



## PROGRAM POLICY

**POLICY NUMBER: QPS 130**

**TITLE: Patient Care Variances & Classification**

**CATEGORY: Quality and Patient Safety**

**VERSION: 1.3**

**AUTHORITY: Program Director**

**LAST REVIEWED: July 2025**

**LAST REVISED: July 7, 2025**

### 1.0 BACKGROUND

A patient care variance is any care that deviates from the *Advanced Life Support Patient Care Standards* (ALS PCS) and associated standards. These variances may involve omissions, commissions, or actions inconsistent with accepted clinical protocols.

The RPPEO classifies patient care variances into four categories:

- Minor Patient Care Variance
- Major Patient Care Variance
- Critical Patient Care Variance
- Inconsequential Non-Variance (INV)

These classifications assist the RPPEO in understanding the severity and impact of care deviations. RPPEO applies Just Culture principles to guide the review of variances, balancing individual accountability and system design. Behaviour-based tools are used to evaluate practitioner actions, assess clinical decision-making, and promote shared learning opportunities.

To meet its mandate for safe and effective care, RPPEO evaluates clinical competency and practice in accordance with provincial standards.

### 2.0 SCOPE

This policy applies to all paramedics certified by the RPPEO Medical Director and delegated to perform controlled medical acts under the direction of the RPPEO. It also applies to RPPEO staff and peer reviewers involved in the identification, classification, and review of patient care variances.

### 3.0 POLICY STATEMENT

RPPEO will identify, classify, and review all patient care variances using Just Culture principles. The Medical Director retains discretion to deactivate a paramedic if they determine that:

- The Medical Director's trust has been breached;
- A reckless act has occurred;
- The paramedic poses a risk to patient safety due to concerns about clinical competence.



## 4.0 CLASSIFICATIONS OF PATIENT CARE VARIANCE

### 4.1 Minor Patient Care Variance

A deviation from the standards that did not directly affect patient morbidity but may have had a minor impact on patient care.

### 4.2 Major Patient Care Variance

A deviation that either affected or had the potential to affect patient morbidity, though the outcome was not, or was unlikely to be, life-threatening.

### 4.3 Critical Patient Care Variance

A deviation that affected patient morbidity and resulted in, or had the potential to result in, a life-threatening outcome.

### 4.4 Inconsequential Non-Variance (INV)

An internal RPPEO classification acknowledging a deviation occurred, but on balance of probability, it likely had no impact on the patient. These cases may highlight opportunities for system-level improvements.

## 5.0 RELATED POLICIES AND LEGISLATION

- *Advanced Life Support Patient Care Standards*, Ontario Ministry of Health and Long-Term Care
- *Basic Life Support Patient Care Standards*, Ontario Ministry of Health
- *Regional Base Hospital Performance Agreement*, Ministry of Health – May 2008
- *MOH Documentation Standards and ACR Completion Manual*

## REVISION RECORD:

Version #	Revision Date	Summary of Changes
1.0	September 2016	Added 'INV' and reference to internal tracking, clarified educational and remediation components.
1.1	December 2018	Policy: Removed "Just Culture" paragraph as this was already stated in QPS 100.
1.2	June 2023	Added information about the behavioural approach used within Just Culture to the Background section
1.3	July 7, 2025	<ul style="list-style-type: none"><li>• Reviewed and revised dates updated to July 2025</li><li>• Scope section added</li><li>• Formatting aligned to RPPEO policy standards</li><li>• Removed internal classification no longer supported by TOH</li><li>• No substantive procedural changes</li></ul>