

<b>Policy:</b>	Medical Directives	
<b>Owner:</b>	Regional Medical Director, Regional Program Manager	
<b>Department/Program:</b>	Southwest Ontario Regional Base Hospital Program	
<b>Approval By:</b>	Director, Emergency Services & Base Hospital	<b>Approval Date:</b> May 2011

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## POLICY

This policy outlines the procedures for initiation of medical directives and the process for establishment of the Base Hospital Patch (BHP) Physician contact when required.

## PROCEDURE

- In order to expedite patient management, medical directives have been developed which can be initiated by the [Paramedic](#) prior to the establishment of BHP Physician contact if required.
- It must be clear that the existence of a medical directive does not in any way prohibit [Paramedic/RBH](#) Physician consultation whenever deemed appropriate by the [Paramedic](#).
- The [Paramedic](#) will use his/her experience and judgment in making patient management decisions and will carry out procedures as defined by the [Regional Base Hospital Program \(RBHP\)](#).
- The [Paramedic](#) will assess the patient's condition before and after the initiation of any medical directive. All patients will be appropriately monitored during this process.
- [Paramedics](#) are encouraged to notify the [RBHP](#) if any variation of protocol occurs before the variation is identified through the chart audit process. This must be reported through one of the following:
  - Online SWORBHP Communication Form for Paramedic Services currently on the ZOLL platform
  - Online SWORBHP IQEMS self-report form for Paramedic Services currently on the Interdev platform
  - Via our Self-Reporting Hotline at: 1-888-997-6718
- In circumstances where a [Paramedic](#) establishes a patch and the verbal orders are not followed correctly, the [Paramedic](#) will clearly document on the Ambulance Call Report (ACR) why the orders were not followed and report the [variance](#) through one of the following:
  - Online SWORBHP Communication Form for Paramedic Services currently on the ZOLL platform
  - Online SWORBHP IQEMS self-report form for Paramedic Services currently on the Interdev platform
  - Via our Self-Reporting Hotline at: 1-888-997-6718

If the Paramedic feels that a secondary patch is required, they should complete one.
- During inter-facility transport involving a patient under the care of a regulated health professional, the [Paramedic](#) shall follow the Basic Life Support Patient Care Standard Version 3.1, Section 1- General Standards of Care and upon request, assist with patient care only to the level in which the [Paramedic](#) is [authorized](#).

## DEFINITIONS

### **Authorization**

Means written approval to perform Controlled Acts and other advanced medical procedures requiring medical oversight of a Medical Director.

### **Paramedic**

Means a Paramedic as defined in subsection 1(1) of the Ambulance Act, and for purposes of this Standard a reference to the term includes a person who is seeking Certification as a Paramedic, where applicable.

### **Medical Director**

Means a physician designated by a RBH as the Medical Director of the RBHP.

### **Regional Base Hospital (RBH)**

Means a base hospital as defined in subsection 1(1) of the Ambulance Act, and provides an RBHP pursuant to an agreement entered into with the MOHLTC.

### **Regional Base Hospital Program (RBHP)**

Means a base hospital program as defined in subsection 1(1) of the Ambulance Act.

### **Variance**

For the purposes of ACR audits, a variance is defined as an unexpected difference in practice when compared to a defined standard. These are not necessarily errors, but each needs to be reviewed to determine its real or potential impact on patient care. In the Sunnybrook system an "A" variance represents a lesser variation that has little or no potential for adversely affecting patient outcomes, a "B" variance has a moderate potential for adversely affecting patient outcomes, and a "C" variance has a high potential for adversely affecting patient outcomes. All cases where a variance was discovered must be reviewed by the Paramedic Practice Manager (PPM). Following this review, the PPM may request an explanation from the paramedics where the reason for the variance was not reasonably evident. If the response does not provide clarity, the Medical Director may then become involved in the investigation. However in the majority of cases paramedic feedback provides the information necessary to satisfy any concerns and the case is closed.

## REFERENCES

### [Basic Life Support Patient Care Standards Version 3.2](#)

Emergency Health Regulatory and Accountability Branch Ministry of Health and Long Term Care, September 3, 2019

Ministry of Health and Long Term Care (MOHLTC); Emergency Health Services Branch [Advanced Life Support Patient Care Standards Version 4.7](#), Appendix 6 as updated from time to time.