

Governance Validation Framework

Site Assessment Report

REVA Global Medical Solutions Ltd

August 2021

“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.”



2nd Floor
Beech House
Millennium Park
Osberstown
Naas
Co Kildare
W91 TK7N

Tel: +353 (45) 882042
E-mail: gvf@phecc.ie
Web: www.phecc.ie

Introduction

Executive Summary	04
Overview of Licensed CPG Provider	05

Assessment Report

Judgement Framework	08
<i>Guide to Rating Descriptor</i>	
Theme 1	09
<i>Person Centred Care and Support</i>	
Theme 2	25
<i>Effective Care and Support</i>	
Theme 3	38
<i>Safe Care and Support</i>	
Theme 4	48
<i>Leadership, Governance and Management</i>	
Theme 5	61
<i>Workforce</i>	
Theme 6	74
<i>Use of Information</i>	

Report Summary

Report Summary	78
-----------------------------	-----------

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 REVA Global Medical Solutions 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 REVA Global Medical Solutions Ltd, a private provider of pre-hospital emergency care services globally, with their EU base located at Shannon Airport, Ireland. The on-site GVF assessment visits for this report were conducted during August 2021 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). This report is intended to support the ongoing quality improvement process within REVA Global Medical Solutions 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.

REVA Global Medical Solutions Ltd's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to REVA Global Medical Solutions 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

REVA Global Medical Solutions Ltd operates an internationally based 24-hour emergency call centre and conduct medical evacuation flights utilising a fixed-wing air ambulance. Their largest single clinical category of patients are trauma patients.

Their base of operations in Europe is located at Shannon Airport, Co Clare, Ireland. The base is used as a transit point for REVA aircraft conducting MEDEVAC operations from European countries back to the United Kingdom and other patient care destinations within Europe.

REVA Global Medical Solutions Ltd is licensed by the Pre-Hospital Emergency Care Council to implement CPGs at the clinical level of Advanced Paramedic.

Information used to create this overview was supplied by the Provider.
For more information visit: <https://www.flyreva.com/>

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	REVA Global Medical Solutions Ltd
Type of Visit	Full GVF Assessment - GVFREP REVA 001_0821
Licensed CPG Provider Lead	GVFA7460
Date of Review	Practitioner Engagement - 06/08/2021 Site Assessment - 06/08/2021
Assessment Team	GVFA7460 - Team Lead GVFA4352 - Site Assessor GVFA4352 - 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 August 2021.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Company Director
Quality Assurance Manager
Medical Director (Medical Council Reg No 182531)
Flight Nurse
Pilots x 2

Onsite Feedback

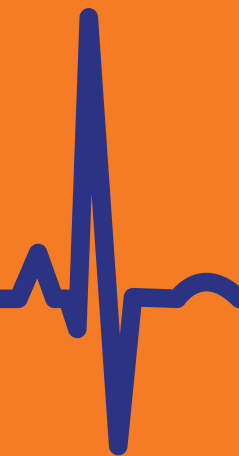
Verbal feedback related to the GVF Assessment Team's initial findings was provided to the Senior Management Team of REVA Global Medical Solutions Ltd by the PHECC GVF Assessment Team Lead at the closing meeting. A number of items were identified as areas of potential improvement. There was agreement 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	<ul style="list-style-type: none"> The standard is not applicable to this organisation/base location
Not Met	<ul style="list-style-type: none"> Does not meet expectations No evidence of compliance anywhere in the organisation with the requirements set by the statement/standard
Minimally Met	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.
PHECC Requirements	<p>1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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



Assessment Panel Findings

1.1.1 The Provider operates an internationally based 24-hour emergency call centre that is fully staffed by clinically appropriate competent staff. Evidence was provided of key performance indicators relating to staffing levels and duty rotas that ensure adequate staff availability.

1.1.2 Evidence of policies for air medical transport requests were provided. The communication/call centre is staffed by flight nurses who complete a standardised electronic transport request, which is reviewed by a medical co-ordinator. All medical transports are initiated under the direction of the Provider's Operation Centre Director, Client Resource Managers, Dispatchers and Medical Co-ordinators.

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



Areas of Best Practice

1.1.1 The assessment team observed evidence of a comprehensive suite of transport protocols designed to ensure the safe and appropriate level of care for patients requiring air ambulance transport.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



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.					
						✓

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



Assessment Panel Findings

1.2.1 The Provider has a system in place for checking patient consent and confirming patient identity prior to service activation. During practitioner engagement it was confirmed that a '5' point check is carried out and documented prior to patient transport.

Mental capacity of the patient is routinely assessed and recorded in the patient record.

1.2.2 The Provider has a Refusal of Treatment policy in place, however, the Assessment Team was informed that due to the nature and circumstances pertaining to air medical transport, patient refusing treatment and transport is rarely if ever encountered.

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



Areas of Best Practice















1.2.1 Patient consent is obtained prior to service activation and is confirmed at the patient's bedside by the practitioner prior to air ambulance transport.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



PHECC Statement	The Licensed CPG Provider has systems, policies and procedures in place that respect the values, preferences and wishes of patients.
PHECC Requirements	<p>1.3.1 The Licensed CPG Provider has arrangements in place to promote patients’ privacy, dignity and autonomy.</p> <p>        </p>
PHECC Requirements	<p>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.</p> <p>        </p>

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



Assessment Panel Findings

1.3.1 The Provider has a Code of Ethical Conduct and stated Core Values in place that outlines the organisation's expectations of all its staff when dealing with internal and external clients and patients. There is evidence of organisational leadership and a commitment to protecting the dignity, confidentiality and privacy of service users.

The assessment team verified that a Confidentiality Policy is in place, which states that a Privacy Officer is employed to oversee staff education and organisation compliance with GDPR, U.S. Health Insurance Portability and Accountability Act (HIPAA) and other legal provisions.

1.3.2 Evidence was provided of a robust staff induction programme that includes training in communication and human factors in which all members of the multidisciplinary team participate.

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



Areas of Best Practice

1.3.1/2 The Provider has in place a comprehensive initial education and orientation programme, which ensures that each member of the multidisciplinary team can work seamlessly together while individually working at the top of their licence.

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.



PHECC Statement	The Licensed CPG Provider has systems in place to promote and measure positive patient experience.
PHECC Requirements	<p>1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #f4a460; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #90ee90; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #008000; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

1.4.1 The Provider has in place a Transport Debriefing Form/Safety Resolution Report as evidence of patient satisfaction review; however, this reporting process does not capture any patient data reflecting satisfaction with the service provided.

The Assessment Team were provided with evidence of a quality assurance process that supported the identification of service deficiencies and areas of good practice.

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



Areas of Best Practice













No specific observation noted by the Assessment Team.

Areas for Improvement

1.4.1 The Provider should consider introducing a process whereby patient/service users' experiences of care provided is gathered and collated and shared with the multidisciplinary team and senior management.

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



<p>PHECC Statement</p>	<p>The Licensed CPG Provider has an internal complaints/concern handling process.</p>
<p>PHECC Requirements</p>	<p>1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.</p> <p>       </p>
<p>PHECC Requirements</p>	<p>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.</p> <p>       </p>

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



Assessment Panel Findings

1.5.1 The Assessment Team were provided with evidence of the Provider's policies and procedures for dealing with patient complaints. There is a clear process for managing complaints as they arise in the course of the patient episode during transportation. A follow up complaints resolution policy that clearly outlines the chain of authority and accountability was also verified.

1.5.2 There is an Initial Education/Orientation programme, which includes training on the Provider's complaints process. All staff undertake this period of training and know how to advise a patient on how to make a complaint. However, the Assessment Team could not verify specific staff complaints training records.

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



Areas of Best Practice

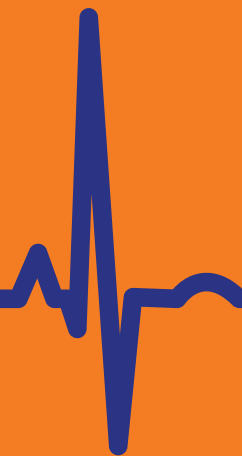
1.5.1 The Provider has clear processes and lines of authority for dealing with patient complaints.

Areas for Improvement

1.5.2 Evidence of staff training specifically related to patient complaints should be maintained.







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.



<p>PHECC Statement</p>	<p>The Licensed CPG Provider must ensure that privileged Responders/Practitioners administer specific medications and perform specific clinical interventions in keeping with their CPG status.</p>
<p>PHECC Requirements</p>	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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



Assessment Panel Findings

2.1.1 The Assessment Team verified that the Provider has a comprehensive suite of policies regarding the registration status of all levels of practitioners and there is a mechanism to assure healthcare is delivered according to clinical practice guidelines.

A sample of a training and upskilling timetable was shared as evidence that there is a process for education and training updates for all clinical levels of staff.

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



Areas of Best Practice







2.1.1 The Provider has a comprehensive training and education timetable, which ensures all clinical staff engage in opportunities to maintain their competence.

Areas for Improvement

2.1.1 The Provider should develop a process that explicitly monitors PHECC practitioner adherence to CPGs and upskilling relevant to clinical level of practice.

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



PHECC Statement	The Licensed CPG Provider promotes a structured but flexible handover process that optimises patient safety and quality of care.
PHECC Requirements	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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



Assessment Panel Findings

2.2.1 The Assessment Team verified that the Provider has a suite of policies and procedures, which ensures the safe and effective handover of patient care at each level of the patient journey.

Evidence of patient care records and medical documentation records were provided in the GVF submission and during the on-site assessment.

The Provider stated that staff receive specific training in handover and use of electronic PCR (ePCR) as part of their induction and orientation training.

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



Areas of Best Practice







2.2.1 Patient care standards, documentation of the patient journey and handover processes from start to finish are evident in the Provider's records.

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.



PHECC Statement	The Licensed CPG Provider must ensure that ambulances are fit for purpose.
PHECC Requirements	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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.



Assessment Panel Findings

2.3.1 The Provider does not come under the specific requirements of the Road Safety Authority as the mode of transport for this service is air ambulance.

The Assessment Team verified that the aircraft is maintained by an Irish based company according to all applicable EASA standards and regulations and the Provider is compliant with the standards of the Irish Aviation Authority and also accredited by other international aviation authorities.

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.



Areas of Best Practice

2.3.1 The Provider verified accreditations in Medical, Aviation, Operations and Maintenance of the aircraft operating in line with national and international legislation.

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.



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	<p>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).</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
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	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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



Assessment Panel Findings

2.4.1 The Assessment Team verified the submission of the Annual Medical Director's Report.

2.4.2 The Provider does not currently have in place a specific programme of clinical audit in line with PHECC standards. However, the Medical Director verified that review and analysis of 100% of all patient care records is carried out. Evidence of chart review and audit was verified by the Assessment Team.

Due to the small volume of patients being transported within this jurisdiction it was difficult at this time for the Medical Director to submit an extensive audit report. The Assessment Team were informed that it is anticipated, that as activity increases a planned programme of audit that is in line with PHECC standards will be put in place.

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



Areas of Best Practice

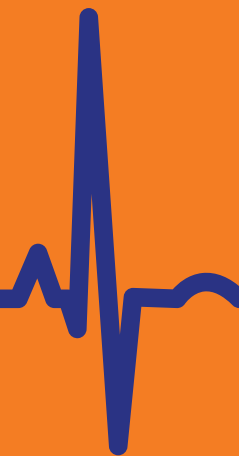
2.4.2 The Provider has a robust process of audit of all patient care reports.

Areas for Improvement

2.4.2 The Provider and Medical Director should develop an Annual Audit plan that is in line with PHECC standards.






















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.



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	<p>3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.</p> <p>        </p>
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	<p>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.</p> <p>        </p>
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	<p>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.</p> <p>        </p>

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



Assessment Panel Findings

3.1.1 The Assessment Team verified that the Provider has up to date Infection Prevention and Control policies and processes in place.

At on-site assessment the cleaning, inspection and maintenance of equipment was discussed and evidence of good infection prevention and control practice was verified.

The care delivery area, which is an air ambulance Hawker 800XP, was inspected and was found to be well stocked and clutter free.

Systems are in place for safe collection and disposal of clinical waste.

Staff are facilitated with a specific time slot to perform a pre-mobilisation equipment and medication check

The Provider has a dress code policy in place, which applies to all staff at each clinical level and specific safety attire such as high visibility jackets and safety footwear are prescribed.

Personal protective equipment is worn in accordance with the patient clinical presentation and in line with Infection Prevention and Control guidance.

3.1.2 The Provider has a medicines management process in place: evidence of this was verified by the Assessment Team.

Medication stocks were inspected by the Assessment Team where it was noted that most medications held in stock are sourced outside the jurisdiction of Ireland and are therefore branded and titled differently to those listed medications on approved PHECC CPGs.

There is a policy and process for re-stocking of medication and evidence of this was verified by the Assessment Team.

The Provider verified compliance with the safe storage of controlled drugs and shared evidence of a current Garda Certificate with the Assessment team.

The Provider is currently in consultation with the Health Products Regulatory Authority (HPRA) with regard to licensing of controlled medications.

3.1.3 The Provider has a Medical Equipment Maintenance policy in place. All medical equipment and devices are available to practitioners and comply with PHECC standards. Additional equipment such as ventilators are included in the inventory and training on the use of all equipment is carried out with staff at initial/orientation and ongoing education and training events. A record of all training is maintained locally and centrally.

Locally there is a process and designated person responsible for restocking and managing faulty or damaged equipment.

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



Areas of Best Practice

3.1.1 The Provider supports safe Infection Prevention and Control practices and provides near-patient COVID 19 PCR screening if and when required.

3.1.3 The Provider supports ongoing CPD for practitioners in equipment and medical devices training through regular timetabled simulation programmes.

Areas for Improvement

3.1.2 It is recommended that a mapping of existing medications stored by the Provider in its Irish base against the PHECC approved medications list should be carried out to reconcile approved medications for PHECC registered practitioners.

The Provider should continue to advance engagement with the HPRA to achieve full compliance in its HPRA regulatory requirements.

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



<p>PHECC Statement</p>	<p>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.</p>
<p>PHECC Requirements</p>	<p>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.</p> <p> ✓ </p>
<p>PHECC Statement</p>	<p>The Licensed CPG Provider has arrangements in place to identify, assess and respond appropriately to patients' safety incidents and complaints.</p>
<p>PHECC Requirements</p>	<p>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.</p> <p> ✓ </p>

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



Assessment Panel Findings

3.2.1 Evidence was provided in the GVF submission that the Provider has a Quality Management and Safety Programme in place.

At the on-site assessment discussions with the senior management team, the Quality Manager and Director both stated that an 'Open Door' and open disclosure policy exists for all staff working in the organisation.

There is a quality assurance and continuous quality improvement plan in place, the goals of which are for 100% compliance across all aspects of the organisation's activities.

Evidence was provided of processes related to incident investigation and communication between flight crew/clinical staff and the quality and safety committee.

The Provider has included staff training in incident reporting at initial and ongoing training events, however, the Assessment Team did not evidence staff training records in the submission document or during the on-site assessment.

3.2.2 The Provider has a process in place for sharing lessons learned from patient safety incidents (near-misses, adverse events, no-harm events) and complaints with employees and contractors. The Provider's policy states that any training required as a result of incident investigation is planned and carried out in a timely manner. The Assessment Team could not verify evidence of staff communications or minutes of staff/committee meetings where such information was shared or actioned as a result.

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



Areas of Best Practice

3.2.1 The Provider promotes an open disclosure, open door policy for all staff.

Areas for Improvement

3.2.2 The Provider should provide evidence of the dissemination of incident and complaints investigation and resolution shared with employees.

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



PHECC Statement	The Licensed CPG Provider is committed to safeguarding vulnerable members of the community.
PHECC Requirements	<p>3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

3.3.1 The Provider has a safeguarding policy in place, which complies with National Guidance for the Protection and Welfare of Children (2017) and Children First Act (2015). The Provider has specified in practitioner job-descriptions the requirement for all potential employees to undergo vetting by the National Vetting Bureau in advance of taking up employment position.

The Assessment Team were not provided with records regarding staff training related to safeguarding children

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



Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

3.3.1 The Provider shall verify and maintain evidence of child safeguarding training for all PHECC registered employees.

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.



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.							

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



Assessment Panel Findings

- 4.1.1 The Provider has a robust mechanism of Clinical Governance from an international and national perspective. A comprehensive organisation chart outlines the structure and personnel involved in providing oversight for the clinical activities of the company. The Assessment Team verified evidence of engagement and involvement of the Medical Director at every clinical level. Evidence of reporting on quality and safety throughout the organisational governance structure was also reviewed by the Assessment Team.
- 4.1.2 The Medical Director is a registered practitioner with the Irish Medical Council. A comprehensive job description outlines the role and responsibilities of post-holder. The Medical Director assumes overall responsibility for Clinical Governance within the Irish jurisdiction.
- 4.1.3 The Provider is compliant with taxation requirements and laws.
- 4.1.4 The Provider verified compliance with and provided evidence of insurance policies.

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



Areas of Best Practice

4.1.1 The Provider has a governance structure which is commensurate with the needs, size and complexity of the service it provides.

Areas for Improvement

No specific observation noted by the Assessment Team.

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.



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	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 30px; height: 30px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #99cc99; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 30px; height: 30px; background-color: #009966; border: 1px solid #000;"></div> </div>

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.



Assessment Panel Findings

4.2.1 The 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.

During the on-site assessment a clinical member of staff described the debriefing session that takes place after every patient transport case. The detail of the case (what went well, or did not go well) form the subject of the review resulting in (where required) a quality improvement initiative.

The Assessment Team however, did not verify documented evidence of change as a result of learning identified from case review, complaints, audit, clinical risk management, incident reporting and monitoring.

The Provider explained the specific considerations that surround the publication of such information from an international perspective.

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.



Areas of Best Practice







No specific observation noted by the Assessment Team.

Areas for Improvement

4.2.1 The Provider should consider documenting debriefing sessions and changes that come about in practice as a result of review. This process could further contribute to the Provider's continuous quality improvement agenda.

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



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.					
						

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



Assessment Panel Findings

4.3.1 The Provider has retained the services of a legal firm in Ireland to advise on matters of Irish and European legislation and changes to relevant EU or national law.

The Provider is engaging with the Health Product Regulatory Agency (HPRA) with regard to identified gaps in its arrangements regarding the storage and use of controlled drugs within the jurisdiction.

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



Areas of Best Practice















No specific observation noted by the Assessment Team.

Areas for Improvement

4.3.1 The Provider shall continue its endeavours to meet all regulatory standards and permissions in the storage and management of controlled drugs as per HPRAs requirements.

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.



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	<p>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.</p> <p>        </p>
PHECC Statement	The Licensed CPG Provider complies with the PHECC Governance Validation Framework.
PHECC Requirements	<p>4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation Framework.</p> <p>        </p>

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.



Assessment Panel Findings

4.4.1 The Provider has a process in place to ensure the appropriate communication and adoption of new recommendations and guidance issued by various regulatory bodies. During on-site assessment a staff representative described the process of receiving notification of changes and alerts through email. The Assessment Team were unable to verify that systems were in place to disseminate recommendations and guidance issued by PHECC.

4.4.2 The Provider has submitted a Self-assessment Report and a Quality Improvement Plan.

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.



Areas of Best Practice

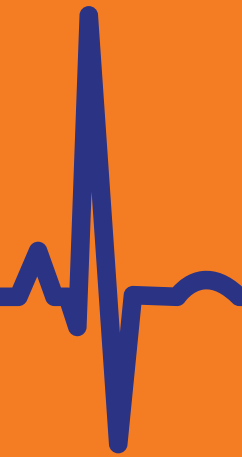
No specific observation noted by the Assessment Team.

Areas for Improvement

4.4.1 The Provider should implement a process for communication with PHECC practitioners and adopt an audit process that captures dissemination of new recommendations and guidance by PHECC.

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.



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	<p>5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 40px; height: 40px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 40px; height: 40px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 40px; height: 40px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 40px; height: 40px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 40px; height: 40px; background-color: #99cc99; border: 1px solid #000;"></div> <div style="width: 40px; height: 40px; background-color: #00cc66; border: 1px solid #000; position: relative;"> ✓ </div> </div>

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.



Assessment Panel Findings

5.1.1 The Provider has a workforce planning system in place, which is appropriate to the clinical complexity of the service provided by the organisation.

Evidence was provided of the process undertaken before each patient transport, which matches the patient care requirements to the appropriate practitioner level. This activity is carried out prior to all air ambulance activation.

The Provider has a workforce plan in place for Ireland that will involve recruitment of PHECC registered practitioners at AP level.

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.



Areas of Best Practice

The Medical Director is an active participant in the workplace planning process to align resources to current workload and projected needs.

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.



PHECC Statement	The Licensed CPG 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.

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



Assessment Panel Findings

5.2.1 The Provider has in place an English language policy, which is included in the organisation's Employee Handbook.

5.2.2 The Provider has a Recruitment and Onboarding policy and completes pre-employment/pre-engagement checking of identity and registration of potential employees. The Assessment Team verified that there is a process in place whereby all employee registrations are checked with the relevant regulatory body and this verification occurs once every quarter.

5.2.3 The Provider has submitted job descriptions for all practitioner levels working within the organisation and records are kept of security checks on all staff in their personnel file.

5.2.4 The Provider carries out vetting procedures to ensure that employees are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to any patient contact.

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



Areas of Best Practice

5.2.2 The Provider has a robust system for employee licence/registration verification.

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.



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	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
	<p>5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (If applicable).</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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.



Assessment Panel Findings

5.3.1 The Provider has in place a comprehensive 40-hour core curriculum induction programme. Records of attendance are maintained locally and centrally.

There is a mandatory period of clinical supervision under the direction of a medical practitioner that incorporates a process for the identification of training and development needs of the employee.

5.3.2 The Assessment Team verified that the Provider has in place a performance evaluation policy. Ongoing training and education programmes that provide comprehensive CPC/training are in place and detailed training records are maintained.

The Assessment Team were provided with evidence of an annual training schedule with specific skills and competency training provided on a monthly basis.

Mandatory training is completed by staff on an online training platform; evidence of this training is captured electronically and held centrally and shared locally with relevant line managers.

5.3.3 Not applicable.

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.



Areas of Best Practice

5.3.2 The Provider has a comprehensive training and development programme in place to ensure employees have the required competencies to undertake their duties in line with their registered status.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



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	<p>5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.</p> <p> ✓ </p>
	<p>5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.</p> <p> ✓ </p>
	<p>5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.</p> <p> ✓ </p>
	<p>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).</p> <p> ✓ </p>
	<p>5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.</p> <p> ✓ </p>
PHECC Requirements	<p>5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.</p> <p> ✓ </p>

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



Assessment Panel Findings

5.4.1 The Provider has in place a Critical Incident Stress Management (CISM) Policy, which outlines the support structures available to all staff.

During the on-site assessment this was verified by a member of the flight crew and incidences of such supports were detailed by the Director. However, there are currently no arrangements in place for Critical Incident Stress Management Programme and a support structure similar to those which exist in the Irish pre-hospital environment.

5.4.2 The Assessment Team were provided with evidence of the Provider's procedures for initiating and managing investigations when unacceptable variation in an individual practice is identified. A fitness to practice policy related to PHECC standards was not verified during this assessment.

5.4.3 The Provider has a Performance Evaluation Policy and Procedure in place. There is also a comprehensive training and meeting schedule provided for all staff on a yearly basis. There is a Quality Management and Safety Programme in place and a random sample of PCR audits were shared with the Assessment Team.

5.4.4 During the on-site assessment a member of staff verified that employees are aware of who in the organisation they report concerns to, and can do so without fear of adverse consequences to themselves.

5.4.5 The Provider has in place a mechanism that facilitates staff to identify and propose areas for improvement.

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



Areas of Best Practice

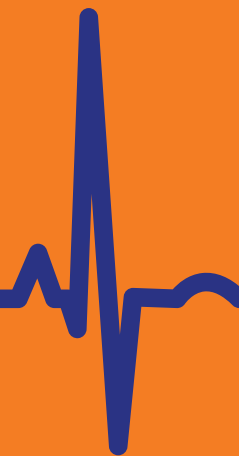
No specific observation noted by the Assessment Team.

Areas for Improvement

- 5.4.1 The Provider should consider CISM training for PHECC registered practitioners.
- 5.4.2 The Provider should consider putting in place a policy that reflects PHECC's fitness to practice standards and processes.
- 5.4.5 The Provider should include staff attitudinal surveys as a mechanism to support staff safety and welfare at work.

Theme 6

Use of Information



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



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	<p>6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
	<p>6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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



Assessment Panel Findings

- 6.1.1 The Provider has a robust clinical records management policy in place. The Assessment Team reviewed sample records, which were stored in an electronic format and compliant with the organisation’s information governance, HIPPA and GDPR data protection legislation. During the on-site assessment a member of the flight crew confirmed that staff are fully aware of their data protection responsibilities.

- 6.1.2 The Provider has a Continuous Quality Improvement programme within which all patient records are audited. Data captured from clinical audit is fed back to staff as part of a patient care and safety improvement cycle. Staff are trained in clinical record keeping during initial and ongoing education and training programmes.

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



Areas of Best Practice

6.1.1 There was evidence provided that the organisation has a culture of continuous quality improvement underpinned by a robust process of clinical audit of each patient encounter.

6.1.2 It was verified that there are clear lines of accountability and adherence to legal requirements for managing patient records.

Areas for Improvement

No specific observation noted by the Assessment Team.

Report Summary



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 REVA Global Medical Solutions Ltd are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2.33%
Not Met	0	0%
Minimally Met	1	2.33%
Moderately Met	0	0%
Substantively Met	13	30.23%
Fully Met	28	65.11%

	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.	Minimal
	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.	Substantive
	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.		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.	Substantive
	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.	Fully Met
	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.	Substantive
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.	Fully Met
	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.	Fully Met
	4.1.3 The Licensed CPG Provider is compliant with tax 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.	Substantive
	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.	Substantive
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 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.	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.	Fully Met
	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.	Substantive
	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.	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.	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.	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 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 V7) 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

REVA Global Medical Solutions Ltd is required to adjust and re-submit their Quality Improvement Plan to gvf@phecc.ie. This adjustment of the Quality Improvement Plan will encompass any areas highlighted in the 'Areas for Improvement' and will identify and outline improvements to be actioned or planned at REVA Global Medical Solutions Ltd in the upcoming licensing period.



2nd Floor
Beech House
Millennium Park
Osberstown
Naas
Co Kildare
W91 TK7N

Tel: +353 (45) 882042
E-mail: gvf@phecc.ie
Web: www.phecc.ie
