



ONTARIO BASE HOSPITAL GROUP MEDICAL ADVISORY COMMITTEE 2021 Year in Review

Membership 2021:

Chairs		
Dr. R. Dionne, Co-Chair Medical Advisory Committee (2019-Mar.2021), RPPEO Dr. J. Prpic, Co-Chair OBHG Medical Advisory Committee (Apr. 2021-2023), HSNCP		Mr. A. Benson, Co-Chair OBHG Medical Advisory Committee (2020-2022), CEPCP
Voting Members		
Medical Directors:		Program/Operational:
Dr. A. Exley, Medical Director, NWRPCP		Mr. K. Posselwhite, Program Manager, NWRPCP
Dr. M. Austin, Medical Director, RPPEO (Jan. 2021-Mar. 2021) Dr. R. Dionne, Medical Director, RPPEO (Apr. 2021-present)		Mr. C. Petrie, on behalf of Ms. N. Sykes, Program Manager, HSNCP
Dr. C. Loreto, Medical Director, HSNCP (Apr. 2021-present)		Ms. P. Price, Director, RPPEO
Dr. M. Feldman, 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. P. Miller, interim Medical Director, CPER		Mr. T. Dodd, Regional Program Director, 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 (Jan. 2021-June 2021) Ms. B. Au, Senior Manager, Regulatory and Standards Oversight, EHRAB-MOH (Sept. 2021-present)		Mr. N. Freckleton, Community College Representative
Dr. M. Lewell, Medical Director, ORNGE		Mr. R. Yelle, Director, ORNGE (Jan. 2021 – June 2021) Mr. M. Longeway, Director, ORNGE (July 2021 – present)
Mr. M. Nolan, OAPC Representative		Mr. G. Sage, OAPC Representative
Ms. JL. Langedon, PCP Paramedic Representative (Jan. 2021 – Nov. 2021) Mr. J. Towle, ACP Paramedic Representative (Dec. 2021 – 2024)		Mr. R. Moloney, ACP Paramedic Representative (2020-2022)
Mr. C. Humphrey, ACP Paramedic Representative (2019-2021) Mr. C. Barclay, ACP Paramedic Representative (2021-2025)		Mr. D. Chen, ACP Paramedic Representative (2019- Mar. 2021) Mr. R. Cloutier, PCP Paramedic Representative (April 2021 – 2024)
Ms. K. Wilkinson, Chair, OBHG Education Subcommittee (Apr. 2020-current)		Ms. A. Burgess, Chair, OBHG Data & Quality Management Subcommittee
Dr. M. Hillier, ESC Medical Advisor		Ms. E. McGrath, OBHG Administrative Assistant



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Attendees:

Dr. A. Exley, Medical Director, NWRPCP	Mr. T. Dodd, Program Manager, CPER
Dr. J. Prpic, Medical Director, HSNPCP	Mr. K. Posselwhite, Program Manager, NWRPCP
Dr. R. Dionne, Medical Director, RPPEO	Mr. C. Petrie on behalf of Ms. N. Sykes, Program Manager, HSNPCP
Dr. M. Feldman, Medical Director, Sunnybrook	Ms. P. Price, Director, RPPEO
Dr. C. Loreto, Medical Director, HSNPCP	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. M. Longeway, Manager, Ornge
Dr. M. Lewell, Medical Director, ORNGE	Ms. A. Burgess, Chair, OBHG Data Quality Management Subcommittee, CPER
Ms. K. Wilkinson, Chair, OBHG Education Subcommittee, Sunnybrook	Mr. R. Yelle, Director, ORNGE
Mr. M. Nolan, OAPC Representative	Ms. S. Vanderzee, Manager, CEPCP
Mr. G. Sage, OAPC Representative	Ms. B. Au, Senior Manager, Regulatory and Standards Oversight, EHRAB-MOH
Mr. N. Freckleton, Community College Representative	Mr. R. Moloney, Paramedic Representative
Mr. S. Mooney, acting Director, EHPMDB– MOH	Mr. C. Humphreys, Paramedic Representative
Mr. S. Haddad, (A) Director, Emergency Health Regulatory & Accountability Branch – MOH	Mr. D. Chen, Paramedic Representative
Mr. C. Georgakopoulos, Senior Manager, Regulatory & Standards Oversight (RSO), EHRAB-MOH	Dr. M. Hillier, Physician Advisor, OBHG Education Subcommittee
Ms. Erin McGrath, OBHG Administrative Assistant	

Guests:

Mr. A. Groleau, Field Manager, EHPMDB– MOH	Justin Godbout, EMS Fellow, RPPEO
Ms. Carrie Hassberger, Manager Certification and Patient Care Standards, EHRAB-MOH	I. Narula, PPIU, Ministry of Health
Sara Howaidi, EMS Fellow, Sunnybrook	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
Ms. M. Broughton, In-coming ESC Chair	Pauline Marcelo, Certification and Patient Care Standards, MOH
Mr. B. De Mendonca, In-coming DQM Chair	Francois. Scarborough, EMS Fellow, RPPEO
Sheuefen Ong, EMS Fellow, Sunnybrook	Alex Trajkovski, EMS Fellow, RPPEO
A. Pilienci, Senior Program Advisor, PPIU	

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Item	
Advanced Life Support Patient Care Standards (ALS PCS)	The Ministry reached out to OBHG MAC in spring 2021 for suggested prioritized implementation of all medical directives; a heat map was created by OBHG to develop two “buckets” of medical directives for implementation. Bucket 1 was memo based, bucket 2 requires changes that are more involved, a bucket 3 was developed for the chemical exposure and special event medical directives. Education Sub-Committee (ESC) has worked to ensure the bucket 2 education is ready for delivery in 2022, and the Data Quality Management SubCommittee (DQM) has requested necessary ACR codes be removed/added to the eACR. ALS PCS version 4.9a DRAFT (bucket 1) was posted for a 30-day consultation process on the Ministry website, comments closed November 21, 2021. There were no major changes made form feedback received. The updated ALS PCS version 4.9 was posted on the Ministry website December 2021 with an in-force date of February 1, 2022.
Basic Life Support Patient Care Standards (BLS PCS)	BLS PCS version 3.3 was published in November 2020 with an implementation date of January 11, 2021. Changes included 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).
Base Hospital Review	In December 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. Work on this project has been paused due to prioritization of COVID-19 activities.
Certification Standards	A Certification Standard Working Group was assembled in September 2018 to review the Certification Standards. 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. 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. Rather than putting dates into Standards, the group aims to create a generic statement, accompanied by a companion document. Work is continually shared among stakeholders to ensure all groups are on the same track.
Communicable Disease Standards Update	Ministry released a memo to sector partners about upcoming amendments to regulation 257/00 under the Ambulance Act. The amendments will allow non-physician health care professionals to confirm vaccinations for paramedics, paramedic students, as well as other health care professional students involved in ambulance service delivery. It will also allow nurse practitioners to confirm vaccination contraindications for the above noted individuals who are involved in ambulance service delivery. The new regulation effective date is January 1, 2022. The Ministry is currently working on changes that will be required in the Ambulance Service Communicable Diseases Standards and Patient Care and Transportation Standards to ensure the Standards reflect and align with the changes being made to the regulation.
Community Paramedics Survey	The Ministry surveyed Services providers to gather information on the current state of Community Paramedicine (CP) in Ontario, including existing models, workforce, funding, accountability and oversight (medical delegation and scope of practice), education and training, and program evaluation and outcomes. Information gathering will better inform the Ministry and its partners on how to possibly improve, through a collaborative approach, the CP framework and ensure the continued delivery of safe, effective and timely patient care. These results were analyzed and presented back to OBHG MAC, overall there were various types of programs throughout the province with services tailored to meet local needs. OBHG MAC expressed an interest in learning more about the types of delegations used for these programs, the education



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	provided to paramedics and the evaluation framework for these programs.
CorHealth	CorHealth requested OBHG MAC feedback on electronic transmission of ECG's to cath labs for STEMIs. Some Services have already implemented this practice and found it works well, but OBHG MAC discussed the many barriers for remote areas and different abilities to transmit information to cath. labs electronically. OBHG MAC also stressed that technology is a <i>perceived</i> improved benefit, but it is not a requirement as paramedics have a high success rate with manual interpretation. Paramedics by-pass closer hospitals to get unstable patient to best care; to add extra steps of transmitting 12-leads takes them away from providing best care. OBHG MAC expressed support for moving this conversation forward.
COVID-19 (previously Novel Coronavirus, nCoV)	OBHG MAC issued memorandums to all paramedics and Paramedic Services providing clinical considerations and critical thinking perspectives regarding application of the Assessment of Patients with Possible COVID-19 Medical Directive (ACP and PCP versions) when managing patients who failed the "COVID-19 screening tool". 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. As infection rates dropped following the third wave, and given a better understanding of COVID-19 and where risks lie, OBHG agreed many paramedic response effects could return to normal, with proper precautions in place. OBHG MAC released an updated memo October 19, 2021, as part of a strategy to return to normal Paramedic practice. Overall, the update aimed to lighten language in the considerations document to allow for greater paramedic judgment.
Defibrillation Registration and Public Access Act	In June 2020 the legislator passed Bill 141, Defibrillation Registration and Public Access Act, that enabled the creation of a registry for ongoing maintenance of automated external defibrillators in designated premises and allows the Minister to appoint a registrar to maintain this registry. Intent of today's discussion is mostly as an awareness item. There are opportunities for written feedback and an online survey. The Ministry is currently conducting consultation until early 2022 with several stakeholders, including OBHG, to ensure that the regulations created are responsive to the intent of the legislation.
Documentation Standard/ACR/ACR Completion Manual	The Ministry is in the process of reviewing the Ontario Ambulance Documentation Standards (OADS) and associated documents/standards. The OADS Working Group has established the terms of reference for the scope of the review and will be meeting on a monthly basis to develop proposed changes to the OADS and associated documents/standards. The Ministry continues to receive and action ACR code requests with the support of OBHG DQM. The process for code requests was adjusted so when the Ministry submits an ACR Code request they identify if it applies to a New Patient Care Model program. 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
EHS Modernization	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. OBHG continues to work on providing our feedback to the process. Due to the ongoing impacts of the COVID-19 pandemic, the work on EHS Modernization is paused.

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**Endorsements from
OBHG MAC**

The following endorsements/feedback were provided:

- OBHG MAC endorsed Dr. R. Dionne and T. Dodd as OBHG MAC representatives for the Ontario Community Paramedicine Secretariat Steering Committee.
- OBHG MAC endorsed updates to the COVID-19 Paramedic Considerations Memo to include restriction to the Bronchoconstriction Medical Directive; update restricts use of IM epinephrine to age <50 years, and to patch for use above that age.
- OBHG MAC submitted a business case to the Ministry recommending eight (8) additional PCP CME hours.
- OBHG MAC endorsed updates to the Terms of References for the Education Subcommittee (ESC), Data and Quality Management Subcommittee (DQM) and Medical Advisory Committee (MAC).
- OBHG MAC endorsed that Dr. Davis submit a Living Standards Change Request to the Ministry recommending Equipment Standards be updated to remove the age restrictions on pediatric airways to allow use of cuffed endotracheal tubes.
- OBHG MAC provided feedback to the Ministry regarding process of Paramedic Labour Mobility Equivalency, to assist in establishing a process for the sharing of relevant information regarding the registration/licensure of a paramedic from another province.
- OBHG MAC received a memo from the Ministry in May 2021 enabling paramedics to gain access to provincial Electronic Health Records (EHR).
- OBHG MAC endorsed updated dose for atropine from 0.5 mg to 1 mg in the Symptomatic Bradycardia Medical Directive to reflect the current AHA Guideline recommendations.
- OBHG MAC endorsed updated language to the Newborn Resuscitation Medical Directive, clarified language around fragility of patients born 20-25 weeks of gestation.
- OBHG MAC endorsed the addition of low-dose ketamine to the Analgesia Medical Directive, and for the medical directive to move forward to the Medical Directive Drafting Group (MDDG) for drafting.
- OBHG MAC submitted a Living Standards Change Request form to the Ministry recommending that the Electronic Control Device Probe Removal Medical Directive move from the ALS PCS to the BLS PCS. (It was confirmed that Police in Ontario are trained on the removal at the police college.)
- OBHG MAC recognized Dr. W. Tavares paper titled “Principles to Guide the Future of Paramedicine in Canada” as important work and look forward to exploring opportunities on how this can drive and align with future priorities within OBHG MAC.
- OBHG MAC supported the establishment of a Working Group to develop a province-wide pre-employment certification process. (Extends beyond current students; unemployed candidates as well.)
- OBHG MAC endorsed HSNPCs request to allow current Services involved in the patellar reduction pre-hospital trial to continue with that medical directive after the patient enrollment phase has concluded.
- OBHG MAC requested that DQM consolidate cardiac arrest location data for the past three (3) years (where possible) pre-COVID to provide the Ministry for consideration during their Defibrillation Registration and Public Access Act consultations.
- OBHG MAC supported the expansion of the Expanding Care by Paramedics to Palliative Patient (EC3P) trial to include PCP Paramedics in Niagara and Dufferin County.
- OBHG MAC motioned to revise its Terms of Reference to include a Medical Priority Dispatch System (MPDS) Medical Director as a non-voting member, once appointed.
- OBHG MAC requested a seat on the MPDS Implementation Steering Committee in a manner to be determined by the Ministry host.
- OBHG MAC endorsed Dr. A. Exley, S. Kriening and C. Petrie as OBHG representative on the CorHealth STEMI WG.



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Equipment Standards	Equipment Standards v3.6 a DRAFT was posted to the Ministry website for consultation on September 21, 2021 for 30 days, closing October 21, 2021. The final document went live December 20, 2021. Key updates were to allow the reuse of PPE in accordance with manufacturer’s instructions and standardizing the use of pediatric cuffed endotracheal tubes.
Medical Directive Drafting Group (MDDG)	<p>The group developed a draft process through a collaborative working group with medical and operational leaders from OBHG, OAPC, front line Paramedics and the Ministry 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. The workflow incorporated involvement of the Education Subcommittee, Data and Quality Management Subcommittee, OAPC and paramedics.</p> <p>The Comprehensive Medical Directive Review (CMDR) that started in 2018 has been completed; MDDG is in the final stages of updating all current ALS PCS Medical Directives. OBHG MAC completed a heat map to assist in prioritizing implementation of the medical directives as endorsed and reviewed by MAC. From this, OBHG MAC developed three (3) buckets. Bucket one (1) was released in ALS PCS v4.9, effective February 1, 2022. Bucket two (2) is expected to be released in ALS PCS v5.0, which should be posted for public consultation on the Ministry website early 2022. Bucket three (3) are the chemical exposure and special event directives. Once all current ALS PCS Medical Directives have been updated, MDDG will then review the PCP Controlled Substance Medical Directive and MAC endorsed low-dose ketamine for analgesia.</p>
OBHG AIV Program (ESC)	OBHG ESC committee developed an AIV Working Group to update these files. The group added instructor notes to course materials and finalized updates to reflect ALS PCS v4.9 medical directive updates.
Policy and Program Implementation Unit (PPIU)	<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.</p> <p>The Ministry communicated phase one (1) approvals for various new models of care to proposal proponents spanning over 30 municipalities. Approved models include transport of palliative patients to hospice, on-scene pain and symptom management for palliative patients and alternate destination model for mental health and addictions patients. The Ministry has continued to work with these pilot proponents to monitor the progress and collect data for evaluation.</p> <p>The Ministry is in the process of gathering evidence for additional patient cohorts who may benefit from new models of care. In June 2021, OBHG MAC discussed expanding New Models of Care for 911 patients and reviewed issues observed through phase 1 (Treat and Refer). OBHG MAC provided feedback to the Ministry on possible phase two (2) patient cohorts. The Ministry suggested reinstating the OBHG MAC Treat and Refer Working Group to help determine phase two (2) patient cohorts, to reconvene and add other clinical partners to discuss these patient cohorts such as inclusion/exclusion criteria. Ministry would strictly be observers at this WG. This work is currently ongoing.</p> <p>OBHG MAC discussed the potential for overlap between new patient care models and established CP programs. Goal is for the New Patient Care Models to be moved provincially, assuming success.</p> <p>Approved models of care pilot projects are posted at the below links: English: https://health.gov.on.ca/en/pro/programs/emergency_health/patient_care_models/default.aspx French: https://health.gov.on.ca/fr/pro/programs/emergency_health/patient_care_models/default.aspx</p>



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Patient Care and Transportation Standards (PCTS)	<p>Version 2.4 (representing a partial update) of the Patient Care and Transportation Standards (PCTS) was published 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>
Paramedic Prioritization Framework	<p>In response to COVID-19, Emergency Medical Service (EMS) providers are leveraging their 911 paramedic and community paramedic workforce through part-time and over-time deployments to support COVID-19 surge activities. This includes COVID-19 testing and swabbing, vaccination campaigns and supporting Long-Term Care Homes (LTCH).</p> <p>The paramedic workforce is being stretched by these additional duties at a time when their regular 911 workload pressures are increasing; and, inter-facility transfers are higher due to ICU pressures in hospitals and rising COVID-19 cases amongst LTCH patients.</p> <p>To ensure that the paramedic workforce can be leveraged to both address their legislated 911 activities and support the COVID-19 response, the Ministry has developed a prioritization framework to guide local decision-making on the allocation of paramedic resources.</p> <p>This will assist municipal service providers in the province to respond to COVID-19 while balancing 911 call volumes, ambulance offload times and other factors to assess how to best manage capacity against system pressures.</p>
PCP Controlled Substances WG	<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. OBHG MAC endorsed the medicine within three (3) medical directives, PCP Narcotic Analgesia Medical Directive, PCP Seizure Medical Directive and PCP Combative Patient Medical Directive, to move forward to the Medical Directive Drafting Group (MDDG) to finalize.</p>
Subcommittee Work	<p><u>Education Subcommittee:</u></p> <ul style="list-style-type: none"> • Worked with a 3rd party vendor to convert new medication educational content into interactive, online modules. • The PCP AIV working group was reconvened to update course content based on updates to the ALS PCS v4.9. Working with 3rd party vendor to complete updates to the eLearning modules. • Working on a central storage location and process for provincially shared educational materials. • Updated COVID-19 Considerations FAQ document with the recent changes to the considerations document. • Reviewed the ESC Terms of References and submitted to MAC for endorsement. • CTAS modular file are no longer supported, looking at other options since flash is no longer supported. • Working to complete the education modules for Dexamethasone, Ondansetron and Oxytocin, the new medications that will be released in next ALS PCS update. • The Annual Curriculum Development working group has begun work on educational materials required for additional, upcoming medical directive changes. • Continue to work on companion document updates as required; updated to Companion Document v4.9.

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	<ul style="list-style-type: none"> • The storage working group has developed a process for BHs to share educational materials in a central location. • OBHG endorsed ESC to move forward in developing pediatric dosing charts, ESC currently working on this. • Finalized education memo for the recommended medical directives update to ALS PCS v4.9. • Work has begun on developing education for the next group of medical directives update requiring online and/or facilitated education. • ESC representatives are on various provincial working groups such as OADS, MDDG, COVID work back, etc. <p><u>Data Quality Management Subcommittee:</u></p> <ul style="list-style-type: none"> • DQM Terms of Reference reviewed and submitted to MAC for endorsement with no recommended changes. • Each Base Hospital has supplied their 2020 fourth quarter data for naloxone usage and it has been submitted to the Ministry. This is a continuing request for quarterly data. • Reviewed MDDG directives and gave feedback to group representative to take back to MDDG for consideration. • DQM continues to review ACR code requests as requested. • Each Base Hospital supplied their 2021 data for naloxone usage and it has been submitted to the Ministry. This is a continuing request for quarterly data. • DQM continues with the planning of data and reporting of the Palliative Care Project utilizing the Patient Care Model Evaluation Framework. • A. Burgess is a member of the MOH Documentation Standards WG as a representative of DQM. • DQM continues to have representatives on various provincial working groups such as the MDDG, pediatric dosing chart WG, etc.
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
Template for Research Submission	<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. This work was put on hold due to COVID prioritization.</p>
Transportation for Medically Stable Patients	<p>The Ministry is considering a provincial strategy to address system-wide issues pertaining to transportation for medically stable patients (TMSp) to improve patient flow through the health system, improve patient safety, quality of care and patient experience, and ensure fiscal responsibility and oversight. The Ministry is interested in feedback from Ontario Base Hospital Physicians and clinicians on options for oversight, integrated frontline delivery and/or service delivery models scope (e.g., patient cohorts, priority transfer types, etc.). OBHG MAC provided written feedback to the Ministry in July 2021.</p>
Working Groups	<p>The following committees and working groups include representation from OBHG MAC and provide regular reports and updates to the OBHG MAC.</p> <ul style="list-style-type: none"> • APP WG



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| | <ul style="list-style-type: none">• Certification Standards Working Group• CorHealth• Documentation Standards/ACR/ACR Completion Manual Working Group• Equipment Standards• Medical Directive Drafting Group• Medication Shortage Working Group• Ontario Paramedicine Secretariat WG• Policy and Program Implementation Unit (PPIU)• Pre-Employment Certification Process for PCP |
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