



ONTARIO BASE HOSPITAL GROUP MEDICAL ADVISORY COMMITTEE MEETING

2018 Year in Review

Membership 2018:

Chairs	
Dr. A. Affleck, Co-Chair OBHG Medical Advisory Committee (2017-2019), NWRBHP	Mr. T. Dodd, Co-Chair OBHG Medical Advisory Committee (2018-2020), CPER
Voting Members	
Medical Directors:	Program/Operational:
Dr. A. Exley, Medical Lead, NWRBHP	Mr. K. Posselwhite, Program Manager, NWRBHP
Dr. J. Prpic, Medical Director, HSNCP	Ms. N. Sykes, Program Manager, HSNCP
Dr. R. Dionne, Medical Director, RPPEO	Ms. P. Price, Director, RPPEO
Dr. R. Verbeek, Medical Director, Sunnybrook	Ms. M. Huiskamp, Senior Manager, Sunnybrook
Dr. M. Davis, Medical Director, SWORBHP	Ms. S. Kriening, Regional Program Manager, SWORBHP
Dr. P. Moran, Medical Director CEPCP	Mr. A. Benson, Manager, CEPCP
Dr. M. Welsford, Medical Director, CPER	Mr. R. Yelle, Director, ORNGE
	Ms. A. Burgess, Quality Specialist, CPER
Non-Voting Members	
Ms. D. Piasentini, Director, Emergency Health Program Management & Delivery Branch-MOHLTC	Mr. S. Haddad, (A) Director, Emergency Health Regulatory & Accountability Branch – MOHLTC
Mr. C. Georgakopoulos, Senior Manager, Regulatory & Standards Oversight, EHRAB-MOHLTC	Mr. C. Freedman, (A) Manager, Certification & Patient Care Standards, EHRAB-MOHLTC
Dr. M. Lewell, Medical Director, ORNGE	Mr. N. Freckleton, Community College Representative
Ms. G. Chevalier, OAPC Representative	Mr. G. Sage, OAPC Representative
Ms. C. Driedger, PCP Paramedic Representative (2018-2020)	Ms. M. Claude DuPont, ACP Paramedic Representative (2018-2020)
Mr. J. Pound, ACP Paramedic Representative (2017-2019)	Mr. J. Hesler, ACP Paramedic Representative (2017-2019)
Mr. S. Gorsline, Chair, OBHG Education Subcommittee	Mr. I. McAdams, Chair, OBHG Data & Quality Management Subcommittee
Dr. E. Hanel, ESC Medical Advisor	Ms. E. McGrath, Administrative Assistant, OBHG

Attendees:

Dr. A. Affleck, Co-Chair OBHG Medical Advisory Committee, NWRBHP	Mr. T. Dodd, Co-Chair OBHG Medical Advisory Committee, CPER
Dr. A. Exley, Medical Lead, NWRBHP	Mr. K. Posselwhite, Program Manager, NWRBHP (Regrets)
Dr. J. Prpic, Medical Director, HSNCP	Ms. N. Sykes, Program Manager, HSNCP
Dr. R. Dionne, Medical Director, RPPEO	Ms. P. Price, Director, RPPEO
Dr. R. Verbeek, Medical Director, Sunnybrook	Ms. M. Huiskamp, Senior Manager, Sunnybrook
Dr. M. Welsford, Medical Director, CPER	Ms. S. Kriening, Program Director, SWORBHP
Dr. P. Moran, Medical Director CEPCP	Mr. A. Benson, Manager CEPCP
Dr. M. Davis, Medical Director, SWORBHP	Mr. R. Burgess, Senior Director, Sunnybrook
Dr. M. Lewell, Medical Director, ORNGE	Mr. I. McAdams, Chair, OBHG Data Quality Management Subcommittee, CEPCP
Dr. M. Feldman, Dispatch Medical Director, Sunnybrook	Mr. R. Yelle, Director, ORNGE
Ms. S. Parkin, Communications Officer Advisor, Parry Sound ACS	Ms. S. Vanderzee, Office Manager, CEPCP
Ms. G. Chevalier, OAPC Representative	Ms. C. Driedger, Paramedic Representative
Mr. G. Sage, OAPC Representative	Ms. M. Dupont, Paramedic Representative
Mr. N. Freckleton, Community College Representative	Mr. J. Pound, Paramedic Representative
Mr. C. Freedman, Manager (A), Certification & Patient Care Standards, EHRAB-MOHLTC	Mr. J. Hesler, Paramedic Representative
Ms. D. Piasentini, Director, Emergency Health Program Management & Delivery Branch-MOHLTC	Ms. Erin McGrath, OBHG Administrative Assistant
Mr. C. Georgakopoulos, Senior Manager, Regulatory & Standards Oversight, EHRAB-MOHLTC	

Guests:

Mr. B. McArthur, Community College Representative	Mr. M. Eby, Paramedic Standards and Certification Coordinator, EHRAB-MOHLTC
Dr. A. Zia, EMS Fellow - RPPEO	Mr. S. Gorsline, Manager, Sunnybrook
Ms. D. D'Souza, Paramedic Standards and Certification Coordinator, EHRAB-MOHLTC	Dr. E. Hanel, Medical Director, CPER
Mr. P. Charbonneau, Past President, OAPC	Dr. F. Bahaidarah, Fellow, Sunnybrook
Ms. C. Cattaruzza, CorHealth	Dr. M. Austin, Medical Director, RPPEO
Ms. I. Narula, Senior Program Advisor, EESO-MOHLTC	Dr. C. Wallner, Fellow, CPER

Item	
Terms of Reference Update	The Terms of Reference were updated in December 2018. Updated version was endorsed at December OBHG MAC meeting. Changes from previous Terms of Reference include moving Ornge Medical Director to non-voting member, addition of ESC Medical Advisor attending OBHG MAC meetings as non-voting member, removal of Dispatch Medical Director from the ad hoc members.
Comprehensive Medical Directive Review	OBHG MAC started the process of reviewing all Medical Directives; each Base Hospital was assigned five to seven directives for review following the workflow process drafted by the Comprehensive Medical Directive Review Working Group, which was endorsed by OBHG MAC. This is a process that is to take place on a regular basis to ensure the directives are up to date with current medical practice, with an evidence based approach. The goal is to have the review complete by end of May 2019. After all directives have been through the review process, focus will shift to implementation of any changes. A literature review is also part of this process to update the Companion Document.
ALS PCS	<p>ALS PCS v4.5 and Equipment Standards v3.4 were published in April 2018 and came into force May 1, 2018. EHRAB is hosting webinars to provide a recap of the changes and implementation.</p> <p>Additional Changes/Additions: Fluid Bolus for Sepsis; OBHG MAC endorsed the new ACP Intravenous and Fluid Therapy Medical Directive with an auxiliary component for sepsis patients. The same changes were applied to the Auxiliary PCP Autonomous Intravenous and Fluid Therapy Medical Directive.</p> <p>The ministry expects to publish a revised version for late spring/early summer 2019, which will also include transitioning standards for Analgesia and Emergency Tracheostomy Tube Reinsertion from auxiliary to core. Other housekeeping changes will be made as well.</p> <p>The OBHG MAC endorsed the request that DQM create some metric points to determine effectiveness of the auxiliary directives that include ketamine and fentanyl.</p>
BLS PCS	<p>The BLS PCS v.3.1 came into effect March 1, 2018. After some initial discussion regarding the Acute Stroke Bypass Protocol (specific to EVT availability), Base Hospital programs and service operators will continue to work with their regional stroke networks to determine local bypass agreements for EVT.</p> <p>Since the publication/in force date of the BLS PCS v3.1, the ministry has received numerous Change Requests/OBHG MAC recommendations. Version 3.1.a (Draft) is expected to be shared for stakeholder feedback in winter 2018/19. Draft changes include (but are not limited to) those related to:</p> <ul style="list-style-type: none"> - FTTS/AAUS - Stroke Bypass Protocol - Oxygen Therapy <p>The Ministry established the Do Not Resuscitate Confirmation (DNR-C) Form Working Group in the fall of 2017 for the purpose of reviewing the current DNR-C Form for content, access and validation-related considerations, as well any DNR-C-related considerations within the paramedic practice standards. OBHG MAC representatives on the group include: Dr. Richard Dionne, Andy Benson, and Dr. Richard Verbeek. The final recommendation document was shared with stakeholders. The ministry will be bringing the recommendations forward internally to determine next steps.</p>

Certification Standards	A Certification Standard Working Group was put together in September 2018 to review the Standard. The Working Group consists of one representative from each of the five regions of OAPC, one representative from Toronto EMS, one Ornge operational representative, and one representative from each Base Hospital. Greg Sage and Maud Huiskamp Co-Chair this Working Group.
Documentation Standard/ACR/ACR Completion Manual	All ACR codes are now online to be kept up to date: http://www.health.gov.on.ca/en/pro/programs/emergency_health/edu/acr_codes.aspx ACR Codes and a change log can be viewed at: http://www.health.gov.on.ca/en/pro/programs/emergency_health/edu/acr_codes.aspx The Ministry requested data on Naloxone use across the province, which DQM provided via quarterly updates throughout 2018.
Living Standards	
Endorsement of Research Trials	The following research trial endorsements were provided: <ul style="list-style-type: none"> • OBHG MAC endorsed the Expanding Care by Paramedics to Palliative Patients (EC3P) in the Niagara Region and research medical directives associated with the study. • Free O² Study was endorsed to move forward as a research project with an Oxygen delivery system (Free O₂ device) by paramedics and endorsed medical directive associated with the study. • Patellar Dislocation; some minor changes to medical directive with some language updates and changes around young patients with patellar dislocations were recommended by the OBHG MAC. Main goal is to see if paramedics can recognize and treat a patellar dislocation appropriately. • The Medical Directive entitled “Research Medical Directive to Study Methoxyflurane for Pain by Paramedics” and the medical directive associated with the study was endorsed by the OBHG MAC.
Template for Research Submission	There is a need to establish a formalized structure for the way OBHG MAC approves research. This is strictly for research that deviates from patient care standards. OBHG MAC aims to develop standardized research template for submissions to OBHG MAC, which is currently in draft form with goal to have finalized version after the May 2019 meeting.
Medical Directive Drafting Group	A draft process has been developed through a collaborative working group with medical and operational leaders from OBHG, OAPC, front line Paramedics and EHRAB to ensure a streamlined approach to the introduction of new medical directives and changes to existing medical directives. Once a medical directive has been conceived, the steps include simulation, human factors and cross-referencing with the Equipment Standards and Documentation Standards. Involvement of the Education and Data Quality Management Subcommittees and OAPC early in the process has also been incorporated into the workflow.
Base Hospital and OBHG MAC Review	On December 6, 2018 the ministry notified the OBHG MAC Co-Chairs, Regional Base Hospital Administrators and Medical Directors that the ministry will be undertaking a review of the base hospital system and the OBHG MAC. The ministry is currently in the exploratory phase of the review and will update the OBHG MAC and Regional Base Hospital Programs as they progress.
Subcommittee Terms of Reference	The Education and Data and Quality Management Subcommittees are in the process of updating their Terms of Reference, to be brought forward to OBHG MAC in May 2019 for endorsement.

<p>Working Groups</p>	<p>The following committees and working groups which included representation from OBHG MAC members, provided regular reports and updates to the OBHG MAC:</p> <ul style="list-style-type: none"> • CorHealth • Ontario Trauma Advisory Committee (OTAC) • Enhancing Emergency Services in Ontario (EESO) • Treat & Release Working Group • Do Not Resuscitate Confirmation Form Working Group • Comprehensive Medical Directive Review Working Group • Certification Standard Working Group • Medical Directive Drafting Group
<p>Subcommittee Work</p>	<p><u>Education Subcommittee:</u></p> <ul style="list-style-type: none"> • Developed Delegated Skill Sheets to be added as an appendix to the Companion Document • Began work to completely redesign the Autonomous IV program • Updated the Companion document to reflect changes made to ALS PCS v4.5 • Began work required of the Medical Directive Review process <ul style="list-style-type: none"> ○ Feedback to the drafting group ○ Creation of Learning Objectives for new medications • Worked to update the Educational Development Framework document to be used for Provincial and local BH education <p><u>Data Quality Management Subcommittee:</u></p> <ul style="list-style-type: none"> • Collected data on quarterly numbers of Naloxone administrations • Collected data on the number of medical arrests, number of ACRs that have MOHDNRC numbers on them • Collected data on the use of hydrocortisone • Collected data on the Number of calls and types of calls in the previous 3 years • Reviewed and recommended on 26 ACR Code Requests • Collected data on ACR Codes and usage to make recommendation for improvement to the Ministry of Health <p>Participate in the start of the Medical Directive Review process</p>
<p>Standardization</p>	<p>Standardization projects currently underway include:</p> <ul style="list-style-type: none"> • Certification: <ul style="list-style-type: none"> ○ Consolidation ○ Cross Certification ○ Reactivation/Return to Work ○ Remediation ○ Maintenance of Certification: 10 patient contacts, competence demonstrated