



ONTARIO BASE HOSPITAL GROUP MEDICAL ADVISORY COMMITTEE 2020 Year in Review

Membership 2020:

Chairs		
Dr. R. Dionne, Co-Chair OBHG Medical Advisory Committee (2019-2021), RPPEO		Mr. A. Benson, Co-Chair OBHG Medical Advisory Committee (2020-2022), CEPCP
Voting Members		
Medical Directors:	Program/Operational:	
Dr A. Affleck Medical Director, NWRBHP (to Jan 2020)		Mr. K. Posselwhite, Program Manager, NWRBHP
Dr. A. Exley, Medical Director, NWRBHP (starts Jan 2020)		
Dr. J. Prpic, Medical Director, HSNCPCH		Mr. C. Petrie, on behalf of Ms. N. Sykes, Program Manager, HSNCPCH
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		Ms. S. Vanderzee, Manager, CEPCP
Dr. M. Welsford, Medical Director, CPER (Jan. 2019- Aug. 28, 2020)		Mr. T. Dodd, Regional Program Director, CPER
Dr. P. Miller, interim Medical Director, CPER (Aug. 28, 2020-Dec. 31, 2020)		
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. N. Freckleton, Community College Representative
Dr. M. Lewell, Medical Director, ORNGE		Mr. R. Yelle, Director, ORNGE
Mr. M. Nolan, OAPC Representative		Mr. G. Sage, OAPC Representative
Ms. JL. Langedon, PCP Paramedic Representative (2020-2022)		Mr. R. Moloney, ACP Paramedic Representative (2020-2022)
Mr. C. Humphrey, ACP Paramedic Representative (2019-2021)		Mr. D. Chen, ACP Paramedic Representative (2019-2021)
Mr. S. Gorsline, Chair, OBHG Education Subcommittee (Jan. 2020-Mar. 2020)		Mr. I. McAdams, Chair, OBHG Data & Quality Management Subcommittee (Jan. 2020-Mar. 2020)
Ms. K. Wilkinson, Chair, OBHG Education Subcommittee (Apr. 2020-current)		Ms. A. Burgess, Chair, OBHG Data & Quality Management Subcommittee (Apr. 2020-current)
Dr. E. Hanel, ESC Medical Advisor		Ms. E. McGrath, OBHG Administrative Assistant



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Attendees:

Dr. A. Exley, Medical Director, NWRBHP (Sept. 2020- current)	Mr. T. Dodd, Co-Chair OBHG Medical Advisory Committee, CPER
Dr. J. Prpic, Medical Director, HSNPCP	Mr. K. Posselwhite, Program Manager, NWRBHP
Dr. R. Dionne, Medical Director, RPPEO	Mr. C. Petrie on behalf of Ms. N. Sykes, Program Manager, HSNPCP
Dr. R. Verbeek, Medical Director, Sunnybrook	Ms. P. Price, Director, RPPEO
Dr. M. Welsford, Medical Director, CPER	Ms. M. Huiskamp, Senior Manager, Sunnybrook
Dr. P. Miller, interim 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
Ms. K. Wilkinson, Chair, OBHG Education Subcommittee, Sunnybrook	Mr. R. Yelle, Director, ORNGE
Dr. A. Affleck, Medical Lead, NEWRBHP (Jan. 2020-Sept. 2020)	Ms. S. Vanderzee, Manager, CEPCP
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
Mr. C. Georgakopoulos, Senior Manager, Regulatory & Standards Oversight (RSO), 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. Carrie Hassberger, OAPC Representative	Ms. S. Picarello, Assistant Deputy Minister, 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. R. Burgess, Sunnybrook	Dr. Yuen Leong, EMS Fellow, Sunnybrook
Jill Coleby, Prehospital and Transport Medicine Fellow, RPPEO	Renee Bradley, Prehospital and Transport Medicine Fellow, RPPEO
Dr. Yuen Leong, EMS Fellow, Sunnybrook	Dr. M. Feldman, Dispatch Medical Director, Sunnybrook
Mr. Kevin McNab, OAPC Representative	Pauline Marcelo, Certification and Patient Care Standards, MOH



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Item	
Advanced Life Support Patient Care Standards (ALS PCS)	<p>Version 4.7 of the ALS PCS (representing a partial update) was published on April 8, 2020. This version of the standards added the auxiliary “Assessment of Patients with Possible COVID-19 Medical Directive”.</p> <p>Version 4.8 of the ALS PCS was published November 9, 2020 with an in force date of November 23, 2020. This version included the five medical directives endorsed earlier in the year by OBHG MAC (moderate to severe allergic reaction, suspected adrenal crisis, endotracheal and tracheostomy suctioning and reinsertion, adult and pediatric IO and IV fluid therapy) and an updated version of the COVID-19 medical directive.</p>
Basic Life Support Patient Care Standards (BLS PCS)	<p>BLS PCS version 3.3 was published in November 2020 with an implementation date of January 11, 2021. Changes in this version of the BLS PCS include the OBHG MAC endorsed addition of the Los Angeles Motor Scale (LAMS) as a secondary assessment in the “Cerebrovascular Accident (CVA, “Stroke”) Standard” and updates to the “Soft Tissue Injuries Standard” to better align with the Hartford Consensus regarding best practice for hemorrhage control (aka “Stop the Bleed®” campaign).</p>
Base Hospital Review	<p>On December 6, 2018 EHRAB notified the OBHG MAC Co-Chairs, Regional Base Hospital Administrators and Medical Directors that they would be undertaking a review of the base hospital system and the OBHG MAC. EHRAB representatives had a productive initial consultation with OBHG MAC members in May 2019. Ministry partners assisted EHRAB in undertaking a jurisdictional scan and literature review regarding paramedic oversight models. An internal working group with representation from the EHS Branches has met several times on this project. A draft report has been developed and is being reviewed by RSO/EHS. This work has slowed due to the impact of COVID-19 prioritization activities, but the Ministry has provided updates at a number of OBHG MAC meetings.</p>
Certification Standards	<p>A Certification Standard Working Group was assembled in September 2018 to review the Certification 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 (OAPC) and Maud Huiskamp (MAC) Co-Chair this working group.</p> <p>While COVID-19 priorities have delayed progress, the group plans to complete some pilot testing, target a couple areas to ensure nothing was missed and to roll the concepts out in phases. As this is all new, rather than putting dates into Standard, wanted to create a generic statement for a Standard and create a companion document. Work is continually shared among stakeholders to ensure all groups are on the same track.</p>
Comprehensive Medical Directive Review (CMDR)	<p>OBHG MAC started the process of reviewing the entire suite of 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 March 2021. After all the directives have been through the review process, focus will shift to implementation of any changes. A literature review is also part of this process and will be made available through updates in the Companion Document.</p> <p>A total of 16 medical directives have been through the complete process and forwarded to the Ministry for approval. Of these, five medical directives (adult and pediatric IO, endotracheal and tracheostomy suctioning and reinsertion, IV and fluid therapy, moderate to severe allergic reaction and suspected adrenal crisis) were approved by the Ministry and updated in the Advanced Life Support Patient Care Standards version 4.8 (released November 2020). A change log was created for these medical directives for the Ministry website, completed by S. Gorsline (Sunnybrook). MAC is in the process of finalizing a list prioritizing the release of subsequent medical directives, taking into consideration education and needs analysis.</p> <p>This Working Group was closed at the December 2020 MAC meeting as all Medical Directives have moved through the CMDR WG process.</p>

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<p>COVID-19 (previously Novel Coronavirus, nCoV)</p>	<p>The Ministry published the first version of the Assessment of Patients with Possible COVID-19 Medical Directive (ACP and PCP versions) in April 2020. This was updated in November 2020.</p> <p>OBHG MAC issued memorandums to all paramedics and Paramedic Services providing clinical considerations and critical thinking perspectives regarding the application of medical directives when managing patients who failed the “COVID-19 screening tool” found in the Ministry of Health Training Bulletin. These considerations apply only to these patients, and are written from a paramedic safety perspective with the goal of minimizing exposure to respiratory droplets while still providing sound patient care.</p> <p>On April 17th 2020 the Government of Ontario announced amendments to Regulation 257/00 under the <i>Ambulance Act</i> that are intended to help increase workforce capacity in the pre-hospital system and ensure the stability of paramedic service operations during the present COVID-19 pandemic. These changes include:</p> <ul style="list-style-type: none"> • Enabling ambulance services to hire Primary Care Paramedic (PCP) college graduates for a longer period of time before requiring them to write and pass the Ministry of Health entry-to-practice exam (i.e., increasing the current allowable hiring period from 210 consecutive days to 420 consecutive days). • Allowing students enrolled in approved PCP college programs who have not yet graduated to work for ambulance services as Emergency Medical Attendants (EMAs) when paired with a certified paramedic. • Allowing Advanced Care Paramedic (ACP) college graduates to work as ACPs without having obtained a pass standing in an ACP examination; • Waiving the annual cardiopulmonary resuscitation (CPR) recertification requirement for EMAs and paramedics due to limitations in course offerings during provincial emergencies. <p>Upon a quality and safety assessment, it was found that there was an increase use of epinephrine in a few BH jurisdictions, mostly in elderly patients, with a few unfavorable adverse outcomes. Based on this data, OBHG MAC motioned to modify the COVID-19 Paramedic Consideration document, specifically addressing the Bronchoconstriction Medical Directive, to restrict the use of IM epinephrine to age <50 years, and to consider a patch for the administration in patients over age 50. This was updated via a memo in February 2021.</p> <p>MAC motioned to move forward with a change request form to modify the existing ALS PCS Bronchoconstriction Medical Directive by adding this same age restriction of <50 years regarding the administration of IM epinephrine.</p>
<p>Documentation Standard/ACR/ACR Completion Manual</p>	<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>Based on the recommendation from the OBHG MAC, work has begun on the next full update of the Ontario Ambulance Documentation Standards, Ambulance Call Report (ACR) Completion Manual and the ACR form itself. The Ministry has reached out to stakeholders to coordinate work on the revisions. This work was meant to be complete by end of 2020 but was delayed due to COVID-19.</p> <p>The Ministry requested data on Naloxone use across the province, which DQM provided via quarterly updates throughout 2020.</p> <p>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 letters are emailed to services that are impacted by the code.</p>
<p>EHS Modernization</p>	<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 our feedback to the process.</p> <p>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</p>



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	<p>ministry moves forward toward a modernized and integrated emergency health system. Due to the ongoing impacts of the COVID-19 pandemic, the work on EHS Modernization is paused.</p>
<p>Endorsements from OBHG MAC</p>	<p>The following endorsements/feedback were provided:</p> <ul style="list-style-type: none"> • OBHG MAC endorsed the work of a PCP Controlled Substances Working Group, which includes membership from Base Hospitals, OAPC, paramedics and Ministry representation. OBHG MAC supported the ask for the PCP Controlled Substance WG to start developing PCP Medical Directives. • OBHG MAC sent a letter to Ministry requesting information on using medication past expiration dates during the COVID-19 pandemic (COVID-19 has caused delays/shortages in certain medication). • Given PCPs increase scope of practice over the past several years, OBHG MAC is currently drafting a business case for the Ministry requesting additional paid CME hours for PCPs. • OBHG MAC endorsed updates to 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 wrote a letter to the Programs Branch that paramedics be considered as an approved organization for the Ontario Naloxone Program—Extended Access (specifically naloxone kits). • OBHG MAC endorsed that DQM assist in the design of, and provide reports on, the Palliative Care Project. • OBHG MAC endorsed interactive eLearning from ESC on the COVID-19 Auxiliary Medical Directive. • OBHG MAC endorsed LAMS as a screening tool, which was updated in BLS PCS v3.3 (in-force date of January 11, 2021). • OBHG MAC endorsed the process for ESC to utilize the Multi-Year Education Development Plan for a component of annual provincial education (name of document to be updated). • OBHG MAC endorsed in concept the NAMSEP position statement in regards to clinical restraint provided to combative patients. • OBHG MAC supported the proposal that the solutions: D5W and Normal saline (NS) are acceptable diluents for the following medications: amiodarone, calcium gluconate, dimenhydrinate, diphenhydramine, fentanyl and morphine as an auxiliary method of medication delivery. <ul style="list-style-type: none"> ○ OBHG MAC Co-Chairs submitted a Change Request form to the Ministry about updating the language in ALS PCS regarding the use of NS and D5W. • OBHG MAC provided feedback to the Ministry on a proposed change in the “Patient with Capacity Refusal” in the “Patient Refusal/Emergency Treatment Standard” of the BLS PCS. • OBHG MAC opened the Terms of Reference for review/edits. • OBHG MAC now has two representatives on the Ontario Community Paramedicine Secretariat Steering Committee. • OBHG MAC endorsed the addition of atropine as an option to the Terminal congested breathing section of the Palliative Care Medical Directive (ACP and PCP). • OBHG MAC endorsed the use of the i-gel as an alternative to the King-LT as a supraglottic airway. • OBHG MAC drafted and endorsed new medical directives for COVID-19. • OBHG MAC medical directors are considering support for paramedics to gain access to the provincial electronic Health Record (HER).
<p>Equipment Standards</p>	<p>Version 3.5 (representing a partial update) of the Equipment Standards was published on April 8, 2020. 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), clarification regarding the relationship between the Equipment Standards and Directives issued by Ontario’s Chief Medical Officer of Health (CMOH), as well as other minor housekeeping changes.</p>



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<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. E. 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>New Patient Care Models for Select 9-1-1 Emergency Patients</p>	<p>In January 2020, The Patient Care Model Standards set out requirements for municipal ambulance services seeking approval from the Ministry to implement new models of care that would permit select low-acuity 9-1-1 patients to receive appropriate community-based care, rather than transport to the Emergency Department. This includes requirements of paramedics for providing patient care that extends beyond the “Basic Life Support Standards” and the “Advanced Life Support Standards” for the purposes of implementing new models of care. The ministry is accepting proposals for new models on an ongoing basis, with specific consideration to those developed to address impacts related to COVID-19 to ensure timely approval and implementation during this pandemic.</p> <p><u>Update on Phase 1 New Patient Care Models for Select 9-1-1 Medical Emergency Patients:</u></p> <ul style="list-style-type: none"> • New models of care for select 9-1-1 patients are being implemented to support appropriate, safe and timely care for mental health and addictions and palliative care patients. • The key enablers for successful implementation of Phase 1 includes: <ul style="list-style-type: none"> ○ The establishment of a regulatory framework by way of legislative and regulatory amendments which came into force on November 1, 2019 and April 1, 2020. ○ The creation of the <i>Patient Care Model Standards</i>. The final version of these standards was posted in June 2020. ○ Working collaboratively with partners and providers in the ongoing measurement of the outcomes of the model(s) in accordance with the <i>Patient Care Model Evaluation Framework</i>. The ministry is collaborating with the Institute of Clinical Evaluative Sciences (ICES) to determine the efficacy of the models of care. <p>The ministry continues to engage with services to explore opportunities in implementing Phase 1 Models of care that meet the guidelines outlined under the <i>Patient Care Model Standards</i>.</p>
<p>Patient Care and Transportation Standards (PCTS)</p>	<p>Version 2.3 (representing a partial update) of the PCTS was published on April 8, 2020. The update included clarification regarding the relationship between the PCTS and Directives issued by Ontario’s CMOH, a revision of the “Routine and Additional Precautions” section, and other minor housekeeping changes.</p> <p>Version 2.4 (representing a partial update) of the PCTS was published on October 22, 2020. The update included new language to align with amendments to Ontario Regulation 257/00 (the Regulation) under the <i>Ambulance Act</i>, filed the same day. Revisions to the Regulation and the PCTS were specific to the requirement for paramedics to be recertified in Cardiopulmonary Resuscitation (CPR) at 12-month intervals, which does not apply until March 31, 2021.</p>



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<p>PCP Controlled Substances WG</p>	<p>OBHG MAC endorsed a PCP Controlled Substance Working Group (includes members of MAC, OAPC, college representatives, ESC, DQM and Ministry representatives), and is chaired by one medical director and one OAPC representative.</p> <p>With the inclusion of PCPs under the Section 56 Class Exemption, there is the opportunity to augment PCP directives to include morphine and fentanyl for analgesia, midazolam and ketamine for combative patients and midazolam for the treatment of seizures. Over the last decade there has also been the growth of the PCP analgesia medical directive (acetaminophen, ibuprofen and ketorolac) and exploration of alternative “non-controlled” (methoxyflurane) analgesics in an attempt to adequately treat prehospital pain. In addition to the above, PCPs and Paramedic Service leads have brought forth concerns of paramedic safety, emergency responder safety, bystander safety and patient safety when dealing with combative patients given PCPs do not have the ability to sedate these patients.</p> <p>The Working Group drafted a Project Charter, which was supported by OBHG MAC. Subgroups were created to complete environmental scans, literature review, education requirements, impact of college programs, impact on QA, etc.</p>
<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.</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 other 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 one Medical Directive has 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"> • ACP Certification Process Working Group • Certification Standards Working Group • CorHealth • Policy and Program Implementation Unit (PPIU), formally Enhancing Emergency Services in Ontario (EESO) • Documentation Standards/ACR/ACR Completion Manual Working Group • Equipment Standards • Comprehensive Medical Directive Review Working Group • Certification Standard Working Group • Medical Directive Drafting Group • Medication Shortage Working Group • PCP Certification Process Working Group • APP WG



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<p>Specialized Ambulances for Critically Ill Newborns and Babies</p>	<p>In April 2020, the Ministry of Health provided ongoing funding to the four paramedic service providers to fund dedicated ambulances for inter-facility transports for neonatal and paediatric patients. These services work in partnership with the transport teams based at the Province’s four tertiary paediatric centres:</p> <ul style="list-style-type: none"> ○ Toronto Paramedic Services/Hospital for Sick Children (SickKids) ○ Hamilton Paramedic Services/McMaster Children’s Hospital, Hamilton Health Sciences Centre ○ Ottawa Paramedic Services/Children’s Hospital for Eastern Ontario (CHEO) ○ Middlesex-London Paramedic Services/Children’s Hospital, London Health Sciences Centre (LHSC) <p>The ongoing effectiveness of the program will continue to be monitored and tracked.</p>
<p>Subcommittee Work</p>	<p><u>Education Subcommittee:</u></p> <ul style="list-style-type: none"> ● K. Wilkinson took over as ESC Chair in April 2020. ● 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. ○ The WG 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. ○ Permission was given by the Ministry to share this content with colleges, if requested. ● Medical Directive Review: <ul style="list-style-type: none"> ○ ESC continues to provide the Medical Directive Drafting Group feedback regarding proposed changes to the medical directives and prepare updates for the Companion Document. ○ Developed necessary education content for updated directives. ● Training modules for new medication (listed below) have been complete. ESC Chair and ESC G8 representative are in process of acquiring quotes from vendors to produce this content. <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. ● Developed Annual Curriculum Development Plan which was endorsed by OBHG MAC for provincial use. ● Developed education and quiz for the COVID-19 Auxiliary Medical Directive. ● Companion Document 4.8 has been posted to the OBHG website. ● Currently drafting the necessary changes to the companion document to ensure consistency with the Medical Directives as they go through the review process. ● A Storage Working Group was formed to coordinate sharing content between Base Hospital programs; have a centralized location for storing all training material for all Base Hospitals. The group has started organizing a process with RPPEOs Wiki’s platform. ● The Ministry approved ESC request to share materials developed by ESC with colleges, for educational purposes. ● M. Broughton (NWRBHP) was endorsed as the incoming ESC Chair. <p><u>Data Quality Management Subcommittee:</u></p> <ul style="list-style-type: none"> ● A. Burgess became DQM Chair in April 2020.



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	<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. The requests included medication wastage, alternate destinations and codes related to the new COVID directives. • DQM was tasked with developing and providing quarterly reports on the paramedics providing Palliative Care Project (funded by OHRI Palliative Project). • DQM received a work request submission from the Ministry of Health to compile data relating to Base Hospitals who provide quality audit and reviews outside of the ALS PCS skills/scope either in a formal or informal manner. Data is being used to assist the Emergency Health Regulatory and Accountability Branch with its ongoing work related to the Office of the Auditor General of Ontario 2013 Land Ambulance Services report. • DQM received a work request to identify the current state of supraglottic airway use, size and device throughout the province. This was completed and shared with OBHG MAC to inform decisions for the Comprehensive Medical Directive Review. • DQM continues to participate in the review of medical directives under the direction of the Medical Directive Draft Group. • DQM request to OBHG MAC to ask the Ministry of Health to open the ACR, ACR Completion Manual and the Ontario Ambulance Documentation Standards for review was accepted. • 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. • B. de Mendonca was endorsed as the incoming DQM Chair.
<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