

COMMITTEE AGENDA



TO **Public Services Committee**

DATE Monday, June 1, 2015

LOCATION Council Chambers, Guelph City Hall, 1 Carden Street

TIME 5:00 p.m.

DISCLOSURE OF PECUNIARY INTEREST AND GENERAL NATURE THEREOF

CONFIRMATION OF MINUTES - Public Services Committee May 4, 2015 open
and closed meeting minutes

PRESENTATIONS (Items with no accompanying report)

Blue Dot Guelph – Mackenzie Ross, Sarah De Vries, Cara Livingston and
Valerie Freemantle

CONSENT AGENDA

The following resolutions have been prepared to facilitate the Committee's consideration of the various matters and are suggested for consideration. If the Committee wishes to address a specific report in isolation of the Consent Agenda, please identify the item. The item will be extracted and dealt with separately. The balance of the Public Services Committee Consent Agenda will be approved in one resolution.

ITEM	CITY PRESENTATION	DELEGATIONS	TO BE EXTRACTED
PS-2015-17 2014 Land Ambulance Ministry of Health Service Review	Stephen Dewar, EMS Chief		✓
PS-2015-18 South End Community Centre – Request for Expressions of Interest			
PS-2015-19 Outstanding Resolutions of the Public Services Committee			

Resolution to adopt the balance of the Public Services Committee Consent Agenda.

ITEMS EXTRACTED FROM CONSENT AGENDA

Once extracted items are identified, they will be dealt with in the following order:

- 1) delegations (may include presentations)
- 2) staff presentations only
- 3) all others.

STAFF UPDATES AND ANNOUNCEMENTS

ADJOURN

NEXT MEETING - Monday, July 6, 2015



**Public Services Committee Meeting
Monday, May 4, 2015 at 5:00 p.m.
City Hall Council Chambers**

Attendance

Members: Chair C. Downer Mayor C. Guthrie
Councillor J. Gordon Councillor A. Van Hellemond

Regrets: Councillor C. Billings

Councillors: Councillor B. Bell Councillor M. MacKinnon
Councillor K. Wettstein Councillor P. Allt
Councillor M. Salisbury Councillor J. Hofland
Councillor L. Piper

Staff: Mr. D. Thomson, Deputy CAO, Public Services
Mr. R. Keller, General Manager, Operations
Mr. P. Meagher, General Manager, Guelph Transit
Ms. C. Clack, General Manager, Culture, Tourism and Community Investments
Mr. D. Godfrey, Manager, By-law Compliance, Security and Licensing
Mr. D. McMahon, Council Committee Coordinator

Call to Order (5:00 p.m.)

Chair Downer called the meeting to order.

Disclosure of Pecuniary Interest and General Nature Thereof

There were no disclosures.

Confirmation of Minutes

1. Moved by Councillor Van Hellemond
Seconded by Mayor Guthrie

That the open and closed meeting minutes of the Public Services Committee held on April 7, 2015 be confirmed as recorded.

VOTING IN FAVOUR: Mayor Guthrie, Councillors Downer, Van Hellemond and Gordon (4)

VOTING AGAINST: (0)

CARRIED

Consent Agenda

The following items were extracted:

PS-2015.12 2015 Wellbeing Grant Allocations
**PS-2015.15 Business License By-law Amending – Donation Bin, Publication
Dispensing Box Licensing**

Balance of Consent Items

2. Moved by Councillor Van Hellemond
Seconded by Councillor Gordon

That the balance of the Public Services Committee May 4, 2015 Consent Agenda as identified below, be adopted:

PS-2015.13 Revised Terms of Reference for the Wellbeing Grant Allocation Panel

PS-2015.14 Business License Fees 2015

PS-2015.16 2014 Delegation of Authority Report

VOTING IN FAVOUR: Mayor Guthrie, Councillors Downer, Van Hellemond and Gordon (4)

VOTING AGAINST: (0)

CARRIED

Extracted Consent Items

PS-2015.12 2015 Wellbeing Grant Allocations

Mr. Jason Blokhuis, Vice-Chair, Community Wellbeing Grant Allocation Panel, described the application, screening, distribution and reporting processes for the 2015 City of Guelph Wellbeing Grants.

3. Moved by Mayor Guthrie
Seconded by Councillor Van Hellemond

1. That the May 4, 2015 report entitled "2015 Wellbeing Grant Allocations" be received for information.

VOTING IN FAVOUR: Mayor Guthrie, Councillors Downer, Van Hellemond and Gordon (4)

VOTING AGAINST: (0)

CARRIED

PS-2015.15 Business License By-law Amending – Donation Bin, Publication Dispensing Box Licensing

Mr. Brian Page spoke in opposition to the proposed requirement that all clothing donation bins be constructed of metal and encouraged an amendment to the proposed by-law to allow for bins constructed of plastic.

4. Moved by Mayor Guthrie
Seconded by Councillor Gordon

1. That the Public Services Committee Report PS-15-24 "Business Licence By-law Amendment – Donation Bin, Publication Dispensing Box Licensing" dated May 4, 2015 be received.

2. That the amendments to Business Licence By-law (2009)-18855 with respect to Donation Bins and Publication Dispensing Boxes as contained in Public Services Committee Report PS-15-24 dated May 4, 2015 be brought before Council for approval.
3. That after one year of implementation of the amendments to the Business Licence By-law (2009)-18855 with respect to Donation Bins and Publication Dispensing Boxes as contained in Public Services Committee Report PS-15-24 dated May 4, 2015 has lapsed, staff be directed to engage the public along with representatives of the Donation Bin, Publication Dispensing Boxes industries and identify the effectiveness of the licensing regime.

VOTING IN FAVOUR: Mayor Guthrie, Councillors Downer, Van Hellemond and Gordon (4)
VOTING AGAINST: (0)

CARRIED

Staff Updates and Announcements

Ms. Colleen Clack invited Councillors to attend the annual River Run Volunteer Appreciation Dinner taking place at the River Run Centre following the Public Services Committee meeting.

Authority to Resolve into a Closed Meeting (5:50 p.m.)

6. Moved by Mayor Guthrie
Seconded by Councillor Van Hellemond

That the Public Services Committee now hold a meeting that is closed to the public with respect to Sec. 239(2) (b) of the *Municipal Act* with respect to personal matters about identifiable individuals.

CARRIED

Closed Meeting

Disclosure of Pecuniary Interest and General Nature Thereof

There were no disclosures.

The following matters were considered:

PS-C-2015.3 2015 Citizen Appointments to the Tourism Advisory Committee

Rise from Closed Meeting (5:55 p.m.)

CARRIED

Open Meeting (5:57 p.m.)

Adjournment (5:57 p.m.)

8. Moved by Councillor Van Hellemond
Seconded by Mayor Guthrie

That the meeting be adjourned.

CARRIED

Dylan McMahon
Council Committee Coordinator

**PUBLIC SERVICES COMMITTEE
CONSENT AGENDA**

Monday, June 1, 2015

Members of the Public Services Committee:

SUMMARY OF REPORTS:

The following resolutions have been prepared to facilitate Council's consideration of the various matters and are suggested for consideration. If Council wishes to address a specific report in isolation of the Consent Agenda, please identify the item. The item will be extracted and dealt with immediately. The balance of the Consent Agenda will be approved in one resolution.

**REPORTS FROM ADMINISTRATIVE STAFF
REPORT**

DIRECTION

PS-2015.17	2014 Land Ambulance Ministry of Health Service Review	Approve
1. That the Public Services Report # PS-15-28 "2014 Land Ambulance Ministry of Health Service Review" dated June 1, 2015 be received.		
2. That the Service Review findings related to response time performance that have financial implications due to the need for enhanced staffing be forwarded for consideration in the 2016 budget process.		
PS-2015.18	South End Community Centre – Request for Expressions of Interest	Receive
That the Public Services Report #PS-15-30 "Sound End Community Centre – Request for Expressions of Interest" dated June 1, 2015, be received.		
PS-2015.19	Outstanding Resolutions of the Public Services Committee	Receive
That the Public Services Report # PS-15-29 "Outstanding Resolutions of the Public Services Committee" dated June 1, 2015 be received.		

Attach.

STAFF REPORT



TO Public Services Committee

SERVICE AREA Public Services – Emergency Services / Paramedic Service

DATE June 1, 2015

SUBJECT 2014 Land Ambulance Ministry of Health Service Review

REPORT NUMBER PS-15-28

EXECUTIVE SUMMARY

SUMMARY OF REPORT

The Paramedic Services/Emergency Medical Services Division of Emergency Services recently underwent a Service Review conducted by the Ontario Ministry of Health and Long Term Care (MOHLTC). A final report of the findings of that review has now been received and is presented with this report.

KEY FINDINGS

Guelph Wellington Emergency Medical Service met the requirements of the MOHLTC Inspections and Certifications Branch, and the Certificate that authorizes the City of Guelph to provide ambulance services to the City of Guelph and County of Wellington will be renewed for an additional three years.

FINANCIAL IMPLICATIONS

There are no direct financial implications from this report, however the review did note that the Service is not always meeting its Response Time Performance Plan.

ACTION REQUIRED

To receive the report on the 2014 Land Ambulance Ministry of Health Service Review.

RECOMMENDATIONS

1. THAT the Public Services Report # PS-15-28 "2014 Land Ambulance Ministry of Health Service Review" dated June 1, 2015 be received
2. THAT the Service Review findings related to response time performance that have financial implications due to the need for enhanced staffing be forwarded for consideration in the 2016 budget process.

STAFF REPORT



BACKGROUND

Emergency Medical Services (EMS) is a division of the Emergency Services department in Public Services. The division is referred to as **Guelph Wellington Emergency Medical Service** and provides paramedic services to the City of Guelph and the County of Wellington.

The Ontario Ministry of Health and Long Term Care (MOHLTC) issues the Certificate that authorizes the City of Guelph to operate the Land Ambulance Service. The Certificate is renewable every third year. As part of the renewal process, the MOHLTC Inspections and Certification Branch conducts a thorough review of the service. This review was completed in December, 2014 and the final report from that review has now been received by the City (See ATT-1).

REPORT

A MOHLTC review team visited the Guelph Wellington EMS service on December 9 and 10, 2014. This was preceded by intensive preparations by staff to ensure that the service would meet the rigorous standards set for ambulance services.

The service review involved a thorough inspection of ambulance service vehicles, equipment and stations as well as an examination of Quality Assurance files and paramedic credential records. Review team members studied records of ambulance calls and equipment and vehicle maintenance records, and also rode in ambulances and observed paramedics in action to monitor patient care provided and paramedic adherence to policies and practices.

The Review Team noted five observations of areas where the service could improve. These observations are as follows:

- In a review of Ambulance Call Reports, 2% did not record patient care delivered to the relevant standard. These records have since been reviewed and do not represent significant errors or omissions.
- According to the records, one piece of equipment (a stretcher) was missed in one of the required quarterly inspections. A commitment has been made to improve tracking processes.
- The Review Team reminded us that the Communicable Disease Standard is changing in 2015 and that we will need to ensure that our records are updated. This is currently underway.
- The Review Team found that documentation completed by paramedics captured 17,287 of 17,859 possible data points, or 96.8%. Although this was not 100%, the Review Team did commend the service for this finding.

STAFF REPORT

- The Service Provider is not always meeting its Response Time Performance Plan. The Response Time Performance Plan for the Guelph Wellington coverage area is set by Council based on many factors including available resources, historical performance and call volumes, and recognized trends in call frequency and complexity. Guelph Wellington EMS has committed to continuing to strive to meet the targets set for the coverage area. Additional Paramedic resources were approved in the 2015 operating budget and are being added, but a request for more resources will be forwarded to the 2016 budget process for consideration.

The overall final report findings from this review are very positive. The Review Team commended the service for our Quality Assurance initiatives, training, vehicle conditions and overall operations. In presenting the initial findings of the review, the Review Team applauded the Guelph Wellington paramedics, recognizing their professionalism, compassion and dedication.

The inspection process includes a minimum threshold that must be met in order for the certificate to operate the ambulance service to be renewed. Guelph Wellington EMS surpassed this threshold and a Certificate will be issued for another three years.

CORPORATE STRATEGIC PLAN (delete those that don't apply)

Innovation in Local Government

2.2 Deliver Public Service better

City Building

3.1 Ensure a well designed, safe, inclusive, appealing and sustainable City

DEPARTMENTAL CONSULTATION

The City's Internal Auditor was present at key points of the Review process to understand the details and focus of the review team.

COMMUNICATIONS

N/A

ATTACHMENTS

ATT-1 2014 Final Report, Guelph Wellington EMS

Report Author:

Stephen Dewar

EMS Chief – Guelph Wellington Emergency Medical Service

STAFF REPORT



Approved By

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Ambulance Service Review Final Report

The City of Guelph

Guelph-Wellington Emergency Medical Services

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



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

Emergency Health
Services Branch
590 Rossland Rd. E.
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
590 rue Rossland E.
Whitby ON L1N 9G5
Tél.: 905-665-8086
Téléc.: 905-665-4044



April 8, 2015

Mr. Stephen Dewar
Chief
Guelph-Wellington Emergency Medical Services
Clair Road Emergency Services Centre
160 Clair Road West
Guelph ON N1H4E1

Dear Mr. Dewar:

Congratulations on successfully meeting the legislated requirements for certification as a land ambulance operator in the Province of Ontario. The Ambulance Service Review Follow Up conducted on March 9, 2015 found that Guelph-Wellington EMS continues ongoing improvement towards ensuring delivery of high quality ambulance service.

Guelph-Wellington EMS is to be commended for its efforts in the following areas:

- Preparation for the certification inspection
- Employee files
- Quality assurance initiatives
- Training
- Vehicles
- Operations

The Review found that Guelph-Wellington EMS meets the certification criteria and the legislated requirements. Accordingly, Guelph-Wellington EMS will be issued a renewed Certificate to operate an ambulance service.

Once again, congratulations to you and your team.

Sincerely,

A handwritten signature in blue ink, appearing to read "m Bay".

Michael Bay
Manager
Inspections and Certifications

Cc: Ms. Ann Pappert, CAO, The City of Guelph
Mr. Richard Jackson, Director, EHSB
Mr. Preston Holmes, Senior Manager, EHSB
Mr. Tarmo Uukkivi, Senior Manager, EHSB
Ms. Mary Vahaviolos, Senior Field Manager, EHSB

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Introduction

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

Legislated standards include:

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

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

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

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

- Patient Care
- Quality Assurance
- Administration

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

Ambulance Service Review Overview

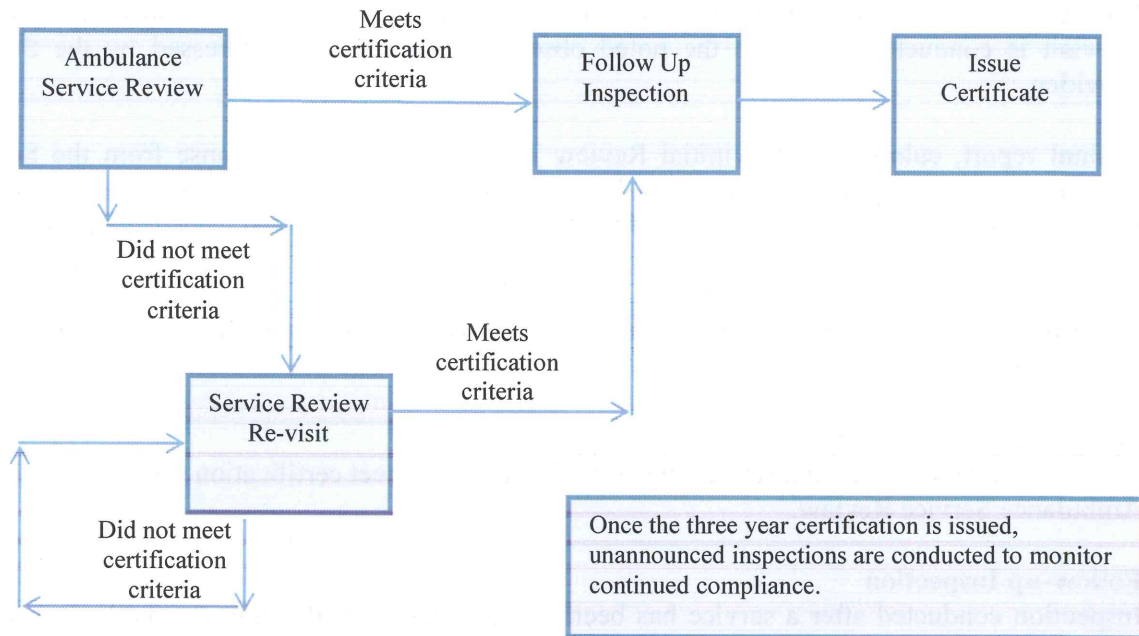
Certification Process: Ambulance Service Providers undergo an Ambulance Service Review every three years - the certification of a service is not extendable under the Act.

Service Providers due for review will be given advance notice, typically 90 days, before the on-site review occurs. This notification includes the Team Checklist Self-Assessment and Resource Tool which is provided to assist a service in preparing for the on-site review.

A Service Provider will also be sent a letter to confirm the date and time of the review, typically, 30 days prior to the on-site visit. Services requiring a re-visit will be given advance notice prior to the date of a team re-visit, typically 30 days.

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

The diagram below graphically represents the certification process.



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

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

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

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

Currently the Review Team is comprised of service representation from approximately 70 percent of Ontario Paramedic Services. The on-site team will include one Ministry Team Leader, service Chiefs, Deputy Chiefs, Superintendents, Commanders, Deputy Commanders, Primary, Advanced and Critical Care Paramedics, all whom are considered seasoned subject experts in their field. Working together to ensure excellence in ambulance services to all Ontarians.

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

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

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

Service Review Re-visit

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

Follow-up Inspection

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

Unannounced Inspection

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

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

- Interviews: Interviews with the Service Provider and other service staff will be conducted. Also, interviews may be held with receiving hospital emergency unit staff, Base Hospital staff, Ambulance Dispatch staff and staff of the municipality or delivery agent where appropriate.
- Documentation Review: Patient care, staff qualification and operational files pertinent to the delivery of ambulance service will be reviewed including: policies & procedures, Incident Reports, Ambulance Call Reports, vehicle and equipment maintenance records, staff training records and other relevant standards related documents.

- Ride-outs: In order to provide the broadest possible assessment of the patient care provided by a service, team members will conduct ride-outs with paramedics on every priority call, and Canadian Triage Acuity Scale category call, opportunity presents. Observations will be recorded and combined with the documented patient care information provided by the crews and feedback from the receiving hospitals. This information is utilized to evaluate that the provision of patient care provided is consistent with the patient care standards.
- Observation and Examination: To accurately determine compliance with the legislation and standards the Review Team will conduct various examinations of service vehicles, equipment, supplies and documents. For example, the team will ensure ambulances and ERVs are constructed and equipped in accordance with the standards.
- Exit Interview: Upon completion of the Ambulance Service Review site visit, the Team Leader and designated team members will meet with the Service Provider to provide a brief verbal overview of the observations of the Review visit. This meeting will provide an opportunity for the Service Provider to be informed of any areas that require prompt attention. The meeting will also serve to provide the Service Provider an early indication of their success in meeting the requirements of the Review.
- Reports: Following the Ambulance Service Review site visit, the Review Team Leader will prepare and submit a written summary to the ministry. The on-site observations will determine if a Service Provider has met the requirements of the legislation and standards. The written report in draft will then be forwarded to the Service Provider for comment and to prepare an action plan for addressing any observations noted within the report. The draft report forwarded to the Service Provider will indicate that their service has:

Satisfied the Requirements

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

Not Satisfied the Requirements

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

Summation

Guelph-Wellington EMS operates from eight stations and one satellite station, including headquarters and provides primary and advanced paramedic patient care. The Service responded to approximately 34,795 calls in 2013. At the time of the Ambulance Service Review, the Service had seventeen ambulances, three emergency response vehicles and one emergency support unit.

The Service provides ambulance service to the residents of the City of Guelph and the County of Wellington as well as the surrounding areas. Headquarters is located at 160 Clair Road West, Guelph. Guelph-Wellington EMS is dispatched by the Cambridge CACC and has a Base Hospital relationship with the Hamilton Health Sciences Centre for Paramedic Education and Research.

This Service has been in operation since January 1, 2009. The certificate for Guelph-Wellington EMS expires on December 31, 2015. As required to renew their certificate, Guelph-Wellington EMS participated in an Ambulance Service Review by the Ambulance Service Review Team on December 9–10, 2014. The Ambulance Service Review conducted December 9–10, 2014 found that Guelph-Wellington EMS has **met** the requirements of the *Land Ambulance Service Certification Standards*.

The Review Team for Guelph-Wellington EMS was comprised of:

Ministry Reps.:

- One Team Lead
- One Fleet Services Rep.

Management Reps. from:

- The City of Toronto
- The County of Haldimand

Paramedic Reps. from:

- The Regions of York and Peel
- The County of Bruce
- The Cities of Toronto and Hamilton

The Service is to be commended for making staff available during the course of the Review and the Review Team would like to thank Guelph-Wellington EMS staff for their assistance throughout the Review.

In view of accommodating the requirements for the administration of an ambulance service, it was recommended that renewed certificate be issued to Guelph-Wellington EMS for a further three years.

Patient Care

Subsections:

- ACR Review – ALS/BLS Patient Care Standards,
- Training,
- Paramedic Ride-outs,
- ID Cards,
- Communicable Disease Management,
- Vehicle – Equipment Restraints,
- Communication Direction,
- Patient Care Equipment and Supplies,
- Medications,
- Oxygen, Suction, Stretcher and Defibrillator Maintenance,
- Vehicles – Staffing,
- Vehicles – Maintenance/Inspection, and
- Collision reporting.

ACR Review – ALS/BLS Standards

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

Inspection Methodologies: The Review Team obtained and reviewed reports and records, such as Ambulance Call Reports (ACRs), Incident Reports (IRs), conducted nine ride-outs at five stations on every priority call and Canadian Triage Acuity Scale level call opportunity presented and conducted interviews with Guelph-Wellington EMS personnel.

Observations: 98% of the ACRs reviewed demonstrate Patient Care was provided in accordance with the ALS/BLS Patient Care Standards.

Of the three hundred Ambulance Call Reports reviewed by the Review Team, the following six or 2%, demonstrate that documentation to confirm adherence to the ALS/BLS Patient Care Standards was not always completed (based upon documentation only). (**Observation: 1**)

Call Number	Patient Issue	Audit Findings
921010071577	A 72 year old patient presents with chest pain and is treated for acute coronary syndrome.	Supplemental oxygen is required. Assessment of vital signs is required between each NTG administration. Consider obtaining vascular access.

Call Number	Patient Issue	Audit Findings
921010071628	A 77 year old patient presents with hypertension, headache, vomiting, and vertigo. Oxygen is provided by nasal cannula. Glucometry is performed 4 times.	<i>High concentration oxygen is required. Glucometry is required once only. Consider obtaining vascular access. Consider the use of Dimenhydrinate.</i>
921010073967	A patient presents with symptoms suggesting CVA. The crew initiates 2 PIVs "as per request nurses at Grand River for stroke protocol".	<i>The practice of initiating 2 peripheral lines in this setting is inconsistent with BLS/ALS standards and directives.</i>
921010090090	A patient presents with ETOH/drug overdose and has an altered level of consciousness. GCS 13.	<i>Blood glucometry is required. Supplemental oxygen is required. Consider obtaining vascular access.</i>
921010352910	63 year old female patient, Hypoglycemia.	<i>Bolus of 700 cc.</i>
921010369793	62 y/o female pt. involved in MVC (T-bone), hypertensive, monitor showing sinus tach, c/o being light headed.	<i>No oxygen documented. Transported sitting.</i>

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

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

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

Training

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

Inspection Methodologies: The Review Team reviewed reports and records relevant to staff training and conducted interviews with Guelph-Wellington EMS personnel.

Observations: The Service Provider has a mechanism in place to ensure paramedic skills are maintained, which includes:

- Current user guides,
- Training bulletins,

- Videotapes and mandatory learning materials,
- Base Hospital Policies and Protocols,
- Base Hospital training,
- A medium for the review of training materials,
- Annual aggregate evaluation of compliance with the Patient Care Standards,
- New staff members undergo an evaluation of their patient care skills,
- Evaluation results are communicated to staff, and
- Base Hospital certification on file.

All Paramedics employed by the Ambulance Service Operator are included in the QA/CQI Program. From the forty HRI files reviewed by the Review Team, the Service Provider captured 100% of the possible QA components, demonstrating that patient care equipment knowledge and skills are demonstrated and tested.

There was documentation indicating a remedial training program was in place for staff who demonstrated deficiencies in the use of patient care equipment. The records include the date, location, type, nature and duration of each CME activity including those for new, updated and additional equipment.

Documentation demonstrated the Service Provider works with the Base Hospital to ensure staff regularly demonstrates proficiency in patient care skills. There was further documentation demonstrating the Service Provider works with Base Hospital to provide:

- Remedial training to employees whose patient care skills are considered deficient,
- Identified staff attends and successfully completes remedial training,
- To ensure staff regularly demonstrates proficiency in performing controlled acts,
- Identified staff attended and successfully completed remedial training for controlled acts, and
- Monitoring of Paramedic certification, recertification, change in certification and decertification.

Paramedic Ride-Outs

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

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

Inspection Methodologies: The Review Team consisting of one Primary Care Paramedic and two Advanced Care Paramedics, conducted ride-outs for direct observation of the provision of patient care. Ride-outs were conducted with Guelph-Wellington EMS paramedics at five stations during the on-site review.

Observations: 100% of ride-out observations demonstrated patient care provided met the ALS/BLS Patient Care Standards. Patient care observed during ride-outs was described as professional, courteous, well managed and compassionate. During the review, paramedic reviewers completed nine ride-outs, as observers. Of the nine calls observed, eight calls were patient carrying calls and one call was a non patient carrying call. Of the patient carried calls, six calls were priority 3: one call was priority 2, and one call was priority 1.

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

Some examples of the ride-out observations are attached as **Appendix C** on page 42.

ID Cards

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

Paramedics ID Cards and Service Specific Number permit a means for the paramedic to log onto the Communication environment and further provides a paramedic required ID for access to secure areas. Subsection III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* (g.1) states, each emergency medical attendant and paramedic employed by the applicant/operator in his or her ambulance service is assigned a unique identification number issued by the Director.

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

Inspection Methodologies: The Review Team conducted ride-outs for direct observation and observed a further thirteen Guelph-Wellington EMS personnel for compliance respecting ID Cards.

Observations: 100% of Guelph-Wellington EMS paramedic staff observed during patient care ride-outs and at stations were noted to carry the service specific identification card exhibiting the EHS unique identification number on their person while on duty.

Communicable Disease Management

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

Inspection Methodologies: The Review Team conducted ride-outs at five stations for direct observation of the provision of patient care. The Review Team also reviewed reports and records relevant to service Communicable Disease Management and conducted interviews with Guelph-Wellington EMS personnel.

Observations: 100% of service Paramedics observed, washed their hands as soon after a call as was practical, in accordance with the Ambulance Service Patient Care and Transportation Standards (ASPCTS) and Service Policy.

Paramedics used an alcohol-based hand cleaner when unable to wash their hands after a call. Paramedics followed all other elements of ASPCTS and Communicable Disease Management. There was documentation indicating the Service Provider monitors and enforces Communicable Disease Management.

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

Vehicle - Equipment Restraints

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

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care and the securing of equipment. A further six vehicles at bases were inspected for equipment and supply compliance.

The Review Team also reviewed reports/records relevant to service vehicles and equipment, and conducted interviews with Guelph-Wellington EMS personnel.

Observations: Paramedics ensured each person transported in an ambulance were properly restrained. Patient care and accessory equipment and supplies were secured in the vehicles as per the ASPCTS. Passengers wore seat belts during the provision of ambulance service while the ambulances are in motion.

During transport, patients were secured to the stretcher and the stretcher was secured in the vehicle.

Communication - CACC/ACS Direction

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

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

The Basic Life Support Patient Care Standards states in part, Patient Transport, the Paramedic will make a decision regarding receiving facility and initiate transport of the patient as confirmed or directed by:

- an ambulance communication officer, or
- an attending physician, with dispatch confirmation, or
- a coroner, with dispatch confirmation, or
- a base hospital physician, or
- midwife, with dispatch confirmation, or
- approved local transfer guidelines, or
- the patient, with dispatch approval.

In the absence of direction, transport to the closest or most appropriate hospital emergency unit capable of providing the medical care apparently required by the patient.

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care and radio interaction with their Communication Service.

The Review Team also reviewed reports and records relevant to Service Policy, service equipment (radios), staff, QA/CQI, and conducted interviews with Guelph-Wellington EMS personnel.

Observations: The Service Provider and staff accept ambulance calls as assigned by the CACC and followed the direction from the Ambulance Dispatch Centre, according to the Service Provider's Deployment Plan.

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

- of each ambulance or emergency response vehicle's availability and location,
- whenever an ambulance or ERV was removed from service, and
- whenever an ambulance or ERV was returned to service.

There was documentation demonstrating there is clear direction to paramedic staff regarding transport of a patient when directed by the Communication Service, i.e. Hospital availability. There was also documentation demonstrating clear direction to paramedic staff regarding transport of a patient when not directed to a destination by the Communication Service. Paramedics ensured patients are transported to a facility as directed by the Communication Service or to the most appropriate facility when not directed by the Communication Service. Staff demonstrated proficiency using communication equipment.

Patient Care Equipment and Supplies

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

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

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care, securing of equipment, vehicle stocking and cleanliness of supplies and equipment.

A further six vehicles at five base locations were inspected for equipment and supply compliance per the equipment and certification standards.

The Review Team also reviewed reports and records relevant to Service Policy, vehicles, equipment and supplies, and conducted interviews with Guelph-Wellington EMS personnel.

Observations: Six ambulances were inspected and the following was noted:

Ambulances:

- 100% of vehicles observed were stocked with the required number and type of patient care equipment, and
- 100% of vehicles observed were stocked with the required number of supplies.

The Service Provider has a policy regarding cleaning and sanitization of equipment and the patient care compartment. There were cleaning supplies accessible to staff to clean the equipment and patient care compartment. The Service Provider monitored and enforced the cleaning and sanitization policy.

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

The patient care equipment observed was stored in a manner that is consistent with manufacturer's direction and is free of contamination. Further, 100% of the patient care equipment provided for use met the *Provincial Equipment Standards for Ontario Ambulance Services*. The Service Provider had a quantity of supplies and equipment on hand to maintain the level of ambulance service to meet continuity of service requirements.

The Service Provider identified patient care and accessory equipment in need of repair, removed it from service and responded to identified deficiencies/concerns. There was documentation demonstrating that patient care equipment repairs had been completed and the Service Provider maintains repair receipts for the life of each piece of equipment.

100% of the vehicles and equipment observed demonstrated that expired devices and patient care materials were identified and removed from use. The Review Team also noted vehicles were stocked as soon as possible after a call and was re-stocked with supplies, according to the equipment standard.

Examples of the minor equipment and/or supply observations are noted in the table attached as **Appendix D** on page 44.

Medications

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

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

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

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care/medication interventions, securing/storing of medications, vehicle stocking and cleanliness of supplies and equipment.

A further six vehicles at five base locations were inspected for equipment and supply compliance per the equipment and certification standards.

The Review Team also reviewed reports and records relevant to Service Policy, vehicles, equipment and supplies, and conducted interviews with Guelph-Wellington EMS personnel.

Observations: 100% of the medications observed were stored in a manner consistent with manufacturer's requirements and secured from unauthorized access. 100% of the controlled medications observed were secured according to Service policy. Staff followed the policy respecting the disposal of expired medications.

100% of the bases observed demonstrated the Service Provider ensured the safe disposal of biomedical sharps in an appropriate sharps container.

Oxygen, Suction, Stretcher & Defibrillator Maintenance

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

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

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

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of securing/storing of equipment, vehicle stocking and cleanliness of supplies and equipment.

A further six vehicles at five base locations were inspected for equipment and supply compliance per the equipment and certification standards.

The Review Team also reviewed reports and records relevant to Service Policy, equipment maintenance and conducted interviews with Guelph-Wellington EMS personnel.

Observations: All patient care devices requiring regular inspection and/or calibration e.g. oxygen delivery systems, suction equipment, defibrillator is included within the Service Provider's Preventative Maintenance program.

Service oxygen testing equipment had been calibrated November 11, 2014 according to the manufacturer's specifications. There were an adequate number of replacement oxygen cylinders accessible to staff to meet continuity of service requirements. Based on data available from Service files, of the one hundred and thirty-two patient care devices inspected, the preventive maintenance program did not meet the manufacturer's specification. **(Observation: 2)**

Some examples of the patient care devices preventative maintenance review is attached as **Appendix E** on page 44.

The Service Provider's Preventative Maintenance program also includes all patient carrying equipment. Service stretcher maintenance files were found to be complete. The preventative maintenance schedule was to be completed quarterly for stretchers. 93.3% of the patient carrying equipment met the manufacturer's specification respecting preventative maintenance. **(Observation: 2)**

Some examples of the patient carrying equipment preventative maintenance review are attached as **Appendix F** on page 48.

Vehicles - Staffing

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

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

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

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

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care provider configurations/service deployment strategies.

A further six vehicles at five base locations were inspected for compliance per the *Ambulance Service Patient Care and Transportation Standards*. The Review Team also reviewed reports and records relevant to Service Policy, staffing deployment and conducted interviews with Guelph-Wellington EMS personnel.

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

Each ERV responding to a request for service is staffed with at least one person qualified as a PCP under the regulation. Each ambulance responding for a request for service is staffed with at least one PCP and one EMA qualified as per the regulation. Each ambulance designated by the Service as an ACP ambulance is staffed with at least one ACP and one PCP when responding to a request for service or while transporting a patient.

Vehicle - Maintenance / Inspection

Legislated Requirements: The Municipality/DDA is obligated to ensure provision of service meets community needs.

To meet community needs, the Service Provider must ensure each vehicle is equipped according to the equipment standards, each vehicle meets the vehicle standards and that equipment, supplies and vehicles are maintained according to manufacturer’s specifications.

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

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

Inspection Methodologies: The Review Team conducted ride-outs for direct observation of patient care, securing/storing of equipment, vehicle stocking and cleanliness of supplies and equipment. Six vehicles at five base locations were inspected for equipment and supply compliance per the vehicle, equipment and certification standards.

The Review Team also reviewed reports and records relevant to Service Policy, vehicle and equipment maintenance and conducted interviews with Guelph-Wellington EMS personnel.

Observations: The Service Provider had a letter signed by the Director, EHSB, from each vehicle manufacturer or conversion vendor, certifying each vehicle used in the provision of ambulance service met the standards.

There was documentation on file confirming certification of ERVs (self certification or manufacturer's certification). There was also documentation on file demonstrating additions or conversions meet manufacturer's specification.

The Service Provider's Preventative Maintenance program is based on 8,000 Kms between services. Each vehicle is included within the Service Provider's Vehicle PM program. A review of PM files demonstrates the Service Preventative Maintenance is performed according to the Service Provider's schedule/Original Equipment Manufacturers schedule. The average vehicle maintenance interval calculates to 7,864 Kms. Maintenance or repair records are maintained by the Service Provider for the life of the vehicle.

The Service Provider provides the Ambulance Dispatch Centre access to radios and communication equipment upon request. The Service Provider ensured that communication equipment remains operational at all times and works co-operatively with the Ambulance Dispatch Centre to ensure communication equipment repairs are completed when and as required.

The Service operated seventeen front line ambulances and three emergency response vehicles. Six ambulances and two emergency response vehicles were inspected. There was documentation indicating the Service Provider used only vehicle identification numbers assigned by the Director, EHSB. Each vehicle's identification was displayed on the front and rear of the vehicle as required.

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

During the inspection of vehicles, it was noted:

- Each vehicle had a minimum annual safety check as per related legislation,
- Each vehicle had an up-to-date Ministry of Transport annual sticker affixed,
- Each vehicle was maintained mechanically and in proper working order,
- Staff completed a checklist ensuring safety features were functional,
- Paramedics could comment regarding vehicle deficiencies or safety concerns,
- Staff checked each vehicle at least once per day or shift,
- The Service Provider audits checklists for completeness, accuracy and vehicle deficiencies or safety concerns,
- Safety concerns raised by staff were resolved,
- Repairs or replacement items were completed in a timely manner,
- Vehicles were protected from extremes of heat, cold and moisture,
- Vehicles were stored to prevent contamination, damage or hazard,
- Each vehicle follows the deep clean program,
- Vehicles were maintained in a clean and sanitary condition,
- Supplies were accessible to clean the vehicles, and
- There was required clean storage space available for supplies.

Collision Reporting

Legislated Requirements: Collision Reports document the events and information by paramedics when an ambulance or ERV is involved in a collision. Subsection III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* states in part, Incident Reports, Ambulance Call Reports and collision reports are made in accordance with “Ontario Ambulance Documentation Standards”, published by the Ministry of Health as may be amended from time to time, respecting each incident, complaint, investigation, and collision relating to the applicant/operator's service, employees, agents and to each patient served.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Policy, collision reports, Service QA/CQI initiatives and conducted interviews with Guelph-Wellington EMS personnel.

Observations: The Service Provider provided documentation demonstrating staff immediately notify CACC when an ambulance or ERV is involved in a collision. It was also noted that staff completed collision reports as per legislation. There was documentation provided demonstrating the Service Provider audits collision reports for completeness and accuracy. The Service Provider's collision reports contain at minimum, the information as identified within the *Ambulance Service Documentation Standards* and are kept on file for a period of not less than five years.

Observation: 1

Service Provider Response

Guelph-Wellington EMS will continue our Quality Assurance initiatives to ensure that our paramedics comply with the ALS and BLS Patient Care Standards. Our QA initiatives include Ambulance Call Report reviews, on-scene evaluations by EMS Superintendents and cooperation with our Base Hospital to review any concerns that are brought to their attention.

Our QA staff have reviewed the concerns highlighted by the Review Team and have addressed these specific concerns by providing the appropriate feedback to our paramedics.

Inspector's Findings

Guelph-Wellington EMS strives towards excellence in the provision of *Advanced Life Support* and *Basic Life Support Patient Care Standards* and is cognizant of the need for follow-up with staff when patient care deficiencies are identified.

The Service Provider has an audit process in place to ensure that Ambulance Call Reports reflect the patient care provided. The Service Provider also has a robust in-house QA and training program to ensure all care is to Standard. Further, Guelph-Wellington EMS includes a review of the *ALS/BLS Patient Care Standards* during their spring and fall Continuing Medical Education (CME) training, as well as a personal "Paramedic Annual Performance Review". Peer review of all code 3, 4 and no patient carried ACRs are completed by ACP's, where feedback is provided to paramedics, where concerns are noted.

As part of the Service's QA Program, the calls found to be deficient during the Service Review were considered and an Ambulance Call Evaluation (ACE) was sent to the paramedics involved. The Service Provider was satisfied with the explanation offered by the paramedics, and one call is still under investigation.

The Service Provider continues to monitor and review ACRs for quality of patient care in order to avoid a recurrence of such observation. **Guelph-Wellington EMS is committed to compliance in this area.**

Observation: 2

Service Provider Response

Guelph-Wellington EMS is committed to maintaining all patient care equipment to the highest standards possible, including meeting the manufacture's specifications on preventive maintenance. We recognize and acknowledge that a small number of pieces of equipment were missed by our processes. We have ensured that all equipment has been appropriately tested and maintained and we have established a new process for tracking preventative maintenance moving forward.

Inspector's Findings

Documentation demonstrates that Guelph-Wellington EMS has made positive improvements with the enhancement of digital calibration. All Superintendents can now calibrate oxygen and suction as per the Preventative Maintenance Schedule.

An electronic database is utilized to track, monitor and document defibrillator, oxygen, suction and stretcher maintenance by serial number. Stretcher maintenance is monitored by the Commander which is maintained by Ferno.

The Service Provider is confident that the digital enhancement, database, along with the use of an electronic scheduling program, will ensure all equipment is maintained according to manufacturer's specifications. **Guelph-Wellington EMS is committed to compliance in this area.**

Quality Assurance

Subsections:

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

Quality Assurance/CQI

Legislated Requirements: A Service Provider's QA/CQI Program provides a Service Provider continued oversight in their quality of patient care and provision of service delivered to the public. The Municipality/DDA is obligated to ensure provision of service meets community needs and is provided according to the *Ambulance Act* and standards there under.

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

Inspection Methodologies: The Review Team consisting of one Primary Care Paramedic and one Advanced Care Paramedic undertook a review of service patient carried and non-patient carried ACRs (all priority and CTAS return level calls).

The Review Team also reviewed reports and records relevant to Service Policy, QA/CQI initiatives and conducted interviews with Guelph-Wellington EMS personnel.

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

- Ambulance Call Report audits,
- Service form completion audits,
- Incident Report audits,
- In Service CME,
- Base Hospital Certification, and
- Other - customer satisfaction surveys.

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

Employee Qualifications

Legislated Requirements: In Ontario, to work as a Paramedic, an individual must meet the qualification requirements delineated by Ontario Regulation 257/00. There are three levels of paramedic practice in Ontario with each level building on the competencies and skills of the prior level and assuming its scope of practice. Section III Operational Certification Criteria of the *Land Ambulance Service Certification Standards* states in part, a personnel record is maintained for each emergency medical attendant and paramedic employed by the applicant/operator. The record shall include evidence of qualifications as described in Part III of the regulation.

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

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

Inspection Methodologies: The Review Team consisting of one Management Review Team representative undertook a review of thirty Primary Care Paramedic and ten Advanced Care Paramedic HRI files. The Review Team also reviewed reports and records relevant to Service Policy, QA/CQI employment initiatives and conducted interviews with Guelph-Wellington EMS personnel.

Observations: From the forty HRI files reviewed by the Review Team, the Service Provider captured 1,320 of 1,320 possible qualification requirements, or 100%. The Service Provider is commended for these review findings.

Guelph-Wellington EMS maintains a mechanism to help ensure each employee record includes documentation that demonstrates each employee meets the minimum employment standards according to legislation. A personnel record is maintained for each employed paramedic which includes evidence of qualification as described in Part III of the Regulation.

Guelph-Wellington EMS employs forty paramedics reported to be Advanced Care Paramedics. Of the ten ACP files reviewed by the Review Team, 100% contained the required MOHLTC ACP certification.

From the forty HRI files reviewed by the Review Team for confirmation of immunization on Table 1 - Part A of the ASCDS, the Service Provider captured 460 of 540 possible physician or delegate signature for immunization administration or 85.2% of the files reviewed. Inspectors did accept records without signature for the purpose of this Review however, the Service Provider is reminded that the physician or physician's delegate signature is a requirement for verification of immunization on Table 1 Part A of the ASCDS. **(Observation: 3)**

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

Examples of the HRI file observations are itemized in detail and attached as **Appendix A** on page 40.

From the forty HRI files reviewed by the Review Team, the Service Provider captured 100% of the Influenza Immunization status requirements no later than directed by EHSB.

As of January 31, 2014, EMAs and paramedics must:

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

The Service Provider reported the Influenza Immunization status of each employee that submitted to the Provider, to the EHSB Field Office as required each year.

Each operator shall, no later than February 14, 2014, report to the local Senior Field Manager of the Emergency Health Services Branch, the following:

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

ACR – IR Documentation

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

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

The *Ambulance Service Documentation Standards*, PART IV – Patient & Patient Care Documentation Requirements stipulates ACR documental and distribution requirements.

Inspection Methodologies: The Review Team consisting of one Primary Care Paramedic and one Advanced Care Paramedic undertook a review of three hundred ACRs.

The Review Team also reviewed reports and records relevant to Service Policy, QA/CQI initiatives and conducted interviews with Guelph-Wellington EMS personnel.

Observations: From the three hundred ACRs reviewed by the Review Team, the Service Provider captured 17,287 of 17,859 possible data points, or 96.8% of the Ambulance Call Report information requirements. The Service Provider is to be commended for these documental findings. **(Observation: 4)**

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

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

During the review, a random sample of ACRs were reviewed. The review was not only to determine compliance with Patient Care Standards, as was addressed earlier, but to also determine if documentation meets the *Ambulance Service Documentation Standards*. Two hundred and seventy-three were patient carried calls covering all priority and CTAS level patient transports, twenty-seven were non patient carried calls.

Patient Carried Calls

Mandatory fields were not always completed on patient carried calls according to the *Ambulance Service Documentation Standards*. Forms were legible and easy to read. The Service Provider uses IMedic Software for ePCR completion. It was noted by the reviewers, there are three ACR mandatory fields (Primary Problem Code, Service Number and Initials on ALS Procedures) not captured on the current ePCR. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 40. **(Observation: 4)**

Non Patient Carried Calls

Mandatory fields were not always completed on non-patient carried calls according to the *Ambulance Service Documentation Standards*. They were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 40. **(Observation: 4)**

Patient Refusal Calls

Aid to Capacity and Refusal of Service fields were completed according to the *Ambulance Service Documentation Standards*. Patient refusal ACRs were legible and easy to read. Examples of the Ambulance Call Report observations are attached as **Appendix B** on page 40.

It was noted that Ambulance Call Reports were distributed according to the *Ambulance Act, Regulations* and *Ambulance Service Documentation Standards*. It was also noted that completed Ambulance Call Reports were secured from unauthorized access. The Service Provider maintains Ambulance Call Reports on file for a period of not less than five years.

The review of ACRs reflected that Incident Reports are not always completed when required, as per the ASDS. Three of the reviewed ACRs required an Incident Report, two Incident Reports were completed. **(Observation: 4)**

The following table reflects the Review Teams observations:

Call Number	ACR Observations	Incident Report Completion Criteria
921010319408	Patient running from police, jumped from a window.	<i>A scene or situation that represents a suspected or actual criminal circumstance or event.</i>

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

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

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

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

Observation: 3

Service Provider Response

Guelph-Wellington EMS appreciates the reminder that physician signatures are now required for verification of immunization. We have begun the process of having staff obtain signatures where required.

Inspector's Findings

Guelph-Wellington EMS is committed to ensure all employee qualifications are on file and up to date. The Service Provider has developed a new "Ministry of Health Changes to Ambulance Service Communicable Disease Standards" document. This form must be filled out by each paramedic along with their physician signature. Although still in draft form, the Service hopes to have their process completed and implemented as soon as possible which should mitigate a reoccurrence as a future observation. **Guelph-Wellington EMS is committed to compliance in this area.**

Observation: 4

Service Provider Response

Guelph-Wellington EMS utilizes a Peer Review process to identify errors in documentation and to reinforce documentation requirements and standards with our Paramedics. Our service is committed to continuing our rigorous QA process and address concerns as they are discovered.

The concerns identified by the review team have been addressed where appropriate by providing the appropriate feedback to our paramedics.

Inspector's Findings

Guelph-Wellington EMS is cognizant of the need for follow up with staff when ACR completion deficiencies are noted. The Service is dedicated to proficiency in Patient Care and to the documentation of Incident Reports, Patient Call Reports and Collision Reports.

The Service Provider is committed to full and proper completion of these call types and continues to monitor and audit ACRs for quality and thoroughness of completion for Documentation and ALS/BLS Patient Care Standards. ACR completion and Documentation Standards are areas covered during the Service's fall and spring CME sessions. Further, the Service Provider will be addressing the common issues found during the Service Review in the upcoming CME and will stress the need for paramedics to ensure that ACRs are completed accurately according to the Standards.

The Service Provider is also looking at having some of the close calls rules in iMedic adjusted to accommodate the Standards. Guelph Wellington EMS is also integrating a "flag" system that is activated during the completion of ACRs which will prompt the paramedic that an Incident Report is required for specific calls.

Follow-Up Ambulance Call Report Review

An ACR review was conducted during the follow-up inspection with Guelph-Wellington EMS. Sixteen calls were patient carried calls and, four ACRs 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 were generally completed according to the *Ambulance Service Documentation Standards*, with the following exceptions:

Patient Carried Calls Not to ALS/BLS Standard

Call Number	Patient Issue	Review Findings
	No issues for this area.	

Patient Carried Calls Code 4 & 3

Call Number	Documentation Issue	Driver #	Attendant #
10380984	No service Number. No initial BP upon contact. Only one BP listed in final set of VS. Pt being taken over from crew on OLD. Nothing listed on ACR identifying Pt INHX, reason for initial transport to hospital, or prior Call number from initial crew to link calls.	16436	14033
10380963	No service Number.	14882	15938
10379938	No service Number.	20690	17574
13080919	No service Number.	15938	14882
10371132	No service Number.	18339	17096
10381698	No service Number.	17917	17304
10383124	No service Number.	20690	17574
10384236	No service Number.	18341	12204
10379706	No service Number.	18339	17096
10382353	No service Number.	19054	19088

Call Number	Documentation Issue	Driver #	Attendant #
10384440	No service Number.	20690	91642 14325
10382376	No service Number.	17942	20166

Patient Carried Calls Code 2 & 1

Call Number	Documentation Issue	Driver #	Attendant #
10382954	No service Number.	87295	14882
10382778	No service Number. No meds listed. ACR states, See MARS.	19054	19088
10382699	No service Number.	84840	19898
10392500	No service Number.	21288	21225

Non Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
	No calls reviewed.		

Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
10384819	No service Number. ACE completed.	17575	20689
10386046	No service Number. ACE completed.	14325	20166
10383628	No service Number. ACE completed.	17304	17917
10381884	No service Number. ACE completed.	17917	17304

Improvement has been noted in ACR completion since transmittal of the Draft Report. The Service Provider is committed to full and proper completion of these reports and continues to monitor and audit ACRs for quality and thoroughness of completion for documentation and the ALS/BLS Patient Care Standards. Superintendent staff and peer audits will continue to monitor ACRs and IRs for proper minimum completion and will review with employees any ACRs found not meeting minimum requirements. **Guelph-Wellington EMS is committed to compliance in this area.**

Administrative

Subsections:

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

Response Time Performance Plan

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

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

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

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

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

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Response Performance and conducted interviews with Guelph-Wellington EMS personnel.

Observations: The Service Provider is not always meeting its Response Time Performance Plan.
(Observation: 5)

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

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

The Service Provider reviewed and updated their Response Time Performance Plan by October 1st of each year. There was also documentation to demonstrate that by March 31st of each year the Service Provider reported to the Director the following for the preceding calendar year:

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

Service Provider Deployment Plan

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

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

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

Inspection Methodologies: The Review Team reviewed reports and records relevant to service/staffing deployment and conducted interviews with Guelph-Wellington EMS personnel.

Observations: The Service Provider has provided a copy of their deployment plan to the Field Office. The deployment plan has been provided to the Ambulance Dispatch Centre for implementation into the Local Operating Policies. Documentation demonstrates the service has sufficient staff at each level of qualification to meet their deployment plan.

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

Ambulance Service Identification Cards

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

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

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

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

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

Inspection Methodologies: The Review Team reviewed reports and records relevant to the service staffing deployment/ID Cards (service and ministry documentation) and conducted interviews with Guelph-Wellington EMS personnel.

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

Documentation demonstrates the Service Provider notifies the ministry of each instance of employee hiring however did not always notify of separation (EHS# 14501 and 31335). It was noted that newly hired paramedics commence patient care activities only after receipt of their service specific identification number and card. Accordingly, we did not note any occasions when a newly hired paramedic logged onto the communication environment with either a fictitious number or a number assigned to another person.

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

Base Hospital Agreement

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

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

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

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service QA/CQI/Base Hospital initiatives and conducted interviews with Guelph-Wellington EMS personnel.

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

- providing medical direction and training to all paramedics,
- monitoring quality of patient care given by those paramedics, and
- delegation of controlled medical acts to paramedics.

Policy and Procedure

Legislated Requirement: A Service Provider has in place, policies and procedures which impact directly or indirectly on patient care. Policies and procedures are monitored and enforced to ensure the General Standard of Care.

- The Ambulance Act (the Act) states in part that every upper tier municipality (UTM) shall be responsible for ensuring the proper provision of land ambulance service in the municipality in accordance with the needs of persons in the municipality.
- The Ambulance Service Patient Care and Transportation Standards Section (A) states in part, each operator and each emergency medical attendant and paramedic employed or engaged as a volunteer by the operator, shall ensure that: Each EMA and paramedic shall attend and participate in such continuing education and competency maintenance activities as are required to provide ambulance service in accordance with the regulations.
- No person smokes any cigar, cigarette, tobacco or other substance while in an ambulance or emergency response vehicle.

- No EMA or paramedic, while on duty, takes or consumes any liquor within the meaning of the Liquor Control Act, or any drug which could impair his or her ability to function as an EMA or paramedic: or reports for duty while under the influence of any liquor within the meaning of the Liquor Control Act, or any drug which impairs his or her ability to function as an EMA or paramedic: or responds to a request for ambulance service while apparently under the influence of liquor or drugs or is apparently suffering the effects of liquor or drugs.
- The ASCDS states in part, each operator shall ensure that: employees are aware of current communicable disease risks and follow all aspects of the ASCDS.
- The Ambulance Act Part III Discharge of Responsibilities states in part, an upper-tier municipality shall ensure the supply of vehicles, equipment, services, information and any other thing necessary for the proper provision of land ambulance services in the municipality in accordance with this Act and the regulations.
- The Act further states the requirements respecting the disclosure of personal health information and personal health information has the same meaning as in the Personal Health Information Protection Act, 2004.
- Part VI of Ontario Regulation 257/00 made under the Act states in part, the operator of an ambulance service shall ensure that the remains of a dead person are not transported by ambulance unless, the remains are in a public place and it is in the public interest that the remains be removed: arrangements are made to ensure that an alternative ambulance is readily available for ambulance services during the time that the remains are being transported: and no patient is transported in the ambulance at the same time as the remains are transported.
- An ambulance may be used to transport the remains of a dead person for the purpose of tissue transplantation on the order of a physician if a physician at the hospital where the tissue is being delivered acknowledges the order.

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Policies and Procedures, Service QA/CQI initiatives and conducted interviews with Guelph-Wellington EMS personnel.

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

- Prohibiting staff from responding to calls under the influence of drugs or alcohol,
- Prohibiting staff from reporting to work under the influence of alcohol or drugs,
- Prohibiting staff from consuming alcohol or drugs while at work,
- Prohibiting any person from smoking any cigar, cigarette, tobacco or other substance while in an ambulance service vehicle,
- Regarding transport of a person's remains as per legislation,
- Regarding the disposal of bio-medical materials/waste e.g. contaminated bedding/bandages/anatomical waste,

- That students are to be free from communicable diseases,
- That students are to be immunized,
- Requirements for students/observers are monitored and enforced,
- Staff will immediately notify the CACC/ACS in the case of any accident involving an ambulance or ERV,
- Outlining the legislative parameters of sharing and disclosure of personal health information,
- Governing the protection of personal information of patients,
- Directing staff in the release of confidential information to allied agencies, and
- Directing staff in the release of confidential information to the public.

There is documentation to demonstrate Service Policies relating to drugs, alcohol and tobacco are complied with. There is further documentation to demonstrate Service Policies relating to the release of confidential information are complied with.

The Service Provider ensures the continuity of operations.

Insurance

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

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

Inspection Methodologies: The Review Team reviewed reports and records relevant to Service Policies and Procedures, Insurance coverage and conducted interviews with Guelph-Wellington EMS personnel.

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

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

Observation: 5

Service Provider Response

The Response Time Performance Plan for the Guelph-Wellington coverage area is set by the City of Guelph as recommended to Council. The recommendation is based on many factors including input from staff at Guelph-Wellington EMS. Factors affecting the parameters of the plan include available resources, historical performance and call volumes and recognized trends in call frequency and complexity.

Guelph-Wellington EMS will continue to strive to provide appropriate advice to Council and to strive to meet the targets set for the coverage area. Additional Paramedics have been planned for and submitted to the 2015 operating budget process for consideration.

Inspector's Findings

Guelph-Wellington EMS understands the importance of monitoring their response times against the targets set within their Response Time Performance Plan. During the Service Review, the Service was slightly short of the trending below their RTPP of 65% at 57% for the 2014 year.

Guelph-Wellington EMS has requested an enhancement package from the City of Guelph to address this. At the time of the follow up, the Service Provider has possible approval of an increase of 3 paramedics and increase in Superintendent hours. The Service Provider does state that the low percentage (57%), is a direct reflection of an increase in Long-Term Care facilities, an aging population and off-load delays at the Guelph Emergency Department. Their resources continue to assist bordering jurisdictions further depletes Guelph-Wellington resources with a negative impact upon their own RTPP.

The Service Provider does ensure that the paramedics respond to calls in the most effective manner and continually assesses methodologies, such as an increase in resources, to improve services and meet the target time framework. **Guelph-Wellington EMS is committed to compliance in this area.**

Appendix A HRI Review Summary Table

Employee #	Missing File Information
	No omissions noted.

Appendix B ACR Summary Tables Patient Carried Calls Code 4 & 3

Call Number	Documentation Issue	Driver #	Attendant #
All ACRs	<ul style="list-style-type: none"> • Service Number. • Primary Problem Code. • Initials (on ALS skills). 	Does not show on Imedic ePCR.	
921010319408	<ul style="list-style-type: none"> • Fluid Balance. • Trauma injury site/type. 	15808	44665
921010369793	<ul style="list-style-type: none"> • Medicine or Procedure. 	87295	14882
921010282308	<ul style="list-style-type: none"> • Trauma injury site/type. 	15477	19492
921010275394	<ul style="list-style-type: none"> • Fluid Balance. 	18269	16884
921010276844	<ul style="list-style-type: none"> • Fluid Balance. 	15477	17593
921010287433	<ul style="list-style-type: none"> • Postal Code. 	16956	19112
921010289224	<ul style="list-style-type: none"> • Fluid Balance. 	47906	18269
921010288614	<ul style="list-style-type: none"> • Code. 	20169	17096
921010290222	<ul style="list-style-type: none"> • Trauma injury site/type. 	18341	24170
921010292973	<ul style="list-style-type: none"> • Code. • Medicine or Procedure. 	21291	84451
921010355139	<ul style="list-style-type: none"> • Fluid Balance. 	19491	98876
921010320969	<ul style="list-style-type: none"> • Postal Code. 	14882	87295
921011032417	<ul style="list-style-type: none"> • Medications. 	82735	44665
921001346476	<ul style="list-style-type: none"> • Pickup Location Code. 	13206	14149
921010241276	<ul style="list-style-type: none"> • Trauma injury site/type. 	88250	15595
921010239317	<ul style="list-style-type: none"> • Postal Code. 	88250	15595
921010348180	<ul style="list-style-type: none"> • Result. 	15805	12204
921010328473	<ul style="list-style-type: none"> • Fluid Balance. 	17593	15456
921010348960	<ul style="list-style-type: none"> • Crew Member 1 Name. 	20166	17096
921010072495	<ul style="list-style-type: none"> • Postal Code. • Result. 	20162	14880
921010073236	<ul style="list-style-type: none"> • Postal Code. • Crew Mbr. Initials. 	19491	16436
921010071788	<ul style="list-style-type: none"> • Remarks/Orders. 	16444	14720
921010071609	<ul style="list-style-type: none"> • Secondary Problem. • Fluid Balance. 	19088	18269
921010069432	<ul style="list-style-type: none"> • Secondary Problem. 	19028	10867
921010072847	<ul style="list-style-type: none"> • Secondary Problem. 	16621	14325
921010087004	<ul style="list-style-type: none"> • Pickup Location Code. 	20166	14882
921010074580	<ul style="list-style-type: none"> • Result. 	57879	17096
921010071778	<ul style="list-style-type: none"> • Postal Code. 	19898	14033
921010075764	<ul style="list-style-type: none"> • Secondary Problem. 	16435	12203
921010069842	<ul style="list-style-type: none"> • Chief Complaint. • Secondary Problem. 	17639	10790
921010084291	<ul style="list-style-type: none"> • Trauma injury site/type. 	63865	20166
921010083577	<ul style="list-style-type: none"> • Trauma injury site/type. 	16436	19088

Call Number	Documentation Issue	Driver #	Attendant #
921010083597	• CTAS.	19088	16436
921010089061	• Postal Code.	52595	20483
921010088895	• Secondary Problem.	18269	20162
921010088990	• Postal Code.	15938	16436
921010087592	• Primary Problem.	17096	15821
921010074831	• Fluid Balance.	70981	96511
921010084990	• Secondary Problem.	13062	72711
921010084239	• Secondary Problem.	12203	16435
921010075588	• Postal Code. • Fluid Balance.	14882	17941
921010083234	• Trauma injury site/type.	16436	20166
921010083107	• Trauma injury site/type.	17096	16621
921010083128	• Trauma injury site/type.	16622	14325
921010085261	• Result.	17917	17942
921010085193	• Primary Problem.	19054	20166
921010087878	• Pickup Location Code.	15805	10654
921010073409	• CTAS.	17917	24170
921010086342	• CTAS.	19088	14882
921010074512	• Result.	14880	15808
921010075277	• Secondary Problem.	19088	17096
921010085674	• Trauma injury site/type.	10790	16232

Patient Carried Calls Code 2 & 1

Call Number	Documentation Issue	Driver #	Attendant #
All ACRs	• Service Number. • Primary Problem Code. • Initials (on ALS skills).	Does not show on Imedic ePCR.	
921010090090	• Postal Code.	16436	15938
921010090094	• Postal Code.	14325	16622
921010091172	• Secondary Problem.	12776	16437
921010091282	• Trauma injury site/type.	14880	15808
921010092724	• Medications.	72711	14882
921010077034	• Medications.	17639	20163
921010095139	• Secondary Problem.	19049	86089
921010085183	• Chief Complaint.	16232	10790
921010084574	• Medications.	18822	15807
921010076945	• Medications.	17639	20163
921010080110	• CTAS.	17917	24170

Non Patient Carried Calls

Call Number	Documentation Issue	Driver #	Attendant #
921010279153	• Destination kilometres. • Patients.	17942	15821
921010281670	• Patients. • Patient Sequence.	87526	11288
921010296100	• Destination kilometres.	17639	17322

Call Number	Documentation Issue	Driver #	Attendant #
921010296079	<ul style="list-style-type: none"> • Destination kilometres. • Skin (initial assessment). 	20490	17574
921010288782	<ul style="list-style-type: none"> • Patients. • Patient Sequence. 	15938	17574
921010279113	<ul style="list-style-type: none"> • Patients. • Patient Sequence. 	16437	20480
921010291480	<ul style="list-style-type: none"> • Patients. • Patient Sequence. 	14325	16622

Patient Refusal of Service Section

Call Number	Documentation Issue	Driver #	Attendant #
	No Omissions noted.		

Appendix C Paramedic Ride-Out Summary Observation Tables

Call Observation Summary						
CALL	092110370170	VEHICLE NO:	2168	PRIORITY	OUT: 3	IN: 3
MEDIC #1	19112	MEDIC #2	16417	CALL TYPE:	MEDICAL	
Call Sequence				Y	P	N
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>		
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>		
Communications with CACC according to Standard				<input checked="" type="checkbox"/>		
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>		
Transport Decision Appropriate to Patient Assessment				<input checked="" type="checkbox"/>		
Patient History to Standard				<input checked="" type="checkbox"/>		
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>		
All Medication Interventions to Standard						<input checked="" type="checkbox"/>
All Cardiac Monitoring/Defibrillation Interventions to Standard				<input checked="" type="checkbox"/>		
Patient Care Provided to Standard				<input checked="" type="checkbox"/>		
Secondary Assessment to Standard				<input checked="" type="checkbox"/>		
Movement of Patient According to Patient Presentation				<input checked="" type="checkbox"/>		
Transport Decision and Return Code According to Patient Condition				<input checked="" type="checkbox"/>		
Patient Care Enroute According to Standard				<input checked="" type="checkbox"/>		
Reporting to Receiving Staff According to Standard				<input checked="" type="checkbox"/>		
Post Call Duties Completed as Appropriate				<input checked="" type="checkbox"/>		

Call Observation Summary							
CALL	767010370161	VEHICLE NO:	2169	PRIORITY	OUT: 4	IN: 3	
MEDIC #1	14325	MEDIC #2	20690	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>			
Communications with CACC according to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Transport Decision Appropriate to Patient Assessment				<input checked="" type="checkbox"/>			
Patient History to Standard				<input checked="" type="checkbox"/>			
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>			
All Medication Interventions to Standard							<input checked="" type="checkbox"/>
All Cardiac Monitoring/Defibrillation Interventions to Standard				<input checked="" type="checkbox"/>			
Patient Care Provided to Standard				<input checked="" type="checkbox"/>			
Secondary Assessment to Standard				<input checked="" type="checkbox"/>			
Movement of Patient According to Patient Presentation				<input checked="" type="checkbox"/>			
Transport Decision and Return Code According to Patient Condition				<input checked="" type="checkbox"/>			
Patient Care Enroute According to Standard				<input checked="" type="checkbox"/>			
Reporting to Receiving Staff According to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Completed as Appropriate				<input checked="" type="checkbox"/>			

Call Observation Summary							
CALL	092110369748	VEHICLE NO:	2193	PRIORITY	OUT: 4	IN: 3	
MEDIC #1	20756	MEDIC #2	38207	CALL TYPE:	MEDICAL		
Call Sequence				Y	P	N	NA
Pre-Call Completed to Standard				<input checked="" type="checkbox"/>			
Scene Survey Completed to Standard				<input checked="" type="checkbox"/>			
Communications with CACC according to Standard				<input checked="" type="checkbox"/>			
Primary Assessment Performed to Standard				<input checked="" type="checkbox"/>			
Transport Decision Appropriate to Patient Assessment				<input checked="" type="checkbox"/>			
Patient History to Standard				<input checked="" type="checkbox"/>			
Vital Signs (2 complete sets)				<input checked="" type="checkbox"/>			
All Medication Interventions to Standard							<input checked="" type="checkbox"/>
All Cardiac Monitoring/Defibrillation Interventions to Standard				<input checked="" type="checkbox"/>			
Patient Care Provided to Standard				<input checked="" type="checkbox"/>			
Secondary Assessment to Standard				<input checked="" type="checkbox"/>			
Movement of Patient According to Patient Presentation				<input checked="" type="checkbox"/>			
Transport Decision and Return Code According to Patient Condition				<input checked="" type="checkbox"/>			
Patient Care Enroute According to Standard				<input checked="" type="checkbox"/>			
Reporting to Receiving Staff According to Standard				<input checked="" type="checkbox"/>			
Post Call Duties Completed as Appropriate					<input checked="" type="checkbox"/>		

Appendix D Vehicle Equipment and Supplies Summary Table

MOHLTC Vehicle No.	Audit Findings	MOHLTC Vehicle No.	Audit Findings
2193	No Omissions noted.	2168	No Omissions noted.
2192	<u>Safe Mechanical Condition (Ambulances, ERVs and ESUs)</u> • Front Fire extinguisher Monthly (5 lb.). • Rear Fire extinguisher Monthly (5 lb.).	2171	<u>Safe Mechanical Condition (Ambulances, ERVs and ESUs)</u> • Front Fire extinguisher Monthly (5 lb.). • Rear Fire extinguisher Monthly (5 lb.).

Appendix E Oxygen, Suction & Defibrillator Summary Table

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Battery Powered Portable Suction Unit	130401A0943	30-11-2014		
Battery Powered Portable Suction Unit	2240			18-02-2010
Battery Powered Portable Suction Unit	L161011910	29-11-2014	09-04-2014	20-04-2013
Battery Powered Portable Suction Unit	L61001904	29-11-2014		15-04-2013
Battery Powered Portable Suction Unit	L61002424	28-11-2014		
Battery Powered Portable Suction Unit	L61002465	29-11-2014		15-04-2013
Battery Powered Portable Suction Unit	L61002499	29-11-2014	no previous	no previous
Battery Powered Portable Suction Unit	L61002519	29-11-2014	10-04-2014	15-04-2013
Battery Powered Portable Suction Unit	L61002529		09-04-2014	
Battery Powered Portable Suction Unit	L61002634	29-11-2014	09-04-2014	
Battery Powered Portable Suction Unit	L61002732	28-11-2014	04-04-2014	no previous
Battery Powered Portable Suction Unit	L61002768			10-04-2013
Battery Powered Portable Suction Unit	L61002849			15-04-2013
Battery Powered Portable Suction Unit	L61005505			19-04-2013
Battery Powered Portable Suction Unit	L61005508	29-11-2014	04-04-2014	
Battery Powered Portable Suction Unit	L61005510		10-04-2014	
Battery Powered Portable Suction Unit	L6100559		09-04-2014	
Battery Powered Portable Suction Unit	L61013910		10-04-2014	

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Defibrillator	30173898	07-07-2014	09-05-2013	
Defibrillator	30885124	09-04-2014	09-05-2013	
Defibrillator	34677670	13-06-2014		
Defibrillator	38342004	09-04-2014	09-05-2013	
Defibrillator	39155792	06-01-2014	10-05-2013	
Defibrillator	39179753	08-04-2014	10-05-2013	
Defibrillator	39180778	08-04-2014	09-05-2013	
Defibrillator	39180786	14-08-2014	14-05-2013	
Defibrillator	39182062	08-04-2014	09-05-2013	
Defibrillator	39182064	08-04-2014	14-05-2013	
Defibrillator	39182065	09-04-2014	09-05-2013	
Defibrillator	39182067	09-04-2014	09-05-2013	
Defibrillator	39182069	08-04-2014	09-05-2013	
Defibrillator	39182072	08-04-2014	09-05-2013	
Defibrillator	39182074	09-04-2014	10-05-2013	
Defibrillator	39182075	09-04-2014	10-05-2013	
Defibrillator	39332150	08-04-2014	09-05-2013	
Defibrillator	39396794	08-04-2014	10-05-2013	
Defibrillator	40680247	09-04-2014	09-05-2013	

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #1	no number	29-11-2014	10-04-2014	15-04-2013
Flow Meter #1	No number	29-11-2014		
Flow Meter #1	FMAO066456AI	29-11-2014	09-04-2014	
Flow Meter #1	L2008			18-02-2010
Flow Meter #1	FMAO064532J	29-11-2014	09-04-2014	20-04-2013
Flow Meter #1	no number	29-11-2014	no previous	no previous
Flow Meter #1	M151300-0900090	28-11-2014	10-04-2014	
Flow Meter #1	M151300-0900088		04-04-2014	
Flow Meter #1	M51300-0900084			19-04-2013
Flow Meter #1	M151300-0800151			15-04-2013
Flow Meter #1	M151300-0600031		10-04-2014	
Flow Meter #1	0304			10-04-2013
Flow Meter #1	13015			15-04-2013
Flow Meter #1	22323	29-11-2014	09-04-2014	
Flow Meter #1	748135	30-11-2014		
Flow Meter #1	10539313	28-11-2014	04-04-2014	no previous
Flow Meter #1	10539575	04-04-2014	19-04-2013	16-08-2011
Flow Meter #1	10613144	29-11-2014	09-04-2014	15-04-2013

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #2	FMAO06630AI	28-11-2014	04-04-2014	no previous
Flow Meter #2	no number	29-11-2014		
Flow Meter #2	FMAO25339FH		09-04-2014	

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Flow Meter #2	no number			15-04-2013
Flow Meter #2	FMAO025339FH	30-11-2014		
Flow Meter #2	no number			15-04-2013
Flow Meter #2	FMAO06450LJ	29-11-2014		
Flow Meter #2	FAMO06630AI	29-11-2014		
Flow Meter #2	FMAO06082LJ	29-11-2014		
Flow Meter #2	M139370-09000142			15-04-2013
Flow Meter #2	MI39370-0900139		10-04-2014	
Flow Meter #2	M139370-0900112		09-04-2014	15-04-2014
Flow Meter #2	M51300-0900100			19-04-2013
Flow Meter #2	M151500-0900090			10-04-2013
Flow Meter #2	M151300-0900089	29-11-2014	09-04-2014	20-04-2013
Flow Meter #2	M1513000-0900086	28-11-2014		
Flow Meter #2	M387460-0700276		10-04-2014	
Flow Meter #2	M291510-0700093		09-04-2014	
Flow Meter #2	M291510-0700083	29-11-2014		
Flow Meter #2	M291510-0700082	29-11-2014	no previous	no previous
Flow Meter #2	LAM006-083LJ		10-04-2014	
Flow Meter #2	0700281			18-02-2010
Flow Meter #2	10613201	04-04-2014	19-04-2013	16-08-2011

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
On-Board Suction	no number	04-04-2014	19-04-2013	18-08-2011
On-Board Suction	120219	28-11-2014	04-04-2014	no previous
On-Board Suction	no number	29-11-2014	09-04-2014	
On-Board Suction	120151			15-04-2013
On-Board Suction	no number	30-11-2014	10-04-2014	
On-Board Suction	120157			19-04-2013
On-Board Suction	no number	29-11-2014	10-04-2014	
On-Board Suction	120210			15-04-2013
On-Board Suction	no number	29-11-2014	04-04-2014	
On-Board Suction	120152			15-04-2013
On-Board Suction	no number	28-11-2014	10-04-2014	
On-Board Suction	no number	29-11-2014	09-04-2014	18-02-2010
On-Board Suction	no number	29-11-2014	09-04-2014	20-04-2013
On-Board Suction	no number	29-11-2014	no previous	no previous
On-Board Suction	no number	29-11-2014	09-04-2014	15-04-2013

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	00102-13		10-04-2014	
Portable O2 Regulator	34200			15-04-2013
Portable O2 Regulator	34201	29-11-2014		
Portable O2 Regulator	624873			18-02-2010
Portable O2 Regulator	644532			10-04-2013

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Portable O2 Regulator	644532		09-04-2014	
Portable O2 Regulator	644535		10-04-2014	
Portable O2 Regulator	656041	29-11-2014		
Portable O2 Regulator	656042	29-11-2014		
Portable O2 Regulator	656046			15-04-2013
Portable O2 Regulator	656047			19-04-2013
Portable O2 Regulator	656048	28-11-2014	04-04-2014	no previous
Portable O2 Regulator	656048	29-11-2014	09-04-2014	20-04-2013
Portable O2 Regulator	680278	29-11-2014		
Portable O2 Regulator	680280		09-04-2014	
Portable O2 Regulator	680281	28-11-2014		
Portable O2 Regulator	680287		10-04-2014	
Portable O2 Regulator	680290	30-11-2014		
Portable O2 Regulator	680290		09-04-2014	
Portable O2 Regulator	682263	28-11-2014		
Portable O2 Regulator	682263		04-04-2014	
Portable O2 Regulator	682267			15-04-2013
Portable O2 Regulator	no number			15-04-2013
Portable O2 Regulator	no number	29-11-2014	no previous	no previous
Portable O2 Regulator	OTR535379	04-04-2014	19-04-2013	16-08-2011

Oxygen / Suction / Defibrillator Testing				
Device	Serial Number	Testing Date	Testing Date	Testing Date
Vehicle Main Regulator	660773	04-04-2014	19-04-2013	18-08-2011
Vehicle Main Regulator	223987	28-11-2014	04-04-2014	no previous
Vehicle Main Regulator	MI-540-P	29-11-2014		
Vehicle Main Regulator	FMAO10042LF		09-04-2014	
Vehicle Main Regulator	no number			15-04-2013
Vehicle Main Regulator	M-540-P	30-11-2014		
Vehicle Main Regulator	657226		10-04-2014	19-04-2013
Vehicle Main Regulator	660765	29-11-2014	10-04-2014	
Vehicle Main Regulator	62569			15-04-2013
Vehicle Main Regulator	LTB-540-P	29-11-2014		
Vehicle Main Regulator	M0638000800121		04-04-2014	
Vehicle Main Regulator	M063800-0800151			15-04-2013
Vehicle Main Regulator	LTB-540-P	28-11-2014		10-04-2013
Vehicle Main Regulator	120157		10-04-2014	
Vehicle Main Regulator	no number	29-11-2014		
Vehicle Main Regulator	D06577		09-04-2014	
Vehicle Main Regulator	106108			18-02-2010
Vehicle Main Regulator	62569	29-11-2014	09-04-2014	20-04-2013
Vehicle Main Regulator	MI-540-P	29-11-2014	no previous	no previous
Vehicle Main Regulator	no number	29-11-2014		
Vehicle Main Regulator	63402		09-04-2014	15-04-2013

Appendix F Stretcher Maintenance Summary Table

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Main	06 003577	18-11-2014	08-06-2013	13-01-2012
Main	06 004434	19-11-2014	18-09-2014	14-08-2014
Main	06 004438	19-11-2014	14-09-2014	17-07-2014
Main	06 003574	17-11-2014	18-09-2014	14-08-2014
Main	I-714396	14-11-2014	19-09-2014	14-08-2014
Main	L 771101	13-11-2014	18-09-2014	14-08-2014
Main	L790293	14-11-2014	18-09-2014	14-08-2014
Main	BBB 113960	17-11-2014	18-09-2014	14-08-2014
Main	11N 199234	15-11-2014	18-09-2014	14-08-2014
Main	L 809922	14-11-2014	18-09-2014	14-08-2014

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Scoop	037296	14-11-2014	18-09-2014	14-08-2014
Scoop	020886	17-11-2014	18-09-2014	14-08-2014
Scoop	023347	18-11-2014	18-09-2014	14-08-2014
Scoop	032475	19-11-2014	13-09-2014	14-08-2014
Scoop	035272	15-11-2014	18-09-2014	14-08-2014
Scoop	021037	17-11-2014	17-09-2014	14-08-2014
Scoop	023317	19-11-2014	18-09-2014	21-08-2014
Scoop	028110	13-11-2014	17-09-2014	14-08-2014
Scoop	028122	15-11-2014	18-09-2014	14-08-2014
Scoop	029980	14-11-2014	18-09-2014	14-08-2014

Stretcher Maintenance				
Stretcher Type	Serial Number	Last Inspection	Previous Inspection Date	Previous Inspection Date
Stairchair	13N 257102	13-11-2014	17-09-2014	14-08-2014
Stairchair	13N 253788	19-11-2014	17-09-2014	14-08-2014
Stairchair	14N 302797	17-11-2014	18-09-2014	12-08-2014
Stairchair	14N 303424	19-11-2014	12-08-2014	no record found
Stairchair	14N 303426	14-11-2014	18-09-2014	12-08-2014
Stairchair	14N 303422	14-11-2014	18-09-2014	12-08-2014
Stairchair	14N 303423	13-11-2014	17-09-2014	12-08-2014
Stairchair	14N 303418	17-11-2014	18-09-2014	14-08-2014
Stairchair	14N 303420	19-11-2014	18-09-2014	12-08-2014
Stairchair	14N 303428	15-11-2014	18-09-2014	12-08-2014

Appendix G Abbreviations

Glossary of Abbreviations			
ACRONYM	MEANING	ACRONYM	MEANING
ACP	Advanced Care Paramedic	EMS	Emergency Medical Service(s)
ACR	Ambulance Call Report	EORR	Education, Operational Readiness and Regulations
ACS	Ambulance Communications Service	ER	Emergency Room
ADDAS	Ambulance Data Direct Access System	ERV	Emergency Response Vehicle
ACO	Ambulance Communications Officer	ESU	Emergency Support Unit
AEMCA	Advanced Emergency Medical Care Assistant	GCS	Glasgow Coma Scale
ALS	Advanced Life Support	GPS	Global Positioning System
ASCDS	Ambulance Service Communicable Disease Standards	IC	Inspections and Certifications
ASDS	Ambulance Service Documentation Standards	LAISC	Land Ambulance Implementation Steering Committee
ASPC & TS	Ambulance Service Patient Care and Transportation Standards	LASCS	Land Ambulance Service Certification Standards
ASR	Ambulance Service Review	MOHLTC	Ministry of Health and Long-Term Care
AVL	Automatic Vehicle Locator	MTO	Ministry of Transportation
BLS	Basic Life Support	OASIS	Ontario Ambulance Service Information System
CACC	Central Ambulance Communications Centre	O2	Oxygen
CCP	Critical Care Paramedic	OPLA & ERVS	Ontario Provincial Land Ambulance & Emergency Response Vehicle Standard
CME	Continuing Medical Education	P&P	Policy and Procedure
CO	Communications Officer	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 Assistant	VIN	Vehicle Identification Number



STAFF REPORT



TO Public Services Committee

SERVICE AREA Public Services – Parks and Recreation

DATE June 1, 2015

SUBJECT South End Community Centre - Request for Expressions of Interest

REPORT NUMBER PS-15-30

EXECUTIVE SUMMARY

PURPOSE OF REPORT

This report will provide an update on the release of a Request for Expression of Interest (RFEOI) that will be utilized to assist the City in determining if there is sufficient interest and capacity in the market to proceed with the development and operation of the South End Community Centre (SECC) in a partnership model.

KEY FINDINGS

The RFEOI contains preliminary information about the SECC. Staff anticipates that responses from the market will help define key elements of the proposed facility and assist in developing a strong basis for moving forward.

The City is open to considering a range of potential partnership options that may contribute to the development, financing, and operation of the SECC. In all partnership options, private partners must align service levels and quality with that of the City, who will either retain ownership of the assets, or assume ownership at the end of the contract.

Staff is looking at a variety of partnership options that may include but are not limited to the City contributing the required land, associated development charges, infrastructure service upgrades and permit costs to the development of the SECC. All options will be presented to Council for consideration.

FINANCIAL IMPLICATIONS

The preliminary cost estimate for the construction of the SECC is \$59,130,204 based on a Class D Indicative Assessment. This estimate includes a 20% contingency allowance, which is standard for a Class D assessment and may be needed to cover inflation in both labour and materials costs, as well as other project unknowns. The project cost estimate and contingency amounts do not include an allowance for cost escalation beyond 2014. The cost to operate the facility has not been determined at this time.

STAFF REPORT

Potential financial implications related to the result of the RFEOI will be presented to Council at a later date.

ACTION REQUIRED

This report is for information purposes only. No action is required at this time.

RECOMMENDATION

1. THAT the Public Services Report # PS-15-30 "South End Community Centre - Request for Expressions of Interest" dated June 1, 2015 be received.

BACKGROUND

On June 11, 2014, staff provided Council with an update on the SECC Needs Assessment and Feasibility Study. Council endorsed the proposed facility scope and programming elements which included: two ice pads, an aquatics facility, seniors' programming space, a multi-purpose gymnasium and meeting room spaces. The specific components will be further investigated and detailed at future community engagement opportunities.

Staff indicated that preliminary conversations with representatives from the Wellington Catholic District School Board (WCDSB) had taken place regarding partnership opportunities. Council directed staff to continue discussions with potential partner organizations and report back to Council.

REPORT

In addition to continuing discussions with the WCDSB, the City is interested in exploring a range of partnership options for the development, financing and operation of the SECC. The primary motivation for considering a partnership is to reduce municipal capital and operating costs. The City also desires to benefit from private sector operational expertise, access to broader revenue and funding sources, as well as the potential to accelerate the SECC development.

There have been several informal indications of interest from organizations with respect to the potential for partnership at the SECC. In order to provide equal opportunity to all organizations and individuals, an RFEOI was created with the purpose of formalizing a process through which the City can transparently receive and consider the nature of these interests within the context of the wider market.

In the RFEOI document, staff has outlined three partnership options for organizations to consider. In all options, private partners must align service levels and quality with that of the City.

STAFF REPORT

Partnership options are outlined in the RFEOI document as follows:

Partnership Option		Description
A	Develop, Finance, and Operate	The private partner would develop and finance the SECC, and operate the SECC (e.g. provide services) under a long-term agreement with the City.
B	Develop and Finance	The private partner would develop and finance the SECC. The City will undertake the operations and retain the assets
C	Operate (Alternative Service Delivery)	The private partner would operate the SECC (e.g. provide services) under a long term agreement with the City.

Upon completion of the RFEOI process, staff will consolidate the information received and present to Council prior to the 2016 budget deliberations. This will help guide Council in its decision on whether to proceed with the SECC in a partnership model.

CORPORATE STRATEGIC PLAN

Innovation in Local Government

- 2.1 Build an adaptive environment, for government innovation to ensure fiscal and service sustainability.
- 2.2 Deliver Public Service better
- 2.3 Ensure accountability, transparency and engagement

City Building

- 3.1 Ensure a well-designed, safe, inclusive, appealing and sustainable City
- 3.2 Be economically viable, resilient, diverse and attractive for business
- 3.3 Strengthen citizen and stakeholder engagement and communications

DEPARTMENTAL CONSULTATION

Purchasing
Corporate Communications

COMMUNICATIONS

A full communications plan has been in place throughout the term of the SECC project.

STAFF REPORT



ATTACHMENTS

N/A

Report Author:

Kristene Scott
General Manager, Parks and Recreation

Recommended By

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Parks and Recreation Department
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Approved By

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STAFF REPORT



TO Public Services Committee

SERVICE AREA Public Services

DATE June 1, 2015

SUBJECT Outstanding Resolutions of the Public Services Committee

REPORT NUMBER PS-15-29

EXECUTIVE SUMMARY

PURPOSE OF REPORT

To advise the Public Services Committee of the status of all outstanding Committee resolutions, and to advise the Committee if there are any outstanding resolutions that may no longer be of community and Council interest.

KEY FINDINGS

Staff are continuing to plan work required to address outstanding resolutions previously passed by the Committee. In some cases, resolutions previously passed may no longer be of community interest or have the same level of priority, based on more recent events or circumstances. The status of all outstanding resolutions is provided.

FINANCIAL IMPLICATIONS

N/A

ACTION REQUIRED

To be advised of the status/timing of all outstanding CSS Committee resolutions and to update the outstanding resolution list by eliminating any resolutions no longer of priority to the Committee.

RECOMMENDATION

1. That the Public Services Report # PS-15-29 "Outstanding Resolutions of the Public Services Committee" dated June 1, 2015 be received.

BACKGROUND

Each service area maintains a record of outstanding resolutions of Committee, and reports annually on its status. The report may include recommendations, where appropriate, to eliminate from the list any outstanding resolutions that may no

STAFF REPORT



longer be of priority to the Committee. This year's report reflects the merging of two service areas (formerly Operations, Transit and Emergency Services, and Community and Social Services) into the newly formed Public Services.

REPORT

The outstanding resolutions list for the Public Services Committee, including the status of the work and the timing, when available, for when the work may be completed is attached as ATT-1 and ATT-2.

CORPORATE STRATEGIC PLAN

Innovation in Local Government

2.3 Ensure accountability, transparency and engagement

DEPARTMENTAL CONSULTATION

Corporate Services – Clerk's Department

COMMUNICATIONS

N/A

ATTACHMENTS

- | | |
|-------|--|
| ATT-1 | Public Services Outstanding Resolutions List |
| ATT-2 | CLOSED Public Services Outstanding Resolution (Guelph Storm Licensing Agreement) – The <i>Municipal Act, 2001</i> , S. 239 (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose |

Report Author:

Susan O'Toole
Executive Assistant

Approved and Recommended By

Derrick Thomson
Deputy CAO
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STAFF REPORT



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**Public Services Committee
Outstanding Items List as of May 2015**

Date	Subject	Status
	<p>Special Resolution - Crane Park Footbridge</p> <p>THAT the matter of the gift of a little foot bridge to connect Crane Park to Ptarmigan Trail be referred to the Public Services Committee.</p> <p>THAT the Public Services Committee report back to Council in July on process, timelines and project status.</p>	Interim Report – June 2015
February 23/15 Council	<p>Trail Master Plan</p> <p>THAT the Trail Master Plan be reconsidered to encompass the redevelopment of the GRCA property around the Hanlon Creek to include a new trail section be referred to the Public Services Committee for consideration.</p> <p>THAT the Trail Master Plan be reconsidered to include the underpass at the new Speedvale Avenue bridge over the Speed River be referred to the Public Services Committee for consideration.</p> <p>THAT consideration of funding assistance from FCM's "Green Municipal Fund" for the Trail Master Plan encompassing the redevelopment of the GRCA property around the Hanlon Creek to include a new trail section and the underpass at the new Speedvale Avenue bridge over the Speed River, be referred to the Public Services Committee for consideration.</p>	Reporting to Public Services Committee in July 2015
June 23/14 Council	<p>Business Licence By-law Review – Food Vehicle Schedule</p> <p>THAT staff be directed to initiate a by-law review for Food Truck vendors in 2014 to report back by Q2 in 2015.</p>	Reporting to Public Services Committee in July 2015
June 23/14 Council	<p>Land Ambulance Response Time Performance Plan for 2013</p>	July 2015 committee meeting to approve

**Public Services Committee
Outstanding Items List as of May 2015**

	<p>THAT OTES Report #OTES061427 Land Ambulance Response Time Performance Plan for 2015, dated June 3, 2014, be received.</p> <p>THAT the Response Time Performance Plan (RTPP) for 2015 be set as recommended in OTES report #OTES061427 dated June 3, 2014</p> <p>THAT a special meeting of OTES be held wherein staff make presentation on the complexities affecting the current delivery of Land Ambulance Service.</p>	Response Time Performance Plan
June 23/14 Council	<p>South End Community Centre Needs Assessment & Feasibility Study</p> <p>THAT Council endorse the staff recommendation for the proposed site location of the South End Community Centre and the proposed facility scope in principle, and programing elements included.</p> <p>THAT the proposed costs for the South End Community Centre be referred to the 2015 capital budget process.</p> <p>THAT staff be directed to continue discussions with potential partner organizations and report back to the Community and Social Services Committee by January 2015 on the progress of these discussions.</p>	<p>Approved</p> <p>Included during budget</p> <p>Reporting to Public Services Committee in June 2015</p>
May 26/14 Council	<p>2013/2014 Winter Control Program Update</p> <p>THAT the Operations, Transit & Emergency Services Report #OTES 051418, <i>2013/2014 Winter Control Program Update</i>, dated May 6, 2014 be received.</p> <p>THAT the General Manager of Public Works report back prior to the 2015 budget process, with an integrated response plan to address the impact of climate change on his service area, including consideration of the City's</p>	Ultimately, the creation of the City's Climate Change Adaptation Committee should be formalized through Council and the Team's mandate should be presented and adopted by Council to ensure the corporation's

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	goals to promote walking and cycling throughout the year.	commitment to the Team and process." Committee report if approved would be suggested for October 2015. Scheduled to bring report to Committee on improvements to Winter Control program in Q3
May 26/14 Council	<p>Proposed Business Licence By-law Amendment – Donation Bin, Publication Dispensing Box Licensing</p> <p>THAT the Operations, Transit & Emergency Services Committee Report #OTES051413 regarding the regulation and business licensing of Donation Bins and Publication Dispensing Boxes dated May 6, 2014 be received.</p> <p>THAT staff be directed to create a Donation Bin, Publication Dispensing Box category within the City's Business Licence By-law (2009)-18855; and that public and industry consultation be undertaken for the purpose of establishing appropriate regulations for the category.</p>	Completed. Committee report going to Council May 25, 2015
Jan 27/14 Council	THAT the regulation of large, stand-alone donation boxes on public and private land be referred to the Operations, Transit & Emergency Services Committee.	
April 28/14 Council	<p>Smoke-Free Outdoor Spaces</p> <p>THAT Committee and Council receive the report and presentation entitled Smoke-Free Outdoor Spaces Results from the 2013 Smoke-Free Outdoor Spaces Survey, City of</p>	Information report will be coming forward in May 2015

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	<p>Guelph 2013, by the Chronic Disease and Injury Prevention Team of the Wellington-Dufferin-Guelph Public Health Unit's report.</p> <p>THAT the report and findings of the Wellington-Dufferin-Guelph Public Health Unit be referred to staff for their investigation and follow-up with the Health Unit, and report to Committee on outdoor spaces smoke-free recommendations.</p>	
April 28/14 Council	<p>Brant Neighbourhood Hub Development</p> <p>THAT staff be directed to conduct a feasibility study, and determine criteria and a timeline for locating a community hub on Brant Avenue Park lands, and bring back a recommendation for further consideration at a future Community & Social Services Committee meeting.</p>	Feasibility study to come forward to Public Services Committee in September 2015
Feb 24/14 Council	<p>Business Licence Fees 2014</p> <p>THAT the Operations, Transit & Emergency Services Committee Report # OTES021402 regarding the Business Licence Fees 2014 dated February 4, 2014 be received.</p> <p>THAT staff be directed to prepare the necessary amendments to Business Licence By-law (2009)-18855, as amended, to incorporate the 2014 fees as identified in Operations, Transit & Emergency Services Committee Report #OTES021402, dated February 4, 2014.</p>	Completed. Committee report going to Council May 25, 2015
Nov 25/13 Council	<p>Older Adult Strategy First Year Corporate Action Plan</p> <p>THAT staff be directed to report back on subsequent implementation plans.</p>	Report to Public Services Committee in September 2015
Oct 28/13 Council	<p>Public Works Yard Expansion - Update</p> <p>THAT the Operations, Transit & Emergency</p>	Needs Assessment for Service Centre to be completed by

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	<p>Services Committee Report OTES091326 Public Works Yard Expansion - Update be received.</p> <p>THAT the Operations, Transit & Emergency Services Committee refer back to staff to consider alternate plans to address growth concerns surrounding the Public Works property to include the possibility of a comprehensive needs assessment study for the entire Public Works Department yard and its dependencies.</p>	Q4 2015. Report back to Committee in Q1 2016
Sept 30/13 Council	<p>Sidewalk & Sign Inspection Program – Updates</p> <p>THAT the Operations, Transit & Emergency Services Committee report OTES091324, Sidewalk & Sign Inspection Programs – Update, dated September 10, 2013 be received.</p> <p>THAT staff consider an alternate method to marking sidewalk discontinuities that meets regulatory compliance and reduces visual impact.</p> <p>THAT sidewalk discontinuity per kilometer be included as a key performance indicator in the Public Works Annual Report.</p> <p>THAT staff report back in 2014 with a funding strategy to close the gap on sidewalk infrastructure maintenance.</p> <p>THAT Council requests the Province of Ontario to establish an infrastructure funding program for sidewalk maintenance to support the goals of the legislation and assist municipalities close the gap on sidewalk infrastructure repairs.</p> <p>THAT this resolution be forwarded to the Council approved comparator municipalities for endorsement.</p>	Scheduled to bring report to Committee on status of Sidewalk and Sign Inspection Program in Q3

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July 9/13	<p>Land Ambulance Response Time Performance Plan for 2014</p> <p>THAT OTES Report #OTES071327 "Land Ambulance Response Time Performance Plan for 2014, dated July 9, 2013, be received. THAT the Response Time Performance Plan (RTTP) for 2014 be set as recommended in report #OTES071327.</p> <p>THAT staff provide the Operations Transit and Emergency Services Committee with data analysis demonstrating the pattern of calls for service and patient transfers for Land Ambulance Service in Guelph including mapping of the distribution of calls in Guelph and the overlap of deployment with Police and Fire.</p> <p>THAT staff report back with a strategy to reduce Land Ambulance Service calls for service as an integrated part of their approach to addressing response times.</p>	OTES Report of June 3, 2014 provided data and a strategy to reduce calls.
Mar 25/13 Council	<p>Public Nuisance By-law</p> <p>THAT the Operations, Transit & Emergency Services Committee Report #OT031303 dated March 18, 2013, regarding the establishment of a Public Nuisance By-law be received.</p> <p>THAT the amended Public Nuisance By-law be referred back to the Operations, Transit and Emergency Services Committee in April, 2014 to review the effectiveness of the by-law to date.</p>	Report to Public Services Committee in Q3 2015