
 Rainy River District Social Services Administration Board	SECTION: Land Ambulance
	POLICY TITLE: Ambulance Call Reports (ACR) Electronic Auditing
ORIGINAL DATE: July, 2006	POLICY AREA: Administration
REVISION DATE: August, 2016	POLICY NO: LA – 1.2
NEXT REVIEW DATE: September, 2019	APPROVED BY: 

Policy

The Rainy River District Social Services Administration Board (RRDSSAB) ensures that all Ambulance Call Report (ACR) audits meet the *Directives* established by the Ministry of Health & Long-Term Care (MoHLTC) within the meaning of the following:

- a) *Ambulance Act, RSO 1990. c. A. 19, as amended;*
- b) *Ontario Regulation 257/00, as amended;*
- c) *Patient Care and Transportation Standards, as amended;*
- d) *Ambulance Service Communicable Disease Standards, as amended;*
- e) *Basic Life Support Standards, as amended; and*
- f) *Advanced Life Support Standards, as amended.*

ACRs will be audited for completion of documentation, accuracy of information and appropriateness of patient care.

Procedure

1. All ACRs are stored in a secure electronic format, with secure access provided to the Chief, Deputy Chief's or designate and the Base Hospital.
2. Completion of documentation is automatically audited on 100% of eACRs by the iMedic Compliance Checker.
3. The accuracy of information and appropriateness of patient care is audited electronically
4. Where ACRs are electronically flagged due to a paramedic override, they will be reviewed by the duty officer within the next two business days. Similarly, incident reports will be reviewed upon submission. Both ACRs and incidents will be responded to as indicated in 4. Additionally, the duty

officer will check a minimum of 10% of the unflagged ACRs, weekly. Where an issue is identified an Ambulance Call Evaluation (ACE) will be generated.

5. Reviews are filed, based upon their findings, as:
 - a) No concerns (positive feedback only);
 - b) Feedback provided;
 - c) Written Response Required, or
 - d) Further investigation, formal or informal as required. Action taken to be determined at the time and may include internal investigations, external investigation or joint investigation.

6. The RRDSSAB Chief, Deputy Chief's, or designate, may request a written Paramedic response, including follow-up actions taken or agreed upon, to correct any items not completed to standard. Any documentation regarding discipline is placed on the employee's *Personnel File*. All remedial training is documented, in accordance with RRDSSAB Policy *LA-1.9: Mandatory & Remedial Training*.

7. When an eACR is identified as containing inaccurate information, that is, Canadian Triage Acuity Scale (CTAS), date, wrong call number or problem codes error, the Paramedic is notified by the Chief or Deputy Chief, and is required to correct the information. (This does not alter the original eACR but updates the database so that the call information is correct.)

8. Audit reports are summarized quarterly and compared with quarterly Base Hospital Audits. Any discrepancies between audits are discussed with the Base Hospital Clinical Coordinator, Base Hospital Manager and the RRDSSAB Chief of Paramedic Services or his/her delegate.