

Policy:	Quality Assurance and Investigation	
Policy Owner:	Regional Medical Director, Regional Program Manager	
Department:	Southwest Ontario Regional Base Hospital Program	
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POLICY

The purpose of this policy is to outline the objective quality assurance (QA) and investigation processes related to [Paramedics certified](#) by the [Regional Base Hospital Program \(RBHP\)](#) to perform [controlled acts](#) while ensuring compliance with College of Physicians and Surgeons of Ontario (CPSO) policy and the [RBHP's](#) Performance Agreement with the Ministry of Health and Long-term Care (MOHLTC).

[Paramedics](#) are [certified](#) by the Regional [Medical Director](#) to perform [controlled acts](#). The Regional [Medical Director](#) (or delegate) is required to perform QA on each [controlled act](#). Where a clinically significant [variance](#) from a medical directive is noted, the case may enter the call review process, where evidence is gathered related to each event to inform the [remediation](#) or system improvement process. The [RBHP](#) utilizes a Just Culture approach for all QA reviews in an effort to ensure optimal patient safety and improvement of prehospital and transport medicine systems.

PROCEDURE

1.0 QUALITY ASSURANCE CALL REVIEW PROCEDURE

- 1.1. The [Employer](#) shall ensure that each [Paramedic certified](#) to perform [controlled acts](#) and all other parties involved in the call including but not limited to EM Residents, Medical Students and [Paramedic](#) Students, are identified on the Ambulance Call Report (ACR).
- 1.2. The [Employer](#) will ensure that each [Paramedic](#) has a valid work email address.
- 1.3. Each [controlled act](#) is subjected to audit using an electronic algorithm and/or human review.
- 1.4. A call review can occur as a result of:
 - 1.4.1. A possible omission or commission as identified through the electronic auditing process;
 - 1.4.2. Receipt of an inquiry to the SWORBHP Self-Reporting Line, the SWORBHP Communication Form or the SWORBHP IQEMS Self-Report Form which may include a self-report of an actual or potential [variance](#), an [Employer](#) or customer inquiry or complaint, a patch failure or the identification of excellent performance (*ie.* "good job");
 - 1.4.3. A [RBHP](#) staff member being made aware of a case or observation during a field audit or ride out;
 - 1.4.4. Any other means by which the [RBHP](#) is made aware of the need to conduct a QA Call Review.
- 1.5. When a possible [variance](#) has been identified, an inquiry will be sent via email to the [Paramedic](#) and to the [Employer](#). Instructions on responding to the feedback request will be outlined within the email.
- 1.6. When the [Paramedic](#) fails to respond to the inquiry, a request for response will be sent on Day 15 and Day 31. If a response has not been received by Day 45, the [RBHP](#) QA Coordinator will contact the associated [Employer](#) to rule out [Paramedic](#) inactivity and/or technical issues. The Local [Medical Director](#) has the option and may clinically [deactivate](#) the [Paramedic](#).

- 1.7. Each [Employer](#) has chosen one of two options that the [RBHP](#) will adhere to when a response has not been received:
 - 1.7.1. **Option #1:**
The [RBHP](#) would contact and work through the [Employer](#) to obtain a response from the [Paramedic](#) in question.
 - 1.7.2. **Option #2:**
The [Employer](#) provides the [RBHP](#) with the authority to contact and work with the [Paramedic](#) directly (via phone or in person) to obtain feedback without notifying the [Employer](#).
- 1.8. After the response to the inquiry is received, and the matter has been reviewed and closed, a final level of [variance](#) may be assigned.
- 1.9. Upon completion of the Call Review Process the Local [Medical Director](#), in collaboration with the [RBHP](#) Prehospital Care Specialist (PHCS), will issue a closure letter for all [major](#) or [critical variances](#) of a delegated medical act with a summary of the findings to the [Paramedic](#) and the [Employer](#).
- 1.10. [Paramedics](#) and their [Employer](#) will receive semi-annual reports summarizing their clinical activities and audit findings (reports will include all findings regardless of [variance](#) level).
- 1.11. In the event of repeat individual or regional [variance](#) trends, the [RBHP](#) will work with both the [Paramedics](#) and the [Employer](#) through multiple avenues to provide clarification and/or assistance.

2.0 INVESTIGATION PROCEDURE

- 2.1. Where it is identified that there could be a clinically significant [variance](#) from the Advanced Life Support Patient Care Standards (ALS PCS), or there is a self-report of a potentially clinical significant [variance](#), or an [Employer](#), patient, coroner, ministry, or third party complaint, the call will enter the investigation process which will include a review by the PHCS and Local [Medical Director](#). The [Paramedic](#) will be asked to provide further information. The [Employer](#) will be involved in all correspondence between the [RBHP](#) and the [Paramedic](#).
- 2.2. Where possible, a collaborative approach between the [RBHP](#), the [Paramedic\(s\)](#) and the [Employer](#) will occur.
- 2.3. Further information may be required which could include but not be limited to the online medical control log, patch tape, or a statement from the partner and/or other care providers.
- 2.4. In cases where there are educational needs arising from the investigation, an educational plan will be developed by the [RBHP](#), approved by the Local [Medical Director](#) and communicated to the [Employer](#).
- 2.5. Upon completion of the investigation, the PHCS, in collaboration with the Local [Medical Director](#) will issue a closure letter with a summary of the findings to the [Paramedic](#) and [Employer](#).
- 2.6. [Deactivation](#):
 - 2.6.1. May result when the Local [Medical Director](#) believes a temporary interruption in the [Paramedic's certification](#) to perform [controlled acts](#) is warranted (e.g. patient safety concerns, to allow for further investigation, repeated [minor variances](#) from the [ALS PCS](#), failure to respond to an inquiry, requirement for specific [remediation](#), etc.).
 - 2.6.2. In the event of a temporary interruption in the [Paramedic's certification](#) to perform [controlled acts \(deactivation\)](#), the [Paramedic](#) and [Employer](#) will be notified in writing of the [deactivation](#) and [reactivation](#).
 - 2.6.3. The [Paramedic's certification](#) to perform [controlled acts](#) will be revoked immediately after the [RBHP](#) has been notified by the [Employer](#) that there is a change in the [Paramedic's](#) employment.
 - 2.6.4. If a clinical [deactivation](#) occurs, all Paramedic Services in all [Regional Base Hospital Programs](#) that the [Paramedic](#) is employed in will be notified.

- 2.7. When the Regional [Medical Director](#) believes permanent removal of the [Paramedic's certification](#) to perform [controlled acts](#) is warranted (e.g. serious breach of the ALS PCS, repeated breaches of the ALS PCS, or loss of [Medical Director's](#) confidence/trust in the [Paramedic's](#) capacity for delegation, etc.), the [Paramedic's certification](#) will be revoked and the [Paramedic Practice Review Committee \(PPRC\)](#) initiated.

DEFINITIONS

Certification

Means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS.

Controlled Act

Means a Controlled Act as set out in subsection 27(2) of the Regulated Health Professions Act, 1991.

Critical Omission or Commission

Means the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS that a Paramedic is not authorized to perform; or an action or lack of action, including the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS, by the Paramedic that has negatively affected or has the potential to negatively affect patient morbidity or mortality, with a potentially life, limb or function threatening outcome.

Deactivation

Means the temporary revocation, by the Medical Director of a Paramedic's Certification.

Employer

Means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act.

Minor Omission or Commission

Means an action or lack of action, including the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS, by the Paramedic that may have negatively affected patient care in a way that would delay care to the patient or lengthen the patient's recovery period, but has not negatively affected patient morbidity.

Major Omission or Commission

Means an action, or lack of action, including the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS, by the Paramedic that has negatively affected or has the potential to negatively affect patient morbidity without a potentially life, limb or function threatening outcome.

Medical Director

Means a physician designated by a RBH as the Medical Director of the RBHP.

Paramedic

Means a paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

Paramedic Practice Review Committee (PPRC)

Is a committee that performs an independent, external advisory role, providing information and expert opinion to the Medical Director on issues related to Paramedic practice when the Medical Director is considering decertification of a Paramedic.

Reactivation

Means the reinstatement of a Paramedic's Certification after a period of Deactivation.

Regional Base Hospital (RBH)

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOHLTC.

Regional Base Hospital Program (RBHP)

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

Remediation

Means a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the maintenance of Certification.

Variance

For the purposes of ACR audits, a variance is defined as an unexpected difference in practice when compared to a defined standard. These are not necessarily errors, but each needs to be reviewed to determine its real or potential impact on patient care. In the Sunnybrook system an “A” variance represents a lesser variation that has little or no potential for adversely affecting patient outcomes, a “B” variance has a moderate potential for adversely affecting patient outcomes, and a “C” variance has a high potential for adversely affecting patient outcomes. All cases where a variance was discovered must be reviewed by the Paramedic Practice Manager (PPM). Following this review, the PPM may request an explanation from the paramedics where the reason for the variance was not reasonably evident. If the response does not provide clarity, the Medical Director may then become involved in the investigation. However in the majority of cases paramedic feedback provides the information necessary to satisfy any concerns and the case is closed.

REFERENCES

Ministry of Health and Long Term Care (MOHLTC); Emergency Health Services Branch [Advanced Life Support Patient Care Standards Version 4.7](#), Appendix 6 as updated from time to time.

College of Physicians and Surgeons of Ontario (cpso.on.ca)