ONTARIO BASE HOSPITAL GROUP
MEDICAL ADVISORY COMMITTEE & EXECUTIVE COMMITTEE MEETING

2016 YEAR IN REVIEW

Attendees: Representing - (M) MAC, (E) Executive (B) Both

Dr. M. Lewell, Chair, OBHG Medical Advisory Committee, SWORBHP (B)
Dr. J. Prpic, Medical Director, HSNCPC (M)
Dr. A. Affleck, Medical Director, NWRBHP (M)
Dr. R. Dionne, Medical Director, RPPEO (M)
Dr. M. Davis, Medical Director, SWORBHP (M)
Dr. R. Vandersluis, Medical Director, CEPCP (M)
Dr. R. Verbeek, Medical Director, Sunnybrook (M)
Dr. M. Welsford, Medical Director, CPER (M)
Dr. B. Sawadsky, Chief Medical Officer, ORNGE (M)
Dr. M. Feldman, Medical Director, Sunnybrook (M)
Dr. P. Bradford, Medical Director, SWORBHP (E)
Ms. S. Kriening, Chair, OBHG Executive Committee, SWORBHP (B)
Mr. R. Yelle, Director, ORNGE (E)
Ms. M. Huiskamp, Senior Manager, Sunnybrook (E)
Mr. T. Dodd, Regional Program Manager, CPER (E)
Mr. R. Burgess, Senior Director, Sunnybrook (E)
Ms. N. Sykes, Program Manager, HSNCPC (E)
Ms. S. Gilbert, Recorder (B)

Ms. P. Price, Director, RPPEO (E)
Mr. J. Harris, Manager, CEPCP (E)
Mr. K. Posselwhite, Program Manager, NWRBHP (E)
Mr. J. Gyuran, Education Coordinator, SWORBHP (E) (Feb & May)
Mr. I. McAdams, OBHG Data Quality Management Subcommittee, CEPCP (E)
Ms. S. Michaud, Chair, OBHG Data Quality Management Subcommittee, HSNCPC (E) (Feb)
Ms. S. Romano, Chair, OBHG Education Subcommittee, SWORBHP (B) (Sept & Dec)
Mr. A. Benson, Chair, OBHG Education Subcommittee, CEPCP (B) (Sept, Feb & May)
Mr. T. Uukkivi, Director, EHSB-MOHLTC (B)
Mr. C. Georgakopoulos, Regulatory and Standards, EHSB-MOHLTC (B)
Ms. M. Vahaviolos, Acting Senior Manager of Operations, EHSB-MOHLTC (B)
Ms. G. Chevalier, OAPC Representative (B)
Mr. G. Sage, OAPC Representative (B)
Mr. N. Freckleton, Community College Representative (B)
Mr. M. Eby, Paramedic Representative (M)
Ms. T. Miller, Paramedic Representative (E)
Ms. R. Pollard, Paramedic Representative (M)
Mr. M. Kennedy, Paramedic Representative (E)

Guests:

Dr. D. Lin, Medical Advisor, CPER (Feb)
Dr. A. Al Zaben, EMS Fellow, CPER (Feb, May, Sept & Dec)
Dr. E. Hanel, Associate Medical Director, CPER (Feb, May)
Dr. L. Leggatt, EMS Fellow, SWORBHP (Feb)
Dr. A. Schappert, EMS Fellow, SWORBHP (Sept & Dec)
Dr. V. Charbonneau, EMS Fellow, RPPEO (May)
Dr. P. Moran, Incoming Medical Director, CEPCP (Dec)
Ms. T. Dus, Director of CEPCP & Emergency Critical Care, CEPCP (Feb)

Mr. S. Gorsline, Manager, Paramedic Practice, Sunnybrook (Sept)
Dr. J. Tuneima, PGY 1 Resident, Northern Ontario School of Medicine (Dec)
Mr. P. Charbonneau, OAPC Representative (Dec)
Mr. I McAdams, Incoming Chair, OBHG Data Quality Management Subcommittee CEPCP (Feb)
Ms. D. D'Souza, Paramedic Standards & Certification Coordinator, EHSB-MOHLTC (Feb, May & Sept)
Ms. P. Lyons, Paramedic Standards & Certification Coordinator, EHSB- MOHLTC (Feb)
Mr. S. Haddad, Senior Manager EESO, EHSB-MOHLTC (May)
Mr. C. Freedman, Paramedic Standards & Certification Coordinator, EHSB-MOHLTC (Feb, May, Sept & Dec)

Item	Medical Advisory Committee
1. ALS PCS	Much work occurred over the year to finalize the ALS PCS with input from the Medical Advisory Committee and Executive Committee members. The representative for the MAC was Dr. Michelle Welsford, from the Executive Committee, Tim Dodd, and from Ornge Richard Yelle along with representatives from OAPC and TPS. Sentinel changes included the addition of Emergency Childbirth, Hydrocortisone for Adrenal Insufficiency, changes to the Opioid Toxicity Medical Directives and implementing the changes from the 2015 AHA/ECC Guidelines. There was much discussion on the topic of in force dates and EHSB indicated that patient care standards that are referenced in O. Reg 257/00 of the Ambulance Act may only have one "in-force" date when the standard becomes operative and enforceable. Additional discussion occurred over the year to support the need for additional training for paramedics related to Emergency Childbirth prior to the medical directive coming into force through the ALS PCS.
2. BLS PCS	Stakeholder engagement occurred for the proposed changes to the BLS PCS, similar to with the ALS PCS. The MAC representative was Dr. Rick Verbeek and the Exec representative was Rob Burgess. As with the ALS PCS, changes from the 2015 AHA/ECC Guidelines were incorporated. Further, major revisions surrounding oxygen administration, spinal motion restriction, and many others were made.
3. Certification Standard	Stakeholder engagement occurred to finalize the Certification Standard. The MAC representative was Dr. Rick Verbeek and the Executive Committee representative was Tim Dodd and from Ornge Richard Yelle. There was also representation from OAPC and TPS.
4. Documentation Standard/ACR/ACR Completion Manual	Stakeholder engagement occurred to finalize this standard and associated documents. The MAC representatives were Dr. Rudy Vandersluis and Dr. Andrew Affleck and the Exec representative was Jim Harris. There was also representation from OAPC, Ornge and TPS.
5. Living Standards	The MOHLTC EHSB led the development of a more flexible approach to modifying the standards known as the "Living Standards". Through this new process, Medical Directives/Standards can be more easily adapted to be consistent with evolving medical literature ultimately enhancing paramedic scope of practice. Stakeholder engagement occurred to continue the ongoing work. The MAC representative was Dr Jason Prpic,the Exec representative was Maud Huiskamp, and the Ornge representative was Richard Yelle.
6. Endorsement of Research Trials	The following research trial endorsements were provided towards: • MAC endorsement of Field Implementation of the AutoRIC Device in STEMI (the FIRST Study) designed to evaluate the impact of remote ischemic conditioning in STEMI patients • MAC endorsement of a protocol enabling dual sequential external defibrillation ("Megashock") by paramedics for Unremitting Ventricular Fibrillation which can then be incorporated into a case series. • MAC endorsement of Paramedic Initiated Treatment of Sepsis Targeting Out-of-hospital Patients: The PITSTOP Randomized Controlled Trial which is evaluating prehospital identification and early treatment of patients with sepsis. • MAC Endorsement of a multi-centre study known as "A Pragmatic Strategy Empowering Paramedics to Assess Low-Risk Trauma Patients with the Canadian C-Spine Rule and Selectively Transport them Without Immobilization".
7. Defib Pads On Approach to STEMI Management	The MAC endorsed that for confirmed STEMI patients, Paramedics should place defibrillation pads on the patient during assessment and transport.
8. Coroner Recommendations Regarding Ambulance Off-Load Delay	A Coroner's recommendation was sent to the OHA that hospitals should ensure that urgent patient assessments (including lab investigations and physical exams) are initiated promptly, even if these assessments occur on the ambulance stretcher. Significant discussion tool place surrounding the implications of this recommendation. It was determined that the role of the Paramedic and the Emergency Department staff would best be defined at a local level using a multidisciplinary approach.
9. 12 Lead ECG Prior to NTG in Acute Cardiogenic Pulmonary Edema	The MAC considered changes to the ALS PCS regarding the completion of a 12 lead ECG prior to the administration of Nitroglycerin in acute cardiogenic pulmonary edema patients. The impetus for this surrounds the contraindication of Nitroglycerin in the setting of right ventricular STEMI. Discussion included the infrequent presentation of acute severe pulmonary edema concurrently with right ventricular STEMI, the challenging scene dynamic of obtaining a 12 lead ECG with acutely dyspneic and diaphoretic patients, and the desire to be less prescriptive

Medical Directive	overall via the Medical Directive as to the sequence of patient management and interventions on scene for patients in respiratory distress, preferring to rely and support Paramedic decision making and judgment.
10. Traumatic Arrest Medical Directive	The MAC considered changes to the ALS PCS Traumatic Arrest Medical Directive with feedback from multiple Regional Base Hospitals. Potential revisions to the Medical Directive are still being considered by the MAC for endorsement.
11. Neonatal Resuscitation Program (NRP):	The MAC discussed a maternal and perinatal death review committee recommendation for all paramedics to complete the neonatal resuscitation (NRP) course annually. The MAC supports any proposal for the expansion of annual training hours for paramedics considering the current scope of practice.
12. Renal Bypass Protocol:	The MAC reviewed recent data related to emergency dialysis requirements from EMS transported patients. Discussion surrounded the recommendation from a pre-circulated the Patient Safety Committee for protocols to be put in place to transport dialysis dependent patient to a hospital that has hemodialysis capabilities whenever possible. The MAC considered the role of a provincial approach vs. leveraging currently existing local agreements under PPS and local destination polices.
13. Dispatch Recommendations	The MAC Dispatch Medical Advisor Dr Michael Feldman recommended that communication be sent to all Ontario Paramedics , clarifying Epi and ASA dosing as authorized in the ALS-PCS given the implementation of CACC pre-arrival instructions for Epi and ASA as recommended in the 2015 AHA Guidelines update for CPR and ECC
14. Southwest Stroke Strategy	The MAC reviewed recommendations from the Ontario Stroke Network in the Southwest which would enable paramedics to transport all patients regardless of time of stroke onset to the designated stroke centre, bypassing local hospitals
15. Analgesia Medical Directive	The MAC discussed data that suggests only 25% of patients receive prehospital analgesia and is now considering changes to the Analgesia Medical Directive indications which may enhance the delivery of appropriate analgesia to more patients
16. Pediatric Analgesia	The MAC discussed patient safety data regarding the administration of morphine to pediatric patients. Changes to the Medical Directive were considered and it was resolved that further support of paramedic education relative to dosing amounts and intervals should be a priority
17. Accepting Validity of Official DNR Forms by Patient's Physicians	The MAC endorsed that paramedics should have autonomy to recognize alternate forms (including verbal from substitute decision makers) indicating a DNR status other than the MOHLTC DNR Validity Form as defined within the BLS PCS
18. Business Process Advisory Committee Executive Group:	A new executive table had been struck which incorporated key operational and medical leaders into the EHSB business strategy planning cycle. The goal was to enhance synergy and input into business plan development for the EHSB. The MAC Chair participated in the inaugural multi-organizational committee with membership including the Ontario Association of Paramedic Chiefs (OAPC) and the Association of Municipalities of Ontario (AMO).
19. Review of Paramedic Program Standard	Representatives from the MAC have been asked by the Ministry of Advanced Education and Skills Development (MAESD), formerly the Ministry of Training, Colleges and Universities (MTCU) to participate in a review of the Paramedic Program Standard, which sets the vocational standard for paramedic programs offered at public colleges of applied arts and technology (CAAT).
Item	**Joint Updates**
Working Groups	The following committees and working groups had OBHG MAC member representation as well as provided regular reports and updates to the OBHG MAC: • STEMI/Cardiac Care Network (CCN) • Ontario Trauma Advisory Committee (OTAC)

	• Ontario Stroke Network(OSN) • Treat & Release Working Group
Subcommittee Work	**Education Subcommittee**: Developed education related to the changes to the ALS PCS and Emergency Childbirth. Began to look at a conceptual framework for the delivery of standardized education for all programs over a multi-year plan, starting with 1-2 hours per year. Reviewed the Provincial ALS PCS Smart Phone Application content for accuracy. **Data Quality Management Subcommittee:** Worked on the development of a process to approve and add new codes and definitions to ACRs, a process to provide provincial data when requested, creation of a bank of provincial data with an attempt to relate it to clinical indicators, documenting how each Base Hospital documents and tracks variances, drug errors, continued work on the development of a Just Culture, Patient Safety perspective and Human Factors analysis. Along with Education Subcommittee, EHSB and Executive Committee representation developed the Request for Work process (see below).
Item	**Executive Committee**
1. Performance Agreement Clarification	Work occurred to attempt to provide clarity to items required for each Base Hospital's Review. The current review document does not mirror the Performance Agreement and there are several areas of ambiguity. Suggestions were made related to providing more clarity. These were shared with the EHSB and asked for consideration to be made to them when the Performance Agreement is reviewed.
2. Privacy Expectations of the Delegation Relationship	Clarification was sought by the Base Hospitals related to what information they could share with Paramedic Services related to their individual employees. After consultation with the EHSB, it was determined that the Performance Agreements did not meet the level of detail required to comment on this topic and nothing could be found that specified what can or cannot be shared. It was recommended that each Base Hospital should consult their own legal department (or Host Hospital's legal department) in regards to privacy expectations. It was also recommended that this issue of protecting confidentiality of Paramedics be addressed when the Performance Agreement is opened up for review. Further discussion occurred related to creating a standardized Provincial policy in regards to privacy and confidentiality of the Paramedics. The Manager/Director group were to take this offline to discuss further with the help of the OAPC Representatives.
3. Recordings from Dispatch Centres	One of the OBHG Managers brought up concerns surrounding difficulties in obtaining dispatch tapes. The problem arises with the delivery of the tapes, and requires driving great distances to retrieve them. This can be problematic, especially for regions that span large geographical areas. It was discussed that currently, this process differs from provincial region to region. Further work is required to address privacy issues. A standard provincial process will be developed with feedback from each Base Hospital. When a draft process is available, it will be circulated to the Manager/Director & Medical Director Group. In the meantime, any issues will be dealt with locally.
4. Access to Minutes	The Executive Committee proposed that meeting minutes be posted on the open OBHG website. After further discussion, it was agreed that a high level meeting summary be developed that can be shared on the previously stated venue.
5. Drug Shortage Procedures	The issues surrounding drug shortages with Paramedic Services and the creation of a document listing possible replacement drugs for when shortages do exist was raised. Discussions and feedback included that this would be a large undertaking for a situation that does not occur on a regular basis. While this is a proactive approach, it would be difficult to create and maintain a document in the Equipment Standards List. Work on this by the MOHLTC was completed a few years ago, but implementation of local strategies was deemed more appropriate. A blanket statement could indicate that if a Service did not have access to the medication, it would not be given. With the move towards a Living Standards approach, in cases in which there is a provincial drug shortage and a wholesale change to a directive needs to be made, the standard can be done through the partial update stream of the *Living Document Framework*. Because all shortages will not affect the entire province, the EHSB will make a 'parking lot' item for the next ALS PCS update to consider adding a paragraph to the *Preamble* which addresses drug shortages acknowledged by the Director resulting in temporary deviations in specific service areas
6. Process for Requesting work of Subcommittees	A process and form was put in place for requests for work of the subcommittees. This was developed through representation from the Education and DQM Subcommittees, EHSB and Executive Committee.
7. Data Sharing Among Base Hospital Programs	Each host hospital has a performance agreement (PA) with the EHSB outlining the deliverables for the Base Hospital Program. There is no mention in the PA related to data sharing among the Base Hospital Programs. As work is continuing related to further standardization, the use of data as a driver for setting KPIs and QI metrics is increasingly evident. To date, programs have shared educational content and data freely which was created by each program to avoid duplication of work and to align deliverables. In addition, each program has submitted data to the DQM as a result of specific requests from EHSB or from the OBHG MAC during Medical Directive development. The current proposed work includes

	sharing of collated ACR and quality metrics; however, Base Hospitals do not have a data sharing agreement in place, nor is there language in the PA that speaks to sharing ACR/QA data among programs. Further discussions concluded that this should not be an issue as long as there were no patient, paramedic or service identifiers listed on the shared ACR. A working group was struck to further discuss the logistics of ACR and QA sharing as well as to commence creation of a data sharing agreement.
8. OBHG Strategic Planning	The Manager/Director and Physician groups have been participating in a Strategic Planning exercises for the Ontario Regional Base Hospital Programs, looking to the future and identifying missions, visions and values for the group. The first meeting occurred in December 2015 and the second event has been planned for March 7th, 2016. Online surveys were sent out to many different stakeholders, including frontline Paramedics. A total of 901 surveys were returned and the data is currently being analyzed. A total of 10 key stakeholder interviews were conducted by the Consultant working with the group, to obtain valuable feedback about the Base Hospitals. The Strategic Planning Steering Committee met with the Director and senior staff of the EHSB to present the plan. It was suggested that the OBHG Strategic Plan needs to be aligned with the EHSB Strategic Plan. With the change in leadership within the Branch, the work will be put on hold until the new Director begins.
9. MAC & EXEC Meeting Structure	A survey was sent to the members of the MAC & Executive group in December 2015, to determine what individual needs were important to the group members in regards to the quarterly provincial meetings.). It was determined that a Toronto downtown venue was preferred. It was also suggested that the format utilized for this meeting continue as it is very beneficial for all members to participate in the dialogue and that there is no immediate need to change Terms of Reference as the meetings continue to remain separate through calls to order and adjournment . The committees were surveyed over the summer states Dec 2015 Ist line …and the results indicated that a joint meeting was the preferred structure among those in the MAC & Executive Committees. A meeting structure working group was struck to develop a combined meeting structure and new Terms of Reference. The new structure will be voted on in March 2017.
10. Standardization	Standardization projects currently underway include: • Certification: o Initial Certification o Consolidation o Cross Certification o Reactivation/Return to Work o Remediation o Maintenance of Certification: 10 patient contacts, competence demonstrated o Absence from Patient Care • IT Platform: The Paramedic Portal of Ontario that houses the certification data and Leaning Management Systems is currently being used by 5 out of 8 Base Hospitals. Three Base Hospitals plan to go live with IQems (a quality assurance model developed by Sunnybrook) by early next fiscal year. Other IT related projects include ePatch where a business case is under development and a provincial OBHG Smart Phone Application with the ALS PCS scheduled for launch February 2017.