London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

Procedure:	Quality Assurance and Investigation	
Owner of Policy:	Manager, Quality and Business Systems	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	**Endorsement Date:** May 2025
Original Effective Date:	June 2018	**Date Reviewed: May 2026**

PURPOSE

The purpose of this policy is to outline the objective quality assurance (QA) and investigation processes related to paramedics certified by the Regional Base Hospital Program (RBHP) to perform controlled acts and advanced medical procedures while ensuring compliance with the College of Physicians and Surgeons of Ontario (CPSO) delegation policy and the RBHP's Performance Agreement with the Ministry of Health (MOH).

POLICY

Paramedics are certified by the Regional Medical Director (RMD) to perform controlled acts. The RMD or designate is required to perform QA on each controlled act, and where a clinically significant variance from a medical directive is noted, the case may enter the call review process, where evidence is gathered related to each event to inform the remediation and/or system improvement process. The RBHP utilizes a Just Culture approach for all QA reviews in an effort to ensure optimal patient safety and improvement of prehospital and transport medicine systems.

PROCEDURE

1. QUALITY ASSURANCE AMBULANCE CALL REVIEW PROCEDURE

1.1. The Employer shall ensure that each paramedic certified to perform controlled acts and all other parties involved in the ambulance call, including, but not limited to, Emergency Medicine Residents, Medical Students, and Paramedic Students, are identified on the Ambulance Call Report (ACR).

1.2. The Employer will ensure that each paramedic has a valid work email address.

1.3. Each controlled act and advanced medical procedure is subjected to audit using an electronic algorithm and/or human review.

1.4. An ambulance call review can occur as a result of:
- 1.4.1. A possible omission or commission as identified through the electronic auditing process.
- 1.4.2. Receipt of an inquiry. This may include, but is not limited to, the SWORBHP Self-Reporting Hotline and the SWORBHP Communication Form appropriate for their Employer, which may include a self-report of an actual or potential patient inquiry or complaint; a patch failure; or the identification of excellent performance (i.e., "good job").
- 1.4.3. An RBHP staff member being made aware of a case or observation during a field audit or ride out.
- 1.4.4. Any other means by which the RBHP is made aware of the need to conduct a QA Call Review.

1.5. When a possible variance has been identified, an inquiry will be sent via email to the paramedic and the Employer. Instructions on responding to the feedback request will be outlined within the email.

1.6. If a paramedic fails to respond to the inquiry, a request for response will be sent on Day 15 and Day 31. If a response has not been received by Day 45, the RBHP Manager, Quality and Business Systems will contact the associated Employer to rule out Paramedic inactivity and/or technical issues. The Local Medical Director (LMD) has the option and may administratively deactivate the Paramedic.

1.7. Each Employer has chosen one of two options that the RBHP will adhere to when a response has not been received:
   1.7.1. **Option #1:**
   The RBHP will contact the Employer to obtain a response from the paramedic in question.
   1.7.2. **Option #2:**
   The Employer provides the RBHP with the authority to contact and work with the paramedic directly (via phone or in person) to obtain feedback without notifying the Employer.

1.8. After the response to the inquiry is received and the matter has been reviewed and closed, a final level of variance may be assigned.

1.9. Upon completion of the Ambulance Call Review Process, the LMD, in collaboration with the RBHP Prehospital Care Specialist (PHCS), will provide a response to the paramedic, providing closure for all major or critical variances of a delegated medical act or advanced medical procedure, with a summary of the findings to the paramedic.

1.10. Paramedics and their Employer will receive semi-annual reports summarizing their clinical activities and audit findings (reports will include all findings regardless of variance level).

1.11. In the event of repeat individual or regional variance trends, the RBHP will work with both the paramedics and the Employer through multiple avenues to provide clarification and/or assistance.

2. INVESTIGATION PROCEDURE

2.1. Where it is identified that there could be a clinically significant variance from the Advanced Life Support Patient Care Standards (ALS PCS), or there is a self-report of a potentially clinically significant variance, or an Employer, patient, coroner, MOH, or third-party complaint, the ambulance call will enter the investigation process, which will include a review by the PHCS and LMD. The paramedic will be asked to provide further information. The Employer will be involved in all correspondence between the RBHP and the paramedic.

2.2. Where possible, a collaborative approach between the RBHP, the paramedic(s), and the Employer will occur.

2.3. Further information may be required, which could include, but not be limited to, the online medical control log, patch tape, or a statement from the partner and/or other care providers.

2.4. In cases where there are educational needs arising from the investigation, an educational plan will be developed by the RBHP, approved by the LMD, and communicated to the Employer.

2.5. Upon completion of the investigation, the PHCS, in collaboration with the LMD, will issue a closure letter with a summary of the findings to the paramedic and the Employer.

2.6. Deactivation:
   2.6.1. May result when the LMD believes a temporary interruption in the paramedic's certification to perform controlled acts is warranted (i.e., patient safety concerns, to allow for further investigation, repeated minor variances from the ALS PCS, failure to respond to an inquiry, requirement for specific remediation, etc.).
   2.6.2. In the event of a temporary interruption in the paramedic's certification to perform controlled acts (deactivation), the paramedic and Employer will be notified in writing of the deactivation and reactivation.
   2.6.3. The paramedic's certification to perform controlled acts will be revoked immediately after the RBHP has been notified by the Employer that there is a change in the paramedic's employment.
   2.6.4. If a clinical deactivation occurs, all Paramedic Services in all Regional Base Hospital Programs that the paramedic is employed in will be notified by the RBHP(s) under which the paramedic is authorized.
   2.6.5. When the RMD believes permanent removal of the paramedic's certification to perform controlled acts is warranted (i.e. serious breach of the ALS PCS, repeated breaches of the ALS PCS, or loss of the Medical Director's confidence/trust in the paramedic's capacity for delegation, etc.),

the paramedic's certification will be revoked, and the Paramedic Practice Review Committee (PPRC) initiated.

REFERENCES

Advanced Life Support Patient Care Standards Version 5.4
Emergency Health Services Branch, Ministry of Health

CPSO - Professional Obligations: Delegation of Controlled Acts
College of Physicians and Surgeons of Ontario,