

PART 3.4

**DEPARTMENT OF
HEALTH AND COMMUNITY SERVICES**

ROAD AMBULANCE SERVICES

Summary

Introduction

The road ambulance program is a critical component of the health care system.

The Department of Health and Community Services is responsible for policies, procedures, standards, and contract negotiations with private and community ambulance operators. The Regional Health Authorities are responsible for the day-to-day operations of the road ambulance program including oversight of private and community ambulance operations plus their own ambulance operations.

The Provincial Medical Oversight Program operates within the Eastern Regional Health Authority and provides medical oversight for all publicly subsidized ambulance services in the Province and is responsible for registration, certification and approving and tracking continuing education for ambulance attendants. In 2015 the Province had 769 registered ambulance attendants.

The Eastern Regional Health Authority operates its own ambulance service from base hospitals in St. John's and Carbonear. The Eastern Regional Health Authority is also responsible for the oversight of the road ambulance services provided by 15 private operators and six community operators in the eastern region. In performing this oversight, the Eastern Regional Health Authority must ensure that these operators are adhering to the standards established by the Department of Health and Community Services and the contracts that are negotiated between the ambulance operators and the Department of Health and Community Services.

Objectives

The objectives of our audit were to determine whether:

1. Road ambulance services provided by base hospitals and private/community operators for the Eastern Regional Health Authority have the appropriate skill levels required to provide quality care;
2. Road ambulance response times at the Eastern Regional Health Authority are meeting the needs of residents of the eastern region of the Province;
3. The Department of Health and Community Services exercises effective oversight of the Regional Health Authorities' responsibilities in operating the road ambulance program; and
4. The Eastern Regional Health Authority has processes in place to effectively monitor the day-to-day operations of road ambulance services provided by base hospitals and private/community operators, and their compliance with the Department of Health and Community Services policy.

Criteria were developed specifically for this audit based upon relevant legislation, the Department of Health and Community Services and Eastern Regional Health Authority policies and procedures, reviews of literature including reports of other legislative auditors, and discussions with management. The criteria were accepted as suitable by the senior management of the Department of Health and Community Services and the Eastern Regional Health Authority.

Scope

Our audit commenced in September 2015 and included the period from April 1, 2013 to September 30, 2015. Our audit focused on the operation of the road ambulance program in the eastern region of the Province.

Our audit included an examination of contracts between the Department of Health and Community Services, the Eastern Regional Health Authority and private and community operators, policies and procedures and the Ambulance Operations Standards Manual. We inspected a sample of patient records maintained by the Eastern Regional Health Authority. As well, we analyzed ambulance transport data to assist with our audit procedures. We conducted interviews with officials at both the Department of Health and Community Services and the Eastern Regional Health Authority. Our sample selections were non-statistical and random.

In order to determine the Canadian industry best practice for attendant skill level and ambulance response times we conducted research of the road ambulance services provided by the other provinces.

Our audit was performed in accordance with standards for assurance engagements, encompassing value-for-money, established by the Chartered Professional Accountants of Canada and under the authority of the *Auditor General Act*.

Certain information in this report regarding road ambulance transports was compiled based on data reported by private and community ambulance operators. We have not verified the accuracy of this information.

We substantially completed our audit in March 2016.

Importance to Newfoundlanders and Labradorians

The road ambulance program provides an essential service to the people of Newfoundland and Labrador. The skill level of ambulance attendants, response times, and effective governance and oversight are all critical in ensuring patients are provided with an appropriate standard of care. In many instances a road ambulance is the first point of contact for an individual in an emergency situation and the quality of care provided could have a direct impact on the outcome of the patient's condition.

Conclusions

Objective 1

Department of Health and Community Services policy requires a lower skill level for ambulance attendants than required by Canadian industry best practice.

Road ambulance services provided by the Eastern Regional Health Authority base hospitals have the appropriate skill levels required to provide quality care and is consistent with Canadian industry best practice.

Road ambulance services provided by private and community operators for the Eastern Regional Health Authority do not always have the skill levels required by Canadian industry best practice.

Road ambulance services provided by private operators for the Eastern Regional Health Authority do not always meet the skill levels required by the Department of Health and Community Services, which is lower than Canadian industry best practice.

Objective 2

The Eastern Regional Health Authority's hospital based ambulance service is not always meeting its response time benchmark for the metro St. John's region and, therefore, may not be meeting the needs of residents of the metro St. John's region.

The hospital ambulance operation in Carbonear is meeting the Canadian industry best practice response time benchmark for rural areas.

Not all private and community ambulance operators meet the Canadian industry best practice response time benchmark for rural areas and, therefore, may not be meeting the needs of rural residents of the eastern region.

Objective 3

The Department of Health and Community Services is not providing effective oversight of the road ambulance program.

Objective 4

The Eastern Regional Health Authority has some processes in place to monitor the day-to-day operations of the road ambulance services within its region; however, these processes are not effective in determining whether road ambulance services provided in the region are in compliance with Department of Health and Community Services policy.

Findings

Road Ambulance Attendant Skill Level

Minimum Skill Level of Attendants

1. The policy of the Department of Health and Community Services outlining the minimum skill level required for drivers and primary care givers on emergency road ambulance transports is outdated and does not reflect the current requirements of the road ambulance program.
2. The minimum skill level for ambulance attendants required by the Department of Health and Community Services on emergency road ambulance transports is less than Canadian industry best practice.

Training and Continuing Education

3. The Provincial Medical Oversight Program ensured that the registered ambulance attendants in the sample we examined had the required education and training consistent with their classification.
4. The Department of Health and Community Services does not require dispatchers to have a minimum level of training or to be registered through the Provincial Medical Oversight Program.
5. The Eastern Regional Health Authority requires the dispatchers it employs for its base hospital ambulance operations to be appropriately trained.

Monitoring of Attendant Skill Level on Ambulance Transports

6. The Eastern Regional Health Authority employs hospital ambulance attendants at a skill level that is consistent with Canadian industry best practice. This is a higher skill level than required by the Department of Health and Community Services.
7. The Eastern Regional Health Authority has processes in place to ensure that ambulance attendants reported on an ambulance transport are registered by the Provincial Medical Oversight Program.
8. Privately operated ambulance bases in the eastern region did not always have at least one Primary Care Paramedic on emergency transports. The policy of the Department of Health and Community Services requires the use of at least one Primary Care Paramedic on all emergency transports conducted by private operators.

9. The Department of Health and Community Services holds community operators to a lesser standard than private operators. It requires a Primary Care Paramedic or above on only 25% of ambulance transports. There is no difference between patients served by community operators and private operators. While all community operator bases in the eastern region were in compliance with Department of Health and Community Services policy, this was a lower standard than Canadian industry best practice and is a lower requirement than private operators.
10. The Ambulance Operations Standards Manual requires ambulance operators to make “best efforts” to ensure ambulance attendants have the required skills to work on an ambulance. Operators must submit a formal request to the Department of Health and Community Services for an exemption from the skills policy with evidence of the steps they have followed in an effort to recruit or upgrade staff. Despite the fact that private ambulance operators employ attendants with less than the required skill levels, neither the Department of Health and Community Services nor the Eastern Regional Health Authority had documentation for any requests for relief under the “Best Efforts” policy.

Road Ambulance Response Times

Response Time Benchmarks

11. The Eastern Regional Health Authority has established a ten minute ambulance response time benchmark for its own ambulance operations in the metro St. John’s area. However, it has not established a response time benchmark for its Carbonear operations.
12. The Department of Health and Community Services and the Eastern Regional Health Authority have not set any ambulance response time targets for ambulance services outside the metro St. John’s region.

Monitoring and Assessment of Response Time Benchmarks

13. The Eastern Health Regional Health Authority was not monitoring the hospital based ambulance service to ensure road ambulance transports were meeting the response time benchmark.
14. The hospital ambulance operations in the metro St. John’s region are not always meeting the ten minute response time benchmark established by the Eastern Regional Health Authority.
15. The Eastern Regional Health Authority has not established a response time benchmark for its own ambulance operations in Carbonear. The hospital ambulance operation in Carbonear is meeting the Department of Health and Community Services chute time benchmark of 10 minutes, 90% of the time. It was also meeting the Canadian industry response time benchmark for rural areas of 15 minutes, 90% of the time.
16. The Eastern Regional Health Authority is not monitoring private and community operators to ensure road ambulance transports are meeting the chute time benchmark.

17. Patient Care Reports, which are prepared by ambulance attendants and are required to be included in the patient medical record, were missing in 82 of 100 patient files we examined.
18. Six of the Patient Care Reports that were available for examination had been altered after the patient transport was completed.

Governance and Oversight Provided by the Department of Health and Community Services

Performance Objectives, Targets and Information Needs

19. The Department of Health and Community Services has not established performance objectives or evaluation criteria for the road ambulance program, with the exception of chute time. This limits the ability of the Department of Health and Community Services to effectively monitor performance.
20. The Department of Health and Community Services has not established any reporting requirements for the Regional Health Authorities with regards to the operation of the road ambulance program.

Communication of Expectations

21. The Department of Health and Community Services has not communicated clearly defined performance objectives, targets or information needs to the Regional Health Authorities or the Provincial Medical Oversight Program for the road ambulance program.
22. The Department of Health and Community Services is not updating the policies and procedures and Ambulance Operations Standards Manual to reflect current practices.
23. In some instances, the policies governing the daily operations of the road ambulance program were not being enforced.

Monitoring and Evaluation

24. The Department of Health and Community Services does not monitor the road ambulance program to determine whether the intended results were achieved.
25. While the Department of Health and Community Services hired a consultant to review the road ambulance program, two years after the report was issued, none of the immediate term recommendations have been completed.

Governance and Oversight Provided by the Eastern Regional Health Authority

Communication of Performance Expectations

26. The Ambulance Operations Standards Manual and related policies and procedures are not conveyed to operators in an easy to follow format.

27. Despite the fact that policies and procedures are outdated the Regional Health Authorities have to rely on the Department of Health and Community Services to update and communicate these policies and procedures to ambulance operators. Regional Health Authorities are responsible for the day-to-day operations of the road ambulance program in their region; however, they have no ability to change policies and procedures.
28. Contract negotiations extended three years beyond the original expiry date of previous contracts between the Department of Health and Community Services, the Eastern Regional Health Authority and the private and community operators.
29. The Department of Health and Community Services does not seek the advice of the Regional Health Authorities when negotiating contracts with private and community ambulance operators despite the operational expertise that exists at the Regional Health Authorities.

Performance Monitoring

30. While the Eastern Regional Health Authority has some systems and processes in place to monitor the operations of road ambulance services provided by base hospitals, and private and community operators, these systems and processes do not monitor all aspects of the operations of the road ambulance program.

Recommendations

1. The Department of Health and Community Services should evaluate its basis for road ambulance attendant skill level policy, which is below Canadian industry best practice, and determine whether it is sufficient to ensure quality care.
2. The Eastern Regional Health Authority should ensure that the road ambulance services provided by private and community based operators for the Eastern Regional Health Authority meet the skill levels required by the Department of Health and Community Services. In instances in which operators demonstrate that they must temporarily employ attendants with less than the required skill levels, the Eastern Regional Health Authority and the Department of Health and Community Services should ensure there is adequate documentation for relief under the “Best Efforts” policy.
3. The Department of Health and Community Services should ensure that its policies and procedures and the Ambulance Operations Standards Manual:
 - are up to date and reflect all requirements of the road ambulance program;
 - are being enforced; and
 - are conveyed to operators in an easy to follow format.
4. The Department of Health and Community Services should evaluate its basis for dispatcher training, and determine whether it is sufficient to ensure quality care.

5. The Department of Health and Community Services should set ambulance response time targets, giving consideration to Canadian industry best practice for response times.
6. The Eastern Regional Health Authority should ensure targets that the Department of Health and Community Services sets are being monitored for the eastern region of the Province.
7. The Eastern Regional Health Authority should ensure that Patient Care Reports are included in patient medical records and that the Patient Care Reports are not altered after the patient transports are completed.
8. The Department of Health and Community Services should ensure it is providing effective oversight of the road ambulance program, through the establishment and communication of clearly defined performance objectives and its information needs to the Regional Health Authorities and the Provincial Medical Oversight Program.
9. The Department of Health and Community Services should ensure that contracts with the private and community operators are negotiated and renewed in a timely manner and ensure that it seeks the advice of the Regional Health Authorities when negotiating the contracts.
10. The Department of Health and Community Services should monitor the road ambulance program to ensure intended results are achieved.
11. The Eastern Regional Health Authority should have systems and processes in place to effectively monitor the day-to-day operations of road ambulance services provided by base hospitals and private and community operators, and their compliance with Department of Health and Community Services policy.

Importance of implementing these recommendations

The road ambulance program is a critical component of the health care system and provides an essential service to the people of Newfoundland and Labrador. An appropriate standard of care in the ambulance services of the Province requires attendant skill levels, ambulance response times and program governance and oversight that are meeting the needs of all residents served. Benchmarks and performance objectives for attendant skill levels and ambulance response times, and monitoring against those benchmarks and objectives, are critical areas of oversight to ensure the health care needs of the people of Newfoundland and Labrador are being met in emergency situations.

Objectives and Scope

Objectives

The objectives of our audit were to determine whether:

1. Road ambulance services provided by base hospitals and private/community operators for the Eastern Regional Health Authority (Eastern Health) have the appropriate skill levels required to provide quality care;
2. Road ambulance response times at Eastern Health are meeting the needs of residents of the eastern region of the Province;
3. The Department of Health and Community Services (the Department) exercises effective oversight of the Regional Health Authorities' (the RHAs') responsibilities in operating the road ambulance program; and
4. Eastern Health has processes in place to effectively monitor the day-to-day operations of road ambulance services provided by base hospitals and private/community operators, and their compliance with Department policy.

Criteria were developed specifically for this audit based upon relevant legislation, Departmental and Eastern Health policies and procedures, reviews of literature including reports of other legislative auditors, and discussions with management. The criteria were accepted as suitable by the senior management of the Department and Eastern Health.

Scope

Our audit commenced in September 2015 and included the period from April 1, 2013 to September 30, 2015. Our audit focused on the operation of the road ambulance program in the eastern region of the Province.

Our audit included an examination of contracts between the Department, Eastern Health and private and community operators, policies and procedures and the Ambulance Operations Standards Manual (the Standards Manual). We inspected a sample of patient records maintained by Eastern Health. As well, we analyzed ambulance transport data to assist with our audit procedures. We conducted interviews with officials at both the Department and Eastern Health. Our sample selections were non-statistical and random.

In order to determine the Canadian industry best practice for attendant skill level and ambulance response times we conducted research of the road ambulance services provided by the other provinces.

Road Ambulance Services

Our audit was performed in accordance with standards for assurance engagements, encompassing value-for-money, established by the Chartered Professional Accountants of Canada and under the authority of the *Auditor General Act*.

Certain information in this report regarding road ambulance transports was compiled based on data reported by private and community ambulance operators. We have not verified the accuracy of this information.

We substantially completed our audit in March 2016.

Background

The road ambulance program is a critical component of the health care system.

The Department is responsible for policies, procedures, standards, and contract negotiations with private and community ambulance operators. The RHAs are responsible for the day-to-day operations of the road ambulance program including oversight of private and community ambulance operations plus their own ambulance operations.

The Provincial Medical Oversight Program (PMO) operates within Eastern Health and provides medical oversight for all publicly subsidized ambulance services in the Province and is responsible for registration, certification and approving and tracking continuing education for ambulance attendants. In 2015 the Province had 769 registered ambulance attendants.

Eastern Health operates its own ambulance service from base hospitals in St. John's and Carbonear. Eastern Health is also responsible for the oversight of the road ambulance services provided by 15 private operators and six community operators in the eastern region. In performing this oversight, Eastern Health must ensure that these operators are adhering to the standards established by the Department and the contracts that are negotiated between the ambulance operators and the Department.

Total expenditures of Eastern Health for the eastern region of the road ambulance program for the 2015 fiscal year totaled \$25.9 million.

Table 1

**Department of Health and Community Services
Road Ambulance Program – Eastern Region
Information by Service Provider Type
March 31, 2015**

Road Ambulance Service Provider	Total expenditures (\$000)	Number of Operators	Number of Ambulances	Number of Transports
Private operators	\$15,516	15	59	21,957
Base hospital operations	8,648	2	16	25,831
Community operators	1,717	6	9	1,906
Total	\$25,881	23	84	49,694

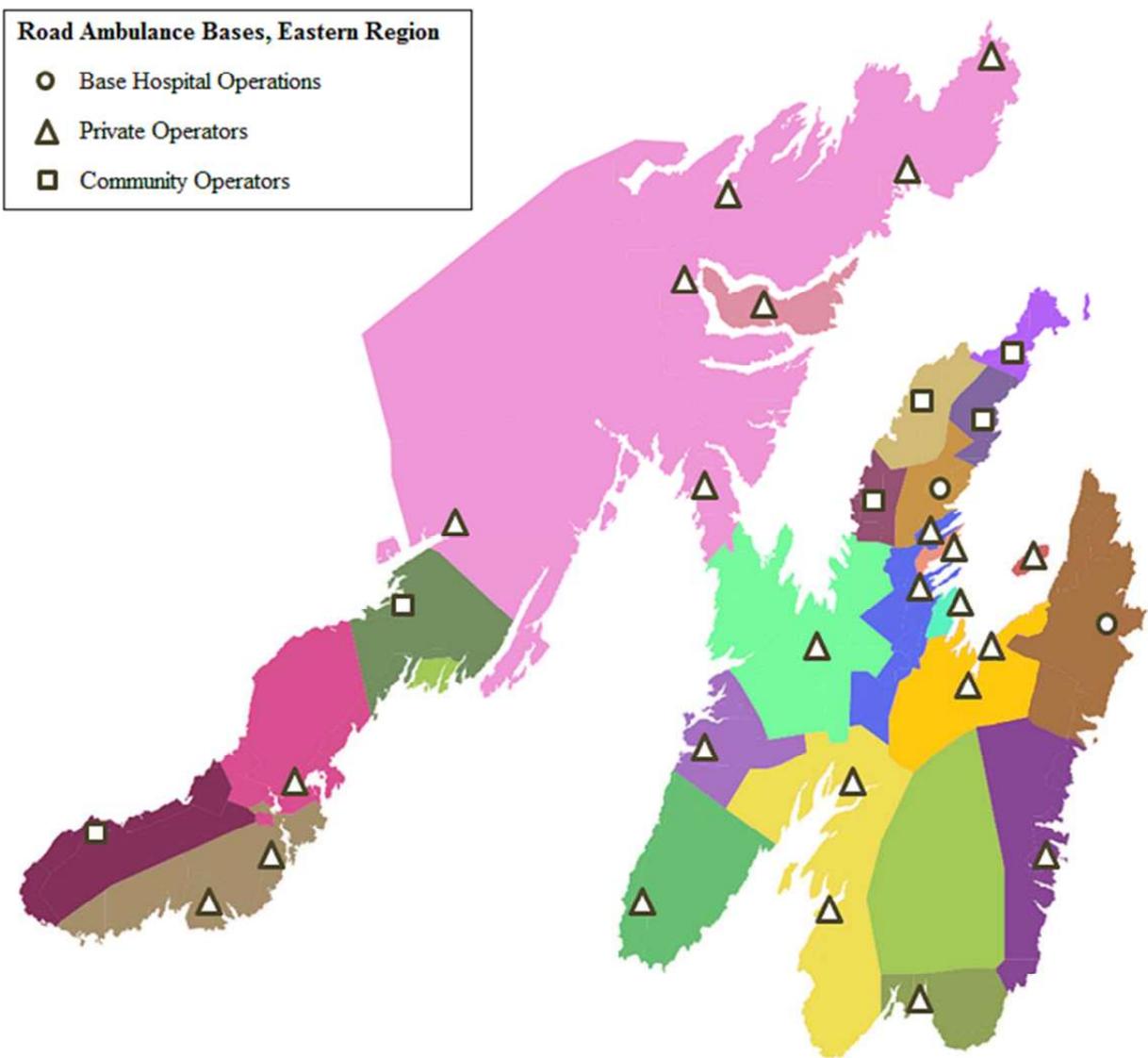
Source: Prepared by the Office of the Auditor General of Newfoundland and Labrador based upon data obtained from the Department of Health and Community Services and the Eastern Regional Health Authority (unaudited).

Private and community operators were established over time as the road ambulance program evolved. Private operators operate for profit. Community operators were often established when towns or community groups fundraised to purchase an ambulance to fill a need in their region.

Figure 1 shows the location of ambulance bases in the eastern region and the service areas designated to each operator.

Figure 1

**Department of Health and Community Services
Road Ambulance Program – Eastern Region
Ambulance Bases and Service Areas
March 31, 2015**



Source: Prepared by the Office of the Auditor General of Newfoundland and Labrador based upon data obtained from the Department of Health and Community Services and the NL 911 Bureau Inc. (unaudited).

Detailed Observations

1. Road Ambulance Attendant Skill Level

Objective

To determine whether road ambulance services provided by base hospitals and private/community operators for Eastern Health have the appropriate skill levels required to provide quality care.

Conclusion

Department of Health and Community Services policy requires a lower skill level for ambulance attendants than required by Canadian industry best practice.

Road ambulance services provided by the Eastern Regional Health Authority base hospitals have the appropriate skill levels required to provide quality care and is consistent with Canadian industry best practice.

Road ambulance services provided by private and community operators for the Eastern Regional Health Authority do not always have the skill levels required by Canadian industry best practice.

Road ambulance services provided by private operators for the Eastern Regional Health Authority do not always meet the skill levels required by the Department of Health and Community Services, which is lower than Canadian industry best practice.

Overview

The skill levels of ambulance attendants have a direct impact on the level of care and the treatment that is provided to patients.

In Canada and in Newfoundland and Labrador, it is standard to staff each ambulance transport with two attendants - one designated as the driver and the other designated as the primary care giver who travels in the back compartment with the patient throughout the transport.

Newfoundland and Labrador utilizes the paramedic competency sets outlined in the National Occupational Competency Profile (NOCP).

Table 2

**Department of Health and Community Services
Road Ambulance Program
Ambulance Attendant Training
March 31, 2015**

NOCP Classification	Training Required	Training Available in Newfoundland and Labrador
Emergency Medical Responder (EMR)	2 weeks	Yes
Primary Care Paramedic (PCP)	40 - 68 weeks	Yes
Advanced Care Paramedic (ACP)	PCP plus 1 to 2 years	No
Critical Care Paramedic (CCP)	ACP plus additional training	No

Source: Prepared by the Office of the Auditor General of Newfoundland and Labrador based upon information obtained from the Provincial Medical Oversight Program.

PMO is responsible for the registration of ambulance personnel.

Table 3

**Department of Health and Community Services
Road Ambulance Program
Ambulance Attendants by Classification
March 31, 2015**

Classification	Number of Registered Attendants
Emergency Medical Responder (EMR)	253
Primary Care Paramedic (PCP)	476
Advanced Care Paramedic (ACP)	40
Total	769

Source: Prepared by the Office of the Auditor General of Newfoundland and Labrador based upon data obtained from the Provincial Medical Oversight Program.

We assessed the road ambulance program against the following criteria:

- A. The Department has established the minimum skill level required of attendants on every road ambulance transport in accordance with best practice.
- B. Eastern Health ensures that road ambulance attendants meet the Department's standards for the continuing education and training requirements for all service personnel.
- C. Eastern Health monitors whether all road ambulance transports include the required number of attendants at the required skill levels.

1A. Minimum Skill Level of Attendants

Introduction

On each road ambulance transport, both attendants are responsible for providing and documenting patient care at the scene. It is important that both attendants have the appropriate skills to be able to perform their duties and provide quality care.

Best Practice - Minimum Skill Level

Industry best practice in Canada is for all emergency ambulance transports to be staffed with two attendants at the level of PCP or above. No other province in Atlantic Canada allows EMRs to work on publicly funded ambulances. The only other provinces that register EMRs are British Columbia, Alberta, and Saskatchewan. In many cases, in these three provinces, the use of EMRs is limited to routine transports, or they work as first responders who provide basic life support until paramedics arrive.

Policy - Minimum Skill Level

The current minimum skill level requirements in Newfoundland and Labrador for emergency transports in each service category are shown in Table 4.

Table 4

**Department of Health and Community Services
Road Ambulance Program
Skill Level Requirements
March 31, 2015**

Service Category	Minimum Skill Level Required	
	Driver	Primary Care Giver
Hospital Services	EMR	PCP
Private Services	EMR	PCP
Community Services	EMR	EMR for 75% of the calls and a PCP for the remaining 25% for each base

Source: Prepared by the Office of the Auditor General of Newfoundland and Labrador based upon information obtained from the Provincial Medical Oversight Program.

The skill level requirements included in the Standards Manual were last updated in March 2006 for hospital services and March 2007 for private and community services and did not reflect the current registration classifications.

Department policy requires ambulance drivers in all service categories to have a minimum classification of EMR. This is a lower level of skills than Canadian industry best practice requires. Department policy also allows the primary care giver on a community ambulance to be an EMR in some cases, which is a lower standard than Canadian industry best practice.

Findings

1. The policy of the Department of Health and Community Services outlining the minimum skill level required for drivers and primary care givers on emergency road ambulance transports is outdated and does not reflect the current requirements of the road ambulance program.
2. The minimum skill level for ambulance attendants required by the Department of Health and Community Services on emergency road ambulance transports is less than Canadian industry best practice.

1B. Training and Continuing Education

Introduction

All ambulance attendants must be registered and certified by the PMO in order to work on an ambulance in this province. The registration and certification process ensures that each registrant has completed the required training and continuing education for their registration level.

Eastern Health is responsible for ensuring that road ambulance attendants used in both its hospital ambulance services and by private and community operator services in their region meet the Department's standards for training and continuing education.

Ambulance Attendants

All attendants are required to be registered and to re-register annually. The annual requirements include proof of continuing medical education, clinical exposure and maintenance of competency logs.

Once registered, attendants must pass the applicable protocol exam for their classification in order to obtain certification.

The annual registration process is to be completed each year by March 31. PMO provides a report of all registered attendants to operators and the Department. This report is updated throughout the year as needed. During our audit, we selected a random sample of registered attendants and reviewed documentation to ensure each had met the registration and certification requirements of PMO. All the attendants in our sample met the registration and certification requirements of the PMO.

Finding

3. The Provincial Medical Oversight Program ensured that the registered ambulance attendants in the sample we examined had the required education and training consistent with their classification.

Dispatchers

In an emergency situation the dispatcher is the first point of contact with the scene. The Department strongly recommends that all ambulance services utilize appropriately trained and registered dispatchers. However, since this is not a requirement, PMO does not require that all dispatchers register through them. PMO does maintain the registration of those that choose to complete the designated training program.

Eastern Health requires dispatchers employed with their service to be registered. However, not all private and community operators throughout the region have trained dispatchers on staff.

Different training levels have the potential to lead to inconsistencies in the approach to dispatch throughout the region. Without a standardized approach to dispatch training, the call taker could focus solely on obtaining the location of the scene and fail to obtain other information that could assist with the critical situation. This could create a delay in bringing patient care to the scene until the time an ambulance arrives. In rural areas of the region, where response times could be longer, a standardized approach to dispatch could result in improved patient care.

Findings

4. The Department of Health and Community Services does not require dispatchers to have a minimum level of training or to be registered through the Provincial Medical Oversight Program.
5. The Eastern Regional Health Authority requires the dispatchers it employs for its base hospital ambulance operations to be appropriately trained.

1C. Monitoring of Attendant Skill Level on Ambulance Transports

Introduction

Eastern Health is responsible for monitoring ambulance transports in the eastern region of the Province to ensure that they contain two attendants at the appropriate skill level and that they have maintained their registration and certification with PMO.

Monitoring - Hospital Services

The minimum Department policy requires the driver of an ambulance to be an EMR for hospital based services. However, Eastern Health only employs attendants at the level of PCP or above. Eastern Health practice therefore ensures that every road ambulance transport within its operations exceeds the minimum staffing requirements of the Department and meets the industry best practice in Canada.

Eastern Health should have processes in place to ensure that each hospital ambulance transport has two attendants that are appropriately registered and certified. We reviewed dispatch data for hospital ambulance transports for the period of April 1, 2013 to September 30, 2015 that included information such as attendants' names, patient details, time the call was received and dispatched and when attendants arrived on scene.

Eastern Health has processes in place to ensure that each hospital ambulance transport has two attendants that are appropriately registered and certified.

Finding

6. The Eastern Regional Health Authority employs hospital ambulance attendants at a skill level that is consistent with Canadian industry best practice. This is a higher skill level than required by the Department of Health and Community Services.

Monitoring - Private and Community Services

Eastern Health maintains a database of private and community ambulance transports. Transport data is keyed into the database by employees in the Corporate Finance division of Eastern Health from copies of the Patient Care Report (PCR) that are submitted to them as a claim for payment. A PCR is required to be completed for every publicly funded road ambulance transport in the Province. This form is used for service invoicing by the private and community operators and documenting the medical record of the patient.

This system has an adjudication process to ensure that there is a valid ambulance attendant registration number on a PCR. If an attendant is not currently registered, the system will deny the claim.

We obtained the transport data for the scope period of our audit. We compared the attendant registration numbers used in transports in the database to PMO's registration information. We found that in all instances the attendant had a valid registration number.

Private Ambulance Operators

Canadian industry best practice requires that ambulance drivers have a minimum classification of PCP.

Department policy requires drivers to have a minimum classification of EMR which is a lower level of skills than Canadian industry best practice requires. Private operators are meeting the Department's minimum driver skill level policy requirement, however, this is less than Canadian industry best practice.

Canadian industry best practice also requires that primary care givers have a minimum classification of PCP. This is consistent with Department policy.

From April 1, 2014 to September 30, 2015, 18 of the 24 private operator bases did not have at least one PCP on each emergency transport. This is contrary to Department policy.

Road Ambulance Services

Table 5 shows the number of emergency transports from privately operated bases in the eastern region with no PCP on board. This information was compiled based on data reported by the private ambulance operators. We have not verified the accuracy of this information.

Table 5

**Department of Health and Community Services
Road Ambulance Program – Eastern Region
Privately Operated Ambulances – Emergency Transports with No PCP
For the year ended March 31, 2015**

Private Operator Base	Number of Emergency Transports	Number of Emergency Transports with No PCP	Percentage of Emergency Transports with no PCP
Terrenceville	86	85	99%
Upper Island Cove	274	156	57%
Arnold's Cove	216	86	40%
St. Lawrence	160	55	34%
Bonavista/Catalina	803	275	34%
Port Rexton	157	49	31%
Trepassey	175	41	23%
Random Island	128	26	20%
Ferryland	334	21	6%
Bell Island	415	23	6%
St. Bride's	154	8	5%
Burin	194	8	4%
Lethbridge	279	10	4%
Brigus	274	9	3%
Clarenville	1,340	8	1%
Clarke's Beach	1,301	6	1%
Marystown	632	2	1%
Harbour Grace	445	1	1%
Mount Carmel	180	-	-
St. Mary's	263	-	-
Placentia	398	-	-
Holyrood	510	-	-
Kelligrews	1,948	-	-
Whitbourne	687	-	-

Source: Prepared by the Office of the Auditor General of Newfoundland and Labrador based upon data obtained from the Department of Health and Community Services (unaudited).

Road Ambulance Services

Community Ambulance Operators

Canadian industry best practice requires that ambulance drivers have a minimum classification of PCP.

Department policy requires drivers to have a minimum classification of EMR which is a lower level of skills than Canadian industry best practice would require. Community operators are meeting the Department's minimum policy requirement, however, this is less than Canadian industry best practice.

Canadian industry best practice requires that the primary care giver have a minimum classification of PCP.

Department policy allows community operators to have an EMR as the primary care giver for up to 75% of the calls, but must have a PCP on the remaining 25% for each base. This is a lower level of skill than Canadian industry best practice requires.

The Department holds community operators to a lesser standard than private operators. It requires a PCP or above on only 25% of ambulance transports. There is no difference between patients served by community operators and private operators. While all community operator bases were in compliance with Department policy, this was a lower standard than Canadian industry best practice and is a lower requirement than private operators.

Table 6 shows the number of emergency transports from community operated bases in the eastern region with no PCP on board. This information was compiled based on data reported by the community ambulance operators. We have not verified the accuracy of this information.

Table 6

**Department of Health and Community Services
Road Ambulance Program - Eastern Region
Community Operated Ambulances - Emergency Transports with No PCP
For the year ended March 31, 2015**

Community Operator Base	Number of Emergency Transports	Number of Emergency Transports with No PCP	Percentage of Emergency Transports with No PCP
Winterton	110	72	65%
Old Perlican	337	209	62%
Hearts Delight	259	64	25%
Adams Cove	108	14	13%
Bay L'Argent	183	9	5%
Grand Bank	496	1	-

Source: Prepared by the Office of the Auditor General of Newfoundland and Labrador based upon data obtained from the Department of Health and Community Services (unaudited).

Of the six community operated bases in the Eastern region, all transports were consistent with the Department's policy, but less than Canadian industry best practice.

Findings

7. The Eastern Regional Health Authority has processes in place to ensure that ambulance attendants reported on an ambulance transport are registered by the Provincial Medical Oversight Program.
8. Privately operated ambulance bases in the eastern region did not always have at least one Primary Care Paramedic on emergency transports. The policy of the Department of Health and Community Services requires the use of at least one Primary Care Paramedic on all emergency transports conducted by private operators.
9. The Department of Health and Community Services holds community operators to a lesser standard than private operators. It requires a Primary Care Paramedic or above on only 25% of ambulance transports. There is no difference between patients served by community operators and private operators. While all community operator bases in the eastern region were in compliance with Department of Health and Community Services policy, this was a lower standard than Canadian industry best practice and is a lower requirement than private operators.

“Best Efforts”

The Standards Manual requires that if an operator is unable to meet the Department’s standard for skill level they are required to apply for a temporary exemption under the “Best Efforts” policy. According to this policy, an exemption shall only apply if the operator has made several attempts to hire appropriately trained personnel and/or has made several attempts to upgrade the training of current employees. An operator must submit a formal request with supporting evidence of the steps they have followed in an effort to recruit or upgrade staff.

A large number of private operators were using two attendants at the EMR level on emergency ambulance transports. However, neither the Department nor Eastern Health had documentation for any requests for relief under the “Best Efforts” policy during the scope of our audit. We cannot determine whether operators were attempting all reasonable steps to ensure that they have the appropriately trained personnel.

Finding

10. The Ambulance Operations Standards Manual requires ambulance operators to make “best efforts” to ensure ambulance attendants have the required skills to work on an ambulance. Operators must submit a formal request to the Department of Health and Community Services for an exemption from the skills policy with evidence of the steps they have followed in an effort to recruit or upgrade staff. Despite the fact that private ambulance operators employ attendants with less than the required skill levels, neither the Department of Health and Community Services nor the Eastern Regional Health Authority had documentation for any requests for relief under the “Best Efforts” policy.

2. Road Ambulance Response Times

Objective

To determine whether road ambulance response times at Eastern Health are meeting the needs of residents of the eastern region of the Province.

Conclusion

The Eastern Regional Health Authority's hospital based ambulance service is not always meeting its response time benchmark for the metro St. John's region and, therefore, may not be meeting the needs of residents of the metro St. John's region.

The hospital ambulance operation in Carbonear is meeting the Canadian industry best practice response time benchmark for rural areas.

Not all private and community ambulance operators meet the Canadian industry best practice response time benchmark for rural areas and, therefore, may not be meeting the needs of rural residents of the eastern region.

Overview

Ambulance response time is defined as the time it takes an ambulance to arrive on scene from the time the call is received by a dispatcher. Ambulance response times are a critical component of health care as the primary mandate of the road ambulance service is to respond to patients in emergency situations.

We assessed the road ambulance program against the following criteria:

- A. The Department has response time benchmarks that road ambulance service providers are required to meet and these benchmarks are communicated to all ambulance operators.
- B. Eastern Health monitors and assesses response times to ensure that they are consistent with established benchmark expectations.

2A. Response Time Benchmarks

Introduction

A benchmark is a standard, or point of reference, against which results may be compared or assessed.

Response Time

Best practice within urban areas of Canada is for an ambulance to arrive on scene within nine minutes of the call for service.

There is a greater amount of variation in response time benchmarks for areas classified as rural or remote across the country. Benchmarks for rural areas were found to be anywhere from 15 to 40 minutes. A report from Fitch and Associates, commissioned by the Department on the Provincial ambulance program in 2013, indicates an industry standard benchmark of 14:59 minutes for rural areas and 29:59 minutes for remote areas. This is consistent with the benchmarks reported being used by Nova Scotia in a 2010 Auditor General report, of less than 15 minutes for an urgent call in an area with a population of 2,500 to 14,999, and less than 30 minutes for areas with a population under 2,500. In 2015, Alberta introduced targets of 12 minutes for urban areas, 15 minutes for communities with populations greater than 3,000, and 40 minutes for rural areas.

Eastern Health has established its own benchmark to achieve a ten minute response time, 90% of the time, within the metro St. John's region with its hospital emergency ambulance transports.

The Department and Eastern Health have not set any targets for ambulance services outside the metro St. John's region related to response times. They have set a target for chute time of ten minutes, which is the time it takes from the point when an ambulance is dispatched to an emergency call until the ambulance begins continuous travel enroute to the call location. There is no measurable standard for private and community operators and the hospital ambulances services in Carbonear to arrive at the call location.

Findings

11. The Eastern Regional Health Authority has established a ten minute ambulance response time benchmark for its own ambulance operations in the metro St. John's area. However, it has not established a response time benchmark for its Carbonear operations.
12. The Department of Health and Community Services and the Eastern Regional Health Authority have not set any ambulance response time targets for ambulance services outside the metro St. John's region.

2B. Monitoring and Assessment of Response Time Benchmarks

Introduction

Eastern Health is responsible for monitoring road ambulance services to ensure that the operations in the Eastern region are meeting the standards set by the Department.

Monitoring - Hospital Services

Metro St. John's Region

Eastern Health's ten minute response time, 90% of the time, benchmark in the metro St. John's region is a higher standard than the ten minute chute time benchmark established by the Department.

The response time benchmark was used by Eastern Health for planning purposes, such as determining the location of bases and the number of ambulances required. However, we did not find evidence of monitoring or periodic reporting of actual response time performance against the benchmark.

We reviewed data from the Eastern Health dispatch system to determine whether Eastern Health is meeting its benchmark for response time.

- For the period of April 1, 2014 to March 31, 2015, Eastern Health was only meeting the ten minute response time benchmark 83% of the time.
- There is no standardized clock used for time entry which creates imprecision in the times recorded in the system. A difference of even a couple of minutes could have a significant impact on the assessment against a response time benchmark of ten minutes.

The calculation of response time is a function of the manual recording of the time the call comes in and the time the attendants reach the location. Because this is not an automated process, there is a risk there is imprecision in the response time data.

Carbonear

Eastern Health has not established a response time benchmark for its own ambulance operations in Carbonear and we did not find evidence of monitoring or periodic reporting of actual response times for this base.

We reviewed data available to assess whether the hospital ambulance operation in Carbonear was meeting the Department's chute time benchmark of ten minutes, 90% of the time. For the period of April 1, 2014 to March 31, 2015, the Carbonear operation was meeting the benchmark.

We also analyzed the data based on benchmarks for rural areas used in other parts of the country and found that the hospital ambulance operation in Carbonear was meeting the Canadian industry response time benchmark for rural areas of 15 minutes, 90% of the time.

Findings

13. The Eastern Health Regional Health Authority was not monitoring the hospital based ambulance service to ensure road ambulance transports were meeting the response time benchmark.
14. The hospital ambulance operations in the metro St. John's region are not always meeting the ten minute response time benchmark established by the Eastern Regional Health Authority.
15. The Eastern Regional Health Authority has not established a response time benchmark for its own ambulance operations in Carbonear. The hospital ambulance operation in Carbonear is meeting the Department of Health and Community Services chute time benchmark of 10 minutes, 90% of the time. It was also meeting the Canadian industry response time benchmark for rural areas of 15 minutes, 90% of the time.

Monitoring - Private and Community Services

Eastern Health is responsible for overseeing the contracts between the Department, Eastern Health and the private and community operators for the eastern region of the Province. This would include monitoring the chute time and overall response times of private and community ambulance operators. The contracts between the Department, Eastern Health and the private and community operators do not contain any benchmarks for overall response time.

Eastern Health does not monitor the chute time or overall response times of private and community operators.

We reviewed data related to response times to assess whether or not the private and community operators are meeting the benchmarks for chute time. We also reviewed the data to determine overall response times. There is no centralized dispatch for private and community ambulances and no automated system to record response data. This lack of automation could impact the precision of the data.

For the period of April 1, 2014 to March 31, 2015, one of the six community operators and seven of the 24 private operator bases did not report meeting the Department benchmark of ten minute chute time, 90% of the time.

Using the system data, we calculated response times for private and community operators and analyzed them based on benchmarks for non-urban areas used in other parts of the country. We found that:

- 1 of 6 community operators did not report responding to emergency calls within 30 minutes, more than 90% of the time; and
- 10 of 24 private operator bases did not report responding to emergency calls within 30 minutes, more than 90% of the time.

In order to assess the reliability of the reported data on response times by private and community operators, we attempted to match PCRs prepared by ambulance attendants with the data contained in the Eastern Health system.

We requested a sample of 100 hospital copies of PCRs in order to trace times entered to the final copies submitted by operators for payment. PCRs are required to be filled out before the attendants leave the patient, with a copy left at the facility to become part of the patient's medical records. If this form is completed prior to the attendants leaving the facility, the copy remaining there should be the same as the copy submitted to Corporate Finance by the operator for payment.

Of the 100 PCRs requested from Eastern Health, only 18 copies could be provided. We were unable to determine whether road ambulance attendants did not leave the 82 records at the medical facility or if they were misplaced by Eastern Health. The PCR forms part of the patient record.

Ambulance attendants are required to record the time at five points in the process on the PCR prior to leaving the patient. Of the 18 records received, six were missing at least one of the five required times. We found one case where none of the required time fields were recorded on the PCR. We compared the PCR copy left by the ambulance attendant in the patient's file with the copy sent by the operator to Corporate Finance. In all 18 cases the data obtained from Corporate Finance included all five times. This indicates that in at least six cases, PCRs were altered after the transport was complete.

Findings

16. The Eastern Regional Health Authority is not monitoring private and community operators to ensure road ambulance transports are meeting the chute time benchmark.
17. Patient Care Reports, which are prepared by ambulance attendants and are required to be included in the patient medical record, were missing in 82 of 100 patient files we examined.
18. Six of the Patient Care Reports that were available for examination had been altered after the patient transport was completed.

3. Governance and Oversight Provided by the Department

Objective

To determine whether the Department exercises effective oversight of the RHAs' responsibilities in operating the road ambulance program.

Conclusion

The Department of Health and Community Services is not providing effective oversight of the road ambulance program.

Overview

The Department is responsible for developing and implementing policies and procedures related to the road ambulance program. Its role is to provide oversight and to monitor the delivery of ambulance services by RHAs. This is intended to ensure that the Province benefits from best practices, standards and guidelines prevalent in other jurisdictions.

We assessed the road ambulance program against the following criteria:

- A. The Department has clearly defined its performance objectives, targets and information needs to the RHAs for road ambulance services.
- B. The Department has clearly communicated its expectations of the RHAs' and PMO's performance and reporting requirements.
- C. The Department conducts regular monitoring and evaluation of required information received from the RHAs and PMO to ensure the program is meeting its objectives.

3A. Performance Objectives, Targets and Information Needs

Introduction

Regular monitoring and evaluation of legislation, programs, plans and funding outcomes are important to maintain the effectiveness of the health and community services system. Evaluation of the road ambulance program requires appropriate benchmarks or targets to effectively measure performance. Entities use performance objectives to measure success and progress. An important principle in establishing performance objectives is that they be specific, measurable and achievable, with specific time lines.

Performance Objectives and Targets

The Department is responsible for oversight of the RHAs. Performance objectives and targets would allow the Department to evaluate the operations of the road ambulance program in each of the regions.

Contracts between the Department, Eastern Health and private and community operators require that the Department “develop performance evaluation criteria through which the performance of the Service Provider will be evaluated, based on nationally accepted standards, in the areas of patient care, documentation, service delivery, and adherence to policy, procedures and standards”.

The Department has developed the Standards Manual and policies and procedures to govern the daily operations of road ambulance service providers. These documents describe to operators and attendants how patient care is to be provided, and how it is to be documented.

While the Department has developed policies and procedures, the only performance objective or target which is communicated to road ambulance operators is chute time.

Finding

19. The Department of Health and Community Services has not established performance objectives or evaluation criteria for the road ambulance program, with the exception of chute time. This limits the ability of the Department of Health and Community Services to effectively monitor performance.

Information Needs

The RHAs are responsible for the day-to-day operations of the road ambulance program. Regular reporting on the operations of the road ambulance program from the RHAs, such as compliance with attendant skill level policy and any violations of base service areas coverage requirements, would allow the Department to monitor and evaluate the effectiveness of the program. We found no documented reporting requirements.

Finding

20. The Department of Health and Community Services has not established any reporting requirements for the Regional Health Authorities with regards to the operation of the road ambulance program.

3B. Communication of Expectations

Introduction

To ensure the road ambulance program is operated in an efficient and effective manner, the Department should clearly communicate its expectations to the RHAs and the PMO.

Communication between the Department, Eastern Health and PMO

The Department has not clearly defined any performance objectives, targets or information needs, and therefore there was no communication of such to the RHAs or PMO.

Communications were generally related to daily operational issues, such as enforcement of policies or registration of attendants.

Finding

21. The Department of Health and Community Services has not communicated clearly defined performance objectives, targets or information needs to the Regional Health Authorities or the Provincial Medical Oversight Program for the road ambulance program.

Policies and Procedures

The Department has developed policies and procedures for the operation of the road ambulance program and has also established the Standards Manual.

In a number of instances, the Standards Manual has not been updated to reflect current practices. These were cases where an error existed in the text of the Standards Manual or a change has been made affecting the program, but the Standards Manual has not been corrected or amended to reflect this change.

Some examples are:

- the responsibility of day-to-day operations has been delegated to the RHAs and PMO, yet the Standards Manual still only refers to the responsibility of the Department;
- submissions for suggested changes are directed to be sent to the Director of Board Services which is a position that no longer exists;
- attendant classifications such as EMR Trainee and EMR II are used in the Standards Manual but are no longer recognized in the Province;
- a paragraph is preceded by “[delete]” which appears to suggest that it should have been removed from the Standards Manual; and
- appendix H is blank but is intended to contain information on Standard Ambulance Designs.

There were also a number of instances where policies referenced in the Standards Manual were not available on the website. These policies were no longer in effect, but the references had not been removed from the Standards Manual.

Some sections of the Standards Manual and related policies were still in effect, but are not being enforced by the Department. For example, the Multiple/Mass Casualty Incident Plans/Submission Requirements policy states that the Department will provide operators with a blueprint of this plan, and the private operators are to use this to outline their own response when dealing with a mass casualty incident and submit this to the Department. Neither the Department nor Eastern Health had any record of such plans, or the blueprint that they would provide to operators if requested.

Findings

22. The Department of Health and Community Services is not updating the policies and procedures and Ambulance Operations Standards Manual to reflect current practices.
23. In some instances, the policies governing the daily operations of the road ambulance program were not being enforced.

3C. Monitoring and Evaluation

Introduction

The Department is responsible to conduct regular monitoring and evaluation of the functions of the RHAs and PMO to ensure they are meeting their objectives.

Monitoring and Evaluation

The Department has not set any benchmarks or performance objectives for the road ambulance program, and it is not receiving regular reports about the operation. The Department has not conducted any monitoring of the road ambulance program. It did not collect, monitor, or publicly report information on service timeliness, service reliability or client outcomes.

The Department hired a consultant to review the road ambulance program and provide analysis and recommendations for program improvements. The consultant's final report was issued in August 2013. The consultant recommended that six of the recommendations be completed within the first 24 months. At the end of our scope period neither of these recommendations had been implemented.

Findings

24. The Department of Health and Community Services does not monitor the road ambulance program to determine whether the intended results were achieved.
25. While the Department of Health and Community Services hired a consultant to review the road ambulance program, two years after the report was issued, none of the immediate term recommendations have been completed.

4. Governance and Oversight Provided by Eastern Health

Objective

To determine whether Eastern Health has processes in place to effectively monitor the day-to-day operations of road ambulance services provided by base hospitals and private/community operators, and their compliance with Department policy.

Conclusion

The Eastern Regional Health Authority has some processes in place to monitor the day-to-day operations of the road ambulance services within its region; however, these processes are not effective in determining whether road ambulance services provided in the region are in compliance with Department of Health and Community Services policy.

Overview

The RHAs are responsible for the day-to-day operations of the road ambulance program in their region.

We assessed the road ambulance program against the following criteria:

- A. Performance expectations of Eastern Health for road ambulance services are communicated to hospital and private/community operators.
- B. Systems and practices are in place at Eastern Health to monitor performance of road ambulance services provided by base hospitals and private/community operators, and their compliance with Department policy.

4A. Communication of Performance Expectations

Introduction

To provide effective oversight of the road ambulance program, performance expectations must be set and communicated to the private and community ambulance operators. This ensures that operators are aware of their responsibilities and that they know what information must be communicated to Eastern Health.

Communication to Ambulance Operators

The Standards Manual, policies and procedures, and contracts are used to convey performance expectations to ambulance operators. However, the Standards Manual has not been updated since 2006 and is not fully reflective of the current requirements. For example, the Standards Manual has not been updated since the formation of PMO which is now responsible for performance monitoring in the areas of attendant registration and quality assurance.

The Standards Manual and policies and procedures are available to ambulance operators through the Eastern Health website. However, the website is not organized in a user friendly manner making it difficult to locate policies referenced in the Standards Manual. Policies on the website are listed by title, yet in the Standards Manual they are referenced by policy number.

Despite the fact that policies and procedures are outdated, the RHAs have to rely on the Department to update and communicate these policies and procedures to ambulance operators. RHAs are responsible for the day-to-day operations of the road ambulance program in their region; however, they have no ability to change policies and procedures.

Findings

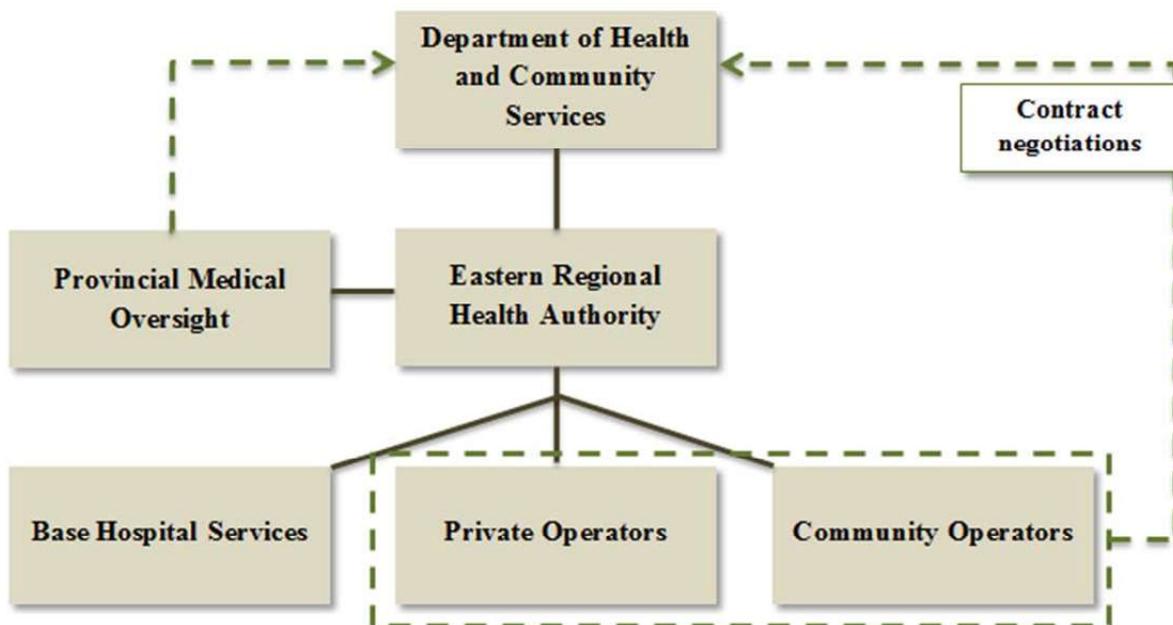
26. The Ambulance Operations Standards Manual and related policies and procedures are not conveyed to operators in an easy to follow format.
27. Despite the fact that policies and procedures are outdated the Regional Health Authorities have to rely on the Department of Health and Community Services to update and communicate these policies and procedures to ambulance operators. Regional Health Authorities are responsible for the day-to-day operations of the road ambulance program in their region; however, they have no ability to change policies and procedures.

Contracts

Figure 2 illustrates the relationship between the parties involved in the road ambulance program.

Figure 2

**Department of Health and Community Services
Road Ambulance Program – Eastern Region
Organizational Chart
March 31, 2015**



Source: Prepared by the Office of the Auditor General of Newfoundland and Labrador based upon data obtained from the Department of Health and Community Services and the Eastern Regional Health Authority.

The contracts between the Department, Eastern Health and the private or community operators are the primary method used to establish expectations for the road ambulance program. Contracts are negotiated between the Department and the operators, or the association to which they belong. Contracts were in effect from 2008 to 2012. While the contracts provided for an automatic extension, new contracts were not signed until mid to late 2015, resulting in a period in excess of three years without a new contract in place.

The Department has provided RHAs with the responsibility for operating the road ambulance program. The Department engages in lengthy contract negotiations with the associations representing private and community ambulance operators but do not involve the RHAs in the negotiation process. Officials working within the RHAs have knowledge and experience specific to paramedicine to be able to research and design an effective program. The Department may be limiting its ability to ensure contracts effectively serve the people of the Province, if it does not involve the RHAs in contract negotiations.

Findings

28. Contract negotiations extended three years beyond the original expiry date of previous contracts between the Department of Health and Community Services, the Eastern Regional Health Authority and the private and community operators.
29. The Department of Health and Community Services does not seek the advice of the Regional Health Authorities when negotiating contracts with private and community ambulance operators despite the operational expertise that exists at the Regional Health Authorities.

4B. Performance Monitoring

Introduction

Eastern Health should have systems and processes in place to monitor performance and compliance with Department policy of road ambulance services provided by base hospitals, and private and community operators.

Monitoring and Reporting

Private and Community Based Operators

Eastern Health is not monitoring response times of ambulance transports by private and community operators, however, it relies on the adjudication process performed by the Corporate Finance division, and the quality assurance investigations performed by PMO to monitor adherence to other Department policies.

The adjudication process uses data keyed from the PCRs and verifies that the information reported is consistent with relevant policies. For example, it assesses whether the attendant and driver on each transport are registered with PMO, and whether all time stamps have been entered.

In our testing of PCRs we determined that reports had been altered after the patient transports were completed, which resulted in copies of PCRs in patient's files that were different than the copies of the PCRs that were adjudicated by Corporate Finance.

Quality assurance performed by PMO also relies on information submitted from ambulance operators and complaints being received from the public. Processes performed by PMO rely on information that is reported manually and there is no process in place to ensure that information received is complete.

Hospital Based Ambulance Operations

Eastern Health is not monitoring response times of ambulance transports by its hospital based ambulance operations, however, it relies on the adjudication process performed by the Corporate Finance division, and the quality assurance investigations performed by PMO to monitor adherence to other Department policies. Eastern Health has also established its own policies that govern the systems and practices in place.

Eastern Health monitors its hospital based ambulance service based on call volume, instances of red alerts and unit hour utilization (UhU). Statistics are used for annual scheduling and planning purposes.

A red alert happens when all ambulances are currently in use and there is no remaining ambulance to respond to an emergency call. In this situation the operator will have to rely on another ambulance operator to respond.

UhU is a calculation based on the number of available ambulances and the number of calls and is used to measure the utilization of the system. Eastern Health monitors UhU by shift to allow them to allocate resources in a way that reduces the strain on the system.

Finding

30. While the Eastern Regional Health Authority has some systems and processes in place to monitor the operations of road ambulance services provided by base hospitals, and private and community operators, these systems and processes do not monitor all aspects of the operations of the road ambulance program.

Recommendations

1. The Department of Health and Community Services should evaluate its basis for road ambulance attendant skill level policy, which is below Canadian industry best practice, and determine whether it is sufficient to ensure quality care.
2. The Eastern Regional Health Authority should ensure that the road ambulance services provided by private and community based operators for the Eastern Regional Health Authority meet the skill levels required by the Department of Health and Community Services. In instances in which operators demonstrate that they must temporarily employ attendants with less than the required skill levels, the Eastern Regional Health Authority and the Department of Health and Community Services should ensure there is adequate documentation for relief under the “Best Efforts” policy.
3. The Department of Health and Community Services should ensure that its policies and procedures and the Ambulance Operations Standards Manual:
 - are up to date and reflect all requirements of the road ambulance program;
 - are being enforced; and
 - are conveyed to operators in an easy to follow format.
4. The Department of Health and Community Services should evaluate its basis for dispatcher training, and determine whether it is sufficient to ensure quality care.
5. The Department of Health and Community Services should set ambulance response time targets, giving consideration to Canadian industry best practice for response times.
6. The Eastern Regional Health Authority should ensure targets that the Department of Health and Community Services sets are being monitored for the eastern region of the Province.
7. The Eastern Regional Health Authority should ensure that Patient Care Reports are included in patient medical records and that the Patient Care Reports are not altered after the patient transports are completed.
8. The Department of Health and Community Services should ensure it is providing effective oversight of the road ambulance program, through the establishment and communication of clearly defined performance objectives and its information needs to the Regional Health Authorities and the Provincial Medical Oversight Program.
9. The Department of Health and Community Services should ensure that contracts with the private and community operators are negotiated and renewed in a timely manner and ensure that it seeks the advice of the Regional Health Authorities when negotiating the contracts.

Road Ambulance Services

10. The Department of Health and Community Services should monitor the road ambulance program to ensure intended results are achieved.
11. The Eastern Regional Health Authority should have systems and processes in place to effectively monitor the day-to-day operations of road ambulance services provided by base hospitals and private and community operators, and their compliance with Department of Health and Community Services policy.

Department of Health and Community Services Response

1. *The Department of Health and Community Services should evaluate its basis for road ambulance attendant skill level policy, which is below Canadian industry best practice, and determine whether it is sufficient to ensure quality care.*

Department's Response:

The Department's ambulance attendant skill level policy is in keeping with the current supply of ambulance attendants that has a larger pool of the less qualified Emergency Medical Responders available to hire rather than the higher skilled Primary Care Paramedics (PCP). The Department is aware that the current ambulance attendant skill mix is not optimal. To address this concern the Department is working with public and private PCP training institutions on initiatives to increase PCP training capacity. As more PCPs become available for hire the Department will review and update its skill level policy.

2. *The Eastern Regional Health Authority should ensure that the road ambulance services provided by private and community based operators for the Eastern Regional Health Authority meet the skill levels required by the Department of Health and Community Services. In instances which operators demonstrate that they must temporarily employ attendants with less than the required skill levels, the Eastern Regional Health Authority and the Department of Health and Community Services should ensure there is adequate documentation for relief under the "Best Efforts" policy.*

Department's Response:

The Department recognizes that private and community ambulance operators are having challenges recruiting sufficient PCPs to meet current provincial ambulance staffing standards. The Department is working with the province's public and private training institutions to increase PCP training capacity in an effort to increase the supply of PCP's to meet the ambulance program's staffing standards. In the interim, the Department will work with the Regional Health Authorities and the ambulance industry on a process to document the circumstances when operators seek relief under the "Best Effort" policy.

3. *The Department of Health and Community Services should ensure that its policies and procedures and the Ambulance Operation Standards Manual:*
 - *are up to date and reflect all requirements of the road ambulance program;*
 - *are being enforced; and*
 - *are conveyed to operators in an easy to follow format.*

Department's Response:

The Department has rewritten and reformatted all road ambulance policies into a consistent language. HCS is nearing completion of dedicated bi-weekly teleconferences with the Regional Health Authorities (RHAs) to review the revised policies and procedures. Once the RHAs review is complete the revised policies will be shared with ambulance operators as a final check prior to implementation. Once implemented, the revised policies will guide provincial road ambulance operations. Work will then begin on updating the Ambulance Standards Manual. The Department works with the RHAs to enforce existing policies. The

Department also recognizes the need to improve the presentation format of its manuals and is making these changes during the revision process.

- 4. The Department of Health and Community Services should evaluate its basis for dispatcher training, and determine whether it is sufficient to ensure quality care.*

Department's Response:

The Department will evaluate the basis for dispatcher training to determine if it is sufficient to ensure quality care as it moves forward to implement a Central Medical Dispatch Center as recommended by Fitch and Associates in the Provincial Road Ambulance Review.

- 5. The Department of Health and Community Services should set ambulance response time targets, giving consideration to Canadian industry best practice for response times.*

Department's Response:

The Department recognizes the need to establish ambulance response time targets and is working towards Government approval for the acquisition of the electronic data gathering technology required to establish, monitor and enforce realistic and specific response time targets. As a first step towards electronic data gathering HCS is finalizing the installation of Automatic Vehicle Location systems on all publically funded ambulances in the province which now allows HCS to track ambulance operations.

- 8. The Department of Health and Community Services should ensure it is providing effective oversight of the road ambulance program, through the establishment and communication of clearly defined performance objectives and its information needs to the Regional Health Authorities and the Provincial Medical Oversight Program.*

Department's Response:

The Department recognizes the important role effective communication plays in the oversight of the road ambulance program. The Department has established bi-monthly conference calls and an annual face to face meeting with RHA paramedicine management to discuss issues within the program and to identify areas for improvement. As electronic data gathering is implemented HCS will work with the RHAs to establish clearly defined and communicated performance targets and reporting requirements. The Department also agrees to undertake initiatives to more clearly define the Department's performance objectives and information needs to the Provincial Medical Oversight Program.

- 9. The Department of Health and Community Services should ensure that contracts with the private and community operators are negotiated and renewed in a timely manner and ensure that it seeks the advice of the Regional Health Authorities when negotiating the contracts.*

Department's Response:

The Department agrees to discuss the Auditor General's concerns with the Human Resource Secretariat, who is responsible for scheduling and leading the ambulance operator Service Agreement negotiations, to determine if negotiations can start as outlined in the 2014-2017 Service Agreements. However it needs to be recognized that Government is only one party in

the negotiation's process and does not have full control over the negotiation's timelines. The Department will seek advice from the RHA's to inform future ambulance operator negotiations.

- 10. The Department of Health and Community Services should monitor the road ambulance program to ensure intended results are achieved.*

Department's Response:

The Department recognized in 2012 that the Provincial Road Ambulance Program's operations and monitoring needed modernizing. To address the Department's concerns Fitch and Associates was hired to complete a road ambulance review which was delivered in October 2013. Based on Fitch's ten recommendations the Department has initiated an Ambulance Transformation Project which when completed will see the implementation of the governance structure, legislative capacity and technology necessary to effectively monitor the road ambulance program to ensure the intended results are achieved.

Of the ten recommendations in the Fitch Report the Department has implemented or is currently implementing five of the recommendations and assessment continues on the five remaining medium and longer term recommendations. The Department has hired a Management Analyst whose responsibility is to monitor ambulance program expenditures and activities. The analyst is utilizing the newly installed Automatic Vehicle Location systems to monitor operator response performance and ambulance efficiency.

Eastern Regional Health Authority Response

- 2. The Eastern Regional Health Authority should ensure that the road ambulance services provided by private and community based operators for the Eastern Regional Health Authority meet the skill levels required by the Department of Health and Community Services. In instances in which operators demonstrate that they must temporarily employ attendants with less than the required skill levels, the Eastern Regional Health Authority and the Department of Health and Community Services should ensure there is adequate documentation for relief under the "Best Efforts" policy.***

Eastern Health will work with the Department to develop a methodology to achieve this recommendation. Eastern Health appreciates that recommendations from previous reports as commissioned by the Department and Eastern Health, contain the recommended path forward to reach this goal.

- 6. Eastern Regional Health Authority should ensure targets that the Department of Health and Community Services sets are being monitored for the eastern region of the Province.***

Eastern Health will work with the Department to implement the systems and processes required to achieve this recommendation. The fundamental component to ensuring these response time targets is the establishment of a central ambulance dispatch center as was

recommended in the Departments 2013 consultant report. The Department has subsequently contracted a consultant to review this specific deliverable and Eastern Health has been working cooperatively with that project and will continue to support the objective a Provincial central ambulance dispatch center based on advice of the pending consultant report.

At this time the Department has approved the installation of Automatic Vehicle Locator (AVL) GPS Technology on all ambulances Province-wide. This is one tool that will aid Regional Health Authorities in gathering data for monitoring and inspection of ambulance response times throughout the Province.

- 7. The Eastern Regional Health Authority should ensure that Patient Care Reports are included in patient medical records and that the Patient Care Reports are not altered after the patient transports are completed.***

In respect of the private and community ambulance operator PCR's not found on patients charts, for some of those patients the final destination may not have been to hospital facilities (i.e.: return home, outside appointments, other facilities outside of Eastern Health, refusal of transport, etc.), and in such cases a PCR would not be contained within the hospital record.

Eastern Health is concerned with the reported inaccuracies of private and community ambulance operator PCR's between the patient chart and final documentation submission to Finance, as well as, the potential impact of missing documentation in the medical record. To resolve these issues the implementation of an Electronic Patient Care Reporting (ePCR) system will avoid these issues and improve communication of pertinent medical information in a timely fashion, enhance quality assurance auditing, and provide more reliable and accurate data for billing and operational planning of ambulance services. Support for an ePCR system was outlined in the 2013 Department consultant report, Eastern Health's 2015 consultant report, and is being further analyzed in the pending report on central ambulance dispatch through the Department which is expected to provide further support for ePCR. Eastern Health will cooperate with the Department on advancing the implementation of a Province-wide ePCR system.

- 11. The Eastern Regional Health Authority should have systems and processes in place to effectively monitor the day-to-day operations of the road ambulance services provided by base hospitals and private and community operators, and their compliance with Department of Health and Community Services policy.***

Eastern Health agrees with this recommendation and supports achieving this goal. Eastern Health recognizes this task will require significant work due to the magnitude of ambulance services within Eastern Health which comprise more than thirty bases and perform two thirds of all road ambulance transports for the Province. Ambulance services operated by Eastern Health in St John's and Carbonear perform more than one-third of all transports in the Province, of which nearly 80% are emergency service delivery. Eastern Health will collaborate with the Department on establishing the resources needed to realize this recommendation.

These systems and processes have been outlined in previous consultant reports. Specifically, establishing the central ambulance dispatch center with associated human and technology resources such as a modern Computer Aided Dispatch (CAD) system will be core to realizing this capability. The present implementation of the AVL-GPS ambulance tracking technology will enhance the operational awareness of road ambulance services for all Regional Health Authorities, and a sophisticated ePCR system, comparable to other Canadian jurisdictions, will be an additional valuable tool in monitoring day-to-day operations of the ambulance system. The establishment of these tools and resources in combination can safeguard the public interest by providing the Regional Health Authorities and the Department real-time automated data and control to ensure a highly effective and efficient ambulance system.

