EXECUTIVE SUMMARY

York Emergency Medical Services (EMS) was a large regional ambulance service that had made great strides forward since its inception in 1999, and had become one of the industry leaders. There were minimal recommendations from the lead manager and the two management team members. York EMS either met or greatly exceeded the standards set by the Ministry of Health and Long Term Care (MOHLTC), and for this they should be commended.

York Region EMS was an urban and rural service operating from nineteen stations. The Service was expanding rapidly in both call volume and size. The Service welcomed the Review Team, and this Service was a pleasure to review. The Service was extremely dedicated to achieving excellence and was to be commended for its hard work.

Vehicles were well stocked with the required equipment. All vehicles and equipment were clean and in good working order. Ambulance Call Report (ACR) completion was average for both non-patient-carried calls and patient-carried calls. All patient care met and exceeded Basic Life Support (BLS) and Advanced Life Support (ALS) Standards.

REVIEW FINDINGS AN D RECOMMENDATIONS

The York Region Emergency Medical Services was to be commended for their efforts in the following areas:

a) excellent working relationship with CACC and Base Hospital;

b) patient care was rated by the emergency departments as very good to excellent;

c) detailed auditing system for ACRs and Incident Reports;

d) proactive effort towards training and education in the Service;

e) above average involvement with allied agencies; and

f) crews excellent communication skills with patients and families.

The following areas required attention, so that York Region Emergency Medical Services could make further improvements, ensuring continued delivery of high quality ambulance Service:

a) Level and Type of Service (no recommendations);

b) Employee Qualifications (see recommendation 1);

c) Staffing(no recommendations);

d) Documentation (see recommendation 2);

e) Training (no recommendations);

f) Service Review Program (no recommendations);

g) Patient Care (see recommendation 3);

h) Vehicles (see recommendation 4);

i) Patient Care Equipment (no recommendations);

REVIEW FINDINGS AND RECOMMENDATIONS (continued)

j) Policy and Procedures (no recommendations);

k) Operations (no recommendations);

l) Communication (no recommendations); and

m) Facilities and Accommodations (see recommendations 5, 6).

See Recommendations beginning on page 37.

RECOMMENDATIONS

1. The Operator should have a record indicating that each staff member is free from communicable disease, according to the Ambulance Service Communicable Disease Standards.

2. **Ambulance Call Reports (ACRs) must be completed according to the Documentation Standards.**

3. Each employee should receive an annual, aggregate evaluation demonstrating his or her compliance with the patient care standards.

4. **Ambulances and ERVs must be stocked with the required number of supplies.**

5. There should be documentation demonstrating that fire extinguishers are inspected, according to related legislation.

6. All ambulance station deficiencies should be addressed as required.

KEY: Bolded areas noted above are "mandatory requirements" or "musts" for the safe operation of the ambulance service.