

<b>Policy:</b>	Academic Certification: Quality Assurance and Investigation Process	
<b>Owner of Policy:</b>	Regional Medical Director, Regional Program Manager	
<b>Department/Program:</b>	Southwest Ontario Regional Base Hospital Program	
<b>Approval By:</b>	Director, Emergency Services & Base Hospital	<b>Approval Date:</b> January 2016
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## POLICY

The purpose of this policy is to outline the objective quality assurance (QA) and investigation processes related to Paramedic Student's [certified](#) by the [Regional Base Hospital Program \(RBHP\)](#) to perform [controlled acts](#) aimed at improving patient safety through system modification and [Paramedic](#) Student accountability while ensuring compliance with College of Physicians and Surgeons of Ontario (CPSO) policy.

[Paramedic](#) Students enrolled in a Paramedic Program delivered at a [College](#) in Ontario may be [certified](#) by the Regional [Medical Director](#), Local [Medical Director](#), [Medical Director](#) of Education (or delegate) to perform [controlled acts](#) to augment the learning experience for preparation of clinical placement. QA must occur on [controlled acts](#) performed by a delegate. Where [variance](#) from the Advanced Life Support Patient Care Standards (ALS PCS) is noted, the case enters the QA Call Review Process, where evidence is gathered related to each event to inform the [remediation](#) or system improvement process.

## PROCEDURE

### 1.0 QUALITY ASSURANCE CALL REVIEW PROCEDURE

- 1.1. The [College](#) and/or [Employer](#) will ensure that each [Paramedic](#) Student performing [controlled acts](#) is identified on the Ambulance Call Report (ACR). In cases where the ACR is electronic, the [Employer](#) will be required to use a unique identifier for the [Paramedic](#) Student in its software program. Unique identifiers for each [Paramedic](#) Student will be documented on the ACR and communicated to the [RBHP](#) so that the [Paramedic](#) Student can be easily identified.
- 1.2. The [College](#) will ensure that each [Paramedic](#) Student has a valid email address.
- 1.3. The [College](#) will provide e-mail address(es) of [College](#) contacts/supervisors who they designate to be copied on all communication from the [RBHP](#) to the [Paramedic](#) Students.
- 1.4. The designated [College](#) contact will be notified any time the [RBHP](#) communicates with their [Paramedic](#) Student in connection to the inquiry process.
- 1.5. Each [controlled act](#) is subjected to audit using computer algorithm and/or human review. In cases where the [Paramedic](#) Student was present, it will be determined through the Preceptor and/or Partner whether the [Paramedic](#) Student was involved in the care that may have contributed to a variation from the [ALS PCS](#).
- 1.6. A call review can occur as a result of:
  - 1.6.1. A possible omission or commission as identified through the electronic auditing process;
  - 1.6.2. 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");
  - 1.6.3. A [RBHP](#) staff member being made aware of a case or observation during a field audit or ride out;
  - 1.6.4. Any other means by which the [RBHP](#) is made aware of the need to conduct a QA Call Review.

- 1.7. When a possible variance has been identified, an inquiry will be sent to the [Paramedic](#) Student and to the designated [College](#) contact. Instructions on responding to the feedback request will be outlined within the email. The [Paramedic](#) Student will only be contacted if it is determined through the call review that the [Paramedic](#) Student's actions may have contributed to the [variance](#) from the [ALS PCS](#). If this is the case, the [Paramedic](#) Student will be entered into the call review process.
- 1.8. If, after one week, the [Paramedic](#) Student has not yet provided written or verbal response to a request by the [RBHP](#) for more information, the [Paramedic](#) Student's [certification](#) to perform [controlled acts](#) may be [deactivated](#) pending completion of the call review.
- 1.9. After the response to the inquiry is received a final level of [variance](#) will be assigned.
- 1.10. Upon completion of the QA Call Review Process, the Prehospital Care Specialist (PHCS), in collaboration with the [Medical Director](#) will issue a closure response for all [major](#) or [critical variances](#) with a summary of the findings to the [Paramedic](#) and [Employer](#), when relevant to the [Paramedic](#) Student and College.

## 2.0 INVESTIGATION PROCEDURE

- 2.1. Where it is identified that there is a clinically significant [variance](#) from the [ALS PCS](#), the call will enter the investigation process which will include a review by the PHCS and [Medical Director](#). The [Paramedic](#) Student will be asked to provide further information. The [College](#) will be involved in correspondence between the [RBHP](#) and the [Paramedic](#) Student.
- 2.2. Where possible, a collaborative approach between the [RBHP](#), the [Paramedic](#) Student and the [College](#) 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. Upon completion of the investigation, the PHCS, in collaboration with the [Medical Director](#) will provide a closure response summary of the findings to the [Paramedic](#) Student and [College](#).
- 2.5. The [College](#) will facilitate access to the [Paramedic](#) Student for the purpose of the investigation (to obtain verbal or written statements or other evidence as required).
- 2.6. In cases where there are educational needs arising from the investigation, the [College](#) will be notified and will provide the [RBHP](#) with the follow up educational plan for approval. An educational plan will be coordinated and/or developed by the [RBHP](#) team and approved by the [Medical Director](#).
- 2.7. Upon completion of the investigation, the Lead Investigator will issue an investigation report to the [Paramedic](#) Student and [College](#) where the [Paramedic](#) Student's care is central to the investigation but not in cases where the [Paramedic](#) Student is a witness to the event. As [College](#) documents are accessible to the public through the senate appeals process, specific patient information or identifiers and any patient chart information will not be included; rather, a summary of findings will be shared to enable proper QA, [remediation](#), education, [College](#) action and [Paramedic](#) Student's [College](#) appeals. The Lead Investigator will send a closure letter to the [College](#) contact for dissemination to the [Paramedic](#) Student
- 2.8. **Deactivation:**
  - 2.8.1. May result when the [Medical Director](#) believes a temporary interruption in the [Paramedic](#) Student's [certification](#) to perform [controlled acts](#) is warranted (e.g. [patient care concerns](#), to allow for further investigation, repeated minor [variances](#) from the ALS PCS, failure to respond to an inquiry etc.).
  - 2.8.2. In the event of a temporary interruption in the [Paramedic](#) Student's [certification](#) to perform [controlled acts](#) ([deactivation](#)), the [Paramedic](#) Student and the [College](#) will be notified in writing of the [deactivation](#) and [reactivation](#).
  - 2.8.3. The Student's [certification](#) to perform [controlled acts](#) will be revoked immediately after the [RBHP](#) has been notified by the [College](#) that there is a change in the [Paramedic](#) Student's academic enrollment.

2.8.4. When the [Medical Director](#) believes permanent removal of the [Paramedic](#) Student's academic [certification](#) to perform [controlled acts](#) is warranted (e.g. serious breach of the ALS PCS, repeated breaches of ALS PCS, or loss of [Medical Director's](#) confidence/trust in the [Paramedic](#) Student's capacity for delegation, etc.), the [Paramedic](#) Student's academic [certification](#) will be revoked.

## **DEFINITIONS**

### **Authorization**

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

### **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.

### **College**

An educational institution approved by the Director, Emergency Health Services Branch, Ministry of Health for the purpose of Ontario Regulation 257/00, s. 7 (3)(a), or s. 7 (4)(a).

### **Controlled Act**

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

### **Deactivation**

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

### **Decertification**

Means the 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.

### **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.

### **Patient Care Concern**

Means a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission

### **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.