Office of the General Manager
Emergency Medical Services Branch
Health Services Department

February 3, 2004

Mr. Jim Van Pelt, Manager
Investigation, Certification and Regulatory Compliance
Ministry of Health and Long-Term Care
Emergency Health Services Branch
590 Rossland Road East
Whitby, ON L1N 9G5

Dear Mr. Van Pelt:

Re: York Region EMS 2003 Ambulance Service Review

York Region EMS is in receipt of the MOHLTC Ambulance Service Review report dated January 7, 2004. This report was compiled as a result of the review of York Region EMS on September 16 to 18, 2003 by representatives of the Emergency Health Services Branch, Investigation, Certification and Regulatory Compliance Group.

This letter and supporting documentation is in response to the request for follow-up action on two (2) recommendations that were identified as being requirements for certification.

Recommendation Item #2

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

An enhanced comprehensive manual audit program was implemented in June of 2003. The focus of the documentation audits have been directly correlated to the Ministry of Health Documentation Standards. The York Region EMS audit program has further broken down the ACR into fields and assigned a Risk Priority Number (RPN) to each field. The RPN provides initial focus on the higher risk areas of the ACR. Audit results are recorded on the audit report with the data compiled into the various criteria performance reporting formats at the end of each month. A team oriented action plan is prepared to address corrective actions for improved performance.

Performance issues are addressed by:

1. An ACR audit with a RPN not to standard – Non-compliance report completed with a follow-up one-on-one review with the supervisor.

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2. Training offered through our Program Development training team on an as required basis and a refresher focusing on key areas is provided annually in a classroom environment.

3. Regular focus updates via internal communications (memorandums, screensaver).

The audit and reporting process is under our continuous improvement initiatives and is enhanced on an on-going basis. The audit performance results are reported at the monthly operational performance reviews. All audit requirements for ACR documentation are based on the ACR completion guide/manual provided by the MOH –LTC EHS Branch.

Recommendation Item #4

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

York Region EMS has instituted policy and procedures to establish and maintain standard vehicle and equipment configurations as outlined under the Ambulance Act. Since September 2003, York Region EMS has increased the number of administrative staff assigned to our comprehensive manual audit process for stocking of equipment and supply of operational vehicles (outlined in the accompanying attachments). In addition, York Region EMS has increased operational and administrative management resources during peak times of operational and documentation activity to ensure audit processes are initiated, communicated to all parties and follow-up action has been completed and documentation placed on file.

I trust the above processes that have been instituted since the Review Team's site visit address the recommendations from the Report.

On behalf of the Regional Municipality of York, thank you for the feedback and information. We at York Region EMS are committed to providing excellent EMS service to our community.

Sincerely,

Brad Meekin
General Manager

BM/GM/bb

Attachments (2)

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Attachment #1

- York Region EMS – Policy # OPS 5005-01
- ACR Audit Report
- ACR General Audit Guidelines Reference Tool
- ACR Audit Reference Tool
- Documentation Audit Process
- ACR Audit Performance Report
- Audit Process Maps
- ACR – Your *Legally Defensible Report*
- Paramedic Training Presentation

Attachment #2

- York Region EMS – Policy
- PRU Shift Check
- PRU Log Sheet
- Shift Log Sheet
- Shift Equipment and Vehicle Check Sheet
- Supervisor Review
- Supervisor Station Reference Process Map
- Supervisor Review Process Map
- Equipment Layout (Crestline – Type 3)
- Portable Equipment Layout (Bags)

Copy to: Dr. K. Helena Jaczek, Commissioner of Health Services & MOH
Gord McEachen, Director, Operations
Tony Fernandes, Director, Program Development & Budgets

GM Admin Assistant\Correspondence - MOH-LTC\General 2004\Certification 2003 - Response to Recommendations.doc