



SWORBHP LINKS

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New Ontario Paramedic Portal Launch

On March 31, 2014, SWORBHP introduced its Web Portal to the paramedics and EMS services in Southwestern Ontario. This Web Portal integrated SWORBHP online resources - Paramedic Registry and Online Training - into a single login system. In May 2015, our Web Portal will be extended to two additional Base Hospitals - Health Sciences North Centre for Prehospital Care and Northwest Region Base Hospital Program. All paramedic certification and training information will be housed on the same platform, accessed by a single username and password at <https://www.ontarioparamedicportal.ca>. Users will have access to their respective Base Hospital information only and will benefit from sharing the tools and resources that have been developed by SWORBHP. Extending the Web Portal to these Base Hospitals reflects the value and trust that our provincial counterparts see in this product and a move towards provincial standardization. In addition, work is currently underway for province-wide implementation of the Ontario Paramedic Portal across most, if not all Base Hospitals.

The SWORBHP leadership team would like to recognize everyone involved in the development and testing of the Web Portal platform from inception to the current product. Numerous hours of planning and coordination among the Base Hospital stakeholders and SWORBHP staff were dedicated to this project. In particular, the work of Alan Rice, Michelle Priebe and Cathy Prowd is to be recognized as being instrumental in the development and execution of the Web Portal as an integrated technology platform.

Finally, congratulations go out to Alan Rice and Michelle Priebe for winning the Natasha Shkvorets Base Hospital Innovation Award at the Ontario Base Hospital Group (OBHG) Annual Meeting in late February. This award recognizes the outstanding capabilities and achievements of a member of OBHG who has made significant contributions to the provincial Base Hospital system through innovation, constant improvement, and the value that those attributes have created for the patients and the communities served.

Greg Graham, B.Sc., B.Ed., M.Eng.
Coordinator, Professional Standards



Goodbye Winter...
Hello Spring!

The Next Two Years...

In March 2015 it became the Southwest Ontario Regional Base Hospital Program's (SWORBHP) time to provide the Chair of the Ontario Base Hospital Group (OBHG) Medical Advisory Committee (MAC). As such, for the next two years, I will be serving in this capacity in addition to my regular functions as one of the medical directors with SWORBHP. It is a very exciting time in Ontario with a lot of changes coming to the world of EMS and Paramedic Services.

Later this year, the American Heart Association (AHA) will be releasing their new Guidelines which no doubt will change both the Advanced Life Support Patient Care Standards (ALS-PCS); your Medical Directives, as well as the Basic Life Support Patient Care Standards (BLS-PCS). The recommendations from the AHA represent arguably the best consensus of the medical literature and it is vital that these Guidelines be adopted into patient care in Ontario as smoothly and as efficiently as possible.

A myriad of other changes to paramedic practice in Ontario are also in our imminent future: a new Director of the Emergency Health Services Branch (EHSB) of the Ministry of Health and Long Term Care (MOHLTC); the decision on the Ontario Paramedic Association (OPA) proposal for paramedic self-regulation; the growth of Community EMS Programs and results of the MOHLTC funded pilot projects; 911 diversion strategies and alternate destination programs; new CTAS Guidelines specific to paramedics; and

an Ontario Provincial STEMI Protocol are all coming, just to name a few.

We also face system issues: pressure from firefighters to expand into symptom relief and changes to Tiered Response Agreements (TRA); the same pressure from non-emergent patient transport agencies seeking to provide symptom relief medications and interventions to their patient populations; a desire for better cooperation with our educators at the College level to incorporate the added skills of in-practice paramedics into the initial education curriculum; and a clear need for standardization of all Base Hospital processes including cross certification and quality assurance to better serve you, paramedics.

It is going to be a busy two years. In order to achieve success and to continue to drive paramedic practice forward, we need to work together. We need the MAC to be open and transparent, we need to strengthen the relationships between all organizations involved with paramedicine in Ontario (OBHG, MOHLTC, OAPC, and the OPA), and we need paramedics to actively engage in the process of providing feedback as to what works and what doesn't on the front line so Ontario can have a paramedic system that is second to none. Are you willing to help? I am ready if you are.

Michael Lewell, B.Sc., M.D., FRCP(C)
Regional Medical Director

2015 Paramedic Services Week

Paramedics: Expanding Care

A Message From the Ontario Base Hospital Group

The Ontario Base Hospital Group (OBHG) would like to congratulate all Ontario paramedics for the dedication, commitment and care they provide to the communities across this Province. Many lives are impacted by paramedics on a daily basis, from coaching a mother through her last contraction and helping to deliver a new life, to holding the hand of a family member as they tell them their loved one has died. A 911 call is a call for help. After the ambulance communication officer has asked questions to determine the type of response required, paramedics are on route to provide out of hospital care for the patient.

Paramedics are a unique profession - not only are they clinicians specializing in resuscitation and patient stabilization, these talented men and women are able to manage these situations in all environments; in remote locations, factories, the 42nd floor of an office building, patient's homes, on a highway during a blizzard, between health care facilities, and at a parade on a hot summer day. It is the environment and the ability of paramedics to work autonomously which links them to the rest of the medical community via a phone call to a base hospital patch physician. Online control can provide medical advice, consultation and clinical orders to further assist paramedics in treating patients on scene.

As the organization providing medical oversight for paramedics in Ontario, OBHG is very proud of your achievements and on your expanding scope of practice. By February 2016 all paramedics will be able to consider pain management, which is a common patient complaint many paramedics are presented with.

Paramedics go to work each day not knowing what type of calls they will respond to, at times who their partner will be, and in some situations what the larger team providing care on scene will involve. You manage these situations with grace and compassion. Your dedication to the citizens and visitors of Ontario is appreciated, not only during Paramedic Services Week but each and every day. Thank you!

What's in a Name?

In recent media; newspaper, radio and even the wonderful social media website we call Facebook, we have been referred to as 'Ambulance Drivers'. I don't know who came up with that term, but this recent exposure has me thinking. Over the past few decades, the evolution of the term describing those in our profession has served as a measurement for the increasing complexity and changing nature of our field.

Every time I hear 'Ambulance Driver', I cringe! I understand that historically the term actually reflected the job. However, the early years of picking up a patient, placing him/her on a stretcher and driving to the hospital with little or no training have come and gone.

Shortly after the 'Ambulance Driver' phase came the 'First Aider', resulting from the completion of an accredited advanced first aid course. This implied that the crew was trained to provide some degree of first aid on scene and en-route to the hospital.

In the early 1970's, we saw a significant change in the world of prehospital care. Our brothers and sisters in the United States became Emergency Medical Technicians (EMT), while here in Canada we became Emergency Medical Care Attendants (EMCA). This new era brought with it an evolution of verbiage and a new standard of training.

At this point, we were providing advanced first aid to our patients, but we were seeing a shift south of the border. Our American counterparts were learning advanced skills and they were introducing our profession to the general public. The term Paramedic was introduced in the fire medic field by our friends, Johnny and Roy, and it soon became a household term. The public wasn't calling for an ambulance anymore, they were calling for the Paramedics! Standard medical orders from Rampart were to push Sodium Bicarbonate and Ringers Lactate – sounds fancy right?

Our time came in the late 1980's to early 1990's, when the Canadian EMCAs were introduced to symptom relief. This training enabled EMCAs to truly provide prehospital medical care, and so the Advanced EMCA (A-EMCA) was born.

As A-EMCAs, we declared ourselves masters of the medical world outside of the hospital. We developed techniques, protocols and specialized equipment to provide care in the most unpredictable environments. Protocol books, text books, prehospital care classes and conferences became the norm. Although we recognized ourselves as part of the total emergency response system, we now began our own role in the field of Emergency Medical Services (EMS).

Much more recently, our role has evolved even further. With the introduction of prehospital medical research, financial reconfiguration of our medical system and the ever changing needs of our patients - we became Paramedics! We are now providing advanced prehospital medical care as Primary, Advanced, and Critical Care Paramedics. So why do people still refer to us as 'Ambulance Drivers'?

Perhaps we just need to keep at it and demonstrate our dedication to the science of prehospital medical care. And here is how we do that: we have recognized the need for more training and education and have developed diploma and baccalaureate academic programs for incoming Paramedics. The evolution of this profession continues at an unprecedented rate as a result of continued research and evidence.

What does all this mean for us as a profession? Some say change is good, others say change is necessary and of course some are afraid to change. Whether we like it, encourage it, or despise it, change is inevitable. We need to keep our eye on the goal - acceptance and inclusion by both the medical profession and the general public - and of course, being called PARAMEDICS.

Many will argue that these changes are not necessary or show a lack of direction. Are we simply opportunistic looking for the latest trend or fad to ensure our survival? Whatever you believe, the truth is what we make of ourselves.

So really, what is in a name? For all of us, I hope it is the desire to be the best in whichever role we define ourselves.

Peter Morassutti, BSc., ACP
Prehospital Care Specialist

"Whether we like it, encourage it, or despise it, change is inevitable."

SWORBHP Research Projects

A huge congratulations to our SWORBHP Residents and staff who have presented or will present their research projects at national and international conferences this year. The success of this research would not be possible without collaboration between SWORBHP and all of the EMS / Paramedic Services we work so closely with.

- **Trauma Association of Canada**

- Evaluation of a patient safety initiative of rapid removal of backboards in the emergency department (Oral presentation, Dr. Meagan Mucciaccio)

- **Society of Academic Emergency Medicine**

- Morbidity and mortality associated with pre-hospital lift assist calls (Oral presentation, Dr. Lauren Shephard)

- **Canadian Association of Emergency Physicians**

- A retrospective evaluation of the implementation of a rule for termination of resuscitation in out-of-hospital cardiac arrest (Oral presentation, Dr. Natalie Cram)
- Morbidity and mortality associated with pre-hospital lift assist calls (Oral presentation, Dr. Lauren Shephard)
- First-responder Accuracy Using SALT During Mass-Casualty Incident Simulation (Oral presentation, Dr. Chris Lee)
- Can Paramedics Safely Transport Patients with ST-segment Myocardial Infarction (STEMI) to a PCI-Capable Centre Within a 45-minute Transport Window? (Poster, Dr. Kate Hayman)

Adam Dukelow, M.D., FRCP(C), MHSC, CHE
Medical Director of Innovation & Research

What a Provincial Web Portal Means for SWORBHP

In this Newsletter you have read about work that is currently underway in rolling out the SWORBHP Web Portal to other Base Hospitals within the province. We are proud that the Ontario Base Hospital Group (OBHG) is confident in the value of this product to implement it provincially. For us at SWORBHP this demonstrates our commitment to the following:

1) Provincial Standardization

By soliciting feedback from our project partners within the other Base Hospitals, we are able to customize the product into a solution that works for all of us. Incorporating ongoing feedback to improve functionality is key to the long-term success of this product. By leveraging economies of scale with a common provincial platform, we aim to lower costs for everyone.

2) Fostering Innovation

Already recognized at the provincial level in the Natasha Shkvorets Base Hospital Innovation Award, a provincial Web Portal is our opportunity to further innovate. It represents a great opportunity to grow talent in-house as training and skill development items arise, whether they are related to IT, project management, or interpersonal areas such as communication. At SWORBHP, we have the opportunity to build strong connections with a larger community of users.

3) Fiscal Responsibility

Specialized technology solutions come at a significant cost when vendors are approached to provide a service. Developing in-house is the lower-cost alternative. Additional benefits include being able to customize the product more freely with quicker turnaround times when completing builds and/or fixing issues.

Greg Graham, B.Sc., B.Ed., M.Eng.
Coordinator, Professional Standards

Look for us on the Web
www.lhsc.on.ca/bhp

Data Quality Management Sub-Committee

The Ontario Base Hospital Group (OBHG) Data Quality Management (DQM) Sub-Committee generally has two members from each Base Hospital; one having a clinical background, the other bringing more of a data perspective. For some months now SWORBHP has lacked this clinical representation with only me at the table. I am happy to announce that Pete Morassutti has accepted the invitation to be our clinical DQM representative. Pete's years of experience as an ACP in Essex-Windsor as well as his paramedic auditing and education background will provide a valuable perspective at the DQM meetings and be of benefit in liaising with the Education Sub-Committee.

Please join me in welcoming Pete to the OBHG DQM Sub-Committee.

Greg Graham, B.Sc., B.Ed., M.Eng.
Coordinator, Professional Standards

Upcoming CE Opportunities

- **Ethics in EMS Webinar**
July (date TBA)

[Click here](#) to visit our website and view the page dedicated to Continuing Education.

Self-Report Hotline Expands to Become SWORBHP Communication Line

The SWORBHP self-report hotline and email system has been in place since September 2010 for paramedics to use 24 hours a day, 365 days a year to facilitate the reporting of a variance or issue on a call. Effective April 1, 2015, we are pleased to announce that the scope of the self-report hotline has been expanded to include, but not be limited to:

- reporting of exceptional performance on challenging calls,
- notable avoidance or recovery from "near-miss" situations,
- peer recognition for a job well done,
- non-urgent service requests for the review of a call.

Please note that the link on the SWORBHP website has been re-branded to **SWORBHP Communication Line** for paramedics to access. If dialing by phone, the toll free number remains unchanged.

SWORBHP Communication Line: 1-888-997-6718

Please spread the word. Call us to let us know about the great job you and your partner did on a challenging call or let us know about the outstanding job another crew is doing. We want to capture more of the great work you do on a daily basis and look forward to hearing from you on a broader scale related to your practice.

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



SWORBHP MEDList - Your Asthma/COPD Patient

Often when we respond to sick patients, we're provided with a 'bag of meds'. Here is what you might find in that bag if your patient suffers from Asthma or COPD.

Brand Name	Generic/Chemical Name	Class
Ventolin	Salbutamol	Short acting beta agonist
Oxeze	Formoterol	Long acting beta agonist
Serevent	Salmeterol	Long acting beta agonist
Flovent	Fluticasone	Inhaled steroid
Qvar	Beclomethasone	Inhaled steroid
Advair	Salmeterol/Fluticasone	Combination: Inhaled steroid and long acting beta agonist
Symbicort	Budesonide/Formoterol	Combination: Inhaled steroid and long acting beta agonist
Atrovent	Ipratropium	Short acting anticholinergic bronchodilator
Spiriva	Tiotropium	Long acting anticholinergic bronchodilator
Prednisone	Prednisone	Corticosteroid used for acute asthma exacerbations (course of 5 days)

Common Respiratory Antibiotics Used for COPD Exacerbations

Brand Name	Generic/Chemical Name	Class
Levaquin	Levofloxacin	Fluroquinolone
Avelox	Moxifloxacin	Fluroquinolone
Clavulin	Amoxicillin/Clavulanate	Penicillin
Zithromax	Azithromycin	Macrolide
Biaxin	Clarithromycin	Macrolide
Ceftin	Cefuroxime	Cephalosporin
Amoxil	Amoxicillin	Penicillin
Vibramycin	Doxycycline	Tetracycline
Septra	Trimethoprim/Sulfamethoxazole	Sulfonamide

Matthew Davis, M.D., M.Sc., FRCP(C)
Medical Director of Education

Link: www.lhsc.on.ca/About_Us/Base_Hospital_Program/Education/medlist.htm

Release of Field Trauma Triage and Air Ambulance Utilization Standards

In June 2014, the Ministry of Health and Long Term Care (MOHLTC) released the Field Trauma Triage and Air Ambulance Utilization Standards (FTT & AAUS); an update to the Air Ambulance Utilization Standard found in Version 2.0 of the Basic Life Support Patient Care Standards, 2007.

Since late summer 2014, SWORBHP has been working diligently with a number of stakeholders to develop and share an interactive online module focused on the FTT & AAUS. We are fortunate that our Regional Medical Director, Dr. Mike Lewell, was very active in writing the FTT & AAUS. As a result of his involvement, we had the inside scoop on the key teaching points and many of the inevitable what-if questions that would come up while training on the new Standards.

The online module is available in the Online Training section of the Ontario Paramedic Portal (<https://www.ontarioparamedicportal.ca>). You will need to log in as you would for any recert precourse material, and access the FTT & AAUS module. The module walks you through 20 prehospital cases that will test your understanding of the FTT & AAUS. They're realistic cases that you are likely to see at some point in your career.

We believe that a consistent message about the use of the FTT & AAUS is paramount to its appropriate application, both within the SWORBHP region and beyond, and we believe this module accomplishes that. We do recommend you take the time to review the cases, test yourself and contact us if you have any questions.

Also included in the release of the new FTT & AAUS by the MOHLTC, was the deadline for implementation. The memo states that the Standards will be considered effective as soon as implemented locally but no later than June 1, 2015.

We hope you enjoy the training module and welcome your feedback.

Stephanie Romano, MScEd., HBSc., AEMCA
Education Coordinator

Comments?

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:

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