

PART 2.10

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES

ROAD AMBULANCE SERVICES

Executive Summary

The Road Ambulance Program (the Program) is a critical component of the health care system and is often the first point of contact for individuals in an emergency situation. The Department of Health and Community Services (the Department) takes a high level but crucial role within the Program.

The Department is responsible for developing policies, procedures and standards, and for negotiating contracts with ambulance operators, while the four Regional Health Authorities (RHAs) are responsible for monitoring the adherence to contracts by operators within their respective regions. The Eastern RHA is responsible for adjudicating payments and enforcing the registration policies for ambulance attendants and the registration of ambulances on behalf of all RHAs.

As at 31 March 2010, there were 61 ambulance operators comprised of 28 private operators, 22 community operators and 11 operated by hospitals, with a total of 171 ambulances. In addition, there were 859 registered ambulance attendants and 63,592 patient transports during 2010. The total cost of the Road Ambulance Program for the 2010 fiscal year totalled \$45.8 million comprised of \$27.7 million for private operators, \$5.1 million for community operators and \$13 million for hospitals.

As a result of our review, we determined that road ambulances operating in the Province may not be safe, attendants may not have the required level of training and contract provisions with the operators are not being adequately monitored. As a result, patient care could be compromised and there may be a risk to public safety. This situation exists because:

- Road ambulances were sometimes dispatched with attendants who do not have the level of training required by Departmental policy. Also, officials indicated that the current training requirements in Newfoundland and Labrador were lower than the requirements in other provinces. Notwithstanding this, the Department had effectively circumvented its own training policy by introducing another policy allowing what it terms as “best efforts” by ambulance operators to provide appropriately trained attendants, thereby lowering the level of patient care available on the ambulance. “Best efforts” relates to a concept of allowing operators a reasonable amount of time to either have attendants trained or hire attendants with the required training. However, there was no monitoring of whether operators have made any progress towards obtaining attendants with the required training.

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In 2010, there were a total of 63,592 transports of which 5,942 (9.3%) were transports where attendants did not have the level of training required by Departmental policy.

- The required semi-annual mechanical inspections of road ambulances were not always provided by the operator to the Motor Registration Division (MRD) of the Department of Government Services.

We selected 36 ambulance files and found that 28 (78%) had the required semi-annual mechanical inspection forms on file for a 2-year period i.e. 4 inspection forms were required to be on file. Of the remaining 8 ambulance files, 2 were missing 2 inspection forms and 6 were missing 1 inspection form.

- The semi-annual ambulance inspections (e.g. medical equipment) that were to be completed by MRD Highway Enforcement Officers were not always performed.

We selected 36 ambulance files and found that 19 (53%) had semi-annual ambulance inspection forms on file for a 2-year period i.e. 4 inspection forms were required to be on file. Of the remaining 17 ambulance files, 3 were missing 3 inspection forms, 8 were missing 2 inspection forms and 6 were missing 1 inspection form.

- Thresholds (i.e. age and/or kilometres) established by the Department are significantly higher than thresholds established for other provinces. In Newfoundland and Labrador, ambulances are required to be taken out of service after they reach either 10 years in service or 500,000 kilometres. In Quebec, ambulances are required to be taken out of service when they reach either 4 years in service or 200,000 kilometres. Most provinces use a range of between 200,000 to 300,000 kilometres or between 4 and 8 years.

We found one example where an ambulance was in service for three months after the 10 year threshold and 3 of the 36 ambulance files we reviewed contained no evidence on file to support the in-service date.

- Although contracts allow for an RHA to perform on-site visits and conduct evaluations, inspections and assessments of ambulance operators and their equipment and premises, we found that during our review of the Eastern RHA, they had never performed this work.

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- Sometimes road ambulances operated even though they had been designated as “inactive” by MRD. A common reason for an inactive designation by MRD relates to an operator not providing a copy of the required semi-annual mechanical inspection. An inactive designation at MRD means that the ambulance is not licensed and is not authorized to be driven.

We identified 13 of the 36 ambulances reviewed where, although the ambulance had been designated by MRD as inactive, claims were submitted and payments were made totalling \$156,785 relating to inactive periods.

- The Eastern RHA did not always determine whether the ambulance operators were in compliance with all provisions of the Ambulance Service Agreement in that not all provisions of the contract were monitored. For example, although contracts state that operators are required to maintain a certain number of ambulances per base, this was not being monitored by the RHA. As a result, operators could be operating with fewer ambulances than they are obligated to have, which could result in the operator not being able to respond to an emergency situation.
- The Province does not have contracts with ambulance operators based on performance and preparedness-based funding; instead, “level-of-effort” contracts with volume-based funding (i.e. based on the number of trips and kilometres driven) are used. As a result, the Department’s contracts do not place an emphasis on the quality of care provided to patients in the delivery of ambulance services.

We also identified weaknesses in the administration of the Road Ambulance Program as follows:

- Newfoundland and Labrador is the only province that does not have legislation to specifically govern the operation of road ambulances and related services. Without legislative authority, it is more difficult for the Department to regulate the Program and enforce its policies and procedures.

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- Officials at the Eastern RHA indicated that the Department sometimes directs the Eastern RHA to override established policy. For example, the Eastern RHA rejected the registration of an attendant with a previous criminal conviction. However, the Eastern RHA indicated that when a clear certificate of conduct was obtained, the attendant could be registered. The Eastern RHA became aware that the attendant had knowingly made false claims on the certificate application and informed the Department of their decision to not register the attendant. Under the Department's policy, knowingly providing false information excludes an attendant from registering for a period of 10 years. In spite of this information, the Department directed the Eastern RHA to register the attendant.
- Officials at the Eastern RHA indicated that the Department sometimes also overrides claims from operators that were rejected by adjudicators at the Eastern RHA for non-compliance with established policies and procedures. For example, an operator was paid \$8,403 for ambulance service even though, contrary to Departmental policy, the ambulance was not registered with the Eastern RHA. The operator claimed a total of \$17,063 for service provided during the period 10 November 2008 to 19 January 2009. In this case, the adjudicators at the Eastern RHA rejected the claim; however, the Department directed that \$8,403 of the claim be paid.
- Although all operators submit a Patient Care Report to the Eastern RHA in support of a claim, other than the database input assessment rules and a review of exceptions by an adjudicator, there was no verification work on the legitimacy of the information included in the Report. The RHA could, for example, confirm that the visit to the hospital occurred or confirm that the official indicated on the Report had authorized the transport.

Background

The Road Ambulance Program (the Program) is a critical component of the health care system and is often the first point of contact for individuals in an emergency situation. Road ambulance providers deliver pre-hospital medical services to the public. While the primary mandate of ambulances is to respond to patients in emergency situations, they are also used for the conveyance of routine patients requiring medical attention or under medical care who are unable to be transported by alternate means. Ambulances are staffed with trained personnel capable of responding to emergency calls and providing pre-hospital care while transporting the patient to the most appropriate medical facility for more assessment and treatment.

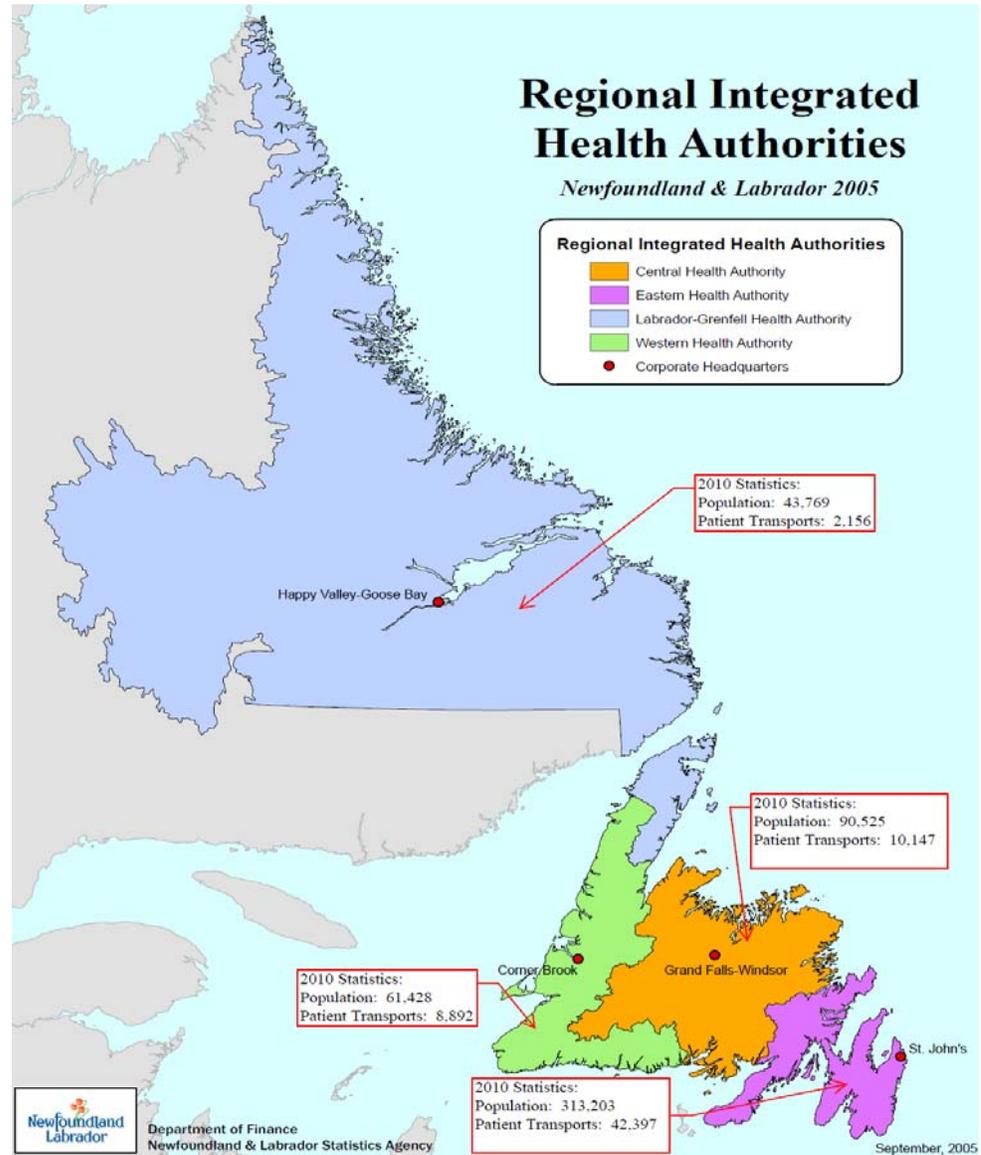
The Department of Health and Community Services (the Department) takes a high level but crucial role within the Program. The Department is responsible for developing policies, procedures and standards, and for negotiating contracts with the private and community operators. Prior to April 2006, the Department was responsible for all facets of the Program but since then the delivery of the Program has been devolved to the Regional Health Authorities.

The four Regional Health Authorities (RHAs), Eastern, Central, Western, Labrador-Grenfell, are responsible for monitoring the adherence to contracts by operators within their respective regions. The Eastern RHA is responsible for adjudicating claims submitted by ambulance operators, registering attendants and registering ambulances for the entire Province.

Figure 1 shows the Province by RHA and provides details concerning the population and the number of patient transports for each region for the 2010 fiscal year.

Figure 1

Regional Integrated Health Authorities Population and Number of Patient Transports by RHA



As Figure 1 shows, in 2010 there were a total of 63,592 patient transports in the Province.

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Eastern RHAs Paramedicine and Medical Transport Division

The Paramedicine and Medical Transport (PMT) Division is a division within the Emergency and Paramedicine Program of the Eastern RHA.

The PMT Division is organized into two sectors with departments of specialized functions within each sector:

A. Standards Sector

The Standards Sector is responsible for ensuring overall system performance and improvement through auditing, review, and development of system standards, regulations, and guidelines. The sector is comprised of two departments:

1. Provincial Medical Oversight (PMO) – This department is responsible for the implementation of the PMO program which includes Provincial practitioners' registration and treatment protocols. The PMO department is entrusted as the guardian of public safety by ensuring standardization of paramedic care, and enforcement of paramedic registration and practice standards.
2. Regional Services - This department provides oversight of all ground ambulance contract operations within the borders of the Eastern RHA, and provides operations support to the paramedic service operated by the Eastern RHA for the Carbonear General Hospital. Through the Regional Services Department, the PMT monitors compliance and performance to Provincial ambulance policies, and adherence to the ambulance service contract.

B. Operations Sector

The Operations Sector provides direct services at local and regional levels within the boundaries of the Eastern RHA. The other RHAs are responsible for providing these services within their own regions.

In addition, through this sector, the Eastern RHA is responsible for providing Provincial air ambulance service (approximately 1,200 transports for 2010) and limited road ambulance dispatching (approximately 1,500 transports for 2010).

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Provincial Medical Oversight

The PMO program was implemented in January 2010 and has aligned Newfoundland and Labrador with the National Occupational Competency Profiles for paramedicine. A full set of PMO policies were developed to support the administration of the PMO program. It is through these policies that the PMO department governs the registration of ambulance personnel throughout the Province.

Figure 2 shows the number of ambulance attendants per category registered with the PMO department within the Province as at 31 March 2010.

Figure 2

Ambulance Attendants per Category As at 31 March 2010

Category	Number of Ambulance Attendants
Critical Care Paramedic (CCP)	1
Advanced Care Paramedic (ACP)	25
Primary Care Paramedic (PCP)	379
Emergency Medical Responders (EMR)	422
Medical First Responders (MFR)	12
Emergency Medical Dispatchers Provisional	20
Total Ambulance Attendants	859

Source: Eastern RHA – PMT Annual Report 2009-10

Besides being responsible for the approximately 859 ambulance attendants registered within the Province, the PMO department is also responsible for the registration of approximately 170 road ambulances which complete approximately 60,000 patient transports each year.

Financial Services Division at the Eastern RHA

The Financial Services Division within the Eastern RHA is responsible for processing mileage/attendant claims for the entire Province. Operators from all RHAs send claims to the Financial Services Division at the Eastern RHA where the claims go through an adjudication process. Based on the results of this process, the RHAs are instructed on how much they are to pay to the operator.

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Road Ambulance Program information

Road ambulance services are provided by 3 types of operators within the Province:

1. Private Ambulance Operators – private businesses that provide road ambulance service to assigned areas in exchange for payment;
2. Community Ambulance Operators – volunteer or not-for-profit organizations that provide ambulance services to assigned areas in exchange for payment; or
3. Hospitals.

Figure 3 shows the number of private, community and hospital ambulance operators along with the number of ambulances per RHA for the year ending 31 March 2010; these numbers were the same for 2009.

Figure 3

Private and Community Ambulance Operators per RHA and Number of Ambulances per RHA As at 31 March 2010

Regional Health Authority	2010				Number of Ambulances
	Private Operators	Community Operators	Hospitals	Total	
Eastern	16	6	2	24	84
Central	5	8	5	18	40
Western	5	7	2	14	36
Labrador-Grenfell	2	1	2	5	11
Total	28	22	11	61	171

Source: Eastern Health – PMT Division

Private and community ambulance operators receive various types of funding to provide road ambulance services. They are outlined in Figure 4.

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Figure 4

Types of Funding, Who Receives Funding and the Intended Purpose

Type of Funding	Who Receives this Funding	Intended Purpose
Operational Block Funding	Private and Community Operators	To cover the costs of daily operations; calculated using a formula, incorporates workload history, number of ambulances, etc.
Mileage/Attendant Subsidy	Private and Community Operators	Subsidy that is based on the number of kilometres driven and the level/ experience of attendants on board.
Training Funding	Private and Community Operators	Funding provided to train new staff or upgrading staff to higher levels.
Supplies Funding	Private and Community Operators	Medications and supplies that are provided by the RHAs for each approved ambulance.
Patient Fees	Private and Community Operators	Legislated that anyone who avails of the use of an ambulance is required to pay a fee. The fee amount is set by the Department of Health and Community Services and is currently \$115. For individuals in receipt of income support, this fee is paid by the RHAs and reimbursed by the Department of Human Resources, Labour and Employment.
Garage Funding	Private Operators	For operators who have ambulance bays used for regular ambulance storage and meet the standards set by the Department. Compensation per bay is \$10 per square foot to a maximum of \$3,360 per year.
Dispatch Funding	Private Operators	To provide persons to act as call takers and dispatch ambulances. Required to take call takers course and register with the PMO department as a dispatcher. Compensation is \$209 per ambulance per month.
Incentive Funding	Community Operators	Additional funding that the operator can receive if they hire Primary Care Paramedics (PCPs) practicing to full scope of practice with medical control. For fiscal year 2009 this amount was \$5,000 while for 2010, it increased to \$6,000.

Source: Eastern RHA

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Figure 5 shows the amount of Government funding provided to private and community operators during the 2009 fiscal year within each RHA for each category of funding.

Figure 5

Funding Provided to Ambulance Operators per Category and by RHA for the 2009 Fiscal Year (\$ Millions)

	Eastern		Central		Western		Labrador-Grenfell		Total
	Private	Community	Private	Community	Private	Community	Private	Community	
Operational Block Funding	\$ 6.4	\$0.7	\$2.4	\$0.9	\$2.4	\$0.7	\$0.6	\$0.1	\$14.2
Mileage/Attendant Subsidy	3.2	0.1	1.6	0.2	1.4	0.1	0	0	6.6
Training Funding	0.1	0	0	0	0	0	0	0	0.1
Supplies Funding	0	0	0	0	0	0	0	0	0
Patient Fees	1.0	0	0.3	0	0.3	0.1	0.1	0	1.8
Garage/Dispatch	0.2	N/A	0.1	N/A	0.1	N/A	0	N/A	0.4
Incentive	N/A	0	N/A	0	N/A	0	N/A	0	0
Total	\$ 10.9	\$0.8	\$4.4	\$1.1	\$4.2	\$0.9	\$0.7	\$0.1	\$23.1

Source: Regional Health Authorities

N/A: Not Applicable

0: Indicates that while funding was provided, the number rounds to 0

In addition, information provided by the Department of Health and Community Services (the Department) indicated that during the 2009 fiscal year, the 4 RHAs spent a total of \$11.5 million (Eastern \$6.3 million, Central \$2.8 million, Western \$0.9 million and Labrador-Grenfell \$1.5 million) on road ambulance services operated by hospitals.

Figure 6 shows the amount of Government funding provided to private and community operators during the 2010 fiscal year within each RHA for each category of funding.

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Figure 6

**Funding Provided to Ambulance Operators per
Category and by RHA for the 2010 Fiscal Year
(\$ Millions)**

	Eastern		Central		Western		Labrador-Grenfell		Total
	Private	Community	Private	Community	Private	Community	Private	Community	
Operational Block Funding	\$10.5	\$1.3	\$3.7	\$1.7	\$4.1	\$1.3	\$0.9	\$0.2	23.7
Mileage/Attendant Subsidy	3.4	0.2	1.5	0.2	1.1	0.1	0	0	6.5
Training Funding	0.1	0	0	0	0	0	0	0	0.1
Supplies Funding	0	0	0	0	0	0	0	0	0.0
Patient Fees	1.2	0.1	0.3	0	0.3	0	0.2	0	2.1
Garage/Dispatch	0.2	N/A	0.1	N/A	0.1	N/A	0	N/A	0.4
Incentive	N/A	0	N/A	0	N/A	0	N/A	0	0
Total	\$15.4	\$1.6	\$5.6	\$1.9	\$5.6	\$1.4	\$1.1	\$0.2	32.8

Source: Regional Health Authorities

N/A: Not Applicable

0: Indicates that while funding was provided, the number rounds to 0

In addition, information provided by the Department indicated that during the 2010 fiscal year, the 4 RHAs spent a total of \$13 million (Eastern \$7.5 million, Central \$3.1 million, Western \$0.9 million and Labrador-Grenfell \$1.5 million) on road ambulance services operated by hospitals.

Audit Objectives and Scope

Audit objectives

The objectives of our review were to determine whether:

- the Eastern RHA had mechanisms in place to ascertain that ambulance operators were in compliance with the Ambulance Service Agreement and the standards, policies and procedures pertaining to the provision of road ambulance services within the Eastern RHA; and
- files pertaining to ambulances contained sufficient documentation to ensure that they were registered and inspected in accordance with policies and procedures and legislation.

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Audit scope Our review included an examination of a sample of files for ambulances that were registered with the Provincial Medical Oversight (PMO) department at the Eastern RHA. It also included discussions with staff members from various areas of Government, including, the Department, the Financial Services and the Paramedicine and Medical Transport (PMT) Division of the Eastern RHA, and the Motor Registration Division of the Department of Government Services. Our discussions encompassed the PMT Division within the current Emergency and Paramedicine Program as well as prior to April 2010, the Emergency/Ambulatory Care Program.

In addition, our review included an examination of the contract, standards, policies and procedures that govern the provision of ambulance services for community, private operators and hospital based ambulances. While testing within the registration and inspection functions was completed at a Provincial level, our work regarding operator contract compliance was limited to the Eastern RHA. We completed our review in December 2010.

Detailed Observations

This report provides detailed audit findings and recommendations in the following sections:

1. Governing Legislation
2. Contract Management
3. Program Delivery
4. Registration of Ambulances
5. Inspection of Ambulances

1. Governing Legislation

Overview The provision of road ambulance services and the oversight of various pre-hospital care providers, collectively known as paramedicine, are not regulated through legislation in the Province of Newfoundland and Labrador; instead, it is regulated through a contract and policy framework. However, all the other provinces within Canada have some form of legislation governing this area.

Figure 7 shows the legislation related to ambulance services in other provinces.

Figure 7

Ambulance Legislation per Province

Province	Legislation
Alberta	<i>Emergency Health Services Act Ambulance Vehicle Standards Code</i>
British Columbia	<i>Emergency and Health Services Act</i>
Manitoba	<i>Ambulance Services Act Ambulance Services Amendment Act</i>
New Brunswick	<i>Ambulance Services Act</i>
Nova Scotia	<i>Ground Ambulance Services Act</i>
Ontario	<i>Ambulance Act</i>
Prince Edward Island	<i>Emergency Medical Services Regulations (under the Public Health Act)</i>
Quebec	<i>Act Respecting Pre-Hospital Emergency Services</i>
Saskatchewan	<i>Ambulance Act</i>

Source: Eastern RHA- PMT Division

The Province has some legislation that impacts ambulances, such as the *Motor Carrier Act* and the *Highway Traffic Act*; however, the *Acts* deal mainly with the vehicles themselves and the geographical licensed areas of ambulance services. While the *Regional Health Authorities Act* and *Regulations* states that each RHA is responsible for providing road ambulance services within their region, it does not give any specific direction with regard to paramedicine within the Province.

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Lack of governing legislation

Without legislative authority, it is more difficult for the Department to regulate the Road Ambulance Program and enforce its policies and procedures. As a result, often the only recourse the Eastern RHA has for non-compliance is to withhold payments from the ambulance operators.

In addition, officials at the Department indicated that there are gaps between the existing legislation that impacts ambulances and the more current policies, procedures and standards developed by the Department. For instance, currently there is no legislation that states that an ambulance is required to have a stethoscope or a defibrillator on board or that there needs to be two attendants on board every ambulance; however, Departmental policies do state this. Having legislation that addresses these issues would provide the Department and the Eastern RHA with the means to regulate the Road Ambulance Program and enforce its policies and procedures.

Recommendation

The Department of Health and Community Services should review the need for legislation that governs paramedicine within the Province.

2. Contract Management

Overview

The provision of road ambulance services is regulated through a contract and policy framework. The contract is called the Ambulance Service Agreement and it is a tri-party contract that is made between the ambulance operator, the corresponding RHA and the Department.

The contract contains various clauses that the ambulance operators are required to comply with. Specifically, it contains clauses that state that the ambulance operators:

- are to adhere to all aspects of the Ambulance Operations Standards Manual;
- shall at all times operate and provide services in accordance with the Road Ambulance Policies and Procedures Manual; and
- shall adhere to all aspects of the Provincial Medical Oversight (PMO) program and applicable PMO policies and procedures.

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Although hospitals that operate ambulances are not required to sign a contract, they are expected to adhere to the same standards, policies and procedures.

In reviewing the Ambulance Service Agreement, the Road Ambulance Policies and Procedures Manual and the Ambulance Operations Standards Manual with officials from the Eastern RHA we identified the following issues:

- A. Departmental Override
- B. Opportunity for Manipulation/Trust-Based Process
- C. Conflicting Policies
- D. Lack of Enforcement

Details are as follows:

2A. Departmental Override

Introduction

In order to ensure compliance with the majority of the policies contained within the Ambulance Service Agreement and the various manuals, these policies, known as adjudication rules, have been built into the Emergency Health Information System (EHIS), the system used to adjudicate claims submitted by the ambulance operators. As of November 2010, there were 93 adjudication rules within the EHIS. Ambulance operators submit information pertaining to a transport on the required Patient Care Report (PCR), the information is entered into the EHIS and, if the information does not meet the parameters of the applicable adjudication rule, it is rejected for payment. These rejects are reviewed by adjudicators, who try to resolve the reason for rejection. At this point, the operators have the opportunity to amend their claims by providing the correct information. As a result, the withholding of payments becomes a mechanism for contract/policy enforcement.

If the operator disagrees with the outcome of the adjudication process, the Ambulance Service Agreement includes a dispute resolution mechanism which allows the operator to appeal the RHA's decision to the Minister of Health and Community Services. This may result in the Department overriding policies and directing payments to be made.

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Department overriding policy enforcement

Even though the withholding of payments has become a mechanism for contract/policy enforcement, officials from the Eastern RHA indicated that the Department sometimes directs them to allow exceptions to established policy and override the rejection of claims. The following are examples of the Department overriding various policies:

- In May 2008 an attendant was denied registration by the PMO department due to a previous criminal conviction. The attendant was informed that they would be able to register when they received a clear record of conduct as per policy. In July 2008, the attendant provided the PMO department with a clear certificate of conduct. However, PMO department officials became aware that the attendant had knowingly made false claims on the declaration of conduct application and informed the Department of their decision to not register the attendant. Under the Department's policy, knowingly providing false information would prohibit the attendant from registration with the Province as a pre-hospital provider for a period of 10 years. In spite of this information, the Department directed that the PMO department register the attendant.
- In June 2008, there was an ambulance that was noted as being put in service in June 1998 but did not have an exact in-service date. Departmental policy states that for used ambulances when there is no written documentation confirming the original in-service date, the ambulance should be removed from service on 31 March of the tenth year from the model year or 500,000 kilometres, whichever comes first. However, the Department indicated to the PMO department that they were willing to extend registration of the ambulance to 30 June 2008. This was in violation of the policy and kept the ambulance in operation 3 months longer than it should have been.
- In November 2008, an operator began using an ambulance that was not properly registered with the PMO department, which is in direct violation of Departmental policy. Subsequently, payments began to be rejected by the adjudicators at the Eastern RHA for the use of the ambulance for the period of 10 November 2008 to 19 January 2009. The operator requested the PMO department to back date the registration of the ambulance, claiming it was just an oversight. The PMO department refused this request and the operator then contacted the Department. The Department directed the Eastern RHA to approve the invoices for payment, citing it was an unintentional error on the part of the operator. However, the Department requested that the penalty that would normally be used when ambulance personnel are working with suspended cardiopulmonary resuscitation credentials be imposed on the payments. Thus, the operator received \$8,403 out of total of \$17,063 when they should not have been paid any monies.

- In April 2009, invoices were rejected for payment because the attending ambulance personnel had been suspended; specifically, because the attendant did not submit proof of training to the Eastern RHA as per policy. However, the Department instructed the Eastern RHA that based on past practices of back-dating registration to the date of training, these invoices should be paid.

When we asked if there were any more recent email correspondence from the Department requesting policy to be overridden, the PMT staff indicated that the Department now communicates mainly via telephone. The Department provided direction that emails be limited and not used to debate specific cases.

2B. Opportunity for Manipulation/Trust-Based Process

Introduction

Ambulance operators submit information pertaining to the payment of transports using a Patient Care Report (PCR). A PCR is a paper-based document that is filled out manually by ambulance personnel and attendants. Some of the information contained on the PCR is as follows:

- vendor number;
- base;
- license plate number;
- odometer in;
- odometer out;
- ambulance response code;
- mechanism of injury;
- attendant signature and registration number;
- driver signature and registration number; and
- authorizing official signature.

Payments system based on trust

Although there are 93 adjudication rules (database input assessment rules) built into the Emergency Health Information System (EHIS) and an adjudication process for exceptions, there is no process in place to verify the accuracy of the information provided. The majority of the information that the rules are applied to is provided by the claimant and is not verified. Thus, the success of the adjudication process, with regard to some of the policies it is designed to enforce, is dependent on the legitimacy of the information provided. In addition, some of the policies have no mechanism in place to ensure compliance at all. The following are examples of both types:

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- **Mandatory Reporting of Ambulance Out-of-Service or Temporarily Loaned to Another Service:** States that ambulance operators are to report to the PMO department when ambulances are out-of-service or when loaned to another service. This is dependent on whether the operator provides the information or not. Therefore, an operator could be using an ambulance that should not be in service (did not pass inspection) but the Eastern RHA would not know.
- **Base Service Areas Coverage Requirements:** States that at any given time, the base service area should have an ambulance in place to perform transports of an emergency nature. However, per the PMT staff, the EHIS only has a mechanism in place to ensure this policy is followed for single ambulance bases. Therefore, for multi-ambulance bases, there would be no way of knowing whether this policy is being followed.
- **Authorization/Proper Authorization of Non-emergency Services and/or Transports:** States that proper authorization for these types of services is to be indicated on the Patient Care Report. This policy is meant to prevent abuse of ambulance services. However, there is no mechanism in place within the EHIS to ensure there is proper approval. The only mechanism is if an adjudicator takes initiative and inquires of the indicated authorizer. PMT staff indicated that at one time, an actual signature was required but this has evolved into only writing a name in the required field.
- **Transportation of Emergency Patients to Closest Facility:** States that emergency patients are to be transported to the nearest facility. There is no mechanism in place within the EHIS to ensure that this is the case. Whether the rule is followed is based on the honesty of the ambulance operators. There is the possibility that patients may be transported to facilities further away to increase the number of kilometres for the transport and thus increase claim amounts.

These scenarios leave Program delivery open for potential manipulation and abuse by the ambulance operators, thus, reducing the effectiveness of providing the service overall. The Eastern RHA could take steps to verify some of the information, for example, confirm that the visit to the hospital occurred or confirm that the official indicated on the PCR had authorized the transport.

2C. Conflicting Policies

Introduction The Ambulance Operations Standards Manual contains guidance relating to minimum staff requirements that ambulance operators are required to adhere to when responding to calls. These requirements are highlighted in Figure 8.

Figure 8

Minimum Staffing Requirement for Ambulance Operators

Ambulance Operator	Effective Date	Staffing Requirements	
		Driver	Primary Care Giver
Private	31 March 2007	Emergency Medical Responder (EMR) Trainee	100% Paramedic
Community	31 March 2007	EMR Trainee	EMR II for 75% of calls and a Paramedic for the remaining 25% for each base
Hospital	31 March 2006	EMR II	Primary Care Paramedic or Equivalent

Source: Ambulance Operations Standards Manual

Officials at the PMT Division indicated that some form of these staffing requirements have been in effect since 1995. Additionally, the Road Ambulance Policies and Procedures Manual states that effective May 2000, all transports performed during which the ambulance personnel training level requirements have not been met shall not be honoured for payment.

Conflicting policies

Even though the policy relating to staffing requirements has been in existence since approximately 1999, in January 2003, the Department implemented a policy called “Training – Requirements – Best Efforts”. This policy says that in situations where an operator cannot comply with the staffing requirements and has made “best efforts” to adhere to the staffing requirements, the operator, with the prior approval of the Department when practical to do so, will be allowed to use an attendant with a level of training lower than permitted in the policy, or below service level (BSL). In each case, the operator will only be paid in accordance with the level of attendant used.

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As per policy, “...best efforts pertaining to staffing level requirements shall only be considered if the operator meets the following:

- the operator has made several attempts over a period of time to hire appropriately trained personnel or to attract new individuals. The operator is expected to have advertised through flyers, cable television, newspapers and other forms of media and must be able to show receipts and copies of the ads and flyers demonstrating their legitimate efforts to attract appropriate personnel.
- The operator has made several attempts to upgrade the training of appropriate numbers of current employees by ensuring that they apply for and participate in the appropriate training programs”.

In doing this, the Department has effectively circumvented its policy by introducing another policy allowing what it terms as “best efforts” by ambulance operators to provide appropriately trained attendants that are below the required staffing levels as required by another policy. Officials at the PMT Division indicated that the original policy relating to staffing requirements are lower than the requirements of other provinces and that the “best efforts” policy lowers this even further. Furthermore, the officials indicated that there is no verification process in place in that there is no monitoring of whether operators have made any progress towards obtaining attendants with the requisite training.

Figure 9 shows the number of calls made below service level (BSL) and the financial implications of the “best efforts” policy over the 2009 and 2010 fiscal years for the Province.

Figure 9

Number of Calls made BSL and Financial Implications of the “Best Efforts” Policy Fiscal Years 2009 and 2010

Type of Operator	Required Staffing Level since March 2007	2009			2010		
		Number of Calls Made BSL	Total number of calls	Payments received for BSL Calls	Number of Calls Made BSL	Total Number of calls	Payments received for BSL Calls
Private	100% Paramedic	5,185		\$1,229,998	5,636		\$1,279,403
Community	25% Paramedic	283		47,829	306		38,176
Total		5,468	56,552	\$1,277,827	5,942	63,592	\$1,317,579

Source: Eastern Health – PMT Division

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Figure 9 shows that for the 2009 fiscal year there were 5,468 out of a total of 56,552 (9.7%) transports completed that used ambulance attendants with qualifications below the training requirements outlined in the Ambulance Operations Standards Manual. Although the attendants' qualifications were below the required training level, the "best efforts" policy allowed payments to be made totalling \$1,277,827 for the level of attendants that were used in the transport.

Figure 9 also shows that for the 2010 fiscal year there were 5,942 out of a total of 63,592 (9.3%) transports completed that used ambulance attendants with qualifications below the training requirements outlined in the Ambulance Operations Standards Manual. Although the attendants' qualifications were below the required training level, the "best efforts" policy allowed payments to be made totalling \$1,317,579 for the level of attendants that were used in the transport.

2D. Lack of Enforcement

Introduction

As previously stated, there are various clauses, standards, policies and procedures that the ambulance operators are contractually obligated to adhere to. These have been implemented to ensure optimal delivery of road ambulance services. Some rules have been built into the Emergency Health Information System (EHIS) in order to ensure compliance. However, rules have not been implemented for all clauses, standards, policies and procedures. We would expect there to be additional enforcement mechanisms in place within the Eastern RHA to ensure that clauses, standards, policies and procedures not built into the EHIS are still complied with.

Policies with no enforcement mechanism in place

Eastern RHA staff indicated that there were numerous clauses, standards, policies and procedures that have no enforcement mechanism in place. Accordingly, the Eastern RHA cannot determine that ambulance operators are in compliance with the provisions of the Ambulance Service Agreement as not all provisions of the contract are monitored. The following are examples of various policies that have no enforcement mechanism in place:

Ambulance Service Agreement Clauses with No Enforcement Mechanism:

- Clause #11 – states that the operator shall maintain the number of ambulances per base specified in the operator profile. Eastern RHA staff indicated that currently there is no way to ensure that the operators meet this condition. Therefore, there is a risk that operators could be biased and not report a reduction in the number of ambulances as this could result in a reduction in the block funding that they would receive. As a result, ambulance operators could be operating with fewer ambulances than they are obligated to have which could lead to a public safety issue as they may not be able to respond to an emergency situation.
- Clause #12 – states that the operator shall allow the RHA, upon two days notice, access to its premises for various purposes, such as ensuring compliance to the various standards, policies and procedures with regard to attendants, ambulances, record keeping, etc. Eastern RHA officials stated that this is never done, as they do not have the resources to devote to such efforts. Thus, while the Eastern RHA has the right to ensure compliance with the contract, it has never availed of this provision.
- Clause #19 – states that the operator shall carry errors and omissions insurance. They are to have minimum coverage of \$2,000,000 for individual claims and minimum coverage of \$4,000,000 for aggregate claims. RHAs do not ensure that operators carry this which may leave the Province vulnerable to substantial lawsuits.

Policies and Procedures Manual Examples with No Enforcement Mechanism:

- EHS 2003-09-10: Dispatch, Call-back Requirements - outlines the requirements to call back patients when receiving calls utilizing an automatic paging system. Eastern RHA staff have indicated that they have no way of enforcing this policy which could lead to a reduced level of patient care.
- EHS 2003-09-62: Training Requirements – Best Efforts - outlines the definition of "best efforts" as it pertains to meeting the training level requirements pertaining to ambulance personnel. Eastern RHA staff have indicated that this policy is not enforced or monitored. No enforcement could result in a lower level of paramedic being used on ambulance transports without justification.

Standards Manual Examples with No Enforcement Mechanism:

- Must maintain 24 hour accessibility of ambulance services. Eastern RHA officials indicated that currently there is no way of enforcing this. Without enforcement, areas of the Province may not have ambulance services available 24 hours a day as required.
- *“Ambulance vehicles shall be inspected and maintained as required under the Highway Traffic Act, Motor Carrier Act, and Health and Community Services Act.”* The Eastern RHA indicated that they do not monitor whether MRD is enforcing the requirements of the applicable legislation. Without monitoring MRD’s enforcement of the legislation, there is no way to ensure that vehicles being used for the provision of road ambulance services meet the requirements of all applicable legislation.
- *“Operators shall complete self-inspections/observations of their vehicles at least monthly.”* The Eastern RHA indicated that it does not have the resources available to enforce this. Without enforcement there is no way to ensure that this is being completed and thus safety issues may not get noticed in a timely manner.

Recommendations

The Department of Health and Community Services should review existing standards, policies and procedures for appropriateness.

The Eastern RHA should review the need for a new information system that would allow them to monitor and enforce compliance with the standards, policies and procedures, as well as the Ambulance Service Agreement.

The Department of Health and Community Services and the Eastern RHA should ensure all standards, policies and procedures, as well as the Ambulance Service Agreement are complied with by ambulance operators.

3. Program Delivery

Overview

The Province's Road Ambulance Program is governed through a contract and policy framework; specifically, a "level-of-effort contract" which requires funding to be provided based on volume. "Level-of-effort" specifies the number of ambulances and resource levels in return for conveyance rights within the service area. However, as long as they maintain the mandated number of ambulances for their area, the ambulance operator is not required to meet performance standards. The more volume a service provider performs, the more funds are allocated. In addition to the kilometer-based portion of funding, there is a portion of funding, known as block funding, that is calculated retroactively based on the number of actual calls performed within a time period. The volume-based funding model does not allow the operator to be proactive as funding is based on past actions and not future needs. This model is open to abuse as there is a risk that operators could increase call volume and kilometres traveled to increase current kilometre funding and subsequent block funding.

Differing Program delivery

Upon discussion with the Paramedicine and Medical Transport (PMT) Division staff it was found that the Province's Road Ambulance Program differs from that of other provinces. Provinces such as Nova Scotia, New Brunswick and Prince Edward Island utilize a performance-based model with preparedness-based funding.

Under a performance-based model, the service provider is expected to meet specific performance standards to retain market rights. Service area allocations may be based on the extent of the local medical trade areas, allowing the system to take advantage of economies of scale and potentially eliminating the duplication of distribution networks of multiple providers. Providers can be rewarded for exceeding the performance standards and will be penalized (financially or by total replacement by another service provider) if they do not meet the criteria. In this model there is a mandatory reporting and monitoring requirement of performance standards, medical oversight, financial oversight, rate regulation, licensing, and market allocation (service areas). All costs are accountable in this model; the focus becomes one of outcomes and performance instead of volume.

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Preparedness-based funding is funding based on a complete system review and development of a system status plan of what is actually required to adequately staff and operate an ambulance base in a particular area. Funding is provided as a budget line for the year to allow the service provider to maintain the resources required to respond to a call for service. The service provider must operate within that budget. The number of ambulances required during all hours of the day, supply cost and base overhead cost are all calculated into the funding formula to ensure all costs are accounted for.

Officials at the PMT Division indicated that not only is the contract/policy framework that is in use in Newfoundland and Labrador different than that of other provinces but it is typical of the 1970s era of ambulance service development. As a result, the Department's contracts do not place an emphasis on the quality of care provided to patients in the delivery of ambulance services.

In April of 1994, the Government of Nova Scotia released a report relating to its Emergency Health Services and highlighted four substantial problematic areas in the system that existed in Nova Scotia at that time:

1. *“There are few standards which could be considered to be at acceptable levels.*
2. *The system is funded as a transport system instead of a patient care system.*
3. *There is almost a total lack of available information regarding the current operations, particularly with regard to patient care and outcomes.*
4. *It is not integrated with the current delivery of health services”.*

Subsequent to the review, Nova Scotia totally revamped its Road Ambulance Program and now uses one incorporating the performance-based model with preparedness-based funding.

In 2010, Newfoundland and Labrador still had a Road Ambulance Program where contracts are based on “level-of-effort” with volume-based funding. The service is not related to patient care or outcomes and there is no information available on performance.

Recommendation

The Department of Health and Community Services should review the need for a different program funding structure for its Road Ambulance Program.

4. Registration of Ambulances

Overview

Effective April 2008, responsibility for the registration of ambulances for the entire Province was transferred from the Department of Health and Community Services (the Department) to the Provincial Medical Oversight (PMO) Department within the Eastern RHA. Policies and procedures concerning ambulance registration are found within the Road Ambulance Policies and Procedures Manual which ambulance operators are contractually obligated to follow. The policies and procedures that deal with registration take into consideration whether an ambulance is new or used at the time of registration and also the replacement of ambulances.

We selected 36 files for ambulances registered with the PMO department, representing the entire Province, and reviewed them for compliance with the corresponding policies and procedures. We identified the following issues:

- A. Registration Concerns
- B. Ambulance Replacement Policy
- C. Ineffective Monitoring of Ambulance Ages

Details are as follows:

4A. Registration Concerns

Introduction

In accordance with policy, all ambulances shall be registered with the PMO department prior to use. In order to register the ambulance, the operator is required to send certain documentation to the PMO department which differs depending on whether the ambulance is new or used.

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A new ambulance is required to submit the following documentation:

- a completed Ambulance Approval and Request Form;
- Highway Officers Ambulance Inspection Report (any deficiencies must be corrected before the vehicle can be registered); and
- Certificate of Compliance (available from the Manufacturer).

A used ambulance is required to submit the same documentation as for new plus the following documentation:

- for Van Type Ambulances: a Motor Vehicle Inspection Certificate; or
- for Modular Ambulances: a Commercial Vehicle Inspection Certificate.

When an ambulance is registered with the PMO department, it is entered into the Emergency Health Information System (EHIS) as an active ambulance and this allows invoices to be paid on behalf of this ambulance. The EHIS has tick boxes that indicate what support documentation was submitted.

Lack of support documentation

Of the 36 ambulances tested, we found 17 that did not have a paper copy file at the PMO department even though the required documentation was indicated as being submitted in the EHIS. As a result, the PMO department could not demonstrate that all these ambulances were in full compliance with the registration policies.

No evidence of deficiencies corrected

Of the 36 ambulances tested, we found that:

- 3 new ambulances had deficiencies noted upon registration but had no evidence in the file to indicate that these issues had been corrected; and
- 3 used ambulances had deficiencies noted upon registration but had no evidence in the file to indicate that these issues had been corrected.

As a result, the PMO department could not demonstrate that these ambulances were registered in compliance with policy.

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Missing certificates of compliance

Of the 36 ambulances tested, we found one used ambulance for which, although the certificate of compliance was indicated in the EHIS as being submitted, the certificate could not be located in the file.

As a result, the PMO department could not demonstrate that these ambulances were registered in compliance with policy.

4B. Ambulance Replacement Policy

Introduction

One of the policies contained within the Road Ambulance Policies and Procedure Manual deals with the replacement of new and used ambulances. As per Departmental policy the thresholds for ambulance replacement are as follows:

- *“New ambulances shall be replaced within 10 years from the in-service date or when the odometer reaches 500,000 kilometres, whichever comes first.*
 - *Used ambulances shall be replaced 10 years from their original in-service date or 500,000 kilometres, whichever comes first. If written confirmation of the original in-service date is not forwarded to the Department, the vehicle shall be replaced by 31 March of the tenth year from the model date or 500,000 kilometres, whichever comes first”.*
-

Replacement policy significantly higher

A review of ambulance replacement policies for other provinces indicated that the Department’s policy pertaining to ambulance replacement was significantly higher.

Figure 10 outlines the ambulance replacement policies for certain provincial jurisdictions.

Figure 10

Ambulance Replacement Policies per Various Provincial Jurisdictions

Province/Area	Mandatory Replacement Time Frame	Mandatory Replacement Kilometres
Alberta	5 years	280,000
British Columbia	8 years	250,000
Manitoba	No age	250,000
Newfoundland and Labrador	10 years	500,000
New Brunswick	4 years	300,000
Nova Scotia	4 years	Approximately 260,000
Ontario, Kingston	6 years	No specific Mileage
Ontario, Niagara	Guideline of 5 years	No specific mileage but normally around 300,000
Ontario, Ottawa	4.5 years	No specific mileage
Ontario, Toronto	6 years	200,000
Quebec	4 years	200,000
Saskatchewan, Regina	5 years	250,000

Source: Eastern RHA – PMT Division

Figure 10 shows, the Department's replacement policy timeframe is twice as long, in both years and kilometers, as the timeframes in the majority of the other provinces. As a result, it is likely that in Newfoundland and Labrador, at any given point in time, ambulance operators could be providing service with ambulances that are twice as old in years or have twice as many kilometers on them, as those in other provinces. This increases public safety concerns.

Also, Eastern RHA officials indicated that ambulance operators in this Province often buy ambulances from other provinces after they are forced to retire them. They can do this because of the significant difference between our replacement policy and that of the other provinces.

4C. Ineffective Monitoring of Ambulance Ages

Introduction	Within the Ambulance Replacement Policy of the Road Ambulance Policy and Procedures Manual, there is a clause that states that the Provincial Medical Oversight (PMO) department is to monitor the status of the Provincial ambulance fleet and attempt to provide warning at approximately 50,000 kilometres and/or six months before the time an ambulance shall be replaced. The warning is a notification that the PMO department is responsible for sending as the replacement deadline approaches.
Failure to notify	<p>Of the 36 ambulances tested, we found that:</p> <ul style="list-style-type: none">• 4 ambulances were within 6 months of the 10 year replacement deadline; however, there was no evidence in the file indicating that the operator had been notified; and• 4 ambulances were within 50,000 kilometres of the 500,000 kilometres replacement deadline; however, there was no evidence in the file indicating that the operator had been notified. <p>As a result, the PMO department is not always giving advance notice to operators concerning the approaching ambulance replacement deadline. This could result in two scenarios: ambulances being used past the replacement deadline or service areas possibly being left without the required number of ambulances.</p>
Lack of original in-service date confirmation	Of the 36 ambulances tested, we found 3 used ambulances that had no written confirmation of the original in-service date on file. Without written confirmation, the PMO department could not ensure that these ambulances would be removed from operation in accordance to the ambulance replacement policy.
Inaccurate information	Of the 36 ambulances tested, we found 3 ambulances that had incorrect mileage readings as per the active ambulance listing provided to us. When questioned, staff obtained the correct mileage from other areas of the EHIS. However, without a centralized location for current information it is difficult for the PMO department to effectively monitor the accumulated mileage of the ambulance fleet in accordance with policy.

Recommendations

The Eastern RHA should ensure that it registers and monitors the age/mileage of ambulances in accordance with policy.

The Department of Health and Community Services should review the current ambulance replacement policy for appropriateness.

5. Inspection of Ambulances

Overview

In accordance with the Ambulance Operations Standards Manual, “...ambulance vehicles shall be inspected and maintained in accordance with the requirements in the Highway Traffic Act, the Motor Carrier Act, and the Department of Health and Community Services Act”. Since this is a legislative requirement as well as a provision of the Standards Manual, the private and community ambulance operators are legislatively and contractually obligated to adhere to it. Accordingly, we expected that the Eastern RHA would have some mechanism in place to ensure compliance. However, officials from the Eastern RHA indicated that they did not monitor compliance with this policy since it falls under the Motor Registration Division’s (MRD) legislative responsibilities. Accordingly, we performed testing at the MRD to see if the work was being completed.

To test inspections at the MRD we used the same 36 ambulances selected for review during the testing of registration at the Eastern RHA. In reviewing 36 ambulance files and through discussions with officials from the MRD, the Department of Health and Community Services (the Department) and the Eastern RHA, we identified the following issues:

- A. Confusion Regarding Ambulance Inspection Reports
- B. Inactive Ambulances
- C. Timeliness of Inspections

Details are as follows:

5A. Confusion Regarding Ambulance Inspection Reports

Introduction

When MRD, Eastern RHA and Department officials were asked about inspections of ambulances they indicated that there are two types of inspections that are under the jurisdiction of MRD:

1. Mechanical Inspection: ensures that vehicles are mechanically fit; and
2. Ambulance Inspection: ensures that specific requirements relating to ambulances are adhered to as per the various legislation impacting ambulances. These specific requirements included mechanical areas, such as the brakes and the suspension. In addition, it ensures that the ambulance operators have the required supplies on board as per the various policy manuals.

Confusion regarding ambulance inspections

Mechanical inspections are legislated by the *Motor Carrier Act* and the *Motor Carrier Regulations*. It states that “...every motor carrier who operates an ambulance service shall at least every 6 months, at intervals of not less than 150 days apart, cause each ambulance used in his or her service to be inspected by an authorized mechanic appointed under the Highway Traffic Act and immediately forward a copy of the inspection certificate to the Registrar”.

When asked for legislation and/or an agreement concerning the ambulance inspections process, staff from the MRD, the Eastern RHA and the Department could not direct us to a specific source. The PMT staff indicated that the Ambulance Operations Standards Manual states that “...a maintenance and inspection program for all vehicles, equipment and supplies shall be formulated between the Department of Works, Services and Transportation and the Department of Health and Community Services. Ambulance vehicles, supplies and equipment shall be inspected for adherence to these standards. Highway Enforcement Officers or other persons designated by the Minister of Health and Community Services shall be considered inspectors for the purposes of these standards”. The MRD used to fall under the then Department of Works, Services and Transportation. Unlike mechanical inspections, ambulance inspections are performed by the Highway Enforcement Officers at MRD.

In not having legislation and/or an agreement governing the ambulance inspection process, the various RHAs cannot ensure that the process they entrust MRD to perform for them actually accomplishes what they expect it to. This could lead to a reduced level of patient care and result in an increased public safety risk.

5B. Inactive Ambulances

Introduction

During the inspection portion of the review, MRD provided us a list of transactions for each ambulance in our sample. The listing indicated different types of activity, ranging from registration renewal to deactivation of vehicles.

Each listing was scanned and it was noted that several of the ambulances contained the code V18 and V27, inactive vehicle and active vehicle respectively. The periods of inactivity ranged anywhere from 7 days to 250 days. Several staff from MRD indicated that vehicles coded as inactive are considered not licensed and should not be driven for the period of time that they are made inactive to the time they are reactivated. Accordingly, we then accessed the EHIS to ensure that payments were not made on behalf of these ambulances during the inactive time periods.

Ambulances considered inactive but still in use

Of the 36 ambulances tested, we found 13 ambulances that had periods of inactivity during the last two years, that had payments totalling \$156,785 made to the operators during that period.

Of those 13 ambulances that had inactive periods, we found that:

- 7 ambulances were classified as inactive as a result of operators not submitting mechanical inspections; and
- 6 ambulances where we could not determine the reason for deactivation.

As a result, ambulance operators were providing service using ambulances that were coded as inactive by MRD.

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Failure to notify operators Of those 13 ambulances that had inactive periods, we found 13 of them had no indication in the file that the ambulance operator had been notified by the MRD prior to the deactivation of the ambulance. As a result, ambulance operators may not be aware that their ambulances were deactivated and not to be driven, and thus could not report the out-of-service status to the PMO department. Also, MRD does not notify the PMO department at the Eastern RHA.

5C. Timeliness of Inspections

Introduction Mechanical inspections are legislated by the *Motor Carrier Regulations* under the *Motor Carrier Act* to be completed at least every 6 months, at intervals of not less than 150 days apart. Staff from the Department and the Eastern RHA all confirmed that they were under the impression that ambulance inspection reports are also to be completed every 6 months, like mechanical inspections. MRD officials reiterated this by providing a copy of an enforcement plan indicating that 2 inspections were to be performed per year. Therefore, we would expect to see 4 mechanical inspections and 4 ambulance inspections within the last 2 years for ambulances that have been registered for longer than 2 years.

Mechanical inspections not being effectively monitored Of the 36 ambulances tested, we found issues with 8 as follows:

- 2 ambulances were missing 2 mechanical inspections each from their MRD file within the past 2 years; and
- 6 ambulances were missing 1 mechanical inspection each from their MRD file within the past 2 years.

As a result, operator files at the MRD did not always contain evidence that the required semi-annual mechanical inspections were provided by the ambulance operator in accordance with the *Motor Carrier Act*.

Ambulance inspections not being performed in 6 month intervals Of the 36 ambulances tested, we found issues with 17 as follows:

- 3 ambulances were missing 3 ambulance inspections each from their MRD file within the past 2 years;
- 8 ambulances were missing 2 ambulance inspections each from their MRD file within the past 2 years; and

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- 6 ambulances were missing 1 ambulance inspection each from their MRD file within the past 2 years.

As a result, operator files at the MRD did not always contain evidence that the Highway Enforcement Officers were performing the semi-annual ambulance inspections.

Inability to determine date of inspection

The above analysis is based on the presence of paper copies of mechanical and ambulance inspections being found within ambulance files at MRD. However, transaction listings provided for each ambulance often indicated that more mechanical and ambulance inspections were entered into the system than could be found in the file. Furthermore, the date associated with the inspections found in the system was the date that the data was actually entered into the system and not the date that the inspection was performed.

Our testing indicated that there could be substantial time lags from when the inspection was actually performed to when it was entered into the computer system at MRD. For example, for one sample item a mechanical inspection was completed on 21 May 2010 but the date it was entered into the system was 12 October 2010. This is approximately 5 months time difference and, therefore, we could not with any certainty associate this date with the completion of the inspection. As a result, the computer system fails to aid staff at MRD in monitoring and enforcing the various inspection processes. In fact, it is so ineffective, that staff at MRD have resorted to using a manual tracking system.

Recommendations

The Department of Government Services, through the MRD, should:

- ensure mechanical inspections are conducted in accordance with legislation; and
- ensure that ambulance inspections are conducted in a timely manner.

The Eastern RHA should implement a policy or procedure to monitor whether ambulance operators are in compliance with legislation that is governed by MRD, such as MRD informing them when an ambulance is designated as “inactive”.

Department of Health and Community Services' Response

I am pleased to provide this response on behalf of the Department of Health and Community Services to the Auditor General's Report on Road Ambulance Services for the province. The Department of Health and Community Services (DHCS) recognizes that the Road Ambulance Program is an integral component of the pre-hospital care delivery system in Newfoundland and Labrador. As such, the Department acknowledges and appreciates the review conducted on the Road Ambulance Program by the Auditor General. The Department plays a lead role in policy and program development as well as support to the four Regional Health Authorities (RHAs) and other agencies that are mandated to provide health services to our citizens. We understand that while the Road Ambulance Program is a provincial program, the review was primarily conducted within the Eastern Regional Health Authority (Eastern Health).

The first Memorandum of Agreement with private and community road ambulance operators was established in 2000 and subsequent agreements have increased the road ambulance budget by more than 300%. The current funding to private and community operators for 2010 was approximately \$33 million. In addition, the current funding to the four RHAs for ambulance services for 2010 was approximately \$13 million.

While the Auditor General notes that 'overriding' is a weakness, the Department notes it has a central role in resolving disputes as is outlined in the tripartite agreement. Any intervention in a dispute is completed with expert advice as appropriate. The Department makes every effort to ensure that any recommendations arising from enactment of the dispute resolution mechanism allows for fair and equitable treatment to all stakeholders in the industry, including operators, ambulance attendants, patients and the general public.

The Department endeavours to ensure that quality pre-hospital care services are provided in all areas of this Province. To that end, officials will take all of the recommendations of the Auditor General into full consideration so that patient care, attendant training, transport vehicles and public safety policies and standards are continuously monitored, evaluated, amended as appropriate and complied with throughout the province.

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DHCS also provides the following commentary regarding the recommendations outlined in the report:

Auditor General Recommendations	DHCS Comments
The Department of Health and Community Services should review the need for legislation that governs paramedicine within the Province.	<i>DHCS will review the need for legislation to govern paramedicine in the province.</i>
The Department of Health and Community Services should review existing standards, policies and procedures for appropriateness.	<i>Both the standards manual, and the policies and procedures manual are currently being revised and updated.</i>
The Department of Health and Community Services and the Eastern RHA should ensure all standards, policies and procedures, as well as the Ambulance Service Agreement are complied with by ambulance operators.	<i>Compliance of provincial standards governing road ambulance is the responsibility of the four Regional Health Authorities.</i>
The Department of Health and Community Services should review the need for a different program funding structure for its Road Ambulance Program.	<i>DHCS will consider a review of the current funding structure.</i>
The Department of Health and Community Services should review the current ambulance replacement policy for appropriateness.	<i>DHCS will consider a review of the current ambulance replacement policy.</i>

Department of Government Services' Response

Overall Conclusions and Recommendations

The Department of Government Services acknowledges the recommendations related to the timely inspection of ambulances and the need to improve the documentation of policies and procedures, tracking of inspections and communications with ambulance owners/operators and the Regional Health Authorities.

However, there are some differences in interpretation and discrepancies between what is reported by your auditors and the actual records on file at the Motor Registration Division. These are outlined in the following sections.

As such, we do not agree with your overall conclusion that road ambulances operating in the province may not be safe. Ambulances are among the most inspected vehicles on our province's roads. The absence of a particular inspection report or late reporting of an inspection does not immediately render a vehicle unsafe. You may wish to consider removing or qualifying your statement in this regard.

5. Inspection of Ambulances

5A. Confusion regarding ambulance inspections

The draft Report indicates, "...In not having legislation and/or an agreement governing the ambulance inspection process, the various RHAs (Regional Health Authorities) cannot ensure that the process they entrust MRD to perform for them actually accomplishes what they expect it to. This could lead to a reduced level of patient care and result in an increased public safety risk."

There are processes already in place with respect to inspection of ambulances and required follow up. Highway Enforcement Officers of the Motor Registration Division directly supply copies of ambulance inspections to designated coordinators within the applicable Regional Health Authorities, which are responsible for further follow-up and action regarding compliance with required medical equipment and supplies.

Nevertheless, the Department of Government Services will consult with the Department of Health and Community Services and the Regional Health Authorities to ensure there is clear and concise documentation of policies and procedures with respect to ambulance inspections and to discuss the need for legislation and/or an agreement.

5B. Inactive Ambulances

"Sometimes road ambulances operated even though they had been designated as "inactive" by MRD. A common reason for an inactive designation by MRD relates to an operator not providing a copy of the required semi-annual mechanical inspection. An inactive designation at MRD means that the ambulance is not licensed and is not authorized to be driven...."

There are cases where ambulances are inactivated when the vehicle registration has expired and the inspection information has not been submitted. This action is taken to prevent the owner of the ambulance from renewing the vehicle registration without a current mechanical inspection. In these cases, ambulance operators would not be notified of the vehicle inactivation, given that they would be aware that the registration has expired. It is assumed that the ambulance is no longer in operation and therefore, no further correspondence is sent to the operator requesting a current inspection. The Department is in the process of reviewing this practice in order to ensure operators clearly understand the inspection requirement before renewal of the vehicle registration.

In other cases, Motor Registration Division officials will inactivate the registration of an ambulance where an operator has failed to submit the required semi-annual inspection. This action is taken only when every effort has been made to obtain a copy of a mechanical inspection, (i.e. warning letter has been sent to the owner of the ambulance and/or a phone call has been made).

However, as the report notes, neither ambulance owners nor the Regional Health Authorities were being clearly notified that the vehicle would be inactivated and should not be driven until the inspection information was received by MRD. Technically, the vehicle's registration (licence) remains valid under legislation unless suspended or cancelled.

The Department has since taken measures to ensure that ambulance owners/operators and the Regional Health Authorities are advised of the consequences of not submitting the inspections on time and will be immediately notified when ambulances are inactivated on the MRD database. There will be a need to provide some prior notice to RHAs in order to allow them to make alternative arrangements for ambulance service. The logistics of this notification will be discussed with the RHAs.

5C. Timeliness of Inspections

Mechanical (Official Inspection Station) Inspections

Your report states, "The required semi-annual mechanical inspections of road ambulances were not always provided by the operator to the Motor Registration Division (MRD) of the Department of Government Services.

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We selected 36 ambulance files and found that 28 (78%) had the required semi-annual mechanical inspection forms on file for a 2-year period i.e. 4 inspection forms were required to be on file. Of the 8 remaining ambulance files, 2 were missing 2 inspection forms and 6 were missing 1 inspection form”.

In accordance with the Motor Carrier Regulations, ambulances are required to be mechanically inspected at an Official Inspection Station twice per year. Ambulance owners are required to immediately submit a copy of the inspection to the Motor Registration Division. A new ambulance receiving first time registration would not require a mechanical inspection until six months has elapsed since the vehicle is first registered in the province.

Based on our analysis, it has been determined that one (1) of the 36 ambulances selected should have been excluded from the audit covering the period of November 2008 to November 2010 (2 years), as the vehicle had been removed from service in 2007. Twelve (12) of the remaining 35 ambulances were placed into service at different intervals during the period covered by the draft report. As such, there should have been a total of 124 inspections on file for the period covered by the audit, for all 35 ambulances. MRD records contain 115 inspections, representing a 92.7 % compliance rate on the number of inspections actually required for that period.

It should be noted that, notwithstanding the receipt of an inspection certificate from an ambulance operator, under the Motor Carrier Regulations, owners are required to ensure that their vehicles are maintained in a safe mechanical condition and, where an inspection indicates that an ambulance is not mechanically fit, that it not be used until all repairs are made to render it fit. That is, there is a legal onus on the owner/operator to ensure the vehicle is safe to operate.

It should also be noted that the practice of inactivating a vehicle is discretionary, under section 16.4 of the Highway Traffic Act, not a mandatory requirement.

Ambulance (MRD) inspections

The report also states that, “The semi-annual ambulance inspections (e.g. medical equipment) that were to be completed by MRD Highway Enforcement Officers were not always performed.

We selected 36 ambulance files and found that 19 (53%) had semi-annual ambulance inspection forms on file for a 2 year period...”.

Road Ambulance Services

The assumption that semi-annual ambulance inspections (for medical compliance) are required is incorrect. There is no official policy and no agreement between the Departments of Government Services and Health & Community Services/Regional Health Authorities requiring Highway Enforcement staff to conduct semi-annual inspections of road ambulances for compliance with medical equipment & supplies. We have only agreed to perform a minimum of one such ambulance inspection per year. We do, however, apply additional efforts for a second inspection as resources permit.

While a draft 2010-11 operational enforcement plan indicated allowance for up to two ambulance inspections during the year, the Registrar clarified, in writing, with managers that the policy only requires one inspection per year. A second inspection could be conducted depending on regional workloads and availability of enforcement staff.

A review of our records pertaining to the 36 ambulances that were selected for audit reveals that one ambulance had been removed from service in 2007 and should not have been part of the audit for the period (November 2008 – November 2010). Of the remaining 35 vehicles, 30 (85.7%) were inspected annually during the audit period, as required. Two others did not show inspections for 2008, which pre-dated the audit period.

Twelve (12) of the 35 were placed into service at different intervals during the period (2 years) covered by the draft report and each of those vehicles was inspected during the same year. Twenty-six (26) ambulances (74%) were inspected at least twice in a given year and one (1) ambulance was inspected three times in one 12 month period (follow-up inspections).

Based on the annual inspection requirement and the placement of vehicles into service for the first time (12 vehicles) during the audit period, there should have been a minimum of 59 inspections done between November 2008 and November 2010. The actual number of inspections conducted to meet this requirement was 55, representing a 93% compliance rate.

Beyond the required annual inspections, MRD conducted additional inspections on a number of ambulances. In fact, there were 82 ambulance inspections conducted during the audit period. The difference in the required number of inspections versus the number actually performed reflects the additional (second and third) inspections conducted for that period.

Road Ambulance Services

Notwithstanding the high level of compliance in this area, the Department of Government Services will consult with the Department of Health and Community Services and the Regional Health Authorities to ensure that the required annual compliance inspections for medical equipment and supplies are conducted in a timely manner.

The Department is also exploring the feasibility of implementing computer systems changes to ensure all ambulance vehicles are identified as such. Part of the proposed enhancement will consist of a periodic computer generated report containing inspection status. This will assist in ensuring ambulances will not be inadvertently overlooked when determining if mechanical (OIS) or MRD inspections are due or overdue.

Eastern RHA's Response

Introduction

The service provided by the Provincial Road Ambulance Program is a very important component of the health care system. Eastern Health is one of four Regional Health Authorities (RHAs) that have responsibility for monitoring the compliance to service contracts by ambulance operators within their region. Eastern Health also has responsibility for administering the Provincial Medical Oversight (PMO) program and for adjudicating and processing all ambulance operator claims in the province.

Eastern Health has worked in collaboration with the other RHAs, the Department of Health and Community Services (DHCS) and the ambulance operators to improve the program with the implementation of the PMO Program, the development of new standards and policies, and the implementation of new service agreements with the ambulance operators.

While the Auditor General has advised of potential risks within the road ambulance service, Eastern Health contends that the general public should not hesitate to contact their local ambulance operator should they be in need of emergency medical services, quality and safe care will be provided. Eastern Health offers the following information:

Road Ambulance Services

- *When the Provincial Medical Oversight (PMO) was fully implemented in January 2010 it aligned Newfoundland and Labrador with the National Occupational Competency Profiles in Canada. Since that time, every ambulance practitioner in the province attended a one-day session that included education on the new Provincial Patient Care Protocols. Two sets of these protocols have been put into practice in the province: one designed for Emergency Medical Responders and Primary Care Paramedics; and a second for Advanced Care Paramedics. In order to be registered and continue to work in the province, practitioners had to achieve a pass of 90 per cent on the written protocol exam. Through this process 859 practitioners have been registered in the province and are practicing under the authority of the PMO program.*
- *As part of the PMO program, an on-line medical control physician advice line has been established to provide 24/7 access for field practitioners to speak with a physician should the need arise in an emergency medical response situation.*
- *In the fiscal year 2009-10, the Paramedicine and Medical Transport (PMT) division of Eastern Health reviewed, approved and provided in excess of \$70,000 in training of ambulance personnel to support the ambulance operator contracts. This funding provided training for 56 Emergency Medical Responders and assisted seven former Paramedics I and Paramedics II practitioners to attain bridge training to the full scope of practice and designation as a primary care paramedic.*
- *The rate of compliance on the reviewed files within Eastern Health by the Auditor General was between 92% and 97% regarding the age/mileage of ambulances in accordance with policy. In our view, that is a strong rate of compliance. Having said that, Eastern Health will work with the Department to ensure continued and enhanced compliance.*
- *Eastern Health has identified that its level of monitoring and oversight should be improved. As such, Eastern Health requested and received funding through Budget 2010 to hire two quality and learning facilitators that will increase its medical performance monitoring. The recruitment process for those positions is currently underway. Further information on other monitoring initiatives is described below.*

In relation to the specific recommendations directed towards Eastern Health in the report, Eastern Health provides the following responses:

RECOMMENDATION

The Eastern Regional Health Authority should review the need for a new information system that would allow them to monitor and enforce compliance with the standards, policies and procedures, as well as the Ambulance Service Agreement.

Eastern Health, under the Provincial Medical Oversight (PMO) program, has received approval to implement the Electronic Patient Care Reporting (EPCR) system which will have many built-in rules and adjudication processes that will ensure appropriate information is entered in the information system and will alert PMO to potential quality care concerns, and billing of inconsistent data. The EPCR system will see a laptop in every ambulance and claim information as well as medical information will be entered into the database in real time. The EPCR program has been approved by DHCS and a tender for this technology is expected to be issued in early 2011.

Eastern Health, under the PMO, has also been approved by the DHCS to purchase and supply modern cardiac monitor/defibrillators to every ambulance across the province. These new devices will permit paramedics to practice to a full scope of practice, and electronically this data will be linked with the EPCR system for further verification of PCR auditing. These devices have all been purchased and the distribution of these devices across the province is underway.

Other opportunities continue to be explored with the DHCS and other RHAs that will improve the monitoring system.

RECOMMENDATION

The Department of Health & Community Services and the Eastern Regional Health Authority should ensure all standards, policies and procedures as well as the Ambulance Services Agreement are complied with by ambulance operators.

Eastern Health supports the need to ensure that all ambulance operators are in compliance with the standards, policies and procedures, as well as the Ambulance Services Agreement and will continue to work with the DHCS to put in place mechanisms/resources to support program enforcement. It is also noted that should there be any exception to policies, these exceptions are documented appropriately in the files.

RECOMMENDATION

The Eastern Regional Health Authority should ensure that it registers and monitors the age/mileage of ambulances in accordance with policy.

Eastern Health recognizes the importance of accurate documentation to support the above recommendation and since the implementation of PMO, this process has improved significantly to have a more comprehensive documentation and filing system. The Auditor General's Office reviewed a number of files to test for compliance; and although some deficiencies were noted, the rate of compliance on the reviewed files was between 92% and 97%.

RECOMMENDATION

The Department of Government Services through the Motor Registration Division (MRD) should ensure mechanical inspections are conducted in accordance with legislation and ensure that ambulance inspections are conducted in a timely manner. The Eastern Regional Health Authority should implement a policy or procedure to monitor whether ambulance operators are in compliance with legislation that is governed by MRD, such as MRD informing them when an ambulance is designated as "inactive".

Eastern Health will follow up with MRD to discuss the notification process for MRD to Eastern Health.
