



ONTARIO BASE HOSPITAL GROUP MEDICAL ADVISORY COMMITTEE 2022 Year in Review

Membership 2022:

Chairs		
Dr. J. Prpic, Co-Chair OBHG Medical Advisory Committee (Apr. 2021-2023), HSNCP		Ms. M. Huiskamp, Co-Chair OBHG Medical Advisory Committee (2022-2024), Sunnybrook
Voting Members		
Medical Directors:		Program/Operational:
Dr. A. Exley, Medical Director, NWRPCP		Mr. K. Posselwhite, Program Manager, NWRPCP
Dr. R. Dionne, Medical Director, RPPEO		Mr. C. Petrie, on behalf of Ms. N. Sykes, Program Manager, HSNCP
Dr. C. Loreto, Medical Director, HSNCP		Ms. P. Price, Director, RPPEO
Dr. M. Feldman, Medical Director, Sunnybrook		Mr. A. Benson, Manager, CEPCP
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		Ms. R. Chowdry, (A) Director, Emergency Health Regulatory & Accountability Branch – MOH
Ms. B. Au, Senior Manager, Regulatory and Standards Oversight, EHRAB-MOH		Mr. N. Freckleton, Community College Representative
Dr. M. Lewell, Medical Director, ORNGE		Mr. M. Longeway, Director, ORNGE
Mr. M. Nolan, OAPC Representative		Mr. G. Sage, OAPC Representative
Mr. J. Towle, ACP Paramedic Representative		Mr. M. Valenzuela, Paramedic Representative
Mr. C. Barclay, ACP Paramedic Representative		Mr. R. Cloutier, PCP Paramedic Representative
Mr. M. Roffey, Chair, OBHG Education Subcommittee		Mr. B. de Mendonca, 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	
Mr. G. Sage, OAPC Representative	Ms. B. Au, Senior Manager, Regulatory and Standards Oversight, EHRAB-MOH
Mr. N. Freckleton, Community College Representative	Mr. R. Cloutier, Paramedic Representative
Mr. S. Mooney, acting Director, EHPMDB– MOH	Mr. C. Barclay, Paramedic Representative
Ms. R. Chowdry, (A) Director, Emergency Health Regulatory & Accountability Branch – MOH	Mr. J Towel, Paramedic Representative
Ms. Erin McGrath, OBHG Administrative Assistant	Dr. M. Hillier, Physician Advisor, OBHG Education Subcommittee

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
Dr. S. Cheskes, Medical Director, Sunnybrook	Dr. S. Ong, EMS Fellow, Sunnybrook
Mr. R. Burgess, Senior Director, Sunnybrook	Mr. Pierre Poirier, Paramedic Association of Canada
Dr. Mike Austin, Associate Medical Director, RPPEO	Mr. Alan Batt, Paramedic Association of Canada
Dr. Sara-Pier Piscopo, RPPEO	Dr. Jonathan Kwong, EMS Resident, Sunnybrook
Dr. Renee Bradley, EMS Fellow, RPPEO	Mr. Ken Chen, PPIU, Ministry of Health
Nabeel Mansuri, Ministry of Health	Dr. Sidqi Mohd, EMS Fellow, Sunnybrook
Dr. C. Vaillancourt, The Ottawa Hospital	



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Item	
Advanced Life Support Patient Care Standards (ALS PCS)	<p>The ministry paused all review and approval processes for new policy and standards work for the election period. Work resumed post-election. ALS PCS 5.0 was posted for public consult on August 19th, 2022, until October 3rd, 2022. Feedback was shared with OBHG MAC Co-chairs for input and recommended changes, if necessary.</p> <p>A working group comprised of Base Hospital representatives examined the ALS PCS preamble and proposed new wording to the Ministry. OBHG MAC endorsed the updated draft, with caveat that a section 8 treat and discharge would be added later.</p> <p>ALS PCS v5.1 was published on January 27, 2023, and came in-force Feb 1, 2023. A separate memo was sent from Director speaking to drug shortages and reporting to MOH if there are issues (Purpose: if inspection went to do an audit of Service, there would be documentation).</p> <p>Twelve services have reported an inability to procure Oxytocin to date (Rumana will also mention this at the OAPC meeting, that services need to notify the Ministry if they cannot acquire medication). A Director’s memo was also sent to maintain the Taser Probe Removal directive from ALS PCS 4.9 until the BLS is in-force.</p>
Academic Certification and Pre-employment WG	<p>This Working Group was struck based on a request from OAPC. Representatives included members from MAC, Colleges, Deans, BHs, OAPC, Service Operators, also looking to get a rep from the private colleges. Objective: change the system in order for ACP and PCP students to practice delegated skills during preceptorship. Second objective: streamline new hire certification process for those participating in academic certification. Aim to have a proposal for MoH and Ministry of Colleges and Universities to be endorsed by MAC at the September meeting. Did an environmental survey of all stakeholders: consensus that academic cert would be useful, but there were concerns brought forward associated with where the ALS PCS are delivered in the curriculum.</p> <p>Stakeholders endorsed the concept of academic certification so students can practice to the full scope during preceptorship. Requires modest investment in funding and a few amendments to the Act. Opportunity to see lots of progress on this. These suggestions should resolve the schedule dilemma of students not being able to do schedule 3 acts. This WG will start reviewing pre-employment testing in 2023.</p>
Basic Life Support Patient Care Standards (BLS PCS)	<p>BLS PCS v3.4 was published on March 1, 2023, and in-force set for March 10 2023. Change request form received for DNR updates from OBHG MAC and will be part of the more fulsome update, which is planned for Q3 of 2023.</p>
Base Hospital Review	<p>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 the prioritization of COVID-19 activities.</p>
Certification Standards	<p>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.</p> <p>While COVID-19 priorities delayed progress, 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. In early 2022, the group completed a formal consultation with OAPC and BHs, which was followed up with a survey to gather more information from stakeholders.</p>



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Cardiac Monitor Disconnect	The Ministry asked OBHG MAC to draft a recommendation on when cardiac monitors can be disconnected from a patient. BHs drafted a policy outlining when and how to document a cardiac monitor disconnect, to be used by all base hospitals. This language has been forwarded to the MoH for inclusion in the next iteration of the BLS PCS. A new code request will be forwarded to the MoH.
Community Paramedics Survey	The Ministry surveyed Service 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 provided to paramedics and the evaluation framework for these programs.
CorHealth	Submitted change request form to MOH EHS branch for OBH MAC approved updates to the BLS PCS in relation to the Acute Stroke Protocol: 1) Paramedics should use “Large Vessel Occlusion Clinical Screen +/-” when communicating with CACC/ACS and/or hospital 2) Paramedics should use the LAMS as a secondary screen for all probable stroke patients presenting within 24 hours of stroke symptom onset, and if LAMS ≥4, paramedics should classify as CTAS 2 3) Documentation of LAMS screen in the 0-24 hours should be mandatory for all EMS Service Providers. OBHG MAC provided clarification to COR-Health regarding if medical escorts are required post-Tenecteplase (bolus medication versus infusion over time) as it was raised that there seem to be variations in what networks are hearing from their respective EMS providers and that the concerns regarding patient management are not clear. MAC highlighted that the responsibility for not sending an escort lies with the physician of the sending facility. Any guidance from CorHealth does not trump the BLS or ALS standard.
Documentation Standard/ACR/ACR Completion Manual	The OADS Working Group has reviewed the draft OADS which incorporates feedback and recommendations from consultations over the last 12 months including the Transfer of Care and ACR sub-working groups. The draft standard addresses elements of electronic charting and data management to reflect the current reality of paramedic documentation in the province. Discussions will resume post-elections on the draft OADS, as well as the ACR forms and the data dictionary. Following input from the OADS Working Group, the ministry will review recommendations and prepare for public consultation as per the Living Standards Process.
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.
Endorsements from OBHG MAC	The following endorsements/feedback were provided: <ul style="list-style-type: none"> • OBHG MAC endorsed the motion to continue use of the DOSE VF study trial protocol pending published results of the research study. • OBHG MAC supported the addition of buprenorphine/naloxone medication as an auxiliary medication to the Opioid Toxicity Medical Directive. • OBHG MAC endorsed updating the Medical Cardiac Arrest Medical Directive, ALS PCS v5.0, to include language that addressed gap in patient population for patient in refractory VF. • OBHG MAC supported CorHealth in updating stroke CTAS; that strokes <24 hours be CTAS 2, with rationale that EVT window has increased. • OBHG MAC Co-Chairs forwarded letter of support to Dr. Cheskes to continue Dose VF in Services enrolled in the program.

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	<ul style="list-style-type: none"> • OBHG MAC endorsed the proposed changes to the PRIME Trial Research Directive Clinical Consideration to include: IV/IO epinephrine can be administered as soon as feasible after the initial IM epinephrine dose as per the Medical Cardiac Arrest Directive. • OBHG MAC endorsed change to Supraglottic Airway Medical Directive: new directive includes the provision to utilize gastric suctioning if the utilized SGA has a gastric port. This applied to both ACP and PCP. • OBHG MAC endorsed a new medical directive, Pelvic Fracture Medical Directive, to be moved to MDDG for final draft. • OBHG MAC endorsed the PCP Auxiliary Valsalva Maneuver Medical Directive. • OBHG and other stakeholders continue to be consulted by the Ministry for input on Treat and Release Directives. OBHG MAC endorsed the concept of alternative pathways of care as proposed by the Ontario Ministry of Health including “treat and release” by paramedics with the understanding that such proposals are evidence-based, include requisite paramedic education and quality assurance processes as outlined and required by the College of Physicians and Surgeons of Ontario (CPSO) policy for the Delegation of Controlled Acts. • OBHG MAC endorsed the BLS PCS Change Request that the BLS PCS DNR Standard accept verbal DNRs. • OBHG MAC Co-chairs drafted letter for the Ministry to assist with a response to a citizen group requesting that hydrocortisone be carried on all ambulances. OBHG MAC agreed that ambulances do not need to carry hydrocortisone. The current medical directive is reasonable with possibility of dexamethasone be given to these patients with a patch or be incorporated in the directive in the future. • OBHG MAC endorsed new wording in the Palliative Care Medical Directive preamble to clarify misconception of patient cohort. • OBHG MAC endorsed an update version of the ALS PCS preamble, to be considered for ALS PCS v5.2 release. • OBHG MAC supported the motion to revoke the COVID clinical consideration as published October 19, 2021, with in-force as of February 1, 2023. • OBHG MAC endorsed the PCP and ACP Traumatic Hemorrhage Medical Directive which includes TXA and pelvic binders to move forward to MDDG for drafting final directive. • OBHG MAC endorsed the Academic Certification and Pre-employment WG to move forward with a meeting with the two ADMs (our branch and college university branch) to move forward with provincial-wide academic certification and opening ambulance act to include students. • OBHG submitted the cardiac monitor disconnect policy to the Ministry for consideration during next review of BLS PCS; to add language on when to disconnect the cardiac monitor. • OBHG MAC supported Dr. Vaillencourt putting forward the Canadian C-Spine Rule to the Ministry for consideration during the next BLS PCS update (for patients greater than 16 years of age). • OBHG MAC endorsed addition of IN glucagon as addition within the Hypoglycemia Medical Directive in both ACP and PCP.
Equipment Standards	Additional changes to this standard to align with ALS PCS v5.0 is under review and plan to release concurrent with new ALS PCS v5.0. PES OAS v3.7 was published on Jan 30, 2023, and came in-force Feb 1, 2023.
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 the medicine of a medical directive has been endorsed at MAC, the MDDG will develop a final draft directive, the process includes simulation, human factors and cross-referencing with other Standards. The workflow incorporated the 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 will be completed by mid-2023. 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> <p>MDDG updated the Terms of Reference for the group, process flow maps for creation of new directives and review of current directives.</p>



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	Developed online tool to help track changes and updates.
National Occupational Standard for Paramedics	Mr. P. Poirier and A. Batt presented to OBHG MAC in September 2022. The group representing the Paramedic Association of Canada was finalizing their work on the NOSP, with an aim to have final recommendation ready for early 2023.
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 v5.1 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. The 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>
Patient Care and Transportation Standards (PCTS)	<p>PCTS Version 2.7 came into force August 19, 2022:</p> <p>Minor changes regarding the direction on use of airborne precautions for suspected, probable or confirmed cases of COVID-19 include:</p> <ul style="list-style-type: none"> • a point-of-care risk assessment (PCRA) performed before every patient interaction. (Communicable disease management) • using an N95 or equivalent respirator when providing direct care to or interacting with suspected, probable (i.e., placed in precautions as high-risk contact, in an outbreak zone of the facility or recently transferred from a facility in outbreak) or confirmed cases of COVID-19, a fit-tested, seal-checked N95 respirator (or approved equivalent), eye protection (goggles or face shield), gown and gloves shall be used. (Airborne precautions). <p>Targeting full update for 2023 which will likely contain some changes to recent Air Ambulance legislation and upcoming Patient Care Models.</p>

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Subcommittee Work

Education Subcommittee:

- Completed AIV module updates (ALS PCS v4.9). Started work on update to reflect v5.1 changes to ensure material is ready to go when ALS PCS v5.1 is live.
- Formation of a working group to review the App reference materials.
- Representative on the ALS PCS preamble WG.
- Continue updating Companion Document to ensure it is ready for v5.1 ALS PCS updates.
- Annual Curriculum Working Group: completed training modules for ALS PCS 5.0 and ALS PCS 5.1. The group developed a video memo for all ALS PCS v5.1 updates with OBHG physicians. Learning objectives for the new treat and discharge directives were approved. The group then drafted content and interactive classroom activities for the 2023 CME. The content was tested on two paramedic cohorts at Sunnybrook BH in January 2023 before going live.
- Standardization: The team is working to update and further simplify skill sheets. A skill video project that was started before COVID is now ongoing again. The needle thoracostomy skills sheet has been updated and the Turkel device skills sheet has been developed for the companion document v5.0 release. The Wistia site has been procured for educational videos and will launch in 2023
- Formed an App Reference Working Group to focus on standardizing all medical references in the OBGH Medical Directive App - to help with consistency.
- Pediatric Dosing Chart Working: The group project is ongoing. A literature search and evaluation of pediatric medication errors was conducted to help guide the next steps for making recommendations for a suitable tool.
- Updates to Education Programs/Documents in preparation for ALS PCS v5.0.

Data Quality Management Subcommittee:

- Putting together pediatric medication error report to assist ESC Pediatric Dosing Chart WG to help them inform the development of their tool and ongoing evaluation of this initiative.
- Consulted on ACR Code Requests and provided feedback to Ministry.
- Continue to work with Palliative Care Project team and develop an evaluation framework. Meet regularly.
- Reviewing the function of the DQM to enhance the support of OBHG MAC in matters related to data management and quality improvement.
- DQM roadmap/strategic plan: 5-7 priorities for next 3-5 years and developing QA for that.
- Helped with pediatric medication error incident report.
- Review problem codes and CEDIS framework: alignment with ACR, working on definitions.
- Definitions for quality data: working with the ministry to identify ADRS data; standardize source of data.
- CEDIS code working group work ongoing.
- Definitions of Quality framework, data, and sources of prehospital data ongoing.
- Adrenal Crisis (hydrocortisone) data collected for G16 to make recommendations to the Ministry.
- Treat and Discharge Medical Directives:
 - Baseline data collection is being collated.
 - Discharge from Care Standard drafted: Developing Quality Audit Process and Evaluation Plan.
 - Consulted on Discharge from Care data requirements and documentation standards.
- Working closely with Education Subcommittee developing Discharge from Care curriculum.
- Return priority codes and capacity & consent assessment/documentation.
- Quality Review for Discharge from Care.



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	<ul style="list-style-type: none"> • EPIDose research Code Request. • Cardiac Monitor Discontinuation Code Request to go to DQM next week. • Primary Problem Code Structure - Mapping to CEDIS. • Building an over-arching Quality Review Framework for DQM. • Reviewing OBHG organization structure to find business process efficiencies
<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
<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 a 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>
<p>Working Groups</p>	<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 • 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