



Title: Definition of Terms	Number: 4.1
Category: 4.0 Certification Policies	Page 1 of 3
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Regional Base Hospital: as per the current version of the ALS-PCS, means a base hospital as defined in subsection 1(1) of the *Ambulance Act*, and provides an RBHP pursuant to an agreement entered into with the MOHLTC;

Paramedic: as per the current version of the ALS-PCS, means a paramedic as defined in subsection 1(1) of the *Ambulance Act*, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable;

Emergency Medical Service (hereafter referred to as the “Employer”): an ambulance service provider certified to provide this service as defined under the *Ambulance Act*.

Certification: as per the current version of the ALS PCS, means the process by which Paramedics receive Authorization from a Medical Director to perform Controlled Acts and other advanced medical procedures in accordance with the ALS PCS;

Educational Certification: permission granted by the Regional Base Hospital Medical Director to a paramedic applicant, to perform Controlled Acts in the presence of a certified paramedic, for the purposes of orientation, education and evaluation.

Provisional Status: authorization for a paramedic to perform Controlled Acts within his/her scope of practice but only in the presence of another paramedic , who is certified to the same level or higher. The length of this status will follow that outlined in the current ALS PCS and may be modified at the discretion of the Medical Director.

Deactivation: as per the current version of the ALS PCS, means the temporary revocation, by the Medical Director, of a Paramedic’s Certification;

Clinical Deactivation may occur as a result of:

- A critical omission/commission in the delivery of one or more Controlled Acts.
- A major omission/commission in the delivery of one or more Controlled Acts.
- Repeated major omission/commissions in the delivery of one or more Controlled Acts.
- Failure to respond to Regional Base Hospital requests for feedback or interviews regarding critical, major or minor acts of omission or commission in the delivery of Controlled Acts.
- Failure to successfully complete prescribed remediation within a reasonable period of time.



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- Professional misconduct deemed by the Medical Director to be remediable.

Administrative Deactivation may occur as a result of:

- Service leave of absence due to injury, illness, etc.

Remediation: As per the current version of the ALS PCS, means a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the maintenance of Certification;

Reactivation: As per the current version of the ALS PCS, means the reinstatement of a Paramedic's Certification after a period of Deactivation;

Decertification: As per the current version of the ALS PCS, means the revocation, by the Medical Director, of a Paramedic's Certification;



Central East Prehospital Care Program

Title: Cross Certification

Number: 4.2

Category: 4.0 Certification Policies

Page 1 of 2

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Cross certification *applies to paramedics already certified by another Ontario Regional Base Hospital who are seeking certification from this Regional Base Hospital.*

Cross certification requirements include:

1. Eligibility for employment by a licensed Ontario Ambulance Service Provider under the Regulations of the Ambulance Act.
2. The paramedic shall complete a form which includes:
 - a) Certification from all Ontario Regional Base Hospitals over the last ten (10) years or other certifying bodies.
 - b) A declaration of clinical deactivations within the last ten (10) years and all previous decertifications.
 - c) Current certification status from all Regional Base Hospitals under which the paramedic is certified.
 - d) Permission for the prospective Regional Base Hospital to obtain information from other Regional Base Hospitals regarding paramedic performance and skills.
3. Base Hospital Orientation / Evaluation – An orientation to Regional Base Hospital policies, procedures, equipment and medical directives. This will generally not exceed eight (8) hours but may be extended by the Medical Director with agreement from the ambulance service provider.
4. Upon the Regional Base Hospital review of documentation received and orientation, the medical director may recommend *educational certification*¹ pending completion of further clinical or field education.
5. After completion of steps 1-4, the Regional Base Hospital Medical Director will render a decision whether or not to certify the paramedic. The Regional Base Hospital will notify the ambulance service provider within two (2) business days.



Title: New Certification

Number: 4.3

Category: 4.0 Certification Policies

Page 1 of 2

Written By: J. Harris

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New Certification within Ontario

1. Applies to a paramedic who is not currently certified by a MOHLTC-EHSB designated base hospital.
2. Eligibility for employment by a licensed Ontario Ambulance Service Provider under the Regulations of the Ambulance Act.
 - a. A paramedic shall provide evidence of graduation from a MOHLTC-approved paramedic education program.
 - b. If (a) is not applicable in the case of Advanced Care, the paramedic shall provide to the Base Hospital a detailed description of the Advanced Care Program completed, all course descriptions, evaluations and results of clinical and field placements, providing the Base Hospital has agreed to determine equivalency.
3. The paramedic will successfully complete the provincial examination for the appropriate level (if applicable).
4. The paramedic shall complete a form which includes:
 - a. Education programs successfully completed (for example, Paramedic Program, Advanced Care Paramedic Program or equivalent).
 - b. Experience and certification in all Emergency Medical services worked in over the last ten (10) years.
 - c. History of clinical deactivations within the last ten (10) years and all previous decertifications (or equivalent).
 - d. Permission for the prospective Base Hospital to obtain information from previous medical directors and/or licensing authorities and employers regarding the applicant's performance and skills.
5. Initial certification orientation/evaluation may include:
 - a. An introduction to base hospital policies, procedures and medical directives
 - b. Skills evaluation
 - c. Scenario evaluation
 - d. Oral interview or clinical evaluation with medical director or designate
 - e. Field evaluation



Central East Prehospital Care Program

Upon successful completion of steps 1-5 and Base Hospital review of documentation, the medical director may recommend *provisional certification* pending completion of prescribed clinical or field education.

6. Consolidation* / Field Evaluation

This may include:

- a. Orientation to equipment, new skills and directives.
- b. Evaluation by a Base Hospital – approved paramedic at the appropriate level.
- c. 100% Ambulance Call Report review by the Base Hospital for a minimum of six (6) months.
- d. Continued clinical education/evaluation in areas identified as deficient.

7. After completion of steps 1-6 the Base Hospital Medical Director will render a decision whether or not to certify the paramedic. The Base Hospital will notify the ambulance service provider in writing within two (2) business days.

**Consolidation* minimum requirements:

1. PCP Consolidation – 36 hours (or as determined by the medical director)
2. ACP Consolidation – 432 hours (or as determined by the medical director)
3. Required hours are to be completed within six (6) months however may be extended with agreement from the service.
4. The paramedic will provide the base hospital with the required documentation when this consolidation is completed.



Title: Maintenance of Certification

Number: 4.4

Category: 4.0 Certification Policies

Page 1 of 2

Written By: J. Harris

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Maintenance of Certification requires that the Paramedic:

1. Be employed by a certified Employer under Regulation 257/00 and work as a Paramedic.
2. Meet the annual eligibility requirements as outlined in the current ALS PCS and does not have **an absence from clinical activity of longer than 90 consecutive days.**
3. The paramedic shall either,
 - a. Provide patient care to a minimum of ten (10) patients per year whose care requires assessment and management at the Paramedic's level of certification, or
 - b. Where a paramedic is unable to assess and manage the minimum of ten (10) patients per year, demonstrate alternate experience, as approved by the Medical Director, that may involve 1 or more of the following:
 - i. Other patient care activities;
 - ii. Additional CME;
 - iii. Simulated patient encounters; and
 - iv. Clinical placements.

Note – a patient contact is defined as the presence of the paramedic's name on the ACR/ePCR.

4. Meets all Base Hospital administrative requirements including completion and submission of forms and successful completion of all Base Hospital Continuing Medical Education (CME) requirements including at least one (1) evaluation per year at the appropriate level of certification. The evaluation may include an assessment of knowledge and evaluation of skills; scenarios; and on-line learning and evaluation. If a Paramedic is absent from CME, the Paramedic is responsible for contacting the service to make arrangements with CEPCP to successfully complete the CME objectives, as approved by the Medical Director.
5. Demonstrates competency and adherence to standards, directives and legislation associated with the performance of Controlled Acts and the provision of patient care at their level of certification. This will be determined through Base Hospital Continuous Quality Improvement (CQI) initiatives. They may include, but are not limited to:
 - Chart Audits
 - Peer Review



Central East Prehospital Care Program

- Dispatch/Base Hospital Physician Communication Review
- Patch/Communication Review
- Field Performance Evaluation
- Successful Performance at CME
- Review of Skills Inventory

If these requirements are not maintained, the Base Hospital Medical Director may deactivate or decertify (see *Definitions and Clarification of Terms*) the Paramedic. The employer will be notified, and the employer and paramedic will be given written notice by the Base Hospital. The Senior Field Manager and all other RBHPs will be notified of any clinical deactivations.

The Paramedic will not be authorized under the Ambulance Act to perform Controlled Acts while they are deactivated/decertified. The conditions for reactivation/recertification will be determined by the Base Hospital and will be completed by the paramedic within two weeks of notification. A longer time period may be determined if agreed upon by the employer, BH and paramedic. The conditions will be communicated in writing to the Paramedic.



Title: Patient Care Deficiency Classifications

Number: 4.5

Category: 4.0 Certification Policies

Page 1 of 1

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Patient Care Deficiency Classifications

If a paramedic has performed a Controlled Act for which they have not been certified or performs a Controlled Act or any patient care below legislated standards, the Base Hospital response will be guided by the severity of the event(s) in accordance with the following descriptions:

Critical Omission/Commission:

A critical omission/commission is defined as the performance of Controlled Act(s) for which a paramedic has not been certified; or an action or lack of action by the paramedic that has a clear negative effect on patient morbidity with a potentially life, limb or function threatening outcome. If a critical omission/commission is identified or there is a repetition of major or a combination of major and minor omission/commissions the paramedic *will* be given written counselling and *will* be required to successfully complete remedial education, or a decertification process may be initiated.

Major Omission/Commission:

A major omission/commission is defined as an action or lack of action by the paramedic that has affected or held the potential to negatively affect patient morbidity; however, the outcome was not deemed to be life, limb or function threatening. If a major omission/commission is identified, or there is a repetition of minor omission/commissions, the paramedic will be given written counselling and *may* be required to complete remedial education. At the discretion of the Medical Director the paramedic *may* be deactivated.

Minor Omission/Commission:

A minor omission/commission is defined as an action or lack of action by the paramedic that did not have any direct effect on patient morbidity; however, may have negatively affected patient care in a way that would delay care to the patient or lengthen the patient's recovery period. If a minor omission/commission is identified, the paramedic will be given verbal counselling and/or written counselling via the Ambulance Call Review Process.



Title: Paramedic Practice Review

Number: 4.6

Category: 4.0 Certification Policies

Page 1 of 3

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Paramedic Practice Review Committee (PPRC) Terms of Reference

The Paramedic Practice Review Committee (PPRC) will function in an external advisory role to the affected Base Hospital on issues regarding Paramedic professional practice when the Base Hospital is pursuing decertification of a Paramedic.

Committee Purpose:

To provide information and expert opinion to the affected Medical Director of the Base Hospital on events that involve paramedic practice and behaviour that may result in decertification of the Paramedic.

Committee Structure:

Chairperson

The (Ontario Base Hospital Group (OBHG) Chair (unless he/she is part of the affected Base Hospital, in which case the MAC Chair) shall appoint the Chairperson of the committee. The Chairperson will be a Program Manager from a Base Hospital Program other than the one requesting the review.

Membership

The PPRC will consist of members who are not part of the affected Base Hospital.

Requirements for a PPRC quorum are:

- 1 Program Manager (Chair)
- 1 Medical Director
- 2 Peer Paramedics (ACP peers for ACP reviews, PCP Peers for PCP reviews)

The Chairperson will select the Medical Director, and the affected Paramedic and affected Base Hospital will each select a Peer Paramedic for each review.



Selection of Peer Paramedics

Peer Paramedic PPRC members must not have any operational relationship with the affected Base Hospital and may not fall under the medical direction of the affected Medical Director. A group of paramedics from all regions in Ontario will be selected to be potential Peer Paramedic committee members. Qualifications include:

- current certification by an Ontario Base Hospital
- continuous employment as a paramedic in Ontario for the preceding 12 months
- nomination by at least 2 peer paramedics and acceptance by the local Base Hospital Medical Director
- successful completion of an orientation to relevant legislation surrounding delegation of Controlled Acts in Ontario

Review Process

An ad hoc PPRC will be struck when the Base Hospital is pursuing decertification of the Paramedic. The committee will:

- 1.1. Receive and review all relevant documentation from the affected Base Hospital program and Paramedic. Relevant documentation from the Base Hospital should include a history of the Paramedic's performance over the past 2 (two) years including a summary of call audits. These must be distributed to the PPRC Committee members, the Base Hospital Medical Director and the Paramedic at least 72 hours before the meeting.
- 1.2. In person or via teleconference, independently interview both the affected Base Hospital program Medical Director and the Paramedic. The affected Base Hospital Medical Director and the Paramedic will present a verbal summary of their findings followed by questions from the PPRC.
- 1.3. Answer the following questions:
 - 1.3.1. Was patient care compromised at any time?
 - 1.3.2. If no, did the potential for patient care compromise exist at any time?
 - 1.3.3. Were the Paramedic's conduct and actions reasonable and justifiable based on the Paramedic's education and experience?
- 1.4. Provide recommendations, and their rationale, relating to the Paramedic's certification status to the affected Base Hospital Medical Director in writing through the Chairperson of the Committee within 48 hours of the review. These recommendations will include any other remedial actions, if appropriate.
- 1.5. All meetings will be recorded and stored with the documentation by the affected Base Hospital for a period of 7 (seven) years.



Central East Prehospital Care Program

- 1.6. The affected Base Hospital Medical Director is ultimately responsible for a decision to decertify the Paramedic but must consider the recommendations and justification of the PPRC in making a final decision.

Funding:

Peer Paramedics participating will be funded by the host site at \$200.00/day plus travel, accommodation and meal expenses at the current MOHLTC-approved rates. The Program Manager/Co-coordinator and the Medical Director from the outside Base Hospital will be funded by their Base Hospital, with EHS Branch approval.