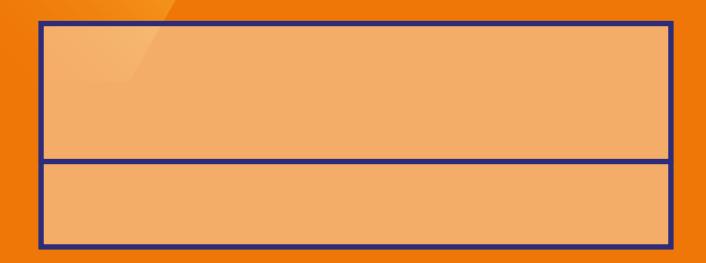


Governance Validation Framework

Assessment Report





Mission Statement

The Pre-Hospital Emergency Care Council protects the public by independently co-ordinating, developing, reviewing, regulating, and governing standards of excellence for the safe provision of quality pre-hospital emergency care.

QUALITY ASSURANCE PROGRAMME

Governance Validation Framework

Quality Review Framework

Table of Contents

CONTENTS

1.	Quality Assurance at The Pre-Hospital Emergency Care Council	04
2.	Assessment Report Overview and Validation	05
3.	Assessment Particpants	06
4.	Initial Feedback Given	06
5.	Rating Scale and Outcome Rating	06
6.	Weighting Tolerance	07
7.	Outcome Rating	07
8.	Assessment Findings	07
	Standard 1: Person-Centred Care and Support	08
	Standard 2: Effective Integrated Care and Safe Environment	18
	Standard 3: Safe Care and Support	29
	Standard 4: Leadership and Governance	38
	Standard 5: Workforce Planning	45
	Standard 6: Use of information	55
9.	Report Outcome and Rating Summary	59

1. Quality Assurance at The Pre-Hospital Emergency Care Council

2. Assessment Report Overview and Validation

Organisation Name		
	Emergency Medical Technician	
	Paramedic	
	Advanced Paramedic	
	Organisation also provides responder level services	
Assessment Type	Planned Reactive	
Process	Desktop Review	
	Online Management Engagement	
	Onsite Management Engagement	
	Practitioner Engagement	
Outcome Rating		
Technical Weighting Applied	MAAGE UEDE	
Yes No	IMAGE HERE	
Follow Up Action Required	Continue with normal quality improvement activities	
	Improvement notice - follow up evidence required	
	Conditional Approval	
	Suspension notice Delisting process intiated	
Reassessment Costs	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Validated and Approved for		
Publication		
Director Signature	CALL.	
Director dignature		
Date GVFREPCVD 002_0424	5	

3. Assessment Participants

Organisation	PHECC Assessment Team

4. Initial Feedback Given

5. Rating Scale and Outcome Rating

The rating scale that PHECC will use during assessment quantifies the compliance with the criteria. Each criterion will be assessed and assigned a rating that carries points 0-4.

Rating Scale	Rationale	
N/A	Not Applicable. The Standard is not applicable.	
0	Not Met: No Evidence of a low degree of organisation-wide compliance.	
1	Minimally Met: Evidence of a low degree of organistation-wide compliance.	
2	Moderately Met: Evidence of a moderate degree of organisation-wide compliance.	
3	Substantively Met: Substantive evidence of organisation-wide compliance.	
4	Fully Met: Evidence of full compliance across the organisation.	

6. Weighting Tolerance

To ensure that standards are maintained above certain levels a technical weighting will be applied in situations where rating scores are deemed to be below acceptable levels. When this is completed, with the assigned scores from the Assessment Team, the requirements of the rating application and weighting automatically determines the overall outcome rating.

7. Outcome Rating

The outcome rating is determined by the rating scores applied by the Assessment Team to each criterion and includes the application of any associated technical weighting that may apply. An outcome rating is created using a rating matrix that brings the components of the assessment rating system together and calculates the assessment outcome rating based upon the combined rating achieved in the criteria and Standards, expressed as a percentage of the maximum available (100%). * An outcome rating is applied and the follow up and impact of the achieved rating on the organisation's recognition status is determined accordingly.

*Not applicable criterion will not be considered in these calculations.

Rating	Outcome	Recognition Status Impact
Acceptable	Outcome rating of ≥ 88% of max available	Unaffected
Moderately Acceptable	Outcome rating of ≥ 63% <88% of max available	Unaffected
Conditionally Acceptable	Outcome rating of ≥ 38% <63% of max available Outcome score is within the weighted tolerance	Immediate conditional approval
Not Acceptable	Outcome rating of ≥ 25% <38% of max available *Outcome score is <u>outside</u> the weighted tolerance = Technically Not Acceptable	 Notice of intention to suspend. Improvement Notice will be issued (risk assessment dependent)
Unacceptable	Outcome rating of < 25% of max available	Removal of PHECC recognition status (Delisting)

8. Assessment Findings

Person-Centred Care and Support

The intent is to ensure the Provider has a patient-centred focus by providing services that protect the rights of patients, including empowering them to make informed decisions about the services they receive. The views of patients should be sought and analysed. Sources of this information include complaints, compliments, and patient feedback surveys. The feedback system needs to be transparent, and the information should be used to make improvements. Patients should be provided with instructions that are clear and relevant to their special needs and ethnicity.

Criterion

1.1 Patients have access to pre-hospital emergency care based on their identified needs and the Provider's scope of services.

Area(s) of Good Practice

Area(s) for Improvement

Criterion

1.2 Access to pre-hospital emergency care is not affected by discrimination.

Rating



Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Criterion

1.3 The Provider ensures information from calls / activation is recorded accurately and dispatched

according to priority. Rating Substantively Not Minimally Moderately Fully Not Applicable Met Met Met Met Meť **Assessment Findings Area(s) of Good Practice** Area(s) for Improvement

Criterion

1.4 The Provider develops and implements a process to ensure best practice for patient identification. Rating Not Not Minimally Moderately Substantively Fully Applicable Met Meť Met Met Met **Assessment Findings** Area(s) of Good Practice Area(s) for Improvement

Criterion

1.5 The Provider has a policy for informed consent.

Rating



Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Criterion

1.6 The Provider has a policy in place in relation to the patient's refusal of treatment and/or transport.

Rating Substantively Met Not Minimally Moderately Fully Not Applicable Met Meť Met Met **Assessment Findings Area(s) of Good Practice** Area(s) for Improvement

Criterion

1.7 The Provider ensures all patients are treated with compassion, respect, and dignity.

Rating



Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Criterion

1.8 The Provider seeks feedback from patients and carers to improve services.

Rating



Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Criterion

1.9 Patients' complaints and concerns are responded to within an agreed timeframe and openly with clear support provided throughout this process.

clear support provided throughout this process. Rating Fully Not Not Minimally Moderately Substantively Applicable Met Met Met Met Met **Assessment Findings Area(s) of Good Practice** Area(s) for Improvement

Effective Integrated Care and Safe Environment

The intent here is to evaluate if the Provider's environment supports safe services. Fire safety, security, and planned preventative maintenance programmes are some of the topics covered. Safe clinical care is evaluated including identifying high risk patients. Prehospital emergency care Providers have a crucial part to play in major incident planning and testing.

Criterion

2.1 The Provider has systems in place to ensure Practitioners utilise the PHECC CPG (Clinical Practice

Guidelines) appropriate to their scope of practice. Rating Not Minimally Moderately Substantively Fully Not Applicable Met Met Met Met Met **Assessment Findings Area(s) of Good Practice** Area(s) for Improvement

Criterion

2.2 The Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.

Rating Not Minimally Moderately Substantively Fully Not Applicable Met Met Met Met Met **Assessment Findings** Area(s) of Good Practice Area(s) for Improvement

Criterion

2.3 The Provider has a system in place to ensure the safety of their vehicles in line with legislation.

Rating Not Minimally Moderately Substantively Fully Not Applicable Met Met Met Met Met **Assessment Findings Area(s) of Good Practice** Area(s) for Improvement 21

Criterion

2.4 Training is provided for staff to transport patients safely, including during emergency situations.

Rating Not Not Minimally Moderately Substantively Fully Applicable Meť Met Met Met Met **Assessment Findings Area(s) of Good Practice Area(s) for Improvement**

Criterion

2.5 The Provider has a policy on the use of emergency lights and sirens.

Rating



Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Criterion

2.6 The Provider has a fire safety plan for any physical environments owned or used by their organisation.

Rating Not Minimally Moderately Substantively Fully Not Applicable Meť Met Met Met Met **Assessment Findings** Area(s) of Good Practice Area(s) for Improvement

Criterion

2.7 The Provider ensures there is a business continuity plan for their organisation.

Rating



Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Criterion

2.8 The Provider ensures plans are in place to deal with major incidents.

Rating



Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Criterion

2.9 The Provider has a 3-year programme of clinical and environmental audits in line with the services

provided. Rating Not Not Minimally Moderately Substantively Fully Applicable Met Met Met Met Met **Assessment Findings Area(s) of Good Practice** Area(s) for Improvement

Criterion

2.10 The Provider submits a CPG Service Provider Annual Report,* which informs PHECC of clinical and

other activities in their organisation. (*Calendar year). Rating Fully Not Not Minimally Moderately Substantively Applicable Met Met Met Met Met **Assessment Findings** Area(s) of Good Practice **Area(s) for Improvement**

Safe Care and Support

The intent here is to evaluate risk management and reporting systems. Other safety issues are measured: Infection prevention and control (IPC), waste management, safeguarding, and medication management are patient safety issues that require specific attention in this standard. The sudden outbreak of transmissible diseases means practices have to rapidly adapt existing emergency plans to manage services and reduce the transmission of infection. Utilising PHECC CPGs provide important sources of best practice.

Criterion

3.1 The Provider describes in a plan or policy the content of the infection prevention and control

programme. Rating Substantively Fully Not Not Minimally Moderately Applicable Met Met Met Met Met **Assessment Findings Area(s) of Good Practice** Area(s) for Improvement

Criterion

3.2 The Provider segregates and manages waste according to hazard level and disposes of same,

according to best practice. Rating Substantively Fully Not Not Minimally Moderately Applicable Met Met Met Met Met **Assessment Findings** Area(s) of Good Practice Area(s) for Improvement

Criterion

3.3 The Provider ensures that medications are administered in accordance with the relevant laws and

regulation. Rating Substantively Met Not Minimally Moderately Fully Not Applicable Met Meť Met Met **Assessment Findings Area(s) of Good Practice** Area(s) for Improvement

Criterion

3.4 The Provider has systems and processes to ensure safe medication practices including, but not limited to, availability, storage, administration, expiration, disposal, and recall alert.

Rating Not Minimally Moderately Substantively Fully Not Applicable Met Met Met Met Met **Assessment Findings** Area(s) of Good Practice Area(s) for Improvement

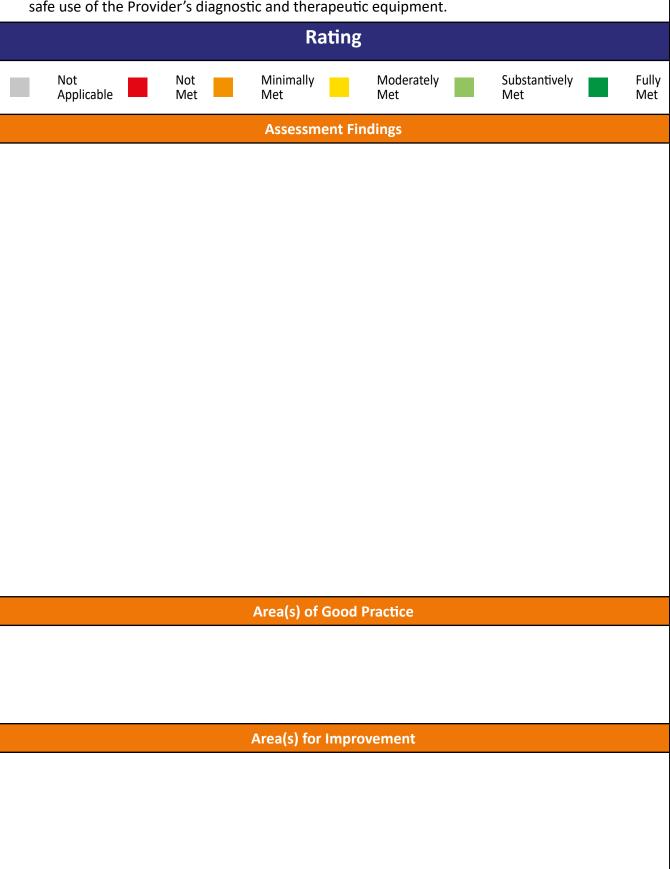
Criterion

3.5 The Provider ensures that there are systems in place to ensure the availability of medical devices

and consumables. Rating Not Minimally Substantively Fully Moderately Not Applicable Met Met Met Met Meť **Assessment Findings Area(s) of Good Practice** Area(s) for Improvement

Criterion

3.6 Employees, volunteers and/or contractors with the relevant competencies receive training on the safe use of the Provider's diagnostic and therapeutic equipment.



Criterion

3.7 The Provider has a safeguarding policy to deal with children and vulnerable adults.

Rating



Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Criterion

3.8 The Provider can demonstrate follow-up and actions taken as a result of audit and monitoring findings. Rating Not Minimally Moderately Substantively Fully Not Applicable Meť Met Met Met Met **Assessment Findings Area(s) of Good Practice** Area(s) for Improvement

Leadership and Goverance

The Provider is responsibly governed to its defined purpose. A clear understanding of responsibilities and accountabilities lead to role clarity and will support the implementation of appropriate policies. Clinical and corporate governance are distinguished and the leaderships commitment to patient safety is evaluated. Risk management is included as it is a significant part of any governance framework and should include a reporting system. A robust communication policy can mitigate a number of adverse events and both internal and external systems should be in place.

Criterion

4.1 The Provider has a documented structure and accountability for corporate governance.

Rating



Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Criterion

4.2 The Provider has a documented structure and accountability for clinical governance.

Rating



Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Criterion

4.3 The Medical Director shall be registered with the Medical Council on the Specialist or General Register and have the competencies and experience to fulfil this role.



way.

Criterion 4.4 Written documents, including policies and procedures are managed in a consistent and uniform Rating Not Minimally Moderately Substantively Fully Not Applicable Meť Met Met Met Met **Assessment Findings** Area(s) of Good Practice Area(s) for Improvement

Criterion

4.5 The Provider has a system for monitoring and circulating new recommendations issued by PHECC, other regulatory bodies, and public health alerts.

Rating Substantively Fully Not Not Minimally Moderately Applicable Met Met Met Met Met **Assessment Findings** Area(s) of Good Practice Area(s) for Improvement

Criterion

4.6 The Provider develops a risk management plan that includes a reporting system and a process for identifying potential risks.



Workforce Planning

The intent here is to ensure staff are registered and trained to provide care appropriate to their role. Staff need to be trained on safety issues at the onset of employment and at regular intervals during their employment. Orientation, both organisational and role specific, should be provided to all new staff. Staff learning and professional development needs, specific to pre-hospital emergency care should be identified, documented, and addressed. A health and safety programme is concerned with protecting the wellbeing, health, and safety of people employed by the Provider.

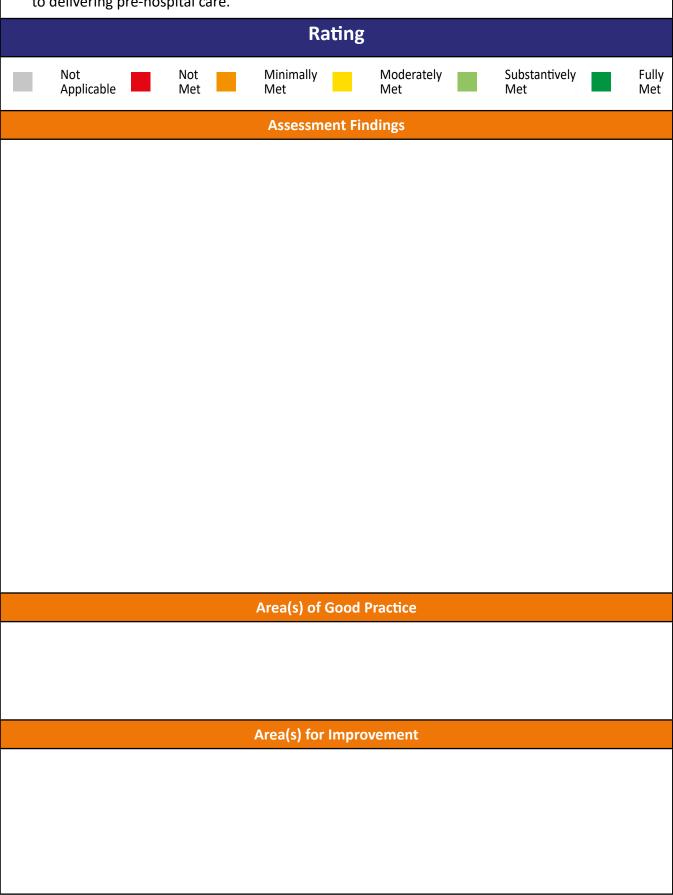
Criterion

5.1 There is a staffing structure developed for the Provider that identifies the number, types, and

required qualifications of staff required to provide the service. Rating Not Minimally Moderately Substantively Fully Not Applicable Met Met Met Met Met **Assessment Findings** Area(s) of Good Practice Area(s) for Improvement

Criterion

5.2 The Provider ensures that Practitioners are Licensed by PHECC, Credentialed, and Privileged prior to delivering pre-hospital care.



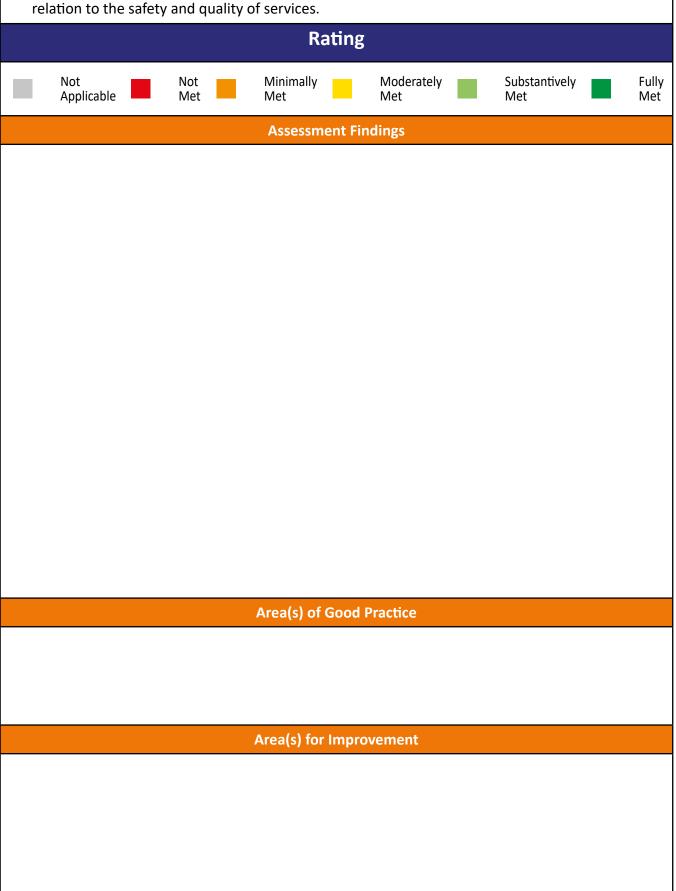
Criterion

5.3 The Provider has a process in place to satisfy itself of the Practitioner's English language competency where English is not the Practitioner's first language.



Criterion

5.4 The Provider ensures employees volunteers, and/or contractors understand their responsibilities in relation to the safety and quality of services.



Criterion

5.5 The Provider has an ongoing training and development programme in place to ensure employees, volunteers, and/or contractors have the required competencies to undertake their duties in line with their scope of practice.



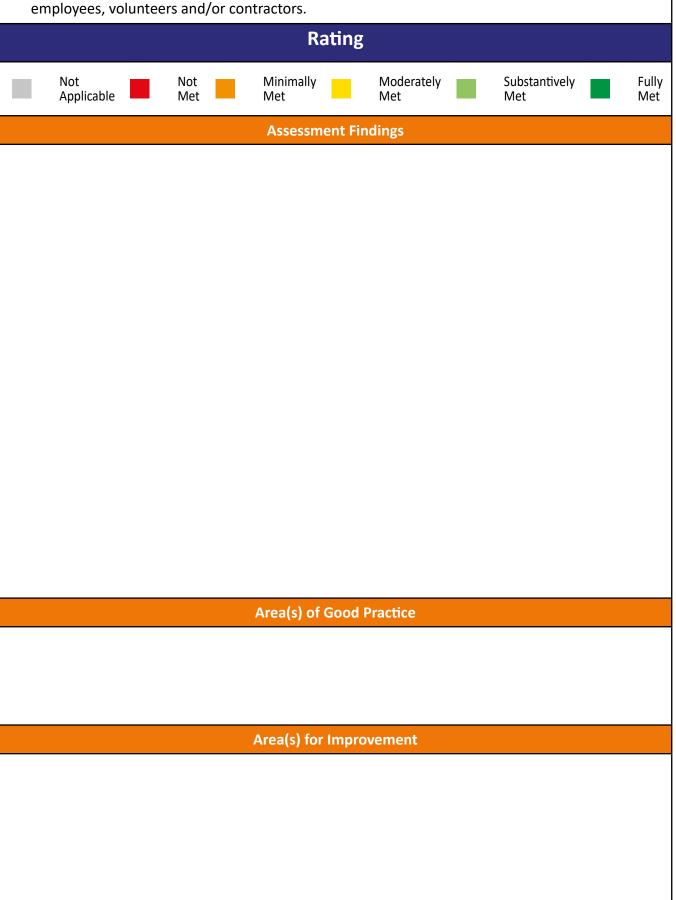
Criterion

5.6 The Provider has appropriate arrangements for the management and supervision of students (if

applicable). Rating Not Minimally Moderately Substantively Fully Not Applicable Met Met Met Met Met **Assessment Findings** Area(s) of Good Practice Area(s) for Improvement

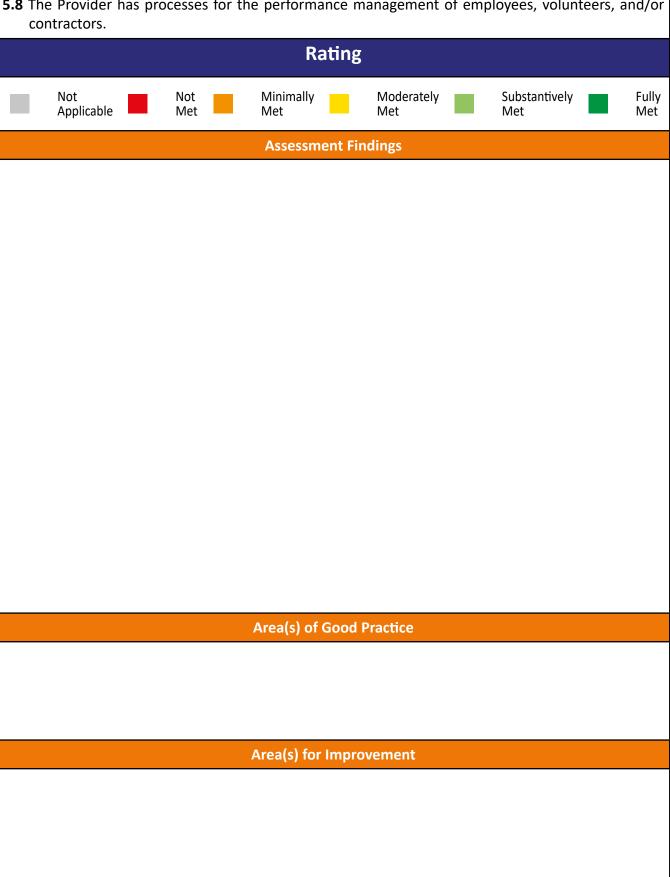
Criterion

5.7 The Provider has systems in place to promote and protect the wellbeing, health, and safety of employees, volunteers and/or contractors.



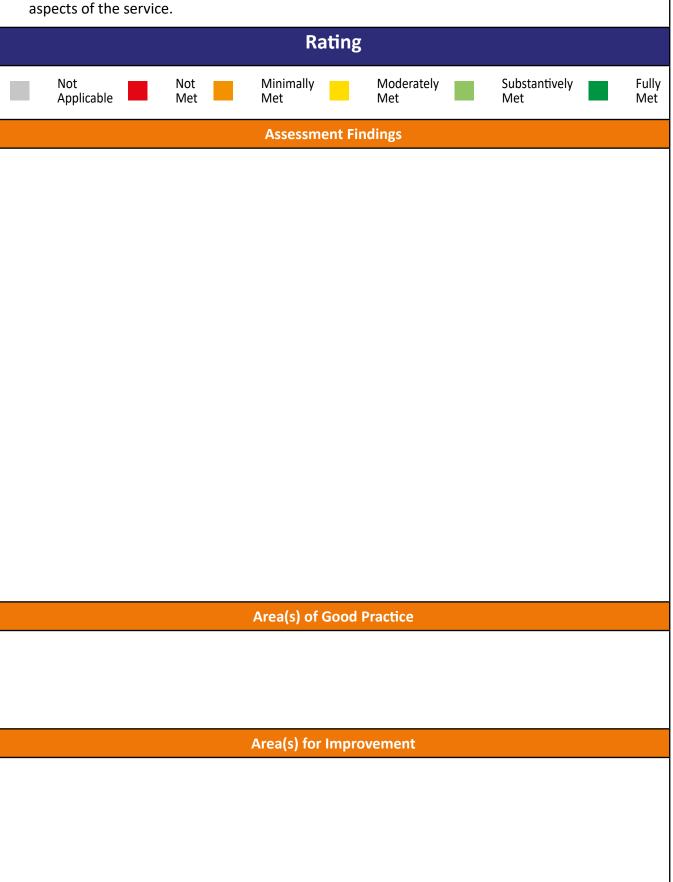
Criterion

5.8 The Provider has processes for the performance management of employees, volunteers, and/or



Criterion

5.9 The Provider creates opportunities for employees, volunteers and/or contractors to feedback on all aspects of the service.



Use of Information

The intent here is to ensure that there are information management policies in place to support the Provider providing best practice patient care. All episodes of patient care should be documented, and these records audited to measure compliance.

Criterion

6.1 The Provider ensures appropriate documentation is maintained for all patient care in accordance with the current PHECC Clinical Information Standards.



Criterion

6.2 The Provider ensures confidentiality and security of data is protected.

Rating



Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Criterion

6.3 The Provider has systems in place to measure the quality of healthcare records.

Rating



Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

9. Report Outcome and Rating Summary

The table below outcome rating in	•		dividual stanc	ard, and a to	otal score plus th
		IMAGE HERE			

The table below communicates the GVF assessment outcome rating, which is expressed as a percentage, and its associated result expressed on a scale of acceptableness as outlined in Section 7, page 7 of this report.

IMAGE HERE

Civil Defence



Assessment Outcome Rating

Moderately Acceptable

Standard 1: Person-Centred Care and Support

Statement – The intent here is to ensure the Provider has a patient-centred focus by providing services that protect the rights of patients, including empowering them to make informed decisions about the services they receive. The views of patients should be sought and analysed. Sources of this information include complaints, compliments, and patient feedback surveys. The feedback system needs to be transparent, and the information should be used to make improvements. Patients should be provided with instructions that are clear and relevant to their special needs and ethnicity.

	Criteria	Rating Score
	Patients have access to pre-hospital emergency care based on their identified needs and	
1.1	the Provider's scope of services.	3
1.2	Access to pre-hospital emergency care is not affected by discrimination.	4
	The Provider ensures information from calls / activation is recorded accurately and	
1.3	dispatched according to priority.	4
	The Provider develops and implements a process to ensure best practice for patient	
1.4	identification.	3
1.5	The Provider has a policy for informed consent.	4
	The Provider has a policy in place in relation to the patient's refusal of treatment and/or	
1.6	transport.	3
1.7	The Provider ensures all patients are treated with compassion, respect, and dignity.	4
1.8	The Provider seeks feedback from patients and carers to improve services.	2
	Patients' complaints and concerns are responded to within an agreed timeframe and	
1.9	openly with clear support provided throughout this process.	3

Standard 2: Effective Integrated Care and Safe Environment

Statement – The intent here is to evaluate if the Provider's environment supports safe services. Fire safety, security, and planned preventative maintenance programmes are some of the topics covered. Safe clinical care is evaluated including identifying high risk patients. Pre-hospital emergency care Providers have a crucial part to play in major incident planning and testing.

	Criteria	Rating Score
	The Provider has systems in place to ensure Practitioners utilise the PHECC CPG (Clinical	
2.1	Practice Guidelines) appropriate to their scope of practice.	4
	The Provider has a standardised handover process in place to ensure the safe, timely, and	
2.2	structured exchange of information during handover of patients.	3
	The Provider has a system in place to ensure the safety of their vehicles in line with	
2.3	legislation.	4
	Training is provided for staff to transport patients safely, including during emergency	
2.4	situations.	3
2.5	The Provider has a policy on the use of emergency lights and sirens.	2
	The Provider has a fire safety plan for any physical environments owned or used by their	
2.6	organisation.	3
2.7	The Provider ensures there is a business continuity plan for their organisation.	3
2.8	The Provider ensures plans are in place to deal with major incidents.	4
	The Provider has a 3-year programme of clinical and environmental audits in line with the	
2.9	services provided.	3
	The Provider submits a CPG Service Provider Annual Report,* which informs PHECC of	
	clinical and other activities in their organisation.	
2.10	(*Calendar year).	4

Standard 3: Safe Care and Support

Statement – The intent here is to evaluate risk management and reporting systems. Other safety issues are measured: Infection prevention and control (IPC), waste management, safeguarding, and medication management are patient safety issues that require specific attention in this standard. The sudden outbreak of transmissible diseases means practices have to rapidly adapt existing emergency plans to manage services and reduce the transmission of infection. Utilising PHECC CPGs provide important sources of best practice.

	Criteria	Rating Score
	The Provider describes in a plan or policy the content of the infection prevention and	
3.1	control programme.	3
	The Provider segregates and manages waste according to hazard level and disposes of	
3.2	same, according to best practice.	2
	The Provider ensures that medications are administered in accordance with the relevant	
3.3	laws and regulation.	3
	The Provider has systems and processes to ensure safe medication practices including,	
	but not limited to, availability, storage, administration, expiration, disposal and recall	
3.4	alert.	3
	The Provider ensures that there are systems in place to ensure the availability of medical	
3.5	devices and consumables.	3
	Employees, volunteers and/or contractors with the relevant competencies receive	
3.6	training on the safe use of the Provider's diagnostic and therapeutic equipment.	4
3.7	The Provider has a safeguarding policy to deal with children and vulnerable adults.	3
	The Provider can demonstrate follow-up and actions taken as a result of audit and	
3.8	monitoring findings.	3

Standard 4: Leadership and Governance

Statement – The Provider is responsibly governed to its defined purpose. A clear understanding of responsibilities and accountabilities lead to role clarity and will support the implementation of appropriate policies. Clinical and corporate governance are distinguished and the leaderships commitment to patient safety is evaluated. Risk management is included as it is a significant part of any governance framework and should include a reporting system. A robust communication policy can mitigate a number of adverse events and both internal and external systems should be in place.

	Criteria	Rating Score
4.1	The Provider has a documented structure and accountability for corporate governance.	3
4.2	The Provider has a documented structure and accountability for clinical governance.	2
	The Provider has a Medical Director, who is registered with the Medical Council, with	
	general or specialist registration who provides oversight and support for Clinical	
4.3	Governance.	2
	Written documents, including policies and procedures are managed in a consistent and	
4.4	uniform way.	1
	The Provider has a system for monitoring and circulating new recommendations issued	
4.5	by PHECC, other regulatory bodies, and public health alerts.	4
	The Provider develops a risk management plan that includes a reporting system and a	
4.6	process for identifying potential risks.	3

Standard 5: Workforce Planning

Statement – The intent here is to ensure staff are registered and trained to provide care appropriate to their role. Staff need to be trained on safety issues at the onset of employment and at regular intervals during their employment. Orientation, both organisational and role specific, should be provided to all new staff. Staff learning and professional development needs, specific to pre-hospital emergency care should be identified, documented, and addressed. A health and safety programme is concerned with protecting the wellbeing, health, and safety of people employed by the Provider.

	Criteria	Rating Score
	There is a staffing structure developed for the Provider that identifies the number, types,	
5.1	and required qualifications of staff required to provide the service.	4
	The Provider ensures that Practitioners are Licensed by PHECC, Credentialed, and	
5.2	Privileged prior to delivering pre-hospital care.	4
	The Provider has a process in place to satisfy itself of the Practitioner's English language	
5.3	competency where English is not the Practitioner's first language.	4
	The Provider ensures employees volunteers, and/or contractors understand their	
5.4	responsibilities in relation to the safety and quality of services.	3
	The Provider has an ongoing training and development programme in place to ensure	
	employees, volunteers, and/or contractors have the required competencies to undertake	
5.5	their duties in line with their scope of practice.	4
	The Provider has appropriate arrangements for the management and supervision of	
5.6	students (if applicable).	4
	The Provider has systems in place to promote and protect the wellbeing, health, and	
5.7	safety of employees, volunteers and/or contractors.	3
	The Provider has processes for the performance management of employees, volunteers,	
5.8	and/or contractors.	3
	The Provider creates opportunities for employees, volunteers and/or contractors to	
5.9	feedback on all aspects of the service.	3

Standard 6: Use of Information

Statement – The intent here is to ensure that there are information management policies in place to support the Provider providing best practice patient care. All episodes of patient care should be documented, and these records audited to measure compliance.

	Criteria	Rating Score
	The Provider ensures appropriate documentation is maintained for all patient care in	
6.1	accordance with the current PHECC Clinical Information Standards.	3
6.2	The Provider ensures confidentiality and security of data is protected.	4
6.3	The Provider has systems in place to measure the quality of healthcare records.	4



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