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AMBULANCE SERVICE REVIEW

FINAL REPORT

MANITOULIN-SUDBURY DSSAB

MANITOULIN-SUDBURY EMS/SMU

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

December 11, 2007

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

Emergency Health
Services Branch – ICRCG
590 Rossland Rd. E., P.O. Box 450
Whitby ON L1N 9G5
Tel.: 905-665-8086
Fax: 905-665-4044

**Ministère de la Santé et des
Soins de longue durée**

Direction des services de
santé d'urgence - ICRCG
590 rue Rossland E , C.P. 450
Whitby ON L1N 9G5
Tél.: 905-665-8086
Télééc.: 905-665-4044



September 8, 2008

Mr. Jeffrey Horseman
Director of Emergency Medical Services
Manitoulin-Sudbury DSSAB
210 Mead Blvd.
Espanola, ON P5E 1R9

Dear Mr. Horseman:

Enclosed is the Ambulance Service Review Final Report that is the result of the follow up visit to your ambulance service conducted on December 11, 2007.

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

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

Sincerely,

Michael Bay
Coordinator (A),
Certification and Review

Cc: Mr. Gary Champagne, CAO, Manitoulin-Sudbury DSSAB
Mr. Malcolm Bates, Director, Emergency Health Services Branch
Mr. Dennis Brown, (A) Senior Manager, Operations & Quality Management, EHSB
Dr. Tony Campeau, Manager (A), Land Ambulance Programs, EHSB
Mr. Jim Van Pelt, Manager, Investigation, Certification and Regulatory Compliance, EHSB
Mr. Jack Cruickshank, Senior Field Manager, North East Field Office, EHSB

**EXECUTIVE SUMMARY
PART A**

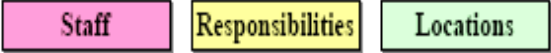
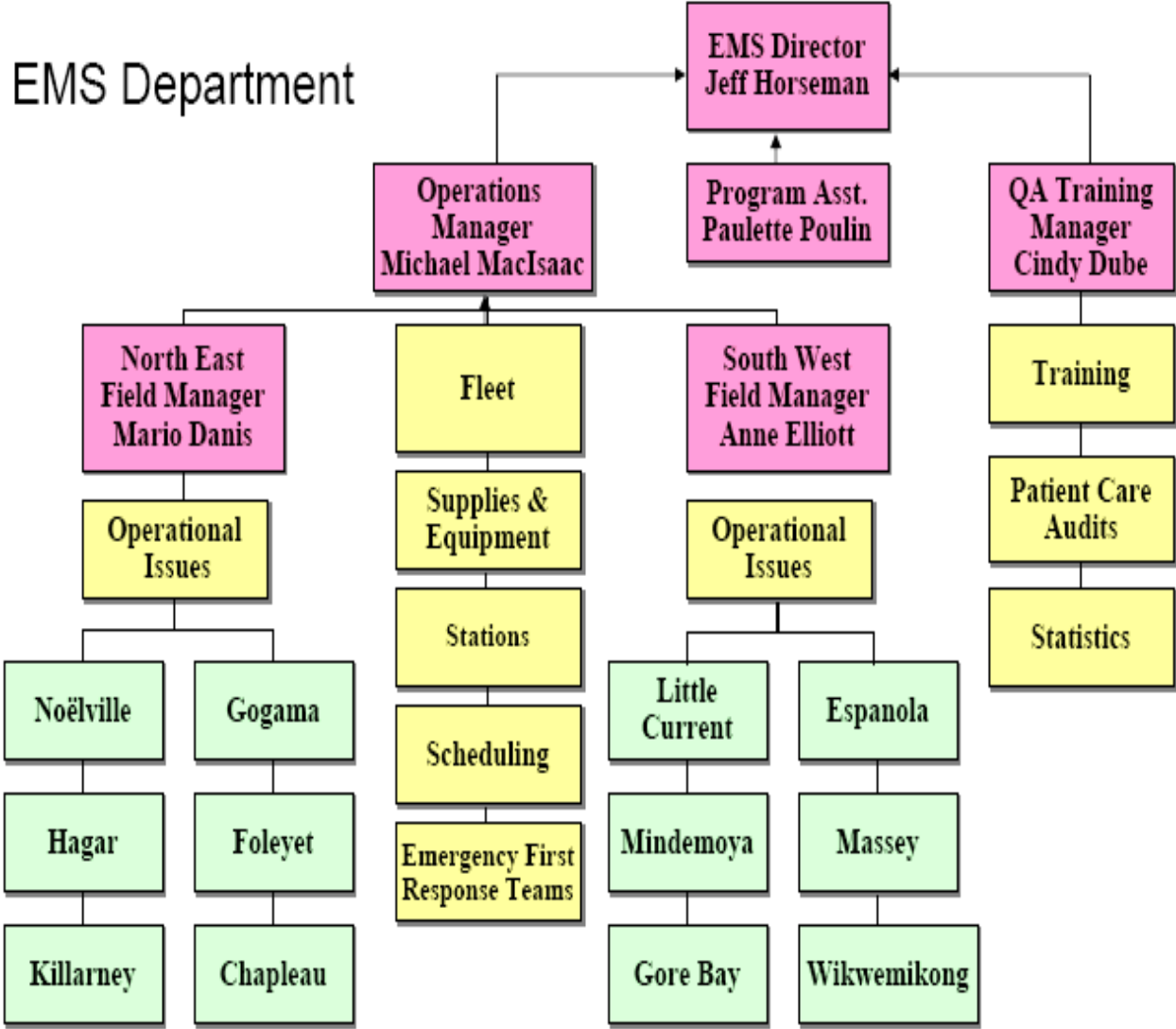


**Manitoulin - Sudbury EMS/SMU
Headquarters - Espanola**



**Manitoulin-Sudbury EMS/SMU
 Organization Chart**

EMS Department



LAND AMBULANCE SERVICE PROFILE					
Service Municipal Number	752-782	Service Name	Manitoulin-Sudbury EMS/SMU		
Mailing Address	210 Mead Blvd.	Community	Espanola	Postal Code	PSE 1R9
Business Phone Number	705-862-7850	Extension	238	Facsimile	1-866-397-3334
Chief Administrative Officer	Mr. Gary Champagne		Email	Gary.champagne@msdsb.net	
Telephone	705-862-7850 x234	UTM Facsimile	1-866-397-3334		
Director / Manager	Mr. Jeffrey Horseman		Email	Jeff.horseman@msdsb.net	
Telephone	705-862-7850	Extension	238	Cell Phone	705-690-1675
Ops Manager	Mr. Michael MacIsaac		Email	Michael.macisaac@msdsb.net	
Telephone	705-862-7850	Extension	255	Cell Phone	705-862-0048
QA Manager	Ms. Cindy Dube		Email	Cindy.dube@msdsb.net	
Telephone	705-862-7850	Extension	256	Cell Phone	705-698-3750
Number of Full-Time Employees			Number of Part-Time Employees		
Emergency Medical Attendants	0		Emergency Medical Attendants	3	
Primary Care Paramedics	56		Primary Care Paramedics	47	
Total	56		Total	50	
Ambulance Service Fleet			Calendar 2005 Call Volume		
Number of Front Line Ambulances	13		Code 1 & 2	1585	
Number of Mechanical Spares	10		Code 3	822	
Number of Emergency Response Units	3		Code 4	3187	
Number of Emergency Support Units	0		Code 8	4058	
Number of Administration Vehicles	2		Other		
Total	28		Total	9,652	
Staffing Hours Pre-Transition			Increase/Decrease from previous calendar year		
Annual On Site Staffed Hours / week	1,720		Code 1 & 2	▲ 9%	
Annual Call Back Staffed Hours / week	2,216		Code 3 & 4	▲ .8%	
Calendar 2006			Response Time		
Annual On Site Staffed Hours / week	1,798		1996 - 90th % Benchmark time:	23:56	
Annual Call Back Staffed Hours / week	2,288		2006 - 90th percentile time	25:17	
Base Locations		Community	Street Address		Postal Code
Address	752-00	Noelville	15 Dollard Street		POM 2N0
Address	752-01	Hagar	7206 Hwy 17 East		POM 1X0
Address	752-02	Killarney	36 Commissioner Street		POM 2A0
Address	752-03	Gogama	6 Henry Street		POM 1W0
Address	752-04	Foleyet	Box 144, 2nd Avenue		POM 1T0
Address	752-05	Chapleau	7 Broomhead Road		POM 1K0
Address	782-00	Little Current	55 Vankoughnet Street East		POP 1K0
Address	782-01	Mindemoya	Box 211, 2090 Hwy 551		POP 1S0
Address	782-02	Gore Bay	3B McQuarrie Boulevard		POP 1H0
Address	782-07	Espanola	293 Queensway Avenue		PSE 1K2
Address	782-04	Massey	250 Cameron Street		POP 1P0
Address	782-06	Wikwemikong	2058 Wikwemikong Way		OP0 2J0

GLOSSARY OF ABBREVIATIONS

ACRONYM	MEANING	ACRONYM	MEANING
ACP	Advanced Care Paramedic	ERV	Emergency Response Vehicle
ACR	Ambulance Call Report	ESU	Emergency Support Unit
ADDAS	Ambulance Data Direct Access System	GCS	Glasgow Coma Scale
AEMCA	Advanced Emergency Medical Care Assistant	GPS	Global Positioning Satellite
ALS	Advanced Life Support	ICRCG	Investigation, Certification & Regulatory Compliance Group
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	O2	Oxygen
AVL	Automatic Vehicle Locator	OASIS	Ontario Ambulance Service Information System
BLS	Basic Life Support	OPLA & ERVS	Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard
CACC	Central Ambulance Communications Centre (communication service)	P&P	Policy and Procedure
CCP	Critical Care Paramedic	P&OAU	Policy & Operational Assessment Unit
CME	Continuing Medical Education	PCP	Primary Care Paramedic
CPR	Cardiopulmonary Resuscitation	PESFOAS	Provincial Equipment Standards For Ontario Ambulance Services
CTAS	Canadian Triage & Acuity Scale	RFO	Regional Field Office EHSB
DSSAB	District Social Services Administration Board	RTC	Regional Training Co-ordinator
EHSB	Emergency Health Services Branch	SR	Symptom Relief
EMA	Emergency Medical Attendant	UTM	Upper Tier Municipality
EMCA	Emergency Medical Care Attendant	VENT.	Ventilator
EMS	Emergency Medical Service(s)	VIN	Vehicle Identification Number

EXECUTIVE SUMMARY

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 1, 2004. The certificate for Manitoulin-Sudbury EMS/SMU expired on November 10, 2007. As required, and in order to renew their certificate, Manitoulin-Sudbury EMS/SMU participated in an ambulance service review by the Ambulance Service Review Team during the period April 17-19, 2007.

The purpose of the Ambulance Service Review is to ensure that Manitoulin-Sudbury EMS/SMU operates in a manner consistent with the *Land Ambulance Certification Standards* and to ascertain the Service Provider's compliance with the legislation.

Manitoulin-Sudbury EMS/SMU operates from twelve stations and provides primary care paramedic patient care. The Service responded to approximately 9,652 calls in 2006. The Service has thirteen front line ambulances, ten spares, three emergency response units and two administrative vehicles.

The Service provides ambulance service to the residents of the District of Manitoulin-Sudbury. Headquarters is located at 210 Mead Boulevard in Espanola. This Service is dispatched by Sudbury, Timmins and the Sault Ste. Marie CACCs and has operational dealings with Sudbury, Timmins and Sault Ste. Marie Base Hospitals.

In general, the site review found that Manitoulin-Sudbury EMS/SMU 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/SMU staff for their assistance throughout the review.

The review found that on this occasion Manitoulin-Sudbury EMS/SMU **meets** the requirements of the *Land Ambulance Certification Standards*.

In view of accommodating the requirements of the *Land Ambulance Certification Standards*, it was recommended that a certificate be issued to the Manitoulin-Sudbury EMS/SMU for a further three years.

REVIEW FINDINGS AND RECOMMENDATIONS

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

Recommendations in **MAROON** signify the subject matter is a quality assurance best practice and is provided to assist the ambulance service provider to ensure the provision of high quality delivery of service to the community.

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

- Well organized employee files.
- Well organized office.
- Management staff are able to ensure the operation functions at a high level given the diversity and size of the service area.
- Five hospital surveys indicated that patient care was described as excellent by three and very good by two hospitals.

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

- Level of Service (see recommendation 1);
- Employee Qualifications (see recommendations 2, 3, 4);
- Staffing (see recommendation 5, 6);
- Documentation (see recommendations 7, 8, 9, 10);
- Training (see recommendations 11, 12);
- Service Review Program (no recommendation);
- Patient Care (see recommendation 13);
- Vehicles (see recommendations 14, 15, 16, 17, 18, 19);
- Patient Care Equipment (see recommendations 20, 21, 22, 23, 24, 25, 26, 27, 28, 29);
- Policy and Procedure (no recommendations);
- Operations (no recommendations);
- Communication (no recommendations);
- Facilities and Accommodations (see recommendations 30, 31); and
- Health and Safety (see recommendation 32).

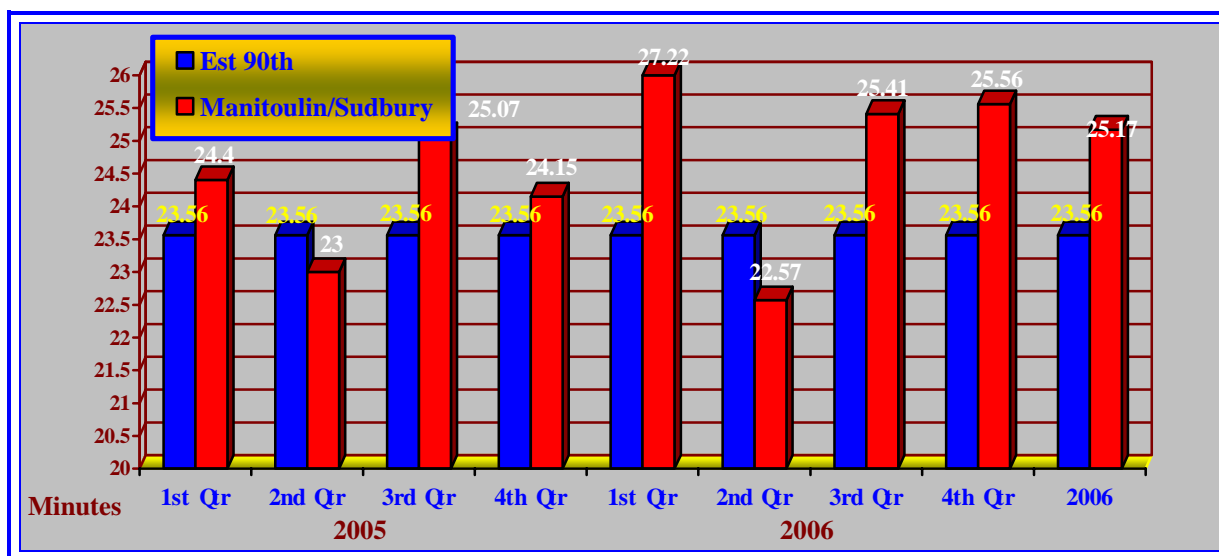
LEVEL AND TYPE OF SERVICE

The Service Provider had the current certificate (**certificate #752-782**, expiry **November 10, 2007**) to operate an ambulance service posted in a conspicuous place.

The Service Provider did receive 90th percentile data from the Upper Tier Municipality. The Service Provider has submitted their 90th percentile response time standard to the Director, Emergency Health Services Branch.

The Service Provider measured response performance using the 90th percentile measurement. The Service Provider produces a report to demonstrate that the service meets the 90th percentile performance standard. There was documentation demonstrating that the Service Provider investigates those instances where the 90th percentile performance standard was not met. There was documentation demonstrating the Service Provider worked towards ensuring the 90th percentile standard was met on an ongoing basis.

The 1996 90th percentile response time standard for Manitoulin-Sudbury EMS/SMU is **23 minutes, 56 seconds**. The Service was achieving **25 minutes, 17 seconds** from January through to December 31, 2006. Manitoulin-Sudbury EMS/SMU response times for the 2005 and 2006 calendar years is delineated quarterly and illustrated in the graph below. The benchmark response time standard for Manitoulin-Sudbury EMS/SMU is populated in blue. The Service's quarterly response times are populated in red and show an increase in response times in the 1st, 3rd and 4th quarters of 2006. The Service has exceeded the established benchmark time in three of the four quarters of 2006 and would be well served to evaluate this performance.



The Service's reaction time commitments for on-site personal were communicated to staff. The staff met the service's reaction time commitments. The Service Provider investigates instances when the service commitment time had not been met. The Service Provider worked with Sudbury, Timmins and the Sault Ste. Marie Central Ambulance Communication Centres to determine when the service reaction time had not been met.

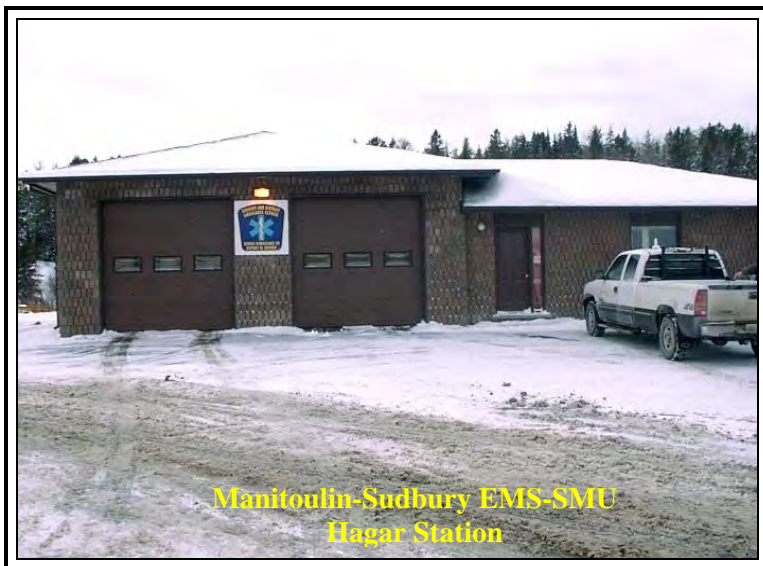


For the period January 1, 2007 to April 30, 2007, Noelville Base responded to **263** requests for service.

The Noelville Base responded to about 7.42% of the Service call volume in the first four months of 2007.

About fifty-one (51.33%) of the calls from Noelville Base were for code 4 responses.

Call Response Noelville Station (1/1/2007 To 4/30/2007 11:59:59)						
Code	1	2	3	4	8	Total
	8	2	19	135	99	263
Call Percentages						
	3.04 %	.76 %	7.22 %	51.33 %	37.64 %	Of 263 calls

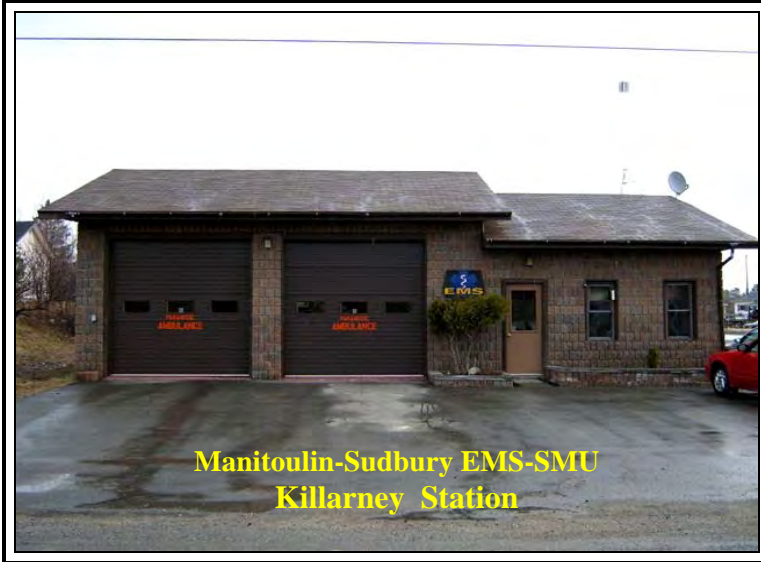


For the period January 1, 2007 to April 30, 2007, Hagar Base responded to **159** requests for service.

Hagar Base responded to about 4.49% of the Service call volume in the first four months of 2007.

About thirty-three (32.70%) of the calls from Hagar Base were for code 4 responses.

Call Response Hagar Station (1/1/2007 To 4/30/2007 11:59:59)						
Code	1	2	3	4	8	Total
	4	3	7	52	93	159
Call Percentages						
	2.51 %	1.88 %	4.40 %	32.70 %	58.49 %	Of 159 calls



For the period January 1, 2007 to April 30, 2007, Killarney Base responded to **33** requests for service.

Killarney Base responded to about .93% of the Service call volume in the first four months of 2007.

About forty-two (42.42%) of the calls from Killarney Base were for code 4 responses.

Call Response Killarney Station (1/1/2007 To 4/30/2007 11:59:59)						
Code	1	2	3	4	8	Total
	2	2	1	14	14	33
Call Percentages						
	6.06 %	6.06 %	3.03 %	42.42 %	42.42 %	Of 33 calls



For the period January 1, 2007 to April 30, 2007, Gogama Base responded to **38** requests for service.

Gogama Base responded to about 1.07% of the Service call volume in the first four months of 2007.

About eighty-four (84.21%) of the calls from Gogama Base were for code 4 responses.

Call Response Gogama Station (1/1/2007 To 4/30/2007 11:59:59)						
Code	1	2	3	4	8	Total
	1	0	2	32	3	38
Call Percentages						
	2.63 %	0 %	5.26 %	84.21 %	7.89 %	Of 38 calls



For the period January 1, 2007 to April 30, 2007, Foleyet Base responded to **18** requests for service.

Foleyet Base responded to about .50% of the Service call volume in the first four months of 2007.

About twenty-two (22.22%) of the calls from Foleyet Base were for code 4 responses.

Call Response Foleyet Station (1/1/2007 To 4/30/2007 11:59:59)						
Code	1	2	3	4	8	Total
	5	6	0	4	3	18
Call Percentages						
	27.77 %	33.33 %	0 %	22.22 %	16.66 %	Of 18 calls



For the period January 1, 2007 to April 30, 2007, Chapleau Base responded to **102** requests for service.

Chapleau Base responded to about 4.75% of the Service call volume in the first four months of 2007.

About thirty-nine (39.21%) of the calls from Chapleau Base were for code 4 responses.

Call Response Chapleau Station (1/1/2007 To 4/30/2007 11:59:59)						
Code	1	2	3	4	8	Total
	7	44	7	40	4	102
Call Percentages						
	6.86 %	43.13 %	6.86 %	39.21 %	3.92 %	Of 102 calls



For the period January 1, 2007 to April 30, 2007 Little Current Base responded to a total of **653** calls for service.

Little Current Base responded to about 18.44 % of the Service call volume in the first four months of 2007.

About eighteen or (18.07%) of the calls from Little Current Base were for code 4 responses.

Call Response Little Current Station (1/1/2007 To 4/30/2007 11:59:59)						
Code	1	2	3	4	8	Total
	89	35	50	118	361	653
Call Percentages						
	13.62 %	5.35 %	7.65 %	18.07 %	55.28 %	Of 653 calls



For the period January 1, 2007 to April 30, 2007 Mindemoya Base responded to a total of **639** calls for service.

Mindemoya Base responded to about 18.05 % of the Service call volume in the first four months of 2007.

About seventeen or 17.05% of the calls from Mindemoya Base were for code 4 responses.

Call Response Mindemoya Station (1/1/2007 To 4/30/2007 11:59:59)						
Code	1	2	3	4	8	Total
	127	75	41	109	287	639
Call Percentages						
	19.87 %	11.73 %	6.41 %	17.05 %	44.91 %	Of 639 calls



For the period January 1, 2007 to April 30, 2007 Gore Bay Base responded to **190** calls for service.

Gore Bay Base responded to 5.36% of the Service call volume in the first four months of 2007.

About twenty-nine or (29.47%) of the calls from Gore Bay Base were for code 4 responses.

Call Response Gore Bay Station (1/1/2007 To 4/30/2007 11:59:59)						
Code	1	2	3	4	8	Total
	6	6	12	56	110	190
Call Percentages						
	3.15 %	3.15 %	6.31 %	29.47 %	57.89 %	Of 190 calls



For the period January 1, 2007 to April 30, 2007 Espanola Base responded to **581** calls for service.

Espanola Base responded to about 16.41% of the Service call volume in the first four months of 2007.

About thirty (29.94%) of the calls from Espanola Base were for code 4 responses.

Call Response Espanola Station (1/1/2007 To 4/30/2007 11:59:59)						
Code	1	2	3	4	8	Total
	70	46	58	174	233	581
Call Percentages						
	12.04 %	7.91 %	9.98 %	29.94 %	40.10 %	Of 581 calls



For the period January 1, 2007 to April 30, 2007 Massey Base responded to **400** calls for service.

Massey Base responded to about 11.29% of the Service call volume in the first four months of 2007.

About thirty-three or 32.75% of the calls from Massey Base were for code 4 responses.

Call Response Massey Station (1/1/2007 To 4/30/2007 11:59:59)						
Code	1	2	3	4	8	Total
	9	8	16	131	238	400
Call Percentages						
	2.25 %	2 %	4 %	32.75 %	59.5 %	Of 400 calls



For the period of January 1, 2007 to April 30, 2007 Wikwemikong Base responded to **464** requests for service.

Wikwemikong Base responded to about 13.10% of the Service call volume in the first four months of 2007.

About forty-six or 46.12% of the calls from Wikwemikong Base were for code 4 responses.

Call Response Wikwemikong Station (1/1/2007 To 4/30/2007 11:59:59)						
Code	1	2	3	4	8	Total
	14	5	28	214	203	464
Call Percentages						
	3.01 %	1.07 %	6.03 %	46.12 %	43.75 %	Of 464 calls

The Service Provider followed up with or provided remediation to staff, when they had not met the service reaction time commitments. There was documentation of a service commitment in written format on the DSSAB's web pages. The documentation included:

- ↳ The level of service supplied by the Service Provider.
- ↳ The 90th percentile response time standard.
- ↳ A service reaction time.
- ↳ The number of primary care paramedics.
- ↳ The number of ambulances available.

The service commitment statement was accessible for review by brochure or on the DSSAB's website www.msdsb.net/en/ems. Related agencies had been notified of the service commitment.

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.

Service Response

Manitoulin-Sudbury continues to seek clarification on errors within the ADDAS system. Manitoulin-Sudbury continues to make best efforts to achieve the mandated response times. Deployment changes are made as information is received by CACCs to support better response times. Manitoulin-Sudbury DSSAB continues to seek base funding adjustments with MOHLTC to improve staffing for trouble areas such as Foleyet.

Inspector's Findings

The established response time for 1996 Manitoulin-Sudbury EMS/SMU is 23 minutes, 56 seconds. This information is taken directly from the Land Ambulance Response Time Framework. The accountability Framework outlines your Municipality's requirements. The Service has exceeded the established benchmark time in all but the second quarter of 2005, and all but the second quarter of 2006. The Manitoulin-Sudbury EMS/SMU is concerned with its current response times and has actively been working on ways to further reduce them.

The Service Provider is advised the 90th Percentile time standard is for the geographic area of Manitoulin-Sudbury DSSAB, not calls specific to the home service within that area. As such, Manitoulin-Sudbury EMS/SMU is responsible for the provision of Service to the District and the calls for service therein. The DSSAB's 90th Percentile time will thereby be impacted upon every time a Service Provider (other than Manitoulin-Sudbury EMS/SMU) responds to a call for service within the Manitoulin-Sudbury DSSAB. At present, the Cochrane DSSAB covers Foleyet on weekends from its base at Timmins. The Timmins responses, with driving times of 45-60 minutes, impact severely on the 90th Percentile for Manitoulin-Sudbury EMS/SMU.

Manitoulin-Sudbury EMS/SMU recently submitted a business case to secure increased staffing at the Foleyet station. Although the submission was turned down by MOHLTC, some success has been realized to improving this station's staffing pattern.

The DSSAB has approved the revised Foleyet staffing, to take effect approximately February 10, 2008, and all staff have been notified. The station will move from on site coverage five days per week to seven days per week. It is hoped that this will reduce the reliance on the Cochrane DSSAB to provide service to Foleyet on weekends. This will aid in reducing the current 90th percentile time for Manitoulin-Sudbury EMS/SMU

The Service is striving to decrease response times across the District. Although still in excess of the 90th Percentile benchmark, the Service Provider continues to work with their Field Manager in looking at ways to further reduce response performance times. **The Service continues working towards compliance in this area.**

EMPLOYEE QUALIFICATIONS

Manitoulin-Sudbury EMS/SMU maintains a mechanism to help ensure that each employee record includes documentation that demonstrated each employee met minimum employment standards according to Legislation. It included: a driver's licence check, CPR certification, current immunization, free from communicable disease, and a criminal records check. Files were well organized but were **not** always complete.

During the Review forty employee files were audited. Two employee files related to emergency medical attendants and thirty-eight related to primary care paramedics. Two files were complete and are not represented in the following table. A complete listing of required documentary evidence **not** found within Manitoulin-Sudbury EMS/SMU employee files are itemized and attached as **Appendix A**, on page **69**. The table below provides the Service with a summary of audit findings for the forty files audited.

HRI Audit Omission Summary	
5 of 40	MOHLTC identification card is either not current and/or copy is illegible.
1 of 40	Indication employee is enrolled in a course leading to AEMCA certification.
11 of 40	Missing influenza immunization.
30 of 40	Missing Chicken Pox immunization.
2 of 40	Driver licenses are illegible.
18 of 40	Missing OSSGD or equivalent.
1 of 40	Missing CPR certification.

Human Resources Inventory

The Service had submitted their base line employee record information to the EHSB's Policy & Operational Assessment Unit. In addition, the Service reports in each applicable instance, the hiring and release from employment of care provider personnel.

Review of the human resources inventory maintained by the EHSB's Policy & Operational Assessment Unit reflects a total number of part-time and full-time care provider employees consistent with Service employee records. The Service maintains adherence to the agreement struck at the Regulatory Accountability Sub-committee of the Land Ambulance Implementation Steering Committee respecting reporting of the hiring and release from employment of emergency medical attendants and paramedics.

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

Influenza Reporting

Not all employees submitted their influenza status to the Service by December 8, 2006. Proof of compliance with influenza immunization requirements was **not** always present in staff files. The 2006 influenza status report was submitted to the Field Office on or before December 15, 2006.

Recruitment Policy

There was a recruitment policy that ensured only qualified individuals were considered for employment. The job descriptions described the roles and responsibilities for each paramedic. The job descriptions indicated Paramedics must complete ACRs, incident and collision reports and included directions to staff to follow Patient Care Standards and Base Hospital protocols.

Recommendation: 2

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

Service Response

Each year due to an improvement in organizational education and communicable disease issues coming to a fore front, compliance in influenza immunization and reporting has improved. 11 of 40 files that were audited by the service review team did not include influenza immunization documentation. In order to increase compliance with influenza immunization requirements, instruction to the Paramedics has been given in order to make it clear that if immunization/intent is not reported on time, they will not be scheduled for work.

Inspector's Findings

Manitoulin-Sudbury EMS/SMU has reviewed all human resources files since the completion of the Ambulance Service Review to identify any deficiencies further to those found by the Review Team. The Service Provider issued a directive to paramedic staff in October 2007, instructing all staff to have their proof of immunization documentation or intent form into the Service by October 31, 2007. Staff has been advised that failure to comply with this requirement is a direct contravention of the *Patient Care and Transportation Standard* and such staff will not be scheduled for work upon November 11, 2007, until documentation is received by the Service.

During the follow up visit, a mini-audit of twelve HRI files that were audited by the Ambulance Service Review team, were reviewed for documentation reported as missing by the Review Team. The following chart indicates the progress made by the Service in obtaining the missing influenza documentation:

Employee	Missing File Information	Inspector's Findings
10997	<ul style="list-style-type: none"> • No indication of Chicken Pox Immunization. • No annual influenza immunization. 	<input checked="" type="checkbox"/> Outstanding. <input checked="" type="checkbox"/> On file, dated 15 Nov. 07.
10134	<ul style="list-style-type: none"> • Missing Chicken Pox immunization confirmation. • No indication employee is enrolled in a course leading to AEMCA certification. 	<input checked="" type="checkbox"/> On file, dated 30 Oct. 07. <input checked="" type="checkbox"/> Part-time volunteer. Meets requirements of Ontario Regulation 257/00, 6(1) and 7(1).
43510	<ul style="list-style-type: none"> • MOHLTC identification card not current and copy is an illegible copy. • No indication of Chicken Pox Immunization. 	<input checked="" type="checkbox"/> On file, dated 30 Apr. 07. <input checked="" type="checkbox"/> Outstanding.
13926	<ul style="list-style-type: none"> • No OSSGD on file. • No indication of Chicken Pox Immunization. • No annual influenza immunization. 	<input checked="" type="checkbox"/> Outstanding. <input checked="" type="checkbox"/> Outstanding. <input checked="" type="checkbox"/> On file, dated 06 Dec. 07.
44049	<ul style="list-style-type: none"> • No OSSGD on file. • No indication of Chicken Pox Immunization. 	<input checked="" type="checkbox"/> Outstanding. <input checked="" type="checkbox"/> Outstanding.
14377	<ul style="list-style-type: none"> • No OSSGD on file. • No indication of Chicken Pox Immunization. • No annual influenza immunization. 	<input checked="" type="checkbox"/> Outstanding. <input checked="" type="checkbox"/> Outstanding. <input checked="" type="checkbox"/> On file, dated 07 Dec. 07
13493	<ul style="list-style-type: none"> • No indication of Chicken Pox Immunization. • CPR certificate expired. 	This employee currently on 5 month leave of absence. Follow up to be completed upon return.
10276	<ul style="list-style-type: none"> • No OSSGD on file and driver's license illegible. 	Retired. EHSB to be notified.
27981	<ul style="list-style-type: none"> • MOHLTC identification card illegible. 	<input checked="" type="checkbox"/> Legible copy on file.
14909	<ul style="list-style-type: none"> • No Criminal Record check on file. • No indication of Chicken Pox Immunization. 	<input checked="" type="checkbox"/> EHSB letter on file. 30-04 -07. <input checked="" type="checkbox"/> Outstanding.
15031	<ul style="list-style-type: none"> • MOHLTC identification card illegible. • No OSSGD on file. • No indication of Chicken Pox Immunization. 	<input checked="" type="checkbox"/> Legible copy on file. <input checked="" type="checkbox"/> Outstanding. <input checked="" type="checkbox"/> On file, dated 29 Nov. 07
47322	<ul style="list-style-type: none"> • Driver's license illegible. 	<input checked="" type="checkbox"/> Legible copy on file.

Manitoulin-Sudbury EMS/SMU is actively pursuing the remaining outstanding influenza immunization documentation. This will remain an ongoing monitoring matter for supervisory and administrative staff for existing outstanding staff, and for future new hires. **The Service is actively pursuing this matter in order to achieve eventual compliance in this area.**

Recommendation: 3

The Service Provider must ensure each EMA and Paramedic is immunized against each of the diseases set out in Table 1 – Part A, OR provides documentation indicating such immunization is medically contraindicated, there is laboratory proof of immunity, or there is medically documented history of prior disease (Physician or laboratory documentation for Measles and Hepatitis B, personal history for Chicken Pox).

Service Response

- Proof of chickenpox was missing from 30 of 40 HRI files. In the past it was acceptable to accept a personal note from a paramedic stating that they have had previous exposure to the chickenpox.
- Advice has been sought from the local Medical officer of Health on this issue. She has also stated that research has shown that a self-report of chicken pox is reliable. She has assisted us with different options in order to meet the Communicable disease standard.
- In order to abide by this standard a time period of six months has been given in order to prove immunization for chickenpox by way of lab report, inoculation, or medically documented history of prior disease. In light of the lack of available physicians and medical appointment wait time, the 6 month period should be sufficient time in order to comply.

Inspector's Findings

Manitoulin-Sudbury EMS/SMU has reviewed all human resources files since the completion of the Ambulance Service Review to identify any deficiencies further to those found by the Review Team. The Service issued a directive to paramedic staff in October 2007, instructing staff to have proof of Chicken Pox immunization documentation into the Service as soon as possible.

During the follow up visit, a mini-audit of twelve HRI files that were audited for documentation reported as missing by the Review Team. The previous chart indicates the progress made by the Service in obtaining the missing Chicken Pox immunization documentation:

Manitoulin-Sudbury EMS/SMU is actively pursuing the remaining outstanding Chicken Pox documentation. This will remain an ongoing monitoring matter for supervisory and administrative staff for existing outstanding staff, and for future new hires. **The Service Provider is actively pursuing this matter in order to achieve compliance in this area.**

Recommendation: 4

The Service Provider must ensure a personnel record is maintained for each emergency medical attendant and paramedic employed by the service provider and that the record shall include evidence of qualification as described in Part III of the regulation.

Service Response

- 1 out of 40 employees shows no indication that employee is enrolled in a course leading to AEMCA certification. This is a part-time volunteer who is compliant with subsection 6 (1) and subsection 7 (1) of General Regulation 257/00.
- 1 of 40 missing CPR certification is in employee file. This employee is not performing patient care duties. The employee was on light duty and is now on maternity leave.
- 5 of 40 MOHLTC identification cards were found to be missing or illegible. There were only 3 found on appendix A HRI Audit Table. 43510, 27981 and 15031 are legible and on file.
- 2 of 40 drivers licenses were found to be illegible or not on file. 10276 and 47322 are legible and on file.

Inspector's Findings

Manitoulin-Sudbury EMS/SMU has reviewed all human resources files since completion of the Ambulance Service Review to identify any deficiencies further to those found by the Review Team.

During the follow up visit, a mini-audit of twelve HRI files that were audited for documentation reported as missing by the Review Team. The Service is still pursuing some documentation and will continue its efforts until all files are complete. The HRI chart [pg 21] outlines the current status of documentation found missing during the ambulance service review:

This will remain an ongoing monitoring matter for supervisory and administrative staff for existing outstanding staff, and for future new hires. **The Service Provider is actively pursuing this matter in order to achieve compliance in this area.**

STAFFING

There was documentation demonstrating each ambulance was staffed with at least one primary care paramedic. Each EVU was staffed with at least a primary care paramedic. There was documentation showing the Service Provider monitored hours of work of individual staff, to ensure they were sufficiently rested to perform their duties safely. There was documentation demonstrating that the Service employed sufficient numbers of primary care paramedics to meet service staffing levels. Staff was attired according to the Service's policies and procedures.

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 identification card applications were forwarded to the ICRCG for each new paramedic. Identification card applications reflected that sections A, B and C were fully completed with one minor exception. The following table illustrates the recent Service history for ID card applications to the EHSB's Policy and Operational Assessment Unit.

EHSB Notification Dates – Part A		Quality of ID Card Application Form Completion
7 Paramedic	2006/05/04	OK
5 Paramedics	2006/05/19	1 - Expired T1.
1 Paramedic	2006/06/05	OK
2 Paramedics	2006/06/07	OK
1 Paramedic	2006/07/24	OK

The Service Provider does not allow a newly hired paramedic to commence patient care activities before receipt of their service specific identification card and employee specific identification number. Sudbury CACC reported no awareness of paramedics trying to log onto the ARIS environment without a valid ID number. There was inadequate documentation demonstrating identification cards are returned to MOHLTC in a timely manner upon termination of employment, as per Ministry guidelines.

There was documentation reflecting the Service Provider notifies ICRCG for each instance an employee is hired or terminated. The Service Provider notifies the ICRCG in a timely manner in each instance an identification card is lost. Upon receipt of a replacement identification card the Service Provider notifies the ICRCG immediately to ensure activation of the newly issued five digit identifier number allowing the paramedic to log on to the ARIS environment. Staff carried the service specific MOHLTC identification card on their person while on duty. Staff were able to produce their service specific card upon request. Review of the Ministry maintained human resource inventory for the one year period prior to the ambulance service review reflected the following information.

EHSB Notification Dates – Part B			
New Hires		Released From Employment	
7 Paramedics	2006/05/04	3 Paramedics	2006/03/24
5 Paramedics	2006/05/19	1 Paramedic	2006/04/16
1 Paramedic	2006/06/05	1 Paramedic	2006/03/07
2 Paramedics	2006/06/07	2 Paramedics	2006/08/04
1 Paramedic	2006/07/24	2 Paramedics	2006/08/22
		1 Paramedic	2006/09/11
		1 Paramedic	2006/10/12
		1 Paramedic	2006/07/13
		1 Paramedic	2006/12/21

Identification Card Status – Part C				
	ID #	Hiring Date (from table B)	ID Card Application Receipt Date	ID Card Transmittal Date
7 Paramedics	14909	2006/05/01	2005/05/04	2006/05/22
	11597	2006/05/01	2005/05/04	2006/05/22
	14910	2006/05/01	2005/05/04	2006/05/22
	14597	2006/05/01	2005/05/04	2006/05/22
	14762	2006/05/01	2005/05/04	2006/05/22
	13317	2006/05/01	2005/05/04	2006/05/22
	14514	2006/05/08	2005/05/04	2006/05/22
5 Paramedic	14969	2006/05/16	2006/05/19	2006/06/02
	14970	2006/04/19	2006/05/19	2006/06/02
	14971	2006/05/16	2006/05/19	2006/06/02
	14972	2006/05/16	2006/05/19	2006/06/02
	14973	2006/05/16	2006/05/19	2006/06/02
1 Paramedic	14730	2006/05/16	2006/06/05	2006/07/07
2 Paramedics	15031	2006/05/16	2006/06/07	2006/07/07
	15032	2006/05/16	2006/06/07	2006/07/07
1 Paramedic	10365	2006/07/10	2006/07/24	2006/08/10

Identification Card Status – Part D						
	ID #	Release Date	Date EHSB Notified	ID Card Returned	Y	N
3 Paramedics	12566	2006/03/24	2006/04/06	-	-	<input checked="" type="checkbox"/>
	46406	2006/04/24	2006/04/06	-	-	<input checked="" type="checkbox"/>
	11280	2006/04/24	2006/04/06	-	-	<input checked="" type="checkbox"/>
1 Paramedic	12865	2006/04/16	2006/04/06	-	-	<input checked="" type="checkbox"/>
1 Paramedic	72387	2006/03/07	2006/03/21	2006/03/27	<input checked="" type="checkbox"/>	-
2 Paramedics	12641	2006/08/04	2006/08/29	-	-	<input checked="" type="checkbox"/>
	13584	2006/08/22	2006/08/29	-	-	<input checked="" type="checkbox"/>
2 Paramedics	10950	2006/08/22	2006/08/29	-	-	<input checked="" type="checkbox"/>
	14315	2006/08/04	2006/08/29	2006/09/01	<input checked="" type="checkbox"/>	-
1 Paramedic	10365	2006/09/11	2006/08/29	-	-	<input checked="" type="checkbox"/>
1 Paramedic	96567	2006/10/12	2006/10/16	-	-	<input checked="" type="checkbox"/>
1 Paramedic	88945	2006/07/13	2006/10/13	2006/10/16	<input checked="" type="checkbox"/>	-
1 Paramedic	14730	2006/12/21	2006/12/21	-	-	<input checked="" type="checkbox"/>

Ambulance Service Deployment Plan

The Service deployment plan was received by the EHSB's Northeast Field Office on August 24, 2006. The Deployment Plan was incorporated into the Sudbury CACC Policy and Procedure operational manual on September 15, 2006. The following table is a staffing / deployment strategy for each respective station, as supplied by Manitoulin-Sudbury EMS/SMU. Staffing pattern **changes** are reflected in the following table

Base Location	Vehicles	Minimum Deployment	Deployment Changes 2008
Gogama	1	1 Crew 8/7 on site (0800-1600) 1 Crew 16/7 on call (1600- 0800)	No changes.
Foleyet	1	1 Crew 8/5 on site M-F (0900-1700) 1 Crew 16/5 on call (1700-0900) 1 Crew 24/2 on call (0900-0900)	1 Crew on site M-S (0800-1600) <i>This change in place.</i> 1 Crew 16/5 on call (1600-0800) 1 Crew 24/2 on call (0800-0800)
Chapleau	1	1 Crew 12/7 on site (0800-2000) 1 Crew 12/7 on call (2000-0800)	1 Crew 12/7 on site (0700-1900) 1 Crew 12/7 on call (1900-0700)
Noelville	1	1 Crew 12/4 on site (M-TH) (0800-2000) 1 crew 12/4 on call (M-TH) (0800-2000; 2000-0800) 1 crew 24/2 on site (F-S) (0800-2000; 2000-0800)	1 Crew 16/4 on site (M-TH) (0700-2300) 1 crew 8/4 on call (M-TH) (0800-2000; 2300-0700) 1 crew 24/2 on site (F-S) (0700-1900; 1900-0700)
Hagar	1	1 crew 8/7 on site (0800-1600) 1 crew 16/7 on call 1600-0800)	1 crew 12/7 on site (0700-1900)
Killarney	1	1 crew 8/7 on site (0800-1600) 1 crew 16/7 on call (1600-0800)	No changes.
Little Current	1	1 crew 24/7 (0630-1830; 1830-0630)	1 crew 24/7 (0700-1900; 1900-0700)
Espanola	1	1 Crew 12/7 on site (0700-1900) 1 crew 12/6 on site W-M (1900-0700) 1 Crew 12/1 on call Tu (1900-0700)	1 Crew 12/7 on site (0700-1900) 1 crew 12/7 on site (1900- 0700) <i>Changes went into effect July 2007.</i>
Massey	1	1 crew 12/7 on site (0700-1900) 1 crew 12/7 on call (1900-0700)	No changes.

Mindemoya	1	1 crew 8/5 on site (0800–1600)	1 crew 8/5 on site (0800–1600)
	1	1 Crew 12/7 on site (0800–2000)	1 Crew 12/7 on site (0700–1900)
Gore Bay	1	1 crew 12/4 on call (M-TH) (2000–0800)	1 crew 12/4 on call (M-TH) (1900–0700)
	1	1 crew 12/3 on site (F–S) (2000–0800)	1 crew 12/3 on site (F–S) (1900–0700)
Wikwemikong	1	1 Crew 12/7 on site (0800–2000)	1 Crew 12/7 on site (0700–1900)
		1 Crew 12/7 on call (2000–0800)	1 Crew 12/7 on call (1900–0700)
Totals	13	13 in peak hours	12
			13 in peak hours
			12

Deployment Plan Inconsistencies

It is noted that the ambulance at Foleyet Base was not staffed as per the service commitment for eight hundred and thirty six hours, thirty three minutes (836.33) during fiscal year 2006. In addition, on twelve separate occasions, the Service Provider only had first response ability for a total of two hundred and eleven hours, fifty minutes (211.50). Further, of greater concern, on twenty-seven occasions the Service Provider did not have response capabilities from the Foleyet Base location totaling six hundred and twenty five hours, twenty-three minutes (625.23).

Similar deployment plan inconsistencies were noted during the previous ambulance service review of 2004. The Upper Tier Municipality would be well advised to review the needs of the persons in the Foleyet municipality with regard to the deployment strategy with a view to mitigating further similar down staffing reoccurrences. The Upper Tier Municipality, by way of guidance, is requested to review their responsibilities as outlined in the **Ambulance Act**.

Ambulance Act 6 (1) (b)

Every upper-tier municipality shall, on and after January 1, 2001, be responsible for ensuring the proper provision of land ambulance services in the municipality in accordance with the needs of persons in the municipality. 1997, c. 30, Sched. A, s. 6; 1999, c. 9, s. 3 (1, 2).

The following table outlines occasions when Manitoulin/Sudbury EMS/SMU has deviated from their April 1st 2006 to March 31st 2007 deployment plan. The aforementioned period is prior to the occasion of the Service Review.

Deployment Plan Deviation Table				
Date	Base Location	Down Time	Time Duration	First Response
09/04/06	752 04 Base	09:10	24 Hrs	yes
22/04/06	752 04 Base	19:16	23 Hrs	yes
23/04/06	752 04 Base	23:00	11 Hrs	yes
29/04/06	752 04 Base	18:53	24 Hrs	No
30/04/06	752 04 Base	22:29	11 Hrs	yes
07/05/06	752 04 Base	09:30	24 Hrs	No
13/05/06	752 04 Base	09:01	24 Hrs	yes
20/05/06	752 04 Base	09:15	23:45 Hrs	yes
21/05/06	752 04 Base	09:00	24 Hrs	yes
17/06/06	752 04 Base	09:13	24 Hrs	yes
25/06/06	752 04 Base	06:54	24 Hrs	No
17/07/06	752 04 Base	09:03	24 Hrs	No
08/08/06	752 04 Base	19:02	24 Hrs	No

Deployment Plan Deviation Table				
Date	Base Location	Down Time	Time Duration	First Response
10/08/06	752 04 Base	09:02	24 Hrs	No
12/08/06	752 04 Base	16:06	24 Hrs	No
24/08/06	752 04 Base	09:04	24 Hrs	No
26/08/06	752 04 Base	14:54	24 Hrs	No
02/09/06	752 04 Base	09:34	24 Hrs	No
09/09/06	752 04 Base	19:06	12 Hrs	yes
24/09/06	752 04 Base	10:52	24 Hrs	No
30/09/06	752 04 Base	20:21	24 Hrs	No
07/10/06	752 04 Base	19:02	12 Hrs	yes
08/10/06	752 04 Base	19:03	24 Hrs	No
10/10/06	752 04 Base	10:03	24 Hrs	No
11/10/06	752 04 Base	10:14	24 Hrs	No
14/10/06	752 04 Base	10:13	24 Hrs	No
22/10/06	752 04 Base	16:39	24 Hrs	No
28/10/06	752 04 Base	12:46	24 Hrs	No
11/11/06	752 04 Base	09:04	23:56 Hrs	No
15/11/06	752 04 Base	09:00	11:23 Hrs	No
26/11/06	752 04 Base	18:47	24 Hrs	No
17/12/06	752 04 Base	13:06	24 Hrs	No
23/12/06	752 04 Base	09:16	5 Hrs	No
23/12/06	752 04 Base	15:11	8:49	yes
03/02/07	752 04 Base	08:59	24 Hrs	No
11/03/07	752 04 Base	18:58	24 Hrs	No
24/03/07	752 04 Base	09:10	9:04 Hrs	No
24/03/07	752 04 Base	18:14	14:56 Hrs	yes
25/03/07	752 04 Base	17:59	24 Hrs	No
31/03/07	752 04 Base	10:05	24 Hrs	No

Recommendation: 5

The Service Provider must ensure that on each occasion a paramedic’s employment is terminated for whatever reason, the paramedic’s service specific identification card is recovered and returned to the Ministry in a timely manner.

Service Response

A Management Operating Procedure has been produced detailing the responsibilities of the managers for when an employee’s working relationship has ended. A standard letter has been drafted to be utilized whenever a working relationship ends.

Inspector’s Findings

A process has been implemented whereby employees must now sign for their Service specific cards. In the case of renewal or replacement, staff must either return the existing card, or sign a statement of loss. A new policy (MOP# 2007-04 “Resignation /Termination Procedure”) has been put in place to direct management personnel in the procedure to follow when employees leave the Service. This new policy addresses the retrieval of MOHLTC Ambulance ID Cards.

The Manitoulin/Sudbury EMS/SMU is still pursuing the retrieval of the outstanding identification cards. It was explained to the Service that ambulance identification cards represent a security situation and it is imperative that they be retrieved and returned to the Policy and Operational Assessment Unit. It was also suggested that the Service Provider and its Human Resources department may wish to consult with the DSSAB's legal department for alternate avenues of recourse in this matter. **The Service Provider is not yet compliant in this area.**

Identification Card Status – Part D							
	ID #	Release Date	Date EHSB Notified	ID Card Returned	Y	N	Inspector's Findings
3 Paramedics	12566	2006/03/24	2006/04/06	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Outstanding
	46406	2006/04/24	2006/04/06	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Outstanding
	11280	2006/04/24	2006/04/06	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Outstanding
1 Paramedic	12865	2006/04/16	2006/04/06	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Outstanding
2 Paramedics	12641	2006/08/04	2006/08/29	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Outstanding
	13584	2006/08/22	2006/08/29	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Outstanding
2 Paramedics	10950	2006/08/22	2006/08/29	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Outstanding
1 Paramedic	10365	2006/09/11	2006/08/29	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Outstanding
1 Paramedic	96567	2006/10/12	2006/10/16	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Outstanding
1 Paramedic	14730	2006/12/21	2006/12/21	-	-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Outstanding

Recommendation: 6

There should be documentation demonstrating the Service Provider can cover shifts to minimize downtime and meet the service level commitment and staffing levels.

Service Response

The interim report lists down staffing issues with the Foleyet Station.

- Manitoulin-Sudbury EMS/SMU continues to strive to achieve staffing for the on-call portions of our Foleyet schedule.
- Increased base funding for the Foleyet Station has been requested through the MOHLTC Sudbury Field Office in 2006 and 2007 which has been denied.
- Business case for increased funding has been prepared and sent to the Field Office for consideration again in October 2007.

Inspector's Findings

Manitoulin-Sudbury EMS/SMU has reviewed several alternatives to correct the staffing deficiencies at the Foleyet Station and has revised its staffing pattern to provide for on site coverage seven days per week, instead of the previous five days (Monday-Friday). The Service Provider, DSSAB, and Field Office are continuing to assess alternate means to cover shifts to minimize downtime, and meet the service level commitment and staffing levels.

The DSSAB has offered incentives for paramedics to entice them to travel to Foleyet to staff the station during on-call times. Paid travel, paid meals, and paid accommodations have also been offered. However, the incentives have not achieved the desired results.

Attracting paramedics to work in remote locations such as Foleyet is very difficult and has not been met with any degree of success. Currently, there are no paramedics staffing the Foleyet station who live within the community.

The Manitoulin-Sudbury EMS/SMU is continuing to analyze the Foleyet staffing situation in its efforts to mitigate down staffing recurrences, and consults regularly with the Northeast Field Office, EHSB. The Service fully supports this quality assurance best practice recommendation and has implemented several staffing changes in ongoing efforts to comply. **The Service Provider is still working to fully achieve compliance with this recommendation.**

DOCUMENTATION

There was documentation showing the Service Provider cross referenced the ADDAS data to ensure all ambulance call reports were completed. The Service Provider identified the number of outstanding ACRs and ensured outstanding ACRs were completed. There was documentation reflecting the Service Provider had an in house ACR audit program and made recommendations to staff after auditing ACRs for deficiencies.

There was documentation demonstrating the Service Provider and the Base Hospital audit ACRs. Paramedics had an annual aggregate evaluation of their compliance for ACR completion. A copy of the evaluation was kept in the employee's file. The Service Provider worked with Base Hospital to audit ACRs to ensure results were compared for completeness and accuracy. Discrepancies were investigated and resolved.

Ambulance Call Report Audit

Reviewers audited one hundred and fifty five ACRs. One hundred and twenty eight were patient carried calls, and twenty-seven were non patient carried calls. A sample of ACRs were reviewed for priority codes and Canadian Triage Acuity Scale levels. Ambulance call reports were **not** always completed, as per the *Ambulance Service Documentation Standards*. Current Ambulance Call Report Completion Manuals were available in all of the bases electronically or via manuals. A comprehensive ACR audit table is attached as **Appendix B** on page **71**.

Patient Carried Calls

Forms were legible and easy to read. **Not** all patient carried ACRs were found to be complete and accurate. The following fields were identified as incomplete on more than one occasion.

Patient Carried Omission Summary	
2 of 128 - Missing mailing address.	33 of 128 – Postal Code missing.
6 of 128 - No province listed.	5 of 128 - Missing date of birth.
121 of 128- Missing hospital registration no.	26 of 128 – No UTM documented.
86 of 128 – Missing health card no.	69 of 128 – Patient Outcome in Emergency.
2 of 128 - Incorrect CACC code.	3 of 128 - Medications missing.
3 of 128 - Missing destination kilometers.	39 of 128 – No time of occurrence.
16 of 128 – Missing dispatch problem code.	3 of 128 - No chief complaint recorded.
6 of 128 - Missing pickup location code.	3 of 128 - No secondary problem.

Patient Carried Omission Summary	
15 of 128 – No primary problem recorded.	2 of 128 - Incomplete relevant history.
4 of 128 - Incomplete incident history.	4 of 128 - No treatment prior to arrival.
3 of 128 - Allergies not recorded.	13 of 128 – No CTAS recorded.
5 of 128 - Incomplete age/wt./gender section.	7 of 128 - Inappropriate CTAS recorded.
3 of 128 - Incomplete physical exam.	22 of 128 – Incomplete sets of vitals.
3 of 128 - Missing route of medication given.	7 of 128 - Missing treatment times.
15 of 128 – Missing primary problem code.	9 of 128 - Missing final primary problem.
107 of 128-Missing receiving facility signature.	4 of 128 - Missing final status.
33 of 128 – Missing travel conditions.	2 of 128 - Missing crew member 1
2 of 128 - Missing city/town.	

Patient Refusal/Non Patient Carried Calls

Not all non patient carried ACRs were found to be complete and accurate. They were legible and easy to read. The following fields were identified as incomplete on more than one occasion.

Non Patient Carried/ Refusal Omission Summary	
2 of 27 – Missing patient surname.	9 of 27 – Missing date.
2 of 27 – Missing patient given name.	3 of 27 – Missing crew member 2 signature.
3 of 27 – Missing the city/town address.	10 of 27 –No UTM code.
4 of 27 – No province listed.	5 of 27 – Missing return priority code.
9 of 27 – Postal code missing.	5 of 27 – Missing Patients. No.
24 of 27- Missing hospital registration number.	5 of 27 – Missing pickup location code.
4 of 27 – Missing pt. date of birth.	5 of 27 – No primary problem recorded.
2 of 27 – Missing call type.	3 of 27 – No treatment prior to arrival.
2 of 27 – Missing the service number.	4 of 27 – Missing age/wt./gender.
2 of 27 – No chief complaint recorded.	2 of 27 – Missing head/neck exam.
10 of 27 –No time of occurrence.	4 of 27 – Missing Abdomen exam.
6 of 27 – Missing dispatch problem code.	3 of 27 – Missing back/pelvis exam.
10 of 27 –No time of occurrence.	5 of 27 – Missing treatment times.
2 of 27 – No skin assessment.	2 of 27 – Missing medicine/procedures.
2 of 27 – Missing general appearance.	5 of 27 – Missing vital signs.
2 of 27 – Missing chest exam.	2 of 27 – Missing crew member number.
2 of 27 – Missing extremities exam.	5 of 27 – Missing Aid to Capacity.
3 of 27 – Missing treatment codes.	10 of 27 –Missing relationship to patient.
3 of 27 – Missing treatment results.	8 of 27 – Missing Time.
5 of 27 – Missing crew member initials.	2 of 27 – Missing crew member 1 signature.
3 of 27 – Missing patient/substitute maker name.	8 of 27 – Refusal of Service not completed.
9 of 27 – Missing patient name in refusal.	

Ambulance Call Report Patient Care Audit Findings

Of the one hundred and fifty-five ambulance call reports audited, the following three, based upon documentation only, suggest patient care was **not** provided in accordance with the *Basic Life Support Patient Care Standards*.

Call No.	Att-1	Att-2	Patient Issue	Audit Findings
5324435	12285	13494	Patient VSA.	<i>No documentation of place, position, incident history.</i>
5341567	73556	61666	Teenager was choking prior to arrival with a burning sensation in chest.	<i>ASA given for chest pain where not indicated. Glucose test done- no serious findings.</i>
5311185	10276	32057	Return transfer post seizure (1 st).	<i>No vitals recorded.</i>

There was documentation demonstrating staff reviewed the ACR manual according to the Service's policy and procedure.

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

Incident Reports

Completed incident reports were faxed to the MOHLTC Field Office according to Legislation. The Service Provider audited incident reports for completeness and accuracy and staff had received feedback regarding incident report audits. Completed incident reports were kept on file for a period of not less than five years. Incident reports were secured from unauthorized access and were secured by lock.

Documentation reflected incident reports were were **not** always completed when required. One hundred and fifty-five ACRs were reviewed to determine if an incident report was to have been completed. Two such ACRs required an incident report **yet only** one incident report was completed. The incident report table below identifies the ACR 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 Documentation Standards.

Call No.	Att-1	Att-2	ACR Findings	IR Completion Criteria
Call Number 5341567	73556	61666	15 year old female was choking/SOB. Had burning sensation after choking on a pill. History of anxiety, depression. No decrease in LOC or signs of decreased blood glucose level. ASA given and blood glucose test done.	<i>There is an unusual occurrence, including: There was treatment that may have harmed the patient.</i>

Off Site Call Review

An off site review of thirty-eight code four calls via Sudbury CACC call detail reports indicates:

↳ Seventy-six (75.6%) of calls reviewed, crew chute times were within the Service Provider's Service Commitment of two minutes or less.

↳ Eighty-nine point four (89.4%) of the call responses were within the Service Provider's 90th percentile response time of ten minutes, three seconds (10:03).

↳ The average crew on scene time was sixteen minutes, three seconds (16.03) which is considered to be within ALS/BLS standards. Average crew time at hospital post call was identified as eighteen minutes, six seconds (18.06).

A table depicting the thirty-eight code four calls, eighteen code three calls, ten code two and ten code one calls reviewed is attached as **Appendix H** on page **106**.

Recommendation: 7

Management of the ambulance service must ensure that each employee and volunteer, who is required to provide patient care, will provide patient care in accordance with the standards set out in the Basic Life Support Patient Care Standards (version 2.0) dated January 2007.

Service Response

Of the 155 ACRs audited, upon documentation only 3 were suggestive of not providing care in accordance with the Basic Life support Patient Care Standards.

- Call number 5311185 no vitals recorded. The paramedic made an approximation of vital signs by stating "vitals are within normal limits". In response to this performance he has been explained that pulse, respiration, blood pressure, and skin must be completed. Approximations are acceptable as per the ACR manual but they must each separately be recorded. Unfortunately this paramedic is off on disability and cannot comment on this issue.
- Call number 5341567 ASA given for chest pain where non indicated, was audited by one of our base hospitals.
- Call number 5324435 no documentation of place, position, incident history for a VSA patient. This ACR was audited by one of our base hospitals and found to be in compliance with patient care standards. Place, position, and history were documented. The base hospital had no concerns over patient care.

Inspector's Findings

The Service Provider is cognizant of the need for follow-up with staff when patient care deficiencies are identified. The Service plans to work into its in-service CMEs the various general shortcomings as found in the patient care audits. This will serve as a general review and reminder for all staff. The Service 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. The Service continues to monitor and review ACRs for quality of patient care in order to avoid a recurrence of such findings. This will remain an ongoing monitoring matter for management personnel. **The Service Provider continues to work towards full compliance in this area.**

Recommendation: 8

Ambulance call reports must be completed according to the requirements of the Land Ambulance Documentation Standards.

Service Response

Ambulance Call Reports were not always completed as per the Ambulance Service Documentation Standards. Not all patient carried and non patient carried calls ACRs were found to be complete and accurate.

- The service provider and base hospital programs will continue to audit ACRs. In addition to regular audits of ACRs an analysis and report is being completed in order to inform and educate the paramedics about service trends in ACR omissions. The intent of this report is to bring forth common errors and areas of needed improvement. This analysis and report will be completed by the end of October, 2007.
- There has recently been a hiring of Lead Hand Paramedics. These positions will increase the % of ACR audits. This is intended to start November 2007.

Inspector's Findings

An ACR audit was conducted during the follow-up inspection with Manitoulin-Sudbury EMS/SMU. Fifteen ACRs were patient carried calls, and five were non-patient carried calls. A random sample of ACRs was reviewed for priority codes and Canadian Triage Acuity Scale (CTAS) levels. Ambulance call reports generally were completed according to the *Ambulance Service Documentation Standards*, with the following charting exceptions:

Patient Carried Calls

Patient carried ACRs showed a significant improvement in field completion. Forms were legible and easy to read. At the time of the follow-up inspection, the following omissions were noted:

Patient Carried Omission Summary	
14 of 15 - Missing hospital registration no.	2 of 15 – Postal Code missing.
11 of 15 – Missing health card no.	9 of 15 – Patient Outcome in Emerge.
6 of 15 – Missing travel conditions.	9 of 15 – Patient Outcome in Emerge.
6 of 15 – No time of occurrence.	

Non Patient Carried Calls/ Patient Refusal Calls

Non patient carried ACRs were also found to have an improved level of completion. However, at the time of the follow-up inspection the following omissions were noted:

Non Patient Carried/ Refusal Omission Summary	
2 of 5 – Missing patient surname.	3 of 5 – Missing patient/substitute maker
2 of 5 – Missing patient given name.	3 of 5 – Missing crew member 2 signature.
3 of 5 – Missing the city/town address.	2 of 5 – Missing crew member 1 signature.
4 of 5 – No province listed.	5 of 5 – Missing Patients. No.
5 of 5 – Missing crew member initials.	5 of 5 – Missing pickup location code.
4 of 5 – Missing pt. date of birth.	5 of 5 – No primary problem recorded.
2 of 5 – Missing call type.	5 of 5 – Missing Aid to Capacity.
2 of 5 – Missing the service number.	2 of 5 – No skin assessment.
2 of 5 – No chief complaint recorded.	5 of 5 – Missing vital signs.
2 of 5 – Missing medicine/procedures.	2 of 5 – Missing crew member number.
2 of 5 – Missing general appearance.	3 of 5 – Missing treatment codes.

Ambulance Call Report Patient Care Audit Findings

Of the twenty ambulance call reports audited, the following one or five percent, based upon documentation only, suggests patient care was **not** provided in accordance with the *Basic Life Support Patient Care Standards*.

Call No.	Att-1	Att-2	Patient Issue	Audit Findings	Remediation
5427714	79972	14796	Patient transfer from hospital to residence.	<i>Only 1 set of vital signs recorded. Unknown if a second set was actually taken.</i>	This concern was discussed with the Service and it will be reviewed with the involved paramedic.

Significant improvement has been noted in patient carried ACR completion since transmittal of the Draft Report. Non-patient carried ACRs also showed significant improvement in mandatory completion areas and the Service Provider is committed to continue pursuing full and proper completion of these call types. The Service continues to monitor and audit ACRs for quality and thoroughness of completion both for *Documentation Standards* and the *BLS Patient Care Standards*. This matter will remain an ongoing process for Service staff and supervisory personnel. **The Service Provider is committed to full compliance with the Documentation Standards and continues to work towards compliance.**

Recommendation: 9

The Service Provider should audit each paramedic's ACRs to determine if patient care provided was appropriate and consistent with the BLS standards. Recommendations should be made to staff regarding any apparent patient care protocol breaches.

Service Response

Of the 155 ACRs audited, upon documentation only, 3 were suggestive of not providing care in accordance with the Basic Life Support Patient Care Standards.

- Call number 5311185 no vitals recorded. The paramedic made an approximation of vital signs by stating "vitals are within normal limits". In response to this performance he has been explained that pulse, respiration, blood pressure, and skin must be completed. Approximations are acceptable as per the ACR manual but they must each separately be recorded. Unfortunately this paramedic is off on disability and cannot comment on this issue.
- Call number 5341567 ASA given for chest pain where non indicated, was audited by one of our base hospitals. Please see attached email to confirm.
- Call number 5324435 no documentation of place, position, incident history for a VSA patient. This ACR was audited by one of our base hospitals and found to be in compliance with patient care standards. Place, position, and history were documented. The base hospital has no concerns over patient care.

Inspector's Findings

The Service Provider is committed to the proper provision of patient care to all patients serviced.

The need to regular audit completed ACRs to maintain an ongoing knowledge of the quality of patient care being provided by Manitoulin-Sudbury EMS/SMU paramedics was discussed with the Service during the follow up visit. The Service fully agrees with this view and in an effort to increase the level of ACR audits, staff who are working light duties will be assigned to perform ACR audits. Further, now that a lead hand position has been added to the Service, this individual will also be tasked with the responsibility of conducting ACR audits.

The Service will also be providing feedback to individual paramedics in those instances where any apparent patient care protocol breaches have been identified. A record will be set up and maintained to track each instance of feedback. Additionally, the Service will compile an overall list of identified breaches and/or weaknesses identified during ACR audits and will incorporate this into the Service's regular in-service training sessions to serve as a review and reminder. **Manitoulin-Sudbury EMS/SMU accepts this quality assurance best practice recommendation and intends to implement their action plans on this matter. The Service Provider is working to maintain compliance in this area.**

Recommendation: 10

Incident Reports must be completed according to the requirements of the Land Ambulance Documentation Standards.

Service Response

155 ACRs were reviewed to determine if an incident report was to have been completed. 2 such ACRs required an incident report, yet only 1 incident report was completed.

- One of our base hospitals has audited this call. We were not notified of a patient care error or possible harm to patient therefore no incident report was requested.

Inspector's Findings

The Service Provider is aware of the instances when an incident report is required. Of the 155 calls audited by the review team, only one requiring an incident report was missing. The call pertaining to the missing incident report identified by during the ambulance service review was addressed with the Base Hospital. It was determined by the Base Hospital that no harmful treatment was posed to the patient and no incident report was recommended to the Service. It is the Service Provider who is responsible and accountable for monitoring the compliance by all staff of incident reports when such are required, as per the *Ambulance Service Documentation Standards*, not the Base Hospital. The Service does monitor completed ACRs for incident report requirements and follows up with crews when the reports are not found.

The Service will emphasize to its staff who are conducting ACR audits to look for instances where a call meets the requirements for incident report completion and to ascertain whether such a report has been completed and submitted. Service supervisory and management personnel will also be tasked with complying with this matter. This topic will also be added to the Service's in-service program for reminder and review by all staff. This will remain an ongoing monitoring matter for all staff and supervisory personnel. **The Service continues to actively work at maintaining compliance in this area.**

TRAINING

There was documentation demonstrating staff were given advance notice of up coming MOHLTC training programs. The Service Provider worked with the Regional Training Co-ordinator to deliver MOHLTC training courses. The Service Provider had an orientation program on geography and community for new staff.

There was documentation demonstrating new and returning staff, (after an absence of 90 days or more) completed patient care, communication and equipment orientation programs and had participated in a patient care equipment evaluation, training and orientation program. A documented remedial training program was in place for staff who demonstrated deficiencies in the training, orientation and use of patient care equipment. In-house training programs were evaluated on an ongoing basis.

There was documentation to indicate the Service Provider worked with all Base Hospitals to identify paramedics whose patient care skills were deficient or whose authorization to perform controlled acts had been revoked or suspended. Documentation indicated the Service Provider worked with all Base Hospitals to provide and schedule remedial training for those employees.

There was documentation demonstrating each employee had successfully completed all MOHLTC training programs. There was **no** documentation that each employee had successfully completed CME requirements. Current certificates were **not** kept on file. The Service Provider worked with Base Hospital to schedule staff for CME courses and ensured staff completed the courses, however, **not** all staff had signed releases to the various Base Hospitals for release of the information to the Manitoulin-Sudbury EMS/SMU.

Training Medium and Manuals

A mechanism to deliver training was available to staff. Training materials, including; training bulletins and learning packages, videos, CDs and electronic training were available to staff. All base stations had an electronic medium for viewing training materials. The stations had a resource library containing all current related legislation including:

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"/>

All staff were proficient using communication equipment. Staff used communication equipment, as per the Policy and Procedure Manual, Legislation and Standards.

Recommendation: 11

An electronic training medium should be available and readily accessible at the Massey station for the reviewing of training videos.

Service Response

A DVD/VCR combination has been purchased and installed in the Massey Station.

Inspector's Findings

The Service has purchased a DVD/VCR combination machine and placed it in the Massey station. A part of the Manitoulin-Sudbury EMS/SMU supervisor and management staff duties during routine rounds is to check that all such machines are present in the stations and are in proper working order. **The Service accepts this quality assurance best practice recommendation and has corrected the situation.**

Recommendation: 12

There must be current and valid documentation in the personnel record demonstrating each emergency medical attendant and paramedic has successfully completed CME requirements.

Service Response

Sudbury Base Hospital submits a letter to Manitoulin-Sudbury EMS each year prior to annual certifications outlining the completion of the required CME of the Paramedic. A copy of each letter is placed on the Paramedic HRIS file.

Inspector's Findings

Manitoulin-Sudbury EMS/SMU has established a system with the Sudbury Base Hospital whereby the Base Hospital sends the Service a separate letter pertaining to each paramedic indicating completion of all CME requirements. The Service is in the process of receiving these letters and adding them to the employees' files. **The Service is working to achieve full compliance in this area.**

SERVICE REVIEW PROGRAM

The objective of our audit is to assess whether Manitoulin-Sudbury EMS/SMU 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 September 2004, Manitoulin-Sudbury EMS/SMU received the benefit of an Ambulance Service Review. On that occasion the ambulance service did meet the requirements of the Land Ambulance Certification Standards. Of the thirty recommendations made for the Review conducted in 2004, nine are also recommendations for the 2007 Review. Four of these similar recommendations are mandatory legislative requirements. The following list, groups the nine similar recommendations into five key areas still requiring compliance:

1. Personnel Records (*mandatory requirement*)
2. ACR Completion (*mandatory requirement*)
3. Incident Reports (*mandatory requirement*)
4. Vehicle Equipment and Supplies (*mandatory requirement*)
5. Patient Conveyance equipment Maintenance

Quality Assurance

The Service Provider demonstrated knowledge of the Ambulance Service Review Program and the purpose and mandate of the review program. The Service Provider had a quality assurance program in place. There was a dedicated human resource for the QA program. The Service Provider participated in quality assurance activities with other agencies and responded to recommendations made by these programs.

PATIENT CARE

There was documentation demonstrating each paramedic had a copy of the Patient Care Standards. Staff regularly review the Patient Care Standards. There was documentation reflecting the Service Provider or designate observed each paramedic's patient care annually.

There was documentation demonstrating new staff had undergone an evaluation of their patient care skills. Results of the evaluation were communicated to them. There was documentation demonstrating staff returning from absences of 90 days or more had received an evaluation of their patient care skills. The Service Provider offered a remedial training program for returning staff that were deficient in their patient care skills.

Each employee had received an annual aggregate evaluation demonstrating his or her compliance with Patient Care Standards. The results of the evaluation were communicated to staff.

The Service Provider audits ACRs to ensure patient care was consistent with Patient Care Standards. The Service Provider provided a remedial training program for employees who demonstrated deficiencies in patient care identified during an ACR audit. The Service Provider worked with the Base Hospitals to ensure staff demonstrated proficiency.

Paramedic Ride Outs

Paramedic reviewers completed six ride-outs, as observers. One call was a priority 4, two calls were priority 3, and three calls were priority 1. Patient care was described as professional, courteous, well managed, and compassionate. All patient care observed during the site ride-outs were noted to meet BLS/ALS Patient Care Standards. Patient care ride-out tables are attached as **Appendix C**, on page **92**.

Paramedic Ride Out Summary Table	
• 100% Primary Assessment to Standard.	• 100% Patient history to Standard.
• 80% Two sets Vitals taken.	• 100% Medication Interventions to
• 100% Cardiac Monitor/Defibrillation 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.

Paramedics ensured patients were transported to a facility according to the instructions of the communications officer.

Patient care and accessory equipment and supplies were secured in the vehicles while patients were being transported. Of concern was that on **five of six** ride-outs, vehicles were **not** locked when the paramedics were away from them.

Hygiene Practices

Although there was a hygiene policy, paramedics did **not** always wash their hands as soon after a call as was practical, as per the requirements of the PCTS and ASCDS. Vehicles contained an alcohol solution for the paramedics to use if they were unable to wash hands after a call. This solution was used according to the PCTS. Liquid soap and paper towels were available to staff. The Service Provider monitored and enforced the hygiene policy.

Recommendation: 13

To minimize the likelihood of cross-contamination, each EMA and paramedic will make every reasonable effort to wash their hands after patient contact. When an EMA or paramedic is unable to wash their hands after patient contact has been concluded, he or she will:

- use an approved antiseptic hand cleaner as appropriate, following the manufacturer's instructions; and
- wash their hands with soap and water as soon as possible afterward.

Service Response

A memo has been circulated to all staff advising of the current procedure on Hand Washing.

Inspector's Findings

This recommendation resulted from a paramedic observed during a call ride out not washing up after completion of a call. The Service has addressed this issue at each of its in-service training sessions and will continue to do so. Operational memo 2007-42, dated October 4, 2007, was issued service wide reminding staff of the necessity and importance of proper hygiene, and specifically hand washing after calls.

The Service has also mounted a publicity campaign on its service intranet and on the system's screen saver as a further and constant reminder to all staff. This matter will be stressed at the next round of upcoming in-service training. This will remain an ongoing monitoring matter for all staff, and for supervisory and management personnel to monitor. **The Service Provider continues working to maintain compliance in this area.**

VEHICLES

The Service Provider had a letter signed by the Director of Emergency Health Services from each vehicle manufacturer or conversion vendor, certifying each vehicle used in the provision of ambulance service met the standards. Vehicles **4217**, **5249** and **5407** did **not** have an up-to-date Ministry of Transport annual sticker affixed to the vehicle according to related legislation.

Vehicle Number Cross Reference Table			
Vehicle #	Vehicle Identification Number	Vehicle #	Vehicle Identification Number
5118	1FDSS34F4XHB60697	5124	1FDSS34F61HA60138
5200	1FDWE35FX2HA48311	5202	1FDWE35FX2HA79073
5203	1FDWE35P85HA08225	5220	1FDXE45P64HB22653
5227	1FDXE45P54HB24670	5237	1FDXE45FX3HB52180
5242	1FDWE35P65HB42201	5243	1FDWE35F8YHB37836
5244	1FDWE35F61HA75729	5246	1FDXE45F33HB52179
5247	1FDWE35F1YHA52062	5249	1FDWE35FX1HA75734
5254	1FDWE35F2YHB57905	5271	1FDWE35F02HA79079
5290	1FDXE45FX3HA24182	5292	1FDXE45F13HB52181
5296	1FDXE45F33HB20543	5407	1FDSS34F6XHB60684
5451	1FDXE45F33HB52358	5452	1FDXE45F13HB51418

ERUs & ESU			
5015	1FDWE30F5WHB16754	5011	1FMZY73K84UA23859
5315	2FFTRX17WX2CA36874	5329	1FMPU16W64LB38159
5345	1FMFU16W53LB32752		

Emergency Vehicle Compliance Summary									
Vehicle ID # (VIN)	Chassis Year	Amb. Type	# of Main Cot Positions	New/ Remount/ Refurbish	Letter of Cert. #	Compliant			Issue Ref #
						Y	N	NA	
(a)	(b)	I	(d)	(e)	(f)	(g)	(h)	(i)	(j)
1FDSS34F4XHB60697	1999	II	1	N	99-105	<input checked="" type="checkbox"/>			
1FDWE35FX2HA48311	2002	III	2	N	01-204R	<input checked="" type="checkbox"/>			
1FDWE35P85HA08225	2005	III	2	N	04-302	<input checked="" type="checkbox"/>			
1FDXE45P54HB24670	2004	III	2	N	04-302	<input checked="" type="checkbox"/>			
1FDWE35P65HB42201	2005	III	2	N	04-302R	<input checked="" type="checkbox"/>			
1FDWE35F61HA75729	2001	III	2	N	01-04	<input checked="" type="checkbox"/>			
1FDWE35F1YHA52062	2000	III	2	R	88-93	<input checked="" type="checkbox"/>			
1FDWE35F2YHB57905	2000	III	2	N	01-203	<input checked="" type="checkbox"/>			
1FDXE45FX3HA24182	2003	III	2	N	02-203	<input checked="" type="checkbox"/>			
1FDXE45F33HB20543	2003	III	2	N	02-203	<input checked="" type="checkbox"/>			
1FDXE45F33HB52358	2003	III	2	N	02-203	<input checked="" type="checkbox"/>			
1FDSS34F61HA60138	2001	II	1	N	01-07	<input checked="" type="checkbox"/>			
1FDWE35FX2HA79073	2002	III	2	N	01-206	<input checked="" type="checkbox"/>			
1FDXE45P64HB22653	2004	III	2	N	04-302	<input checked="" type="checkbox"/>			
1FDXE45FX3HB52180	2003	III	2	N	02-203	<input checked="" type="checkbox"/>			
1FDWE35F8YHB37836	2000	III	2	N	00-52	<input checked="" type="checkbox"/>			

Emergency Vehicle Compliance Summary									
Vehicle ID # (VIN)	Chassis Year	Amb. Type	# of Main Cot Positions	New/ Remount/ Refurbish	Letter of Cert. #	Compliant			Issue Ref #
						Y	N	NA	
(a)	(b)	I	(d)	(e)	(f)	(g)	(h)	(i)	(j)
1FDXE45F33HB52179	2003	III	2	N	02-203	<input checked="" type="checkbox"/>			
1FDWE35FX1HA75734	2001	III	2	R	01-201	<input checked="" type="checkbox"/>			
1FDWE35F02HA79079	2002	III	2	N	01-206	<input checked="" type="checkbox"/>			
1FDXE45F13HB52181	2003	III	2	N	02-203	<input checked="" type="checkbox"/>			
1FDSS34F6XHB60684	1999	II	1	N	98-01	<input checked="" type="checkbox"/>			
1FDXE45F13HB51418	2003	III	2	N	02-203	<input checked="" type="checkbox"/>			

Emergency Response Units – Compliance Summary								
Vehicle ID # (VIN)	Chassis Year	GVWR (kg)	ERV Type	Certified By	Compliant			Issue Ref#
					Y	N	NA	
(a)	(b)	I	(d)	(e)	(f)	(g)	(h)	(i)
1FDWE30F5WHB16754	1998	4762	E350	Wilcox	<input checked="" type="checkbox"/>			
2FFTRX17WX2CA36874	2002		Pickup	Rowland	<input checked="" type="checkbox"/>			
1FMFU16W53LB32752	2003		SUV	Rowland	<input checked="" type="checkbox"/>			
1FMZY73K84UA23859	2004		ESU	Rowland	<input checked="" type="checkbox"/>			
1FMFU16W64LB38159	2004		SUV	Rowland	<input checked="" type="checkbox"/>			

The Service Provider uses only vehicle identification numbers assigned by the Field Office. Each vehicle had its identification displayed on the front and rear of the vehicle. There were noted additions or conversions to the vehicles.

Vehicle Mechanical Condition

Ambulances and ESUs were maintained in a safe mechanical condition. There was documentation showing staff checked each vehicle at least once per day or shift. The Service Provider reviewed the checklists for comments or concerns about vehicle safety. However, they did **not** sign and date the reviewed documents. There was documentation demonstrating each vehicle had a minimum annual safety check as per related legislation. There was a policy indicating requirements for a scheduled deep cleaning program. The program was documented.

Vehicle Working Order

There was documentation showing ambulances and ESUs were maintained in working order. There was a preventative maintenance program. With some **minor** exceptions there was documentation reflecting the preventative maintenance program was done although several units had excessive mileage between servicing. Each vehicle was included in the preventative maintenance program. It was noted that geography hindered a few vehicles from obtaining preventative maintenance as per Manitoulin-Sudbury EMS/SMUs policy but this could be alleviated by rotating these units into a busier area as they become closer to the PM timeframe. There was a checklist verifying that the general safety features of each vehicle were functional.

Maintenance or repair records were kept on file for a period of at least five years. MOHLTC vehicle identification was recorded on vehicle repair and maintenance records.

Ambulance Vehicle Preventative Maintenance Table						
MOHLTC Vehicle Number	Most Recent Service	First Previous Service	Interval	Second Previous Service	Second Interval	Safety Certificate Date (dd/mm/yy)
5118	148520	141975	6545	133841	8134	21/03/07
5200	150529	144678	5851	135395	9283	12/03/07
5203	66389	55386	11003	47044	8342	15/11/06
5227	42649	35634	7015	26202	9432	01/02/07
5242	9198	7607	1591			15/12/06
5244	220679	212876	7803	204059	8817	03/01/07
5247	121743	106970	14773	102970	4706	09/02/07
5254	203184	192201	10983	180479	11722	30/01/07
5290	136613	125659	10954	117937	7722	16/03/06
5296	79361	74039	5322	69320	4719	31/01/07
5451	140587	129003	11584	124450	4553	08/02/07
5124	106223	101331	4892	94343	6988	09/11/06
5202	160967	152866	8101	145132	7734	14/12/06
5220	62352	46694	15658	36293	10401	24/10/06
5237	98086	94897	3189	89077	5820	18/08/06
5243	145414	133169	12245	131174	1995	04/11/06
5246	140044	134067	5977	128090	5977	14/02/07
5249	231349	224321	7028	213577	10744	10/06/06
5271	202627	194842	7785	184929	9913	10/03/06
5292	60417	42274	7315	37780	10828	20/12/06
5407	40220	37229	2991	36897	332	30/01/07
5452	142292	136711	5581	130483	6228	25/01/07

Vehicle Number Cross Reference Table		
Vehicle #	Vehicle Identification Number	MTO Annual Safety Inspection Sticker
5202	1FDWE35FX2HA79073	<input checked="" type="checkbox"/> Located on driver's window
5290	1FDXE45FX3HA24182	<input checked="" type="checkbox"/> Located on driver's window
5452	1FDXE45F13HB51418	<input checked="" type="checkbox"/> Located on driver's window
5447	1FDWE35F1YHA52062	<input checked="" type="checkbox"/> Located on driver's window
5227	1FDXEA5P54HB24670	<input checked="" type="checkbox"/> Located on driver's window
5118	1FDSS34F4XHB60697	<input checked="" type="checkbox"/> Located on driver's window
5243	1FDWE35F8YHB37836	<input checked="" type="checkbox"/> Located on driver's window
5296	1FDXE45F33HB20543	<input checked="" type="checkbox"/> Located on driver's window
5237	1FDXE45FX3HB52280	<input checked="" type="checkbox"/> Located on driver's window
5271	1FDWE35FO2HA79079	<input checked="" type="checkbox"/> Located on driver's window
5242	1FDWE35P65HB42201	<input checked="" type="checkbox"/> Located on driver's window
5249	1FDWE35FX1HA75734	<input type="checkbox"/> Not Located on vehicle
5124	1FDSS34F61HA60138	<input checked="" type="checkbox"/> Located on driver's window
5203	1FDWE35P85HA08225	<input checked="" type="checkbox"/> Located on driver's window
5451	1FDXE45F33HB52358	<input checked="" type="checkbox"/> Located on driver's window
5292	1FDXE45F13HB52181	<input checked="" type="checkbox"/> Located on driver's window

5315	2FTRX17WX2CA36874	<input checked="" type="checkbox"/> Located on driver's window
5246	1DDXE45F33HB52179	<input checked="" type="checkbox"/> Located on driver's window
5254	1FDWE35F2YHB57905	<input checked="" type="checkbox"/> Located on driver's window
5407	FDSS34F6HB60684	<input checked="" type="checkbox"/> Not Located on vehicle
5220	1FDXW45P64HB22653	<input checked="" type="checkbox"/> Located on driver's window

Vehicle Storage

Ambulances were stored in a protected environment, to prevent damage, contamination and hazard from extreme heat, cold and moisture. There was **not** the required storage space available for supplies and the space was **not** in clean condition as noted in Espanola station. Vehicles were **not** always cleaned once per day. Staff completed a checklist verifying the vehicle was in working order, except at the Wikwemikong station on the day the review team was present. The checklist allowed the paramedic to comment about vehicle deficiencies or safety concerns.

Vehicles were maintained in a clean and sanitary condition. Vehicles were stored in an environment to protect patient care supplies and equipment. Vehicle storage areas provided the required space for all vehicles. Vehicle areas were clean. Facilities and supplies were **not** always available to clean the vehicles. In Foleyet the crew washes the vehicle outside in good weather and in colder weather they take the vehicle to the MTO building located ¼ mile down the road.

Ambulance Vehicle Audit

The Service operated eighteen front line ambulances, four spares and three emergency response units. Twenty ambulances and one ERU were randomly inspected at a variety of stations. There were additions or conversions to the vehicles. Additions or conversions noted did have documentation to support they continue to meet the *Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard*.

All patient care equipment provided for use met the Equipment Standards. With a few exceptions ambulances were stocked with the required number and type of patient care equipment, as per the *Provincial Equipment Standards for Ontario Ambulance Services*. 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 **95**.

Vehicle Equipment Omission Summary	
• 7 of 21 - Had broken interior or exterior lights.	• 1 of 21 - Missing Sager.
• 1 of 21 - Missing ownership.	• 2 of 21 - Found dirty equipment.
• 2 of 9 - Missing First aide supplies.	• 6 of 21 - Had damage or rust to body.
• 1 of 21 - Missing Defib.	• 2 of 21 - Missing annual inspect. of fire ext.
• 1 of 21 - Had low oil.	• 3 of 21 - Found to be unclean.
• 6 of 21- Had missing or expired supplies.	• 2 of 21- MCI light sticks expired.
• 3 of 21- Had no current MTO safety sticker.	• 2 of 21- Sharps cont. full & or not secured.
• 2 of 21- Missing V-Vacs.	• 1 of 21 - Had expired emerg, response book.
• 1 of 21- Had broken radio speaker.	

Tobacco Prohibition

Ambulances were free of the smell of smoke. The ashtrays were clear of tobacco residue.

Recommendation: 14

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

Service Response

A memo has been circulated to all staff advising of the current procedure in ensuring equipment standards. A Management Operating Memo has been produced detailing the expectations of increased crew checks as part of ensuring compliance. Random audits of the vehicles have begun as a way to further ensure compliance.

Inspector's Findings

Manitoulin-Sudbury EMS/SMU has conducted a complete re-check of all its vehicles and has corrected all deficiencies as identified in the ambulance service review team's draft report. The Service has also added this matter for review in its regularly scheduled in-service training sessions. Operational memo 2007-40 was issued on October 2, 2007 to all staff wherein a number of vehicle related matters resultant from the service review are addressed. The Service also issued a new management operating procedure (MOP #2007-05) directing Service supervisory and management staff in specific minimum monthly and yearly crew check procedures. It is anticipated this new policy will greatly aid in reducing or eliminating instances of missing and defective equipment within the vehicles. This will remain an ongoing monitoring and enforcement matter for all staff and supervisory personnel. **The Service Provider continues to work towards compliance in this area.**

Recommendation: 15

The Service Provider/designate should sign the daily vehicle checklists after reviewing them for completeness and accuracy for Quality Assurance closure.

Service Response

The process for electronic signature is in the works with the information Technology Department. A biometric scanner is currently on trial for potential widespread use for manager's electronic signature, will commence by December 30, 2007. In the meantime we have been printing off copies of documentation contained in the DAL and signing in ink.

Inspector's Findings

Service supervisors and field managers are now signing all daily vehicle checklists once they have reviewed them. The station logs are also being reviewed and signed off. The biometric scanner project is still in trials and is progressing well. At present, it is expected the electronic system will go into full implementation at the end of the current year **Manitoulin-Sudbury EMS/SMU fully accepts this quality assurance best practice recommendation and has implemented it throughout its service.**

Recommendation: 16

The up-to-date Ministry of Transportation annual safety inspection sticker must be affixed to the vehicle, according to related legislation.

Service Response

- A review of the vehicles that were missing yearly MTO safety stickers has found that Annual Certificates are accounted for in the vehicles paperwork.
- 5249 – Annual inspection due October 24, 2007. Previous inspection on October 24, 2006. Garage Error – resubmitted MTO sticker.
- 5407 – Annual inspection completed on January 30, 2007. MTO Sticker verified on drivers side window.
- 5242 – Annual inspection completed on December 15, 2006. MTO Sticker verified on drivers side window.
- 4217 – Not a vehicle in our fleet.

Inspector's Findings

The three vehicles found during the service review to be missing the required Ministry of Transportation annual safety sticker now have a current sticker displayed on the vehicle. The safety sticker for vehicle 5249 showed an expired date when the review team examined it. This was an error by the Service's garage personnel who inadvertently punched the wrong year on the sticker. **The Service Provider is now compliant in this area.**

Correction

Vehicle 4217 is not a vehicle of Manitoulin Sudbury EMS/SMU and was not listed in the Vehicle Number Cross Reference Table found on page 35 of the draft report. It should not have been referenced in the draft report.

Recommendation: 17

Ambulances must be maintained in a clean and sanitary condition.

Service Response

A memo has been circulated to all staff advising of the current procedure in ensuring equipment standards. A Management Operating has been produced detailing the expectations of increased crew checks as part of ensuring compliance. Random audits of the vehicles have begun as a way to further ensure compliance.

Inspector's Findings

The Service will add this topic for review at its regular in-service training. The matter will also be posted on the Service's intranet system. Service supervisory and management staff will continue to monitor this matter and enforce the related vehicle cleaning policies. **The Service Provider continues to work towards achieving full compliance in this area.**

Recommendation: 18

The Service Provider should ensure their vehicle preventative maintenance program is followed.

Service Response

We have every intention of ensuring that our vehicle maintenance program is adhered to. Understanding certain difficulties we have attempted to provide explanation where applicable. We have adjusted our spreadsheet to reflect earlier in advance any preventative maintenance.

Inspector's Findings

The Service has instituted a new electronic tracking system which it is hoped will ensure vehicles receive their preventative maintenance on schedule. The new system has increased the alert normally given when the vehicle is within 500km of its next due maintenance. This will allow for the large distances the Service covers and the rapidity of mileage accumulation due to the distances a vehicle covers in handling an average call. The system will permit greater lead time to bring vehicles in for service before it reaches its threshold mileage. Mileage updates have also gone from monthly to weekly.

The Service has also taken a look at its preventative maintenance system for vehicle patient conveyance devices, and the oxygen/suction equipment. There are now two lead hands in place and the Service goal is to have four lead hands. The lead hands will receive training on stretcher and oxygen maintenance before the end of February 2008 and will be responsible for all such equipment. **The Service Provider fully accepts this quality assurance best practice recommendation and has put its plans into effect.**

Recommendation: 19

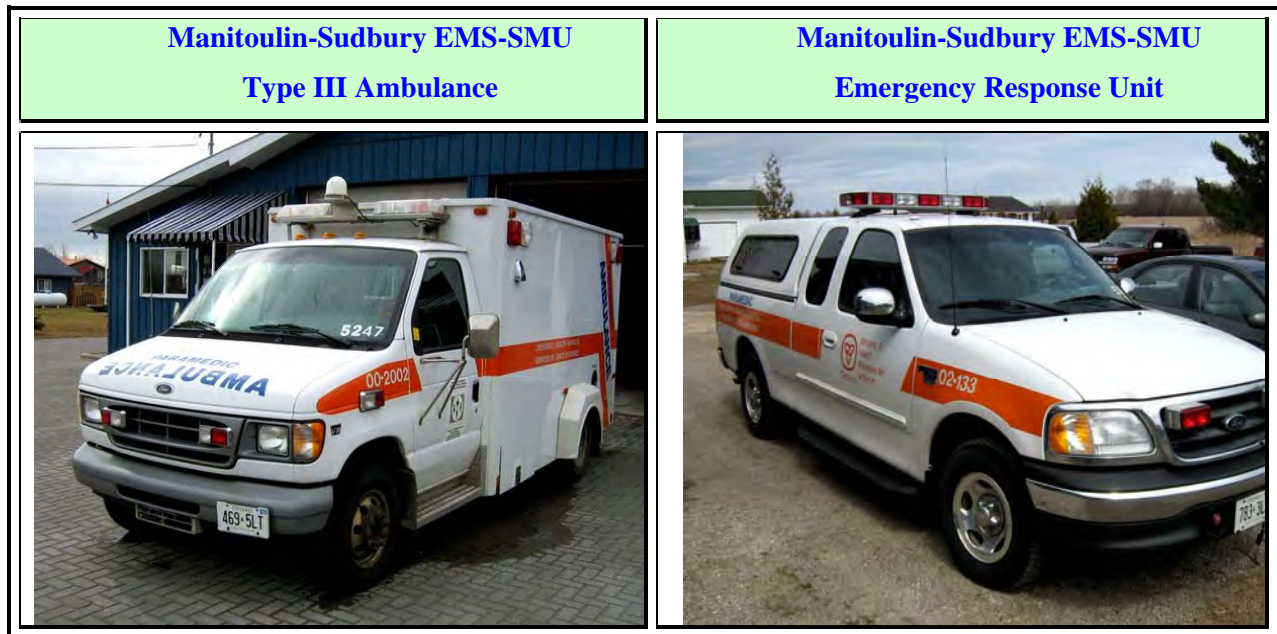
Facilities and supplies should be accessible to clean the vehicles at the Foleyet station.

Service Response

The Foleyet Station has access to clean their vehicle at the local Ministry of Transportation yard. This situation has been inherited by Manitoulin-Sudbury EMS from the MOHLTC and has not changed since the HOMLTC had control over this station. Manitoulin-Sudbury EMS is currently conducting preliminary investigations into better outfitting the Foleyet Station.

Inspector's Findings

Manitoulin-Sudbury EMS/SMU is currently seeking alternative facilities for its Foleyet station. The current situation was inherited at downloading and the current storage building does not have vehicle washing capability. There is a standing arrangement for the Service's crews to wash and clean their vehicle at the Ministry of Transport yard in town. This is not ideal but it does provide the opportunity to maintain the Service's cleaning policies. The station has been supplied with some cleaning items for quick wipe downs of interior surfaces. The Service realizes the importance of proper and adequate cleaning 24/7 and is actively working with the DSSAB to acquire an adequate facility that meets the Service's requirements.



PATIENT CARE EQUIPMENT

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. There was a check list that ensured patient care and accessory equipment was in working order. The check list did **not** allow paramedics to make comments regarding equipment deficiencies, missing stock or items needing repair or replacement. The Service Provider reviews the check lists for completion and accuracy. However, there was **no** initial or signature to indicate the reviewing process.

There was a policy regarding disinfection and sanitization procedure of vehicles and equipment. The policy outlined the disinfection and sanitization procedures to be followed by staff. There was a policy regarding cleaning of equipment and the patient care compartment. There was documentation demonstrating the policy is monitored and enforced, however the checklists were **not** dated or signed.

Patient Care and Accessory Equipment

Patient care and accessory equipment was **not** always maintained in working order. It was **not** always in a clean and sanitary condition. In vehicle **5220** a stain was found on the sager which appeared to be blood, and white residue was found on the ankle strap of the sager.

Patient care and accessory equipment was **not** protected from exposure to contaminate, excessive heat and cold, exhaust, and particulate contamination in Hagar, Chapleau and Wikwemikong. Staff completed the patient care accessory equipment checklist except in Wikwemikong.

Equipment was **not** always cleaned before and after use. Dirty equipment was found in two vehicles. The patient care compartment was cleaned after a call. Equipment cleaning supplies

were available in the stations.

There was 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 was documentation demonstrating that patient care equipment repairs had been completed. Repair receipts were kept on file for a period of five years.

Each station had its own supply of oxygen. There were **not** a sufficient number of tanks accessible to staff in the Espanola station. Each station had adequate supplies to maintain service for a week. There was a policy regarding securing and safely restraining equipment and supplies in the vehicle. There was documentation showing these policies were monitored and enforced. Patient care and accessory equipment and supplies were **not** always secured in the vehicles.

Medications

There was documentation demonstrating expired medications, devices and patient care materials were identified and removed from use. The daily check of supplies included an inventory of medications. Medications were disposed of according to provincial and local policy except in Chapleau where expired medications were found in the storage room that had expired by at least one year. Medications were stored to protect from contamination and environmental exposure. Medications were **not** secured from unauthorized access in the Chapleau station where they were **not** locked and vehicles were **not** locked while paramedics were away from the vehicle.

Oxygen Testing

The oxygen and suction equipment was **not** tested on a semi-annual basis. Oxygen equipment service records were **not** complete for all pieces of equipment. A history of scheduled oxygen equipment testing is attached as **Appendix E** on page **96**. Based on data available from Service files, the Service does **not** maintain all oxygen and suction equipment as per the manufacturer's specifications. Service oxygen testing equipment had been calibrated according to the manufacturer's specifications.

Stretcher Maintenance

Service stretcher maintenance files were **not** found to be complete. The Service maintenance program did include the stair chair, #9 stretchers and scoop stretcher. Service conveyance equipment required the light level, (1-25 calls per month for some units), and medium level (26-200 calls per month for other units) requiring inspection every six months. The Service records indicate they are **not** consistently meeting this requirement. A breakdown of stretcher maintenance findings is attached as **Appendix F** on page **101**.

Recommendation: 20

The Service Provider must ensure patient care and accessory equipment is maintained in a clean and sanitary condition.

Service Response

A memo has been circulated to all staff advising of the current procedure in ensuring equipment standards. A Management Operating has been produced detailing the expectations of increased crew checks as part of ensuring compliance. Random audits of the vehicles have begun as a way to further ensure compliance. Stained Sagar splint in 5220 verified taken out of service.

Inspector's Findings

Manitoulin-Sudbury EMS/SMU has issued a memo to all staff detailing the results of the service review and the findings. Supervisors and management staff have been directed to employ greater diligence during routine rounds of the stations and to discuss as often as possible the importance of proper cleaning of all equipment as soon as possible after it is soiled, or the offending matter is noticed. The specific deficiencies identified during the review have been corrected and confirmed by the field managers. This will remain an ongoing monitoring matter for all staff of the Service. **The Service Provider continues to actively work towards compliance in this area.**

Recommendation: 21

Patient care equipment and supplies should be protected from exposure to excessive heat or cold and from exhaust and particulate contamination.

Service Response

- An email has been sent to the Field Managers of the effected stations indicating that the removal of the effected equipment is essential.
- Verified that Chapleau no longer has any patient care supplies stored in a way that would allow for exposure to excessive heat or cold and exhaust and particulate contamination.
- Verified that Hagar no longer has any patient care supplies stored in a way that would allow for exposure to excessive heat or cold and exhaust and particulate contamination.
- Verified that Wikwemikong no longer has any patient care supplies stored in a way that would allow for exposure to excessive heat or cold and exhaust and particulate contamination.

Inspector's Findings

The specific stations involved, Chapleau, Wikwemikong and Hagar have had all their contaminated supplies and equipment removed and replaced. Each of these stations now has proper and sufficient containers to store their respective supplies and also protect them from environmental conditions and atmospheric contamination. **The Service Provider accepted this quality assurance best practice recommendation and implemented measures to achieve compliance.**

Recommendation: 22

The equipment checklist should allow the paramedic to comment regarding equipment deficiencies, missing stock or items needing repair or replacement.

Service Response

Updated the vehicle checklist to enable staff to comment directly on the form itself. Previous version indicated to comment on DAL which was part of the same document.

Inspector's Findings

The Service revised its equipment checklist and provided space for staff to comment on deficiencies, missing items, and matters needing repair or replacement. The Service also took this opportunity to tidy up other minor areas of their checklist to make the list more user friendly. **The Service accepted this quality assurance best practice recommendation.**

Recommendation: 23

Additional oxygen cylinders should be readily accessible to staff at the Espanola station.

Service Response

Ordered 1 extra M Tank and 5 extra D Tanks for the Espanola Station.

Inspector's Findings

Manitoulin-Sudbury EMS/SMU responded immediately to this recommendation and increased the supply of oxygen M and D tanks at the Espanola Station in accordance with the draft report's recommendation. **The Service accepted this quality assurance best practice recommendation and acted upon it.**

Recommendation: 24

The preventative maintenance program for patient carrying equipment, oxygen delivery systems and suction equipment should meet the requirements of the manufacturers' specifications.

Service Response

We most recently have set the parameters of stretcher maintenance to the medium usage level service wide to prevent potential gaps in servicing between our medium and low call volume stations. With the recent implementation of Lead Hand Paramedics, we plan on better ensuring that equipment maintenance programs are followed. We will provide them, as well as other interested staff, with training in the Ferno Stretcher Maintenance program and the oxygen testing training. A spreadsheet has been distributed that details monthly requirements on a yearly basis.

Inspector's Findings

The Service has instituted a new electronic tracking system which it is hoped will ensure all patient carrying equipment, oxygen delivery systems, and suction equipment receive their preventative maintenance on schedule. There are now two lead hands in place and the Service goal is to have four lead hands. The lead hands will receive training on stretcher and oxygen maintenance before the end of February 2008 and will then be responsible for all such equipment. The preventative maintenance program that the Service is instituting will employ whatever recommendations, time intervals, and methods the respective manufacturers recommend for the particular item. The Service will review its program after a time interval, and if it feels it is necessary, it may increase its parameters above those of the manufacturers. **The**

Service Provider fully accepts this quality assurance best practice recommendation.

Recommendation: 25

Equipment and supplies should be restrained and be secured in the ambulance service vehicle during patient transport.

Service Response

A memo has been circulated to all staff advising of the current procedure in ensuring equipment standards. A Management Operating has been produced detailing the expectations of increased crew checks as part of ensuring compliance. Random audits of the vehicles have begun as a way to further ensure compliance.

Inspector's Findings

The Service has placed greater emphasis on supervisor and management personnel to monitor and audit crew performance in the matter of equipment and supplies restraint. The topic is being added for insertion in the Service's in-service training program and will be added to the intranet so all staff are made aware of this matter. This area will remain an ongoing monitoring matter for all staff and supervisory personnel. **The Service Provider accepts this quality assurance best practice recommendation and is committed to compliance in this area.**

Recommendation: 26

Medication should be stored in a manner that prevents unauthorized access.

Service Response

A memo has been circulated to all staff advising of the current procedure in ensuring equipment standards. A Management Operating memo has been produced detailing the expectations of increased crew checks as part of ensuring compliance. Random audits of the vehicles have begun as a way to further ensure compliance.

Inspector's Findings

This matter concerned the Chapleau station and has since been rectified by way of the use of a lockable storage container for medications. **The Service Provider fully endorses this quality assurance best practice recommendation and took immediate action to achieve compliance.**

Recommendation 27

Vehicles should be locked when the paramedics are away from the vehicle for extended periods of time.

Service Response

A memo has been circulated to all staff advising of the current procedure in ensuring equipment standards. A Management Operating memo has been produced detailing the expectations of

increased crew checks as part of ensuring compliance. Random audits of the vehicles have begun as a way to further ensure compliance.

Inspector's Findings

This matter is of great concern to Manitoulin-Sudbury EMS/SMU and the Service has notified all staff of the seriousness of properly locking the vehicles and providing protection for them and their contents, particularly at scenes. Crew checks have been increased and all supervisory and management personnel have been instructed to show greater diligence in monitoring and enforcing this serious matter. **The Service Provider agrees completely with this quality assurance best practice recommendation and has taken measures to bring about total compliance from all staff.**

Recommendation: 28

Expired devices and patient care materials should be identified and removed from use.

Service Response

A memo has been circulated to all staff advising of the current procedure in ensuring equipment standards. A Management Operating memo has been produced detailing the expectations of increased crew checks as part of ensuring compliance. Random audits of the vehicles have begun as a way to further ensure compliance.

Inspector's Findings

This matter involved expired medications in the storage room at the Chapleau Station. The expired medications were removed by management and replaced. The Service has addressed this matter with the staff who work the Chapleau station and have not found the problem at any of the other stations. Supervisory and field management staff have been instructed to monitor this matter closely at all stations and in all vehicles. **The Service Provider accepts this quality assurance best practice recommendation and continues to employ every means possible to maintain compliance.**

Recommendation: 29

Expired medications should be disposed of as per Service Policy.

Service Response

A memo has been circulated to all staff advising of the current procedure in ensuring equipment standards. A Management Operating memo has been produced detailing the expectations of increased crew checks as part of ensuring compliance. Random audits of the vehicles have begun as a way to further ensure compliance.

Inspector's Findings

This matter involved expired medications in the storage room at the Chapleau station. Expired medications were removed by management and replaced. The Service has addressed this matter

with staff who work the Chapleau station. Supervisory and field management staff have been instructed to monitor this matter closely at all stations and in all vehicles.

Two lead hands have been hired by the Service. One has been stationed at Little Current and one at Chapleau. Mindemoya will be the next station to receive a lead hand. With the addition of this level of supervision, the Service anticipates such deficiencies as this one will be more constantly addressed and mitigated. **The Service Provider accepts this quality assurance best practice recommendation and continues to employ every means possible to maintain compliance.**

POLICY AND PROCEDURE

There was a policy and procedure document. There was documentation indicating policies and procedures were communicated to staff. There was documentation demonstrating policies and procedures were reviewed and updated annually. New and updated policies and procedures were communicated to staff. Every Station had access to a copy of the Policy and Procedure manual.

The Service Provider has policies in place 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 MOHLTC photo identification card with the Service's service number on their person during 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Stating patients will be transported to the nearest medical facility that provides type of care required by the patient when there is no direction given by CACC.	<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.	<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"/>
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"/>

The Service Provider has policies in place covering the following areas:		Y	N
25.	Regarding the use of an ERV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26.	Ambulances & ERVs are to be used only for 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.	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 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39.	Requiring staff to comply with every direction and instruction issued by a CO with respect to the assignment of calls to ambulances and ERVs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40.	Requiring staff to advise CACC of each vehicle's availability when requested.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41.	Requiring movements of ambulances and ERVs be reported immediately to the communication service.	<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.	Regarding the disposal of expired controlled medications (where applicable).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
49.	Regarding the disposal of bio-medical waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50.	Regarding hygiene.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
51.	Regarding the sharing and disclosure of Personal Health Information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52.	Regarding the use of cell phone cameras while on duty.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
53.	Directing staff in the release of confidential information to allied agencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
54.	Directing staff in the release of confidential information to the public.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
55.	Regarding the decommissioning of emergency vehicles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Driving Practices

The Service Provider had a speed and movement monitoring device in the vehicles. Information from the monitoring device was audited for excessive speed. There was a policy outlining use of speed during provision of ambulance service. The Service Provider observed driving practices for speed violations. There was documentation indicating the policy concerning use of speed was monitored and enforced. The Service Provider made

recommendations to staff following an investigation into driving activity. Remedial training occurred as a result of recommendations from driving activity investigations.

Stretcher patients, including ambulatory patients, were secured during transport. Staff and passengers were always wearing seat belts during the provision of ambulance service. Stretchers were secured in the ambulance.

Communicable Disease Practices

There was documentation to demonstrate that the Service Provider had identified a person who was designated to implement communicable disease policies and procedures according to the *Ambulance Service Patient Care and Transportation Standards*. There was a service policy which addressed potential exposure of staff to communicable diseases. There was documentation to demonstrate the Service Provider communicated all MOHLTC communicable disease directives and bulletins to staff. There was a policy which addressed the need for staff to follow universal precautions.

Contingency and Disaster Plan

There was a Contingency and Disaster Plan. The Service Provider worked cooperatively with other health care agencies to create, update and train staff in the Contingency and Disaster Plan. The Service Provider works with Base Hospital and the CACC in reviewing the disaster plan. A copy of the Contingency Disaster Plan was accessible at each station.

There was documentation demonstrating that the Service Provider ensured that ambulance service would not be interrupted, should a major incident, which overwhelms resources occur. The Service Provider had a written agreement with another ambulance service to share spare vehicles. There was documentation demonstrating vehicles had not been down staffed for excessive periods of time because of staff shortages. The Service Provider had a contingency plan to deal with multiple vehicle failures or breakdowns.

Sharing and Disclosure of Personal Information

The Service Provider had a policy outlining the legislative parameters of sharing and disclosure of patient's personal health information in accordance with the Ambulance Act Part V, section 2. Further, the Service had a policy governing the use of cell phone cameras by staff while on duty.

OPERATIONS

There was documentation of insurance coverage at least equal to that outlined in the legislation. The insurance policy included and covers each ambulance, the Service Provider and every driver. The Service Provider reviewed the insurance coverage on a regular basis to ensure that it remained current and valid.

- There was a policy regarding the transport of a patient as directed by the CACC. There was also a policy regarding transport of a patient when not directed by the CACC.
- There was a policy regarding ambulance service assignments from the CACC. The Service Provider and staff accepted ambulance calls assigned by the CACC.

- There was a policy that ambulance staff comply with every direction and instruction issued by the CACC. The Service Provider and staff followed the direction of the Communications Officer.
- There was a policy regarding reporting availability of ambulances. There was a policy regarding vehicle movements. There was documentation demonstrating the Service Provider ensured that CACC was notified whenever an ambulance was moved.
- There was documentation demonstrating the Service Provider notifies CACC whenever an ambulance was removed from service. There was also a policy concerning communicating vehicle return to service.
- There was a Service policy requiring staff to immediately notify CACC and police when an ambulance is involved in an accident. The policy directed staff to complete a collision report for each collision. There was documentation demonstrating the Service Provider audits completed collision reports for completeness and accuracy. The Service Provider worked co-operatively with police and other related agencies to investigate the accident.

The above referenced policies were monitored and enforced.

COMMUNICATION

There was a written performance agreement between the Service Provider and Base Hospital. There was documentation demonstrating the Service Provider worked with Base Hospital to resolve issues of mutual concern. There was documentation demonstrating the Service Provider works cooperatively with the Base Hospital in scheduling staff for CME courses or programs.

There was documentation indicating the Service Provider addresses issues with other health and emergency agencies and met with organizations directly impacting ambulance service operation. There was documentation demonstrating the Service Provider investigates patient care and service delivery complaints and responds to these complaints. Recommendations were made to staff to prevent incidents from reoccurring.

There was documentation demonstrating the Service Provider meets with CACC on a regular basis to resolve issues of mutual concern, and to discuss new policy issues and to identify patient care issues. There was documentation indicating the Service Provider notified CACC of changes to current staffing patterns.

There was documentation demonstrating the Service Provider provided the CACC access to radios and other communications equipment when requested. The Service Provider worked cooperatively with the CACC to ensure communications equipment repairs were completed.

The Service Provider worked cooperatively with CACC to review and investigate calls and worked with CACC to identify when service reaction times have not been met. There was a policy stating staff will use only the designated radio call identifier.

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

FACILITIES/ACCOMMODATIONS

- ↳ There was **not** working emergency lighting systems in all stations.
- ↳ The garage doors did **not** open and close without difficulty.
- ↳ Each door was equipped with a manual release mechanism.
- ↳ Each door was equipped with a manual release mechanism. Each door opened manually.
- ↳ There were fire extinguishers accessible throughout the vehicle storage area.
- ↳ Each fire extinguisher was tagged and inspected, according to legislation.

A complete station audit table is attached as **Appendix G** on page **106**.

Recommendation: 30

The Service Provider should ensure there is a working emergency lighting system in the garage and crew area.

Service Response

Manitoulin-Sudbury EMS is currently in the midst of costing and installing emergency lighting in the following locations: Mindemoya Station crew area, Hagar Station crew area, Espanola Station Garage area.

Manitoulin-Sudbury EMS has requested the owners of the Fire Hall in Foleyet consider placing emergency lighting in the garage area. If the owners of the building agree, emergency lighting will be placed in that building.

Inspector's Findings

The Service has initiated efforts to have emergency lighting installed in all stations. Social Housing will be installing the lighting within the next three to four weeks. The only exception at this time is the Foleyet station which is being negotiated with the fire department. This matter is expected to be favorably resolved. **The Service accepts this quality assurance best practice recommendation and has taken steps to put it into effect.**

Recommendation: 31

The Service Provider should ensure the ambulance base garage doors open and close without difficulty, and to further ensure that doors can be opened manually.

Service Response

Manitoulin-Sudbury EMS was fixing the malfunctioning doors in the Wikwemikong and Massey stations during the ASR visit. These garage doors had failed the day prior and were fixed the following day. The noted issues with the doors in Foleyet and Noëlville have been passed on to

the owners of the buildings. The issues noted in Gogama are currently being investigated by Manitoulin-Sudbury EMS with required repairs being completed.

Inspector's Findings

The Service has undertaken to effect repairs on the garage doors as noted in the service review draft report. At the time of the follow up visit, all garage doors were in proper working order. **The Service accepts this quality assurance best practice recommendation and took the necessary steps to put it into effect.**

RELATED HEALTH AND SAFETY (for awareness only)

- ↳ There was **not** a working exhaust fan located within the garage area in each Station.
- ↳ **Not** all stations were equipped with carbon monoxide detector installed in crew quarters.
- ↳ Oxygen cylinders were stored safely.
- ↳ Sharps containers were secured in the vehicles, except vehicles 5220 and 5407.
- ↳ There was eyewash station available to staff, in the chemical decanting areas except in Chapleau where there water bottles were empty;
- ↳ Disposable single-use equipment and supplies were discarded, after a single use.

Recommendation: 32

The noted ambulance base health and safety deficiencies should be addressed as appropriate.

Service Response

- CO detector verified in Noëlville.
- Sharps container brackets have been ordered and will be installed in 5200 and 5407 by October 2007.
- New sealed eye wash kits have been distributed to all stations.
- Manitoulin-Sudbury EMS is currently costing installation of exhaust fans for the Espanola, Mindemoya, and Little Current Stations.
- Wikwemikong exhaust fan is controlled by a sensor and the sensor is working properly.

Inspector's Findings

Manitoulin-Sudbury EMS/SMU has taken steps to rectify all outstanding matters as listed in Appendix G on page 90 of the service review draft report. **The Service Provider fully concurs with this quality assurance best practice recommendation and will continue to monitor related health and safety matters throughout their Service.**

SURVEY SUMMARIES PART B



Survey Receipt Table				Y	N
Field Office				<input checked="" type="checkbox"/>	
Base Hospital Survey				<input checked="" type="checkbox"/>	
CACC Survey				<input checked="" type="checkbox"/>	
Emergency Room Staff Survey				<input checked="" type="checkbox"/>	
Service Provider Survey				<input checked="" type="checkbox"/>	
Paramedic Survey	Surveys Distributed	60	Surveys Received	20	

Sudbury Field Office

- The working relationship between the Field Office and the Service Provider was positive and professional.
- The Field Office was given the opportunity to provide input relative to Service related issues.
- Incident reports were generally completed and forwarded by the Service Provider to the Field Office as required.
- The Service Provider follows the implemented staffing pattern.
- The Field Office is familiar with the Service Provider's organization chart.
- The Field Office was not aware of special programs provided by this Service: i.e. Bike Medic, Tactical Team, and Rescue Teams.
- The Field Office is familiar with the 90th percentile response time for this Service.
- The Service Provider assists in identifying community pre-hospital patient care needs.
- Community pre-hospital patient care needs and analysis finding are reported to the Field Office for consideration by the Service Provider.
- Community pre-hospital patient care needs and analysis finding are considered by the Service Provider for service improvements.

Comments

- Incidents have occurred where MOH and Base Hospital are unintentionally not notified of patient/public complaints. The Service needs to share all public/patient complaints with the Base Hospital and Field Office.
- Strongly recommend all patient/public EMS complaints be shared with Sudbury Base Hospital and Field Office. Without disclosure BH & FO are unable to determine if an investigation is warranted or needed.
- Not all incident reports have required patient info. All information needs to be disclosed on incident reports.

Sudbury Central Ambulance Communications Centre

- CACC dispatched 8811 calls to this Service for the calendar year of 2006.
- CACC was aware of the service commitments and level of patient care for this Service.
- CACC was not aware of any time when the service commitment was not met.
- CACC was not aware of any occurrences when paramedics tried to log onto the ARIS environment without a valid ID number.
- CACC was not aware of any occurrences when paramedics refused to provide service or follow directions of the communications officer.
- The Service Provider does meet with CACC on a regular basis to discuss Service delivery and operational issues.
- CACC had lodged a complaint with the Service in the past twenty four months.
- CACC did receive a reply to their complaint in a timely manner.
- CACC received co-operation from the Service for scheduling, repair completion and radio equipment maintenance.
- The Service routinely consults with CACC before implementing or revising policy that may affect the dispatching or deployment of ambulances.
- The Service does involve CACC in quality assurance activities.

- The Service works co-operatively with CACC when requested to change or modify its staffing pattern (i.e. up-staffing).
- Service paramedics were familiar with CACC Policies and Procedures.
- Service paramedics did consistently follow approved radio procedures by using required radio terminology.

Comments

- Responsive to CACC needs as well as their own.
- Excellent respect, rapport and cooperation with the CACC.
- Relatively low key operation with respect to complaints and nonsense issues.
- Consider the geographical challenges against numerous services - low call volumes.

Sudbury Base Hospital Program

- There was a written agreement, between the Base Hospital and the Service.
- Base Hospital was familiar with the level and type of service.
- Service supervisory paramedics were **not** readily available to Base Hospital when needed.
- There is an open and effective line of communication between the Base Hospital, the Service Provider and the Paramedics.
- Base Hospital does routinely audit ACRs from the Service.
- Base Hospital does provides periodic, statistical reports on ACR audits.
- Base Hospital stated they did not know if the Service performs its own ACR audits on calls.
- Base Hospital did discuss patient care related issues with the Service in the last year.
- The Service Provider worked cooperatively with the Base Hospital to investigate and resolve any issue identified during an audit.
- Base Hospital program auditing process had not identified that Service paramedics breached Base Hospital Policies and Procedures (with few exceptions dealt with during the process).
- Base Hospital does not perform ride-outs with the Service at this time.
- Service paramedics had completed all Base Hospital training and competency programs.
- The Service Provider worked co-operatively with the Base Hospital to ensure paramedics who required remedial training received it.
- Base Hospital does provide CME training to the paramedics of this Service.
- Base Hospital has not filed complaints with this Service in the last twelve months.
- Base Hospital does not participate in the disposal of expired drugs and / or medications.

Comments

- New Director and Operations Manager moving service in a positive direction.
- Service appears to be moving in an organized and strategic direction, toward improved patient care.
- Increased coverage in Mindemoya and Killarney and new standardized deployment plans.
- Updated facilities have shown key recognition of infrastructure needs.
- ACRs from West stations arrive roughly every 2 weeks. This delays timely QA.
- Communication between BH staff and EMS QA staff is an ongoing issue for both the BH Manager and EMS Director. Suggest EMS Director be official BH Liaison and all communication with this service and Base Hospital management be channeled through him.
- Assistance with facilities to host education events instead of down-loading these costs to Base Hospital (finding other facilities that charge to reserve).

St. Josephs Sudbury Regional Hospital

- Hospital staff has 24 hour access to ambulance supervisory staff if needed.
- Hospital staff has not reported any paramedic for questionable conduct or poor patient care.
- This facility does **not** have any type of regularly scheduled communication with the Service.
- Paramedics provide manual ventilation, provided oxygen, performed cardiac monitoring, immobilize spinal injuries, positioned patients, and splinted injuries as required.
- Paramedics gave verbal reports to ER staff that included a history of the current condition, patient vital signs, treatment prior to arrival, treatments given, and response to treatment.
- Paramedics would leave the white copy of the ACR at the Hospital.
- Paramedics patched through to the ER when patients were seriously ill or injured.
- Paramedics used the Canadian Triage Acuity Scale according to patient condition.
- Paramedics provided medications as required by patient care standards.
- The ER department does not sit on committees with staff of the ambulance service.
- St. Joseph's Hospital rated patient care as **Excellent**.

West Nipissing General Hospital

- Hospital staff has 24 hour access to ambulance supervisory staff if needed.
- Hospital staff has not reported any paramedic for questionable conduct or poor patient care.
- This facility does not have regularly scheduled communication with the Service.
- Paramedics provided manual ventilation, provided oxygen, performed cardiac monitoring, immobilize spinal injuries, positioned patients, and splinted injuries as required.
- Paramedics gave verbal reports to ER staff that included a history of the current condition, patient vital signs, treatment prior to arrival, treatments given, and response to treatment.
- Paramedics would leave the white copy of the ACR at the Hospital.
- Paramedics patched through to the ER when patients were seriously ill or injured.
- Paramedics used the Canadian Triage Acuity Scale (CTAS) according to patient condition.
- Paramedics provided medications as required by patient care standards.
- The emergency department does not sit on committees with staff of the ambulance service.
- West Nipissing General Hospital rated patient care as **Very Good**.

Espanola General Hospital

- Hospital staff has 24 hour access to ambulance supervisory staff if needed.
- Hospital staff has **not** reported any paramedic for questionable conduct or poor patient care.
- This facility does have regularly scheduled communication with the Service Operator.
- Paramedics provided manual ventilation, provided oxygen, performed cardiac monitoring, immobilize spinal injuries, positioned patients, and splinted injuries as required.
- Paramedics gave verbal reports to ER staff that included a history of the current condition, patient vital signs, treatment prior to arrival, treatments given, and response to treatment.
- Paramedics would leave the white copy of the ACR at the Hospital.
- Paramedics patched through to the ER room when patients were seriously ill or injured.
- Paramedics used the Canadian Triage Acuity Scale according to patient condition.
- Paramedics provided medications as required by patient care standards.

- The ER department does not sit on committees with staff of the ambulance service.
- Espanola General Hospital rated patient care as **Excellent**.

Chapleau Hospital

- Hospital staff has 24 hour access to ambulance supervisory staff if needed.
- Hospital staff has not reported any paramedic for questionable conduct or poor patient care.
- This facility does **not** have regularly scheduled communication with the Service.
- Paramedics provided manual ventilation, provided oxygen, performed cardiac monitoring, immobilize spinal injuries, positioned patients, and splinted injuries as required.
- Paramedics gave verbal reports to ER staff that included a history of the current condition, patient vital signs, treatment prior to arrival, treatments given, and response to treatment.
- Paramedics would leave the white copy of the ACR at the Hospital.
- Paramedics patched through to the ER when patients were seriously ill or injured.
- Paramedics used the Canadian Triage Acuity Scale according to patient condition.
- Paramedics provided medications as required by patient care standards.
- The ER department does not sit on committees with staff of the ambulance service.
- Chapleau Hospital rated patient care as **Excellent**.

Comments

Scheduled transfers leaving Chapleau must be exchanged “legs” with Timmins. As Foley shift start is 0900 Chapleau ambulance crew does not leave until 0900 hrs. Pts can not arrive in Timmins earlier than 1200 hrs. Start shift earlier or man vehicle earlier for transfer dates.

Mindemoya Hospital

- Hospital staff does not have 24 hour access to ambulance supervisory staff.
- Hospital staff has not reported any paramedic to the provider for questionable conduct or poor patient care.
- Paramedics provide manual ventilation, provided oxygen, performed cardiac monitoring, immobilize spinal injuries, positioned patients, and splinted injuries as required.
- Paramedics gave verbal reports to ER staff that included a history of the current condition, patient vital signs, treatment prior to arrival, treatments given, and response to treatment.
- Paramedics would leave the white copy of the ACR at the Hospital.
- Paramedics do not patch through to the ER room when patients were seriously ill or injured.
- Paramedics used the Canadian Triage Acuity Scale according to patient condition.
- Paramedics provided medications as required by patient care standards.
- The emergency departments does sit on committees with staff of the ambulance service.
- Mindemoya Hospital rated patient care as **Very Good**.

Comments

- Satisfied with local service in Mindemoya. Service issue with dispatch at times.
- Need to get radio in ER for paramedics to patch to ER staff. Need two radios because of location of ER and staffing in ER department for night ER nurse. Floor nurse comes to ER and needs radio on floor. During day ER nurse needs radio in ER.

Manitoulin/Sudbury EMS Paramedic Surveys

Twenty (20) staff completed this survey with the results as follows:

- All respondents were aware of a job description.
- All respondents were aware of the requirement to provide their employer with copies of renewable certificates, e.g. driver's licence, CPR, proof of immunization.
- All respondents were aware of the policy concerning reaction time for on-site staff.
- Ten of the respondents reported receiving feedback concerning incident reports.
- Sixteen of the respondents reported receiving feedback from Service management concerning ACR and patient care documentation.
- Eighteen of the respondents reported receiving feedback from the Base Hospital regarding patient care documentation.
- All respondents knew they were required to perform vehicle and equipment checks at the start of each shift.
- All respondents reported there was a Policy and Procedure manual. All respondents reported they were familiar with its contents.
- Thirteen respondents reported they were aware of a Disaster Plan. Two respondents reported receiving training on the implementation of this plan. No respondents had been involved in exercising the plan.

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

- We are meeting the needs of the local people in patient care. The people we service are getting the help needed but this is coming from the paramedics themselves.
- Documentation of daily activity logs, Misc. reports. Quality assurance program – documents needed for qualification always requested well in advance.
- Very good at implementing new policies, procedures and rules and regulations.
- I feel that over the last one to two years the service has made great strides to improve implementing and improving areas of management relation, updating equip. etc.
- This service is well organized and great at providing current information. Great QA.
- Very quick at addressing vehicle and equipment problems.
- Payroll. Field Supervision. Communication and training. Quality assurance. Scheduling. Base Hospital OSCE's a nightmare.
- Communication system (email-JBS scheduler). Field managers accessible and approachable.
- Providing current information on health out breaks, new equipment and changes to protocols.
- Standard equipment – same across the province (ex. D-fibs). Policy and Procedures same across the province.

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

- Lack of access to management at the PCP level. In the last 12 month we have seen our Director and Operations Manager once. They are placing themselves very distant from us. They are developing hard feelings by doing so. We seem to be developing more policy than just sitting down and talking things out.

- Not always easy to locate Field Manager. Field management teams seem overwhelmed. Management has made improvements to help but we need more than 2 field managers.
- Look at management's contribution to the medic's morale and assist us in being focused on our job instead of implementing and communication only for punitive situation.
- An area I feel that needs improvement is having management and the employees working together for the common good of the service, i.e. everyone working together as a team.
- I think this service needs to work on communication between field managers and employees. Also need to implement more equipment training reviews and policy and procedure quizzes.
- More feedback about how patient care was performed. More training on rarely used equipment or procedures. More self directed learning packages (quizzes reviews etc.) that have to be submitted.
- Training on equipment prior to having staff use it.
- No step by step directions to medics in eventuality of needle stick (AIDS) contacting patient. No process – no help – just a vague policy – unsure if local hospital even have AIDS anti viral drugs. Also, very difficult to get improvements to base.
- Stock delivery needs improvement as some stations have excess while others have minimum.
- Management-employee relations. Station maintenance e.g. takes 3 months to change light bulb. Vehicle supplies. Linen supplies. Stand by location with proper facilities – 2 portable radios, 1 for each medic.
- Employee/management relations. Station maintenance/base/supplies need upkeep.
- Excluding my field manager, managers are very dictatorial. They are either absent or unapproachable and do not accept input from paramedics to anything pertaining to us.
- Refresher training needed, even if it was just a training package over the internet.
- New paramedics (young ones) need to realize that cleaning the station as well as the ambulance vehicle needs to be done on a regular basis. Men need to realize it is simply not the women's job. This goes for senior medics too.
- Should not have volunteers working at full time or part time base. They do not have same backgrounds in training to ensure proper and safe care of patients.
- Bases should all be 12 hr rotations, all bases should be equipped with crew quarters where P/T employees can stay when out of town on duty (on-call). One dedicated person for scheduling issues, more CMEs from MSEMS.

APPENDICES PART C



Appendix – A

HRI Audit Table

Employee #	Missing File Information
10997	<ul style="list-style-type: none"> • No indication of Chicken Pox Immunization; and • No annual influenza immunization.
10134	<ul style="list-style-type: none"> • Missing confirmation of chicken pox immunization; and • No indication that employee is enrolled in a course leading to AEMCA certification.
43510	<ul style="list-style-type: none"> • MOHLTC identification card not current and copy is an illegible copy; and • No indication of Chicken Pox Immunization.
11561	<ul style="list-style-type: none"> • No OSSGD on file; and • No indication of Chicken Pox Immunization.
13926	<ul style="list-style-type: none"> • No OSSGD on file; • No indication of Chicken Pox Immunization; and • No annual influenza immunization.
92958	<ul style="list-style-type: none"> • No OSSGD on file; and • No indication of Chicken Pox Immunization.
73920	<ul style="list-style-type: none"> • No annual influenza immunization.
51403	<ul style="list-style-type: none"> • No indication of Chicken Pox Immunization.
66370	<ul style="list-style-type: none"> • No indication of Chicken Pox Immunization.
44049	<ul style="list-style-type: none"> • No OSSGD on file; and • No indication of Chicken Pox Immunization.
97545	<ul style="list-style-type: none"> • No OSSGD on file; and • No indication of Chicken Pox Immunization.
14597	<ul style="list-style-type: none"> • No OSSGD on file.
14377	<ul style="list-style-type: none"> • No OSSGD on file; • No indication of Chicken Pox Immunization; and • No annual influenza immunization.
14379	<ul style="list-style-type: none"> • No OSSGD on file; and • No indication of Chicken Pox Immunization.
13826	<ul style="list-style-type: none"> • No OSSGD on file; • No indication of Chicken Pox Immunization; and • No annual influenza immunization.
59383	<ul style="list-style-type: none"> • No OSSGD on file; and • No indication of Chicken Pox Immunization.
14604	<ul style="list-style-type: none"> • No OSSGD on file.
42654	<ul style="list-style-type: none"> • No indication of Chicken Pox Immunization; and • No annual influenza immunization.
61666	<ul style="list-style-type: none"> • No indication of Chicken Pox Immunization.
13493	<ul style="list-style-type: none"> • No indication of Chicken Pox Immunization; and • CPR certificate expired.
14910	<ul style="list-style-type: none"> • No OSSGD on file; and • No annual influenza immunization.
98157	<ul style="list-style-type: none"> • No indication of approved Chicken Pox Immunization;

Employee #	Missing File Information
10276	<ul style="list-style-type: none"> • No OSSGD on file; and • Driver's license illegible.
11597	<ul style="list-style-type: none"> • 2006 education letter on file but no immunization or decline option.
27981	<ul style="list-style-type: none"> • MOHLTC identification card illegible.
10014	<ul style="list-style-type: none"> • No indication of Chicken Pox Immunization.
14507	<ul style="list-style-type: none"> • No annual influenza immunization.
13482	<ul style="list-style-type: none"> • No indication of Chicken Pox Immunization.
14970	<ul style="list-style-type: none"> • No OSSGD on file; and • No indication of Chicken Pox Immunization.
56772	<ul style="list-style-type: none"> • No indication of approved Chicken Pox Immunization.
14909	<ul style="list-style-type: none"> • No Criminal Record check on file; and • No indication of approved Chicken Pox Immunization.
78217	<ul style="list-style-type: none"> • No indication of approved Chicken Pox Immunization.
13607	<ul style="list-style-type: none"> • No OSSGD on file; • No indication of approved Chicken Pox Immunization; and • No annual influenza immunization.
15031	<ul style="list-style-type: none"> • MOHLTC identification card illegible ; • No OSSGD on file; and • No indication of approved Chicken Pox Immunization.
14448	<ul style="list-style-type: none"> • No OSSGD on file; and • No indication of approved Chicken Pox Immunization.
12633	<ul style="list-style-type: none"> • No indication of Chicken Pox Immunization; and • No annual influenza immunization.
14969	<ul style="list-style-type: none"> • No OSSGD on file; • No indication of approved Chicken Pox Immunization; and • No annual influenza immunization.
47322	<ul style="list-style-type: none"> • Driver's license illegible.

Appendix – B

Patient Carried Calls Code 4 / 3

Call Number	Documentation Issue	Driver #	Attendant #
5310359	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No dispatch problem code; • No primary problem recorded; • No patient outcome in emerg; • No primary problem code; • No receiving facility signature; and • No travel conditions recorded. 	60452	19316
5310562	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No dispatch problem code; • No time of occurrence; • No vital signs recorded; • No receiving facility signature; and • No travel conditions recorded. 	42654	18217
5310809	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No postal code recorded; • No chief complaint recorded; • No time of occurrence; • No CTAS; • No patient outcome in emerg; • No receiving facility signature; and • No travel conditions recorded. 	10276	65005
5311185	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No date of birth recorded; • No primary problem; • No CTAS; • No treatment times; • No treatment codes; • No treatments or procedures; • No treatment results; • No vitals recorded; • No patient outcome in emerg; • No final primary problem; • No primary problem code; • No final status; • No receiving facility signature; and • No travel conditions recorded. 	32057	10276
1533973	<ul style="list-style-type: none"> • No hospital registration number; • No UTM code; and • No receiving facility signature. 	14377	15031

Call Number	Documentation Issue	Driver #	Attendant #
5311270	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No patient surname; • No given name; • No city/town recorded; • no postal code recorded; • No date of birth recorded; • No UTM code; • No time of occurrence; • No patient outcome in emerg; • No final status; • No receiving facility signature; and • No travel conditions recorded. 	19362	75086
5337848	<ul style="list-style-type: none"> • No hospital registration number; • No dispatch problem code; • No patient outcome in emerg; and • No receiving facility signature. 	61666	73556
5341567	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No crew type; • No call type; • No warning systems noted; • No procedure times recorded; • No patient outcome in emerg; and • No receiving facility signature. 	61666	73556
5337150	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No date of birth recorded; • No destination kilometers recorded; • No dispatch problem code; • No chief complaint; • No primary problem; • No time of occurrence; • No treatment times recorded; • No crew member initials in treatment area; • No patient outcome in emerg; • No final primary problem; and • No receiving facility signature. 	10646	13746
5369726	<ul style="list-style-type: none"> • No province recorded; • No hospital registration number; • No health card number recorded; • No time of occurrence; • No pt. outcome in emerg.; • No primary problem code; and • No receiving facility signature. 	76838	92545

Call Number	Documentation Issue	Driver #	Attendant #
5361086	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No date of birth recorded; and • No receiving facility signature. 	68360	14507
5364424	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No patient outcome in emerg; and • No receiving facility signature. 	13746	73556
5349772	<ul style="list-style-type: none"> • No hospital registration number; and • No patient outcome in emerg. 	90558	13926
5350740	<ul style="list-style-type: none"> • No province recorded; • No hospital registration number; • No health card number recorded; and • No travel conditions recorded. 	10134	11597
1524646	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; and • No UTM code. 	10600	56553
1524662	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No UTM code; and • No CTAS 	56553	10600
1524793	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No UTM code or pickup location code; and • No pt. weight. 	56553	10600
5368830	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No dispatch problem code; • No time of occurrence; • Vital signs incomplete; • No pt. outcome in emerg.; and • No receiving facility signature. 	13540	10123
5369313	<ul style="list-style-type: none"> • Vital signs incomplete; • No pt. outcome in emerg.; • No final primary problem; • No primary problem code; and • No receiving facility signature. 	46599	84482
5369578	<ul style="list-style-type: none"> • No province recorded; • No hospital registration number; • No health card number recorded; • No time of occurrence; • No pt. outcome in emerg.; and • No receiving facility signature. 	10123	14597

Call Number	Documentation Issue	Driver #	Attendant #
5370363	<ul style="list-style-type: none"> • No province recorded; • No hospital registration number; • No health card number recorded; • No UTM code; • No time of occurrence; • No treatment times recorded; • No primary problem code; and • No receiving facility signature. 	84482	46599
2042650	<ul style="list-style-type: none"> • No hospital registration number; • No dispatch problem code; • No incident history; • No allergies recorded; • No CTAS; • No pt. outcome in emerg.; and • No receiving facility signature. 	12164	14604
2042694	<ul style="list-style-type: none"> • No hospital registration number; • No UTM code or dispatch problem code; • No primary problem; • No time of occurrence; • Vital signs incomplete; • No primary problem code; and • No receiving facility signature. 	12164	14604
2042817	<ul style="list-style-type: none"> • No hospital registration number; • Vital signs incomplete; and • No receiving facility signature. 	14604	12164
2043231	<ul style="list-style-type: none"> • No hospital registration number; • No pt. outcome in emerg.; and • No receiving facility signature. 	15665	12165
2043240	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No route of medication recorded; and • No pt. outcome in emerg. 	13665	12165
5371139	<ul style="list-style-type: none"> • No hospital registration number; and • No health card number recorded; and • No receiving facility signature. 	27981	14448
5372567	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; and • No time of occurrence. 	14448	27981
1535484	<ul style="list-style-type: none"> • No hospital registration number; • No UTM code; and • No receiving facility signature. 	56553	14909
5311671	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No pickup location code; and • No receiving facility signature. 	13745	90558

Call Number	Documentation Issue	Driver #	Attendant #
5375513	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • Incomplete vital signs; • No pt. outcome in emerg.; and • No receiving facility signature. 	27981	83965
5374657	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No dispatch problem code; • No time of occurrence; • No pt. age/wt./gender; • No CTAS; • No back/pelvis exam; • No extremities exam; • No final primary problem; • No final primary problem code; • No receiving facility signature; and • Inappropriate terminology used. 	10364	12294
5375889	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No time of occurrence; • No pt. outcome in emerg.; and • No receiving facility signature. 	11596	98502
5376272	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No dispatch problem code; • No treatment prior to arrival recorded; • No pt. outcome in emerg.; and • No receiving facility signature. 	14101	56772
5377208	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No dispatch problem code; • No time of occurrence; • No relevant past history; • No pt. outcome in emerg.; and • No receiving facility signature. 	13494	12285
1568793	<ul style="list-style-type: none"> • No postal code recorded; • No date of birth recorded; • No hospital registration number; • No health card number recorded; and • No receiving facility signature. 	60617	79488
1532766	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No UTM code; and • No receiving facility signature. 	14315	14973

Call Number	Documentation Issue	Driver #	Attendant #
2036357	<ul style="list-style-type: none"> • No CTAS. 	14604	14730
5320372	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No UTM code; • No general appearance noted; • No physical exam recorded; • No crew member #2 signature; and • No travel conditions. 	79488	60617
5324054	<ul style="list-style-type: none"> • No province listed; • No postal code recorded; • No hospital registration number; • No health card number recorded; • No station number recorded; • No UTM code; and • No time of occurrence. 	12285	13494
5320561	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No treatment prior to arrival recorded; and • No receiving facility signature. 	60617	79488
1529339	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No UTM code; • No primary problem recorded; • No pt. outcome in emerg.; and • No receiving facility signature. 	14315	14448
1531492	<ul style="list-style-type: none"> • No UTM code; and • No receiving facility signature. 	14377	14315
1532259	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No UTM code; • No CTAS; • No pt. outcome in emerg.; • No final primary problem; • No final primary problem code; • No base hospital #; and • No receiving facility signature. 	14315	14909
1432768	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; and • No UTM code. 	14973	14315
1532963	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No UTM code; • No pt. outcome in emerg.; and • No receiving facility signature. 	14377	14909

Call Number	Documentation Issue	Driver #	Attendant #
1524035	<ul style="list-style-type: none"> • No UTM code; and • No receiving facility signature. 	14909	14377
5311265	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; and • No receiving facility signature. 	13745	90558
1530736	<ul style="list-style-type: none"> • No UTM code; and • No receiving facility signature. 	15031	14377
5337650	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No final status recorded; and • No receiving facility signature. 	12936	90558
5339191	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No pt. outcome in emerg.; and • No receiving facility signature. 	10134	13926
5343554	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No call type recorded; and • No receiving facility signature. 	14790	10134
2032762	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No time of occurrence; and • No receiving facility signature. 	12165	13665
2032778	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No time of occurrence; and • No receiving facility signature. 	12165	13665
2032798	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No UTM code; • No time of occurrence; and • No receiving facility signature. 	12165	13665
2033087	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No incident history; • No skin assessment; and • No receiving facility signature. 	13867	14604
2033248	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; and • No receiving facility signature. 	56592	12164
5337494	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • Incomplete vital signs; and • No pt. outcome in emerg. 	Not recorded	Not Recorded

Call Number	Documentation Issue	Driver #	Attendant #
5378835	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No medications listed; and • No receiving facility signature. 	52538	83865
5338168	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No incident history recorded; • Incomplete vital signs; and • No receiving facility signature. 	Not recorded	Not recorded
5339220	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No start kilometers; • No pickup kilometers; • No destination kilometers; • Incomplete vitals; • Incorrect final primary problem; • Incorrect final problem code; and • No receiving facility signature. 	Not recorded	Not Recorded
5339717	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • CTAS inappropriate; • No pt. outcome in emerg.; and • No receiving facility signature. 	Not recorded	Not Recorded
5377068	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No primary problem recorded; • Incomplete vital signs; and • No receiving facility signature. 	52538	83865
5377326	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No time of occurrence; • Incomplete vital signs; and • No receiving facility signature. 	52538	83865
5377272	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No time of occurrence; • No medications listed; • No CTAS; • No receiving facility/ destination; and • No receiving facility signature. 	83865	52538
5369336	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No time of occurrence; • No pt. outcome in emerg.; and • No travel conditions. 	84482	46599

Call Number	Documentation Issue	Driver #	Attendant #
5377890	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No primary problem recorded; • No route of medication recorded; • No pt. outcome in emerg.; • No primary problem code; and • No receiving facility signature. 	27981	14448
1547576	<ul style="list-style-type: none"> • No hospital registration number; and • No UTM code. 	10600	14909
5366369	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; and • No travel conditions. 	19362	97545
5366812	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No dispatch problem code; • No primary problem recorded; • No time of occurrence; • No CTAS; • No pt. outcome in emerg.; and • No receiving facility signature. 	72512	59140
5366940	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; and • No receiving facility signature. 	97545	14597
1545102	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No UTM code; • No pt. outcome in emerg.; and • No receiving facility signature. 	14379	14973
1546884	<ul style="list-style-type: none"> • No hospital registration number; and • No UTM code. 	14604	14973
1545471	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No UTM code; and • No receiving facility signature. 	15032	14973
1545737	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No UTM code; • Incomplete vital signs; and • No travel conditions. 	14379	14973
1547576	<ul style="list-style-type: none"> • No hospital registration number; and • No UTM code. 	10600	14909

Call Number	Documentation Issue	Driver #	Attendant #
1547464	<ul style="list-style-type: none"> • No hospital registration number; • No UTM code; • No chief complaint recorded; • No primary problem recorded; • No CTAS; and • No primary problem code. 	10600	56553
1547383	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No UTM code; and • Inappropriate terminology used. 	15032	10600
5366804	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No time of occurrence; • Incomplete vital signs; and • No receiving facility signature. 	59140	72512
1547711	<ul style="list-style-type: none"> • No hospital registration number; • No UTM code; • No CTAS; and • No receiving facility signature. 	56553	14909
5387506	<ul style="list-style-type: none"> • No province listed; • No postal code recorded; • No hospital registration number; • No health card number recorded; • No pt age/wt./gender recorded; • No CTAS; • No pt. outcome in emerg.; and • No receiving facility signature. 	13568	11561
1548874	<ul style="list-style-type: none"> • No hospital registration number; • No UTM code; • No primary problem recorded; and • No crew member initials in treatment area. 	56577	10600
1546777	<ul style="list-style-type: none"> • No hospital registration number; • No UTM code; • No primary problem recorded; and • No primary problem code. 	15031	14377
5330413	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No time of occurrence; • No pt. outcome in emerg.; and • No receiving facility signature. 	32057	51352
5331339	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No time of occurrence; • No pt. outcome in emerg.; and • No receiving facility signature. 	78217	14407

Call Number	Documentation Issue	Driver #	Attendant #
5330419	<ul style="list-style-type: none"> • No province listed; • No postal code recorded; • No hospital registration number; • No health card number recorded; • No time of occurrence; • No pt. outcome in emerg.; and • No receiving facility signature. 	51352	32057
5349755	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No pt. outcome in emerg.; and • No receiving facility signature. 	98552	78683
5330854	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No primary problem recorded; • No time of occurrence; • No pt age/wt./gender recorded; • Incomplete vital signs; • No pt. outcome in emerg.; • No primary problem code; and • No receiving facility signature. 	19362	85369
5330797	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No time of occurrence; • No pt. outcome in emerg.; and • No receiving facility signature. 	10262	65005
2036364	<ul style="list-style-type: none"> • No hospital registration number; • No special codes recorded; • No time of occurrence; • No pt. outcome in emerg.; and • No receiving facility signature. 	14730	14604
2036395	<ul style="list-style-type: none"> • No hospital registration number; • No pt. outcome in emerg.; and • No receiving facility signature. 	12164	14730
2032678	<ul style="list-style-type: none"> • No receiving facility signature. 	13665	14972
2032682	<ul style="list-style-type: none"> • No hospital registration number; • No time of occurrence; • No pt. outcome in emerg.; and • No receiving facility signature. 	14972	13665
5348581	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No time of occurrence; • No pt. outcome in emerg.; and • No receiving facility signature. 	10314	98585

Call Number	Documentation Issue	Driver #	Attendant #
5387691	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No pt age/wt./gender recorded; • No CTAS; • No receiving facility signature; and • No travel conditions. 	14507	68360
5348733	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No time of occurrence; • No pt. outcome in emerg.; and • No receiving facility signature. 	98683	99048
5348897	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No pt. outcome in emerg.; and • No receiving facility signature. 	12294	56772
5349524	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No pt. outcome in emerg.; • No final primary problem recorded; and • No receiving facility signature. 	98587	13168
5386291	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No time of occurrence; • No pt age/wt./gender recorded; • No CTAS; • Incomplete vital signs; • No pt. outcome in emerg.; and • No receiving facility signature. 	14514	11025
5387183	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No pt. outcome in emerg.; • No receiving facility signature; and • No travel conditions. 	13568	13746
5388032	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; and • No receiving facility signature. 	13568	13746
5324121	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; and • No pt. outcome in emerg. 	92958	98339
5324421	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; and • No receiving facility signature. 	92958	27981

Call Number	Documentation Issue	Driver #	Attendant #
5322492	<ul style="list-style-type: none"> • No province listed; • No hospital registration number; • No health card number recorded; • No time of occurrence; • No pt. outcome in emerg.; and • No receiving facility signature. 	12294	66320
5371351	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; and • No receiving facility signature. 	98157	12294
5372505	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No CTAS; • No pt. outcome in emerg.; and • No receiving facility signature. 	56772	11598
5373959	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No pt. outcome in emerg.; • No receiving facility signature; and • No travel conditions. 	14332	56772
5320682	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • Incomplete vital signs; • No pt. outcome in emerg.; and • No receiving facility signature. 	12294	12633
5320960	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No call type recorded; • No allergies recorded; • No pt. outcome in emerg.; • No receiving facility signature; and • No travel conditions. 	66370	47322
5321671	<ul style="list-style-type: none"> • No city/town listed; • No province listed; • No hospital registration number; • No health card number recorded; • No dispatch problem code; • No secondary problem recorded; • No time of occurrence; • No chest pain exam; • No final primary problem recorded; • No primary problem code; • No final status recorded; and • No receiving facility signature. 	35611	12294

Call Number	Documentation Issue	Driver #	Attendant #
5378218	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No pt. outcome in emerg.; and • No receiving facility signature. 	97531	60617
5382598	<ul style="list-style-type: none"> • No hospital registration number; • No final status recorded; and • No receiving facility signature. 	10134	90558
5323386	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No dispatch problem code; • No time of occurrence; • Incomplete vital signs; • No pt. outcome in emerg.; and • No receiving facility signature. 	13540	10123
5384477	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No time of occurrence; • No pt. age; • No chest pain exam; • No pt. outcome in emerg.; • No receiving facility signature; and • No travel conditions. 	73556	11025
5384923	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No status recorded; • No destination kilometers; • CTAS inappropriate; • Incomplete vital signs; • No pt. outcome in emerg.; • No receiving facility signature; and • No travel conditions. 	14504	11025
5385016	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • CTAS inappropriate; • No pt. outcome in emerg.; and • No receiving facility signature. 	13746	11561
5385758	<ul style="list-style-type: none"> • No deficiencies found. 	55874	13568
5337995	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • Incomplete pickup location code; • No time of occurrence; • Incomplete vital signs; and • No receiving facility signature. 	Not Recorded	Not Recorded

Call Number	Documentation Issue	Driver #	Attendant #
5377671	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • Poor past history; • No pt. outcome in emerg.; and • No receiving facility signature. 	60617	79488
5380467	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • Incomplete vital signs; • No pt. outcome in emerg.; • No final primary problem or code recorded; • No final status recorded; and • No receiving facility signature. 	79488	60617
5377037	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No pt. wt recorded; • No pt. outcome in emerg.; and • No receiving facility signature. 	Not Recorded	Not Recorded
5379369	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No dispatch problem code; • No pt. outcome in emerg.; and • No receiving facility signature. 	13494	12285
5378749	<ul style="list-style-type: none"> • No hospital registration number; • No pt. outcome in emerg.; • No final primary problem or code recorded; • No receiving facility signature. 	10134	90558
5379655	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No pt. outcome in emerg.; and • No receiving facility signature. 	Not Recorded	Not Recorded
5380311	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • Incorrect CACC #; • No treatment prior to arrival recorded; • No CTAS; • No pt. outcome in emerg.; and • No receiving facility signature. 	Not Recorded	Not Recorded
5376937	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No secondary problem; • No time of occurrence; and • No skin assessment. 	Not Recorded	Not Recorded

Call Number	Documentation Issue	Driver #	Attendant #
5382456	<ul style="list-style-type: none"> • No province listed; • No hospital registration number; • No health card number recorded; • Incomplete pickup location code; • No allergies recorded; • No route of medication recorded; • No pt. outcome in emerg.; and • No receiving facility signature. 	Not Recorded	Not Recorded
5382274	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • Incorrect CACC #; • Incorrect pickup location code; and • No pt. outcome in emerg. 	Not Recorded	Not Recorded

Patient Carried Calls - Code 1, 2

Call Number	Documentation Issue	Driver #	Attendant #
5324435	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card or station number recorded; • No dispatch problem code; • No return priority code; • No number of patients; • No patient sequence number; • No time of occurrence; • No incident history; • No treatment prior to arrival; • Incomplete physical exam; and • No treatment times. 	13494	12285
5321125	<ul style="list-style-type: none"> • No province listed; • No postal code recorded; • No hospital registration number; • No health card number recorded; • No station number recorded; • No UTM recorded; • No return priority code; • No primary problem recorded; and • No time of occurrence. 	12285	13454
5375003	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No date of birth recorded; and • No UTM recorded. 	13746	97531
5339507	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; and • No crew member initials in treatment area. 	13568	55874

Call Number	Documentation Issue	Driver #	Attendant #
5337603	<ul style="list-style-type: none"> • No hospital registration number; and • No health card number recorded. 	55874	13568
5360462	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; and • No time of occurrence. 	61666	73556
152831	<ul style="list-style-type: none"> • No patient surname recorded; • No patient given name; • No mailing address; • No city/town listed; • No province listed; • No postal code recorded; • No hospital registration number; • No health card number recorded; • No date of birth recorded; • No UTM recorded; • No dispatch problem code; • No number of patients; • No treatments or procedures recorded; • No vital signs recorded; • No reason for cancellation recorded; and • Aid to Capacity section incomplete. 	14315	11793
1532353	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No UTM recorded; • No time of occurrence; • Refusal of service section incomplete. 	14315	14909
1533571	<ul style="list-style-type: none"> • No hospital registration number; • No special codes recorded; • No pickup location code recorded; • No head/neck exam; • No chest exam; • No abdomen exam; • No Back/pelvis exam; • No treatment times recorded; • No vital signs recorded; and • No crew member initials in treatment area. 	14973	14315
1533581	<ul style="list-style-type: none"> • No hospital registration number; and • No UTM recorded. 	56553	14909
5342364	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • Aid to capacity incomplete; and • Refusal of service section incomplete. 	10134	90558
1534392	<ul style="list-style-type: none"> • No hospital registration number; • No UTM recorded; • No dispatch problem code; and • Refusal of service section incomplete. 	10997	14604

Call Number	Documentation Issue	Driver #	Attendant #
1535228	<ul style="list-style-type: none"> • No patient surname recorded; • No patient given name; • No mailing address; • No city/town listed; • No province listed; • No postal code recorded; • No hospital registration number; • No health card number recorded; • No date of birth recorded; • No UTM recorded; • No dispatch problem code; • No pickup location code recorded; • No time of occurrence; • No pt. age, weight, gender recorded; • No general appearance noted; and • Refusal of service section incomplete. 	10997	14604
5354651	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No number of patients; • No patient sequence number; • No warning systems recorded; • No pickup location code recorded; • No chief complaint; and • No primary problem recorded. 	13926	14970
5336932	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No dispatch problem code; • No treatment times; • No treatment codes or results; • No medicines or procedures recorded; • No vital signs recorded; • No crew member initials; • No crew member number; and • Refusal of service section incomplete. 	10134	90558
5348331	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • Refusal of service section incomplete. 	10134	90558
5313609	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No primary problem recorded; • No treatment prior to arrival; • Aid to capacity section not completed; and • Refusal of service section incomplete. 	42654	10276
1525390	<ul style="list-style-type: none"> • No hospital registration number; • No UTM recorded; and • Refusal of service section incomplete. 	10997	14377

Call Number	Documentation Issue	Driver #	Attendant #
5312123	<ul style="list-style-type: none"> • No province listed; • No postal code recorded; • No hospital registration number; • No health card number recorded; • No crew type recorded; • No call type recorded; • No dispatch problem code; • No pickup location code recorded; • No chief complaint; • No primary problem recorded; • No time of occurrence; • No relevant past history recorded; • No medications listed; • No allergies listed; • No treatment prior to arrival; • No treatment/procedure results; • Aid to capacity incomplete; • Refusal of service section incomplete. 	12691	85369
1525688	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No UTM recorded; and • Refusal of service section incomplete. 	68272	14377
2033544	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No time of occurrence; • No head/neck exam; • No chest exam; • No abdomen exam; • No Back/pelvis exam; • No extremities exam; • No treatment times recorded; • No treatment codes recorded; • No vital signs recorded; • Refusal of service section incomplete; and • “Refusal of service” not completed. 	12165	13665
5337878	<ul style="list-style-type: none"> • No mailing address; • No postal code recorded; • No hospital registration number; • No health card number recorded; and • No time of occurrence. 	Not recorded	Not Recorded
2033547	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • No number of patients; • No primary problem recorded; • No crew member initials in treatment area; and • Refusal of service section incomplete. 	13665	12165

Call Number	Documentation Issue	Driver #	Attendant #
5337203	<ul style="list-style-type: none"> • No hospital registration number; • No health card number recorded; • Aid to capacity not completed; • Refusal of service section incomplete; and • “Refusal of service” not completed. 	Not recorded	Not Recorded
1532059	<ul style="list-style-type: none"> • No hospital registration number; • No skin assessment completed; and • No cardiac arrest info. 	10997	14514
5338634	<ul style="list-style-type: none"> • No city/town listed; • No postal code recorded; • No hospital registration number; • No health card number recorded; and • Refusal of service section incomplete. 	Not recorded	Not Recorded
5375291	<ul style="list-style-type: none"> • No postal code recorded; • No hospital registration number; • No health card number recorded; • No time of occurrence; • No abdominal exam; • No Back/pelvis exam; • No extremities exam; • Aid to capacity not completed; and • Refusal of service section incomplete. 	27981	83865

Non Patient Carried / Refusal of Service Calls

Call Number	Documentation Issue	Driver #	Attendant #
152831	<ul style="list-style-type: none"> • Refusal of service section not complete; and • Missing Patient Address. 	14315	11793
1532353	<ul style="list-style-type: none"> • Refusal of service section not complete; • Missing patient/substitute decision maker name; • Missing Patient Address; • Missing time and date; and • Refusal of service not completed. 	14315	14909
1534392	<ul style="list-style-type: none"> • Refusal of service not completed; and • Missing relationship to patient. 	10997	14604
1535228	<ul style="list-style-type: none"> • Refusal of service not completed; • Missing Patient Address; and • Missing relationship to patient. 	10997	14604
1525390	<ul style="list-style-type: none"> • Refusal of service section incomplete; • Missing relationship to patient. 	10997	14377
1525688	<ul style="list-style-type: none"> • Refusal of service section incomplete; • Missing relationship to patient. 	68272	14377
5336932	<ul style="list-style-type: none"> • Refusal of service not completed; • Missing Patient Address; and • Missing relationship to patient. 	10134	90558

Call Number	Documentation Issue	Driver #	Attendant #
5342364	<ul style="list-style-type: none"> • Aid to capacity incomplete; • Missing decision maker name; • Refusal of service not completed; • Missing Patient Address; and • Missing relationship to patient. 	10134	90558
5348331	<ul style="list-style-type: none"> • Refusal of service not completed; • Missing Patient Address. 	10134	90558
5313609	<ul style="list-style-type: none"> • Aid to capacity section not completed; • Refusal of service section incomplete; • Missing patient/substitute decision maker name; • Missing Patient Address; • Missing relationship to patient; • Missing witness signature; • Missing crew member signatures; • Missing time; • Missing date; and • “Refusal of service” not completed. 	42654	10276
2033544	<ul style="list-style-type: none"> • Refusal of service section incomplete; and • Missing relationship to patient. 	12165	13665
2033547	<ul style="list-style-type: none"> • Refusal of service section incomplete; and • Missing relationship to patient. 	13665	12165
5337203	<ul style="list-style-type: none"> • Aid to capacity incomplete; • Missing entire section; • Refusal of service section incomplete; • Missing Crew member 1 signature; • Missing time; • Missing date; and • Missing Crew member 2 signature. 	Not recorded	Not recorded
5338634	<ul style="list-style-type: none"> • Refusal of service section incomplete; and • Missing date. 	Not recorded	Not recorded
5375291	<ul style="list-style-type: none"> • Aid to capacity incomplete; • Missing decision maker name; • Refusal of service section incomplete; • Missing Patient/substitute decision maker name; • Missing patient address; • Missing relationship to patient; • Missing Crew member 1 signature; • Missing time; • Missing date; and • Missing Crew member 2 signature. 	27981	83865
5312123	<ul style="list-style-type: none"> • Aid to capacity incomplete; • Missing decision maker name; • Refusal of service section incomplete; and • Crew member 2 signature missing. 	12691	85369

Appendix – C Paramedic Ride Out Observation Tables

Call Observation Summary							
CALL	5397107	VEHICLE NO.:	5246	PRIORITY	OUT: 4	IN: 1	
MEDIC	92958	MEDIC # 2	98339	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"/>						
Patient Care Provided 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	5397268	VEHICLE NO.:	5203	PRIORITY	OUT: 4	IN: 3	
MEDIC	60617	MEDIC # 2	79488	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"/>						
Patient Care Provided 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	5397108	VEHICLE NO.:	5227	PRIORITY	OUT: 4	IN: 3	
MEDIC	14597	MEDIC # 2	90558	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"/>						
Patient Care Provided 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	5397275	VEHICLE NO.:	5407	PRIORITY	OUT: 4	IN: 3	
MEDIC	17101	MEDIC #	14332	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"/>						
Patient Care Provided 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	5397093	VEHICLE NO.:	5243	PRIORITY	OUT: 4	IN: 4	
MEDIC	44049	MEDIC # 2	76838	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"/>
Patient Care Provided 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	5397281	VEHICLE NO.:	5847	PRIORITY	OUT: 4	IN: 1	
MEDIC	85369	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"/>			
Patient Care Provided 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 **Vehicle Audit Table**

MOHLTC Vehicle No.	Audit Findings	MOHLTC Vehicle No.	Audit Findings
5452 BLS	<u>Defective Items</u> •Some interior lights out.	5118 BLS	<u>Defective Items</u> •Two interior lights out.
5227 BLS	• All OK.	5237 BLS	• All OK.
5124 BLS	• All OK.	5271 BLS	• All OK.
5246 BLS	<u>Defective Items</u> •Vehicle broke down during call.	5296 BLS	<u>Miscellaneous</u> • Missing 2” tape in trauma kit.
5247 BLS	<u>Defective Items</u> •Vehicle body shows rust; •Rear flood lights; • emergency lights out; •Some interior lights out .	5202 BLS	<u>Defective (included broken items)</u> •Some interior lights out. <u>Miscellaneous</u> • MCI light sticks expired.
5290 BLS	<u>Miscellaneous</u> • Fire extinguishers missing annual inspection. <u>Defective (included broken items)</u> • Bubbling of paint on rear doors.	5249 BLS	<u>Miscellaneous</u> •Current safety sticker not displayed. <u>Defective Items</u> • Bubbling of paint on rear doors.
5242 BLS	<u>Miscellaneous</u> •Current safety sticker not displayed.	5203 BLS	<u>Defective Items</u> • Door locks difficult to unlock.
5254 BLS	<u>Defective Items</u> •Vehicle body shows rust; and • Interior of windows not clean. <u>Miscellaneous</u> •Missing 1” and 2” hypoallergenic tape in supplies; and • Missing V-Vac in supplies.	5220 BLS	<u>Defective Items</u> • One parking light out; and • Two interior lights out. <u>Miscellaneous</u> • Sharps containers not secured; • Sharps containers full; and • Stains on ankle strap of sagnar.
5451 BLS	<u>Defective Items</u> • Two interior lights not working. <u>Miscellaneous</u> • almost all oral airways expired; •#9 stretcher filthy; and • MCI kit missing grease pencils.	5351 ERV	<u>Miscellaneous</u> •Missing defib, SR kit and sagnar. •Exterior dirty; <u>Defective Items</u> •Front & rear flood lights not working.
5292 BLS	<u>Miscellaneous</u> • Oil level low; and • Exterior dirty. <u>Defective Items</u> • Exterior of body paint peeling; • Back fender damage; and • Front radio speaker not working.	5407 BLS	<u>Defective Items</u> • Side windows don’t open; and • 2 lights out in pt. compartment. <u>Miscellaneous</u> •No MTO sticker; • Sharps containers not secured; • MCI light sticks expired.
5243 BLS	<u>Miscellaneous</u> • Ownership is missing; •Emergency response guide expired; • Missing V-Vac in FR kit.		

Appendix – E **Oxygen Maintenance Table**

MOHLTC Vehicle Number: 5254				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	914532	Mar 01/07	July 21/05	No Record
Flow meter #1	WK01	Mar 01/07	Oct 19/06	July 21/05
Flow meter #2	WK02	Mar 01/07	Oct 19/06	July 21/05
Vehicle Main Regulator	21499	Mar 01/07	Oct 19/06	July 21/05
On-Board Suction	Impact 304	Mar 01/05	Oct 19/06	July 21/05

MOHLTC Vehicle Number 5407				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	68243	Mar 01/07	Oct 19/06	No Record
Flow meter #1	No SN	Mar 01/07	Oct 19/06	No Record
Vehicle Main Regulator	6939	Mar 01/07	Oct 19/06	No Record
On-Board Suction	No SN	Mar 01/07	Oct 19/06	No Record

MOHLTC Vehicle Number 5451				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Ventilator	5879	Mar 01/07	Oct 20/06	July 15/05
Portable O2 Regulator	N/A	N/A	N/A	N/A
Flow meter #1	No SN	Mar01/07	Oct 20/06	July 15/05
Flow meter #2	No SN	Mar 01/07	Oct 20/06	July 15/05
Vehicle Main Regulator	61380	Mar 01/07	Oct 20/-6	July 15/05
On-Board Suction	Impact 580	Mar 01/07	Oct 20/06	July 15/05

MOHLTC Vehicle Number 5247				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	32966	Mar 01/07	Oct 19/06	No Record
Flow meter #1	10428821	Mar 01/07	Sept 30/06	Feb 13/06
Flow meter #2	0802	Mar 01/07	Sept 30/06	Feb 13/06
Vehicle Main Regulator	851286	Mar 01/07	Sept 30/06	Feb 13/06
On-Board Suction	Impact 304	Mar 01/07	Sept 30/06	Feb13/06

MOHLTC Vehicle Number 5292				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Ventilator	5881	Mar 01/07	No Record	No Record
Portable O2 Regulator	N/A	N/A	N/A	N/A
Flow meter #1	1004	Mar 01/07	Oct 01/06	Feb 18/06
Flow meter #2	1201	Mar 01/07	Oct 01/06	Feb 18/06
Vehicle Main Regulator	20939	Mar 01/07	Oct 01/06	Feb 18/06
On-Board Suction	Impact 580	Mar 01/07	Oct 01/06	Feb 18/06

MOHLTC Vehicle Number 5244				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	69938	Mar 01/07	No Record	No Record
Flow meter #1	1299	Mar 01/07	Oct 19/06	July 15/05
Flow meter #2	0101	Mar 01/07	Oct 19/06	July 15/05
Vehicle Main Regulator	19099	Mar 01/07	Oct 19/06	July 15/05
On-Board Suction	Impact 580	Mar 01/07	Oct 19/06	July 15/05

MOHLTC Vehicle Number 5220				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	27502	Mar 01/07	Oct 19/06	No Record
Flow meter #1	10428184	Mar 01/07	Oct 19/06	July 15/05
Flow meter #2	13015	Mar 01/07	Oct 19/06	July 15/05
Vehicle Main Regulator	7038	Mar 01/07	Oct 19/06	July 15/05
On-Board Suction	No SN	Mar 01/07	Oct 19/06	July 15/05

MOHLTC Vehicle Number 5202				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	65473	Mar 04/07	Sept 16/06	Feb 05/06
Flow meter #1	15566	Mar 04/07	Sept 16/06	Feb 05/06
Flow meter #2	2408	Mar 04/07	Sept 16/06	Feb 05/06
Vehicle Main Regulator	20467	Mar 04/07	Sept 16/06	Feb 05/06
On-Board Suction	8821212	Mar 04/07	Sept 16/06	Feb 05/06

MOHLTC Vehicle Number 5118				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	614500	Mar 04/07	No Record	No Record
Flow meter #1	16	Mar 04/07	Oct 20/06	No Record
Vehicle Main Regulator	62883	Mar 04/07	Oct 20/06	July 21/05
On-Board Suction	No SN	Mar 04/07	Oct 20/06	July 21/05

MOHLTC Vehicle Number 5243				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	314902	Mar 04/07	No Record	No Record
Flow meter #1	1208	Mar 04/07	No Record	No Record
Flow meter #2	1106	Mar 04/07	Oct 01/06	Feb 18/06
Vehicle Main Regulator	5083	Mar 04/07	Oct 01/06	Feb 18/06
On-Board Suction	No SN	Mar 04/07	Oct 01/06	Feb 18/06

MOHLTC Vehicle Number 5240				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	R80737	Mar 04/07	No Record	No Record
Flow meter #1	10613145	Mar 04/07	Oct 20/06	July 15/05
Vehicle Main Regulator	851329	Mar 04/07	Feb 21/06	No Record
On-Board Suction	No SN	Mar 04/07	Oct 20/06	No Record

MOHLTC Vehicle Number 5249				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	5630	Mar 13/07	No Record	No Record
Flow meter #1	2403	Mar 13/07	No Record	No Record
Flow meter #2	104745552	Mar 13/07	July 22/05	No Record
Vehicle Main Regulator	22312	Mar 13/07	July 22/05	No Record
On-Board Suction	304 Impact	Mar 13/07	July 22/05	No Record

MOHLTC Vehicle Number 5242				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	000316292	Mar 13/07	No Record	No Record
Flow meter #1	2408	Mar 13/07	Oct 04/06	Feb 05/06
Flow meter #2	No SN	Mar 13/07	Oct 04/06	No Record
Vehicle Main Regulator	63598	Mar 13/07	Oct 04/06	July 15/05
On-Board Suction	Impact 304	Mar 13/07	No Record	No Record

MOHLTC Vehicle Number 5203				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	28406	Feb 25/07	Oct 15/06	Jun 20/05
Flow meter #1	1201	Feb 25/07	Oct 15/06	No Record
Flow meter #2	2408	Feb 25/07	Feb 05/06	No Record
Vehicle Main Regulator	851393	Feb 25/07	Feb 05/06	No Record
On-Board Suction	Impact 324	Feb 25/07	Oct 04/06	Feb06/06

MOHLTC Vehicle Number 5124				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	67462	Feb 25/07	Feb 05/06	Jun 23/05
Flow meter #1	No SN	Feb 25/06	Oct 04/06	Feb 06/06
Vehicle Main Regulator	851347	Feb 25/06	Feb 06/06	No Record
On-Board Suction	Impact 540	Feb 25/06	Oct 04/06	Feb 06/06

MOHLTC Vehicle Number 5227				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	65473	Mar 13/07	Sept 16/06	Feb 05/06
Flow meter #1	70539714	Mar 13/07	Oct 04/06	Feb 21/06
Flow meter #2	70613194	Mar 13/07	Oct 04/06	Feb 21/06
Vehicle Main Regulator	851361	Mar 13/07	Feb 17/06	No Record
On-Board Suction	Impact 324	Mar 13/07	Oct 04/06	Feb 21/06

MOHLTC Vehicle Number 5246				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	0101	Feb 06/06	Oct 04/06	No Record
Flow meter #1	0900	Mar 13/07	No Record	No Record
Flow meter #2	10613354	Mar 13/07	No Record	No Record
Vehicle Main Regulator	62600	Mar 13/07	Oct 01/06	No Record
On-Board Suction	Impact 324	Mar 13/07	No Record	No Record

MOHLTC Vehicle Number 5271				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	5826	Mar 12/07	Sept 30/06	Feb 17/06
Flow meter #1	0118	Mar 12/07	Oct 20/06	Jul 18/05
Flow meter #2	10613316	Mar 12/07	Oct 20/06	Jul 18/05
Vehicle Main Regulator	17435	Mar 12/07	Oct 20/06	Jul 18/05
On-Board Suction	Impact 324	Mar 12/07	Oct 20/06	Jul 18/05

MOHLTC Vehicle Number 5237				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	65070	Mar 10/07	July 18/05	No Record
Flow meter #1	10613175	Mar 10/07	Oct 01//06	Feb 17/06
Flow meter #2	No SN	Mar 10/07	Oct 01//06	Feb 17/06
Vehicle Main Regulator	63779	Mar 10/07	No Record	No Record
On-Board Suction	Impact 324	Mar 10/07	Oct 01//06	Feb 17/06

MOHLTC Vehicle Number 5296				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	67956	Mar 14/07	Oct 01/06	Feb 18/06
Flow meter #1	1201	Mar 14/07	Sept 30/06	Feb 18/06
Flow meter #2	No SN	Mar 14/07	Sept 30/06	Feb 18/06
Vehicle Main Regulator	851359	Mar 14/07	Sept 30/06	Feb 18/06
On-Board Suction	Impact 324	Mar 14/07	Sept 30/06	Feb 18/06

MOHLTC Vehicle Number 5290				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	5894	Mar 11/07	Oct 01/06	Feb 18/06
Flow meter #1	1055234	Mar 11/07	Oct 19/06	Jul 15/05
Flow meter #2	1051092	Mar 11/07	Oct 19/06	N/A
Vehicle Main Regulator	21030	Mar 11/07	Oct 19/06	Jul 15/05
On-Board Suction	Impact 324	Mar 11/07	Oct 19/06	Jul 15/05

MOHLTC Vehicle Number 5142				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	91492	Oct 19/06	May 05/04	No Record
Flow meter #1	No SN	Oct 04/06	No Record	No Record
Flow meter #2	NO SN	Oct 04/06	No Record	No Record
Vehicle Main Regulator	6742	Oct 19/06	July 21/05	Nov 25/04
On-Board Suction	Impact 580	Oct 19/06	No Record	No Record

MOHLTC Vehicle Number 5452				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	4930	Mar 21/07	No Record	No Record
Flow meter #1	10613411	Mar 21/07	Oct 20/06	No Record
Flow meter #2	No SN	Mar 21/07	Oct 20/06	No Record
Vehicle Main Regulator	851309	Mar 21/07	No Record	No Record
On-Board Suction	Impact 580	Mar 21/07	Oct 20/06	No Record

MOHLTC Vehicle Number 5200				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	68170	Oct 20/06	No Record	No Record
Flow meter #1	No SN	Mar 02/07	Sept 30/06	Feb 17/06
Flow meter #2	No SN	Mar 02/07	Sept 30/06	Feb 17/06
Vehicle Main Regulator	010R8700	Oct 15/06	Oct 4/06	Sept 30/06
On-Board Suction	No SN	No Record	No Record	No Record

MOHLTC Vehicle Number Spares				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	916284	Mar 23/07	Oct 20/06	Feb 08/06
Portable O2 Regulator	4936	Feb 25/07	Oct 04/06	No Record
Vehicle Main Regulator	63180	Mar 01/07	No Record	No Record
Vehicle Main Regulator	20939	Mar 01/07	No Record	No Record
Vehicle Main Regulator	851280	Mar 01/07	No Record	No Record

MOHLTC Vehicle Number Spares				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	6785C	Feb 13/06	No Record	No Record
Portable O2 Regulator	914503	Oct 20/06	Jul 25/05	Nov 26/04
Portable O2 Regulator	914503	Mar 01/07	Oct 20/06	Jul 21/05
Portable O2 Regulator	40245320A	Mar 01/07	Oct 19/06	Jul 21/05
Portable O2 Regulator	040245315A	Mar 01/07	Oct 19/06	Jul 21/05
Portable O2 Regulator	67958	Mar 23/07	Jun 28/05	No Record
Vehicle Main Regulator	5083	Oct 01/06	Feb 18/06	No Record

Appendix –F **Stretcher Maintenance Table**

Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date
35P	06008214	Feb 27/07	Sept 25/06
35A	BBB97784	Feb 27/07	Sept 25/06
35A	L688592	Mar 02/07	Sept 25/06
35A	BBB94693	Mar 02/07	Mar 13/06
35A	L705370	Feb 27/07	Sept 25/06
35A	L594410	Feb 27/07	Sept 25/06
35A	BBB96528	Feb 25/07	Mar 09/06
35P	L719390	Feb 26/07	No Record
35P	L721084	Feb 28/07	Feb 17/06
35P	L719391	Feb 28/07	Sept 25/06
35A	BBB984475	Feb 28/07	Nov 18/06
35A	BBB98443	Feb 28/07	Nov 18/06
35P	06-0070000	Feb 27/07	Aug 29/06
35A	BBB99792	Feb 19/07	May 18/06
35A	E88831	Sept 25/06	Mar 08/06
35A	L79800	Apr 06/06	Dec 28/04
35A	H79807	Apr 06/06	Sept 28/04
35P	L719390	May 08/06	Feb 05/06
35A	L262245	Apr 06/06	No Record
35A	L613503	Aug 29/06	Feb 17/06
35P	L684598	Aug 29/06	Apr 14/04
35A	L688599	Aug 29/06	Feb 06/06
35P	L688604	Sept 25/06	Apr 05/06
35A	L688895	Oct 06/06	No Record
35P	L690437	Sept 25/06	Jun 25/06
35P	754642	Feb 17/06	No Record
35P	L707818	Feb 23/07	Mar 03/06
35P	L782907	Feb 23/07	Aug 29/06
35P	L707814	Feb 23/07	Mar 05/06
35P	06-006999	Feb 19/07	Aug 29/06
35A	BBB99429	Feb 19/07	Aug 29/06
35P	L705363	Feb 19/07	Aug 22/06
35A	L714399	Feb 20/07	Sept 25/06
35A	L705369	Feb 20/07	Sept 25/06
35P	06-006998	Feb 20/07	Aug 29/06
35A	BBB97792	Feb 19/07	May 18/06
35A	L719394	Feb 20/07	Aug 29/06
35A	BBB97615	Feb 22/07	Aug 30/06
35A	L782904	Feb 22/07	Sept 25/06
35P	L565282	Feb 19/07	Aug 29/06
35P	L740281	Feb 19/07	Sept 01/06
35A	L740395	Feb 20/07	Sept 20/06

*Manitoulin-Sudbury DSSAB Ambulance Service Final Report
Manitoulin-Sudbury EMS/SMU
December 11, 2007*

Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date
35A	L643149	Feb 20/07	Sept 25/06
35P	JJ215600	Feb 20/07	No Record
35A	BBB95481	Feb 20/07	Sept 25/06
35P	06-008215	Nov 05/06	Sept 25/06
35P	L588615	Mar 04/06	No Record
35A	L540952	Oct 06/06	Aug 29/06
35P	L707816	Sept 25/06	Dec 21/05
35P	L782906	Nov 24/06	Apr 06/06

Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date
30	J86237	Feb 23/07	Sept 25/06
30	L641389	Feb 28/07	Sept 25/06
30	L271315	Feb 22/07	Aug 29/06
30	L627005	Feb 20/07	Aug 29/06
30	G77719	Feb 28/07	Aug 29/06
30	L769959	Oct 24/06	Apr 06/06
30	L595886	Feb 28/07	Sept 01/06
30	L594470	Feb 27/07	Sept 25/06

Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date
#9	H77538	Feb 23/07	Sept 25/06
#9	L70215	Feb 22/07	Oct 15/06
#9	FC1406	Feb 19/07	Aug 29/06
#9	J50250	Feb 19/07	No Record
#9	L392993	Feb 29/07	No Record
#9	L392336	Feb 29/07	No Record
#9	FC1059	Feb 20/07	Aug 29/06
#9	L319886	Feb 19/07	No Record
#9	H38026	Feb 22/07	No Record
#9	FC1591	Feb 19/07	No Record
#9	I33502	Feb 20/07	Feb 17/06
#9	L632498	Feb 20/07	Jan01/06
#9	25282	May 18/06	No Record
#9	344723	Apr 08/05	No Record
#9	FC1153	Aug 15/05	No Record
#9	FC1168	Aug 29/06	Feb 18/06
#9	FC1534	Mar 04/06	No Record
#9	H91463	Mar 03/06	Dec 21/05
#9	J50250	Aug 29/06	Feb 05/06
#9	I75797	Apr 06/06	Apr 05/05
#9	K00169	Sept 25/06	No Record
#9	L70168	Sept 25/06	Mar 07/06
#9	FC1642	Mar 01/07	Feb 27/07

*Manitoulin-Sudbury DSSAB Ambulance Service Final Report
Manitoulin-Sudbury EMS/SMU
December 11, 2007*

Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date
#9	FC1176	Feb 27/07	No Record
#9	G88916	Feb 26/07	Jun 25/06
#9	HH06685	Feb 27/07	Sept 25/06
#9	J72015	Feb 18/07	May 18/06
#9	J60365	Feb 26/07	Jun 25/06
#9	F105105	Feb 28/07	Aug 29/06
#9	L238614	Feb 28/07	No Record
#9	J72022	Feb 27/07	No Record
#9	B32217	Feb 05/06	No Record
#9	E53847	Oct 18/06	Mar 09/06
#9	F102201	Feb 05/06	No Record
#9	K41879	Sept 25/06	No Record
#9	K157473	Sept 25/06	Apr 06/06
#9	L17263	Sept 25/06	Mar 09/06
#9	L17279	Aug 29/06	Feb 17/06
#9	L173380	Apr 06/06	No Record
#9	L19023	Sept 25/06	Jun 25/06
#9	L286494	Oct 06/06	Aug 29/06
#9	L347635	Sept 25/06	Mar 07/06
#9	L374982	Feb 06/06	Jun 23/05

Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date
#42 Stair chair	J8808	Feb 27/07	Sept 25/06
#42 Stair chair	L613062	Mar 02/07	Sept 25/06
#42 Stair chair	L634038	Feb 27/07	Sept 25/06
#42 Stair chair	002429	Feb 26/07	Sept 25/06
#42 Stair chair	005628	Feb 28/07	Sept 25/06
#42 Stair chair	F104423	Feb 28/07	Sept 25/06
#42 Stair chair	L372123	Feb 27/07	Sept 25/06
#42 Stair chair	06-002439	May 17/06	No Record
#42 Stair chair	F87463	Mar 08/06	Apr 08/05
#42 Stair chair	F87448	May 09/06	No Record
#42 Stair chair	G06818	Mar 03/06	No Record
#42 Stair chair	G06846	Mar 22/06	Jun 16/05
#42 Stair chair	G06879	Mar 03/06	No Record
#42 Stair chair	G06891	Mar 03/06	No Record
#42 Stair chair	G68018	Dec 21/05	No Record
#42 Stair chair	H60628	Apr 11/06	Apr 05/05
#42 Stair chair	I43328	Apr 07/06	No Record
#42 Stair chair	L708138	Feb 23/07	Aug 29/06
#42 Stair chair	L152023	Feb 23/07	Oct 18/06
#42 Stair chair	L776199	Feb 19/07	No Record
#42 Stair chair	L627146	Feb 19/07	Aug 29/06

*Manitoulin-Sudbury DSSAB Ambulance Service Final Report
Manitoulin-Sudbury EMS/SMU
December 11, 2007*

Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date
#42 Stair chair	L720602	Feb 20/07	Sept 01/06
#42 Stair chair	005630	Feb 20/07	Aug 29/06
#42 Stair chair	L611218	Feb 19/07	Sept 01/06
#42 Stair chair	06002427	Feb 22/07	Sept 25/06
#42 Stair chair	L383634	Feb 19/07	Aug 29/06
#42 Stair chair	L785509	Feb 20/07	Aug 30/06
#42 Stair chair	002441	Feb 20/07	Sept 25/06
#42 Stair chair	002429	Feb 26/07	Sept 25/06
#42 Stair chair	002430	Sept 25/06	May 17/06
#42 Stair chair	K00406	Feb 17/06	No Record
#42 Stair chair	L284701	Aug 29/06	Feb 17/06
#42 Stair chair	L38875	Sept 25/06	Mar 03/06
#42 Stair chair	L98118	Oct 06/06	Aug 29/06
#42 Stair chair	MS1122	Sept 25/06	May 18/06

Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date
Scoop	L63556	Feb 23/07	N/A
Scoop	L771774	Feb 22/07	Oct 15/06
Scoop	B32217	Feb 22/07	N/A
Scoop	021046	Feb 22/07	Sept 25/06
Scoop	021025	Feb 22/07	N/A
Scoop	013613	Feb 19/07	Aug 29/06
Scoop	013626	Feb 19/07	Aug 28/06
Scoop	L75293	Feb 20/07	Oct 01/06
Scoop	L67001	Feb 20/07	Mar 08/06
Scoop	021058	Feb 19/07	Sept 25/06
Scoop	L61075	Feb 22/07	Sept 25/06
Scoop	021048	Feb 19/07	Aug 29/06
Scoop	021008	Feb 20/07	Aug 30/06
Scoop	L66052	Feb 20/07	Sept 25/06
Scoop	L1299187	Sept 20/06	N/A
Scoop	L132884	Oct 06/06	Aug 29/06
Scoop	L572653	Mar 07/06	Apr 10/05
Scoop	L66038	Mar 23/06	Jun 27/05
Scoop	66142	Feb 18/06	Nov 13/05
Scoop	L629043	Feb 27/07	N/A
Scoop	021057	Feb 27/07	N/A
Scoop	014175	Mar 02/07	Sept 25/06
Scoop	L62739	Feb 27/07	Sept 25/06
Scoop	L118036	Feb 25/07	Mar 09/06
Scoop	L783403	Feb 28/07	Mar 22/06
Scoop	021036	Feb 28/07	Mar 22/06
Scoop	L572653	Feb 28/07	Sept 25/06

Stretcher Type	Serial Number	Last Inspection Date	Previous Inspection Date
Scoop	L66824	Feb 28/07	N/A
Scoop	L765743	Feb 28/07	Sept 25/06
Scoop	L65964	Mar 03/07	N/A
Scoop	607595	Mar 07/06	Aug 15/05
Scoop	L129175	Mar 23/06	N/A
Scoop	L138674	Sept 25/06	Mar 03/06
Scoop	L591315	May 03/06	N/A
Scoop	L64454	Mar 03/06	Dec 21/05
Scoop	L66144	Feb 17/06	N/A
Scoop	L66453	Jan 01/06	Oct 12/05

Appendix – G Accommodations Table

Station	Audit Findings
Wikwemikong	<ul style="list-style-type: none"> • Exhaust fan at this station not working; • The automatic return not working on garage door; • 2nd garage door opener broken; • Spare stretchers are exposed to particulate contaminate; and • Check sheet to verify vehicle working properly not completed on the day the review team was present.
Gore Bay	<ul style="list-style-type: none"> • No deficiencies noted.
Mindemoya	<ul style="list-style-type: none"> • No exhaust fan at this station; • No emergency lighting in crew area; • Emergency lighting not tested on a regular basis; and • No inspection date on eyewash station.
Massey	<ul style="list-style-type: none"> • The automatic return not working on garage door; and • No VCR to view training tapes.
Hagar	<ul style="list-style-type: none"> • No emergency lighting in crew area; • Backboards and scoops stored where exposed to particulate contaminate;
Noelville	<ul style="list-style-type: none"> • No carbon monoxide detector in crew area; • Automatic return on garage door requires a lot of pressure in engage;and • No goggles and gloves for mixing chemicals.
Gogama	<ul style="list-style-type: none"> • Vehicles were not clean; • No emergency exit signs downstairs or in garage area; and • One garage door very difficult to open manually and no automatic return on the door.
Killarney	<ul style="list-style-type: none"> • Very clean, tidy and well organized, no deficiencies noted.
Little Current	<ul style="list-style-type: none"> • Regulation 129 missing.
	<ul style="list-style-type: none"> • The vehicle storage area is not completely clean; • No exhaust fan at this station; and • No emergency lighting in garage area..
Foleyet	<ul style="list-style-type: none"> • Facilities are not available to clean vehicle in garage area, no floor drain; • No emergency lighting in garage area; • No automatic return not working on garage door; • No gloves for mixing chemicals.

Station	Audit Findings
Espanola	<ul style="list-style-type: none"> • Inadequate number of oxygen cylinders available; • No exhaust fan at this station; • No emergency lighting in garage area; • Supply storage area cramped and not clean; • No labels affixed to chemical bottles; and • No floor plan fixed.
Chapleau	<ul style="list-style-type: none"> • Symptom Relief medications not locked in station; • No water in eyewash station bottles; • Linen stored in garage area and exposed to particulate contaminate; • Expired medications found in storage area; and • Shelving unit in storage room not well secured to wall.

Appendix H – Post Review Call Information Audit

10 Code “1” Calls Reviewed					
		Y	N	Success	N/A
1.	Crews Respond according to Service Commitments of : (2 Minutes)			N/A	10
2.	Crew chute time: (1 st Assigned-1 st En Route) Average In- min/sec	3:20			
3.	Crew response time: (1 st Assigned-1 st On Scene) Average In –min/sec	15:73			
4.	Crew response within Service 90 th percentile:			N/A	10
5.	Crew on scene time: Average In-min/sec	19:41			
6.	CTAS coding;	-1	-2	1-3	-4 8-5
7.	Transport code appropriate with CTAS coding;	2		100%	8
8.	Transport code;	7-1	1-2	1-3	-4 1-7
9.	Crew provides patient update as applicable:	5		100%	5
10.	Crew follows directions from CACC for patient transport to hospital;	8		100%	2
11.	Total Crew time at hospital; Average In-min/sec	9:52			
12.	Crew notified CACC of delay at hospital, if applicable.	1		100%	9

10 Code “2” Calls Reviewed					
		Y	N	Success	N/A
1.	Crews Respond according to Service Commitments of : (2 Minutes)			N/A	10
2.	Crew chute time: (1 st Assigned-1 st En Route) Average In- min/sec	6:53			
3.	Crew response time: (1 st Assigned-1 st On Scene) Average In –min/sec	23:25			
4.	Crew response within Service 90 th percentile:			N/A	10
5.	Crew on scene time: Average In-min/sec	17:48			
6.	CTAS coding; Return/Code	-1	-2	-3	-4 9-5
7.	Transport code appropriate with CTAS coding;				10
8.	Transport code; Return/Code	-1	9-2	-3	-4 1-7
9.	Crew provides patient update as applicable:				9
10.	Crew follows directions from CACC for patient transport to hospital;	9			1
11.	Total Crew time at hospital; Average In-min/sec	17:06			
12.	Crew notified CACC of delay at hospital, if applicable.				10

18 Code "3" Calls Reviewed						
		Y	N	Success	N/	
1.	Crews Respond according to Service Commitments of : (2 Minutes)	8	4	66:6%	6	
2.	Crew chute time: (1 st Assigned-1 st En Route) Average In- min/sec	7:30				
3.	Crew response time: (1 st Assigned-1 st On Scene) Average In –min/sec	15:02				
4.	Crew response within Service 90 th percentile:			N/A	18	
5.	Crew on scene time: Average In-min/sec	21:12				
6.	CTAS coding; Return/Code	-1	1-	3-3	5-4	9-5
7.	Transport code appropriate with CTAS coding;	9			9	
8.	Transport code; Return/Code	6-1	-2	11-3	1-4	-7
9.	Crew provides patient update as applicable:	10			8	
10.	Crew follows directions from CACC for patient transport to hospital;	18				
11.	Total Crew time at hospital; Average In-min/sec	16:42				
12.	Crew notified CACC of delay at hospital, if applicable.				18	

38 Code "4" Calls Reviewed						
		Y	N	Success	N/	
1.	Crews Respond according to Service Commitments of : (2 Minutes)	28	9	75:6%	1	
2.	Crew chute time: (1 st Assigned-1 st En Route) Average In- min/sec	1:85				
3.	Crew response time: (1 st Assigned-1 st On Scene) Average In –min/sec	14.6				
4.	Crew response within Service 90 th percentile: (10:03)	34	4	89:4%		
5.	Crew on scene time: Average In-min/sec	16:3				
6.	CTAS coding;	1-1	6-2	16-3	7-	1-5
7.	Transport code appropriate with CTAS coding;	31		100%	7	
8.	Transport code;	14-1	-2	13-3	4-	7-7
9.	Crew provides patient update as applicable:	38		100%		
10.	Crew follows directions from CACC for patient transport to hospital;	31		100%	7	
11.	Total Crew time at hospital; Average In-min/sec	18:6				
12.	Crew notified CACC of delay at hospital, if applicable.	1		100%	37	

