



# SWORBHP LINKS

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## Goodbye - Adiós - Arrivederci - Sayonara - Ciao - Aloha!



There are many ways to say goodbye, and regardless of the language, it is never easy. This is my 24th edition as Editor of the SWORBHP Links Newsletter, and it will be my last. After more than 25 years with Base Hospital I am beginning a new chapter in my book of life...Retirement. My official retirement date is November 30th, however my last day in the office will be November 4th, then off to New Orleans to celebrate!

I am really looking forward to this new adventure. Time to spend with my amazing family and friends, time to devote to myself (affectionately known as "me" time), and hopefully many years of travelling...exploring the world outside of Owen Sound.

Perhaps a bit cliché, however, this is bittersweet for me as Base Hospital has been a very big part of my life for a very long time. It has been an especially rewarding career...one that was filled with the opportunity to learn and grow. I am fortunate to have been a part of this exciting field of prehospital medicine. Being able to experience the advancements in paramedic skills and patient care has been extremely gratifying.

I have made many wonderful friends over the past 25 years. I thank you for your mentoring, your guidance, and most of all your friendship. Many of you have touched my life in various ways and I wish I could thank each of you individually, but the list is far too long. A bit like accepting an Academy Award...you only have so much time, or in this case, I only have so much space!

To my Ontario Base Hospital Group (OBHG) colleagues throughout the province, thank you for sharing your expertise and your time, and for allowing me to share mine.

To the Paramedic Services and every single paramedic in Ontario, thank you for doing such an incredible job of providing exceptional prehospital care, and serving the communities you live and work in. Be proud of your profession!

And last, but not least, a heartfelt thank you to the entire SWORBHP Team, especially my Owen Sound family Don and Jenn, for making my time with Base Hospital so meaningful and rewarding. I am honored to have worked with such a remarkable group of people. I will miss you all!

Thank you for the memories!  
Cathy

Cathy Prowd, CQIA  
Operations & Logistics Specialist



Autumn's Bountiful Harvest!

## CAEP's Professionalism in Medicine Award

This past June I had the chance to participate in the Canadian Association of Emergency Physicians (CAEP) Conference in Quebec City. From abstracts and poster viewings to presentations on the most recent research findings in emergency medicine and paramedicine, my experience at the Conference was both educational and inspiring.



During the Conference, I had the opportunity to attend the CAEP Awards Ceremony, and was honored to witness the presentation of a once in a life time award. The Dr. Helen Karounis Memorial Award for Professionalism in Emergency Medicine, recognizes those who uphold the highest standard of professionalism in emergency medicine. CAEP identifies the recipient of this award through many appealing qualities, some of which include: inspiring, responsible, honest, compassionate, integral, altruistic, and ethical. I am delighted and proud to announce that this year's Dr. Karounis Award for Professionalism in Emergency Medicine was awarded to Dr. Don Eby.

Don is an outstanding professional who words cannot simply describe. He holds several professional roles in the world of emergency medicine and serves as a mentor for many. SWORBHP is truly privileged to have Don as our Local Medical Director.

Please join me in congratulating Don on this outstanding accomplishment.

Jennifer Woods (Robson), BaCP(P), NCII(S), AEMCA  
Prehospital Care Specialist

## Introducing EMS Fellow - Drew Schappert



Hi everyone, I'm Drew Schappert, one of the fourth year FRCP Emergency Medicine Residents. This year, I'm joining SWORBHP as the EMS Fellow.

I'm sure I'll get to know many of you throughout the year, but here's a bit of my background. I grew up in the 'garden city' of St. Catharines, and from there moved out to the East Coast to complete an undergraduate science degree at Dalhousie University. I came back to Ontario to complete medical school at Western, and stuck around for the amazing Emergency Medicine residency that Western is known for.

My interest in prehospital care grew from a young age, when I was continually fascinated by ambulances as they sped by with lights and sirens blaring. Since then, I've come to realize the importance of the integration between patient care, prehospital and Emergency Department environments.

I've also come to appreciate the impact that research can have on the landscape of prehospital and emergency medicine, and as such the focus of my year will be on prehospital care research.

I'm really excited for the opportunity to merge my passions for prehospital and ED care, as well as working with all of you for the year!

Drew Schappert, B.Sc., MD  
SWORBHP EMS Fellow

## Behind the Scenes

There have been many changes recently in paramedic services within the Southwest region, with a lot more still to come. Some of the more controversial changes occurred at various municipal levels in decisions related to level of care, and paramedic scope of practice, as well as different leadership models for operations. At the Regional Base Hospital (RBH), we are often asked to take a position, both formally and publicly, regarding some of these discussions. At times, to front line paramedics, it may seem that the RBH remains frustratingly silent on some of the topics which generate the most vigorous debate. Rest assured your SWORBHP physicians have been extremely active behind the scenes advocating for your profession. From BLS and ALS medical directives, deployment models, alternate transportation regulation and alternate provider certifications, to community resources, dispatch systems, strategic planning and the usual systems of care (trauma, stroke and STEMI) which are all undergoing substantial revision; there is a lot going on!

Unfortunately, there is not a venue (nor is it appropriate to elaborate further) for us to provide you a more detailed answer as to our contributions. I can only say I wish there were points for hours spent in meetings, like airline travel points, because I would have accumulated some significant miles. Instead, I got a lot of seat time of a different variety than my bike this summer, but that's ok: the prehospital care system as we all know is the vital link which keeps our communities and citizens safe. We are proud of the work you do, proud to be a quiet silent partner behind the scenes, and proud to facilitate the delivery of the lifesaving care you provide every day.

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

## 2016-2017 Recert: Learning and Waiting

This year's recertification focus will be on the new changes within the ALS PCS 4.0. Included within the new release are updates to current directives based on the 2015 AHA Guidelines, the endotracheal and tracheostomy suctioning directive, and the adrenal crisis directive. Labour and Delivery will be moving from the BLS PCS to the ALS PCS, however training surrounding this will occur at a future time.

In the past, when new Directives were released, the Ministry of Health and Long Term Care (MOHLTC) supported a phased implementation strategy. In other words, once paramedics had received their education related to a new Directive or procedure, they were immediately authorized to provide that level of care to patients as part of their scope of practice.

Unfortunately, because Standards are legislative acts, there cannot be two different Standards in existence at the same time for various legal reasons. As a result of this, the previous "phased in" approach to training can no longer occur. What this means is that we must shift to an "in-force" date whereupon the former Standard no longer applies and the new Standard takes effect: effectively a single date for transition must occur across the board provincially.

The Ontario Base Hospital Group and the Emergency Health Services Branch of the MOHLTC recognize the impact this approach has on training, education, knowledge retention perspective and patient care.

It is our belief that a paramedic, once trained in a new Directive and/or procedure which reflects best practice, should be immediately authorized to provide that level of care to the citizens of Ontario who may benefit from that enhanced clinical scope. Unfortunately, given the legal requirements for an "in-force" date, we are unable to continue as we had in the past.

We understand that this new approach may lead to knowledge degradation surrounding the new directive changes, in addition to potential confusion between the two different sets of directives. Our team is and will be working with all stakeholders to develop strategies to minimize these barriers prior to the "in-force" date. There will be refresher education. How this looks is yet to be determined, but we are committed to ensuring that we will provide a review all of the new ALS PCS 4.0 changes that you will be learning at your recerts this year.

We will be continually emphasizing throughout our recert day that the changes taught in the ALS PCS 4.0 will not take effect until July 2017 and therefore cannot be practiced until that time. Until the "in-force" date, you will continue to practice as you had been prior to your recertification course and follow the current ALS PCS version 3.3.

Matthew Davis, M.D., M.Sc., FRCP(C)  
Medical Director of Education  
(A) Local Medical Director  
Elgin, Middlesex, Oneida, Oxford

## No Precourse - No Recert?!

It's hard to believe, but here we are again heading into another recert season!

This year, we're covering AHA Guidelines, airway skills, simulation, patching, STEMI, hypo/hyperglycemia, respiratory emergencies and the newest version of your medical directives: the ALS PCS Version 4.0. The presentation of the ALS PCS Version 4.0 however, presents a unique challenge: you can't use the new changes until July 2017. Yes, we agree, this is going to be a challenge.

We'll explain the reason for this in class, but we're here more so to explain why (as you've likely seen in the Online Training section of the Paramedic Portal of Ontario) you won't be granted access to the in class portion of your recert if you haven't completed the precourse requirements. Technically speaking, this isn't news to you. For the past few years, you've been required to complete your online precourse no later than 72 hours prior to your precourse and you've done a great job doing this. The reason we've upped the ante this year is because we want to ensure you have the most preparation and support possible heading into your recert.

There are a number of small changes to your medical directives, and it's going to be complicated to learn it now, but not use it until July 2017. Don't stress; we've got your back. We'll be releasing a refresher in the spring of 2017 to remind you of the changes that you'll need to implement. What this refresher will look like we don't yet know, but rest assured you'll have a detailed review and the opportunity to practice the changes before you need to use them.

As always, your education team is here to support you. If you have any questions or are having any difficulty with your recert prep, please contact us: [http://www.lhsc.on.ca/About\\_Us/Base\\_Hospital\\_Program/ContactInfo/index.htm](http://www.lhsc.on.ca/About_Us/Base_Hospital_Program/ContactInfo/index.htm)

We hope you enjoy your 2016-2017 Recert!

Stephanie Romano, MSc.Ed., HBSc., AEMCA  
Education Coordinator

## PARAMEDIC PORTAL OF ONTARIO

### CERTIFICATION AND LEARNING MANAGEMENT SYSTEM

Since our departure from the National Registry of Emergency Medical Technicians in 2014, we have been working to develop a product that is custom designed to meet the varying needs of Ontario Paramedics, Service Operators and Base Hospitals. The Paramedic Portal of Ontario has made great strides since its initial debut as the 'Paramedic Registry' in 2010. What was once an independent information database has transformed into a provincial platform for the maintenance of certification and continuing medical education.

At SWORBHP, we strive to facilitate the delivery of excellent prehospital care while advancing safe practice and preparedness in our communities through collaborative partnerships and innovation. In partnership with Provincial Base Hospitals, the Paramedic Portal of Ontario is evolving to meet the needs of paramedics and service operators. Most recently you will have noticed a change to your paramedic summary report, a new look for Online Training and the name change from 'Ontario Paramedic Portal' to 'Paramedic Portal of Ontario'.

Moving forward with the development of online training, we will be implementing improvements for a more user friendly interface, increased education opportunities and an advanced notification system so that you can stay up to date with your practice and training.

We hope that you are as excited as we are about the progressive changes that have and will be occurring as we work to improve your Paramedic Portal!

If you have any suggestions, or questions about the Paramedic Portal of Ontario please contact us at:  
[paramedicportalontario@lhsc.on.ca](mailto:paramedicportalontario@lhsc.on.ca)

Julie Oliveira  
Interim Web and eLearning Developer



## Best Paramedics in the World !

Who really ever gets to say that? Well I would say four paramedics from Essex Windsor EMS can.

Slawomir Pulcer, Nick Montaleone, Lance Huver and Chris Kirwan faced the best of the best at the 2016 Annual International World Paramedic Competition called Rallye Rejviz held in the Czech Republic. This is a very physically, and mentally challenging competition. It is conducted over 24 hours in a 1600 square km area and involves ten completely different scenarios that are conducted in different venues located around the treacherous Rejviz mountainous region.

How do you prepare for something like this? They asked the most experienced Czech competition guru in Canada, Clarke McGuire, who has judged at the competition and has taken seven previous teams. This year he was bringing an elite team from BC made up of mainly CCPs, who were probably using it as a warm up on their way to the astronaut program. (<http://www.teamcanadaeastwest.com/team-bc.html>). This is a very well qualified and talented group of individuals).

Slav, Nick, Lance and Chris put their heads together (met and had a beer) and developed a grueling training program. Team members took courses, learned new skills, and attended conferences individually and on their own time, to enhance their knowledge. Some of which include: Basic and Advanced Disaster Life Support, enclosed space rescue techniques, hazmat, rappelling, advanced resuscitation, rapid sequence intubation and facilitated intubation, advanced medication directives, and critical care practices.

The training involved in preparing for this event was extensive. Multiple organizations and countless individuals were involved including Windsor Police Services, Tactical Combat Casualty Care, and rescue medicine ninja Tom LeClair, Essex-Windsor EMS Special Operations Division, University of Windsor Student Medical Response Service, many individuals from Essex-Windsor EMS and St. Clair College, and even SWORBHP.

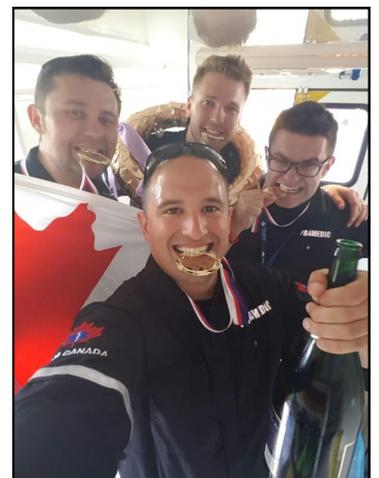
This long intense training period demonstrated their dedication and commitment to each other as a team. They were able to anticipate each other, show great flexibility and initiative while constantly improving their execution. They raised thousands of dollars, and had some wonderful sponsor and service support. <http://www.teamcanadaeastwest.com/sponsors.html>.

On May 27, 2016 EMS Team Ontario placed 1st out of 19 teams in the International Paramedic Freestyle Category with a score of 10,036, ahead of 2nd place EMS Team BC (9,611) and 3rd place Crete, Greece (9,283). Winning both of the top medals at this competition, Canada swept it!

They really enjoyed meeting paramedics from all over the world; hearing and learning about different EMS systems, while making many new friends. They were welcomed and given an official audience with Otto Jelinek PC, Ambassador to Czech and Slovak Republics at Canada's embassy, where they enjoyed a private tour of the Prague Castle and the "Old Town".

What a fantastic achievement! Best in the World for sure! Congratulations gentlemen.

Paul Bradford, B.Sc., M.D., CCFP(EM), FCPP, CD  
Local Medical Director  
Essex-Windsor, Chatham-Kent, Lambton



Back - L to R - Slawomir Pulcer, Chris Kirwan, Lance Huver. In front - Nick Montaleone

## Introducing SWORBHP's New Collaborative Councils

In an effort to foster collaboration and input from all of our stakeholders, we have developed two joint Councils, one focusing on education and one on quality. The Councils had their inaugural meetings in June and plan to meet quarterly. Each Council will have representatives from each Paramedic Service in Southwestern Ontario, front-line Paramedics, and SWORBHP. Additionally, the Education Council will have representatives from each of our three affiliated Community College Schools of Paramedicine.

The Education Council will work collaboratively to optimize the education and training of Paramedics in our Region. Some of the anticipated topics to be discussed include providing advice to SWORBHP, Paramedic Service Leaders and Community Colleges on matters relating to the continuing medical education/certification/authorization of paramedics in SWORBHP, to collaborate on the development and review of learning objectives, outcomes and materials for use within our region, to advise, develop and revise education/certification/authorization programs, learning objectives and learning outcomes for use by all Paramedic Services, Regional Base Hospitals and Community Colleges, and to foster the sharing of resources and educational materials both regionally and provincially.

The Quality Council will work collaboratively to develop and implement strategies to improve prehospital care at the service and regional level. These strategies will include the development of optimal practice standards, key performance indicators (KPI's), guidelines, program and policy development, and the movement towards a just culture and patient-safety focus. Some of the anticipated topics include recommending, developing and monitoring KPIs relevant to improving prehospital care within the region, developing regional Continuous Quality Improvement (CQI) objectives, providing advice to SWORBHP and Paramedic Service Leaders on matters relating to data analysis and CQI, suggest topics for education based on variance rates, lead the implementation of a Just Culture and Patient-Centred approach jointly for the Southwest, and identify possible areas for research.

SWORBHP is very pleased to introduce you to our new Education and Quality Council members.

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

### Education Council Members:

Cindy Harrison (Co-Chair)	SWORBHP
Ryan Hall (Co-Chair)	Oxford County
Wendy Bieman (Alternate Co-Chair)	Grey County
Shawn Molson / Ray Lux	Bruce County
Jason Angus	Bruce County
Justin Lammers	Essex-Windsor
Bill Lewis	Huron County
Tim McIntyre	Lambton County
Allison Crossett	Medavie Elgin
Matthew Gaudette	Medavie Chatham-Kent
Jay Loosley	Middlesex-London
Rob Wolfe	Oneida First Nations
Jamie Walter	Oxford County
Shannan Fyfe	Perth County
Chris Keyser	Perth County
Tony Mallette	Lambton College
Dugg Steary	Fanshawe College
Carolyn Ross	St.Clair College-Chatham
John Lassaline (Alternate)	St.Clair College-Windsor
Stephanie Romano	SWORBHP
Dr. Matt Davis	SWORBHP
Jennifer Woods	SWORBHP
Sue Kriening (Ad Hoc)	SWORBHP
Dr. Michael Lewell (Ad Hoc)	SWORBHP

### Quality Council Members:

Deb Janssen (Co-Chair)	SWORBHP
Matthew Gaudette (Co-Chair)	Medavie Chatham-Kent
Shawn Molson / Ray Lux	Bruce County
Brad Jackson	Bruce County
Cathie Driedger	Essex-Windsor
Justin Lammers	Essex-Windsor
Wendy Bieman	Grey County
Bill Lewis	Huron County
Tim McIntyre	Lambton County
Allison Crossett	Medavie Elgin
Moe El-Hussein	Medavie Chatham-Kent
John Prno	Middlesex-London
Rob Wolfe	Oneida First Nations
Ryan Hall	Oxford County
Julie Jeffrey	Perth County
Dr. Paul Bradford	SWORBHP
Mike Kennedy	SWORBHP
Patty Sinn	SWORBHP
Sue Kriening (Ad Hoc)	SWORBHP
Dr. Michael Lewell (Ad Hoc)	SWORBHP

## Are CREMS Referrals Increasing CCAC Services Provided?

The Community Referral by Emergency Medical Services (CREMS) program was implemented in January 2015 in Southwestern Ontario. This program allows paramedics to directly refer patients in need of home care support to their local Community Care Access Centre (CCAC) for needs assessment. If indicated, subsequent referrals are then made to specific services (e.g. nursing, physiotherapy and geriatrics). Ideally, CREMS connects each patient with appropriate and timely care supporting their individual needs.

The SWORBHP Evidence of Practice (EOP) group gathered CCAC data to explore if the CREMS referrals made from February 2015 to February 2016 were increasing the amount of home care services that patients were receiving. Data was evaluated for the quantity of referrals and the proportion that led to a patient receiving new or increased home care service. There were 436 referrals made in the representing 391 individuals. Of the 391 patients, 162 (41%) were not known to CCAC and of those, 119 (73%) received a new service due to the referral by EMS. The most common new services were occupational therapy (61%) and nursing (47%). Of the 229 (59%) patients that were already known to CCAC, 101 (44%) received an increase in service due to the EMS referral. No patients refused a new or increase in service. Of all patients referred to CCAC, 56% received a new service or had a change in their existing services which suggests that a large number of patients benefited from early EMS referral to community services.

The SWORBHP EOP group will now evaluate if the implementation of this program has impacted patient centred outcomes such as reduced reliance on 911 requests for paramedic care as well as Emergency Department visits.

If you are interested in prehospital research opportunities and or joining the EOP group please contact Adam Dukelow ([adam.dukelow@lhsc.on.ca](mailto:adam.dukelow@lhsc.on.ca)).

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

### CME Reminders

With the 2016 year coming to a close, we would like to remind you of a few housekeeping items regarding CME completion:

- The deadline for completion and submission is: December 31, 2016.
- There is no carry-over of CME points from one year to the next.
- Pre-approval and submission of CME is done via the [Paramedic Portal of Ontario](#).
- Pre-approval of CME is highly recommended as opposed to submission following attendance.

If you have any questions about CME, or the submission and approval process please contact us at [paramedicportalontario@lhsc.on.ca](mailto:paramedicportalontario@lhsc.on.ca) or refer to our [CME reference documents](#).

### Upcoming CME Opportunities

#### SWORBHP Webinars:

**Stemi-Mimics:** *November 15, 2016*

**Tourniquet Use:** *TBD*

**Crush Injuries:** *TBD*

#### Upcoming Events:

##### Paul LeSage Workshop

April 4-5, 2017

*Collaborative Culture of Safety Course*

April 6, 2017

*Advanced Collaborative Safety Course*

For more information about SWORBHP webinars and events [visit our website](#).

## Letter to the Editor

### A Tribute and Goodbye to Cathy Prowd Upon her Upcoming Retirement

Cathy joined the Grey Bruce Base Hospital Program when it was formed in 1991. This makes her one of the people with the longest service in the Ontario Base Hospital system. She began as the program secretary but it was quickly apparent that she was the 'glue' that held the local program together. As Medical and Program Directors came and went, Cathy was the constant. She knew all the paramedics and was the one people would turn to if they wanted to know anything about the program.

I have worked with Cathy for almost 20 years. I watched her grow from being the program secretary, who worked out of a 6x7 foot office containing a desk and filing cabinet piled with boxes, to become the Program Manager of the Grey-Bruce-Huron Base Hospital Program. After the regional base hospitals amalgamated in 2008 she became SWORBHP's Operations and Logistics Specialist for the region.

Cathy is one of those extremely competent people who works quietly in the background making things run smoothly while making other people, such as me, look good. I have worked with many good people over the years but Cathy's capacity to see what needs to be done, her ability to get on and do it and doing it correctly the first time, put her in a class by herself.

She looks forward to her well-earned retirement this November and being able to spend more time with her husband Don, who retired a few years ago. I know Cathy will also enjoy having more time to spend with her grandchildren.

On behalf of SWORBHP I wish her good health and a long and happy retirement. We will miss her.

Don Eby, M.D., PhD., CCFP(EM), FCFP  
Local Medical Director  
Grey, Bruce, Huron, Perth



## 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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