care Standards. Evaluation results are communicated to staff.

The Service Provider audited Ambulance Call Reports to ensure patient care was consistent with the Patient Care Standards. The Service Provider has a remedial training program for employees who demonstrated deficiencies in patient care identified during an Ambulance Call Report audit. Staff successfully completed remedial training. There was documentation demonstrating the use of patient care equipment is audited ensuring compliance with Base Hospital protocols and Patient Care Standards.

Paramedic Ride Outs

Paramedic reviewers completed three ride-outs, as observers. All three were patient carrying calls. One call was priority 3; two calls were a priority 1. All patient care observed during ride outs met the BLS/ALS Patient Care Standards. Patient care was described as professional, courteous, well managed, and compassionate. Patient care ride-out tables are attached as **Appendix C** on page 75.

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

Hygiene Practices

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

Vehicle Restraints

Paramedic's ensured patients were restrained in an ambulance or ERV during transport. Paramedics always ensured passengers were restrained in an ambulance by use of the seat belts. Stretcher patients were secured to the stretcher during transport. Staff wore seat belts during the provision of ambulance service while the ambulance and ERVs are in motion.

Equipment Restraint

Patient care and accessory equipment and supplies were secured in the vehicles.

Patient and Equipment Security (as per ride out observations)					
Call No.	Patients Were Secured During Transport		Call No.	Equipment Was Always Secured During Patient Transport	
	Y	N		Y	N
5589135	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5589135	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6589319	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6589319	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6589351	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6589351	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CACC/ACS Direction for Patient Transport

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

Vehicles

The Service Provider did **not** have a letter signed by the Director, EHSB, from each vehicle manufacturer or conversion vendor, certifying each vehicle used in the provision of ambulance service met the standards.

There was documentation confirming certification of ERVs (self certification or manufacturer's certification). Each vehicle continues to meet the standard at the date of the Review Team visit.

The Review Team did not audit or inspect all of the Service's vehicles to determine if there were additions or conversions other than what was within the Service preventative maintenance files. Accordingly, as paper files could not be matched to vehicles, this report only speaks to documentary evidence as found within the preventative maintenance files. The Service Provider is reminded, utilization of any vehicle in a response capacity without benefit of Certification as per the *Ontario Provincial Land Ambulance and Emergency Response Vehicle Standard*, would contravene the *Ambulance Act*, the *Land Ambulance Service Certification Standards* and the *Highway Traffic Act*.

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

Vehicle Number Cross Reference Table			
Vehicle #	Vehicle Number (VIN)	Vehicle #	Vehicle Number (VIN)
5249	1FDEW35P79DA01943	5271	1FDWE35P49D65504
5244	1FDWE35P99DA01944	5246	1FDXE45F33H852179
5329	1FMPU16W64LB38159	5254	1GBJG316381131860
5247	1GBJG316X71218119	5402	1GBJG316X71218556
5606	2B7KB31Z0KK358847	5618	2B7KB31Z7SK564361

Vehicle Number Cross Reference Table			
5621	2B7KB31Z8MK428372	5315	2FTRX17WX2CA36874
5296	IFDXE45F33HB20543	5202	IFDW35P29DA65503
5407	IFDSS34F6XHB60684	5242	IFDW35P65HB42201
5243	IFDW35P59DA01942	5240	IFDWE35P27DA03872
5200	IFDW35P79DA65495	5452	IFDXE45F13HB51418
5203	IFDWE35P85HA08225	5411	IGBJG316181131260
5292	IFDXE45F13HB52181	5237	IFDXE45FX3HB52180
5290	IFDXE45FX3HA24182	5220	IFDXE45P64HB22653
5227	IFDXE45P54HB24670		

Emergency Response Units - Compliance Summary								
Vehicle ID# (VIN)	Chassis Year	GVWR (kg)	ERV Type	Certified By	Compliant			Issue
					Y	N	NA	Ref #
1GBJG316X71218159	2004	0	Ford	Rowland	<input checked="" type="checkbox"/>			
2B7KB31Z7SK564361	1995	0			<input checked="" type="checkbox"/>			
2B7KB31Z0KK358847	1989	0				<input checked="" type="checkbox"/>		1

Emergency Vehicle Compliance Summary									
Vehicle ID# (VIN)	Chassis Year	Amb Type	# of Main Cot Positions	New/ Remount/ Refurbish	Letter of Cert. #	Compliant			Issue
						Y	N	NA	Ref #
1FDEW35P79DA01943	2009	Cut	2	New	08-406	<input checked="" type="checkbox"/>			
1FDWE35P49D65504	2009	Cut	1	New	08-406	<input checked="" type="checkbox"/>			
1FDWE35P99DA01944	2009	Cut	2	New	08-406	<input checked="" type="checkbox"/>			
1FDXE45F33H852179	2003	Cut	2	New	02-203	<input checked="" type="checkbox"/>			
1GBJG316381131860	2006	Cut	1	New	07-319	<input checked="" type="checkbox"/>			
1GBJG316X71218119	2007	Cut	2	New	07-319	<input checked="" type="checkbox"/>			
1GBJG316X71218556	2006	Cut	1	New	07-319	<input checked="" type="checkbox"/>			
IFDSS34F6XHB60684	1997	Van	1	New	1998	<input checked="" type="checkbox"/>			
IFDW35P29DA65503	2008	Cut	2	New	08-406	<input checked="" type="checkbox"/>			
IFDW35P59DA01942	2008	Cut	2	New	08-406	<input checked="" type="checkbox"/>			
IFDW35P65HB42201	2004	Cut	2	New	04-302(R)	<input checked="" type="checkbox"/>			
IFDW35P79DA65495	2008	Cut	2	New	08-406	<input checked="" type="checkbox"/>			
IFDWE35P27DA03872	2004	Cut	2	New	04-302(R2)	<input checked="" type="checkbox"/>			
IFDWE35P85HA08225	2004	Cut	2	New	04-302	<input checked="" type="checkbox"/>			
IFDXE45F13HB51418	2002	Cut	2	New	02-203	<input checked="" type="checkbox"/>			
IFDXE45F13HB52181	2002	Cut	2	New	02-203	<input checked="" type="checkbox"/>			
IFDXE45F33HB20543	2002	Cut	2	New	02-203	<input checked="" type="checkbox"/>			
IFDXE45FX3HA24182	2002	Cut	2	New	02-203	<input checked="" type="checkbox"/>			
IFDXE45FX3HB52180	2002	Cut	2	New	02-203	<input checked="" type="checkbox"/>			
IFDXE45P54HB24670	2004	Cut	2	New	04-302	<input checked="" type="checkbox"/>			
IFDXE45P64HB22653	2004	Cut	2	New	04-302	<input checked="" type="checkbox"/>			
IGBJG316181131260	2006	Cut	2	New	07-319	<input checked="" type="checkbox"/>			
2B7KB31Z8MK428372	1991	Van	Unk.		none		<input checked="" type="checkbox"/>		1

Compliance Issue Table			
Reference Number	1	Issue	No letter of Certification found on file.

Vehicle Mechanical Condition

Ambulances and emergency response vehicles were maintained in a safe mechanical condition and proper working order. There was documentation showing staff checked each vehicle at least once per day or shift. The checklist allowed paramedics to comment regarding vehicle deficiencies or safety concerns. Staff completed a checklist verifying that the general safety features of each vehicle were functional. Deficiencies were responded to in a timely manner. Safety concerns raised by staff were resolved. Repairs or replacement items were completed in a timely manner.

Vehicle Storage

There was a policy indicating the requirements for a scheduled deep cleaning program. There was documentation demonstrating all vehicles follow the deep clean program.

Ambulances and emergency response vehicles were maintained in a clean and sanitary condition. Vehicles were stored to prevent contamination, damage or hazard. Vehicles were protected from extremes of heat, cold and moisture. Vehicles were stored in an environment that protects vehicle equipment and patient care supplies. Facilities were accessible to clean the vehicles. Supplies were accessible to clean the vehicles. There was required storage space available for supplies.

Vehicle Working Order

Maintenance or repair records were kept for the life of the vehicle. Vehicle identification was recorded on vehicle repair and maintenance records. The Service Preventative Maintenance was performed according to the Service Provider's schedule. The Service Provider's preventative maintenance program was based on 6,000 Kms between services.

Ambulance Vehicle Preventative Maintenance Table						
MOHLTC Vehicle Number	Most Recent Service	First Previous Service	Interval	Second Previous	Second Interval	Safety Certificate Date
5200	35433	31181	4252	24474	6707	09-07-2009
5202	19149	12342	6807	6673	5669	09-07-2009
5203	199057	192770	6287	185644	7126	31-03-2010
5220	222373	219987	2386	212217	6770	09-04-2010
5227	173885	167963	5922	161951	6012	08-10-2009
5237	231991	224817	7174	218286	6531	30-12-2009
5240	146448	142654	3794	137206	5448	23-10-2009
5242	126600	120385	6215	115051	5334	05-08-2009
5243	22194	16052	6142	12354	3698	29-10-2009
5244	41109	39174	1935	33813	5361	27-10-2009
5246	246006	243211	2795	238030	5181	05-11-2009
5247	108925	102637	6288	96482	6155	03-05-2010
5249	51281	46127	5154	38510	7617	13-11-2009
5254	144046	137068	6978	131761	5307	14-10-2009
5271	31058	25393	5665	19173	6220	28-07-2009
5290	175625	169732	5893	167307	2425	22-07-2009
5292	235858	229763	6095	223692	6071	18-02-2010
5296	192766	186485	6281	180207	6278	22-02-2010
5315	129201	122138	7063	114168	7070	09-09-2009
5329	178838	171622	7216	163000	8622	18-01-2010
5402	85915	80466	5449	74771	5695	21-08-2009

Ambulance Vehicle Preventative Maintenance Table						
MOHLTC Vehicle Number	Most Recent Service	First Previous Service	Interval	Second Previous	Second Interval	Safety Certificate Date
5407	138844	133007	5837	127117	5890	01-12-2009
5411	82577	77886	4691	71177	6709	09-11-2009
5452	187662	184013	3649	182068	1945	21-12-2009
5606	38078	37610	468	37342	268	16-07-2010
5618	99443	98930	513	96705	2225	30-09-2009
5621	138873	138503	370	137181	1322	31-07-2009

Ambulance Vehicle Audit

The Service operated thirteen front line ambulances, ten mechanical spares, three emergency response units and one administration vehicle. Twenty ambulance vehicles were inspected. All patient care equipment provided for use met the *Provincial Equipment Standards for Ontario Ambulance Services*.

Ambulances were stocked for the most part, with the required number and type of patient care equipment. Ambulances were stocked with the required number of supplies. ERVs were not inspected during the Review. The Service must note the equipment and supply deficiencies noted in the summary table below and within the audit table attached as **Appendix D** on page 77.

Vehicle Equipment Omission Summary			
2 of 20	Obstetrical Kit.	3 of 20	Miscellaneous.

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

Vehicle Number MTO Safety Inspection Sticker		
Vehicle No.	Vehicle Identification Number	MTO Annual Safety Inspection Sticker
5200	1FDWE35P79DA65495	<input checked="" type="checkbox"/> located as per legislation
5202	1FDWE35P29DA65503	<input checked="" type="checkbox"/> located as per legislation
5203	1FDWE35P85HA08225	<input checked="" type="checkbox"/> located as per legislation
5220	1FDXE45P64HB22653	<input checked="" type="checkbox"/> located as per legislation
5227	1FDXE45P54HB24670	<input checked="" type="checkbox"/> located as per legislation
5237	1FDXE45FX3HB52180	<input checked="" type="checkbox"/> located as per legislation
5240	1FDWE35P27DA03872	<input checked="" type="checkbox"/> located as per legislation
5242	1FDWE35P65HB42201	<input checked="" type="checkbox"/> located as per legislation
5243	1FDWE35P59DA01942	<input checked="" type="checkbox"/> located as per legislation
5244	1FDWE35P99DA01944	<input checked="" type="checkbox"/> located as per legislation
5249	1FDWE35P79DA01943	<input checked="" type="checkbox"/> located as per legislation
5254	1GBJG316381131860	<input checked="" type="checkbox"/> located as per legislation
5271	1FDWE35P49DA65504	<input checked="" type="checkbox"/> located as per legislation
5290	1FDXE45FX3HA24152	<input checked="" type="checkbox"/> located as per legislation
5347	1GBJG316X71218119	<input checked="" type="checkbox"/> located as per legislation
5402	1GBJG316X71218556	<input checked="" type="checkbox"/> located as per legislation
5407	1FDSS34F6XHB60684	<input checked="" type="checkbox"/> located as per legislation
5411	1GBJG316181131260	<input checked="" type="checkbox"/> located as per legislation
5451	150XE45F33HB52355	<input checked="" type="checkbox"/> located as per legislation
5452	1FDXE45F13HB51418	<input checked="" type="checkbox"/> located as per legislation

The Service Provider had access to spare vehicles to maintain service. Documentation showed no instances where a replacement vehicle was unavailable. There was documentation demonstrating the Service Provider provides the CACC access to radios and communication equipment upon request. The Service Provider ensured communication equipment remains operational at all times. The Service Provider worked co-operatively with the CACC to ensure communication equipment repairs are completed.

Recommendation: 10

The Service Provider must have a letter signed by the Director, Emergency Health Services Branch from each vehicle manufacturer or conversion vendor certifying that each vehicle used in the provision of ambulance service meets the Emergency and Response Vehicle Standard.

Service Provider Response

In order to assess our ability to certify the vehicles requiring letters, we sought the advise of Tim Cooke, Fleet Services Supervisor from the MOHLTC. After discussion it was noted that the vehicles cited under this requirement did not fall within the criteria as set out in the Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard version 4.1. Furthermore, if these units were to be considered as response vehicles, article 19.1.7 details that units in service prior to December 31, 1997 would be considered certified. The 2 units noted were model years 1987 and 1991.

Inspector's Findings

Although the noted vehicle files were maintained as part of the Service Providers fleet files, the vehicles were identified post review as first response vehicles belonging to the various first response team throughout the Manitoulin Sudbury District. **Manitoulin-Sudbury EMS is compliant in this area**

Recommendation: 11

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

Service Provider Response

Prior to the date of this document it has been reported that the equipment noted as missing has been restocked. Obstetrical Kits have been stocked in vehicles 5254 and 5271. Mucous Traps have been additionally placed in 5254, 5407 and 5411. Glucose Gel has been placed in 5407.

Inspector's Findings

Manitoulin-Sudbury EMS has restocked all ambulances with accessory and patient care equipment set out in the Provincial Equipment Standards for Ontario Ambulance Services that was noted in the service review. **Manitoulin Sudbury EMS is committed to monitor this area for continued compliance.**

Manitoulin Sudbury Ambulance 5407



Manitoulin - Sudbury EMS/SMU



Manitoulin Sudbury Ambulance 5452



Manitoulin Sudbury Ambulance 5290



Manitoulin Sudbury Ambulance 5240



Manitoulin Sudbury Ambulance 5271



Patient Care Equipment

There was a policy regarding the cleaning and sanitization of patient care equipment. The cleaning and sanitization policy was monitored and enforced. There was documentation reflecting a scheduled, comprehensive patient care and accessory equipment cleaning program was in place. Patient care and accessory equipment was maintained in working order.

The patient care equipment check list allowed paramedics to comment regarding equipment deficiencies, missing stock or items needing repair or replacement. The completed checklists were reviewed for deficiencies, missing stock or items needing repair or replacement. There was documentation demonstrating that patient care equipment repairs had been completed. Repair receipts were kept on file for the life of piece of equipment.

Patient Care and Accessory Equipment

Patient care and accessory equipment was clean and sanitary. Patient care equipment was **not** always stored in a manner that is consistent with manufacturers' direction and is free of contamination (*at the Wikwemikong Station, a spare stretcher and a #9 stretcher were stored in a manner that exposed them to diesel contamination*). Identified deficiencies/concerns were responded to in a timely manner. Patient care and accessory equipment in need of repair was identified and removed from service.

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

The preventative maintenance program did **not** always include all patient care devices requiring regular inspection/or calibration e.g. oxygen delivery systems, suction equipment, defibrillator (currently the ERUs and EFRT units are not included in the O2 testing schedule and the EFRT units are not included in the cot maintenance schedule). The preventive maintenance program for all patient care devices did in all cases meet the manufacturer's specification.

Medications

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

Vehicle and Equipment Security (as per ride out observations)					
Vehicle No.	Medications Were Always Secured		Vehicle No.	Vehicles Were Always Locked While Paramedics Were Away From Them	
	Y	N		Y	N
5200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5200	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5203	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5203	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5203	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5203	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Oxygen Testing

There was an adequate number of replacement oxygen cylinders accessible to staff. There was a quantity of supplies and equipment on hand to maintain the level of ambulance service for one week. The preventive maintenance program was always followed. Based on data available from the Service files, the Service does **not** maintain all oxygen and suction equipment as per the manufacturer's specifications (ERUs and EFRTs). Service oxygen testing equipment had been calibrated (November 16, 2009) according to the manufacturer's specifications. A history of scheduled oxygen equipment testing is attached as **Appendix E** on page 77.

Stretcher Maintenance

Service stretcher maintenance files were found to be complete. The preventative maintenance program did **not** include patient carrying equipment (EFRT). The service conveyance equipment did follow the manufacturer's maintenance schedule. The preventative maintenance schedule was based on the call volume. Statistics supplied by the service put it at the medium duty, 26-200+ calls per month per unit, requiring inspections every three months. Service records indicate they are consistently meeting this requirement. Stretcher maintenance findings are attached as **Appendix F** on page 81.

Recommendation: 12

Patient care equipment and supplies should be prevented from exposure to contamination or excessive heat or cold and in a manner that protects it from exhaust and particulate contamination.

Service Provider Response

The particular stretchers have been removed from the garage and placed in another location within the building as indicated in the picture in Doc #23. Manitoulin-Sudbury DSB policy is clear on the manner in which equipment is to be stored. This was an apparent oversight by the paramedics.

Inspector's Findings

Manitoulin-Sudbury EMS is noted to have a service policy in place regarding proper equipment and supply storage. The Service Provider has removed the equipment noted and has relocated in a manner that protects it from exhaust and particulate contamination. Further, staff has been reminded of proper storage procedures to mitigate a recurrence. **Manitoulin-Sudbury EMS accepts this quality assurance "best practice" recommendation and is committed to compliance in this area.**

Recommendation: 13

The Service Provider should maintain documentation demonstrating the preventative maintenance program includes patient carrying equipment, oxygen delivery systems and suction equipment.

Service Provider Response

The oxygen equipment carried in the ERV's has since been tested and meets the standards as set out in our preventative maintenance program.

Understanding that the vehicles operated by the EFRT's do not fall within criteria as set out by the Ontario Provincial Land Ambulance & Emergency Response Vehicle Standards version 4.1, they would also not meet the requirements as listed in the Provincial Equipment Standards for Ontario Ambulance Services. Regardless, understanding that it is best practice to have any piece of equipment intended for use in patient care to be in good working order, we have begun to include the EFRT equipment in our preventative maintenance scheduling. EFRT Maintenance will be complete by the end of November.

Inspector's Findings

Manitoulin-Sudbury EMS has completed preventative maintenance on all patient carrying equipment, has tested all oxygen delivery systems and suction equipment within their service. **Manitoulin-Sudbury EMS accepts this quality assurance “best practice” recommendation and is committed to compliance in this area.**

Policy and Procedure

There was a Policy and Procedure document. A copy of the Service's Policies and Procedures were accessible to staff. There was documentation demonstrating Policies and Procedures were communicated to staff. Policies and Procedures were reviewed and updated annually. New and updated Policies and Procedures were communicated to staff.

The Service Provider has policies covering the following areas:		Y	N
1.	Stating only qualified candidates are considered for employment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	To monitor participation of staff attending class to acquire their AEMCA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Prohibiting individuals without a class F licence from driving an ambulance in the provision of ambulance service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Regarding rest periods between hours worked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Requiring staff to carry the Ministry issued photo identification card with the Service's service number on their person while at work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Regarding re-stocking of equipment and supplies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Stating patients will be transported to a facility directed by CACC/ACS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Stating patients will be transported to the nearest medical facility that provides the type of care required when there is no direction given by CACC/ACS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Regarding cleaning and disinfection of the vehicles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Regarding cleaning and disinfection of patient care equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Requiring all patient care, accessory equipment, and supplies to be secured during the provision of ambulance service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance service vehicle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	Prohibiting staff from reporting to work under the influence of liquor or drugs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14.	Prohibiting staff from consuming liquor or drugs while at work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.	Prohibiting staff from responding to calls under the influence of drugs or liquor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16.	Requiring staff, passengers and every patient to wear seat belts and be restrained while ambulance and ERVs are in motion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17.	Requiring every patient transported on a stretcher to be secured to the stretcher.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18.	Requiring the stretcher to be secured within the vehicle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19.	Requiring every incubator to be secured within the vehicle.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The Service Provider has policies covering the following areas:		Y	N
20.	Requiring every infant to be secured within the incubator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21.	Regarding transport of a person's remains in an ambulance or ERV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22.	Outlining when staff can transport a legally or obviously dead person.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23.	Outlining the care and treatment of VSA patients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24.	Defining what is meant by "a public place".	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25.	Regarding the use of an ERV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26.	Stating ambulances and ERVs are to be used only for the provision of ambulance service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27.	Regarding the direction, use and supervision of students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28.	Regarding activities of observers on ambulances or ERVs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29.	That only students of nursing, mid-wife, respiratory therapy, medicine, psychology or paramedic programs provide first aid or emergency medical care to a patient under the direction of a paramedic.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30.	That students are to be free from communicable diseases.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31.	That students are to be immunized.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32.	Staff will immediately notify the CACC/ACS in the case of any accident involving an ambulance or ERV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33.	Staff will ensure that police are notified in the case of any accident involving an ambulance or ERV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34.	Requiring the reporting of any collision.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35.	Outlining the safe driving expectations of staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36.	Regarding the use of speed during provision of ambulance service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37.	Regarding when and how vehicle monitoring devices are to be used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38.	Requiring staff to accept ambulance calls as assigned by the CACC/ACS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39.	Staff are to advise CACC/ACS of each vehicle's availability when requested.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40.	Requiring movements of ambulances and ERVs be reported immediately to the CACC/ACS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41.	Requiring staff to comply with every direction and instruction issued by an ACO with respect to the assignment of calls to ambulances and ERVs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42.	Requiring staff to use the vehicle number as the radio call number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43.	Requiring the operator and staff to place a "Not in Service" sign in the front and rear of the vehicle when it is not available for ambulance service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44.	Regarding the use of the exhaust fan in the vehicle storage area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45.	Directing the disposal of biomedical sharps.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
46.	Directing the storage and disposal of hazardous materials.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
47.	Directing the use of disposable equipment and supplies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
48.	Directing staff to lock vehicles to ensure vehicle security.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
49.	Regarding the storage and security of medications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50.	Regarding the storage and security of controlled medications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51.	Regarding the disposal of expired controlled medications (where applicable).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52.	Regarding the disposal of bio-medical waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
53.	Regarding hygiene.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54.	Regarding the sharing and disclosure of Personal Health Information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
55.	Regarding the use of photographic devices while on duty.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
56.	Directing staff in the release of confidential information to allied agencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
57.	Directing staff in the release of confidential information to the public.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
58.	Regarding the decommissioning of emergency vehicles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Collision Reporting

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

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

Operations

Insurance Coverage

Documentation demonstrated that the insurance policy coverage was current and valid. There was documentation of insurance coverage at least equal to that outlined in the legislation. The insurance policy includes and covers:

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

The Service Provider reviewed the insurance coverage on a regular basis to ensure that it remained current and valid.

CACC/ACS

The Service Provider and staff accepted ambulance calls as assigned by the CACC. The Service Provider and staff followed the direction of the Communications Officer.

Each ambulance or emergency response vehicle's availability and location was communicated to the CACC. There was documentation demonstrating the Service Provider notified the CACC whenever an ambulance/ERV was moved. There was documentation demonstrating the Service provider notified the CACC whenever an ambulance or ERV was removed from service. There was documentation demonstrating the Service Provider notified the CACC whenever an ambulance or ERV was returned to service.

Liaison/Communication

Patient Care & Service Delivery Complaints

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

Patient Care & Service Delivery Complaints							
Call No.	Nature of Complaint	Investigated		Service Responded		Recommendations Made	
		Y	N	Y	N	Y	N
5558378	Rude to Patient.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5510479	Response Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5575777	Hospital complaint of assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Base Hospital

There was a written and current performance agreement between the Service Provider and Base Hospital. The agreement states the Base Hospital will:

- Provide medical direction and training to all paramedics.
- Monitors quality of patient care given by those paramedics.
- Delegate controlled medical acts to paramedics.

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

CACC/ACS Contact

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

Service Provider Interaction With Communication Service			
Last Meeting Date	Meetings Are Held to Discuss Matters Involving:	Y	N
04/29/10	ADDAS, Escorts, Emerg Button, Facilities etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
03/10/10	ADDAS Data Discussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11/09/09	Hazards on scene policy discussions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10/03/09	CACC Advisory, portable radios, CACC Mgmt, Emerg Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Facilities/Accommodations (for awareness only)

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

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

Related Health and Safety (for awareness only)

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

Survey Summaries

Part B



Survey Receipt Table				Y	N
Field Office Survey				<input checked="" type="checkbox"/>	<input type="checkbox"/>
CACC/ACS Survey				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Base Hospital Survey				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Room Staff Survey				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service Provider Survey				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Paramedic Survey	Surveys Distributed	50	Surveys Received	9	

North East Field Office Survey

Survey Results		Y	N
1.	Working relationship between Field Office and Service Provider is positive and professional.	<input checked="" type="checkbox"/>	
2.	The Field Office has been provided with a copy of the Service Provider's deployment plan.	<input checked="" type="checkbox"/>	
3.	The Field Office is given the opportunity to provide input relative to Service related issues.	<input checked="" type="checkbox"/>	
4.	The Field Office is aware of delays to call responses when there have been changes to the deployment /staffing plan.	<input checked="" type="checkbox"/>	
5.	Incident Reports are completed and forwarded to the Field Office as required.	<input checked="" type="checkbox"/>	
6.	The Service Provider has sufficient staff to maintain their staffing pattern.	<input checked="" type="checkbox"/>	
7.	The Service Provider follows the implemented staffing pattern.	<input checked="" type="checkbox"/>	
8.	The Field Office is advised upon changes to the Service Provider's deployment / staffing plan.	<input checked="" type="checkbox"/>	
9.	The Service Provider has experienced staffing inconsistencies as a result of not being able to maintain the deployment / staffing plan.		<input checked="" type="checkbox"/>
10.	The Field Office is familiar with the Service Provider's organization chart.	<input checked="" type="checkbox"/>	
11.	The Field Office has the ability to contact Service Management after hours, weekends and stats.	<input checked="" type="checkbox"/>	
12.	Do you feel the Service Provider has adequate / effective communication mechanisms in place with:		
	• Allied Agencies;	<input checked="" type="checkbox"/>	
	• Paramedics and other emergency providers;	<input checked="" type="checkbox"/>	
	• Receiving hospitals;	<input checked="" type="checkbox"/>	
	• Base Hospital; and	<input checked="" type="checkbox"/>	
	• The Field Office.	<input checked="" type="checkbox"/>	
13.	The Field Office is aware of special programs provided by this Service: i.e. Bike Medic, Tactical Team, and Rescue Teams.	<input checked="" type="checkbox"/>	
14.	The Field Office is aware that all vehicles utilized by the Service Provider are compliant with the "Ontario Land Ambulance and Emergency Response Vehicle Standard".	<input checked="" type="checkbox"/>	
15.	The Service Provider uses only radio call identifiers assigned by the Field Office.	<input checked="" type="checkbox"/>	
17.	The Field Office assigned radio call identifiers to this Service for ERVs use.	<input checked="" type="checkbox"/>	
18.	The Service Provider utilizes equipment in addition to that required in the most current version of the "Provincial Equipment Standards for Ambulance Services".	<input checked="" type="checkbox"/>	
20.	The Field Office is familiar with the 90 th percentile response time for this Service. (a) 1996 standard (b) last fiscal year	<input checked="" type="checkbox"/>	
21.	The Service Provider assists in identifying community pre-hospital patient care needs.	<input checked="" type="checkbox"/>	
22.	Community pre-hospital patient care needs and analysis findings are reported to the Field Office.	<input checked="" type="checkbox"/>	
23.	Community pre-hospital patient care needs and analysis findings are considered by the Service Provider for service improvement.	<input checked="" type="checkbox"/>	
24.	There are areas where you believe that improvements could be made to the provision of pre-hospital care by this Service Provider.		<input checked="" type="checkbox"/>
25.	There are positive improvements in pre-hospital care in the Service Provider's catchment area in the past 24 months that you believe are directly attributable to the Service Provider.	<input checked="" type="checkbox"/>	
26.	The Service Provider reports to the Field Office the Influenza Immunization status of each employee no later than directed by EHSB each year.	<input checked="" type="checkbox"/>	

Comments:

The Service is a pleasure to deal with. They are all professional and cordial.

Sudbury Central Ambulance Communication Centre

Survey Results		Y	N
1.	Do you share the dispatching of this Service with another CACC/ACS?	<input checked="" type="checkbox"/>	
2.	How many calls has your centre dispatched for this ambulance service within the last complete 12- month period? Please identify the period of time: 01 / 2009 to 12 / 2009 Code 1 & 2 1636 Code 3 1451 Code 4 3734 Code 8 6287	<input checked="" type="checkbox"/>	
3.	Are you aware of the service commitment levels of this Service? (i.e. number of PCP & ACP vehicles etc. the Service states are available)	<input checked="" type="checkbox"/>	
4.	Are you aware of any time when the service commitment was not met?		<input checked="" type="checkbox"/>
5.	Has the Service Provider subject of this Review provided a Deployment Plan to the CACC/ACS?	<input checked="" type="checkbox"/>	
5a.	If yes, when was the deployment plan accepted into your policy and procedure operational manual for implementation. Date: <u>August 2006</u>	<input checked="" type="checkbox"/>	
6.	Are you made aware of changes to the deployment plan prior to Service implementation?	<input checked="" type="checkbox"/>	
7.	Are you made aware of the level of patient care provided by individual paramedics?	<input checked="" type="checkbox"/>	
8.	Are there occasions when a paramedic employed by this Service tried to log onto the ARIS environment without a valid MOHLTC ID number?		<input checked="" type="checkbox"/>
9.	Are you aware of any occurrences within the last six months when on-site staff did not react within 2 minutes (time 2 –time 3) of being dispatched on a code 3, code 4 or code 8 call?		<input checked="" type="checkbox"/>
10.	Do you know the reaction time requirement for off-site staff for this Service?	<input checked="" type="checkbox"/>	
11.	Are you aware of occurrences when offsite staff did not react within the mandated time frame after being dispatched on code 3, code 4 or code 8 calls?	<input checked="" type="checkbox"/>	
12.	Are you aware of occurrences within the last 12 months when ambulance staff refused to provide service or follow directions of the Communications Service?		<input checked="" type="checkbox"/>
13.	Does the Service Provider meet with CACC on a regular basis to discuss service delivery and operational issues?	<input checked="" type="checkbox"/>	
14.	Have you and the Service Provider developed mechanisms to handle:		
	(a) Client/public complaints relating to the Service?	<input checked="" type="checkbox"/>	
	(b) Internal personnel complaints/issues?	<input checked="" type="checkbox"/>	
15.	Have you lodged complaints with the Service Provider in the last 24 months?	<input checked="" type="checkbox"/>	
	(a) If yes, was your complaint investigated in a timely manner?	<input checked="" type="checkbox"/>	
	(b) Did you receive a reply to your complaint?	<input checked="" type="checkbox"/>	
	(c) What was the timeframe between lodging of your complaint and the service's reply?	<input checked="" type="checkbox"/>	
16.	Does this Service Provider work co-operatively with CACC/ACS in scheduling and completing repairs and/or maintenance on radio equipment?	<input checked="" type="checkbox"/>	
17.	In the last 24 months, have you notified the Service Provider of any concerns regarding its activities, performance or policies?	<input checked="" type="checkbox"/>	
18.	Does this Service Provider ensure that management / supervisors are readily available to dispatch staff when and if the need should arise?	<input checked="" type="checkbox"/>	
19.	Does the Service Provider have a disaster and/or contingency plan?	<input checked="" type="checkbox"/>	
	(a) If yes, did the Service Provider work co-operatively with CACC/ACS in the development, implementation or review of the contingency or disaster plan?	<input checked="" type="checkbox"/>	
	(b) Has the Service Provider participated in a disaster exercise involving your CACC/ACS within the last 24 months?	<input checked="" type="checkbox"/>	
	(c) If yes, was there a joint documented exercise debriefing?	<input checked="" type="checkbox"/>	
	(d) Are you aware of revisions, resultant from the exercise, to the contingency or disaster plan that were shared with the CACC/ACS?	<input checked="" type="checkbox"/>	

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

Comments:

The Manitoulin Sudbury DSSAB has a great rapport with Sudbury CACC Management and staff. Communication is regular and conducted professionally.

Manitoulin Sudbury DSSAB is currently struggling with units being trapped in the ED re: Ambulance Offload Delays in Sudbury. We are working with the Service and the Hospital Utilization Department to establish a process with the ED to have the “out of town” units clear quicker. We are proactively looking for a solution prior to the peak summer months or May 24th, 2010(Trauma Season). We wish to have Manitoulin Sudbury resources return quicker to their vast geographical area as there is difficulty in attaining coverage from periphery services.

Timmins Central Ambulance Communication Centre – Gogama/Foleyet

Survey Results		Y	N
1.	Do you share the dispatching of this Service with another CACC/ACS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	How many calls has your centre dispatched for this ambulance service within the last complete 12- month period? Please identify the period of time: 07 / 2009 to 07 / 2010 Code 1 & 2 69 Code 3 46 Code 4 212 Code 8 27	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Are you aware of the service commitment levels of this Service? (i.e. number of PCP & ACP vehicles etc. the Service states are available)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Are you aware of any time when the service commitment was not met?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Has the Service Provider subject of this Review provided a Deployment Plan to the CACC/ACS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5a.	If yes, when was the deployment plan accepted into your policy and procedure operational manual for implementation. Date: March 2008	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Survey Results		Y	N
6.	Are you made aware of changes to the deployment plan prior to Service implementation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Are you made aware of the level of patient care provided by individual paramedics? (ACP vs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Are there occasions when a paramedic employed by this Service tried to log onto the ARIS environment without a valid MOHLTC ID number?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	Are you aware of any occurrences within the last six months when on-site staff did not react within 2 minutes (time 2 –time 3) of being dispatched on a code 3, code 4 or code 8 call?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	Do you know the reaction time requirement for off-site staff for this Service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Are you aware of occurrences when offsite staff did not react within the mandated time frame after being dispatched on code 3, code 4 or code 8 calls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Are you aware of occurrences within the last 12 months when ambulance staff refused to provide service or follow directions of the communications service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13.	Does the Service Provider meet with CACC on a regular basis to discuss service delivery and operational issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14.	Have you and the Service Provider developed mechanisms to handle:		
	(c) Client/public complaints relating to the Service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(d) Internal personnel complaints/issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.	Have you lodged complaints with the Service Provider in the last 24 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(e) If yes, was your complaint investigated in a timely manner?	n/a	<input type="checkbox"/>
	(f) Did you receive a reply to your complaint?	n/a	<input type="checkbox"/>
	(c) What was the timeframe between lodging of your complaint and the service's reply?	n/a	<input type="checkbox"/>
16.	Does this Service Provider work co-operatively with CACC/ACS in scheduling and completing repairs and/or maintenance on radio equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17.	In the last 24 months, have you notified the Service Provider of any concerns regarding its activities, performance or policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18.	Does this Service Provider ensure that management / supervisors are readily available to dispatch staff when and if the need should arise?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19.	Does the Service Provider have a disaster and/or contingency plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(a) If yes, did the Service Provider work co-operatively with CACC/ACS in the development, implementation or review of the contingency or disaster plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(b) Has the Service Provider participated in a disaster exercise involving your CACC/ACS within the last 24 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(g) If yes, was there a joint documented exercise debriefing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(h) Are you aware of revisions, resultant from the exercise, to the contingency or disaster plan that were shared with the CACC/ACS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20.	Has this Service Provider shared their policies and procedures with regard to CACC/ACS relevant issues with you in a timely manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21.	Have any ambulance staff, including paramedics from this Service observed activities in CACC/ACS in the last 24 months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22.	Have any Communications Officers participated in geographical orientation ride-outs with ambulance crews from this service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23.	Does the Service Provider routinely consult with CACC/ACS before implementing or revising policies or procedures that may affect the dispatching or deployment of ambulances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24.	Does the Service Provider involve CACC/ACS in any of it's quality assurance activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25.	Does the Service Provider notify CACC/ACS in a timely manner whenever there is a need or reason to modify its staffing pattern? (i.e. up-staff, down-staff, PCP staffing vs. ACP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26.	Does the Service Provider work co-operatively with CACC/ACS when requested to change or modify it's staffing pattern? (i.e. up-staff for house fire, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Survey Results		Y	N
27.	Are there times when the normal staffing of the ambulance service is not adequate to address the volume of calls?		<input checked="" type="checkbox"/>
28.	In the last 24 months, has this Service Provider asked CACC/ACS to participate in any call reviews and/or investigations?	<input checked="" type="checkbox"/>	
29.	To your knowledge, are the Service Provider's staff familiar with the CACC/ACS policy and procedure?	<input checked="" type="checkbox"/>	
30.	Do the Service Provider's staff consistently follow approved radio procedures by using required radio terminology, etc.?	<input checked="" type="checkbox"/>	

Comments:

Very well organized. Always keeps CACC well informed.

Sault Ste. Marie Central Ambulance Communication Centre – Chapleau

Survey Results		Y	N
1.	Do you share the dispatching of this Service with another CACC/ACS?	<input checked="" type="checkbox"/>	
2.	How many calls has your centre dispatched for this ambulance service within the last complete 12- month period? Please identify the period of time: 07 / 2009 to 07 / 2010 Numbers not available	<input checked="" type="checkbox"/>	
3.	Are you aware of the service commitment levels of this Service? (i.e. number of PCP & ACP vehicles etc. the Service states are available)	<input checked="" type="checkbox"/>	
4.	Are you aware of any time when the service commitment was not met?		<input checked="" type="checkbox"/>
5.	Has the Service Provider subject of this Review provided a Deployment Plan to the CACC/ACS?	<input checked="" type="checkbox"/>	
5a.	If yes, when was the deployment plan accepted into your policy and procedure operational manual for implementation. Date: June 2010	<input checked="" type="checkbox"/>	
6.	Are you made aware of changes to the deployment plan prior to Service implementation?	<input checked="" type="checkbox"/>	
7.	Are you made aware of the level of patient care provided by individual paramedics? (ACP vs.	<input checked="" type="checkbox"/>	
8.	Are there occasions when a paramedic employed by this Service tried to log onto the ARIS environment without a valid MOHLTC ID number?		<input checked="" type="checkbox"/>
9.	Are you aware of any occurrences within the last six months when on-site staff did not react within 2 minutes (time 2 –time 3) of being dispatched on a code 3, code 4 or code 8 call?		<input checked="" type="checkbox"/>
10.	Do you know the reaction time requirement for off-site staff for this Service?	<input checked="" type="checkbox"/>	
11.	Are you aware of occurrences when offsite staff did not react within the mandated time frame after being dispatched on code 3, code 4 or code 8 calls?		<input checked="" type="checkbox"/>
12.	Are you aware of occurrences within the last 12 months when ambulance staff refused to provide service or follow directions of the communications service?		<input checked="" type="checkbox"/>
13.	Does the Service Provider meet with CACC on a regular basis to discuss service delivery and operational issues?	<input checked="" type="checkbox"/>	
14.	Have you and the Service Provider developed mechanisms to handle:		
	(e) Client/public complaints relating to the Service?	<input checked="" type="checkbox"/>	
	(f) Internal personnel complaints/issues?	<input checked="" type="checkbox"/>	
15.	Have you lodged complaints with the Service Provider in the last 24 months?		<input checked="" type="checkbox"/>
	(i) If yes, was your complaint investigated in a timely manner?	n/a	
	(j) Did you receive a reply to your complaint?	n/a	
	(c) What was the timeframe between lodging of your complaint and the service's reply?	n/a	

Survey Results		Y	N
16.	Does this Service Provider work co-operatively with CACC/ACS in scheduling and completing repairs and/or maintenance on radio equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17.	In the last 24 months, have you notified the Service Provider of any concerns regarding its activities, performance or policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18.	Does this Service Provider ensure that management / supervisors are readily available to dispatch staff when and if the need should arise?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19.	Does the Service Provider have a disaster and/or contingency plan? MCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(a) If yes, did the Service Provider work co-operatively with CACC/ACS in the development, implementation or review of the contingency or disaster plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(b) Has the Service Provider participated in a disaster exercise involving your CACC/ACS within the last 24 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(k) If yes, was there a joint documented exercise debriefing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	(l) Are you aware of revisions, resultant from the exercise, to the contingency or disaster plan that were shared with the CACC/ACS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20.	Has this Service Provider shared their policies and procedures with regard to CACC/ACS relevant issues with you in a timely manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21.	Have any ambulance staff, including paramedics from this Service observed activities in CACC/ACS in the last 24 months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22.	Have any Communications Officers participated in geographical orientation ride-outs with ambulance crews from this service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23.	Does the Service Provider routinely consult with CACC/ACS before implementing or revising policies or procedures that may affect the dispatching or deployment of ambulances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24.	Does the Service Provider involve CACC/ACS in any of it's quality assurance activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25.	Does the Service Provider notify CACC/ACS in a timely manner whenever there is a need or reason to modify its staffing pattern? (i.e. up-staff, down-staff, PCP staffing vs. ACP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26.	Does the Service Provider work co-operatively with CACC/ACS when requested to change or modify it's staffing pattern? (i.e. up-staff for house fire, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27.	Are there times when the normal staffing of the ambulance service is not adequate to address the volume of calls?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28.	In the last 24 months, has this Service Provider asked CACC/ACS to participate in any call reviews and/or investigations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29.	To your knowledge, are the Service Provider's staff familiar with the CACC/ACS policy and procedure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30.	Do the Service Provider's staff consistently follow approved radio procedures by using required radio terminology, etc.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Continuous open line of communication between CACC and the Service.

Northeastern Ontario Prehospital Care Program

Survey Results		Y	N
1.	Is there a current, valid, written and signed agreement in place between your Base Hospital and the Service Provider clearly outlining the responsibilities and expectations of each party to the agreement?	<input checked="" type="checkbox"/>	
2.	Are you familiar with the level and type of service (i.e. number of ACP and PCP vehicles) provided by this service?	<input checked="" type="checkbox"/>	
3.	Are ambulance service supervisory staff readily available to Base Hospital when and if needed?	<input checked="" type="checkbox"/>	
4.	Are there open & effective lines of communication between Base Hospital and: (a) The Service Provider and (b) Paramedics?	<input checked="" type="checkbox"/>	
5.	Does the Service routinely provide Base Hospital with personnel changes?	<input checked="" type="checkbox"/>	
6.	Does the Service routinely audit ACRs from the Ambulance Service?	<input checked="" type="checkbox"/>	
7.	Do you provide the Service with periodic, statistical reports on ACR audits?	<input checked="" type="checkbox"/>	
	If so, how many reports have you prepared for the service in the last 24 months? ___1___ Please describe the nature of the reports:		
8.	Does the Service perform their own ACR chart audits on:		
	(a) ALS calls?	n/a	
	(b) BLS calls?	<input checked="" type="checkbox"/>	
9.	Does the Service Provider compare their auditing process with that of Base Hospital to ensure the results are comparable and accurate?	<input checked="" type="checkbox"/>	
10.	Does the Service Provider work co-operatively with Base Hospital to investigate and resolve any discrepancies between the two auditing processes?	<input checked="" type="checkbox"/>	
11.	Has Base Hospital had to discuss significant, patient care related issues with this Service within the last 30 months?	<input checked="" type="checkbox"/>	
	If so, did this Service Provider work co-operatively with Base Hospital in the investigation and resolution of the issue?	<input checked="" type="checkbox"/>	
12.	Has your auditing process revealed that paramedics within this service breach Base Hospital policy and procedure?		<input checked="" type="checkbox"/>
	If so, please describe the nature of the breach(s) and the process used by Base Hospital to resolve such issues.		
13.	Does Base Hospital routinely perform ride-outs in this service?		<input checked="" type="checkbox"/>
	(a) If so, does the Service work co-operatively with Base Hospital in scheduling ride-outs?		
	(b) Does Base Hospital provide a written report to the Service Provider respecting the ride-outs?		
	(c) Please identify the number of ride-outs in the past year with this service. _____		
	(d) Have the ride-outs revealed any significant patient care breached?		
	(e) If so, please describe.		
14.	Does Base Hospital perform other types of quality assurance with this service?	<input checked="" type="checkbox"/>	
15.	Does your Base Hospital have any programs currently being field evaluated by this Service?	<input checked="" type="checkbox"/>	
16.	Have all paramedics with this service completed all Base Hospital programs (i.e. symptom relief and defibrillation courses)?	<input checked="" type="checkbox"/>	
17.	Does the Service Provider work co-operatively with Base Hospital in scheduling staff for these programs?	<input checked="" type="checkbox"/>	
18.	Does the Service Provider assist to ensure staff attend and successfully complete these programs?	<input checked="" type="checkbox"/>	

Survey Results		Y	N
19.	Are you aware of circumstances where new employees to the ambulance service commenced patient care duties prior to successful Base Hospital certification in either symptom relief and defibrillation? (a) If so, please describe. _____		<input checked="" type="checkbox"/>
20.	Does the Base Hospital certify each paramedic for scheduled acts for which they may be authorized under the Act? Does the Base Hospital Certify each paramedic in scheduled acts for	<input checked="" type="checkbox"/>	
21.	What documentation does the Base Hospital require prior to certification of paramedics in scheduled in Schedule 1, 2 or 3 acts? _____		
22.	Does the Service Provider work co-operatively with Base Hospital to ensure staff requiring remedial training receive such training? Does the Service Provider work co-operatively with Base	<input checked="" type="checkbox"/>	
23.	Does your Base Hospital provide CME and or related sessions to staff of this ambulance service?	<input checked="" type="checkbox"/>	
24.	If staff of this ambulance service attends CME sessions, how would you rate their overall attendance? Very good <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor <input type="checkbox"/>		
25.	How many Base Hospital utilization Committee meetings have been held in the past 24 months? __3__ Of these meetings, (a) how many has the Service Provider attended? __3__		
26.	Has the Base Hospital and the Service Provider developed mechanisms to handle /discuss patient care complaints?	<input checked="" type="checkbox"/>	
27.	Has Base Hospital filed complaints with the Service Provider this past calendar year?	<input checked="" type="checkbox"/>	
	(a) If so, were you satisfied the matter was thoroughly investigated?	<input checked="" type="checkbox"/>	
	(b) Did you receive a written response from the Service Provider?	<input checked="" type="checkbox"/>	
	(c) Did the Service Provider respond in a timely manner?	<input checked="" type="checkbox"/>	
	(d) Did the Service Provider work co-operatively with Base Hospital during the investigation and resolution of this complaint?	<input checked="" type="checkbox"/>	
28.	Does the Service Provider routinely request Base Hospital to participate in call reviews and/or investigations?	<input checked="" type="checkbox"/>	
29.	Does it appear that the Service Provider's staff understand Base Hospital policies and procedures?	<input checked="" type="checkbox"/>	
30.	Does Base Hospital provide equipment to the Service Provider?		<input checked="" type="checkbox"/>
	(a) If so, does the equipment undergo a regular maintenance schedule?		
	(b) Please describe equipment in the comments area.		

Comments: None

Timmins & District Hospital

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

Comments: None

Chapleau Health Services/Chapleau General Hospital

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

Comments: None

Manitoulin Health Centre, Mindemoya Site

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

Comments: None

Paramedic Surveys

A total of nine surveys were returned from Manitoulin Sudbury EMS staff. Most were complete.

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

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

- Well stocked.
- Managers give medics plenty of autonomy.
- Effective communication.
- Communication despite large catchment area.
- Management is very approachable.
- Delivery of service, availability of management.
- Implementing new and improved methods of patient care, equipment and training.
- I believe for a rural service this service functions extremely well and provides excellent service to the communities it encompasses.
- In with Policy and Procedure.

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

- I would like to see more feedback on calls and better implementation of in house debriefing of calls that may cause extra stress on the paramedic's involved.
- The service is run very well overall, but I do feel like the northern bases are treated unfairly, particularly Foleyet. Our requests are often denied. We have poor base conditions which will be rectified with a new base this summer, but we have had poor base conditions for many years that have gone untreated.
- We rarely see management. It would be nice to have regular visits from our manager to ensure quality working conditions.
- Delay between training and implementation.
- Could deal with problems more quickly.
- Could provide more "optional" training regarding equipment, OBS etc.
- Maintenance of Ambulance Station i.e. floor not sealed and waxed regularly, spring and fall cleaning – paint, Repair of faulty electrical – breakers popping regularly, lockers for personal clothing and personal use.
- Very frustrating as an employee when I have a concern i.e. cleanliness of bases/rigs, expired meds found in rigs etc. and it doesn't seem to be addressed.

Appendices Part C



Appendix A HRI Audit Table

Employee #	Missing File Information
15905	• Copy of MOHLTC Photo Identification Card.
17358	• Influenza Annually.
73930	• Influenza Annually.
76838	• Influenza Annually.
71310	• Influenza Annually.
99817	• Influenza Annually.
12285	• Influenza Annually.

Appendix B Patient Carried Calls Code 4 / 3

Call Number	Documentation Issue	Driver #	Attendant #
000005569703	• Vitals x 2 minimum,/ and as call indicated.	14332	19771
000005569668	• Warning Systems.	85369	13317
000005571704	• Pickup Location Code. • Final Primary Problem. • Abdomen. • Back/Pelvis. • Extremities.	73930	10014
000005571707	• Pickup Location Code. • Fluid Balance.	10014	73930
000005572499	• Times. • Crew Mbr. No..	19771	10010
000005570428	• Start Kilometres. • Pickup Location Code. • Destination Kilometres. • Vitals x 2 minimum,/ and as call indicated. • Crew Mbr. No..	13493	83865
000005577580	• Primary Problem.	88365	13493
000005574016	• Final Primary Problem.	56772	98564
000005574714	• Pickup Location Code.	10364	14332
000005574843	• Start Kilometres. • Dispatch Problem Code. • Pick up Kilometres. • Destination Kilometres.	98582	56772
000005575226	• Trauma injury site/type.	14379	98582
000005575892	• Patient Sequence Number. • Pickup Location Code. • Primary Problem. • CTAS .	98157	75806
000001610166	• Start Kilometres. • Pick up Kilometres. • Destination Kilometres.	17090	17359
000002076166	• Patient Sequence Number.	12164	17159
752005580499	• Postal Code. • Destination Kilometres.	15031	11971

Call Number	Documentation Issue	Driver #	Attendant #
752005580040	• Medications.	55874	13568
752005579957	• Postal Code.	15031	14507
752005578359	• Postal Code.	73556	13746
752005578023	• Warning Systems.	13568	55874
752005577824	• Call Date. • Postal Code.	11561	10646
002001705904	• Dispatch Problem Code. • Postal Code. • Crew Member 2 Signature. • Head/Neck. • Chest. • Abdomen. • Back/Pelvis. • Extremities. • Vitals x 2 minimum,/ and as call indicated.	10646	11561
752005577277	• Vitals x 2 minimum,/ and as call indicated.	55874	13568
752005576910	• Postal Code. • CTAS . • Vitals x 2 minimum,/ and as call indicated.	55874	66370
950005562201	• Start Kilometres. • Postal Code. • Incident History (PQRST)(MOI). • Pick up Kilometres. • Destination Kilometres.	13540	14973
950005562579	• Dispatch Problem Code. • Postal Code. • Extremities.	10123	47322
950005562481	• Secondary Problem.	15439	84482
950005562907	• Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres.	84482	16096
950005561906	• Postal Code.	14973	47322
950005562567	• Province. • Postal Code.	12691	66370
950005565233	• Pickup Location Code. • City/Town. • Province. • Postal Code. • Secondary Problem. • Fluid Balance.	12691	66370
950005565713	• Secondary Problem.	98339	14972
950005568158	• Province. • Postal Code. • Incident History (PQRST)(MOI). • Remarks/Orders. • Medicine or Procedure. • Result.	12691	66370

Call Number	Documentation Issue	Driver #	Attendant #
950005569004	<ul style="list-style-type: none"> • Province. • Postal Code. • Secondary Problem. • CTAS . • Route. 	12691	66370
950005568975	<ul style="list-style-type: none"> • Postal Code. 	12691	66370
950005565752	<ul style="list-style-type: none"> • Relevant Past History. • Destination Kilometres. 	11598	75086
950005567701	<ul style="list-style-type: none"> • Medications. 	16096	11598
950005568445	<ul style="list-style-type: none"> • Fluid Balance. 	78217	14448
950005565230	<ul style="list-style-type: none"> • Dispatch Problem Code. • Postal Code. • Secondary Problem. • Incident History (PQRST)(MOI). • Vitals x 2 minimum,/ and as call indicated. 	13540	10123
950005565757	<ul style="list-style-type: none"> • Pickup Location Code. 	59140	72517
950005565770	<ul style="list-style-type: none"> • Province. • Postal Code. 	76038	16096
950005565841	<ul style="list-style-type: none"> • Secondary Problem. 	72512	59140
950005566351	<ul style="list-style-type: none"> • Postal Code. • Pick up Kilometres. • Destination Kilometres. 	30019	84482
950005666239	<ul style="list-style-type: none"> • Postal Code. • Fluid Balance. 	84483	46599
950005566193	<ul style="list-style-type: none"> • Postal Code. 	46599	84482
950005566660	<ul style="list-style-type: none"> • CTAS . 	10123	14973
950005567798	<ul style="list-style-type: none"> • Vitals x 2 minimum,/ and as call indicated. • Crew Mbr. Initials. • Crew Mbr. No.. 	76838	14972
950005568332	<ul style="list-style-type: none"> • Postal Code. 	84482	46599
950005561002	<ul style="list-style-type: none"> • Start Kilometres. • Postal Code. • Pick up Kilometres. • Destination Kilometres. • CTAS . • Route. 	61666	12285
950005561083	<ul style="list-style-type: none"> • Province. • Postal Code. • Incident History (PQRST)(MOI). • Relevant Past History. • Route. 	11025	13994
950001609701	<ul style="list-style-type: none"> • Postal Code. • Route. 	13665	17027
950005567881	<ul style="list-style-type: none"> • Crew Mbr. Initials. 	16388	13568
950001608745	<ul style="list-style-type: none"> • Dispatch Problem Code. 	17357	17022
950001609015	<ul style="list-style-type: none"> • Route. 	16073	17022

Call Number	Documentation Issue	Driver #	Attendant #
950005563674	<ul style="list-style-type: none"> • Secondary Problem. • Incident History (PQRST)(MOI). • Final Primary Problem. • Route. 	61666	11025
950005568251	<ul style="list-style-type: none"> • Postal Code. • Destination Kilometres. 	19909	14971
950005565896	<ul style="list-style-type: none"> • Postal Code. • Route. 	13494	11075
950005566497	<ul style="list-style-type: none"> • Primary Problem. • Route. 	77488	17359
950005560491	<ul style="list-style-type: none"> • Postal Code. • Allergies. 	51403	60617
950005567367	<ul style="list-style-type: none"> • Mailing Address. • Postal Code. 	53465	10998
950005566545	<ul style="list-style-type: none"> • Postal Code. • Remarks/Orders. 	15031	14507
950005563230	<ul style="list-style-type: none"> • Postal Code. • Crew Mbr. Initials. 	15051	55870
950005567571	<ul style="list-style-type: none"> • Warning Systems. • Postal Code. 	14909	14971
950005503175	<ul style="list-style-type: none"> • Crew Mbr. Initials. 	15031	55874
950005563694	<ul style="list-style-type: none"> • Postal Code. 	14971	55465
950002100334	<ul style="list-style-type: none"> • Primary Problem Code. • CTAS . • Crew Mbr. Initials. 	12164	15657
950002101387	<ul style="list-style-type: none"> • Allergies. 	14604	17160
950005569102	<ul style="list-style-type: none"> • Postal Code. 	10998	79488
950005565384	<ul style="list-style-type: none"> • CTAS . • Route. 	13568	55899
950005561702	<ul style="list-style-type: none"> • Dispatch Problem Code. • Incident History (PQRST)(MOI). • Route. 	73556	13746
950005562048	<ul style="list-style-type: none"> • Province. • Postal Code. 		15031
950005566522	<ul style="list-style-type: none"> • Postal Code. 	17359	79488
950001607625	<ul style="list-style-type: none"> • Start Kilometres. • Pick up Kilometres. • Destination Kilometres. 	17090	15032
950000000000	<ul style="list-style-type: none"> • Pick up Kilometres. • Destination Kilometres. 	16842	17159
950000000000	<ul style="list-style-type: none"> • Destination Kilometres. 	15031	13868
950005564392	<ul style="list-style-type: none"> • Secondary Problem. 	13746	13556
950005565181	<ul style="list-style-type: none"> • Station Number. 	42654	60617
950005564819	<ul style="list-style-type: none"> • Postal Code. 	51403	79488
950005563507	<ul style="list-style-type: none"> • Postal Code. • Destination Kilometres. 	14570	15031
950005563350	<ul style="list-style-type: none"> • Postal Code. 	10998	15031
950005564737	<ul style="list-style-type: none"> • Destination Kilometres. 	10139	90558

Call Number	Documentation Issue	Driver #	Attendant #
950005568858	<ul style="list-style-type: none"> Postal Code. Route. 	10998	60617
950005568684	<ul style="list-style-type: none"> Postal Code. 	71310	16626
950005568451	<ul style="list-style-type: none"> Start Kilometres. Dispatch Problem Code. Pick up Kilometres. Destination Kilometres. 	42654	79488
950005566887	<ul style="list-style-type: none"> Crew Mbr. Initials. Crew Mbr. No.. 	12285	17359
950005566163	<ul style="list-style-type: none"> CTAS . 	51403	14909
950005565721	<ul style="list-style-type: none"> Postal Code. 	12285	61666
950005565756	<ul style="list-style-type: none"> Dispatch Problem Code. Postal Code. 	61666	12285
950005565364	<ul style="list-style-type: none"> Postal Code. 	11025	60617
950005563688	<ul style="list-style-type: none"> Dispatch Problem Code. Postal Code. 	13494	12285
950005562027	<ul style="list-style-type: none"> Postal Code. 	13494	11025
950005561618	<ul style="list-style-type: none"> Postal Code. 	51403	60617
950005561058	<ul style="list-style-type: none"> Dispatch Problem Code. Postal Code. Route. 	61666	12285
950001609023	<ul style="list-style-type: none"> Postal Code. 	17022	16073
950001608825	<ul style="list-style-type: none"> Secondary Problem. 	17022	17357
950002103447	<ul style="list-style-type: none"> Pickup Location Code. Crew Mbr. Initials. 	12165	12164
950002102651	<ul style="list-style-type: none"> Postal Code. 	12164	17159
950002101276	<ul style="list-style-type: none"> Station Number. 	14604	12164
950002101247	<ul style="list-style-type: none"> Dispatch Problem Code. 	17799	14604
950002101207	<ul style="list-style-type: none"> Crew Member 1 Signature. 	14604	17799
950002100749	<ul style="list-style-type: none"> Remarks/Orders. 	14577	12165
950002100376	<ul style="list-style-type: none"> Patient Sequence Number. Crew Mbr. Initials. 	14604	15651
950002100076	<ul style="list-style-type: none"> Crew Mbr. Initials. 	12164	15657
951001609181	<ul style="list-style-type: none"> Start Kilometres. Pick up Kilometres. Destination Kilometres. 	17090	16842
952001606760	<ul style="list-style-type: none"> Postal Code. 	15032	17090
950005561025	<ul style="list-style-type: none"> Dispatch Problem Code. Postal Code. 	73556	13746
950005560980	<ul style="list-style-type: none"> Postal Code. Route. 	13746	73556
950005567595	<ul style="list-style-type: none"> Warning Systems. Postal Code. Crew Mbr. Initials. 	13568	55874
950005567380	<ul style="list-style-type: none"> Postal Code. 	10998	53465
950005563225	<ul style="list-style-type: none"> Postal Code. 		15031
950005566142	<ul style="list-style-type: none"> Destination Kilometres. 	13746	13556

Call Number	Documentation Issue	Driver #	Attendant #
950005566286	• Pickup Location Code.	13746	73556
950005562925	• Postal Code.	66370	14493
950002103036	• Allergies. • Crew Mbr. Initials.	12164	15657

Patient Carried Calls Code 1 & 2

Call Number	Documentation Issue	Driver #	Attendant #
009505576663	• Postal Code.	14909	14971
009505576654	• Postal Code. • Allergies. • Times. • Code. • Crew Mbr. Initials.	15031	55874
009505574933	• Postal Code. • Primary Problem. • Trauma injury site/type.	14909	14971
009505574645	• Primary Problem Code.	not documented	13746
009505573259	• Crew Member 2 Signature.	13568	55874
000005569533	• Vitals x 2 minimum,/ and as call indicated.	16624	1971
000005569676	• Final Primary Problem. • Primary Problem Code.	19771	14332
000005570346	• Dispatch Problem Code. • Warning Systems. • Pickup Location Code. • CTAS . • Vitals x 2 minimum,/ and as call indicated.	7390	10014
000005570903	• Dispatch Problem Code. • Vitals x 2 minimum,/ and as call indicated.	73930	56772
000005581613	• Final Primary Problem.	27981	52538
000005575715	• Start Kilometres. • Pick up Kilometres. • Destination Kilometres.	99048	98564
752005580314	• Times.	13746	73556
752005578707	• Times.		
950005564427	• Postal Code.	42654	60617
950005561717	• Postal Code.	12285	99817
950005561421	• Postal Code.	79488	42654
950005560969	• Dispatch Problem Code. • Postal Code.	12285	61666
950001609498	• Postal Code.	17159	13665
950005564257	• Postal Code.	15972	17359
951002101996	• Crew Mbr. Initials.	12164	15657
951002101965	• Chief Complaint. • Primary Problem. • Crew Mbr. Initials. • Crew Mbr. No.	15657	12164

Call Number	Documentation Issue	Driver #	Attendant #
950002101787	• Crew Mbr. Initials.	12164	15651
952001607868	• Crew Mbr. No.	17090	16842

Non Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
752005580425	• Dsp. Prb. Cde.	15031	19971
752005579037	• Pickup location Code.	55874	13568
752005576937	• Patient Sequence Number. • Patients.	73556	13746
000000000000	• Cancelled Reason. • Vitals x 1. • Times.	55874	66370
752005576855	• Cancelled Reason. • Patient Sequence Number. • Patients. • Postal Code. • Province.	55875	66370
000005569592	• City/Town. • Patient Sequence Number. • Postal Code. • Trauma injury site/type.	16624	19771
000005572732	• Patient Sequence Number. • Crew Mbr. Initials. • Crew Mbr. No. • Vitals x 1.	85369	15881
000005571080	• Patient Sequence Number. • Patients.	52538	27881
000005576306	• Destination kilometres. • Patient Sequence Number. • Vitals x 1.	13746	73556
000005576012	• Vitals x 1.	73556	13746
000005569228	• Code. • Medicine or Procedure. • Result. • Times.	13482	10364
000005573583	• Patient Sequence Number. • Code. • Crew Mbr. Initials. • Crew Mbr. No. • Medicine or Procedure. • Result. • Vitals x 1. • Times.	98157	56772
000005574057	• Patient Sequence Number.	56772	98564
000005575020	• Destination kilometres.	10364	14332
000005575762	• Destination kilometres.	13482	98157
000005576122	• Destination kilometres.	10364	14332

Call Number	Documentation Issue	Driver #	Attendant #
009505573977	• Dsp. Prb. Cde.	16641	14507

Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
000005569592	• Patient Address.	16624	19771
000005572732	• Decision Maker Name. • Clinical Situation Understood. • Appreciates Risks. • Alternative Care Plan. • Responsible Adult on Scene.	85369	15881
000005571080	• Patient Address.	52538	27881
000005576012	• Patient Address.	73556	13746
000005569218	• Patient Address.	10364	13482
000005569228	• Patient Address.	13482	10364
000005573583	• Patient/Substitute decision maker Name. • Patient Address. • Relationship to Patient. • Patient or Substitute Signature. • Witness Signature.	98157	56772
000005573677	• Patient Address. • Witness Signature. • Time. • Date. • Crew Member Sig. 2.	90489	98564
000005573668	• Patient Address.	98564	99048
000005575020	• Decision Maker Name. • Clinical Situation Understood. • Appreciates Risks. • Alternative Care Plan. • Responsible Adult on Scene. • Patient/Substitute decision maker Name. • Patient Address. • Relationship to Patient. • Patient or Substitute Signature. • Time. • Date. • Witness Signature. • Crew Member Sig. 1.	10364	14332
000005575473	• Patient Address.	15932	99048
000005575762	• Patient Address.	13482	98157
000005576122	• Patient Address. • Relationship to Patient. • Time. • Date. • Witness Signature.	10364	14332
752005580641	• Decision Maker Name.	15882	15031

Call Number	Documentation Issue	Driver #	Attendant #
752005580425	<ul style="list-style-type: none"> • Decision Maker Name. • Relationship to Patient. • Witness Signature. • Crew Member Sig. 1. • Crew Member Sig. 2. 	15031	19971
752005579037	<ul style="list-style-type: none"> • Decision Maker Name. 	55874	13568
752005576937	<ul style="list-style-type: none"> • Decision Maker Name. • Witness Signature. • Crew Member Sig. 1. 	73556	13746
000000000000	<ul style="list-style-type: none"> • Decision Maker Name. 	55874	66370

Appendix C Paramedic Ride Out Summary Observation Tables

Call Observation Summary							
CALL	000006589351	VEHICLE NO:	5203	PRIORITY	OUT: 1	IN: 1	
MEDIC	19362	MEDIC #2	11598	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>			
Communications with CACC according to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Transport Decision Appropriate to Patient Assessment				<input checked="" type="checkbox"/>			
Patient History to Standard				<input checked="" type="checkbox"/>			
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>			
All Medication Interventions to Standard							<input checked="" type="checkbox"/>
All Cardiac Monitoring/Defibrillation Interventions to Standard							<input checked="" type="checkbox"/>
Patient Care Provided to Standard				<input checked="" type="checkbox"/>			
Secondary Assessment to Standard				<input checked="" type="checkbox"/>			
Movement of Patient According to Patient Presentation				<input checked="" type="checkbox"/>			
Transport Decision and Return Code According to Patient Condition				<input checked="" type="checkbox"/>			
Patient Care Enroute According to Standard				<input checked="" type="checkbox"/>			
Reporting to Receiving Staff According to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Completed as Appropriate				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL	000006589319	VEHICLE NO:	5203	PRIORITY	OUT: 3	IN: 3	
MEDIC	11598	MEDIC #2	19362	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>			
Communications with CACC according to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Transport Decision Appropriate to Patient Assessment				<input checked="" type="checkbox"/>			
Patient History to Standard				<input checked="" type="checkbox"/>			
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>			
All Medication Interventions to Standard							<input checked="" type="checkbox"/>
All Cardiac Monitoring/Defibrillation Interventions to Standard							<input checked="" type="checkbox"/>
Patient Care Provided to Standard				<input checked="" type="checkbox"/>			
Secondary Assessment to Standard				<input checked="" type="checkbox"/>			
Movement of Patient According to Patient Presentation				<input checked="" type="checkbox"/>			
Transport Decision and Return Code According to Patient Condition				<input checked="" type="checkbox"/>			
Patient Care Enroute According to Standard				<input checked="" type="checkbox"/>			
Reporting to Receiving Staff According to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Completed as Appropriate				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL	000005589135	VEHICLE NO:	5200	PRIORITY	OUT: 2	IN: 1	
MEDIC	76838	MEDIC #2	84482	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>			
Communications with CACC according to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Transport Decision Appropriate to Patient Assessment				<input checked="" type="checkbox"/>			
Patient History to Standard				<input checked="" type="checkbox"/>			
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>			
All Medication Interventions to Standard							<input checked="" type="checkbox"/>
All Cardiac Monitoring/Defibrillation Interventions to Standard							<input checked="" type="checkbox"/>
Patient Care Provided to Standard				<input checked="" type="checkbox"/>			
Secondary Assessment to Standard				<input checked="" type="checkbox"/>			
Movement of Patient According to Patient Presentation				<input checked="" type="checkbox"/>			
Transport Decision and Return Code According to Patient Condition				<input checked="" type="checkbox"/>			
Patient Care Enroute According to Standard				<input checked="" type="checkbox"/>			
Reporting to Receiving Staff According to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Completed as Appropriate				<input checked="" type="checkbox"/>			

Appendix D Ambulance Vehicle Audit Table

MOHLTC Vehicle No.	Audit Findings	MOHLTC Vehicle No.	Audit Findings
5203	No noted concerns.	5242	No noted concerns.
5243	No noted concerns.	5249	No noted concerns.
5254	<u>Miscellaneous</u> Obstetrical Kit • Mucous trap with neo-safe bulb according to BH direction.	5271	<u>Miscellaneous</u> Obstetrical Kit • Non-latex, sterile gloves. • O.B. towelettes.
5290	No noted concerns	5402	No noted concerns
5407	<u>Miscellaneous</u> • Mucous trap with neo-safe bulb according to BH direction. <u>Symptom Relief Medication Guideline</u> • Glucose tablets or gel.	5411	<u>Miscellaneous</u> • Mucous trap with neo-safe bulb according to BH direction.
5451	No noted concerns	5452	No noted concerns
5240	No noted concerns	5347	No noted concerns
5244	No noted concerns	5200	No noted concerns
5202	No noted concerns	5227	No noted concerns
5220	No noted concerns	5237	No noted concerns

Appendix E Oxygen & Suction Testing Report

Vehicle Number	5200	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	02W0	02-04-2010	09-09-2009	13-03-2009
Flow Meter #2	1201	02-04-2010	09-09-2009	13-03-2009
On-Board Suction	5200	02-04-2010	09-09-2009	13-03-2009
Portable O2 Regulator	49185	02-04-2010	09-09-2009	13-03-2009
Vehicle Main Regulator	010R8700	02-04-2010	09-09-2009	13-03-2009

Vehicle Number	5202	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	2408	12-03-2010	01-12-2009	01-04-2009
Flow Meter #2	13015	12-03-2010	01-12-2009	01-04-2009
On-Board Suction	324	12-03-2010	01-12-2009	01-04-2009
Portable O2 Regulator	605222	12-03-2010	01-12-2009	01-04-2009
Vehicle Main Regulator	009065LF	12-03-2010	01-12-2009	01-04-2009

Vehicle Number	5203	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	10428821	21-04-2010	09-09-2009	01-04-2009
Flow Meter #2	0900	21-04-2010	09-09-2009	01-04-2009
On-Board Suction	580	21-04-2010	09-09-2009	01-04-2009
Portable O2 Regulator	592778	21-04-2010	09-09-2009	01-04-2009
Vehicle Main Regulator	851286	21-04-2010	09-09-2009	01-04-2009

Vehicle Number	5220	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	10128184	11-03-2010	01-12-2009	01-04-2009
Flow Meter #2	1201	11-03-2010	01-12-2009	01-04-2009
On-Board Suction	324	11-03-2010	01-12-2009	01-04-2009
Portable O2 Regulator	592777	11-03-2010	01-12-2009	01-04-2009
Portable O2 Regulator	5966	11-03-2010	01-12-2009	01-04-2009

Vehicle Number	5227	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	1053971	02-04-2010	22-10-2009	13-03-2009
Flow Meter #2	1061319	02-04-2010	22-10-2009	13-03-2009
On-Board Suction	324	02-04-2010	22-10-2009	13-03-2009
Portable O2 Regulator	591337	02-04-2010	22-10-2009	13-03-2009
Vehicle Main Regulator	851347	02-04-2010	22-10-2009	13-03-2009

Vehicle Number	5230	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	10612145	15-03-2010	01-12-2009	01-04-2009
Flow Meter #2	2408-2	15-03-2010	01-12-2009	01-04-2009
On-Board Suction	324	15-03-2010	01-12-2009	01-04-2009
Portable O2 Regulator	598249	15-03-2010	01-12-2009	01-04-2009
Vehicle Main Regulator	N/A	15-03-2010	01-12-2009	01-04-2009

Vehicle Number	5237	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	10612175	29-04-2010	22-10-2009	01-04-2009
Flow Meter #2	5237-01	29-04-2010	22-10-2009	01-04-2009
On-Board Suction	324	29-04-2010	22-10-2009	01-04-2009
Portable O2 Regulator	10807	29-04-2010	22-10-2009	01-04-2009
Vehicle Main Regulator	7736	29-04-2010	22-10-2009	01-04-2009

Vehicle Number	5242	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	2408	12-03-2010	30-11-2009	14-03-2009
Flow Meter #2	2408	12-03-2010	30-11-2009	14-03-2009
On-Board Suction	324	12-03-2010	30-11-2009	14-03-2009
Portable O2 Regulator	605458	12-03-2010	30-11-2009	14-03-2009
Vehicle Main Regulator	63598-C	12-03-2010	30-11-2009	14-03-2009

Vehicle Number	5243	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	080	22-03-2010	29-09-2009	24-02-2009
Flow Meter #2	2408	22-03-2010	29-09-2009	24-02-2009
On-Board Suction	120150	22-03-2010	29-09-2009	24-02-2009
Portable O2 Regulator	5894	22-03-2010	29-09-2009	24-02-2009
Vehicle Main Regulator	851393	22-03-2010	29-09-2009	24-02-2009

Vehicle Number	5244	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	1299	22-03-2010	29-09-2009	24-02-2009
Flow Meter #2	010	22-03-2010	29-09-2009	24-02-2009
On-Board Suction	120153	22-03-2010	29-09-2009	24-02-2009
Portable O2 Regulator	598259	22-03-2010	29-09-2009	24-02-2009
Vehicle Main Regulator	19099	22-03-2010	29-09-2009	24-02-2009

Vehicle Number	5246	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	1004	01-04-2010	09-09-2009	12-03-2009
Flow Meter #2	01267	01-04-2010	09-09-2009	12-03-2009
On-Board Suction	324	01-04-2010	09-09-2009	12-03-2009
Portable O2 Regulator	916242	01-04-2010	09-09-2009	12-03-2009
Vehicle Main Regulator	851380	01-04-2010	09-09-2009	12-03-2009

Vehicle Number	5247	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	2408	30-04-2010	29-10-2009	01-04-2009
Flow Meter #2	1201	30-04-2010	29-10-2009	01-04-2009
On-Board Suction	324	30-04-2010	29-10-2009	01-04-2009
Portable O2 Regulator	916294	30-04-2010	29-10-2009	01-04-2009
Vehicle Main Regulator	FMAD08321C1	30-04-2010	29-10-2009	01-04-2009

Vehicle Number	5249	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	2408	11-03-2010	11-11-2009	24-02-2009
Flow Meter #2	10474552	11-03-2010	11-11-2009	24-02-2009
On-Board Suction	324	11-03-2010	11-11-2009	24-02-2009
Portable O2 Regulator	598254	11-03-2010	11-11-2009	24-02-2009
Vehicle Main Regulator	22312	11-03-2010	11-11-2009	24-02-2009

Vehicle Number	5254	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	WIKI01	29-04-2010	22-10-2009	01-04-2009
Flow Meter #2	WIKI02	29-04-2010	22-10-2009	01-04-2009
On-Board Suction	324	29-04-2010	22-10-2009	01-04-2009
Portable O2 Regulator	608280	29-04-2010	22-10-2009	01-04-2009
Vehicle Main Regulator	N/A	29-04-2010	22-10-2009	01-04-2009

Vehicle Number	5271	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	00118	22-03-2010	29-06-2009	24-02-2009
Flow Meter #2	10613316	22-03-2010	29-06-2009	24-02-2009
On-Board Suction	FM45998	22-03-2010	29-06-2009	24-02-2009
Portable O2 Regulator	5826	22-03-2010	29-06-2009	24-02-2009
Vehicle Main Regulator	17435	22-03-2010	29-06-2009	24-02-2009

Vehicle Number	5290	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	1061 192	08-04-2010	29-09-2009	24-02-2009
Flow Meter #2	10552341	08-04-2010	29-09-2009	24-02-2009
On-Board Suction	324	08-04-2010	29-09-2009	24-02-2009
Portable O2 Regulator	598249	08-04-2010	29-09-2009	24-02-2009
Vehicle Main Regulator	FMA00831AC1	08-04-2010	29-09-2009	24-02-2009

Vehicle Number	5292	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	N/A	14-05-2010	09-06-2009	01-04-2009
Flow Meter #2	02545	14-05-2010	09-06-2009	01-04-2009
On-Board Suction	324	14-05-2010	09-06-2009	01-04-2009
Portable O2 Regulator	4936	14-05-2010	09-06-2009	01-04-2009
Vehicle Main Regulator	20939	14-05-2010	09-06-2009	01-04-2009

Vehicle Number	5296	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	1201	02-04-2010	22-10-2009	01-04-2009
Flow Meter #2	1201	02-04-2010	22-10-2009	01-04-2009
On-Board Suction	324	02-04-2010	22-10-2009	01-04-2009
Portable O2 Regulator	LS69639	02-04-2010	22-10-2009	01-04-2009
Vehicle Main Regulator	FMDA09725F	02-04-2010	22-10-2009	01-04-2009

Vehicle Number	5402	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	FMDA06057LF	01-05-2010	22-10-2009	15-04-2009
Flow Meter #2	FMDA08227LF	01-05-2010	22-10-2009	15-04-2009
On-Board Suction	324	01-05-2010	22-10-2009	15-04-2009
Portable O2 Regulator	28138	01-05-2010	22-10-2009	15-04-2009
Vehicle Main Regulator	FMDA099006LF	01-05-2010	22-10-2009	15-04-2009

Vehicle Number	5407	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	WIK11	29-04-2010	22-10-2009	01-04-2010
On-Board Suction	324	29-04-2010	22-10-2009	01-04-2010
Portable O2 Regulator	L270220STL	29-04-2010	22-10-2009	01-04-2010

Vehicle Number	5411	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	0900	09-04-2010	09-09-2009	14-03-2009
Flow Meter #2	1201	09-04-2010	09-09-2009	14-03-2009
On-Board Suction	324	09-04-2010	09-09-2009	14-03-2009
Portable O2 Regulator	611538	09-04-2010	09-09-2009	14-03-2009
Vehicle Main Regulator	62600	09-04-2010	09-09-2009	14-03-2009

Vehicle Number	5345	Oxygen / Suction Testing		
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Vehicle Number	5345	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	608279	22-04-2010		

Vehicle Number	5451	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	2408	12-03-2010	01-12-2009	14-03-2009
Flow Meter #2	2408	12-03-2010	01-12-2009	14-03-2009
On-Board Suction	324	12-03-2010	01-12-2009	14-03-2009
Portable O2 Regulator	62268	12-03-2010	01-12-2009	14-03-2009
Vehicle Main Regulator	63180-C	12-03-2010	01-12-2009	14-03-2009

Vehicle Number	5452	Oxygen / Suction Testing		
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	10613441	22-03-2010	29-09-2009	13-03-2009
Flow Meter #2	1201	22-03-2010	29-09-2009	13-03-2009
On-Board Suction	324	22-03-2010	29-09-2009	13-03-2009
Portable O2 Regulator	4936	22-03-2010	29-09-2009	13-03-2009
Vehicle Main Regulator	851309	22-03-2010	29-09-2009	13-03-2009

Appendix F Stretcher Maintenance

Vehicle Number	5200	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date
Folding	L-162879	21-04-2010	06-01-2010
Main	BBB-113826	21-04-2010	06-01-2010
Scoop	L-138674	21-04-2010	06-01-2010
Secondary	L-707818	21-04-2010	06-01-2010
Stairchair	L-284701	21-04-2010	06-01-2010

Vehicle Number	5202	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date
Folding	FC-1561	03-03-2010	17-11-2009
Main	L640952	03-03-2010	17-11-2009
Scoop	L-783403	03-03-2010	17-11-2009
Secondary	06-007000	03-03-2010	17-11-2009
Stairchair	L-98118	03-03-2010	17-11-2009

Vehicle Number	5203	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date
Folding	L-109009	22-04-2010	18-06-2009
Main	BBB 118324	22-04-2010	18-06-2009
Scoop	L-67001	22-04-2010	18-06-2009
Secondary	L-688605	22-04-2010	18-06-2009
Stairchair	L-776199	22-04-2010	18-06-2009

Vehicle Number	5220	Stretcher Maintenance	
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Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date
Folding	FC-1704	11-03-2010	26-03-2009
Main	BBB-96528	11-03-2010	26-03-2009
Scoop	L-118036	11-03-2010	26-03-2009
Secondary	L-690437	11-03-2010	26-03-2009
Stairchair	I-88808	11-03-2010	26-03-2009

Vehicle Number		5227	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	
Folding	L-154012	21-04-2010	07-01-2010	
Main	L-627005	21-04-2010	07-01-2010	
Scoop	033805	21-04-2010	07-01-2010	
Secondary	L-705364	21-04-2010	07-01-2010	
Stairchair	L-372123	21-04-2010	07-01-2010	

Vehicle Number		5237	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	
Folding	SA 018175	29-04-2010	22-06-2009	
Main	L-64319	29-04-2010	22-06-2009	
Scoop	L669681	29-04-2010	22-06-2009	
Secondary	L-705369	29-04-2010	22-06-2009	
Stairchair	L-613062	29-04-2010	22-06-2009	

Vehicle Number		5240	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	
Folding	H-77538	11-03-2010	17-11-2009	
Folding	L-59430	15-03-2010	18-11-2009	
Main	06-007000	15-03-2010	18-11-2009	
Main	BBB 114074	11-03-2010	17-11-2009	
Scoop	021025	11-03-2010	17-11-2009	
Scoop	021057	15-03-2010	18-11-2009	
Secondary	06-006998	11-03-2010	17-11-2009	
Secondary	BBB-98443	15-03-2010	18-11-2009	
Stairchair	06-002441	11-03-2010	17-11-2009	
Stairchair	L-388475	15-03-2010	18-11-2009	

Vehicle Number		5242	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	
Folding	J-50250	12-03-2010	17-11-2009	
Main	L-707814	12-03-2010	17-11-2009	
Scoop	C-63556	12-03-2010	17-11-2009	
Secondary	L-707814	12-03-2010	17-11-2009	
Stairchair	L-152023	12-03-2010	17-11-2009	

Vehicle Number		5243	Stretcher Maintenance	
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	

Vehicle Number		5243	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	7166		23-03-2010	14-12-2009
Main	BBB 11407078		23-03-2010	14-12-2009
Scoop	21058		23-03-2010	14-12-2009
Secondary	06-008214		23-03-2010	14-12-2009
Stairchair	06-002427		23-03-2010	14-12-2009

Vehicle Number		5244	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	C 00123		23-03-2010	14-12-2009
Main	BBB 114073		23-03-2010	14-12-2009
Scoop	L66824		23-03-2010	14-12-2009
Secondary	L 740281		23-03-2010	14-12-2009
Stairchair	L634038		23-03-2010	14-12-2009

Vehicle Number		5246	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	F-53688		09-04-2010	06-11-2009
Main	L-705370		09-04-2010	06-11-2009
Scoop	L-580289		09-04-2010	06-11-2009
Secondary	L-714399		09-04-2010	06-11-2009
Stairchair	L-627146		09-04-2010	06-11-2009

Vehicle Number		5247	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	L-319886		30-04-2010	18-11-2009
Main	L-782904		30-04-2010	18-11-2009
Scoop	021036		30-04-2010	18-11-2009
Secondary	L-782904		30-04-2010	18-11-2009
Stairchair	L-708138		30-04-2010	18-11-2009

Vehicle Number		5249	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	H-77538		11-03-2010	17-11-2009
Main	BBB 774074		11-03-2010	17-11-2009
Scoop	021025		11-03-2010	17-11-2009
Secondary	06-006998		11-03-2010	17-11-2009
Stairchair	06-002441		11-03-2010	17-11-2009

Vehicle Number		5254	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	J-72014		29-04-2010	18-11-2009
Main	070541036		29-04-2010	18-11-2009
Scoop	L-654969		29-04-2010	18-11-2009
Secondary	L-78907		29-04-2010	18-11-2009
Stairchair	09N114049		29-04-2010	18-11-2009

Vehicle Number		5271	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	L-64110		23-03-2010	14-12-2009
Main	BBB 95481		23-03-2010	14-12-2009
Scoop	L-66052		23-03-2010	14-12-2009
Secondary	L-721094		23-03-2010	14-12-2009
Stairchair	29003		23-03-2010	14-12-2009

Vehicle Number		5290	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	FC-1789		18-03-2010	14-12-2009
Main	BBB 97615		18-03-2010	14-12-2009
Scoop	L-135996		18-03-2010	14-12-2009
Secondary	L-719395		18-03-2010	14-12-2009
Stairchair	06-005628		18-03-2010	14-12-2009

Vehicle Number		5292	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	FC1056		14-05-2010	07-01-2010
Main	L719394		14-05-2010	07-01-2010
Scoop	L-65964		14-05-2010	07-01-2010
Secondary	L705369		14-05-2010	07-01-2010
Stairchair	L-78-5509		14-05-2010	07-01-2010

Vehicle Number		5296	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	L-384623		02-04-2010	15-10-2009
Main	L-565282		02-04-2010	15-10-2009
Scoop	033209		02-04-2010	15-10-2009
Secondary	07-065726		02-04-2010	15-10-2009
Stairchair	L-383634		02-04-2010	15-10-2009

Vehicle Number		5402	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	FC 1009		01-05-2010	09-07-2009
Main	BBB 94693		01-05-2010	09-07-2009
Scoop	013613		01-05-2010	09-07-2009
Secondary	L-688598		01-05-2010	09-07-2009
Stairchair	G-06818		01-05-2010	09-07-2009

Vehicle Number		5407	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	09N-120286		29-04-2010	28-06-2009
Main	06-006999		29-04-2010	28-06-2009
Scoop	L-572653		29-04-2010	28-06-2009
Stairchair	09N-114044		29-04-2010	28-06-2009

Vehicle Number		5411	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	FC 1436		09-04-2010	22-05-2009
Main	BBB 113829		09-04-2010	22-05-2009
Scoop	L-66144		09-04-2010	22-05-2009
Secondary	L-719391		09-04-2010	22-05-2009
Stairchair	06-002439		09-04-2010	22-05-2009

Vehicle Number		5451	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	L-102238		12-03-2010	17-11-2009
Main	BBB 97784		12-03-2010	17-11-2009
Scoop	L-760791		12-03-2010	17-11-2009
Secondary	06-008215		12-03-2010	17-11-2009
Stairchair	06-002429		12-03-2010	17-11-2009

Vehicle Number		5452	Stretcher Maintenance	
Stretcher Type	Serial Number		Last Inspection	Previous Inspection Date
Folding	FC 1199		23-03-2010	14-12-2009
Main	BBB 97792		23-03-2010	14-12-2009
Scoop	L-764023		23-03-2010	14-12-2009
Secondary	L-688604		23-03-2010	14-12-2009
Stairchair	L-611218		23-03-2010	14-12-2009

Appendix G Station Omissions Audit Table

Station	Omissions Audit Findings
Hagar	• No Deficiencies Found.
Espanola	• No Deficiencies Found.
Massey	• No Deficiencies Found.
Wkwemikong	• No Deficiencies Found.
Gogama	• No Deficiencies Found.
Foleyet	• No Deficiencies Found.
Killarney	• No Deficiencies Found.
Gore Bay	• No Deficiencies Found.
Chapleau	• No Deficiencies Found.
Noelville	• No Deficiencies Found.
Little Current	• No Deficiencies Found.
Mindemoya	• No Deficiencies Found.

Appendix H Regulatory Accountability Subcommittee Agreement

Emergency Health Services Branch
5700 Yonge Street, 6th Floor
Toronto ON M2M 4K5

Telephone: (416) 327-7909
Facsimile: (416) 327-7879
Toll Free: (800) 461-6431

Direction des services de santé d'urgence
5700 rue Yonge, 6^e étage
Toronto ON M2M 4K5

Téléphone: (416) 327-7909
Télécopieur: (416) 327-7879
Appels sans frais: (800) 461-6431

May 6, 2003

Memorandum to: Chief Administrative Officers
Managers, Land Ambulance
Operators, Land Ambulance

Re: Ambulance Service Human Resources Inventory

From: Co-Chairs
Regulatory Accountability Subcommittee

The Investigation, Certification & Regulatory Compliance Group of the Emergency Health Services Branch, as part of its mandate for ensuring the provision of quality and responsive ambulance services, maintains a Human Resources Inventory database of ambulance personnel in the Province.

The Land Ambulance Certification Standards, and in particular, clause (q) of part III of the **Operational Certification Criteria** stipulates the following:

(q) 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 Regulatory Accountability Subcommittee of the Land Ambulance Implementation Steering Committee has agreed that to assist the Emergency Health Services Branch in establishing an accurate and up to date Human Resources Inventory, service operators and municipalities responsible for delivering ambulance services be requested to cooperate by providing their base line employee record information to the Investigation, Certification and Regulatory Compliance Group of the Emergency Health Services Branch.

This agreement is contingent on the following:

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➔ **Each land ambulance service is to provide their base line employee record information to the Investigation, Certification and Regulatory Compliance Group of the Emergency Health Services Branch.**

The Ministry will distribute to each land ambulance service on a one time basis, an electronic Human Resources Inventory in an Excel format. The document will reflect the employment eligibility requirements of Regulation 257/00 on page one and one (b) (*including the recently legislated symptom relief and defibrillation qualification for primary care paramedics*). The document will also reflect an additional page respecting Core Training Programs provided by, and inputted by, the Regional Training Officers.

➔ **Each land ambulance service is to notify the Ministry upon each occasion a person is hired conditional to satisfactory criminal and driver record searches.**

Hiring notification will be made to the Ministry by way of a fully completed Ambulance Service Identification Card Application Form on each occasion a person is hired with each land ambulance service including those circumstances where an applicant is concurrently employed in either one or more ambulance services.

➔ **Each land ambulance service is to notify the Ministry on each occasion an EMA/Paramedic is released from employment.**

Release from employment notification may be made by email or facsimile. Email notification may be made to Mr. Tarique Zuberi at zuberita@sdsx.moh.gov.on.ca Facsimile notification may be forwarded c/o Mr. Zuberi to (416) 327-7911.

All land ambulance services are urged by the Regulatory Accountability Subcommittee members to review their Human Resources Inventory, confirm the accuracy and/or make any changes required to reflect their current staffing. Please return the accurate Human Resources Inventory to the Investigation, Certification & Regulatory Compliance Group of the Emergency Health Services Branch within thirty (30) days.

Your co-operation will benefit the maintenance, integrity and security of the Ministry maintained database and will ensure the proper and accurate establishment of a post transition baseline set of information. The Ministry maintains information for all persons involved in the delivery of ambulance service as part of its ongoing obligations under the Ambulance Act and the Regulations made under that Act.

We thank you for you co-operation in this matter.

Malcolm Bates, Co-Chair
Director
Emergency Health Services Branch
Regulatory Accountability Subcommittee

Kent Gillespie, Co-Chair
Commissioner of Corporate Services
and Regional Solicitor, Region of Peel
Regulatory Accountability Subcommittee

