PROGRAM POLICY

TITLE: Electronic Filtering of Ambulance Call Reports
CATEGORY: Quality & Patient Safety
VERSION: 4.1
AUTHORITY: Program Director
LAST REVIEWED: July 2025
LAST REVISED: July 7, 2025

1.0 BACKGROUND

This policy establishes the RPPEO's approach to identifying high-risk patient populations and encounters by leveraging electronic patient care data. The RPPEO is mandated to extract and review information from electronic Ambulance Call Reports (ACRs) submitted by certified paramedics and paramedic services within the region. This enables continuous quality improvement and supports evidence-based decision-making.

2.0 SCOPE

This policy applies to all RPPEO staff and contractors involved in the collection, analysis, filtering, and review of ACR data, as well as to RPPEO partner paramedic services providing access to ACR data.

3.0 POLICY STATEMENT

The RPPEO will maintain access to and use electronic tools and systems—including iMedic, PreHos, Siren, Zoll, Lifepack, and ACE—to support quality assurance and quality improvement. These tools will be used to review, analyze, and store patient care data and to provide timely, relevant feedback to paramedics. Paramedic services within the RPPEO jurisdiction will grant access to relevant ACR data for the purposes of system performance monitoring and patient safety review.

4.0 PROCEDURE

1. RPPEO queries vendor databases regularly to collect, analyze, and store data related to patient care and biometric information recorded in ACRs. Tools and platforms may vary by service.
2. RPPEO classifies medications and procedures into three review categories:
    - 100% Review High Events
    - High Risk
    - Low Risk

These classifications are reviewed annually by the RPPEO Medical Directors and Senior Medical Team (SMT).

3. ACR queries are filtered based on:
    - Controlled medical acts

- Clinically focused patient populations
- Performance Agreement Appendix N, Tables 1 and 2
- Previous year's call volume, using interpolation if needed for in-between thresholds.

4. The RPPEO Quality Program team reviews electronic filters on an ongoing basis and at minimum once per year to ensure relevance and alignment with current clinical practice and standards.

5.0 FILTERING CATEGORIES

100% Review – High Events

- New hire cases
- Remediation cases
- CVAD access (non-cardiac arrest)
- Cardioversion
- Select high-risk medications
- Needle decompression
- Transcutaneous pacing
- Patch failure
- Surgical cricothyroidotomy
- Tracheostomy suctioning
- Pain without documented analgesia

High Risk

- Code 72 – Patient refused transport with Decision-Making Ability (DMA)
- Pediatric medication administration
- Intubation
- High-risk medications
- Cardiac arrests

Low Risk Procedures

- Lower risk medications
- Obstetrical delivery
- Suctioning
- Patch calls

- CPAP
- Overdose-related calls

Special Considerations

- Cancelled calls without documented DMA
- Calls with no DMA performed
- Omissions of care

Note: Two electronic platforms are currently in use for ACRs in the RPPEO region: PreHos (PreHos Inc.) and iMedic (ESO).

6.0 RELATED POLICIES AND LEGISLATION

- *Advanced Life Support Patient Care Standards*, Ontario Ministry of Health and Long-Term Care
- *BLS Patient Care Standards*
- *Regional Base Hospital Performance Agreement*, Ministry of Health and Long-Term Care
- *QPS 120 – Quality of Care Review Process*
- *QPS 130 – Patient Care Variances and Classification*
- *RPPEO Quality and Patient Safety Framework*

REVISION RECORD:

Version #	Revision Date	Summary of Changes
1.0	September 2016	Removed Definitions to reflect current practice, as well as reference to MDS & Provincial Data Warehouse.
2.0	February 20, 2019	Added a purpose statement Changed DMAs to Medications and Procedures Added "RPPEO will classify Medications and Procedures to identify High risk or low risk...." Combined v1.0's point 2 and 4, then added more detail to procedure for running queries to confirm compliance.
3.0	September 27, 2019	Categories changed to reflect new filtering system.
4.0	June 12, 2023	Changed categories to reflect annual filter review.
4.1	July 7, 2025	• Scope section added • Clarified filtering categories and use of platforms

		• Removed internal classification no longer supported by TOH • Categories revised to reflect current filters related to DMA