



ONTARIO BASE HOSPITAL GROUP MEDICAL ADVISORY COMMITTEE 2019 Year in Review

Membership 2019:

Chairs		
Dr. R. Dionne, Co-Chair OBHG Medical Advisory Committee (2019-2021), RPPEO		Mr. T. Dodd, Co-Chair OBHG Medical Advisory Committee (2018-2020), CPER
Voting Members		
Medical Directors:		Program/Operational:
Dr. A. Affleck, Medical Lead, NWRBHP		Mr. K. Posselwhite, Program Manager, NWRBHP
Dr. J. Prpic, Medical Director, HSNCP		Ms. N. Sykes, Program Manager, HSNCP
Dr. M. Austin, 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		Ms. A. Burgess, Quality Specialist, CPER
Non-Voting Members		
Mr. S. Mooney, (A) Director, EHPMDB– MOHLTC		Mr. S. Haddad, (A) Director, Emergency Health Regulatory & Accountability Branch – MOH
Mr. C. Georgakopoulos, Senior Manager, Regulatory & Standards Oversight, EHRAB-MOH		Mr. C. Freedman, (A) Manager, Certification & Patient Care Standards, EHRAB-MOH (last meeting Feb. 2019)
Dr. M. Lewell, Medical Director, ORNGE		Mr. R. Yelle, Director, ORNGE
Mr. M. Nolan, 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. C. Humphrey, ACP Paramedic Representative (2019-2021)		Mr. D. Chen, ACP Paramedic Representative (2019-2021)
Mr. S. Gorsline, Chair, OBHG Education Subcommittee		Mr. I. McAdams, Chair, OBHG Data & Quality Management Subcommittee
Dr. E. Hanel, ESC Medical Advisor		Mr. N. Freckleton, Community College Representative
Ms. E. McGrath, Administrative Assistant, OBHG		



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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, HSNPCP	Ms. N. Sykes, Program Manager, HSNPCP
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
Mr. S. Gorsline, Chair, OBHG Education Subcommittee, Sunnybrook	Mr. R. Yelle, Director, ORNGE
Mr. M. Nolan, OAPC Representative	Ms. C. Driedger, Paramedic Representative
Mr. G. Sage, OAPC Representative	Ms. M. Dupont, Paramedic Representative
Mr. N. Freckleton, Community College Representative	Mr. C. Humphreys, Paramedic Representative
Mr. S. Mooney, acting Director, EHPMDB– MOH	Mr. D. Chen, Paramedic Representative
Mr. S. Haddad, (A) Director, Emergency Health Regulatory & Accountability Branch – MOH	Dr. E. Hanel, Physician Advisor, OBHG Education Subcommittee. s
Mr. C. Georgakopoulos, Senior Manager, Regulatory & Standards Oversight, EHRAB-MOH	Ms. Erin McGrath, OBHG Administrative Assistant

Guests:

Mr. A. Groleau, Field Manager, EHPMDB– MOH	Mr. M. Eby, Paramedic Standards and Certification Coordinator, EHRAB-MOH
Ms. S. Vanderzee, Office Manager, CEPCP	Ms. A. Blair, Assistant Deputy Minister and Executive Director, Emergency Health Services, MOH
Dr. C. Wallner, Fellow, CPER	Ms. Shelley Sharp, CorHealth Ontario
Dr. Jennifer Mandzia, CorHealth Ontario	Ms. Cathy Cattaruzza, CorHealth Ontario
Mr. K. Chen on behalf of Ms. Indrakshi Narula, EESO	Dr. Steven Lin, St. Michael's Hospital
Ms. K. Wilkinson, Incoming OBHG Education Subcommittee Chair (ESC)	Ms. Theresa Aves, St. Michael's Hospital
Dr. Yuen Leong, EMS Fellow, Sunnybrook	Dr. M. Feldman, Dispatch Medical Director, Sunnybrook
Ms. Carrie Hassberger, OAPC Representative	

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Item	
<p>Comprehensive Medical Directive Review (CMDR)</p>	<p>OBHG MAC started the process of reviewing all Medical Directives in December 2018; 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 September 2020. 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.</p> <p>Two sets of medical directives (16 total medical directives: Acute Cardiogenic Pulmonary Edema, adult and pediatric IO, analgesia, bronchoconstriction, cardiac ischemia, cardiogenic shock, croup, emergency childbirth, emergency tracheostomy tube reinsertion/suctioning, home dialysis emergency disconnect, IV and fluid therapy, moderate to severe allergic reaction, suspected adrenal crisis, symptomatic bradycardia, traumatic cardiac arrest) have been forwarded to the Ministry. Six (adult and pediatric IO, endotracheal and tracheostomy suctioning and reinsertion, IV and fluid therapy, moderate to severe allergic reaction, suspected adrenal crisis and traumatic cardiac arrest) were updated on the Ministry website for 45 days of public consultation. A change log was created for these medical directives for the Ministry website, completed by S. Gorsline (Sunnybrook).</p>
<p>ALS PCS</p>	<p>Version 4.6 of the ALS PCS was published in August, 2019 with an in-force date of September 3, 2019. Changes in this version were primarily related to the migration of a number of standards from the “Auxiliary” to “Core” appendices. These standards were already in use by all services in the province, so there was no change to practice or additional training required. Version 4.6 of the ALS PCS also included the new “Research Trial Standard” to align with the BLS PCS version 3.2. The associated “Research Trial Submission and Approval Process” document was distributed with the release of the ALS PCS, and should be used as the basis for all applicable submissions going forward. The ministry also posts information regarding research trials, including the name and email address of the Principal Investigator, on the ministry’s website. After the publication and release of the ALS PCS v4.6, a formatting error was identified in the tables of two medical directives. An updated version (4.6.1) of the ALS PCS was release and came into force on October 23, 2019 and represented a “reissue due to publication error” as per the <i>Living Standards Document Framework</i>.</p> <p>A draft version 4.7 of the ALS PCS was posted for public consultation; targeted consultations was done by EHRAB. This update includes the changes to 6 medical directives previously endorsed (adult and pediatric IO, endotracheal and tracheostomy suctioning and reinsertion, IV and fluid therapy, moderate to severe allergic reaction, suspected adrenal crisis and traumatic cardiac arrest) by the OBHG MAC.</p>
<p>BLS PCS</p>	<p>Since the publication/in force date of the BLS PCS v3.1, the ministry received numerous recommendations from the Ontario Base Hospital Group Medical Advisory Committee and Change Requests from various stakeholders. Update to Paramedics Prompt Care for Acute Stroke Protocol: Contraindication changed from “CTAS Level 2” to “CTAS Level 1”.</p> <p>OBHG MAC motioned BLS PCS be amended to allow for a two-step approach for stroke assessment (September 2019).</p> <p>Version 3.2 of the BLS PCS was published in May, 2019 with an in-force date of September 3, 2019. Of note in version 3.2 were changes to the Oxygen Therapy Standard (specifically for COPD patients), the FTTS and the CVA Stroke Standard. Version 3.2 of the BLS PCS also included the new “Research Trial Standard” which enables ministry approved research trials that include patient care practices that are different from those otherwise set out in the Standards. The associated “Research Trial Submission and Approval Process” document was included with the release of the ALS PCS v4.6 in August.</p>
<p>Base Hospital Review</p>	<p>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 had a productive initial consultation with OBHG MAC members in May 2019. Ministry partners are assisting EHRAB by undertaking a jurisdictional scan and literature review regarding paramedic oversight models. An internal working group with representation from the EHS Branches will be meeting on an ongoing</p>

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	<p>basis. Some key activities this group will be undertaking include a review of base hospital financial documents and analysis of base hospital performance measures. The Ministry has provided updates at a number of OBHG MAC meeting and continues to reach out to stakeholders.</p>
EHS Modernization	<p>The Minister of Health is seeking input and advice on the province's next steps regarding public health and emergency health services modernization. A discussion paper has been released and a Special Adviser has been appointed to lead the process of gathering feedback through a variety of mechanisms and meetings. The Ontario Base Hospital Group continues to work on providing feedback. In Budget 2019, the government announced that they are modernizing and streamlining ambulance communications centres and paramedic services across the province to better coordinate access to emergency health services at the local level. The government is committed to engaging with stakeholders throughout the implementation process, and will respect relationships as well as collective agreements as the ministry moves forward toward a modernized and integrated emergency health system. The Ministry has continued to involve and seek feedback from the Ontario Base Hospital Group on this matter.</p>
Certification Standards	<p>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.</p> <p>The group has had two face-to-face meetings and established the following:</p> <ul style="list-style-type: none"> ○ Culture shift in regards to maintenance of certification. ○ Return to work: after 36 months off work, do a full initial cert again. ○ Return to work after 90, 180, etc. days. Opportunity for individual paramedics to do self-assessment/gap analysis and paramedic completes it and works with BH and service to make a plan. ○ Consolidation requirements—still a lot of work needs to be done. <p>The group plans to complete some pilot testing, target a couple areas to ensure nothing was missed; roll out in phases. Because this is all new, rather than putting dates into Standard, want to create a generic statement for a Standard and create a companion document. Work being done is being continually shared among stakeholders to ensure all groups are on the same track, nothing that's too out of the field.</p>
Documentation Standard/ACR/ACR Completion Manual	<p>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</p> <p>The Ministry requested data on Naloxone use across the province, which DQM provided via quarterly updates throughout 2019. Ontario Ambulance Documentation Standards: The ministry continues to receive and action code requests with the support of OBHG DQM. The process for code approval has been simplified. Now approval letter is emailed to services that are impacted by the code.</p>
Living Standards	<p>The Proposed Changes webpage is live and the first instance of use (BLS PCS v3.1.a (draft)) went well. The ministry welcomes feedback from OBHG MAC.</p>
Endorsements from OBHG MAC	<p>The following endorsements/feedback were provided:</p> <ul style="list-style-type: none"> ● OBHG MAC provided feedback to the Ministry on the Review Process for Local PPS Agreements. ● OBHG MAC endorsed the research study DOSE-VF RCT (Double Sequential External Defibrillation for Refractory Ventricular Fibrillation Study). ● OBHG MAC endorsed the research study for Epinephrine Dose: Optimal versus Standard Evaluation Trial (CanROC EpiDOSE Trial). This study will be limited to the Greater Toronto Area and Ottawa-OPALS. ● OBHG MAC endorsed use of i-gel as alternative to King-LT in supraglottic airway. ● OBHG MAC endorsed the Expanding Care by Paramedics to Palliative Patients (EC3P) in the Niagara Region and research medical directives associated with the study. ● OBHG MAC endorsed the LAMS as the provincial LVO screening tool, as part of the provincial Stroke strategy.

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	<ul style="list-style-type: none"> • OBHG MAC medical directors are considering support for paramedics to gain access to the province EHR. • OBHG MAC endorsed one of the Paramedic Advisors to put in change request form for the change to BLS PCS regarding control of life-threatening hemorrhage; it was perceived by the Paramedic Advisor that there was a lack of clarity and are significantly short of meeting current established best practice for addressing these life threatening injuries. • OBHG MAC endorsed DQM releasing report findings titled “Phantom Codes Review” and subsequent recommendations for the Ministry’s consideration. • OBHG MAC has supported in concept, the potential inclusion of the following controlled substances into the PCP scope of practice: morphine, fentanyl, midazolam, ketamine. A Working Group will be initiated by G. Sage (OAPC) and M. Davis (Medical Director, SWORBHP).
<p>OBHG AIV Program (ESC)</p>	<p>The OBHG MAC endorsed the Autonomous IV program learning objectives and assigned Dr. E. Hanel as the OBHG MAC appointed ESC physician advisor to oversee and approve the educational content. Dr. Hanel has reviewed and approved the content created for the IV program.</p> <ul style="list-style-type: none"> • Word versions of the 7 eLearning modules • Program overview • Competency evaluation form • IV skill sheet • Clinical tracking form • Case discussion <p>OBHG MAC endorsed the AIV program. S. Gorsline and ESC are currently working on Facilitator notes to accompany the materials.</p>
<p>Patient Care Models</p>	<p>OBHG MAC provided feedback re: Proposal Number 19-HTLC022—Enabling New Models of Care for Select 9-1-1 Patients. The models of care included:</p> <ul style="list-style-type: none"> • Transporting patients to destinations other than the emergency department where they can receive appropriate treatment; • Treating patients on-scene and referring them to another health care provider; • Treating and releasing patients on-scene; and • Referral of select low acuity patients during the 911 call to appropriate care in the community.
<p>Template for Research Submission</p>	<p>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.</p>
<p>Medical Directive Drafting Group (MDDG)</p>	<p>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. All but two Medical Directives have passed through the process.</p>
<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 • Policy and Program Implementation Unit (PPIU), formally Enhancing Emergency Services in Ontario (EESO) • Documentation Standards/ACR/ACR Completion Manual Working Group • Equipment Standards

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	<ul style="list-style-type: none"> • Comprehensive Medical Directive Review Working Group • Certification Standard Working Group • Medical Directive Drafting Group • APP WG • DNR Working Group
<p>Subcommittee Work</p>	<p><u>Education Subcommittee:</u></p> <ul style="list-style-type: none"> • The AIV program: <ul style="list-style-type: none"> ○ ELearning modules have been developed and final edits are in process before the final review from the medical advisors. Once complete the electronic voice over will be changed for human recorded voice. ○ All in class material has been created and reviewed by ESC medical advisor. • Medical Directive Review: <ul style="list-style-type: none"> ○ We continue to provide the Medical Directive Drafting group feedback regarding proposed changes to the medical directives and prepare to update the Companion Document. ○ We are waiting for notification as to approval of new medication changes so development of educational content can begin at the provincial level. • The ESC has updated the Educational Development Document and it is in the processes of final review by the committee members. Once complete it will be brought to the OBHG MAC for endorsement. • The ESC has finalized all edits to the OBHG skill sheets and have distributed to all ESC members for use. • Working on training modules for Medical Directives with new medication. <ul style="list-style-type: none"> ○ Ondansetron ○ Oxytocin ○ Dexamethasone • Delegated Skills videos production has begun and will continue until complete. Goal is that all BHs will have access to these videos. • OBHG MAC endorsed the Education Development Reference Document to be used to develop OBHG MAC mandated education. All OBHG MAC mandated education development will follow this process. • Provincial Autonomous IV program was submitted and endorsed by OBHG MAC. • Working with the AOM to develop joint webinars, first webinar to be sometime in 2020. • Companion Document 4.6.1 which includes Appendix – A has been posted to the OBHG website. • The AIV working group has reconvened to ensure ongoing updates are made as required from course feedback and changes to medical directives. Work is also underway to create a facilitator guide for the AIV course. • Currently drafting the necessary changes to the companion document to ensure consistency with the Medical Directives as they go through the review process. • K. Wilkinson will take over as ESC Chair starting April 2020. • ESC wrote a letter to the Ministry requesting to share materials developed by ESC with colleges, for educational purposes. <p><u>Data Quality Management Subcommittee:</u></p> <ul style="list-style-type: none"> • Each Base Hospital continues to collect data on naloxone usage. This is a continuing request for quarterly data from the Ministry. • DQM continues to review Requests for Change to ACR Codes for the Ministry of Health and submitted recommendations. • DQM continues to participate in the review of medical directives under the direction of the Medical Directive Draft Group. • DQM has made a formal recommendation to OBHG MAC to remove controlled substance wastage from the patient care section of



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	<p>the ACR. Code for wastage would be created, for example code 900, then sub-codes for the types of medication wasted (ie. 900=wastage, 900.1= morphine, 900.2= fentanyl....). Will not appear on rendered ACR.</p> <ul style="list-style-type: none"> • DQM continues to catalogue the data issues DQM identifies with the ACR form and have started to compile the data and draft a 'Living Standard Project - Change Request Form'. • DQM has completed a draft version of the Report to OBHG MAC to ask the Ministry of Health to open the ACR, ACR Completion Manual and the Ontario Ambulance Documentation Standards for review. • A. Burgess is new DQM Chair. • DQM provided COVID-19 data at the Ministry's request; code usage for Miscellaneous Procedures - 407.02—COVID-19 Screening POSITIVE and Miscellaneous Procedures - 407.03—COVID-19 Screening NEGATIVE.
Standardization	<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
Equipment Standard	<p>A draft version 3.5 representing a partial update of the Provincial Equipment Standards for Ontario Ambulance Services was posted for public consultation. Changes in this update include the removal of equipment otherwise required by the employer under the <i>Occupational Health and Safety Act</i> (e.g. non-medical personal protective equipment such as helmets). The update posted for consultation also included a new "Supraglottic Airway Standard" as well as other minor housekeeping changes.</p>