Pre-Hospital Emergency Care Council

Governance Validation Framework

Site Assessment Report

Medicore Medical Services Ltd

February 2020

“The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care.”

Pre-Hospital Emergency Care Council

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Executive Summary

The Pre-Hospital Emergency Care Council (PHECC) is the statutory agency responsible for setting standards in Ireland for the provision of pre-hospital emergency care. PHECC's primary role is to protect the public by independently specifying, reviewing, maintaining, and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care.

The Governance Validation Framework (GVF) has been developed by Council as an evidence-based methodology designed to improve quality and safety in pre-hospital emergency care services. Setting and implementing standards and monitoring of compliance are important levers for driving service improvements. The framework combines a system of self-assessment, on-site review and validation of evidence presented, and staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted by Medicore Medical Services Ltd prior to the assessment and any evidence provided on assessment day(s) is reviewed and considered by the assessment team for assessment purposes.

GVF concentrates on a series of Standards related to specific themes and identifies the supporting components that service providers should have in place to ensure the formation of a quantifiable quality improvement plan. The framework incorporates 6 Themes and encompasses 43 Standards, that service providers must comply with, and provide evidence on, to the external assessment team. Council published the GVF in July 2017.

The Licensed CPG Provider that is the subject of this report is Medicore Medical Services Ltd, a private provider of pre-hospital emergency care services throughout the country. The on-site GVF assessment visits for this report were conducted during January and February 2020 by an assessment team drawn from a panel of subject matter experts selected and trained by PHECC to conduct the on-site assessments.

It is important to note that the provision of pre-hospital emergency care is constantly evolving, and quality improvement within service providers is a continuous process. Therefore, this report documents the external assessment team's observations related to the time when the assessment was undertaken, and the material supplied by the Provider for the assessment. Documentation and/or evidence submitted by the Provider post assessment cannot be considered by the assessment team to amend assessment outcome(s). The report is intended to support the ongoing quality improvement process within Medicore Medical Services Ltd's organisation.

The framework combines six Themes which are — Person Centred Care and Support, Effective Care and Support, Safe Care and Support, Leadership Governance and Management, Workforce and Use of Information. The specific findings and comments of the assessment team are outlined for each of the six Themes, and the individual Standards, under the three headings of Assessment Panel Findings, Areas of Best Practice and Areas for Improvement.

Medicore Medical Services Ltd's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to Medicore Medical Services Ltd's Governance Validation Framework assessment status. This section outlines any required action from a licensing perspective and all Providers will be required to update their quality improvement plan based on the content of the report.

Overview of Licensed CPG Provider

Established in 2008 Medicore Medical Services Ltd MMS) is based in Dublin 11. The company provides patient transport services to a number of HSE hospitals around the country. In addition, the company also provides event medical services to a number of clients.

Information used to create this overview was supplied by the Provider.
For more information visit: www.medicore.ie

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Medicore Medical Services Ltd
Type of Visit	Full GVF Assessment - GVFREP MMS 001_0220
Licensed CPG Provider Lead	GVFA4532
Date of Review	Practitioner Engagement - 21/01/2020 Site Assessment - 12/02/2020
Assessment Team	GVFA4532 - Team Lead GVFA4988 - Site Assessor GVFA8306 - Practitioner Engagement
Circumstances of this Site Assessment	Establishment of GVF programme - Transition to 3-year licensing cycle.
Relevant Recent Visits	Practitioner Engagement and On-site Assessment conducted January and February 2020.

Assessment Details (continued):

Licensed CPG Provider Participants

Managing Director
Control and Dispatch Manager
Logistics and Equipment Manager
Medical Director (Medical Council Reg No 128286)

Onsite Feedback

Verbal feedback related to the GVF Assessment Team's initial findings was provided to the Senior Management Team of Medicore Medical Services Ltd by the PHECC GVF Assessment Team Lead at the closing meeting. A number of items were identified as areas of potential improvement. There was agreement by all in attendance regarding the relevance and substance of the GVF Assessment Team's comments and indicative findings.

Judgement Framework

Level & Scoring	Descriptor
Not Applicable	• The standard is not applicable to this organisation/base location
Not Met	• Does not meet expectations • No evidence of compliance anywhere in the organisation with the requirements set by the statement/standard
Minimally Met	• Evidence of a low degree of organisation-wide compliance with the requirements set by the statement/standard • Demonstrable evidence that a start has been made towards compliance in some or all parts of the organisation
Moderately Met	• Evidence of a moderate degree of organisation-wide compliance with the requirements set by the statement/standard • Demonstrable evidence that work is ongoing across most parts of the organisation to achieve compliance • Confident in management's ability to deliver full compliance within a reasonable timeframe
Substantively Met	• Substantive evidence of organisation-wide compliance with the requirements set by the statement/standard • Demonstrable evidence that most parts of the organisation are meeting most of the requirements set by the statement/standard • Only minor non-compliance issues requiring, in the main, minor action(s) • Confident in management's ability to deliver full compliance within a reasonable timeframe
Fully Met	• Meets or exceeds expectations • Evidence of full compliance across the organisation with the requirements set by the statement/standard

Theme 1

Person Centred
Care and Support

Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.

PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure patients have equitable access to services based on assessed needs.
PHECC Requirements	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.

PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.
PHECC Requirements	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.1.1 Calls are booked on a first come, first served basis, but some calls are pre-booked in advance. Additional calls are only taken if there are sufficient resources. The Business Management System (BMS) is used to monitor trends in call volumes and this was demonstrated. Data informs staff rostering and future recruitment needs. There are four (4) ambulances, which are crewed by eight (8) EMT per day. Medicore have dedicated full time staff and maintain a bank of staff at EMT level. There are additional Paramedics and Advanced Paramedics available as required.

1.1.2 The Control and Dispatch Manager manages calls, rostering of breaks, traffic updates, delays and communications with Practitioners. The BMS takes traffic and weather into account. The controller can see, in real time, the vehicle location via GPS tracking. Live updates appear on the crew mobile data terminals (MDT) and mobile phones are used as back up if required. There is a policy for performance review of crews, but no evidence at present. The process is not fully developed yet and is still aspirational. CPG's are all audited, and feedback provided to crews yet only one example of this provided for the GVF Assessment Team. There is an analysis of PCR's per practitioner completed. There is a policy document for training of new staff.

Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.1.1 The GVF Assessment Team observed a well–functioning BMS that predicts trends in call volume and required staffing levels. This also manages individual records for crew members and identifies if certification is in date.

Areas for Improvement

1.1.1 Lack of consistency with induction training for crew members needs to be addressed. The process of performance management needs to be evidenced.

1.1.2 During the Practitioner Engagement it was identified that auto locking of the tablet device was not functioning. This should be enabled at all times to ensure patient confidentiality.

Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has systems, policies and procedures in place that respect the values, preferences and wishes of patients.
PHECC Requirements	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for Practitioners) in line with the PHECC Code of Professional Conduct & Ethics.
PHECC Requirements	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.2.1 The call taker has a template sheet for logging all calls inwards, including patient details, Medical Record Number (MRN) number from their identification (ID) band, and there is a facility to take a picture of the patient's ID band. This is the method for confirming patient ID. Crews may revert to a paper call sheet and PHECC PCR if required or on static duty. Contact from control to crews may be by radio, tablet and mobile phone. Crews can login on the system using the mobile device when they are available for a call. If crews find themselves in an unsafe situation but cannot overtly communicate danger to control, there is a safety message built into their communications protocol. Refusal of care/transport is logged on the call sheet and all staff members can access the policy on consent and capacity on the MDT.

1.2.2 When working at static events there is no clear guidance for practitioners around refusal of care/transport. There was no awareness of responsibilities with regard to duty of care in this case.

Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.2.1 There is a robust system in place for checking of patient identification and gaining consent and the Provider's policies are available to access on the MDT.

Areas for Improvement

1.2.2 To improve patient safety, the Licensed CPG provider shall develop guidance for static crews with regard to patients who refuse care/ transport at remote events.

Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has systems, policies and procedures in place that respect the values, preferences and wishes of patients.
PHECC Requirements	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.
PHECC Requirements	1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.3.1 Induction training is completed via an electronic learning management system (LMS) or through an introductory session. Not all staff members have fully completed this training. This may lead to inconsistent information being delivered. Policies are available to staff on the MDT.

1.3.2 During both the Practitioner Engagement and the on-site visit the GVF Assessment Team observed Practitioners placing significant emphasis on patient dignity and privacy at all times. This appears to be embedded in the organisational culture as does kindness, care and respect.

Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.3.1 The Provider fosters a culture of care and respect amongst Management and Practitioners.

Areas for Improvement

1.3.1, 1.3.2 The Provider should ensure that all staff receive the same induction training to ensure consistency of information delivered. The Provider should also incorporate communication skills training into their CPC training.

Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has systems in place to promote and measure positive patient experience.
PHECC Requirements	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.

Assessment Panel Findings

1.4.1 There are patient feedback stickers in each ambulance and the complaints policy is available on the tablet in the ambulance. Staff are aware of this but may not all have been trained. Feedback is actively sought from Practitioners and it is planned to repeat this every six (6) months.

Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.4.1 Stickers in ambulance providing information regarding complaints/compliments procedures.

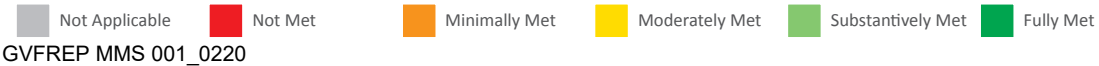
Areas for Improvement

1.4.1 The Provider should ensure that all staff receive training in the management of complaints and compliments.

Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has an internal complaints/concern handling process.
PHECC Requirements	1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.
PHECC Requirements	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.



Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.5.1 There is active management in dealing with complaints from Practitioners and patients. The Provider advised the GVF Assessment Team that the approach is to de-escalate and resolve issues as early as possible. Staff provided examples of complaints that were dealt with that demonstrated effective communication skills to help resolve issues. Complaints generally come from hospitals rather than from patients. Management have engaged directly with hospital staff on two occasions for face-to-face discussions and plan to repeat these every six (6) months. Complaints are logged in the adverse events section of the BMS.

1.5.2 There was no evidence in training records that staff have completed complaint's training. All feedback from complaints and compliments are verbally relayed to staff.

Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.5.1 There is a proactive approach to complaints and customer care within the Provider's organisation.

Areas for Improvement

1.5.2 The Provider should seek to resolve service users' complaints as early as possible and ideally, at the first point of contact. The stages in the complaint handling process should be kept to minimum. The Provider should follow the steps of their own complaints policy.

Theme 2

Effective Care and Support

Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider must ensure that privileged Responders/ Practitioners administer specific medications and perform specific clinical interventions in keeping with their CPG status.
PHECC Requirements	2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their status to deliver and ensure safe and appropriate care.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.1.1 There is a database within the BMS with PDF's of certification. This can flag when training/certification renewal is required and is linked to the ability to remove staff from rosters if not current. New or revised guidelines can be added to staff training profiles, which will be outstanding until this item is completed. The GVF Assessment Team viewed three sample case studies on the online learning platform for completion by staff but these are not mandatory. There are insufficient training records for staff.

There is information on the use of radial compression devices available to staff but training is not uniform. During the Practitioner Engagement it was stated that some Practitioners may have only seen a radial compression device for the first time when transporting patients. There is an educational module on radial compression devices on the Provider's electronic Learning Management System, (LMS) but completion is not mandatory. The Managing Director stated that the Provider stands over the use of radial compression devices by his Practitioners. The GVF Assessment Team consider governance aspects of the training conducted in this area to be inadequate and potentially exposes patients and Practitioners to risk. The training records are not fully maintained in this area.

The Provider reports regular monthly meetings are held with the Managing Director, Control and Dispatch Manager, and Logistics and Equipment Manager regarding all aspects of the business (Clinical Manager also attended when in situ). The Medical Director does not attend these meetings but is available by phone if required. Evidence of minutes for meetings were provided but the absence of an internal quality lead (Clinical Manager) for a period of time is a concern regarding the ongoing monitoring of clinical activities.

Management expressed aspirations to conduct CPC mornings every six to eight (6-8) weeks with external speakers and trainers, and for hospice placements as there is an increasing volume of palliative care patients, however, no training in this respect was evidenced. There are also plans for specific needs-based training verbalised, for example, care of the elderly, again with no evidence provided.

Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.

Pre-Hospital Emergency Care Council

Areas of Best Practice

2.1.1 There is good recording of Practitioner certification, which is linked to privilege to practice.

Areas for Improvement

2.1.1 The Provider should ensure that the Clinical Manager is appointed and in-line with the proposed job specification. Adequate training is required for all staff that are deployed to post-angiogram patients and these training records should be maintained and up to date. This should be overseen by the Medical Director.

Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider promotes a structured but flexible handover process that optimises patient safety and quality of care.
PHECC Requirements	2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.2.1 There is a prompt on the MDT to help crews with the handover process. The handover process though has not been monitored to date. Management state that the handover process differs depending on the hospital attended.

Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.

Pre-Hospital Emergency Care Council

Areas of Best Practice

2.2.1 The use of the MDT allows for a systematic approach to patient handover.

Areas for Improvement

2.2.1 The Provider should periodically monitor the patient handover process.

Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider must ensure that ambulances are fit for purpose.
PHECC Requirements	2.3.1 The Licensed CPG Provider has processes, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.3.1 The Managing Director stated that he is a qualified engineer and performs the majority of servicing and maintenance of regulators, flowmeters, leak and pressure tests, scoop, stretchers, carry chairs and suction. Records are maintained by the Provider. Battery tests are completed in house as well. There are service stickers with dates supplied for staff to check.

Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.

Pre-Hospital Emergency Care Council

Areas of Best Practice

2.3.1 There are good service records maintained for equipment.

Areas for Improvement

No specific observation noted by the GVF Assessment Team.

Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider provides an annual CPG report to the PHECC, which includes all the core components outlined in PHECC Council Rules POL003 (Section 23.1-23.10).
PHECC Requirements	2.4.1 The Licensed CPG Provider submits an Annual Medical Director report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).

PHECC Statement	The Licensed CPG Provider undertakes an ongoing programme of clinical audit, as appropriate, which involves an appropriate combination of structure, process and outcome audits and implements the full audit cycle to support the quality improvement.
PHECC Requirements	2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.4.1 Annual report generated automatically from a template on the BMS.

2.4.2 An audit programme is in place and has been evidenced. Results of clinical audit are sent in a memo but there is no evidence to confirm that all Practitioners have received this information. An example is the analgesia audit where pain scores had improved post audit results being disseminated, yet during Practitioner Engagement, the audit results were not communicated to the Practitioners on duty. The DNR audit identified variance between the PHECC and a statutory CPG service provider's guidelines. A photograph of the DNR can now be uploaded to the MDT.

Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.

Pre-Hospital Emergency Care Council

Areas of Best Practice

2.4.1 Compliance with submission of audits, which has also informed and improved practice.

Areas for Improvement

2.4.2 The Provider shall ensure that audit results are disseminated to all staff members.

Theme 3

Safe Care and Support

Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider identifies aspects of the delivery of care associated with possible increased risk of harm to service users and has structured arrangements to minimise these risks.
PHECC Requirements	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.
PHECC Statement	The Licensed CPG Provider ensures that there are systems in place to ensure the effective, efficient and safe use of medicines for the administration of pre-hospital emergency care.
PHECC Requirements	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.
PHECC Statement	The Licensed CPG Provider ensures that there is systems place to ensure the effective, efficient and safe use of medical devices and equipment for the administration of pre-hospital emergency care.
PHECC Requirements	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure the equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.

Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.1.1 There is an infection control policy in place and this functions well as evidenced during the Practitioner Engagement.

3.1.2 The Logistics and Equipment Manager has responsibility for all response bags and medications. The HPRA MDA licence was viewed and is valid until 31st January 2021 with a maximum quantity of six (6) Fentanyl and six (6) Morphine, Ketamine and Midazolam. Audit by Gardaì has been completed and the document viewed. The audit was completed on 11th February 2019. Current stock levels are nine (9) Morphine and ten (10) Ketamine. Midazolam was not present for any clinical level and no Fentanyl was available.
Current response bags are for Paramedic level. Stock levels are entered into the BMS but there was no completed written sign in/out record or system in place as evidence for the current MDA's held by the Provider. This was identified as a significant risk. There is contingency for additional supplies at static events. There is a system for tagging damaged equipment etc.
All medications, inclusive of expiry dates for medications, are logged in the BMS. There is a system in place regarding communication around medication alerts but Management have not reported any incidents to date. Doom kit were not present as identified in the Provider's submitted documents, but these are on order.

3.1.3 There is a named person in charge of equipment and this is all logged on the BMS inclusive of expiry dates, servicing dates and serial numbers. Equipment used or that is running low is identified as red on the system. New equipment information is communicated via the Provider's LMS but there was no evidence of this. Staff are made aware of reporting incidents with equipment, but it was unclear to them if unavailability or failure of equipment could be the cause of an adverse clinical event.
Unserviceable tags are available on each vehicle for equipment. Crews at static events contact control to have items replaced. The Provider reported that a response vehicle will be sent to the event to replenish stock or equipment.

Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.

Pre-Hospital Emergency Care Council

Areas of Best Practice

3.1.1 Infection control policy in place and well evidenced.

3.1.3 Equipment and stock levels are well managed using the BMS, as are servicing requirement dates. A robust defect system is in place.

Areas for Improvement

3.1.1 The Provider shall comply with the PHECC and national standards that specify the use of alcohol-based products.

3.1.2 The Provider shall improve their inadequate or absent medication management systems, processes and procedures, and maintain the limits and conditions associated with their HPRA licensing. The Provider shall maintain an adequate stock of medications to allow Practitioners to deliver the full suite of CPGs and their full scope of practice. The Provider shall ensure that staff receive training with relation to adverse clinical events.

3.1.3 The Provider shall ensure that training logs are maintained for staff in the use of all new equipment and devices.

Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has a patient safety incident (which includes adverse events, near-misses and no-harm events) reporting system with an open disclosure and non-punitive reporting ethos.
PHECC Requirements	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.
PHECC Statement	The Licensed CPG Provider has arrangements in place to identify, assess and respond appropriately to patients' safety incidents and complaints.
PHECC Requirements	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near-misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with volunteers, contractors and/or employees.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.2.1 There is an adverse clinical events policy in place, however as observed, it is incorrectly structured and encompasses risk across the whole organisation and is not limited to clinical incidents. This is an incorrect approach for adverse clinical events. The policy is in the handbook provided to all staff members. All adverse events are logged on the BMS. There was evidence of events logged in relation to logistics or vehicles, however, there was no dissemination of adverse 'clinical' events. This does not reflect the capturing of a true clinical adverse event.

Open disclosure is encouraged by the management structure. Initially, reports are verbally made, followed by a written one.

3.2.2 There is no evidence that all crew members have received information in relation to lessons learned from adverse clinical events or safety notices. The Provider stated that this is completed at start or end of shift or during CPC mornings.

Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

3.2.1 The Provider shall ensure that their understanding of the clinical adverse events policy is reviewed and change their practice to reflect this.

3.2.2 The Provider shall ensure that findings from a clinical adverse event are communicated to all staff in a formal manner and that records are maintained.

Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider is committed to safeguarding vulnerable members of the community.
PHECC Requirements	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.3.1 The Control and Dispatch Manager is the designated liaison person with responsibility for safeguarding under the Child First Act 2015. However, the GVF Assessment Team learned that the responsible person has received no training to support them execute this role. There is a safeguarding policy in place. The policy in relation to patient safety, rights, vulnerable patients, child protection and challenging behaviours is available as part of the induction programme and is available on the MDT for reference. There is not clear evidence that all staff have completed this as part of induction. The GVF Assessment Team observed the evidence that staff had completed the TUSLA online awareness module. There is knowledge of the relevant bodies to whom information shall be reported.

Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

3.3.1 As per TUSLA recommendations, it would be preferable for the designated liaison person with responsibility for Child safeguarding to receive training for this role and that each Practitioner is informed of the correct reporting structure and that this is documented in the training records.

Theme 4

Leadership, Governance and Management

Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has an established governance structure with clear accountability arrangements for clinical and corporate governance.
PHECC Requirements	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.

4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.

4.1.3 The CPG Provider is compliant with taxation laws.

4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.

Not Applicable | Not Met | Minimally Met | Moderately Met | Substantively Met | Fully Met

Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.1.1 The Managing Director has responsibility for overall governance within the organisation. There is a thorough clinical governance policy in place, covering all relevant aspects. Sub-contractor agreements are in place, ensuring accountability. Sub-contractors are responsible for their own training needs and PHECC licensing. Monthly meetings are held with the Management team. These meetings are agenda led and action points assigned to responsible persons. There are minutes kept of these meetings, which were viewed by the GVF Assessment Team. Quality and safety issues are discussed at these meetings, however, the Provider reports that the Medical Director does not routinely attend these meetings. The GVF Assessment Team were concerned that there is no Clinical Manager currently employed within the organisation. The Managing Director is responsible for overall governance and executes this role in the absence of regular support from the Medical Director or a clinical lead. The GVF Assessment Team observed that governance at the organisation as observed is supported by a narrow base.

4.1.2 There is an appointed Medical Director who is registered with the medical council. The role of the Medical Director is incongruous with the description submitted by the Provider to PHECC. The Medical Director's main stated activity is in relation to clinical audits. The level of engagement with the Medical Director in relation to Practitioner engagement and service oversight is minimal and in the absence of a clearly defined contractual arrangement, it appears it will remain so. There was little oversight in relation to management of post-angiogram patients training or privileging of Practitioners.

4.1.3 Tax clearance certificate identified.

4.1.4 Clinical indemnity insurance certificate identified.

Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Areas of Best Practice

4.1.4 Appropriate certificates are in place.

Areas for Improvement

4.1.2 The Provider is encouraged to involve the Medical Director in the governance of the organisation, particularly in the areas of attendance at the monthly management/quality meeting and more specifically in the monitoring and training of activities related to radial compression device training and management. The Medical Director should also be encouraged to participate and overview the medication management systems and the privileging of Practitioners should be carried out in consultation with the Medical Director.

Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.
PHECC Requirements	4.2.1 The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Assessment Panel Findings

4.2.1 There was evidence of post audit change of practice within the organisation. The examples provided were in relation to paracetamol use and DNR recording. There were no patient complaints on file. There are regular quality and safety senior management meetings to facilitate future planning and provide updates. A LMS is in place and was identified by the GVF Assessment Team as an excellent tool, which is currently being underutilised by the Provider. The absence of a Clinical Manager may account for this fact. The BMS is effectively used to monitor adverse events, complaints and audits.

Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.

Pre-Hospital Emergency Care Council

Areas of Best Practice

4.2.1 Audit programme works well and the BMS is an effective tool for monitoring quality and safety within the organisation.

Areas for Improvement

4.2.1 The Provider should improve sharing of audit results and safety information to all staff members. The systems are in place to facilitate this, however, the GVF Assessment Team observed that these systems are currently underutilised.

Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider is compliant with all relevant laws and regulations.
PHECC Requirements	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.3.1 There is a section within the BMS to identify and record risk. There was evidence of the risk matrix used and items identified were categorised and assigned an order in the risk register. This appears to be well used by the Management team.

Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.

Pre-Hospital Emergency Care Council

Areas of Best Practice

4.3.1 The BMS is a good system to identify and record risk by the Provider.

Areas for Improvement

No specific observation noted by the GVF Assessment Team.

Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has systems in place to ensure actions are taken/ issues communicated on new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.
PHECC Requirements	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.
PHECC Statement	The Licensed CPG Provider complies with the PHECC Governance Validation Framework.
PHECC Requirements	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation Framework.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.4.1 There is little evidence to show that all Practitioners will receive safety alerts. There is no evidence to show that a system is in place to ensure information has been received and confirmed by Practitioners. Important updates of information are often passed verbally, which can lead to inconsistency of message. Some messages are sent by email with links to the PHECC website. Induction training was cited as a source of this information, however, there was little evidence to show that this information has been received by all Practitioners.

Areas of Best Practice

4.4.1 An electronic LMS is utilised to disseminate information.

Areas for Improvement

4.4.1 The Provider should develop a process to ensure that safety critical messages are disseminated to all Practitioners and that confirmation of message is received.

Theme 5

Workforce

Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider effectively manages its workforce (volunteers, contractors and/or employees) to meet the current and projected service needs.
PHECC Requirements	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Assessment Panel Findings

5.1.1 The Provider uses the BMS to assess trends and predict call volume and recruitment needs. At present if there is no capacity to take on more calls, this is communicated to the Provider. Additional calls are on a first come, first served basis. The assessors were informed that increase in service provision is discussed at the monthly senior management meetings. Staff retention is reported as high. Bank staff have been offered full time positions previously but have declined for various personal reasons.

Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Areas of Best Practice

5.1.1 There is a good approach to workforce planning. The GVF Assessment Team were informed that the system is used for monitoring of call volumes and predicting future requirements. This is discussed during the monthly management meetings.

Areas for Improvement

No specific observation noted by the GVF Assessment Team.

Standard 5.2 Licensed CPG Providers recruit/engage with Practitioners with the required competencies to provide high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CGP Provider has in place robust processes to assure English language competency for all volunteers, contractors and/or employees whose first language is not English.
PHECC Requirements	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/professional activities to be carried out by that person i.e. Responder or Practitioner levels. 
PHECC Statement	The Licensed CPG Provider ensures all volunteers, contractors and/or employees providing care on behalf of the organisation are currently on the PHECC register.
PHECC Requirements	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees. 
PHECC Statement	The Licensed CPG Provider ensures that all volunteers, contractors and/or employees are subject to the appropriate pre-employment checks to ensure delivery of safe care.
PHECC Requirements	5.2.3 The Licensed CPG Provider conducts checks and confirms that all volunteers, contractors and/or employees have the appropriate qualifications and registrations. 
PHECC Statement	The Licensed CPG Provider has robust security clearance processes in place for volunteers, contractors and/or employees.
PHECC Requirements	5.2.4 The Licensed CPG Provider ensures that volunteers, contractors and/or employees are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact. 

Not Applicable | Not Met | Minimally Met | Moderately Met | Substantively Met | Fully Met

Standard 5.2 Licensed CPG Providers recruit/engage with Practitioners with the required competencies to provide high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.2.1 English language competency policies are in place. Management report no requirement for use of this policy to date.

5.2.2 All staff members have a personnel file on BMS and all registration details are recorded as well. Certificates close to expiry or expired are highlighted in red by the system and Practitioners may not practice until this is addressed. The BMS generates emails to staff members if a new certificate is not submitted. There is a process in place for privileging of Practitioners but there is little involvement with the Medical Director in this process.

5.2.3 The GVF Assessment Team were informed that employee and contractor Practitioner status is recorded on the BMS. Copies of original certificates are also stored on the system in individual files. Evidence of staff contract and terms of engagement were viewed.

5.2.4 Evidence of Garda vetting for all employees is noted on the BMS.

Standard 5.2 Licensed CPG Providers recruit/engage with Practitioners with the required competencies to provide high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Areas of Best Practice

5.2.2, 5.2.3 The BMS allows for accurate and detailed personnel files for all employees, with up to date records.

Areas for Improvement

No specific observation noted by the GVF Assessment Team.

Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider provides, or provides access to, on-going training to ensure that volunteers, contractors and/or employees' CPG skill levels are maintained commensurate with their current CPG privileged status.
PHECC Requirements	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.

5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.

5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (If applicable).

Not Applicable | Not Met | Minimally Met | Moderately Met | Substantively Met | Fully Met

Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.3.1 There is an induction programme but there is no evidence that each Practitioner has received the same training or that this has been correctly documented by the Provider. The employee handbook covers some aspects of induction and is available to all employees. The LMS has several modules for employees to view and some policies are available on the MDT. Overall, the process for induction cannot be described as robust.

5.3.2 The GVF Assessment Team evidenced the staff training records that were available, however, the extent of the training is questionable. The stated upskilling time for the 2017 EMT upskilling is at best, optimistic. There is no formal training for Radial Compression devices, yet Practitioners regularly manage patients with these in place. The position of Clinical Manager is actively being recruited but this remains an area of risk for the Provider.

5.3.3 At present, the Provider does not facilitate student placement.

Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Areas of Best Practice

5.3.1 The LMS in place is an excellent resource.

Areas for Improvement

5.3.1 The induction programme should be uniform and mandatory prior to joining the organisation.

5.3.2 The Clinical Manager position should be filled as a matter of urgency and the upskilling programme details should be reviewed.

Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider supports volunteers, contractors and/or employees to exercise their personal, professional and collective responsibility for the provision of high quality, safe and reliable healthcare.
PHECC Requirements	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.

5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.

5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.

5.4.4 The Licensed CPG Provider improves patient safety by encouraging and supporting volunteers, contractors and/or employees in the reporting and learning from patient safety incidents (including adverse events, near-misses and no-harm events).

PHECC Requirements	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.

Not Applicable | Not Met | Minimally Met | Moderately Met | Substantively Met | Fully Met

Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.4.1 The Provider operates CISM Buddy-Buddy system for staff. There are allowances in place to facilitate staff attending counselling. The Provider provides Practitioners with access to a psychologist and psychotherapist if required. There is evidence that they have activated this process in relation to palliative care cases.

5.4.2 There is a policy in place.

5.4.3 There is a process in place for identification of poor performance. The Clinical Manager's role encompasses staff appraisal. As previously stated, the Clinical Manager's role is vacant at present.

5.4.4 There is a documented whistleblowing /protective disclosure policy in place. Comments on shift sheets is the mechanism for reporting identified issues.

5.4.5 In general, staff can contact any senior management member directly and this is usually verbally. There was no evidence of documented concerns being reported by staff.

Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Areas of Best Practice

5.4.1 There is a good culture of support within the organisation in relation to CISM.

Areas for Improvement

5.4.1 Training in CISM process should be completed by all employees.

5.4.3 The Clinical Manager's role is vacant and this represents a risk for the Provider and by extension the patient.

Theme 6

Use of Information

Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider is compliant with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)
PHECC Requirements	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.

6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.

Not Applicable | Not Met | Minimally Met | Moderately Met | Substantively Met | Fully Met

Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

6.1.1 There may be delay in returning PCRs to the base and they are held by Practitioners in the interim period. There are no organisational guidelines for the Practitioner in how to store or keep the chain of custody. PCR's are stored for three (3) months in hardcopy, then scanned and kept electronically for eight (8) years on harddrives in the office. Information is also manually logged for statistical purposes.

6.1.2 Clinical audit of the PCR is the responsibility of the Clinical Manager. This will recommence when the role is filled. In the meantime, the Control and Dispatch Manager carries out this task and identifies any issues with the Practitioners involved.

Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.

Pre-Hospital Emergency Care Council

Areas of Best Practice

6.1.1 The ePCR system is in place for most calls with the exception of the static events.

6.1.2 There is good audit of the PCRs that are returned.

Areas for Improvement

6.1.1 The Provider shall develop guidelines and systems for managing PCRs at static events to ensure that GDPR regulations are complied with.

Report Summary

The PHECC Governance Validation Framework consists of six (6) Themes that encompasses forty-three (43) Standards, which have been assessed by the external team of PHECC GVF Assessors during this assessment. The overall PHECC standards compliance ratings for Medicore Medical Services Ltd are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2.3%
Not Met	0	0%
Minimally Met	4	9.3%
Moderately Met	9	21%
Substantively Met	13	30.2%
Fully Met	16	37.2%

iVF Site Assessment Summary - Medicore Medical Services Ltd

	PHECC Requirement	Compliance level
Theme 1: Person-Centred Care and Support	**Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.**	
	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.	**Fully Met**
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	**Fully Met**
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	**Fully Met**
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	**Moderate**
	Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.	
	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	**Fully Met**
	1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect.	**Substantive**
	Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.	
	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.	**Substantive**
	Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	
	1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	**Fully Met**
	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.	**Moderate**
Theme 2: Effective Care and Support	**Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.**	
	2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their privileged status to deliver and ensure safe and appropriate care.	**Moderate**
	Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.	
	2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.	**Substantive**
	Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.	
	2.3.1 The Licensed CPG Provider has process, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.	**Fully Met**
	Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.	
	2.4.1 The Licensed CPG Provider submits an Annual Medical Director Report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).	**Fully Met**
	2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	**Substantive**

Theme 3: Safe Care and Support	**Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.**	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	**Substantive**
	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.	**Minimal**
	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.	**Substantive**
	Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.	
	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.	**Substantive**
	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with employees, contractors and/or volunteers.	**Moderate**
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	**Minimal**
Theme 4: Leadership, Governance and Management	**Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.**	
	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	**Minimal**
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	**Minimal**
	4.1.3 The CPG Provider is compliant with taxation laws.	**Fully Met**
	4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.	**Fully Met**
	Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.	
	4.2.1 The Licensed CPG Provider has systems, process and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.	**Substantive**
	Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.	
	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.	**Fully Met**
	Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.	
	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.	**Moderate**
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	**Substantive**

Theme 5: Workforce	**Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.**	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	**Fully Met**
	Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.	
	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person i.e. Responder or Practitioner levels.	**Fully Met**
	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.	**Fully Met**
	5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.	**Fully Met**
	5.2.4 The Licensed CPG Provider ensures that employees, contractors and/or volunteers are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.	**Fully Met**
	Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.	
	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.	**Moderate**
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	**Moderate**
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	**Not Applicable**
	Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.	
	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	**Fully Met**
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	**Substantive**
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	**Moderate**
	5.4.4 The Licensed CPG Provider improves patient safety by encouraging and supporting employees, contractors and/or volunteers in the reporting and learning from patient safety incidents (including adverse incidents, near misses and no-harm events).	**Substantive**
	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	**Substantive**
Theme 6: Use of Information	**Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.**	
	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.	**Moderate**
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	**Substantive**

Report Summary

Report Status

In accordance with the Council rules this GVF site-assessment does trigger a requirement for PHECC to issue an improvement notice regarding the Provider's service.

Council Rules for pre-hospital emergency care service providers who apply for recognition to implement Clinical Practice Guidelines (POL003 V6) outlines that, where appropriate, full recognition to implement CPGs will be awarded for a three (3) year period. This approval will apply from the last approval date.

Quality Improvement Plan

Medicore Medical Services Ltd is required to adjust and re-submit their quality improvement plan to PHECC. This adjustment of the quality improvement plan will encompass the findings outlined in this report and any other planned quality improvement or organisational development initiatives to be undertaken in the upcoming licensing period.

Report Summary

Improvement Notice

This section highlights specific actions to be taken by Medicore Medical Services Ltd with immediate effect.

Be advised that all other recommendations, made in the body of the report, should also be observed and actioned in the follow up quality improvement plan.

Medicore Medical Services Ltd shall:

1. Improve the accuracy of training records (Std. 2.1.1).

2. Improve medication management:
A. The Provider's medication stock was observed to be non-compliant with the stated HPRA/DoH licence arrangements. The Provider shall redress the stock levels in line with the licensing requirements.
B. The Provider shall maintain a full complement of medication for each clinical level to support all elements of Practitioners' scope of practice and enable delivery of the full suite of CPG.
C. The Provider shall maintain a written sign in/out record or system as verification evidence for the current MDA's that are held by the organisation. This shall be implemented with immediate effect.
D. The Provider will maintain a Doom kit as specified by the HPRA (Std. 3.1.2)

3. Improve its staff and management's awareness of the adverse clinical events systems and the process of reporting and recording events (Stds. 3.1.2, 3.2.1).

4. Improve overall governance at the organisation (Std. 3.3.2).

5. Improve its internal governance systems to involve adequate oversight of the decision making and clinical activities at the organisation. Increased engagement and oversight by the Medical Director in the various clinical activities of the organisation is desired, particularly in the area of clinical governance, privileging, medication management, management of post-angiogram patients, training oversight, etc. (Std 2.1.1, 4.1.2).

6. Make arrangements for the immediate improvement of the arrangements surrounding Clinical Governance and Management. The Clinical Manager position should be immediately filled or alternatively, interim and effective clinical governance arrangements be established with the Medical Director (Stds. 2.1.1, 5.3.2).

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