Pre-Hospital Emergency Care Council

Governance Validation Framework

Site Assessment Report

HEART ER Limited

February 2019

“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 HEART ER Limited, 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 HEART ER Limited, a private provider of pre-hospital emergency care services in Co. Laois. The on-site GVF assessment visits for this report were conducted during February 2019 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 HEART ER'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.

HEART ER's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to HEART ER'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 2009, HEART ER Ltd is a private ambulance service based in Portlaoise, Co. Laois. The administration office is based at 13B National Enterprise Park, Portlaoise and the ambulance base, holding 10 ambulances, which includes a deep cleaning facility, is located at Unit 1 Clonminam Industrial Estate, Portlaoise. HEART ER Ltd provide a nationwide service, facilitating patient transfers both to and from private and public hospitals. They transport patients to nursing home and care facilities or home as required. The service is 24-hour, seven days per week.

HEART ER Ltd are licensed by the Pre-Hospital Emergency Care Council (PHECC) to deliver pre-hospital emergency care service at the clinical level of Emergency Medical Technician and Paramedic. HEART ER is currently under review for provision of service at Advanced Paramedic level.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	HEART ER Limited
Type of Visit	Full GVF Assessment - GVFREP HRT 001_0219
Licensed CPG Provider Lead	GVFA1637
Date of Review	Practitioner Engagement - 04/02/2019 Site Assessment - 19/02/2019
Assessment Team	GVFA1637 - Team Lead GVFA1496 - 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 February 2019.

Assessment Details (continued):

Licensed CPG Provider Participants

Company Director
Medical Director (Medical Council Reg No 16608)
Clinical supervisor and in-house trainer
Administration staff member
Front-line Practitioners x 2 (Practitioner Engagement)

Onsite Feedback

Verbal feedback related to the assessment team's initial findings was provided to the Senior Management Team of HEART ER by the PHECC GVF team leader 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 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

The Provider has an Access to Care policy in place. The Access to Care policy states the Provider's primary role is to convey patients between healthcare facilities for appointments or elective procedures. The Provider occasionally transfers patients from a healthcare facility to their home. The Provider does not respond to emergency calls directly or on behalf of the statutory ambulance services, nor does it transfer critically ill patients. The Provider does not routinely provide medical cover for events. The Provider has no responsibility to local or national major incident response.

The Access to Care policy outlines the response to mechanical failure of the Provider's ambulances. The Access to Care policy outlines the process of activation and dispatch. The Provider has a comprehensive process for the receiving, management and initiation of calls. The Provider ensures the appropriate clinical levels is attached to each call as per the PHECC Inter Facility Transfer Standard. The assessment team observed dispatch in line with this standard.

Practitioners verify the patient's location using the postcode system when available. The assessment team observed the call-taking procedure, which reflected the Access to Care policy. The assessment team noted that in the case of return transfers it is organisational policy to have one ambulance designated to one patient to reduce chance of patient delay. The assessment team observed generated reports of dispatch and transfer times. The assessment team observed evidence of call refusal should the appropriate clinical level be unavailable. The assessment team observed Practitioners delivering safe care and operating at the appropriate clinical level, in accordance with the Provider's Clinical Practice Guideline approval.

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 Provider has a comprehensive Access to Care policy in place which outlines the procedure for receiving calls, verifying locations and the dispatch of appropriate resources.

1.1.1 The Provider dispatches an ambulance, which remains available to the patient until the completion of their return journey if applicable.

Areas for Improvement

1.1.2 The Provider should consider adopting technical solutions for call-taking and dispatch, which could further streamline the Access to Care process.

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

The Provider has a Patient Consent Policy in place. The assessment team reviewed evidence of Practitioner training at induction regarding consent. The staff handbook outlines procedures regarding patient consent. The system to identify patients was reviewed by the assessment team who also observed Practitioners gaining patient consent when appropriate during clinical encounters. The assessment team observed Practitioners identifying patients in accordance with organisational policy and procedure.

Practitioners observed had not experienced a situation involving patient refusal of care. The profile and nature of this Provider's case mix would indicate that patient refusal is an uncommonly encountered situation. The assessment team identified sections of the Provider's staff handbook concerning refusal of treatment or transfer. Practitioners demonstrated knowledge of the correct procedures to follow in the case of a refusal of care.

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 The Provider has a Patient Consent policy in place that is supported by the staff handbook, which appropriately addresses consent and refusal of treatment.

1.2.1 The assessment team have observed Practitioner compliance with consent policy and patient identification procedure.

Areas for Improvement

No specific observation noted by the assessment team.

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

The Provider's staff handbook contains a Code of Conduct. The staff handbook makes reference to PHECC's Code of Professional Conduct and Ethics and advises Practitioners to adhere to it. The Provider's staff handbook is circulated to all staff at induction. The assessment team observed training records that demonstrated that staff are familiarised with the staff handbook at induction. The assessment team observed Practitioners referring to the staff handbook. The Provider's staff handbook describes the expectations of staff with the regard to patient care. The assessment team observed Practitioners behaving in a professional manner towards patients.

The Provider provides training in communication skills for their Practitioners at induction. This training is cognisant of the older patient population that the Provider serves. The assessment team observed training records, which demonstrated that Practitioners had completed training in communication skills. The assessment team established that Practitioner behaviour and communication is monitored closely during the initial Practitioner probation period. The assessment team observed Practitioners engaging in appropriate and reassuring communication with patients.

The Provider is occasionally tasked with the transfer of patients who are in palliation. The assessment team identified training records that demonstrated that Practitioners had completed training in palliative care needs assessment. The Provider has introduced specific documentation to prevent inappropriate resuscitation attempts in palliative care patients who experienced cardiac arrest during transfer.

The Provider has a Confidentiality Policy in place. The assessment team observed training records, which reflect that Practitioners have been acquainted with the Confidentiality Policy. The assessment team observed signed confidentiality agreements in the Practitioners' personnel files. The assessment team observed practice that was compliant with the Confidentiality Policy.

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 issues a Staff Handbook to Practitioners, which contains the Code of Conduct that reflects the PHECC Code of Professional Conduct and Ethics.

1.3.1 The Provider has a comprehensive Confidentiality Policy in place, which is further supported by a confidentiality agreement document that is signed by each Practitioner.

1.3.2 The assessment team have observed evidence that the Provider delivers training on confidentiality and communication to Practitioners at induction.

1.3.2 The assessment team have observed Practitioner compliance with the Confidentiality Policy during Practitioner Engagement.

Areas for Improvement

No specific observation noted by the assessment team.

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.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

The Provider does not actively undertake patient satisfaction or patient experience surveys. The assessment team reviewed some patient feedback directed to the Provider, which was very complimentary. The assessment team did not observe Practitioners engaging in patient experience surveys.

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 The Provider has received unsolicited patient feedback, which is highly complimentary.

Areas for Improvement

1.4.1 The Provider should develop a mechanism to collect patient feedback in order to develop its service and promote patient satisfaction.

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

The Provider has a Client Complaint Policy in place. The Provider's Client Complaint Policy describes how a complaint is handled and refers to time specific timeframes within which a complaint is addressed. The assessment team confirmed that the Medical Director is available to deal with complaints of a clinical manner. The assessment team confirmed that the Office Manager is nominated to deal with complaints regarding customer service. The assessment team observed training records that demonstrated Practitioners are familiarised with the complaints procedure at induction. The assessment team established that Practitioners are aware of the complaints procedure. The assessment team established that the Provider has not received any complaints.

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 The Provider has a Client Complaint Policy in place that describes the complaint process and outlines the timeframe within which a complaint will be handled.

Areas for Improvement

1.5.1 The Provider's Client Complaint Policy should include a procedure to prevent repetition of circumstances in which complaints have been upheld.

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

The Provider has a Recruitment Policy in place. The Recruitment Policy outlines the procedure for ensuring potential employees have the correct qualifications and professional registration to operate as a PHECC Practitioner. The Provider maintains a database of their PHECC registered Practitioners. The Provider conducts a pre-employment check to ensure potential employees have current PHECC registration. The Provider mandates that Practitioners submit evidence of current PHECC registration on an annual basis. The assessment team established compliance with this procedure in a random sample of personnel files.

The Provider maintains evidence of Practitioner training and Clinical Practice Guideline upskilling. The Provider maintains evidence of Practitioner Cardiac First Response certification. The assessment team established compliance with these procedures in a random sample of personnel files.

The assessment team observed the presence of PHECC Clinical Practice Guidelines in the ambulance. The assessment team observed a structured approach to policy development and documents control. The assessment team could not identify a clear mechanism to ensure existing staff had received and reviewed new or updated policies.

The assessment team identified that Practitioners are authorised by the Provider to manage a haemostatic medical device that is not included on the PHECC Practitioner Skills Matrix. The assessment team could not identify a specific educational package for Practitioners undertaking this skill. The assessment team established that the Medical Director was unfamiliar with this device.

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 The Provider has a robust Recruitment Policy in place, which outlines the procedure to ensure appropriate qualification and professional registration of new and existing staff.

2.1.1 The Provider maintains comprehensive records of Practitioners' professional registration, qualifications and certification of attendance of mandatory training.

Areas for Improvement

2.1.1 The Provider should develop a mechanism to ensure existing staff have received and are familiar with new or updated policies.

2.1.1 The Provider should develop a specific educational package in conjunction with their Medical Director before authorising additional skills outside the normal scope of practice of PHECC Practitioners.

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

The Provider has a Handover Policy in place. The Handover Policy is reflective of the Emergency Medicine Programmes handover protocol. The Handover Policy refers to the role of patient care documentation in the handover process. The assessment team observed training records, which demonstrated that Practitioners had completed handover training at induction. The assessment team observed Practitioners completing structured patient handover in line with the Handover Policy. The assessment team established that patient handover is monitored closely during the initial Practitioner probation period. The assessment team observed Practitioners using patient care documentation to complement patient handover. The assessment team observed Practitioners seeking clarification of relevant patient information when receiving care of patient from healthcare facilities.

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 Provider has a Handover Policy in place, which reflects the Emergency Medicine Programmes handover protocol.

2.2.1The assessment team have observed Practitioner compliance with Handover Policy and the delivery of handovers, which positively contribute to continuity of patient care during Practitioner Engagement.

Areas for Improvement

No specific observation noted by the assessment team.

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

The Provider has an established procedure for pre-shift vehicle checks, which includes relevant documentation and is in line with Road Safety Authority recommendations. The assessment team observed Practitioners completing pre-shift vehicle checks in line with procedure and checks were recorded in a vehicle log book. The assessment team observed illustrative material on display in the ambulance base to support Practitioners completing these checks. The Provider has an established procedure to deal with vehicle defects in a prompt fashion.

The Provider has a robust system for recording and storing vehicle maintenance, repair and testing documents. The assessment team observed evidence of valid Commercial Vehicle Roadworthiness Test certification and Road Safety Authority declarations for a random selection of vehicles. The assessment team observed vehicle maintenance records for a random selection of vehicles that were in line with manufacturers recommendations. The Provider has an electronic database that informs administrative staff when vehicle maintenance should be scheduled.

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 The Provider has a robust procedure for vehicle checks in place, which ensures the roadworthiness of vehicles before they enter operation.

2.3.1 The Provider has a comprehensive electronic system for recording of vehicle maintenance and scheduling.

2.3.1 The assessment team have observed Practitioner compliance with vehicle checks during Practitioner Engagement.

Areas for Improvement

No specific observation noted by the 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

The Provider has submitted an Annual Medical Director Report, which outlines the Provider's clinical activities and refers to clinical governance strategies.

The Provider has conducted several clinical audits in a systematic fashion. The assessment team reviewed the results of clinical audits conducted over the last year, which addressed patient care documentation completion and medication management. The results of the audits were followed by recommendations to improve practice. The assessment team could not consistently identify the result of an audit that led to a change in policy, procedure or practice that demonstrated improvement following re-audit.

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 The Provider has submitted an Annual Medical Director's report, which includes a Clinical Practice Guideline report as per PHECC Council Rules.

2.4.2 The Provider has conducted clinical audits that are in line with PHECC standards.

Areas for Improvement

2.4.2 The Provider should conduct re-audits and present results that demonstrate an improvement in practice that can be directly linked to a change in policy, procedure or training, that was generated on the foot of the initial audit.

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 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 are 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 equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.

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

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

The Provider has an Infection Control policy in place. Infection Control policy is comprehensive and outlines procedures with regard to standard precautions, clinical waste management and decontamination of ambulance and equipment. The assessment team observed call-takers establish patients' infectious status before dispatch. The assessment team observed the Provider's purpose-build ambulance base and vehicle decontamination suite. The decontamination suite enables Practitioners to complete deep cleaning of the ambulance saloon. The Provider has invested in a facility to conduct swab testing of vehicles before and after decontamination and produces a measure of quality of cleaning. The assessment team observed vehicle decontamination taking place following transfer of a patient with infectious disease. The assessment team observed Practitioners using gloves when appropriate. The assessment team observed infrequent use of alcohol hand gel among Practitioners. The assessment team observed Practitioners decontaminating the patient trolley between patient use. The assessment team observed training records, which demonstrated that Practitioners had completed infection control and hand hygiene training at induction. The assessment team observed training records that demonstrated that Practitioners had participated in ongoing hand hygiene training.

The Provider has a Medication Management Policy in place. The Medication Management Policy outlines the procedure for requisition, storage and disposal of medications within the Provider. The assessment team found Practitioners to be familiar with medication policy procedures. The assessment team observed compliance with the policy among Practitioners. The assessment team observed medications bags that were sealed and appropriately stored while not in use. The assessment team established the presence of medications appropriate to the clinical level present during Practitioner Engagement and all these medications were within expiry date. The assessment team reviewed the process for ensuring stored medications are not beyond expiry date and observed evidence that this took place. The assessment team observed the medication storage facilities, which were secure and in line with best practice. The Provider is registered for Health Products Regulatory Authority alerts. The assessment team observed evidence that medication alerts are disseminated to the Provider's Practitioners.

The Provider requires Practitioners to check the equipment in the ambulance during their pre-shift checks. The assessment team observed evidence of contractual agreements between the Provider and an equipment servicing company. The assessment team observed the retention of documents, which demonstrated that ambulance equipment had undergone maintenance, servicing and calibration. The assessment team observed two examples where equipment was marginally beyond its recommended service period. The assessment team established the presence of equipment appropriate to the clinical level present during Practitioner Engagement to provide the care outlined in a random selection of Clinical Practice Guidelines.

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 The Provider has a robust Infection Control Policy in place, which make reference to regular scheduled deep cleaning of the ambulance saloon.

3.1.1 The Provider has a purpose-built decontamination suite to facilitate the deep cleaning of the ambulance salon, which demonstrates its commitment to infection prevention and control.

3.1.1 The Provider has employed a system to measure the effectiveness of decontamination of vehicles.

3.1.2 The Provider has a comprehensive Medication Management Policy in place, which makes reference to the requisition, storage and disposal of medications.

Areas for Improvement

3.1.1 The Provider should remind Practitioners of the importance of hand hygiene, which can be reinforced during annual training.

3.1.3 The Provider should strengthen its internal procedures to ensure medical equipment is maintained and serviced in line with manufacturer's recommendations.

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 employees, contractors and/or volunteers.

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

The Provider has an Adverse Incident Reporting Policy in place. The Adverse Incident Policy outlines the Provider's procedure with regard to adverse events. The Provider has a system of reporting incidents, accidents and near-miss occurrences.

The assessment team sought to evidence a near-miss occurrence and were informed there was none. During discussion with the clinical co-ordinator the assessment team later identified an occurrence that may have been classified as a near-miss. The potential to improve near-miss reporting was identified at the final meeting.

The assessment team reviewed a sample of adverse incidents. These included minor road traffic accidents or equipment issues. The assessment team observed no adverse clinical incident. The assessment team found Practitioners were familiar with the process of reporting an adverse incident. The assessment team observed the adverse incident reporting book in an ambulance cab. The assessment team found Practitioners could access the duplicate of all previous adverse events entered into the booklet.

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

3.2.1 The Provider has an Adverse Incident Reporting Policy in place, which outlines the procedure to investigate an adverse event.

Areas for Improvement

3.2.1 The Provider should review the definitions of events in the Adverse Incident Reporting Policy and ensure that all personnel are familiar with this.

3.2.1 The Provider should consider removing duplicate adverse incident report forms to ensure data control compliance.

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

The Provider has a Safeguarding Policy in place. The Safeguarding Policy outlines the procedures to be undertaken when a Practitioner suspects a child or vulnerable adult is at risk of harm or abuse. The assessment team found that Practitioners were familiar with their responsibilities with regard to the Safeguarding Policy and made reference to their staff handbook. The Provider has identified a Designated Person in line with Children First legislation. The assessment team observed training records, which demonstrated Practitioners had completed Children First training.

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

3.3.1 The Provider has a robust Safeguarding Policy in place with evidence of Practitioner training to complement the policy.

3.3.1 The assessment team have identified Practitioner familiarity with the Safeguarding Policy.

Areas for Improvement

No specific observation noted by the assessment team.

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

The Provider has a Clinical Governance Statement that identifies the Director and Managing Director as having overall responsibility for clinical governance. The statement also states that all staff have responsibility for clinical governance. The Clinical Governance statement suggests that clinicians report directly to the Medical Director. The assessment team established that Practitioners do not contact the Medical Director directly regarding clinical issues.

The Provider has an identified Medical Director who is registered with the Irish Medical Council. The assessment team established that the Medical Director engages with the Provider at a distance.

The assessment team observed documentation that confirmed compliance with taxation law.

The assessment team observed documentation that confirm the necessary insurance cover is in place.

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

4.1.3 The Provider has provided evidence of compliance with taxation law.

4.1.4 The Provider has provided evidence of appropriate insurance cover.

Areas for Improvement

4.1.1 The Provider should review its Clinical Governance Statement and identify the person with overall responsibility for clinical governance.

4.1.2 The Provider should develop its relationship with the Medical Director and engage on a regular basis to ensure the framework of clinical governance as described in the Medical Director's Roles and Responsibilities and the Clinical Governance Statement is achieved.

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

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

Assessment Panel Findings

The Provider has completed clinical audits and states that the results of the audits contributes to the learning and development plan. The assessment team observed Practitioner attendance records for lectures concerning audit topics. The assessment team could not identify a clear link between the results of a specific audit and generation of a lesson plan with learning outcomes to address deficiencies in knowledge or practice.

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 The Provider has completed clinical audits that are in line with PHECC standards.

Areas for Improvement

4.2.1 The Provider should develop clinical audits with defined compliance targets that can be remeasured.

4.2.1 The Provider should demonstrate it has completed the audit cycle by generating an educational suite to include learning outcomes that address deficiencies identified through clinical audit.

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

The Provider has a Risk Assessment Statement. The Provider has engaged with an external Health and Safety Consultant to conduct risk assessments, which ensure that the Provider is compliant with health and safety legislation.

The assessment team observed evidence of risk assessments with the identification of potential risks.

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 Provider has a Risk Assessment Statement in place, which is complimented by a Health and Safety Handbook.

4.3.1 The Provider has engaged with an external Health and Safety Consultant to conduct risk assessments.

Areas for Improvement

No specific observation noted by the 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

The Provider has a Staff Communication Statement in place, which outlines how information from professional or regulatory bodies is disseminated to Practitioners. The Provider has subscribed to the Health Product Regulatory Authority's alerts. The assessment team observed that Practitioners had received these results by electronic mail. The Provider's Director receives clinical communications from PHECC. The Director informs the Medical Director and the Clinical Trainer who consider how it will affect the Provider's Practitioners.

The Provider has actively engaged with the PHECC Governance Validation Framework. The Provider has completed the self-assessment and submitted relevant paperwork. The Provider facilitated the assessment team during Site Assessment and Practitioner Engagement. The assessment team was unable to conduct the Group Practitioner Interview element of the Site Assessment as Practitioners were engaged in patient care throughout the day.

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

Areas of Best Practice

4.4.1 The Provider has a Staff Communication Statement in place, which describes the cascade of information to Practitioners.

4.4.1 The assessment team have observed documents forwarded to Practitioners as described in the Staff Communication statement.

Areas for Improvement

No specific observation noted by the assessment team.

Theme 5

Workforce

Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors 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 (vounteers, contractors 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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

The Provider has a Staff Recruitment Policy in place. The Staff Recruitment Policy outlines the various entry channels to the Provider.

The Provider monitors its workflow, which is analysed for trends and have identified consistent growth. The Provider reports that it is has recently recruited new staff. The Provider has enough staff numbers to tolerate unplanned staff absence without altering service.

The Provider has applied to PHECC for Advanced Paramedic Clinical Practice Guideline approval.

Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors 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 The Provider has a Staff Recruitment Policy in place that describes how recruitment is conducted.

5.1.1 The assessment team have observed evidence of staff workflow analysis and plans to recruit staff in response to the results.

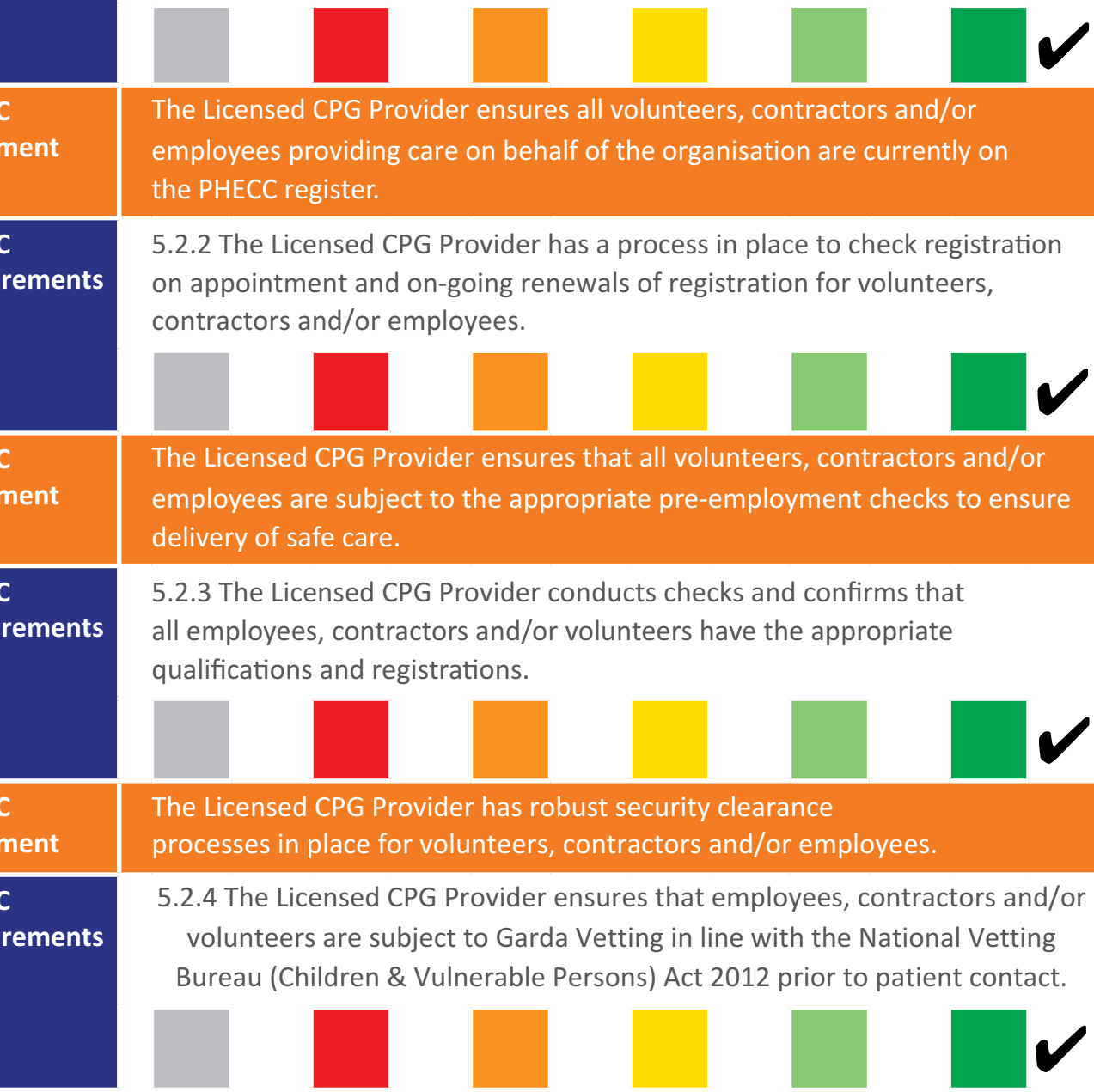
Areas for Improvement

No specific observation noted by the 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 employees, contractors and/or volunteers 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 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.



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

The Provider has an English Language Competency Policy in place. The English Language Competency Policy outlines how Practitioners, whose first language is not English, will undergo language competency testing in a local educational institute.

The Provider has a Staff Recruitment Policy in place. The Staff Recruitment Policy outlines how Practitioners undergo a number of pre-employment checks, which include confirming qualifications and PHECC registration. The Provider's administrative manager is responsible for ensuring this is monitored on an ongoing basis. The assessment team observed current and historical evidence of PHECC registration in a random sample of personnel files. The assessment team observed copies of the National Qualification in Emergency Medical Technology in a random sample of personnel files.

The Provider has a Garda Vetting Policy in place. The Garda Vetting Policy requires Practitioners to have current Garda vetting in place before commencing employment. The Provider repeats Garda vetting of Practitioners on a five-year cycle. The Garda Vetting Policy requires Practitioners to inform the Provider of any pending conviction or prosecution. The assessment team observed copies of valid Garda vetting in a random sample of personnel files.

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

5.2.1 The Provider has an English Language Competency Policy in place, which describes how competency assessment will take place.

5.2.2 The Provider has a Staff Recruitment Policy in place, which mandates pre-employment checks regarding qualifications and PHECC registration.

5.2.4 The Provider has a Garda Vetting Policy in place, which defines a five-year vetting cycle.

Areas for Improvement

No specific observation noted by the 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

The Provider delivers an extensive induction programme for recruited Practitioners. The induction programme includes familiarisation with company policies and procedures. The induction programme is delivered by the Clinical Trainer. The induction is followed by a probation period, during which new Practitioners are supervised by a more senior Practitioner. The assessment team observed attendance records for the induction programme. The assessment team established that Practitioners benefited from the induction programme following Practitioner Engagement. The assessment team observed Practitioners referring to a comprehensive staff handbook that is issued at induction.

The Provider has a schedule of training, which is developed by the Clinical Trainer. The training includes mandatory courses and educational sessions in response to Practitioner appraisal or the results of clinical audit. The Provider delivers training in mandatory courses, such as Cardiac First Response. The Provider has developed training to address deficiencies identified through clinical audit. The Provider conducts an annual appraisal of Practitioners' educational needs. The assessment team observed the training records of a sample of personnel files and found them to be satisfactory. The Provider presented the assessment team with a multiplicity of attendance records for various courses delivered by the Clinical Trainer. However, the assessment team could not identify learning outcomes or lesson plans associated with many of these courses.

The Provider does not accept student Practitioners for observation or experience.

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 Provider delivers a comprehensive induction programme for Practitioners, which is supported by the staff handbook.

5.3.2 The assessment team observed evidence of training records, which demonstrate ongoing Practitioner training and development.

Areas for Improvement

5.3.2 The Provider should develop lesson plans and learning outcomes that reflect the content being delivered to Practitioners.

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 employees, contractors and/or volunteers in the reporting and learning from patient safety incidents (including adverse incidents, 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

The Provider has a Critical Incident Stress Management Policy in place. The Critical Incident Stress Management Policy outlines how a Practitioner can be assisted following an event. The Provider has appointed a Critical Incident Stress Management Officer, who is also the Clinical Trainer. The Provider has a service level agreement with a professional counselling service to whom Practitioners can be referred if required. The assessment team established that Practitioners are familiar with the Critical Incident Stress Management procedure.

The Provider has a Fitness to Practice Policy in place. The Fitness to Practice Policy refers to the PHECC Code of Professional Conduct and Ethics. The Fitness to Practice Policy states that Practitioners must declare any Fitness to Practice conditions to the Provider. The assessment team established that Practitioners were aware of the Fitness to Practice Policy.

The Provider has a documented appraisal procedure that requires Practitioners to undergo an annual review and outlines how underperformance is identified and managed. The Provider imposes a probation period on Practitioners who have been recruited. The assessment team observed appraisal records in a random sample of personnel files.

The Provider operates open disclosure, which is outlined in the staff handbook. A non-punitive approach to feedback from staff and reporting of adverse incidents is emphasised within the Provider's staff handbook. The assessment team established that Practitioners are encouraged to report concerns to management and the response to this is always supportive.

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 The Provider has a robust Critical Incident Stress Management procedure in place, which is supported by the availability of external professional psychological support.

5.4.2 The Provider has a Fitness to Practice Policy in place, which references to the PHECC Code of Professional Conduct and Ethics.

5.4.3 The assessment team observed records of annual Practitioner appraisal, which demonstrates the Provider's positive approach to learning and development.

Areas for Improvement

No specific observation noted by the assessment team.

Theme 6

Use of Information

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has implemented PHECC 'Clinical Records Management Guidelines'.
PHECC Requirements	6.1.1 The Licensed CPG Provider has systems, processes and procedures in place to assure the full implementation of the information governance and effective management of healthcare records requirements as outlined in the PHECC Clinical Records Management Guidelines.

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 information governance.

Assessment Panel Findings

The Provider has a Records Management Policy in place. The Records Management Policy is reflective of the PHECC Clinical Records Management guidelines. The policy outlines how patient care documentation should be completed and stored. The policy identifies the person responsible for data protection within the Provider's organisation. The assessment team observed the management of patient care documentation in company headquarters and found this to be in line with policy. The assessment team observed the management of patient care documentation by Practitioners in the ambulance and found this to be in line with policy.

The Provider conducts reviews of the patient care documentation completed by Practitioners. The Provider could demonstrate the results of these reviews to the assessment team. The review identified an issue with the completion of patient care documentation with one Practitioner. The Provider could not demonstrate how this was followed up outside of an informal discussion between the Practitioner and the Clinical Trainer. The assessment team established that Practitioners were aware that the quality of patient care documentation is monitored by the Provider.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

6.1.1 The Provider has a robust Records Management Policy in place, which is consistent with PHECC Clinical Records Management guidelines.

6.1.1 The assessment team have observed evidence of compliance with the Records Management Policy among Practitioners and administrative staff, and of reviews of performance of Practitioners completing patient care documentation.

Areas for Improvement

6.1.2 The Provider should record how Practitioners who may be identified as underperforming around patient care documentation are addressed in line with company policy and procedure.

Report Summary

The PHECC Governance Validation Framework cconsists of six (6) Themes that encompasses forty-three (43) Standards, which have been assessed by the external team of PHECC GVA assessors during this assessment. The overall PHECC standards compliance ratings for HEART ER Limited are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2%
Not Met	0	0%
Minimally Met	0	0%
Moderately Met	2	5%
Substantively Met	8	19%
Fully Met	32	74%

GVF Site Assessment - HEART ER Limited

	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.	**Fully Met**
	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.	**Fully Met**
	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.	**Moderate**
	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.	**Fully Met**
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 status to deliver and ensure safe and appropriate care.	**Substantive**
	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.	**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.	
	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.	**Fully Met**
	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.	**Fully Met**
	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.	**Substantive**
	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.	**Fully Met**
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.	**Substantive**
	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.	**Moderate**
	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.	**Fully Met**
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	**Fully Met**

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	**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.	**Fully Met**
	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.	**Substantive**
	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.	**Fully Met**
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	**Fully Met**
	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).	**Fully Met**
	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	**Fully Met**
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 2018 Clinical Information Standards and associated reports and will ensure compliance with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)	**Fully Met**
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	**Fully Met**

Report Summary

Report Status

In accordance with the Council rules this GVF site-assessment does not trigger a requirement for PHECC to issue an improvement notice, attach conditions or withdraw recognition. 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

HEART ER are 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.

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