Memorandum of Understanding

Between

Grey County Emergency Medical Services
(Hereinafter sometimes referred to as the "Service Provider")

And

London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program
(Hereinafter sometimes referred to as the "Base Hospital")

1. Background

a) The performance of controlled acts described under Section 27 of the *Regulated Health Professions Act* 1991, S.O. 1991 c. 18, as amended by the *Services Improvement Act*, 1997, and as may be further amended from time to time, may be delegated by a health profession statute to perform the controlled act in accordance with Section 28 of the Act, to a person who provides health care services to individuals.

b) The Southwest Ontario Regional Base Hospital Program administered by London Health Sciences Centre is the Base Hospital, as defined by Regulation 257/00 under the *Ambulance Act* R.S.O. 1990, c. A-19, as may be amended from time to time, for Emergency Medical Services for an area, which includes Grey County Emergency Medical Services as the Service Provider.

c) The Service Provider's ability to meet its legislatively required obligations is in part dependent upon the cooperation and collaboration of the Base Hospital in areas including paramedic practice analysis and advice, education, continuous quality improvement, paramedic capacity to perform skills, and responsiveness.

d) The Base Hospital's ability to meet its legislatively required obligations is in part dependent upon the cooperation and collaboration of the Service Provider in areas including data sharing, of paramedic practice analysis and advice, education, continuous quality improvement, paramedic capacity to perform skills, and responsiveness.

2. Definitions

Advanced Care Paramedic (ACP) refers to a paramedic who holds the qualifications set out in subsection 8 (2) of Ontario Regulation 257/00 under the *Ambulance Act* R.S.O. 1990.

Ambulance Call Report (ACR / eACR) refers to an essential medical record for documenting information about circumstances and events relevant to the proper provision of patient care.

Advanced Life Support (ALS) Patient Care Standards refers to the standards recommended by the Provincial Medical Advisory Committee that have been adopted by Emergency Health Services Branch of the Ministry of Health and Long-Term Care.

Base Hospital refers to the Southwest Ontario Regional Base Hospital Program administered by London Health Sciences Centre.

Base Hospital Regional Program Advisory Committee refers to the committee hosted by the Base Hospital consisting of program stakeholders that meet regularly to provide updates and advice on issues of mutual interest.

Base Hospital Program refers to a program operated by a Base Hospital for the purpose of:

- Providing a framework for the Regional Medical Director to delegate controlled acts to paramedics.
- Providing medical advice relating to prehospital patient care and transportation of patients to ambulance and communication services and to emergency medical attendants, paramedics and other employees of the Service Provider.
- Providing quality assurance information and advice relating to prehospital patient care to ambulance services and to emergency medical attendants and paramedics.
- Providing the continuing education required to maintain paramedic certification to perform controlled acts.

Base Hospital Utilization Committee (BHUC) refers to the committee hosted by the Local Medical Director consisting of program stakeholders that meet regularly to provide updates and advice on local issues.

Continuing Education (CE) refers to annually delivered education hours that are directly relevant to paramedic practice and are provided in support of the ALS Patient Care Standards.

CPSO refers to The College of Physicians and Surgeons of Ontario.

CPSO Policy refers to the CPSO's Policy and Guidelines for the Delegation of Controlled Acts (policy #8-10).

Deactivation refers to the temporary suspension by the Base Hospital Regional Medical Director or Local Medical Director, of a paramedic's delegated authority to perform controlled acts within the southwest region (as defined by the SWORBHP catchment area) for the purpose of conducting an investigation and/or providing remediation.

Decertification refers to the revocation by the Base Hospital Regional Medical Director, of a paramedic's delegated authority to perform controlled acts within the southwest region (as defined by the SWORBHP catchment area).

Local Medical Director (LMD) refers to the physician who works in collaboration with the Regional Medical Director to provide direction on delegation of Controlled Acts, patient care issues, quality assurance and continuing education in his/her local area.

Paramedic refers to an individual employed by a Service Provider as defined in Regulation 257/00 under the *Ambulance Act* R.S.O. 1990, c. A-19 and includes both ACP's and PCP's, as defined herein.

Primary Care Paramedic (PCP) refers to a paramedic who holds the qualifications set out in subsection 8 (1) of Ontario Regulation 257/00 under the *Ambulance Act* R.S.O. 1990.

Provincial Medical Advisory Committee: refers to the group of Base Hospital Medical Directors who collectively advise the Ministry of Health and Long Term Care on patient care standards for paramedics and the role of Base Hospitals related to the delivery of EMS-based pre-hospital care in Ontario.

Regional Medical Director (RMD) refers to the physician appointed by London Health Sciences Centre through the Base Hospital as the Medical Director who delegates authority to paramedics to perform controlled acts. The Regional Medical Director works in conjunction with the Local Medical Directors to provide direction on delegation of controlled acts, patient care issues, quality assurance, and continuing education.

Research refers to any method of evaluating a question or relationship involving patients, providers, and/or interventions.

Service Provider refers to the Paramedic Service as operated by the EMS Agency.

3. Purpose

The purpose of this document is to:

a) Establish a foundation of clear understanding between the Base Hospital and the Service Provider

b) Ensure the safe and efficient delivery of patient care by paramedics.

c) Provide an environment of collaborative and cooperative communication between the Base Hospital and the Service Provider.

d) Ensure that advances in paramedic practice take place in the context of continuous quality improvement and evidence-based practice.

e) Establish each party's roles and responsibilities in order to meet legislated requirements under the governing Acts and associated regulations and standards, as amended from time to time.

f) Develop a standardized approach to service provision between the Base Hospital and the Service Provider.

4. Delegation Under ALS Patient Care Standards

a) The Base Hospital shall establish policies and/or protocols to provide for delegation to paramedics in accordance with legislated requirements under the governing Acts, associated regulations and standards, the CPSO policy, and provincial guidelines as may be amended from time to time.

   The policies and protocols relating to delegation will be reviewed and discussed with the Base Hospital Regional Program Advisory Committee. However, the final decision and responsibility for the policies and protocols is that of the Regional Medical Director. In addition, each Local Medical Director hosts a Base Hospital Utilization Committee (BHUC) to provide a forum for communication at the local level, and to assist and advise in the planning, development and evaluation of local issues.

   Service Providers will send representatives to both the Regional Program Advisory Committee, and the Base Hospital Utilization Committees. Meetings will be held on a mutually agreed upon annual basis, as determined by the Ministry of Health and Long-Term Care Performance Agreement, which may be amended from time to time.

b) Policies and protocols relating to delegation shall be updated as necessary in order to reflect changes in CPSO policy, provincial guidelines, and/or decisions or recommendations of the

Provincial Medical Advisory Committee and/or by the Emergency Health Services Branch, with reasonable notification to the Service Provider.

c) Policies and protocols relating to delegation will be distributed to the Service Provider during the development and implementation phase when those policies may impact the Service Provider.

d) The Base Hospital agrees that the physician appointed as Regional Medical Director shall be a person authorized to delegate the performance of controlled acts to paramedics as per legislated requirements under the governing Acts and associated regulations and standards, as amended from time to time, and has the necessary qualifications to be the Base Hospital Medical Director.

e) The Regional Medical Director will be responsible for delegating to paramedics as per legislated requirements under the governing Acts and associated regulations and standards, as amended from time to time. The Regional Medical Director may delegate responsibility for deactivation/reactivation and sub-regional oversight to Local Medical Directors, who will also hold the necessary qualifications to be a Base Hospital Medical Director.

f) The Base Hospital will review Ambulance Call Reports (ACR) for compliance with medical directives in a reasonable timeframe as per legislated requirements under the governing Acts and associated regulations and standards, as amended from time to time. For electronic ACR systems, once the data flow has been established, Service Providers will make this data available within one week of the call occurring, and the review will occur within two to four weeks of receiving the data. For paper ACR systems, once the data flow has been established, Service Providers will ensure the data is provided to the Base Hospital within four to six weeks of the call occurring and this review will occur within six to eight weeks of receiving the data.

g) Where a patient care deficiency or concern is identified, the Base Hospital will provide the Service Provider and the paramedic with feedback regarding the nature and type of patient care deficiency or concern.

5. Medical Advice Relating to Prehospital Patient Care and Transportation

When requested, the Base Hospital will make recommendations to the Service Provider regarding patient care and will assist in the review and validation of patient care elements of the Service Provider's policies and procedures.

6. Certification and Recertification

a) The Base Hospital will ensure that an objective training, evaluation, and certification process is provided for each paramedic.

b) The Base Hospital will notify the Service Provider within 24 hours of any changes in the certification status of a paramedic that may affect his/her employment. For decertification/deactivation events, the Service Provider will be notified immediately, and thereafter the paramedic will be notified (when possible). Following a deactivation event and remedial training, the Service Provider will be notified of any decision (in association with any developed remedial training program) and thereafter the paramedic will be notified.

The Service Provider will notify the Base Hospital within 24 hours of any changes in the employment status of a paramedic that may affect his/her certification.

c) The Service Provider will facilitate remedial training required by the Base Hospital for the continued certification of a paramedic.

d) The Base Hospital will deliver, in collaboration with the Service Provider, continuing education. The minimum annual requirement for PCP is 8 CE hours. The minimum annual requirement for ACP is 24 CE hours.

e) The Service Provider will cooperate and facilitate Base Hospital continuing education programs by, among other things, providing administrative support for scheduling.

f) The Service Provider may provide assistance, by mutual agreement, to the Base Hospital in its delivery of continuing education and certification.

g) The Regional Medical Director will be responsible for approving the training programs for certification of paramedics as per legislated requirements under the governing Acts and associated regulations and standards, as amended from time to time.

7. Continuous Quality Improvement

a) The Service Provider will make available all ACR and associated clinical data in a format mutually agreed upon with the Base Hospital.

b) The Base Hospital will develop and implement a continuous quality improvement program to monitor and evaluate paramedic activities related to the performance of a paramedic as per legislated requirements under the governing Acts and associated regulations and standards, as amended from time to time. This includes: monitoring the delivery of care as per the ALS Patient Care Standards and other patient care activities through statistical methods, ACR data, chart audits, observation ride outs, outcome studies, and error and “near-miss” reporting.

c) The Service Provider will notify the Base Hospital in the event that they become aware of issues that could impact the Base Hospital (or a paramedic’s certification status). This includes: deficiencies in patient care, ACR documentation, falsification of documentation/credentials or of information provided to the Base Hospital or patch physician, medical equipment, pharmaceuticals, and supplies that are required for the performance of paramedic patient care.

d) The Service Provider will notify the Base Hospital within 24 hours of becoming aware of difficulties with their electronic ACR system that would prevent the Base Hospital from accessing data required for performance of mandated quality assurance.

8. Investigations

a) All operational complaints received by the Base Hospital related to the Service Provider will be immediately forwarded to the Service Provider for their review and action.

b) All patient care complaints relating to the delivery of controlled or delegated medical acts received by the Service Provider will be immediately forwarded to the Base Hospital for their review and action.

c) It may be beneficial for both the Service Provider and Base Hospital to jointly participate in an investigation. The Service Provider will generally take the lead on investigations unless the joint investigation involves an ALS patient care deficiency or concern, or issues relating to the trust relationship between the Regional or Local Medical Director and the paramedic, in which case the

Base Hospital may take the lead in gathering documentation for the file. There will often be overlap in these situations, and each agency has legislative responsibilities to conduct investigations. The collaborative relationship is meant to avoid duplication of effort and facilitate communication, and generate a more timely and accurate investigative process and never to interfere with each agencies investigative efforts.

9. Supplies and Equipment

The Base Hospital may provide advice to the Service Provider regarding the supply, use, evaluation, and maintenance of equipment and supplies that are specific to the delivery of patient care in compliance with ALS Patient Care Standards.

10. Clinical Research

a) The Base Hospital will collaborate with the Service Provider for all clinical research protocols involving the Service Provider.

b) Authorship on any document submitted for publication will be granted in accordance with the guidelines outlined in the Uniform Requirements for manuscripts submitted to biomedical journals (NEJM Vol. 336 (4); 1997: p. 309-315) as regularly updated and published.

c) The Base Hospital will acknowledge the Service Provider's contributions to the study and/or publication, which do not meet the Uniform Requirements for authorship, in any publication or presentation derived from the study.

d) Exception: Sections 10 (a) through (c) do not apply to the Service Provider if the Service Provider is engaged in a research initiative independent from the Base Hospital. The Service Provider may notify the Base Hospital of the research for advice and comment

e) Exception: Sections 10 (a) through (c) do not apply to the Base Hospital if the clinical research does not identify the Service Provider, in which case, the Base Hospital may notify the Service Provider of the research for advice and comment

11. Conflict Resolution

The Base Hospital and the Service Provider seek to operate by consensus whenever possible. In cases of conflict or disagreement:

a) Seek out an opportunity to meet and discuss the two positions fully so each party can be assured that opportunity for consensus has been fully explored.

b) Seek assistance from the EHS Branch Field Office to assist in clarifying roles and responsibilities.

c) If satisfactory resolution or consensus cannot be achieved, involvement of direct reports from both the Base Hospital and the Service Provider to their supervising bodies may be initiated. In this rare instance, the Base Hospital and Service Provider would forward the concern to the appropriate LHSC Hospital Vice President. The Service Provider and Base Hospital would forward the concern to the appropriate supervising municipal official, or Chief Administrative Officer (CAO). In the event that consensus cannot be achieved, each party (Service Operator and Base Hospital) must ensure that their respective corporate and legislative obligations are met.

12. Term of Agreement

It is understood and agreed that this Memorandum of Understanding will be due for renewal on March 31, 2014 unless either party identifies in writing, a request for adjustment at least thirty days prior to March 31st of the Base Hospital's fiscal year.

13. Signatures

IN WITNESS WHEREOF the Parties hereto have duly executed this Agreement.

The Corporation of the County of Grey

_____

Warden and Clerk

Dated this_____ day of_____ , 2012

London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

_____

Severo Rodriguez
Regional Program Manager, SWORBHP

Dated this _____ day of _____ , 2012

_____

Dr. Don Eby
Local Medical Director, SWORBHP

Dated this _____ day of _____ , 2012

_____

Dr. Michael Lewell
Regional Medical Director, SWORBHP

Dated this _____ day of _____ , 2012

_____

Bonnie Adamson
President & CEO, London Health Sciences Centre

Dated this _____ day of _____ , 2012