

# SWORBHP LINKS

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## Paramedics Tip of the Spear in the War Against COVID-19

It really is a war, and it goes on unrelenting. Each day you face the fight, gear up and prepare for... well ....anything. You have been facing the constant challenge for almost a year. Protocols that have become second nature over a career have been turned on their head as you have had to relearn them with new COVID twists. You've had to fill in for loved ones as their families are no longer allowed to accompany them. You have seen the rising tide of the mental health instability in our communities as appointments aren't attended, programs cancelled, people are stuck at home for days and patient medications are no longer refilled. Simple communication has become often impossible. You have had to learn to be patient and say everything two or three times as your important words, critical reports and muffled questions are turned into unintelligible utterings from Charlie Brown's kidnapped teacher. Then there is the community spread and fear of catching it at work by touching the keyboard, phone, door handle, or coffee cup. Rendering your usual freestyle, ADHD, swaggering manner into more of Big Bang's Sheldon constantly cleaning demeanor. Some of you end a night shift and proceed to organize child care, online school supervision, and an ever changing quality family entertainment. At Base Hospital we can't thank you enough for going to work every day, facing the constant threat and providing your very best care for all of us. Thank you for being so brave.



Sincerely,  
Dr. Paul Bradford, M.D. FCFP(EM), MDS, CD  
Local Medical Director, SWORBHP

# Congratulations to the recipients of the 2020 SWORBHP Paramedic Awards

Medical Director's Award of Excellence Recipients	Medical Director's Commendation Award Recipients
<p style="text-align: center;"><b>Essex-Windsor EMS</b></p> <p>Luca Distefano, Miguel Restrepo, Nick Chiarappa, Rose Pizutti</p>	<p style="text-align: center;"><b>Essex-Windsor EMS</b></p> <p>Brandon Bellehumeur, Chanelle Champagne, Kailyn Renaud, Marisa Stratis, Sonja Campeau, Teresa Coulter</p>
<p style="text-align: center;"><b>Medavie EMS Elgin Ontario</b></p> <p style="text-align: center;">Sareen Tucker</p>	<p style="text-align: center;"><b>Grey County Paramedic Services</b></p> <p>Alysha Carlaw, Katie Gibbons, Paula Tromblay, Sonia Smart</p>
<p style="text-align: center;"><b>Middlesex London Paramedic Service</b></p> <p>Cameron Young, Jennifer Doyle, Kyle Glendinning, MacKenzie Singer, Tim Zima</p>	<p style="text-align: center;"><b>Huron County Paramedic Services</b></p> <p style="text-align: center;">Zia Khogyani</p>
<div style="border: 2px solid #2c4e64; padding: 10px; background-color: #fff9c4;"> <div style="display: flex; align-items: center;">  <div> <p style="margin: 0;"><b>Prehospital Save Awards</b></p> <p style="font-size: 2em; font-weight: bold; margin: 10px 0;">152</p> <p style="margin: 0;">(64 Pending Outcomes)</p> </div> </div> </div>	<p style="text-align: center;"><b>Medavie EMS Chatham-Kent</b></p> <p>Alleigh McGinley, Alireza Ataellahi, Heather Hendrie, Kirby Didone, Jordan Lessard, Kaeleigh McKinley, Ken Langlois, Nick Bondy, Sarah Henderson, Saskia Vandersluis, Tamara Vlasschaert, William Tetzlaff</p>
<div style="border: 2px solid #2c4e64; padding: 10px; background-color: #fff9c4;"> <div style="display: flex; align-items: center;">  <div> <p style="margin: 0;"><b>Prehospital Newborn Delivery Awards</b></p> <p style="font-size: 2em; font-weight: bold; margin: 10px 0;">35</p> </div> </div> </div>	<p style="text-align: center;"><b>Middlesex London Paramedic Service</b></p> <p>Aaron Voskamp, Michael Chapman, Sandra Gregus</p>
	<p style="text-align: center;"><b>Oneida Nation Paramedic Services</b></p> <p style="text-align: center;">Breanna Howe, Jeff McDonald</p>
	<p style="text-align: center;"><b>Perth County Paramedic Services</b></p> <p style="text-align: center;">Peter Horenberg</p>
	<p style="text-align: center;"><b>The County of Lambton EMS</b></p> <p>Brian McDonald, Derek Myers, Kurtis Szela, Stephen Adlington, Steve Robinson, Tony Camara</p>

# Education Change in Response to the Pandemic



The pandemic has changed so many of our “regular” processes and the operations of our daily lives. In order to adhere to gathering restrictions, we’ve implemented the following changes to our educational offerings:

## Mandatory CME:

We completely transformed our in-person simulation case-packed day into a combined online module review and WebEx interactive group case discussion. The work our team has put into the planning, re-planning and implementation is commendable. So too is your uptake and flexibility in rolling with the new format. We’ve had some great feedback so far on the content and truly hope you all learn something new to take back to your practice and patient care.

Survey: <https://webforms.lhsc.on.ca/form/sworbhp-mandatory-continuing-med>

## Return to Practice:

Sessions are now being completed via interactive WebEx with our Prehospital Care Specialists (PHCSs) to review content and answer questions. If a cycle of MCME was missed while off, an online review module is also completed prior to the WebEx

Survey: <https://webforms.lhsc.on.ca/form/sworbhp-return-to-work-rtw-surve>

## New Certifications:

Are completed via a 3-part model wherein an online module is completed, followed by an interactive WebEx with our PHCSs and finally an in-person evaluation via modified global rating scale (GRS) simulation stations. These in-person sessions were completed at the SWORBHP London office individually, with strict adherence to Infection Prevention and Control Practices.

Survey: <https://webforms.lhsc.on.ca/form/sworbhp-new-certification>

As this “new normal” isn’t going anywhere anytime soon, we seek feedback in order to improve our educational offerings in the future. Please complete the surveys listed above for any applicable training you have completed this year. Thank you all for your patience and adaptability with these changes!

Sincerely,  
The SWORBHP Team

# SWORBHP Team Updates

## Welcome to the Team - Tracey Cifaldi



Tracey joined the Southwest Ontario Regional Base Hospital Program in December of 2020 as the Administrative Assistant. Tracey has worked at LHSC for 30 years. Tracey holds an Human Resource Certificate from Fanshawe College and Secretarial Diploma from Southwestern Business College. Tracey comes to us from Occupational Health and Safety Services where she was an Occupational Rehab Assistant and prior to that the Team Assistant to the Manager of OHSS. Her previous experience also includes Administrative Assistant to the Managers of Medicine and the Emergency Program from 2005-2015 and prior to that communication/staffing clerk.

## Farewell to SWORBHP Team Members

Wishing them well in their future endeavors, we have said farewell to Asha Rogers (Administrative Assistant), Anya Bechard (Prehospital Care Specialist), and Patty Sinn (Prehospital Care Specialist).

# Years of Service



### Congratulations for LHSC and OBHG years of service milestones:



**Dwayne Cattel**

*Prehospital Care Specialist*

15 Years of Service with London Health Sciences Centre (LHSC).



**Michelle Priebe**

*Application Support Analyst*

10 Years of Service with The Ontario Base Hospital Group (OBHG).



**Dr. Matthew Davis**

*Regional Medical Director*

10 Years of Service with The Ontario Base Hospital Group (OBHG).



# SWORBHP Podcast:

**Now Available on Amazon Echo, TuneIn, Apple, and Google Podcasts**

In July of 2020 we shared our launch of the SWORBHP Podcasts. Our excitement has continued to grow and so has the development of this project.

We are happy to announce that SWORBHP Podcasts can now be listened to on multiple platforms including Amazon Echo, TuneIn, Google Podcasts, and Apple Podcasts. We hope to expand our reach and convenience through the use of these varying platforms.

To date we have released 8 episodes with topics including Personal Protective Equipment, Ask MAC, COVID-19 Updates, Use of IM Epi in Bronchoconstriction, The (Lack of) Evidence Behind the Use Sodium Bicarbonate Tracheostomies and more.

Armed with our brand-new equipment, we are committed to providing you with the most informative, enjoyable, and evolutionary podcasting experience that we possibly can. While we have made improvements, we would be remiss if we did not continue to learn and grow our podcast as time goes on.

So, what's next? We are looking at various ideas/topics for more podcasts in the future and your input is valuable to us! Please submit your Podcast feedback or topic requests to [sworbhp@lhsc.on.ca](mailto:sworbhp@lhsc.on.ca). Also make sure you subscribe in order to stay up to date on all of the latest news surrounding The SWORBHP Podcast.

David Arthur,  
Web & eLearning Design Developer

## UPDATES: TRAUMA FEEDBACK

SWORBHP has been partnering with the London Health Sciences Centre (LHSC) Regional Trauma Program on an initiative that provides paramedics with the status and list of injuries for trauma patients who have been transported to LHSC for treatment by the trauma team. We began sending paramedics involved in the care of these patients follow up letters in December 2019. Due to a number of variables associated with the COVID-19 pandemic, the program was paused from February to August, however we have begun sending letters out again, including some of the back logged calls. In 2020 SWORHBP sent 1481 trauma feedback letters to paramedics involved in trauma calls.

We hope you are finding this information valuable.

Susan Kriening, RN, BScN, MHS, ENC(C)  
Regional Program Manager, SWORBHP



# SWORBHP Joint Council Update

The QA/Education Council met on December 12, 2019, with some new faces at the table, fresh new ideas on moving forward with strategic initiatives and lots of great dialogue on how we could collaboratively advance paramedic practice and improve patient care, and then...COVID-19 happened and continues to happen.

After more than nine months, our QA/ Education Council reconvened virtually on September 25, 2020. After a provincial update from Dr. Matt Davis, SWORBHP Regional Medical Director and Susan Kriening, SWORBHP Regional Program Manager, the committee was fortunate to host Nancy Lawrence, Manager Wellness, Safety, Risk and Privacy, London Health Sciences Centre (LHSC) as a guest speaker. Nancy has been instrumental in implementing a Just Culture program at LHSC and has been actively speaking on and promoting the impact of Compassion Fatigue & Vicarious Trauma, specifically with health care workers. Nancy's presentation was very moving and well received by all. We will be arranging a podcast with Nancy to present this topic more broadly to paramedics in our region.

Deb Janssen and Mike Filiault provided the group with a QA update, focusing on standardized documentation and paramedic and student identifiers, with great discussion and ideas shared by all. Documentation was collectively identified early in the year as one of our strategic directives for 2020/21, so more to come!

We are very excited about a couple of functionality enhancements, which are currently being tested in our IQEMS Quality Assurance system. The first upgrade includes the addition of bi-directional feedback, which will allow our Auditors and Physicians to partake in ongoing/multiple feedback dialogue with paramedics.

At present, the system only allows for one paramedic feedback request to be sent and in turn one paramedic response and needless to say this caused us a lot of grief! The second development allows us to provide medics with closure. Medics frequently contact us inquiring on the status of a call, which they had previously provided feedback on. In alignment with the Certification Standard, SWORBHP provides final "closure" correspondence to medics who participated on calls that resulted in a major or critical variance only, which amounts to a fraction of the calls audited. We've heard you loud and clear and are excited to be able to provide you with closure for all calls where you were requested to and provided feedback on. These enhancements rolled out in February 2021.

SWORBHP staff have been working diligently over the past seven months to find new and creative ways to provide paramedics with a new model and venue for paramedic certification and Mandatory Continuing Medical Education (MCME) and due to COVID, we've become quite innovative and tech savvy! Between February and August 2020, we have certified 154 paramedics and tested 56 in-house. We've also developed and rolled out our fall MCME online and other than a few technical glitches, we've received positive feedback and are very pleased with the product. COVID has postponed our seven station GRS plans for new certifications. We have started working on implementing a new IV certification model using Service Leads in a train the trainer format. We will utilize this format until we are again able to travel to you.

Debra Janssen, BMOS  
Coordinator, Quality Assurance & Business Functions, SWORBHP



## Ontario Base Hospital Group UPDATES

### PCP Controlled Substances Working Group

In the April 2020 edition of the LINKS newsletter, I highlighted the Ontario Base Hospital Group's (OBHG) endorsement of the formation of a Working Group to explore the potential inclusion of controlled substances within the PCP scope of practice.

To recap, with the inclusion of PCPs under the Section 56 Class Exemption, there is the opportunity to augment PCP medical directives to include morphine and fentanyl for analgesia, midazolam and ketamine for combative patients and midazolam for the treatment of seizures. At the February 2020 OBHG Medical Advisory Committee (OBHG MAC) meeting, a motion was brought forth that the OBHG MAC endorse the exploration of the expansion of PCP medical directives to meet the needs of the communities that Ontario Paramedic Services provide care to. This motion was unanimously endorsed. As such, a working group was struck. The goal of this working group is to examine the evidence, safety, logistics and resources required to potentially implement PCP directives utilizing controlled substances, as well as the impact that this introduction would have on the various stakeholders.

The working group consists of representation from the OBHG MAC medical director group, manager group, education and data quality management. There is also paramedic, OAPC and Paramedic Service, PCP and ACP college as well as Ministry representatives.

In order to meet the established objectives, multiple subgroups were formed with a specific focus on gathering information related to their area of focus:

- An environmental scan to determine if other PCP or PCP equivalents are utilizing controlled substances within their scope
- Evidence and literature review of PCP or PCP equivalents utilizing controlled substances within their scope
- Initial and ongoing education requirements required for the introductory education and ongoing CME
- Impact this would have on both the PCP and ACP college programs
- Impact on QA, and how often would these medications be utilized
- Financial impact to initiate and maintain the incorporation of controlled substances within PCP scope on all stakeholders

At the December 2020 OBHG MAC meeting, the Working Group's comprehensive report was presented. There was a great deal of enthusiasm and support from the OBHG MAC. Direction was provided to develop some draft directives that could be reviewed at the March 2021 OBHG MAC meeting.



## Ontario Base Hospital Group UPDATES *Cont'd*

### Comprehensive Medical Director Review

December 2018 seems so long ago. That month, the Comprehensive Medical Directive Review (CMDR) working group brought forth the first batch of directives to the Ontario Base Hospital Group Medical Advisory Committee (OBHG MAC) for endorsement. As chair of this group, I had set a goal of completing this work in 2 years. In October 2020 we endorsed the final batch of directives. Unfortunately, I was off in my calculation by 8 months. However, I did not take into consideration the impact a pandemic would have on this timeline. Given the majority of efforts from February to July 2020 were being focused on COVID-19, I hope I can be given a bit of leeway for my miscalculation.

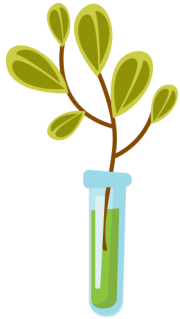
The Ministry was to implement some of these directives in the Spring of 2020. SWORBHP had anticipated their release and was preparing our MCME to reflect the changes within this first batch of updated directives. However, given the current environment, the Ministry delayed their release. We are unsure as to when the Ministry will release these directives. Upon their release, we will communicate our education plan and support around them.

Overall, I believe that the majority of changes will be well received by paramedics. We have incorporated the latest evidence, consensus guidelines and expert opinion (when there is a lack of evidence) into these updated directives. The OBHG MAC has endorsed the incorporation of new medications including ondansetron, dexamethasone, and oxytocin. We have endorsed the core use of supraglottic airways for all ages. There are changes to the medical cardiac arrest directive as well as the piloting of a slightly new visual set up of this directive.

Given the volume of changes, the Ministry will be rolling out these directives over a period of time. How the roll out will look is still to be determined. The OBHG MAC recognizes the need for the timely implementation of these directives and is advocating for this to ensure optimal prehospital care is being delivered. One of the biggest barriers to a timely release is the amount of training time allotted to the Base Hospital to provide education around these updated directives. We are working closely with the Ministry and other stakeholders to ensure this goal can be met as quickly as possible.

Dr. Matthew Davis, MD, MSc, FRCPC  
Regional Medical Director, SWORBHP





## SWORBHP RESEARCH CORNER

As part of SWORBHP's commitment contributing to the prehospital literature and seek out evidenced based answers to pre-hospital questions, the purpose of this section is to highlight a current research project that is occurring in the SWORBHP region and/or one that has been completed.

### What's Been Done

#### **Evaluating factors related to quality of audio transmission during mandatory paramedic patches and technical barriers to efficient communication in the prehospital setting.**

*Danielle Kelton MD, Kristine Van Aarsen MSc, Jovana Momic BSc, Sean Doran MD, Matthew Davis MD MSc*

The aim of this study was to examine the impact of audio transmission quality on the results of paramedic patch calls.

In order to accomplish this, paramedic calls that included a mandatory patch point (excluding requests exclusively for termination of resuscitation and those records which were unavailable) were identified through review of all patch records from January 1, 2014 to December 31, 2017 for Paramedic Services in the SWORBHP region. ACRs and audio recordings of paramedic patches were obtained and reviewed. Pre-specified patch audio quality metrics, markers of transmission quality and comprehension as well as the resulting orders from the BHP were extracted.

214 records were identified and screened initially. 91 ACRs and audio records were included in the analysis. At least one explicit reference to poor or inadequate call audio quality was made in 55/91 (60.4%) of calls and on average, 1.4 times per call. Of the 91 audited call records, 48 of 91 (52.7%) patches experienced an interruption of the call. Each time a call was interrupted, re-initiation of the call was required, introducing a mean [IQR] delay of 81 [33-68] seconds to re-establish verbal communication. Order requests made by paramedics in calls with no interruptions were approved in 30 of 43 patches (70%) while those requests made in calls with one or more interruptions were approved in only 21 of 48 cases (44%) ( $\Delta 26.0\%$ ; 95%CI 5.6-43.5%,  $p=0.01$ )

This retrospective review suggests that audio quality and interruptions of patch calls may impact a physician's ability to approve orders for interventions in the prehospital setting. Focus on infrastructure and technology underlying this important mode of communication may be a fruitful avenue for future improvements in systems where this may be an issue.

\*Dr. Kelton won best resident research at the Department of Medicine Resident Research Day and was selected to present this at the Canadian Association of Emergency Physicians conference in July 2020.

Dr. Matthew Davis, MD, MSc, FRCPC  
Regional Medical Director, SWORBHP



## SWORBHP Tips of the Week Highlights

Follow us on social media where we advertise when new Ask MAC, TOTW and other educational content is posted.

You can also subscribe to our website updates to receive an email when we post new content.

[Askmac.sworbhp.ca](http://Askmac.sworbhp.ca)

### Proper Airway Positioning of the Morbidly Obese Patient

*Posted on: September 11, 2020*

Proper positioning is extremely important in morbidly obese patients to alleviate obstruction and optimize ventilation.

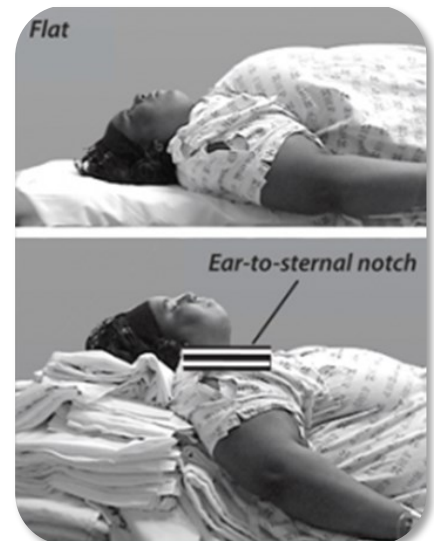
During intubation, proper positioning will improve your chance for success and it will also help bring the trachea into view.

This picture illustrates the “ear-to-sternal notch” positioning ideal for morbidly obese patients. Notice the number of sheets and blankets used.

Remember, obese patients have the same internal anatomy as lean patients of the same height (ex. Similar lung volumes, the distance from the mouth to the lungs is similar). However, excess tissue causes:

- Impaired laryngoscopy visualization – which means you want to optimize your technique with the ear-to-sternal notch positioning; and
- Increased oxygen demand and decreased reserve – these patients desaturate quickly!

THEREFORE, make sure to set yourself up for success with optimizing positioning and pre/peri-oxygenation as much as possible.



**\*Note that during the COVID-19 pandemic paramedics should consider, in all cases, withholding supraglottic airway (SGA) insertion or intubation unless the patient is in cardiac arrest.**

## Trach Re-Insertion Still Allowed During Pandemic

*Posted on: September 16, 2020*

Remember that tracheostomy tube re-insertion per the Emergency Tracheostomy Tube Reinsertion Medical Directive, is still to be performed (with appropriate PPE) during the COVID-19 pandemic. Since the initial recommendations (Feb 6, 2020) paramedics are to consider withholding suction via an endotracheal or tracheostomy tube unless using a closed-system unit. However, re-insertion is still a life-saving and allowable procedure during the pandemic.

## IV Certification



You asked and we delivered! We are happy to announce that the 2019 version of the PCP Autonomous IV (AIV) Course is now available! In collaboration with our Paramedic Service and fellow Base Hospital Programs, we were able to deliver 2 successful Train the Trainer sessions.

This approach allows Paramedic Service Operators to assist us by delivering the PCP AIV Course to their Paramedics during the COVID-19 pandemic.

The 2019 version of the PCP AIV course includes an online pre-course component; an 8 hr. in-class session; and supervised clinical IV starts that can be obtained in the hospital or pre-hospital setting.

The course focuses on intravenous theory; an understanding of medical math calculations and medication administration via the intravenous route; as well as having the opportunity to practice the newly acquired skills in a controlled classroom setting before moving to the clinical environment. Upon completion of the program, the paramedics will gain knowledge, confidence and competency in the aspects of IV initiation, fluid therapy, and medication administration. The increased focus on theory, critical thinking along with hands on approach has been well received.

To date, Paramedic Services have successfully delivered 13 PCP AIV courses with more coming up in the near future. Feedback from both Paramedic Services and Paramedics alike has been great.

Once the pandemic is over and public health guidelines allow us to travel to provide in class sessions again we will happily resume delivering the PCP AIV Course in your region.

We'd like to thank all of our Paramedic Services that attended the Train the Trainer sessions and those who have delivered the course and congratulate them all on a job well done. It has been a pleasure working along side you.

A special thanks to the Ontario Base Hospital Group (OBHG) and the Centre for Paramedic Education and Research (CPER) Base Hospital Program on the preliminary development of the AIV curriculum including the case studies and course objectives. Last, but certainly not least we would like to congratulate those paramedics who have successfully completed the PCP AIV course and obtained AIV certification. Your hard work and perseverance have not gone unnoticed.

Melissa Burgess, BIS(c), AEMCA, NCEE  
Prehospital Care Specialist, SWORBHP

# 2020 SOCIAL MEDIA RECAP

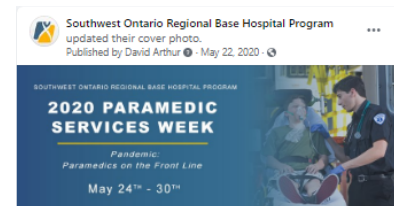


SWORBHP continues to utilize the power of social media through our various platforms to communicate with our Paramedics, Stakeholders and Community regarding upcoming events and educational information.

## Here are the top SWORBHP Facebook posts of 2020!

### Paramedic Services Week 2020

In May 2020, we celebrated the Annual Paramedic Services Week with a daily giveaway for paramedics in the Southwest Region. This was our way of recognizing and thanking paramedics for the exceptional job they do everyday.



**Combined 12,608 reached with 278 reactions, comments and shares**

### 2019 SWORBHP Paramedic Awards

SWORBHP acknowledges paramedics throughout the year with the Prehospital Save Award, Prehospital Newborn Delivery Award, Medical Director's Commendation Award and the Medical Director's Award of Excellence.



**5,129 reached with 364 reactions, comments and shares**

### 2020 Doctor's Day

SWORBHP Physicians are a vital part of our team and paramedicine in our communities. On May 1st, National Doctor's Day, we acknowledged the SWORBHP Medical Directors.



**4,120 reached with 175 reactions, comments and shares**

# SWORBHP PATCH PILOT PROJECT

SWORBHP oversees the provision of online medical control 24 hours a day for paramedics in the Region. Historically, this service has been provided by approximately 170 ED physicians at various patch sites across the SWORBHP Region.

There has been longstanding interest in the development of a centralized patch system for the SWORBHP Region. Other Base Hospitals in Ontario utilize a centralized patch model for online medical control. IT obstacles and adequate funding were two major barriers for implementing this model. SWORBHP has developed some potential short-term and long-term solutions for these barriers. As such, we have developed a pilot project to implement and examine centralized patching within the SWORBHP Region.

The impetus for this pilot project is to prepare for the potential introduction of an auxiliary COVID-19 medical directive that would allow for the release of patients from paramedic care without ED assessment. Furthermore, there is now the potential for the introduction of alternative care models within the 9-1-1 system that may allow for paramedics to “treat and release” and “treat and refer” or transport to “alternative destinations”. These aforementioned directives will likely include a mandatory patch point for online medical direction, necessitating a more in-depth discussion between the physician and paramedic and/or physician and patient. In order to prepare for these new care models, it was deemed strategic to pilot a centralized patch model with the goal of determining if this model provides greater value and benefits for patient care, paramedics, patch physicians and offloading paramedic patch responsibilities from physicians who are working in busy EDs.

## THE GOALS:



Examine the feasibility of providing a centralized online medical control model within the SWORBHP Region;



Determine satisfaction amongst frontline paramedics utilizing this patching model;



Troubleshoot IT issues and assess technical quality of patches in real world setting;



Determine instances of patch failures and compare to the current patch model;



Assess sustainability of this model from human resource perspective; and



Obtain feedback from both paramedics and patch physicians who are providing this service and incorporate it into system improvements if this model of online medical control is sustainable.



...continued from page 13

Although no one model of online medical control system is perfect, there are many perceived benefits to centralized patching from a patient care, front line paramedic and systems perspective.

## Potential Advantages

### **Utilization of a core group of physicians with expertise and/or interest in prehospital and transport medicine:**

- SWORBHP can recruit patch physicians with prehospital and transport medicine expertise, or physicians with a demonstrated interest in prehospital and transport medicine.

### **Closer move towards standardization of online medical control across the Region:**

- With fewer patch physicians, the ability to ensure consistent and appropriate use of online medical control.

### **Impact on Prehospital Care:**

- On call patch physician may elect to remain on patch longer than when working in a busy ED, thus providing more support, advice.
- On call patch physician may have an overall better understanding of medical directives, scope of paramedic practice, thus allowing for improved patient care.

### **Impact on Paramedics**

- Paramedics may be more comfortable with patching given smaller group of patch physicians that they interact with for medical control.
- Paramedics may have more confidence in patch physician given the patch physician will have more expertise and confidence in providing online medical control.

### **Preparation for Future State:**

- Expansion of alternative models of care that may allow for “treat and release” or “treat and refer” or “alternate destination” models of care. Mandatory patch points are likely to be built into these directives. This may involve more in-depth online medical control, resulting in longer patches. Centralized patching does not take the patch physician away from ED patient care.

continued on page 15...

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## Potential Disadvantages

- Potential for missed calls that will lead to delay in patch being answered. This is weighed against delay to ED physician answering patch due to being involved in direct ED patient care at time of patch.
- Loss of prehospital and transport medicine exposure for majority of historical patch physicians.
- Loss of “local relationship” between patch physicians and paramedic. It should be noted that the majority of Paramedic Services within SWORBHP Region do not have access to this “local relationship” with patch physicians.

We are collecting data throughout this pilot project including feedback from you as end users of this model of online medical control. **We'd remind you to ensure that if using your personal phones, that you program them with the new Primary BHP and new Secondary BHP numbers to ensure your call is directed to the correct BHP.**

Dr. Matthew Davis, MD, MSc, FRCPC  
Regional Medical Director, SWORBHP

# PARAMEDIC SERVICES WEEK

*Paramedic as Educator—Citizen Ready*

**May 23rd - 29th, 2021**

Follow us on social media and stay tuned for more details!



## STAY CONNECTED WITH SWORBHP:



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### EDITOR

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Dr. Matthew Davis

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### EDITOR IN-CHIEF

Susan Kriening

## COMMENTS OR SUGGESTIONS

SWORBHP LINKS is a Newsletter developed by the Southwest Ontario Regional Base Hospital Program.

If you have comments or feedback on the newsletter, or have an article you would like to have considered for publication in a future edition of **LINKS**, please send to:

**Julie Oliveira**

**Planning & Support Specialist**

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