



January 25, 2010

Summary Recommendations & Toronto Emergency Medical Services (EMS) Action Plan in Response to Ministry of Health and Long-Term Care (MOHLTC) Alexander Street Investigation and Report released October 8, 2009

The following is an updated status report as of January 25 of the progress of actions taken to address the 13 recommendations from the MOHLTC report released in October 2009. Toronto EMS has completed actions on every recommendation. A glossary of short forms is provided at the end of this document.

Recommendation	Toronto EMS Action
<p>1. That the management of Toronto Central Ambulance Communication Center (CACC) provides remedial training to Emergency Medical Dispatcher #1 (EMD) in the roles and responsibilities of a call receiver and the requirements to process requests for emergency medical services as required by Toronto CACC policy and procedure and upon successful completion of this training that performance be monitored for a minimum of three (3) months to ensure compliance.</p>	<ul style="list-style-type: none"> • EMD #1 received remedial training upon return to work. • Toronto CACC management staff will monitor EMD #1 performance to ensure compliance for six (6) months which exceeds the MOHLTC recommendation, currently performing in compliance over last three (3) months. • All EMS CACC staff have been reissued the CACC Policy. • In addition all EMD's and their Supervisors have been told to review and reinforce existing policy and procedure and this is now complete.
<p>2. That the management of Toronto CACC provide remedial training to EMD #1 in the requirement to document all pertinent patient and scene condition information learned while receiving requests for ambulance service, including any information that there are individuals with a patient, and that such documentation be accurate as provided by the call and</p>	<ul style="list-style-type: none"> • EMD #1 has received remedial training and has been compliant for the last 3 months. Toronto CACC management staff will continue to monitor performance to ensure compliance for six (6) months which exceeds the MOHLTC recommendation. • In addition, all CACC, EMD's and Supervisors have been told

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<p>that upon successful completion of this training that performance be monitored for three (3) months to ensure compliance.</p>	<p>to review and enforce existing policy and procedure and this has been completed.</p>
<p>3. That the management of Toronto CACC provide remedial training to EMD #1 in the appropriate method to request police assistance on scene as stipulated by CACC policy and procedure and that performance be monitored for a minimum of thirty (30) days to ensure compliance.</p>	<ul style="list-style-type: none"> • EMD # 1 has received remedial training and been monitored for 30 days. All CACC EMDs and their Supervisors have been told to review and enforce existing policy and procedures and this is complete.
<p>4. That the management of Toronto CACC provide remedial training to EMD #2 in the roles and responsibilities of a call receiver and the requirements to process requests for emergency medical services as required by Toronto CACC policy and procedure and upon successful completion of this training monitor performance for a minimum of 3 months. (90 days)</p>	<ul style="list-style-type: none"> • EMD #2 has received the remedial training. • Toronto CACC management has monitored performance over last three (3) months and will continue to ensure compliance for six (6) months which exceeds the MOHLTC recommendation.
<p>5. That the management of Toronto CACC provide remedial training to EMD #2 in the requirement to document all pertinent patient and scene condition information learned while receiving requests for ambulance service, including any information that there are individuals with a patient, and that such documentation be accurate as provided by the call and that upon successful completion of this training that performance be monitored for 3 months. (90 days)</p>	<ul style="list-style-type: none"> • EMD #2 has received remedial training. • Upon successfully completion of remedial training, Toronto CACC management staff will monitor performance to ensure compliance for six (6) months which exceeds the MOHLTC recommendation. • All CACC EMDs and their Supervisors have been told to review and reinforce existing policy and procedure and this is now complete.
<p>6. That the management of Toronto CACC review current policy and procedure regarding call processing and documentation requirements and to update and or modify such policy to ensure that all EMD's document pertaining to patient scene conditions.</p>	<ul style="list-style-type: none"> • As an Accredited Centre of Excellence with the International Academy of Emergency Dispatch (IAED), Toronto EMS CACC maintains a CQI (continuous quality improvement) process and is required to perform call receiving audits daily, and to provide counsel to EMDs who fall below a 95%

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	<p>compliance level with the protocol. This process exceeds the requirements of the MOHLTC.</p> <ul style="list-style-type: none"> • The current policy and existing Continuous Quality Improvement processes has been reviewed by an EMS management working group.
<p>7. That the management of Toronto CACC and Toronto EMS review the police notification polices and amend as required to ensure that police assistance at the scene of a medical emergency is necessary for the protection of paramedics, patients and bystanders health and safety.</p>	<ul style="list-style-type: none"> • Toronto EMS has reviewed this policy. • Recommended changes will be tabled with the City of Toronto's 9-1-1 Emergency Response Committee to consider impacts to all allied emergency services. Top to top meeting are taking place with both the Chief of Fire and of Police.
<p>8. That the management of Toronto EMS provide remedial training to Primary Care Paramedic (PCP) #1 in the requirements of the Basic Life support Patient Care Standards as well as Toronto EMS Standard Operating Procedures regarding the decision making process to withhold patient care (stage) and that upon successful completion of this training performance by monitored for a minimum of 6 months.</p>	<ul style="list-style-type: none"> • PCP #1 has been reinstructed and has received remedial training. • Toronto EMS management staff confirms that PCP #1's has been monitored since their return to work and is in compliance. Performance will continue to be monitored for six (6) months. • All Primary Care Paramedics and their Supervisors have been advised to review and enforce this existing policy and procedure and this is complete.
<p>9. That the management of Toronto EMS provide remedial training to PCP #2 in the requirements of Basic Life support Patient Care Standards as well as Toronto EMS Standard Operating Procedures regarding decision making process to withhold patient care (stage) and that upon successful completion of this training that performance be monitored for 6 months to ensure compliance.</p>	<ul style="list-style-type: none"> • PCP #2 has been reinstructed and has received remedial training. • Toronto EMS management staff have monitored performance to ensure compliance and will continue to do so for six (6) months.
<p>10. That the management of Toronto EMS provide remedial</p>	<ul style="list-style-type: none"> • Supervisor #1 has been reinstructed, but has not yet returned to

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<p>training to Supervisor #1 in the roles and responsibility of a Supervisor when notified that a paramedic crew is withholding patient care (staging) and upon successful completion of this training performance be monitored for a minimum of thirty (30) days to ensure compliance.</p>	<p>work. Upon their return they will receive remedial training.</p> <ul style="list-style-type: none"> • Upon successfully completion of remedial training, Toronto EMS management staff will monitor their performance to ensure compliance for six (6) months which exceeds the MOHLTC recommendation.
<p>11. That the management of Toronto EMS provide direction to all staff, either by memorandum, directive or policy, that in any situation where the paramedic does not believe they have sufficient information regarding scene safety that they will request the dispatcher to provide additional information.</p>	<ul style="list-style-type: none"> • Toronto EMS is currently reviewing the three (3) possible recommended options to provide this direction to staff. • This point has been addressed in the working group recommendations – the revised standard operating procedure ensures that a supervisor be on scene with a staging crew.
<p>12. That the management of Toronto CACC provide direction to all staff, either by memorandum, directive or policy that in any situation where it is unclear as to what is occurring on scene to ask pertinent questions of the caller in order to obtain as much information as possible and all such information will be documented in the call details and provided to the responding paramedics.</p>	<ul style="list-style-type: none"> • Toronto EMS CACC is currently providing direction to all EMD staff through a Continuing Education program reinforcing the situational interrogation inherent in the protocol and the need for documentation of all pertinent information.
<p>13. That the management of Toronto EMS review the current policies regarding paramedic withholding service (staging) to ensure it is compliant with the Basic Life Support Patient Care Standards as well as relevant health and safety legislation and that consideration is given to amending these policies to include;</p> <ul style="list-style-type: none"> • immediate notification of TEMS management of any and all paramedic withholding service (staging) events 	<ul style="list-style-type: none"> • Toronto EMS has implemented an “Alert Line” in the CACC to provide immediate notification to TEMS management of <u>any</u> EMS crew who delay patient contact as a result of a scene safety concern. This application will be applied to all delayed responses immediately. The notification will provide the CACC Management Staff and the Operations Duty Officer with the location of the delay in order to deploy the closest available Operations Supervisor to respond. • This point is also being addressed in the recommendations of the City Manager’s Working Group as the new standard operating procedure which will be introduced by training starting February 1. The new procedure has a supervisor and

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<ul style="list-style-type: none"> • the immediate response of an individual from TEMS management to the scene to perform a scene and safety assessment • that Incident Reports will be completed by the paramedics and TEMS manager involved with a paramedic staging event • that all such incident reports will be traced and reviewed in a timely manner to ensure that all paramedic staging events are reasonable and necessary. 	<p>paramedic checklist included so that a scene assessment can be completed before every decision made to withhold service. Also a clear outline of accountabilities at each step of the decision making process will be provided so that Emergency Medical Dispatchers, Paramedics and their Supervisors clearly understand their role in the process.</p> <ul style="list-style-type: none"> • July 17, 2009, Toronto EMS reissued a Management directive to all operations management staff to reinforce the requirement to establish direct communications with a paramedic delaying service (staging) to ensure the safety of the crew and provide any necessary assistance or direction. If the crew remains staged, the Operations Supervisor is to respond to the staged crew. • A revised documentation process is being developed using existing CAD (Computer Aided Dispatch) data and reporting tools to provide real time access to information and updated incident status comments. This will support the Professional Standards Unit (PSU) in collating all required documentation as CACC management staff can initiate the audit process electronically. • PSU will continue to review and match Operations and CACC documentation to ensure delay in service events are reasonable and necessary. • In addition, TEMS has implemented a cross Divisional

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	Working Group to review and make recommendations to policy, and Standard Operating Procedure policy (SOP) and paramedic education for calls where ambulance service is withheld. The recommendations of this working group are being built into the recommendations of the City Manager’s working group.

GLOSSARY OF TERMS

1. CACC - Central Ambulance Communication Center – where 9-1-1 calls are received, caller questioned, situation assessed over the phone, calls recorded and ambulances dispatched
2. EMD – Emergency Medical Dispatcher – the person who works in the CACC who takes the 9-1-1 call, questions caller, performs questioning according to established protocols, determines the priority of the call, provides the information to the paramedics and dispatches the ambulance
3. MOHLTC - Ministry of Health and Long Term Care – provincial Ministry provides the City funds to run the CACC and legislates provision of ambulance services through the Ambulance Act
http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_000257_e.htm
4. PCP – Primary Care Paramedic – a health care provider who is a first responder to patients at a 9-1-1 call
5. ACP – Advanced Care Paramedic – a health care provider who is a first responder to patients at a 9-1-1 call who has achieved the highest level accreditation as a paramedic is able to perform advanced care such as intubation.
6. CAD – Computer Aided Device – the system that records the calls at the CACC and transmits the information to the paramedics dispatched to a call.
7. MOL – Ministry of Labour – the Provincial Ministry that inspects Toronto EMS adherence to the Occupational Health and Safety Act and responds to employee concerns about working conditions.

<http://www.labour.gov.on.ca/english/hs/>

For further information contact: Kim McKinnon, Coordinator Public Information and Media, kmckinn2@toronto.ca, 416-392-2255